## **Proposal Summary Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ORGANIZATION NAME: | | | | | Click or tap here to enter text. | | | | | |
| ADDRESS: | Click or tap here to enter text. | | | | | | | | | |
| PHONE: | Click or tap here to enter text. | | | | | EMAIL: | | Click or tap here to enter text. | | |
| NAME OF CEO: | | Click or tap here to enter text. | | | | | URL: | | Click or tap here to enter text. | |
| INCORPORATED IN: | | | | Click or tap here to enter text. | | | NUMER OF EMPLOYEES: | | | Click or tap here to enter text. |
| TYPE OF ORGANIZATION: | | | US Government Entity  For profit organization    Non-profit organization University   Foundation | | | | | | | |

Please complete the application and answer all questions. This application follows the RFP Narrative Response Section 7.2 (II). Please provide additional and specific details in your narrative response. Make sure your application is consistent with the information you provided in your narrative response. Discrepancies from the Application to the Narrative Response may result in a loss of points.

**1. SERVICE DESCRIPTION**

**a. SERVICE AREA  
  *Select ONLY 1 service area that best aligns to the service being prosed in the RFP response.***

|  |  |
| --- | --- |
|  | Services Addressing Criminal Thinking, Behavior and Identity |
|  | Substance Use Disorder Treatment and Recovery Maintenance |
|  | Workforce and Job Placement Services |
|  | Educational Programming |
|  | Mental Health Care and Forensic Case Management |
|  | Parenting and Family Involvement |
|  | Emergency Shelter Services |
|  | Reintegration Service Coordination |
|  | Community Education and Engagement |
|  | Innovative and promising services which may not meet the criteria for evidence-based programming |

**b. SPECIFIC SERVICES**

|  |  |
| --- | --- |
| NAME OF CIRRUCULUM OR SERVICE MODEL | Click or tap here to enter text. |
| LOCATION OF SERVICES | In-Custody  Service Center  Community |
| KEY INTERVENTION(S) | Click or tap here to enter text. |
| EBP EXPECTED LENGTH OF CIRRUCULUM OR SERVICE TO COMPLETE | Click or tap here to enter text. |
| EBP AVERAGE SERVICE INTENSITY/DOSAGE PER INDIVIDUAL TO COMPLETE | Click or tap here to enter text. |
| EXPECTED NUMBER TO INDIVIDUALS TO BE SERVED | Click or tap here to enter text. |
| ANTICIPATED TOTAL FISCAL YEAR DIRECT SERVICE DOSAGE | Click or tap here to enter text. |
| UNIT COST | Click or tap here to enter text. |
| TOTAL COSTS | Click or tap here to enter text. |

**c. ENGAGEMENT AND SERVICE CONTINUITY**

|  |  |
| --- | --- |
| DOES YOUR ORGANIZATION HAVE A STRATEGY FOR MAINTAINING CLIENT ENGAGEMENT? | Yes/No |
| *(FOR SERVICES DELIVERED IN MORE THAN 1 SERVICE LOCATION)*  DOES YOUR ORGANIZATION HAVE A STRATEGY FOR SERVICE CONTINUITY? | Yes/No |

**d. PERFORMANCE OUTCOME MEASURES**Propose specific **performance outcome measures** that will be collected to substantiate client outcomes related to the service proposed and reduced risk of recidivism. These should be quantifiable and based on validated pre/post assessment tools and protocols. Based on the type of service these outcome measures should specify the number and percent of program participants that will achieve benchmark criteria for success.

|  |  |
| --- | --- |
| EXPECTED OUTCOME | Click or tap here to enter text. |
| EXPECTED OUTCOME | Click or tap here to enter text. |
| EXPECTED OUTCOME | Click or tap here to enter text. |

**2. EVIDENCE BASED PRACTICES (EBP)** If no published curriculum is to be used in the delivery of services, describe plan for ensuring   
 service quality, integrity and consistency.

|  |  |  |
| --- | --- | --- |
| IDENTIFY THE CLEARINGHOUSE AND RATING OF THE PROPOSED SERVICE | Model  Promising  Innovative  Clearinghouse: Click or tap here to enter text. | |
| IDENTIFY THE EVIDENCE BASED SERVICE OR CURRICULUM | Click or tap here to enter text. | |
| IDENTIFY THE NUMBER OF STAFF CURRENTLY TRAINED AND/OR CERTIFIED IN THE PROPOSED EBP | Click or tap here to enter text. | |
| DOES YOUR ORGANIZATION HAVE A PROCESS FOR MONITORING FIDELITY TO ENSURE SERVICES/INTERVENTIONS ARE IMPLEMENTED AS INTENDED? | | Yes/No |
| WILL THERE BE ADAPTATIONS TO FIDELITY?  (*If Yes- MUST describe in your narrative response.)* | | Yes/No |
| IS TRAINING OR TECHNICAL ASSISTANCE REQUIRED TO IMPLEMENT THE PROPOSED SERVICE?  (*If Yes- MUST describe in your narrative response.)* | | Yes/No |

**3. MULTI-DISCIPLINARY COLLABORATION**

|  |  |
| --- | --- |
| DOES THE PROPOSED SERVICE ALIGN WITH PROBATION’S SERVICE DELIVERY AND CASE MANAGEMENT MODEL?  (*If No- MUST describe in your narrative response.)* | Yes/No |

**4. MATCHING RESOURCES**

|  |  |
| --- | --- |
| AMOUNT AND SOURCE OF MATCH FUNDING | Click or tap here to enter text. |

**5. STATEMENT OF ORGANIZATIONAL QUALIFICATIONS**

**A. SERVICE HISTORY**

|  |  |  |
| --- | --- | --- |
| SERVICE DELIVERED (INCLUDE THE SETTING AND LOCATION) | Click or tap here to enter text. | |
| NUMBER OF YEARS DELIVERING THE SERVICES TO THE TARGET POPULATION | Click or tap here to enter text. | |
| FUNDING AGENCY | Click or tap here to enter text. | |
| CRIMINAL JUSTICE POPULATION SERVED | Click or tap here to enter text. | |
| ACTUAL UNDUPLICATED NUMBER OF INDIVIDUALS SERVED IN 12 MONTHS | Click or tap here to enter text. | |
| DID THE SERVICE ACHIEVE THE EXPECTED OUTCOME(S)? | | Yes/No |
| Did your organization have a history of timely submission of programmatic reporting? | | Yes/No |
| Are there any anticipated changes to your organization, staff, or services that would impact the delivery of the proposed service?  *(If Yes, please describe in your narrative response)* | | Yes/No |

**B. JUSTICE SYSTEM COLLABORATION**

|  |  |
| --- | --- |
| DOES YOUR ORGANIZATION HAVE A HISTORY OF SUCCESSFUL COLLABORATION WITH THE PROBATION DEPARTMENT, CORRECTIONS, OR OTHER JUSTICE SYSTEM STAKEHOLDERS? | Yes/No |
| DOES YOUR STAFF CURRENTLY HAVE LOCAL JAIL CLEARANCE? | Yes/No |

**C. RESPONSIVITY**

|  |  |
| --- | --- |
| DOES YOUR ORGANIZATION HAVE STRATEGIES TO MAXIMIZE THE INDIVIDUAL’S ABILITY TO LEARN FROM THE INTERVENTION BY PROVIDING COGNITIVE BEHAVIORIAL TREATMENT AND TAILORING THE INTERVENTION TO THE LEARNING STYLE, MOTIVATION, ABILITES AND STRENGTHS OF THE INDIVIDUAL? | Yes/No |
| DOES YOUR ORGANIZATION HAVE A WRITTEN POLICY TO PROVIDE MEANINGFUL ACCESS TO SERVICES AND ACTIVITIES TO A PERSON WHO HAS LIMITED ENGLISH PROFICIENCY (LEP)? | Yes/No |

**D. INTERAGENCY COLLABORATION**

|  |  |
| --- | --- |
| DOES YOUR ORGANIZATION HAVE A HISTORY OF SUCCESSFUL COLLABORATION WITH LOCAL HUMAN SERVICE PROVIDERS IN OTHER DOMAINS? | Yes/No |

**E. STAFF TRAINING**

|  |  |
| --- | --- |
| DOES YOUR ORGANIZATION HAVE A STAFF TRAINING PLAN? | Yes/No |
| HAS YOUR STAFF BEEN TRAINED IN EBP? | Yes/No |
| Has there been a change in your senior management team in the past year? | Yes/No |
| Have any key program staff started with the organization in the past year? | Yes/No |
| Are all proposed staff positions filled?  (*If No, list unfilled position(s) in your narrative response)* | Yes/No |

**F. DATA COLLECTION AND REPORTING CONTINUOUS SERVICE IMPROVEMENT**

|  |  |
| --- | --- |
| DOES YOUR ORGANIZATION COLLECT DATA ON SERVICE DELIVERY? | Yes/No |
| DOES YOUR ORGANIZATION MEASURE FIDELITY TO EBP? | Yes/No |
| DOES YOUR ORGANIZATION MEASURE SERVICE RELATED IMPACT AND OUTCOMES? | Yes/No |
| IS YOUR ORGANIZATION COMMITTED TO FLEXIBLE SERVICE DELIVERY? | Yes/No |
| IS YOUR ORGANIZATION COMMITTED TO CONTINUOUS SERVICE IMPROVEMENT? | Yes/No |
| Does your organization maintain an automated or web-based case management tool and/or data collection system to track clients served under this proposed project (other than the Probation Portal)? | Yes/No |

**ORGANIZATIONAL OVERVIEW**

As part of this Request for Proposal (RFP), we need some additional information about the operation of your organization, and the proposed services. This section is optional but will be required prior to executing a service agreement.

|  |  |
| --- | --- |
| Have your annual financial statements been audited by an independent audit firm covering the organizations internal control structure within the last two years? | Yes/No |
| Does your organization have a financial management system that records the source and application of funds for funded-supported activities? | Yes/No |
| Can your organization verify that expenditures submitted for reimbursement under this proposal are **not** also claimed/reimbursed under another separate agreement or funding stream (supplanting). | Yes/No |
| Will the organization generate income from this proposed funding?  (e.g., registration fees, fundraisers, etc.) | Yes/No |
| Does the organization have an effective system or procedure for authorization and approval of: | |
| Travel expenditures? | Yes/No |
| Participant or Service expenditures? | Yes/No |
| Participant or Service Incentive expenditures? | Yes/No |
| Has your organization purchased equipment using Government funding? | Yes/No |
| Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data? | Yes/No |
| Does your organization have a history of timely submission of financial invoices? | Yes/No |
| Does your organization have appropriate insurance documents? | Yes/No |
| Do you have written policies that address discrimination? | Yes/No |
| Do you have written policies that address privacy and confidentiality? | Yes/No |
| Do you have written policies that address conflicts of interest? | Yes/No |
| Do you have written policies that address record retention? | Yes/No |
| Will you subcontract to perform duties under this proposal? | Yes/No |
| Does your organization have a current organizational chart for the department responsible for programmatic oversight of the proposed services? | Yes/No |
| Does your organization have an Equal Employment Opportunity Plan (EEOP) on file for review? | Yes/No |
| Does your organization notify participants that is does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services? | Yes/No |
| Does your organization have written policies or procedures in place for notifying participants how to file complaints alleging discrimination by the organization? | Yes/No |
| Does your organization have grievance procedures (for both employees and participants) that incorporate due process standards and provide for prompt and equitable resolution of complaints? | Yes/No |
| Has your organization had any findings of discrimination against the organization issued by a federal or state court, or federal of state or county administering agency?  ***If yes, please describe in text box below*** | Yes/No |
| Click or tap here to enter text. | |
| If the organization conducts religious activities as part of services, do they: | |
| Provide services to everyone regardless of religion or religious belief? | Yes/No |
| Ensure participation in religious activities is voluntary for participants? | Yes/No |
| Ensure it does not use funds to conduct inherently religious activities (such as prayer, religious instruction, or attempt to cover participants to another religion) and that such activities are kept separate in time or place from funded activities? | Yes/No |