



**HAMILTON COUNTY  
JOB & FAMILY SERVICES**

**RFP SC01-23R  
Provider Qualifications and Program Description  
*Attachment #1***



# PROVIDER RESPONSE TO RFP ATTACHMENT #1

## 1. Overview of Organization

What year was the organization founded?

Is the Organization a 501 (c) (3)?

Is the Organization a LLC?

Does the organization have any of the following certifications?

|        |      |      |       |      |
|--------|------|------|-------|------|
| MBE:   | WBE: | VBE: | DOBE: | SBE: |
| Other: |      |      |       |      |

Is the organization owned or managed by a minority? If Yes, please indicate by checking below:

|                   |          |                   |               |
|-------------------|----------|-------------------|---------------|
| African American: | Latino:  | Asian American:   | Multi-Racial: |
| Woman:            | Veteran: | Disability-owned: | Other:        |

Amount of funding requested up to \$100,000.00: \$

Does your organization currently receive referrals from HCJFS? If yes, for what programs?

Does your organization have current contract(s) with HCJFS? If yes, name of program(s).

Is the organization a Medicaid Provider?

## 2. Program Description

Program Name:

Program Location:

Program History:

Date program started:

**Geographical Information**

Provide the name of the neighborhood and the general boundaries or zip codes your program does currently serve.

**Volume**

How many clients do you serve annually?

How many clients will you serve annually with this funding?

Program Hours/Days in operation:

Transportation-Do you provide any assistance with transportation?

**Target Population**

Describe the target population your program will serve related to the Executive Summary and Scope provided. If you are currently serving a different population related to assisting children and families, please explain below.

- Age Range:
- Gender:
- Ethnicity:

Discuss any issues or challenges of the geographical area and target population: These issues might include poverty, racism, domestic violence, educational neglect, lack of recreational activities in the neighborhood, after school programming, gang activity, etc.



**Program Activities**

Please provide a description of the primary program activities. The description should include how your program addresses the issues or concerns you identified in the target population.

How will your program prioritize referrals from Hamilton County Job & Family Services?

If this is an evidence-based or evidenced-informed program, please provide a link to the website.



Tell us about any community collaborators or community support for the program. For example: grants or funding from other parties, volunteers, program space, promoting awareness of the program, program referrals, etc.

Describe the staff training program including cultural competence trainings as well as other trainings staff are required to take. How many hours of training are required and is it required annually, bi-annually, etc.?

Describe how you currently promote or plan to promote your program, including specific activities to promote program awareness and client engagement. Tell us about the referral sources for your program.

The party submitting this bid and signing below affirms that they are duly authorized to enter into an agreement or agreements, submit proposals/bids, negotiate proposals, sign contracts or modify contracts and terminate contracts in connection with Hamilton County Job & Family Services.

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Authorized Signatory

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Date

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Title