

LEHIGH AND NORTHAMPTON COUNTY
DRUG AND ALCOHOL PROGRAMS
2010/2011 REQUEST FOR PROPOSALS
Prevention, Intervention and Outpatient Treatment Services
HIV Early Intervention, Testing and Outreach Services
Recovery Oriented Systems of Care Services

INFORMATION REQUIRED FROM APPLICANTS

I. COVER PAGE – separate for each county

II. AGENCY DESCRIPTION (Limit Two Pages)

In the introduction, you will provide basic information about your agency and your proposal.

The following information must be included:

- A. Length of existence; years licensed by the Department of Health, current license status.
- B. Mission and Philosophy Statement.
- C. Population(s) to be served. E.g. Male/Female, Pregnant Women, Women with Children, Adults, Adolescents, Bilingual Spanish, etc.
- D. Statement of staff experience working with minorities. Include number of bilingual and bicultural staff.
- E. Major agency changes in function or service capacity that are anticipated in fiscal year, or have taken place this past year.

III. SERVICE(S)/PROJECT(S) DESCRIPTION

In this section you must describe in more detail:

- A. Service(s) you propose to provide (include Screening, Interim services—at outpatient treatment sites, and how you will provide same per BDAP requirements).
- B. Site(s) where services will be provided. Location, hours of operation, space, accessibility to handicapped and proximity to public transportation.

III. SERVICE(S)/PROJECT(S) DESCRIPTION (Continued)

Quality Assurance Process:

Treatment – Copy of Client Satisfaction Survey that is currently used as required by SCA, who reviews surveys and how often, results of surveys, including number distributed, number completed and explanation as to WHY clients did or did not fill out a survey if they completed the program; how results were used; interim services provided (Assessment, IOP & OP only), type of service, number served, various results of services provided.

Prevention: One Sample of participant evaluation, pre and post-test, confirmation letter to recipient of services, course outline, handout, presenter's summary of services rendered, and any other pertinent information used for evaluation .

IV. COST AND PRICE ANALYSIS

- A. HDA 311N Page 1 Signed year-to-date fiscal report and cash request (Revenue Sheet). If there is more than one program, please submit a separate revenue sheet for each program. ***NOTE: This form is not needed for Outpatient and Intensive Outpatient Programs or Prevention for Northampton county only**
- B. HDA 311N Page 2 This form must be completed for three fiscal years (Expense Sheet). If there is more than one program, please submit a separate expense sheet for each program. ***NOTE: This form is not needed for Outpatient and Intensive Outpatient Programs in Northampton County.** Agencies contracting for the first time with **Northampton County** should only include data for available fiscal years:
- Expenditure data for fiscal year 2008-2009) based on the AUDIT.
 - Projected expenditures for fiscal year 2009-2010 based on actual expenditures for July – December 2009.
 - Fiscal year 2010-20011 budget request (any increases requested will be considered after reviewing the AUDIT).
- C. A Budget Narrative must accompany form HDA311N and provide a detailed explanation of:
- Any items which have increased more than 10% over the AUDIT year.
 - Any “miscellaneous” or “other” revenue or expenditure items.
- D. HDA 313M (Personnel Roster): include title, formal education, credentials, experience in field(s) and anticipated salary for fiscal year 2010-2011. If there is more than one program, please submit a separate personnel Roster for each program. In addition, a separate sheet should list all contractors with the same information and hours/week.
- E. A Unit Cost Calculation Sheet must be submitted for Assessment and Transitional Living and for Lehigh County SAP and Case Management.

- F. Program funded/cost reimbursement services must adhere to all elements of the BDAP Fiscal Manual. **See Part Six, attached.**

V. ADDITIONAL REQUIRED DOCUMENTATION

- A. Organizational Chart with number and types of staff for proposed service (include full and part-time positions).
- B. Current Board of Directors including addresses, phone numbers and times, dates and locations of Board meetings. If there is a local board/committee for an agency that has their headquarters outside Lehigh/Northampton Counties' list those members on a separate sheet.
- C. Copy of latest audit (**if NOT on file at SCA**). If no audit has been performed then please submit the **agency's** financial statements for the most recently completed fiscal year. In accordance with Appendix C of current Northampton County contracts. A single audit (in accordance with the provisions of OMB Circular A-133) is required by the Federal Government for any provider that receives \$500,000 or more of Federal Dollars (from **ALL** sources combined). In the absence of a Federally required audit, providers that expend \$500,000 or more in combined State and Federal funds during a program, year are required to have an audit of those funds made in accordance with GAGAS. When the aforementioned audit requirements are not applicable and the provider expends \$100,000 or more in Federal, State and/or County funds that are received from the County, the Provider is required to have an audit of those funds made in accordance with GAGAS.
- D. Signed statement that program is in compliance with Acts 33 and 34 (see attached).
- E. Statement regarding HIV/AIDS & TB policies including client at-risk counseling, testing and partner notification procedures.
- F. Articles of Incorporation (if changed).