

# **Columbiana County Department of Job and Family Services**

## **Request for Proposal of Chronic and Non-Chronic Head Lice Eradication**

Prevention, Retention, & Contingency Services

Issue Date:	March 22, 2010
Deadline for Submission of Proposals: Services	April 30, 2010 at 4:30 P.M. Columbiana County Department of Job and Family Services 110 North Nelson Avenue Lisbon, Ohio 44432
Contact information for Technical assistance: Services	Susan Hawkins, Fiscal Specialist Business Office Columbiana County Department of Job and Family Services 110 North Nelson Ave. Lisbon, Ohio 44432 330-424-1471, ext. 1114 <a href="mailto:hawkis03@odjfs.state.oh.us">hawkis03@odjfs.state.oh.us</a>

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### **Section 1 Purpose**

The Columbiana County Department of Job and Family Services (CCDJFS) announces the release of a Request For Proposal (RFP) for the purpose of obtaining proposals from all government and educational entities; private non-profit, private for profit, faith based organizations; or individuals for the purpose of selecting vendors/sub-recipients to provide Prevention, Retention, Contingency services.

### **Section 2 Background**

Columbiana County Job and Family Services is a triple combined social service agency administering public assistance, child support, and children services programs.

CCDJFS does not discriminate on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief or citizenship in the awarding of contracts. The CCDJFS is an equal opportunity employer; auxiliary aids and services are available upon request to individuals with disabilities.

### **Section 3 Scope of Work**

Each proposer must submit a summary of the Head Lice Eradication services they wish to provide. Services being sought meet the Family Goal of the **Community Plan and TANF Purpose # 1**.

**Family Goal:** To provide families of our community with supportive services to enhance quality of life and increase personal responsibility and community involvement.

**TANF Purpose 1 :** To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

Services being sought are:

1. To provide screening for lice/nits, head lice education and procurement & distribution of lice treatment supplies to Columbiana County TANF eligible families that have a need for head lice eradication.
2. To assist Columbiana County TANF eligible families with chronic head lice infestation by providing in-home treatment, education services and necessary tools to eliminate infestation.  
(A chronic lice condition is defined as at least three (3) occurrences of head lice in the last three (3) months).
3. To determine TANF eligibility by utilizing the Contract PRC Application.
4. To procure lice treatment supplies.

It is preferred that the proposer submit a proposal to provide both services 1. (non-chronic lice eradication) and 2. (chronic lice eradication) as listed above. Separate proposals will be accepted from proposers wishing to provide only one of either of the two (chronic/non-chronic) services. Services three and four are required of all proposers.

### **Section 4 Available Funds**

The amount of funds available under this RFP should be expended from July 1, 2010 to June 30, 2011. The amount of any award is dependent upon the availability of funding through allocations received from the Ohio Department of Job and Family Services. Funds may not be used to supplant existing programs; they may be used to expand existing programs. One or more proposals may be selected to provide the described services.

### **Section 5 Submission Criteria**

Proposals must be submitted to the CCDJFS in strict accordance with proposal submission instructions provided in this section. Any proposal failing to follow the entire proposal acceptance criteria listed below shall be disqualified from consideration.

Proposals must be received no later than **4:30 P.M. on April 30, 2010.**

Proposals must be mailed or hand delivered to Columbiana County Department of Job and Family Services, 110 North Nelson Ave., Lisbon, Ohio. Faxes will not be accepted. No confirmation of mailed proposals received can be provided. Materials received after the deadline date will not be added to previous submissions and will not be considered.

**DO NOT PUT THE PROPOSAL IN ANY TYPE OF BINDER.** CCDJFS reserves the right to reproduce proposals. Proposals should not be bound at the edges. Anything used to fasten the proposal together in a permanent manner such as three-ring binders, spiral binders, staples, or report covers is considered a binder. Rubber bands, paper clips and binder clips may be used to fasten proposals together, as these are easily removed. Also, proposal sections may not be separated using tab systems. **Proposals received in a binder will not be reviewed for funding consideration. This requirement will be strictly enforced.**

Proposals must be **typed** using a **12 point font, double spaced on 8.5 X 11 paper.**

One original and **3 copies** of the proposal must be submitted including narrative, budget, budget narrative and measurable outcome chart.

All required forms and **attachments** must be completed and signed by the proposer's authorized representative and included in the proposal.

An index page should be included at the beginning of your proposal.

All pages shall be **sequentially numbered.**

It is mandatory that proposals be organized in the requested order, and that, wherever appropriate, sections/portions of the proposal make reference by section number/letter to those RFP requirements to which they correspond.

### **Section 6 Contact information**

Proposers are cautioned that communication attempts which do not comply with instructions provided in this section of the RFP will not be answered.

Questions and comments may be address to: Susan Hawkins by phone at 330-424-1471 ext. 1114 or by e-mail at hawks03@odjfs.state.oh.us or in person with a prior appointment at Columbiana County Department of Job and Family Services, 110 North Nelson Ave., Lisbon, Ohio 44432.

### **Section 7 Anticipated procurement time table**

March 22, 2010	RFP released
April 19, 2010	Q&A period closes. No further inquires will be accepted.
April 30, 2010 4:30 P.M.	Deadline for proposer to submit proposal
May 28, 2010	CCDJFS issues contract award letters (estimate)
July 1, 2010	Contract begin date, (estimated, work may not begin prior to Columbiana County Board of County Commissioners passing a resolution)
June 30, 2011	Contract end date (all work must be satisfactorily completed by this date)

There is a possible rollover/renewal for a second year (2011-2012) if funding is available and it is determined that a continued need for the program/services exist.

## **Section 8 Proposer Qualifications**

Any government, educational entities; private non-profit, private for profit, faith based organizations; or individuals with twelve consecutive months of documented, successful experience within the past two years in providing appropriate/comparable services are eligible to apply. All vendor/sub-recipients must comply with this qualification requirement.

## **Section 9 Selection Process**

The selection process will use the score sheet included **as attachment 2**. The selection process is divided into two phases. In the first phase all of the proposal acceptance criteria must be met by the proposer before the proposal will receive further consideration. In the second phase, the evaluation criteria will be judged on a numeric scale by the Review Committee. The Review Committee will be composed of CCDJFS representative including, but not limited to, the agency director and at least one other program staff member. The committee may also consist of one to three more members from either CCDJFS Planning Committee or other appropriate Community Partners. A proposal which is incomplete, vague, unjustifiably wordy, unclear, or poorly organized may not be successful. CCDJFS reserves the right to select one or more vendor/sub-recipients to enter into a contract with and to select all or part of a proposal.

## **Section 10 Compliance with Various Codes and Regulations**

As a condition of entering into a contract with CCDJFS, the vendor/sub-recipient agrees to comply with the following requirements by signing the Representations, Assurances, and Certifications: **(attachment 1)**

**Health Insurance Portability & Accessibility Act (HIPAA)** 42 U.S.C. Sections 1320d through 1320d-8, and to implement regulations at 45 C.F.R. Section 164.502 (e) and sections 164.504 (e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Protected Health Information (PHI) is information received by the vendor/sub-recipient from or on behalf of CCDJFS that meets the definition of PHI as defined by HIP AA and the regulations promulgated by the United States Department of Health and Human Services, specifically 45 CFR164.50 1 and any amendments thereto.

**Accessibility of Program to Handicapped** section 504 of the Rehabilitation Act of 1973, as amended (29 V.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this contract.

**Civil Rights:** there shall be no discrimination against any client or any 'employee because of race, color, sex, religion, national origin, handicap, or any other factor as specified in Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973; the Age of Discrimination Act of 1975; Title IX of the Education Act of 1972; the Omnibus Budget Reconciliation Act of 1981; the Americans with Disabilities Act of 1990; Section 1808 of the Small Business Job Protection Act (adoption); the Multi-Ethnic Placement Act of 1994 (MEPA) and the Inter-Ethnic (adoption) Provisions of 1966 (IEP) and subsequent amendments. It is further agreed that the Vendor/sub-recipient will comply with all appropriate federal and state laws regarding such discrimination and the right to and method of appeal will be made available to all persons under this contract. Any organization found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this contract.

**Standard Code of Conduct:** No vendor/sub-recipient, individual, company or organization seeking a contract shall promise to or give to any CCDJFS employee anything of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties.

No vendor/sub-recipient, individual, company or organization seeking a contract shall solicit any CCDJFS employee to violate any of the conduct requirements for employees.

Any vendor/sub-recipient acting on behalf of CCDJFS shall refrain from activities which could result in violations of ethics and/or conflicts of interest. Any vendor/sub-recipient or potential vendor/sub-recipient who violates the requirements and prohibitions defined here, or of Section 102.04 of the Ohio Revised Code is subject to termination of the contract or refusal by CCDJFS to enter into a contract. CCDJFS employees and vendor/sub-recipients who violate sections 1052.03, 102.04, or 2921.43 of the Ohio Revised Code may be prosecuted for criminal violations.

**Equal Employment Opportunity:** Executive Order 11246 of September 24, 1965, entitled "Equal Employment Opportunity" as amended by Executive Order 11375 of October 13, 1967, and as supplemented in department of Labor regulations (41 C.F.R. chapters 60). (All construction contracts awarded in excess of ten thousand dollars by grantees and their vendor/sub-recipients or sub-grantees).

**Copeland "Anti-Kickback" Act:** 18 U.S.C. 874 as supplemented in department of labor regulations (29 E.F.R. Part 3).

**Contract Work Hours and Safety Standards Act:** 40 U.S.C.. 327-330 as supplemented by department of labor regulations (29 C.F.R. Part 5)

**Debarment and Suspension:** any proposer who is debarred or suspended or is otherwise ineligible for participation in a federal assistance program under Executive Order 12549, including 7 C.F.R. Part 3017, 29 C.F.R. Part 97 and 45 C.F.R. part 76; has an unresolved finding for recovery issued by the auditor of state on or after January 1, 2001, will not be eligible to enter into a contract with CCDJFS.

**Drug Free Work Place** pursuant to The Drug-Free Workplace Act of 1988, and its implementing regulations codified as 29 CFR 98, Subpart F.

**Procurement:** Purchases more than \$100 but less than \$25,000 must follow the vendor/sub-recipient's procurement policy. If no procurement policy is in place then the vendor/sub-recipient is required to follow the CCDJFS Procurement Policy.

Several codes are mentioned in this RFP and attachments. To review the entire code please go to the following websites:  
Ohio Revised Code (O.R.C.) <http://codes.ohio.gov/>

Code of Federal Regulations (C.F.R.) <http://www.gpoaccess.gov/cfr/index.html>

Contact the CCDJFS contact person listed on the cover sheet of this RFP if you have difficulty finding the needed information.

### **Section 11 Public information disclaimer**

All proposals and any other documents submitted to CCDJFS in response to the RFP shall become the property of CCDJFS. After the selection of the vendor/sub-recipient, any proposals submitted in response to an RFP are deemed to be public record pursuant to O.R.C. 149.43. The term "proposal" shall mean both the technical and the cost proposals, any attachments, addenda, appendices or sample products. Under the requirements of the Freedom of Information Act (5 USC 552), the contents of proposals or other information submitted to the CCDJFS is subject to public release upon request, except those items specifically exempt from disclosure. Such disclosure shall only take place after this RFP process is completed. The vendor/sub-recipient shall mark as "proprietary" those parts of its proposal that it deems proprietary. However, the vendor/sub-recipient is alerted that this marking is advisory only and not binding on the CCDJFS. If there is a request from the public under F.O.L A. to inspect any part of the proposal so marked, the CCDJFS will advise the vendor/sub-recipient and request further justification in support of the "proprietary" marking. If the CCDJFS, after receipt of the justification, determines that the material is releasable, the vendor/sub-recipient will be notified immediately. Under no circumstances will a proposal or any part of a proposal be released prior to the contract award decision.

## **Section 12 Contractual Requirements**

Any contract resulting from the issuance of this solicitation is subject to the terms and conditions of the vendor/sub-recipient contract.

## **Section 13 Invoicing**

Invoices must be received by the CCDJFS by the end of the month following the month of service. TANF contracts must use TANF/PRC Monthly Services Invoice (**attachment 3**) The monthly TANF Web Reporting Tool form (**attachment 4**) must be submitted along with the monthly invoice. Payments will be contingent upon receipt of documentation that services provided are consistent with those described in the approved contract and the specification of this RFP, and the documentation is adequate to support reports/billings. The CCDJFS reserves the right to request and review supporting documentation or other materials necessary to make this determination. Such invoices shall include monthly actual expenditures, the number of persons served, number of units, and amount claimed based on the negotiated contract in each eligibility category for each service covered in the contract. The CCDJFS will review such invoice for completeness, accuracy and for any information necessary before making payment within thirty days after the receipt of an accurate invoice. **Invoices not received within 60 days of the end of the month in which service was provided will not be accepted for payment.** The reported expenditures submitted are subject to adjustment by the CCDJFS before such payment is made in order to adjust mathematical errors, incorrect rates, or non-covered services. The reported expenditures are subject to audit by appropriate state or federal officials or an independent audit

## **Section 14 Request for Tax Payer Identification (W-9) Requirements**

The successful proposer will be required to complete a Request for Tax Payer Identification (W-9) form as provided in **attachment 5**.

## **Section 15 Reporting Requirements**

WEB Reporting Tools are to be submitted along with the monthly invoice.

End of Year Reports are to be received into the CCDJFS within 30 days of the close of the contract. End of Year Reports should include final statistics of the year and how outcomes were met.

## **Section 16 Other Requirements**

CCDJFS reserves the right to waive minor proposal defects, and to require clarifications or other additional information from interested proposer prior to finalizing a selection of a vendor/sub-recipient.

Costs incurred in the preparation of this proposal are to be borne by the proposer, and CCDJFS will not contribute in any way to the costs of preparation.

All contracts will require that the vendor/sub-recipients maintain confidentiality of information and records which state and federal laws, rules, and regulations require to be kept confidential.

A BCI&I fingerprint background check is required if the vendor/sub-recipient is working with children under the age of 18 or adults over the age of 60.

CCDJFS is under no obligation to issue a contract as a result of this solicitation if, in the opinion of CCDJFS, none of the proposals are responsive to the objectives and needs of the Department. CCDJFS reserves the right to not select any vendor/sub-recipient should CCDJFS decide not to proceed.

Periodic monitoring and evaluation activities will be completed, as deemed necessary, by the CCDJFS to ensure compliance with the terms of the contract.

## Section 17 Attachments

- Attachment 1 **Representations, Assurances, and Certifications** – must be completed by proposer, signed and returned as part of proposal.
- Attachment 2 **Proposal Evaluation Scoring Sheet** – provided for proposer self-evaluation purposes, not to be completed or returned.
- Attachment 3 **TANF/PRC Monthly Services Invoice** – provided for successful proposer (s) to use monthly.
- Attachment 4 **TANF Web Reporting Tool** – provided for successful proposer (s) to use monthly.
- Attachment 5 **W-9** - must be completed by proposer, signed and returned as part of the proposal.
- Attachment 6 **Budget** – must be completed by proposer and returned as part of the proposal.
- Attachment 7 **Outcomes** - Chart of Measurable Outcomes form must be completed by proposer and returned as part of the proposal.

**Please address these items in your RFP Proposal:**

- Your knowledge about federal and state laws, including ODJFS, in regards to the requested proposed services.
- Your experience with providing similar services.
- Information on when the program will begin and what area the program will start
- Description of the targeted population and how you will acquire your referrals (participants).
- Any Columbiana County statistical data which supports the need for the proposed service.
- How many hours per week would be given on this contract, who will be responsible for implementation and ongoing progress of this program.
- Cost of proposed service utilizing the uniform budget form as provided in **attachment 6**. Please submit a detailed **Narrative Budget** explaining each line item **and how it was calculated** along with your uniform budget form.
- Establish a private pay unit rate and explain in detail how you arrived at that rate. Even if you do not provide the proposed service to private pay individuals, we need this information to prove the cost you are charging the CCDJFS is equal to or less than what would be private pay. All proposers are required to submit a private pay unit rate regardless of your invoicing method. Proposals submitted without a private pay unit rate will be considered incomplete.
- Copy of vendor/sub-recipient's mileage reimbursement policy.
- New proposers are required to submit copies of their most recent audit. If there were findings within the audit report, the CCDJFS is requesting a copy of any corrective action plan put in place in response to the finding. According to OMD circular A-133 if an entity receives \$500,000.00 or more in federal funds, they are required to have a single audit conducted annually.
- A list of expected project deliverables explaining how you plan to measure the success of your program with realistic outcomes.
- A description of any curriculum to be used in your program, remembering that evidence-based curriculums are preferred.
- If equipment is to be purchased with these funds, it must be program specific and not used for any other program. Please remember that all equipment purchased with these funds becomes and remains the property of CCDJFS. All equipment purchases must have prior approval of the CCDJFS.
- Any other information you feel would be applicable.

# Attachment 1

## REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

1. Name of organization / individual: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
3. Website: \_\_\_\_\_
4. Tax ID or Social Security No.: \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_
6. Name and telephone number of the person(s) who has the authority to submit proposals:  
\_\_\_\_\_
7. Name and telephone number of the person(s) who has the authority to sign contracts:  
\_\_\_\_\_
8. The legal status of the bidder's organization (e.g., corporation, sole proprietorship, post-secondary education institution, etc.):  
\_\_\_\_\_
9. Date of establishment /incorporation: \_\_\_\_\_
10. Federal Employer Identification Number (FEIN): \_\_\_\_\_
11. Worker's Compensation Account Number: \_\_\_\_\_
12. Unemployment Insurance Account Number \_\_\_\_\_
13. Is the company co-owned or controlled by a parent company?  Yes  No  
If yes, name of parent company: \_\_\_\_\_
14. Is the bidder authorized / licensed to do business in the state of Ohio?  Yes  No
15. Are employees associated with this program U.S. Citizens?  Yes  No
  - a. If not a U.S. Citizen, does employee have the legal right to be in the United States?  Yes  No
  - b. If not a U.S. Citizen, is employee legally authorized to work in the U.S.  Yes  No  
If yes, please provide proper documentation of authorization to work.
16. Is the bidder bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules?  
 Yes  No
17. The company certifies that it is not debarred nor suspended under Federal and State rulings from receiving Federal funds.  
 Yes  No
18. The company certifies that its' organization is not on the EPA list of Violating Facilities, but is in compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act 42 USC 1857 (h); Section 508 of the Clean Water Act 33 USC 1368; Executive Order 11738; and Environmental Protection Agency Regulations 40 CFR Part 15.  
 Yes  No

19. The company certifies that its' organization is required to report any violations to the State / County agency and to the U.S. EPA Assistant Administrator for Enforcement (EN-329) \_\_\_ Yes \_\_\_ No
20. Does the company have current or future plans for a buy-out or sale? \_\_\_ Yes \_\_\_ No
21. The company certifies that its' organization and/or its' principals are not on the General Services Administration" List of Parties Excluded from Federal Procurement or Non-procurement Programs" in accordance with Executive Orders 12549 and 12689. \_\_\_ Yes \_\_\_ No
22. The company certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work-related to this Request for Proposal. \_\_\_ Yes \_\_\_ No
23. The company certifies that its' organization will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. \_\_\_ Yes \_\_\_ No
24. The company certifies that its' organization shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. \_\_\_ Yes \_\_\_ No
25. The company certifies that it is a drug-free workplace \_\_\_ Yes \_\_\_ No
26. The company certifies that it is not delinquent on any Federal, State, County or local debt. \_\_\_ Yes \_\_\_ No
27. The company certifies that it has no unresolved audit findings with the Auditor of State. \_\_\_ Yes \_\_\_ No
28. The company certifies that it is in compliance with the American with Disabilities Act (ADA) \_\_\_ Yes \_\_\_ No
29. The company certifies that all information contained in this proposal is true and correct and shall be open to verification, should the CCDJFS choose to do so. \_\_\_ Yes \_\_\_ No
30. The proposer warrants that the costs quoted for services are not in excess of those that would be charged any individual for the same services performed by the proposer. \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
 (Provider's Authorized Representative Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public)

\_\_\_\_\_ Ohio

My commission expires \_\_\_\_\_

Proposal Evaluation Scoring Sheet

Vendor/sub-recipient Name:

---

Proposed Service: \_\_\_\_\_

The proposal must meet all of the following proposal acceptance criteria in order to be considered for further evaluation. Any proposal receiving a "no" response to any of the following criteria **may be disqualified from consideration. Proposals with a score below 40 will not be considered.**

**Proposal submission**

Was the proposal received by the deadline? \_\_\_\_\_yes \_\_\_\_\_no

Was proposal received appropriately?  
(received at the designated location, sealed if required) \_\_\_\_\_yes \_\_\_\_\_no

Was the Representations, Assurances, and Certifications signed  
by the responsible vendor/sub-recipient? \_\_\_\_\_yes \_\_\_\_\_no

Were the correct number of copies of the proposal received? \_\_\_\_\_yes \_\_\_\_\_no

Were all required forms completed and submitted and in the correct order?  
\_\_\_\_\_yes \_\_\_\_\_no

Is there a current Audit on file & no findings? \_\_\_\_\_yes \_\_\_\_\_no

**Organizational experience/capabilities/qualifications**

Maximum number of points for each sub-section is 10 \_\_\_\_\_  
 \_\_\_\_\_ Prior experience in providing the service (20)  
 \_\_\_\_\_ Prior service statistics

**Deliverables**

Maximum number of points for each sub-section is 10 \_\_\_\_\_  
 \_\_\_\_\_ Deliverables meet the goals of the RFP (40)  
 \_\_\_\_\_ Outcomes clearly defined  
 \_\_\_\_\_ Outcomes are measurable  
 \_\_\_\_\_ Reporting methods clearly defined

**Budget**

\_\_\_\_\_ Appropriate Administrative Costs (maximum 10%) \_\_\_\_\_  
 \_\_\_\_\_ Do detailed Line Items match uniform invoice & or unit rate invoice? (20)

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of scorer \_\_\_\_\_

**Total Points**

\_\_\_\_\_  
 (80)

**Attachment 3**

**TANF/PRC Uniform Monthly Services Invoice**

**ACTUAL COST REIMBURSEMENT**

**Month of** \_\_\_\_\_

Vendor # \_\_\_\_\_

Provider \_\_\_\_\_ Program/Service Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Date form completed: \_\_\_\_\_ Signature of person completing form: \_\_\_\_\_

**Actual Monthly Costs**

**I. Staff Costs**

A. Salaries and Payroll Related Expenses \$ \_\_\_\_\_

B. Sub-Contract Fees \$ \_\_\_\_\_

**Total Staff Costs** \$ \_\_\_\_\_

**II. Operational Costs**

A. Travel (mileage) \$ \_\_\_\_\_

B. Supplies \$ \_\_\_\_\_

C. Food Costs \$ \_\_\_\_\_

D. Occupancy \$ \_\_\_\_\_

E. Insurance \$ \_\_\_\_\_

F. Administrative Costs \$ \_\_\_\_\_

G. Incentives \$ \_\_\_\_\_

H. Other – Miscellaneous  
Itemize \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Operational Costs** \$ \_\_\_\_\_

**III. TOTAL MONTHLY PROGRAM COST** \$ \_\_\_\_\_

**CCDJFS ONLY**

**Date Received** \_\_\_\_\_

**Initial / Date entered on Spreadsheet & Payment Approved** \_\_\_\_\_

**TANF Web Reporting Tool  
Monthly Data Collection Form**

**Subgrant Agreement Number:** \_\_\_\_\_

**Vendor/Subgrantee Name:** \_\_\_\_\_

**TANF Program:** \_\_\_\_\_

**Service Month and Year:** \_\_\_\_\_

**Unduplicated Count of Adults Served:** \_\_\_\_\_

**Unduplicated Count of Children Served:** \_\_\_\_\_

**Total Expenditures for Service Month:** \_\_\_\_\_

**W -9**

**Please See Attached PDF File**

# BUDGET

## Annual Costs

July 1, 2010 – June 30, 2011

Vendor/sub-recipient \_\_\_\_\_

Program/Service Name \_\_\_\_\_

### I. Staff Costs

A. Salaries and Payroll Related Expenses	\$ _____
B. Sub-Contract Fees	\$ _____
<b>Total Staff Costs (A-B)</b>	<b>\$ _____</b>

### II. Operational Costs

A. Travel (mileage)	\$ _____
B. Supplies	\$ _____
C. Food Costs	\$ _____
D. Occupancy	\$ _____
E. Insurance	\$ _____
F. Administrative Costs (no more than 10% of the total contract)	\$ _____
G. Incentives	\$ _____
H. Other – Miscellaneous (Total of 1,2 & 3)	\$ _____

Itemize Misc.

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

**Total Operational Costs (A-H)** \$ \_\_\_\_\_

**TOTAL BUDGET** \$ \_\_\_\_\_

## Chart of Measurable Outcomes

<b>Intention</b>	<b>Outcome</b>	<b>Measured By</b>

## Check List

Each proposal must contain the following:

\_\_\_ DO NOT PUT THE PROPOSAL IN ANY TYPE OF BINDER

\_\_\_ Typed, 12 pt. font, double space proposal

\_\_\_ Original and 3 copies of proposal to include: narrative, budget, budget narrative and measurable outcomes chart.

\_\_\_ Index Page

\_\_\_ All pages are sequentially numbered

\_\_\_ Program Information/Narrative

\_\_\_ Detailed Narrative Budget explaining each line item

\_\_\_ Private Pay Unit Rate and details on how you arrived at that rate

\_\_\_ List of project deliverables

\_\_\_ Copy of proposer's mileage reimbursement policy

\_\_\_ Copy of any curriculum to be used if applicable

\_\_\_ Explanation of how you will be reporting your program services

\_\_\_ Copy of your most recent audit if you are a new proposer.

\_\_\_ Attachment 1      Representations, Assurances, and Certifications

\_\_\_ Attachment 5      W-9 Form, return signature page only

\_\_\_ Attachment 6      Budget

\_\_\_ Attachment 7      Chart of Measurable Outcomes