

**NORTHAMPTON COUNTY
MENTAL HEALTH DIVISION
2019-2020 REQUEST FOR PROPOSALS**

**PROGRAM AND BUDGET PACKET
INFORMATION REQUIRED FROM APPLICANTS**

I. **COVER PAGE**

II. **PROGRAM PACKET**

A. Introduction:

1. Provide basic information about your agency and your proposal. The following information must be included:
 - a. Length of existence; years licensed by OMHSAS, current license status.
 - b. Mission and Philosophy Statement.
 - c. Population(s) to be served. (i.e. Male/Female, Adults, Adolescents, Bilingual)
 - 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 the upcoming fiscal year, or that have taken place this past year.

B. Program Packet- Complete Program Packet in its entirety. **PLEASE REVIEW ENTIRE PACKET AS THERE ARE CHANGES FROM PREVIOUS YEARS.**

III. **BUDGET PACKET** (PLEASE READ ALL DIRECTIONS PROVIDED ON BUDGET PACKET)

- A. Please complete the Budget Packet file with budget, rate and personnel information for each program being proposed. **If there is more than one program, please submit a separate Budget Packet for each program.** Please see the Instructions tab of the Budget Packet for more detailed information.
- B. Programs that have state set rates DO NOT need to complete a budget packet. These programs should submit the letter from Magellan that documents the rate for the program.
- C. Cost reimbursed programs must complete the budget packet in its entirety.
- D. Copy of latest audit (**if NOT already on file with MH**). If no audit has been performed then please submit the agency's financial statements for the most recently completed fiscal year. Please refer to Appendix C of the current contract with Northampton County to ensure all audit requirements are met.