HAMILTON COUNTY JOB & FAMILY SERVICES

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June 6, 2019

HCJFS REQUEST FOR PROPOSAL
MY FIRST PLACE
INDEPENDENT LIVING SERVICES
RFP SC06-19R

ADDENDUM 2

In the RFP, Remove Attachment A – Cover Sheet – in its entirety and replace with revised Cover Sheet.

Providers in attendance at RFP Conference:

Hearne House
Lighthouse Youth & Family Services
National Youth Advocate Program
NECCO
Pressley Ridge
St. Joseph Orphanage
SAFY

Questions asked during RFP Conference:

Q1. How long have you been collecting data?

A. My First Place has been collecting data (demographic, assessment, progress measures and outcomes) since 1998 – 20+ years.

Q2. How will youth be selected to enter this program opposed to traditional independent living?

A: Youth will attend a Program Day to learn about the My First Place program and confirms interest in moving forward with program entry. A Pre-Enrollment Intake Assessment is conducted to assess risk, protective factors and skill development and ability to live safely in an apartment with a greater level of independence. A team meeting occurs with youth to discuss program expectations and support. This is a final opportunity prior to move in for a youth to confirm interest and Provider to assess appropriateness for program.

Q3. Will our current IL clients be enrolled in the program?

A: They could be if eligible and determined to be a good fit.

Q4. How do California programs sustain costs related to maintaining basic needs, stipends, food, etc.?

A: California programs sustain costs related to maintaining basic needs, stipends, food, etc. through the reimbursable rate. First Place also raises additional funds and braids (leverages) funding to support sustainability. First Place offers this coaching to implementing Provider.

Q5. Transportation costs for 30 youth getting to needed appointments, etc. could be in the thousands per year. This cannot be accounted for in the budget?

A: Yes. Associated costs for transportation should be included on page 5 of the budget under (F) Travel Costs.

Q6. Since this is a new program, what aggregate outcomes and quality documents are you looking for in Section 2.2.1 – question 16?

A: Outcomes from programs currently being operated by your agency.

Q7. Do you want IL services grid and program components checklist to be included in proposal? If so, where should it be located?

A: When submitting your proposal, Attachment A – Cover Sheet should be first, then Attachment A-1 – Program Component Checklist. Next should be Attachment H – IL service grid. In addition to the budget, all of these attachments will be e-mailed to Providers who registered for the RFP.

Q8. Will there only be one Provider selected?

A: One, possibly two.

Q9. Regarding performance outcomes, there is no incentive based on employment (2-c). Why is it listed?

A: It is listed because employment is still one of our goals. We will look at attaching an incentive.

Q10. How is LOC being determined for youth who go into the pilot vs traditional IL program?

A: LOC is being determined the same way: pre-enrollment intake assessment of risk and protective factors and level of life skill development.

Q11. How will HCJFS be connecting participants to the program to ensure it can be a self-sustaining program financially?

A: Budgets will be evaluated through the RFP process. Greenlight will provide start-up/ implementation funds. Hamilton County will provide a child per diem based on contracted rates. Provider is expected to assess and plan for sustainability (costs to scale).

Q12. What assistance does My First Place provide in communities for additional housing acquisition?

A: My First Place provides training and guidance on unit acquisition. During the on-the-ground training phase and prior to program launch, the My First Place trainer will work with the Providers' Housing Specialist and Program Manager to support preparation for unit acquisition.

Q13. As a pilot, what type of advisory or consultation will HCJFS provide during the contract period?

A: HCJFS and partners will work closely with selected Provider(s), i.e. operations meetings, My First Place training and consultation.

Q14. How will youth not in custody be involved? Will those youth be enrolled in Bridges? Is this the "temporary" housing mentioned?

A: Youth participating will be 18-24 years of age, unemancipated and with an open HCJFS child protection case. There are some youth who are in placement and remain in their parent's custody. There will be some young adults who are receiving placement services who need a short-term placement awaiting college rooming availability or whom are on college breaks. They may or may not be enrolled in Bridges or in the HCJFS aftercare program.

Q15. Monetary reports: would there be double-entry in HCJFS system and for My First Place?

A: Possibly, but we will minimize what we can. There are different needs for HCJFS and My First Place. There may be opportunities for data to be pulled from the My First Place database to support reporting to HCJFS. This is an area that often is explored through the ongoing coaching and technical assistance during implementation.

ATTACHMENT A
Cover Sheet for Independent Living Proposals
Bid No: RFP #SC06-19R

Name of Provider _____

Provider Address:_____

Telephone Number: _____ **Fax Number:** _____

Contact Person:_____
(Please Print or type)

Phone Number: _____**(ext)**_____**E-Mail Address:**_____

Additional Names: Provider must include the names of individuals authorized to negotiate with HCJFS.

Person(s) authorized to negotiate with HCJFS:

Name:_____ **Title:** _____
(*Please Print)*
Phone Number: _____ **Fax Number:**_____**E-Mail:**_____

Name:_____ **Title:** _____

Phone Number: _____ **Fax Number:**_____ **E-Mail:** _____

Please complete Rate Grid located on page 2 of this form.

Service/Year	Total Cost	For years 2 and 3 only, please list % increase from previous year
IL/Year 1		
IL/Year 2		Not to exceed 3%
IL/Year 3		Not to exceed 3%
IL-B/Year 1	$12.00	
IL-B/Year 2	TBD	Not to exceed 3%
IL-B/Year 3	TBD	Not to exceed 3%
IL-SN/Year 1		
IL-SN/Year 2		Not to exceed 3%
IL-SN/Year 3		Not to exceed 3%
Individual Aid/Year 1	$21.50 per hour	
Individual Aid/Year 2	TBD	
Individual Aid/Year 3	TBD	
Other/Year 1		
Other/Year 2		Not to exceed 3%
Other/Year 3		Not to exceed 3%

***** If you intend to bid for "Other" ancillary services your agency may provide to assist with keeping a child in placement, a brief service description must be included in the proposed services section of the RFP.**

*****The Individual Aid rate is an hourly rate set by HCJFS. Please indicate if your agency is capable and willing to provide individual aid services if needed.**
Yes ____ No_____

Certification: I hereby certify the information and data contained in this proposal are true and correct. The Provider's governing body has authorized this application and document, and the Provider will comply with the attached representation if the contract is awarded.

_____ _____ _____
Signature - Authorized Representative **Title** **Date**

Please complete the back of this form containing a checklist to verify that everything required to be submitted as part of your proposal is included.

RFP Submission Checklist

Pursuant to Section 4.6 of the RFP, the following items are to be included in your proposal in order for it to be deemed qualified. Please indicate that the items are included by checking the corresponding column.

Action Required	RFP Section	Included
Did you register for the RFP process by June 12, 2019?	3.3	
Will your Proposal be submitted by 11:00 a.m. on or before July 11, 2019?	4.4	
Did you include all the Contact Information on the Cover Sheet?	2.1	
Did you include the Per Diem for the Initial Term on the Cover Sheet?	2.1	
Did you include the Per Diem for the First and Second Renewal Terms on the Cover Sheet?	2.1	
Did you sign the Cover Sheet?	2.1	
Is a response to each Program Component included?	2.2.1	
Is a response to each System and Fiscal Administration Component included?	2.8	

RFP# SC06-19R - My First Place Independent Living Services RFP

Program Component Checklist

Please ensure all questions in Section 2.2.1 are answered and page numbers are listed by using checklist below.

Proper Answer: If YES - list page number where response can be found. If NO - list reason for not responding.

Service Information				
QUESTION #	YES	PAGE #(s)	NO	REASON FOR NOT RESPONDING
Question 1				
Question 2				
Question 3				
Question 4				
Question 5				
Question 6				
Question 7				
Question 8				
Question 9				
Question 10				
Question 11				
Question 12				
Question 13				
Question 14				
Question 15				
Question 16				
Question 17				
Question 18				
Question 19				
Question 20				
Question 21				
Question 22				
Question 23				
Question 24				
Question 25				
Question 26				
Licensure, Administration and Training				
Question 1				
Question 2				
Question 3				
Question 4				
Question 5				
Question 6				
Question 7				
Question 8				

EXHIBIT II

AGENCY: **BUDGET PREPARED FOR PERIOD**

NAME OF CONTRACT PROGRAM: **_____ TO _____**

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES	My First Place IL		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	0.00	0.00	0.00	0.00	0.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00	0.00
C. PROFESSIONAL & CONTRACTED SERVICES	0.00	0.00	0.00	0.00	0.00
D. CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00	0.00
E. OCCUPANCY	0.00	0.00	0.00	0.00	0.00
F. TRAVEL	0.00	0.00	0.00	0.00	0.00
G. INSURANCE	0.00	0.00	0.00	0.00	0.00
H. EQUIPMENT	0.00	0.00	0.00	0.00	0.00
I. MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
J. PROFIT MARGIN	0.00	0.00	0.00	0.00	0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	0.00	0.00	0.00	0.00	0.00
ALLOCATION OF MGT/INDIRECT COSTS					0.00
TOTAL PROGRAM EXPENSES	0.00	0.00	0.00	0.00	0.00

ESTIMATED TOTAL UNITS OF SERVICE TO BE PROVIDED: **UNIT =**

TOTAL PROGRAM COST/TOTAL UNITS OF SERVICE = UNIT COST: $_____ $_____

TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00

EXHIBIT II

A. STAFF SALARIES - Attach Extra Pages for Staff, if needed.

POSITION TITLE	# STAFF	HRS WK	Annual Cost			MGMT INDIRECT	OTHER DIRECT	TOTAL EXPENSE
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
TOTAL SALARIES			0.00	0.00	0.00	0.00	0.00	0.00

Salaries Narrative. Describe how each position relates to the service proposed.
Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES			MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
B.PAYROLL TAXES					
FICA %					0.00
WORKER'S COMP. %					0.00
UNEMPLOYMENT %					0.00
BENEFITS					
RETIREMENT					0.00
HOSPITAL CARE					0.00
OTHER (SPECIFY)					0.00
					0.00
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00	0.00

Employee Payroll Taxes & Benefits Narrative.

Please type narrative here.

NOTE: You must list the percentage amount on the FICA, Worker's Comp and Unemployment lines. Remember - Unemployment Taxes are based ONLY on the first $9,000 of the employees salary.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and			MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
					0.00
					0.00
					0.00
					0.00
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES	0.00	0.00	0.00	0.00	0.00

Professional Fees & Contracted Services Narrative

Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES			MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES					
OFFICE					0.00
CLEANING					0.00
PROGRAM					0.00
OTHER (SPECIFY)					0.00
					0.00
					0.00
TOTAL CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00	0.00

Consumable Supplies Narrative

Please type narrative here.

EXPENSES BY PROGRAM SERVICES			MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
E. OCCUPANCY COSTS					
RENTAL @ PER SQ. FT.					0.00
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST					0.00
MAINTENANCE & REPAIRS					0.00
UTILITIES (MAY BE INCLUDED IN RENT) HEAT & ELECTRICITY WATER					0.00
TELEPHONE					0.00
OTHER (SPECIFY)					0.00
					0.00
					0.00
TOTAL OCCUPANCY COSTS	0.00	0.00	0.00	0.00	0.00

Occupancy Costs Narrative

Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES			MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F.TRAVEL COSTS					
GASOLINE & OIL					0.00
VEHICLE REPAIR					0.00
VEHICLE LICENSE					0.00
VEHICLE INSURANCE					0.00
OTHER (PARKING)					0.00
MILEAGE REIMBURSE.@ _____ PER MILE					0.00
CONFERENCES & MEETINGS, ETC.					0.00
PURCHASED TRANSPORTATION					0.00
TOTAL TRAVEL COSTS	0.00	0.00	0.00	0.00	0.00

Travel Costs Narrative

Please type narrative here.

EXPENSES BY PROGRAM SERVICES			MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
G. INSURANCE COSTS					
LIABILITY					0.00
PROPERTY					0.00
ACCIDENT					0.00
OTHER					0.00
TOTAL INSURANCE COSTS	0.00	0.00	0.00	0.00	0.00

Insurance Costs Narrative

Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES			MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSE
H.EQUIPMENT COSTS					
SMALL EQUIPMENT (items costing under $5,000.00, which are to be purchased during budget period should be listed)					
					0.00
					0.00
					0.00
TOTAL SMALL EQUIPMENT COSTS	0.00	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)					0.00
					0.00
					0.00
					0.00
TOTAL EQUIPMENT & REPAIR	0.00	0.00	0.00	0.00	0.00
EQUIPMENT LEASE COSTS (DETAIL)					
					0.00
					0.00
					0.00
TOTAL LEASE COSTS	0.00	0.00	0.00	0.00	0.00
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)	0.00	0.00	0.00	0.00	0.00
TOTAL EQUIPMENT COSTS	0.00	0.00	0.00	0.00	0.00

Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance & Repair, Equipment Lease, Equipment Depreciation)

Please type narrative here.

EXHIBIT II

LARGE EQUIPMENT DEPRECIATION COSTS

Any individual equipment item costing $5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the "individual equipment item" is for computer components which are purchased as a group, I.e. hard drive, monitor, keyboard, printer, etc. If the total cost for all the components is $5,000 or greater, the equipment must be depreciated. Any item which was full depreciated on the agency's books prior to the beginning date of the contract may not be used as a basis for determining costs of the program proposed for a contract, even though that item of equipment is used by the program. Any items of equipment used by the Management and Indirect activities of the Agency for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C.

ITEM(S) TO BE DEPRECIATED	NEW OR USED	DATE OF PURCHASE	TOTAL ACTUAL COST	SALVAGE VALUE	TOTAL TO DEPRECIATE	USEFUL LIFE	CHARGEABLE ANNUAL DEPRECIATION	*PERCENT USED BY CONTRACT PROGRAM	AMOUNT CHARGED TO CONTRACT PROGRAM	WHICH CONTRACTED PROGRAM
			0.00	0.00	0.00	0	0.00	100.00%	0.00	
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
Total			0.00		0.00		0.00		0.00	

EXHIBIT II

EXPENSES BY PROGRAM SERVICES			MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I.MISCELLANEOUS COSTS					
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL MISCELLANEOUS COSTS	0.00	0.00	0.00	0.00	0.00
J. PROFIT MARGIN (For profit entities only)					0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	0.00	0.00	0.00	0.00	0.00

Miscellaneous Costs Narrative.
Please type narrative here.

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.

Mgmt/Indirect Cost Narrative.
Please type narrative here.

Profit Margin Narrative (for profit entities only).
Please type narrative here.

EXHIBIT II

REVENUES BY PROGRAM SERVICES			MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)					
					0.00
					0.00
					0.00
B.OTHER FUNDING					
FEES FROM CLIENTS					0.00
CONTRIBUTIONS					0.00
					0.00
					0.00
					0.00
					0.00
AWARDS & GRANTS					0.00
					0.00
OTHER (specify)					0.00
					0.00
TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00

Revenue Narrative

Please type narrative here.

EXHIBIT II

RENEWAL YEAR ESTIMATED COST SHEET

PROGRAM	RENEWAL YEAR 1 EXPENSE	RENEWAL YEAR 1 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1 and 2.
My First Place IL			

PROGRAM	RENEWAL YEAR 2 EXPENSE2	RENEWAL YEAR 2 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1 and 2.
My First Place IL			

Attachment H – Independent Living Service Grid

Category:	**Independent Living**	**Independent Living**
Discrete Service	Independent Living Diagnostic Assessment Individual/Family Therapy	Diagnostic Assessment Individual/Family Therapy
Program Name	**Independent Living**	**Independent Living – Special Needs**
Location		
Ages		
Gender		
Admission Criteria		
Exclusion Criteria		
Admissions Process		
Intake Contact Person:		
Intake telephone #		
Clinical Director Contact		
Clinical Director Telephone #		
After Hours telephone #		
Ability to accept ER admissions? [4 hour admission]		
Estimated projected # slots		
Projected ALOS		
Estimated # fixed vacancies a month		
Staffing Ratios:		