

Solicitation
STATE Funds for
Cooperative Endeavor Agreement

***POVERTY PREVENTION AND INTERVENTION
PROGRAMS FOR THE CAPITAL AREA REGIOIN***

November 1, 2009 through June 30, 2010

***Closing Date: September 30, 2009**

Applications (an original and 2 copies) must be received by 4:30 p.m. on September 30, 2009, by Lee Terry Williams, Department of Social Services, Office of Family Support, 627 North 4th Street, Baton Rouge, LA 70802

Department of Social Services

627 North 4th Street

Baton Rouge, LA 70802

<http://www.DSS.louisiana.gov/>



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State of Louisiana
Department of Social Services
OFFICE OF THE SECRETARY

Bobby Jindal
GOVERNOR

Kristy H. Nichols
Secretary

NOTICE TO PROPOSERS

The Louisiana Department of Social Services, Office of Family Support, hereby solicits proposals from qualified proposers to provide Poverty Prevention and Intervention Programs for the Capital Area Region.

The funding available for these services is \$200,000.00 for the time period November 1, 2009 through June 30, 2010.

Guidelines for proposals may be obtained by downloading the Solicitation for Proposals document from the DSS Website, @ <http://www.DSS.louisiana.gov/> (Select Service Providers, Request for Proposals.) Or you may contact **Lee Terry Williams, Office Family Support/Contract Services, 627 North 4th Street, Baton Rouge, LA 70802 - Telephone (225) 342-6824; Fax (225) 342-2536; E-mail: twilliam@dss.state.la.us.**

Completed proposals, including one original and 2 copies, must be physically in the possession of the **Office of Family Support, Attention: Lee Terry Williams, 627 North 4th Street, Baton Rouge, La. 70802 by 4:30 p.m. on September 30, 2009.** No proposal received after the specified date and time shall be considered. Any questions concerning the Solicitation must be made in writing and may be submitted by mail, fax, or email to Lee Terry Williams by September 22, 2009. All submitted questions will be responded to on the website at <http://www.DSS.louisiana.gov/> by September 24, 2009.

This announcement does not commit the Department of Social Services/Office of Family Support to award a contract or pay any costs incurred in the preparation of proposals. It is neither a contract nor an offer to contract, but rather a solicitation of proposals which, if accepted by the Department and approved in the manner required by law, may become the basis for a future contract. In the event of a conflict between any term or provision of the Solicitation and a term or provision in any proposal submitted in response, this Solicitation shall control. If a proposal alters or modifies any term or provision of this Solicitation, such changes must be clearly delineated and expressly approved by the Department of Social Services in writing before a contract is issued. A failure to comply with the provisions of this part shall render any such variant term absolutely null.

The Department of Social Services reserves the right to accept or reject, in whole or in part, all proposals submitted and/or to cancel this announcement. A single or multiple contracts may be awarded, if at all, to the proposal(s) deemed by the Department in its sole discretion to be the most advantageous to the Department and its clients based on quality of service, cost effectiveness and other considered factors. Any contract is subject to the availability of funds. No contract is final or enforceable until approved by the Department of Social Services and the Division of Administration, Office of Contractual Review. Should any protest or appeals be filed at any point in the procurement process, all activities must cease until all issues are resolved.

Kristy H. Nichols, Secretary
Department of Social Services

VISIT OUR WEBSITE @ <http://www.DSS.louisiana.gov/>
"AN EQUAL OPPORTUNITY EMPLOYER"

1.0 Overview of Services

This Solicitation contains guidelines for submitting a proposal to the Louisiana Department of Social Services, Office of Family Support (DSS/OFS) for a Cooperative Endeavor Agreement to implement Poverty Prevention and Intervention programs which help low-income individuals and families to achieve self-sufficiency. The programs will be implemented in one or more parishes of the six-parish Baton Rouge region (East Baton Rouge, West Baton Rouge, Pointe Coupee, Iberville, East Feliciana, West Feliciana).

Poverty *prevention* typically includes targeted strategies toward children and youth including age-appropriate cognitive and health development and early education. Poverty *interventions* typically include a combination of workforce, education and family support strategies. The overall program proposed may – but is not required to – include both prevention and intervention activities.

Specific program activities are at the discretion of the proposer. However, the services proposed should follow a model which is generally acknowledged as a best practice. The proposer should also be able to demonstrate that the service can mitigate the incidence (rate) of poverty in the area to be served.

2.0 General Information

2.1 Eligible Proposers

Those eligible to apply are public or quasi-public agencies, non-profit (meeting the requirements of non-profit status as determined by the IRS) and for-profit organizations, including faith-based or other charitable organizations. Faith-based organizations must submit proposals for a non-faith-based service.

Faith-based organizations may not use direct government funding to support “inherently religious” activities. You may not use any part of the funds awarded through this Solicitation to fund religious worship, instruction, or proselytization. Instead, organizations may use these funds only to support the non-religious social services they provide. Therefore, faith-based organizations that receive TANF funds should take steps to separate, in time or location, their inherently religious activities from the TANF-funded services they offer.

Non-profits must be a 501(c) (3) organization and must operate according to bylaws that define its operations and mission. Copies of the IRS determination of 501 (c) (3) status and bylaws must be included in the proposal.

2.2 Determination of Responsibility (DOR) In accordance with the Louisiana Administrative Code Title 34, Part V, §136, in order for the Office of Family Support to make a determination of responsibility with respect to each proposer, the proposer must meet the following standards, **and ensure that any subcontractors meet the same standards**, as they relate to this procurement:

- A. Have adequate financial resources for performance, or have the ability to obtain such resources as required during performance;

- B. Have the necessary experience, organizations, technical qualifications, skills, and facilities, or have the ability to obtain them (including subcontractor arrangements); if a proposer intends to use a subcontractor to meet this requirement then the proposer should produce a letter from the probable subcontractor stating that they are willing to provide the required services contingent upon a contract award
- C. Be able to comply with the proposed or required time of delivery or performance schedule;
- D. Have a satisfactory record of integrity, judgment, performance and good standing with all State agencies. Contractors who are seriously delinquent in current contract performance, considering the number of contracts and the extent of delinquencies of each, shall in the absence of evidence to the contrary or evidence of compelling circumstance, be presumed to be unable to fulfill the requirement;
- E. Be otherwise qualified and eligible to receive an award under applicable laws and regulations.

Organizations which are barred from receiving state or federal funds may not participate in this solicitation, directly or indirectly, nor may a proposing organization utilize such ineligible organization in providing services under any contract awarded as a result of this solicitation.

2.3 Monitoring/Evaluation of Services

All contracts awarded through this Solicitation must grant to the State of Louisiana, through the Department of Social Services, the Office of the Legislative Auditor, Inspector General's Office, Federal Government and/or other such officially designated body the right to inspect and review all books and records pertaining to services rendered under the Cooperative Endeavor Agreement. The contractor must cooperate with any monitoring/evaluation site visits or requests for information from the above-mentioned entities. All records shall be maintained for three years.

2.4 Funding/ Service Period of Cooperative Endeavor Agreement

Total funding of \$200,000.00 for these services is provided by state funds under HB 881/Act 122. The amount for reimbursement must be incurred by the contractor on or before June 30, 2010. Reimbursement requests must be received by the department on or before August 10, 2010. After August 10, 2010 the department will no longer have access to funding to provide reimbursement. Under no circumstances will the contractor be reimbursed in excess of the amount specified in the Cooperative Endeavor Agreement. Services proposed should be performed unless excused in writing by the Department and any cost overruns are solely at the expense of the provider. The Cooperative Endeavor Agreement term is from November 1, 2009 until June 30, 2010.

3.0 Scope of Services - Proposers should submit a narrative description of their proposed service.

The proposal should detail how the proposer plans to implement a Poverty Prevention and Intervention program which helps low-income individuals and families to achieve self-

sufficiency. The programs must be implemented in one or more parishes of the six-parish Baton Rouge region (East Baton Rouge, West Baton Rouge, Pointe Coupee, Iberville, East Feliciana, West Feliciana).

Poverty *prevention* typically includes targeted strategies toward children and youth including age-appropriate cognitive and health development and early education. Poverty *interventions* typically include a combination of workforce, education and family support strategies. The overall program proposed may – but is not required to – include both prevention and intervention activities.

Specific program activities are at the discretion of the proposer. However, the services proposed should follow a model which is generally acknowledged as a best practice. The proposer should also be able to demonstrate that the service can mitigate the incidence (rate) of poverty in the area to be served

Additional Requirements

1. In conjunction with other requirements outlined in this Solicitation, the following additional requirements are to be made a part of any proposal submitted. Proposers should include written policies as to how their organization will address personnel-related issues. These policies should be aimed toward guidance to both personnel and the program participants. The policies must include guidance on how the following issues will be addressed; however, proposers are not required to limit their policies to the following topics. These policies should be presented in the proposal and will be evaluated by the Department.

A. Proposers must have written policies regarding domestic violence. The policy should cover staff and participants. The policy should reflect how participant referrals are made to the appropriate agency and how each contractor will work with that agency to ensure that appropriate services are provided.

B. Proposers must have written policies regarding substance abuse. The policy should cover staff and participants. The policy should reflect how participant referrals are made to the appropriate agency and how each proposer will work with that agency to ensure that appropriate services are provided.

C. Proposers must have a written policy regarding child abuse reporting requirements. The policy should cover staff and participants. The policy should reflect how participant referrals are made to the appropriate agency and how each proposer will work with that agency to ensure that appropriate services are provided.

2. Providers shall ensure that any staff or volunteer in a position of supervisory or disciplinary authority over children will have the appropriate background checks as required by Louisiana State Law see R.S. 15:587.1 see <http://www.legis.state.la.us/>

Note: The costs for background checks should be included in the budget.

4.0 Outcomes and Performance Measures

The Narrative should identify what the proposer will do, i.e. the program goals and objectives as well as the expected outcomes and results as more specifically detailed in the Attachment “A” Plan.

The Narrative should identify the actual services that are to be provided, the relevant activities and anticipated outcomes and performance measures as specifically detailed on the Attachment “A” Plan.

4.1 Reporting Requirement

The selected Contracting Party will provide to the State written quarterly **Progress Reports (Attachment C)** outlining the Contracting Party’s resources, initiatives, activities, services and performance consistent with the provisions, goals and objectives of this agreement and monthly **Cost Reports (Attachment D)** which provide detailed cost information outlining the use of appropriated funds.

5.0 Review Process

All proposals will be reviewed and evaluated by a committee consisting of Department of Social Services personnel and/or other qualified professionals. The committee will recommend for selection the proposal or proposals which most closely meet(s) the requirements of the Solicitation and the needs and expectations of the Department of Social Services.

Poverty Prevention and Intervention programs will be evaluated on the thoroughness with which each aspect of the program is described. Preference will be given to proposals which:

- Provide documentation that the service is an evidence-based practice
- Demonstrate that the service to be provided is a nationally-recognized best practice
- Show high value and efficient use of funds in program budget
- Demonstrate the organization’s record of success in providing services to low-income individuals and families

The review committee will approve or decline by consensus proposals for Poverty Prevention and Intervention Programs. Selection of proposals and the final decision on the level of funding for a program will be made by the Secretary of the Department of Social Services.

All proposals will become public record once the evaluations are completed and an award is made. Any technical data, financial information, overhead rates, or trade secrets protected from disclosure under Louisiana Revised Statutes 39:1490 and Louisiana Administrative Code Title 34, Part V, § 130, and designated as such in the proposal, shall be kept confidential as required by law. Materials submitted with the proposals become the property of the Office of Family Support. The Office of Family Support has the right to use

any or all ideas presented in any proposal. Selection or rejection of a proposal does not affect this right.

6.0 Billing Methods and Required Budget Form

6.1 Billing Methods

Provided Contracting Party's progress and/or completion of the Contracting Party's services are to the reasonable satisfaction of State, payments to the Contracting Party shall be made by State on a reimbursement basis, after receipt from the Contracting Party and approval by State of monthly **Cost Reports** requesting reimbursement, and certifying that such expenses have been incurred. Adequate supporting documentation (including copies of invoices, checks and other appropriate records reflecting expenses incurred) shall be attached to the reports. All original documentation supporting the reports shall be maintained by Contracting Party, and shall be subject to audit, as hereinafter stated.

Travel expenses, if any, shall be reimbursed only in the event that this agreement provides for such reimbursement, such travel expenses are included in the Contracting Party's approved compensation, budget or allocated amount, and then only in accordance with Division of Administration Policy and Procedure Memorandum No. 49. Invoices and/or receipts for any pre-approved reimbursable expenses or travel expenses must be provided or attached to periodic invoices for reimbursement.

Reimbursements under this agreement will be allowed only for expenditures occurring between and including the dates of November 1, 2009 and June 30, 2010, and this project and all of the Contracting Party's services shall be completed by that date. Payment is contingent upon the availability of funds and upon the approval of this agreement by the Office of Contractual Review.

The Contract Monitor shall monitor disbursements on a monthly basis. Under circumstances such that the recipient entity has not demonstrated substantial progress towards goals and objectives, based on established measures of performance, further disbursements shall be discontinued until substantial progress is demonstrated or the entity has justified to the satisfaction of the agency reasons for the lack of progress. If the agency determines that the recipient failed to use the Line Item Appropriation within the estimated duration of the project or failed to reasonably achieve its specific goals and objectives, without sufficient justification, the agency shall demand that any unexpended funds be returned to the state treasury unless approval to retain the funds is obtained from the Division of Administration and the Joint Legislative Committee on the Budget.

Taxes: Contracting Party hereby agrees that the responsibility for payment of taxes from the funds thus received under this agreement and/or legislative appropriation shall be Contracting Party's obligation and identify the Federal tax identification number.

6.2 Required Budget Form

The **Budget** for this project is incorporated herein as "**Attachment B**" which is attached hereto and made a part hereof by reference and shows all anticipated expenditures provided by this cooperative endeavor. The **Budget** for this project shall not exceed the total sum of two hundred thousand dollars (\$200,000) which sum shall be inclusive of all costs or expenses to be paid by State in connection with the services to be provided under this agreement. This is the total sum that has been appropriated for this project by State. No state funds shall be paid for any one phase of this agreement that exceeds the categories shown on the **Budget** attached as "Attachment B", without the prior approval of State.

Application Checklist

Poverty Prevention and Intervention Programs

Hand deliver or mail to be received by 4:30 P. M. on September 30, 2009 to:

*Department of Social Services
Office of Family Support
Lee Terry Williams
627 N. 4th Street*

Baton Rouge LA 70802

***NO FAXED COPIES WILL BE ACCEPTED
ALL SIGNATURES MUST BE ORIGINAL***

CHECKLIST OF REQUIRED SECTIONS

**Without the following,
your application may not be considered for funding.**

PLEASE INCLUDE CHECK LIST WITH YOUR PROPOSAL THAT INDICATES YOU
HAVE INCLUDED ALL ELEMENTS

- Original and 2 copies (including completed set of attachments)

PROPOSERS MUST ASSEMBLE THE PROPOSALS IN THE FOLLOWING ORDER:

- Signed Cover Page (See attached form)
- Table of Contents (Proposals should be page numbered)
- Narrative Description of Services
- "Attachment A" Plan (See attached form)
- "Attachment B" Project Budget (See attached form)
- "Attachment E" Disclosure and Certification Statement (See attached form.)
- Signed Board Resolution for State Contract Providers (see sample resolution)
- Copy of most recent audit (If your organization is not required to submit an audit, or your agency has not performed an audit, please submit an explanation to this effect.)
- Good Standing Certificate from LA Secretary of State
- Financial statement of the latest 12 month period (Financial statement should be clearly labeled and cover the latest annual fiscal year of the proposer)
- IRS 501 (c) (3) status documentation and Bylaws (non-profit entities only)
- Disclosure of Ownership (for-profit entities)
 - Two references and contact information
 - Copy of Child Abuse reporting and referral policy
 - Copy of Domestic Violence referral policy
 - Copy of Substance Abuse referral policy

Proposal Cover Page

PLEASE DO NOT WRITE IN THIS SECTION.

Name of Applicant Organization
Number

Federal ID

Service(s) Proposed

Applicant's Mailing Address:

City

State

Zip

Name of Program Director

Telephone No.

Fax No.

Email address

<p>TYPE OF AGENCY</p> <p>() Public Non-Profit Community-Based Organization</p> <p>() Private Non-Profit Community-Based Organization</p> <p>() Faith-Based Organization</p> <p>() Public Agency</p> <p>() Other _____</p>	<p><u>RECEIPT OF ALL OTHER STATE FUNDS:</u> Check all that apply to applicant organization</p> <p>_____</p>	<p>TOTAL FUNDS REQUESTED:</p> <p>\$ _____</p> <p>REGION TO BE SERVED :</p> <p>_____</p> <p>PROPOSED NUMBER TO BE SERVED:</p> <p>_____</p>

CERTIFICATION

I (We) hereby certify that _____ on behalf of _____ is fully authorized, by

(Name of Individual)

(Agency Submitting Application)

law or by corporate resolution (attached) to submit the following Application for Funds, that the information contained herein is true and accurate to the best of my (our) knowledge and belief; and that I (we) am (are) fully authorized to submit said application on behalf of said agency.

Official Authorized to Submit Application

Title

Date

HAND DELIVER PROPOSAL TO:

OR

MAIL PROPOSAL TO:

Department of Social Services
Office of Family Support
Lee Terry Williams
627 North 4th Street
Baton Rouge LA 70802

Department of Social Services
Office of Family Support
Lee Terry Williams
P. O. Box 94065
Baton Rouge, LA 70804-9065

BOARD RESOLUTION FOR STATE CONTRACT PROVIDERS

State of Louisiana

Parish of _____

On the _____ day of _____, 20____, at a meeting of the Board of Directors of _____, with a quorum of the directors

Present, the following business was conducted:

It was duly moved and seconded that the following resolution be adopted:

BE IT RESOLVED that the Board of Directors of the above corporation does hereby authorize

_____ (name and title) and his/her successor in

office to negotiate terms and conditions that he/she may deem advisable, contract(s) with the

Louisiana Department of Social Services, and to bind this organization to execute said documents on behalf of the corporation, and further we do hereby give him/her the power and

authority to do all things necessary to implement, maintain, and/or review said documents.

The above resolution was passed by a majority of those present and voting in accordance with

the by-laws and articles of incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of the meeting of the Board of Directors of _____,

held on the _____ day of _____, 20_____.

Secretary

Date

“ATTACHMENT A” PLAN	NAME OF CONTRACTING PARTY:
	NAME AND BRIEF NARRATIVE OF PROGRAM:
<p>Program Goals, Objectives, Expected Outcomes/Results Activities and Related Performance Measures (Duplicate pages as needed for each goal identified). <u>What are the goals, objective(s), expected outcomes/results for this program:</u> Indicate the goals/objectives for this program. Indicate the expected outcomes/results for each goal. Explain how each goal, objective, outcome/result is measured. Identify activities that will be implemented to achieve expected outcomes, the person(s) responsible for implementing the activity, and the expected completion date.</p>	
<p>1. Program Goal (<i>Goals are the intended broad, long-term results. Goals are clear statements of the general end purposes toward which efforts are directed.</i>)</p>	
<p>2. Program Objective(s) (<i>Objectives are intermediate outcomes--specific, measurable steps towards accomplishing the goal They identify the expected outcomes and results.</i>)</p>	
<p>3. Relevant Activity (Activities) (<i>An activity is a distinct subset of functions or services within a program.</i>)</p>	
<p>4. Performance Measure(s) (<i>Measure the amount of products or services provided or number of customers served. Specific quantifiable measures of progress, results actually achieved and assess program impact and effectiveness.</i>)</p>	

“ATTACHMENT B”

Page 1

Project Budget (2009-10)

Name of Contractor

Anticipated Income or Revenue

Sources *(list all sources of revenue)*

Amounts
\$

Anticipated Expenses

Expense Categories

Total Amount

**Amount of Line Item
Appropriation**

Salaries	\$	\$
Related Benefits	\$	\$
Travel	\$	\$
Operating Services	\$	\$
Advertising	\$	\$
Printing	\$	\$
Maintenance of Equipment	\$	\$
Maintenance of Office	\$	\$
Rentals	\$	\$
Dues and Subscriptions	\$	\$
Telephones	\$	\$
Postage	\$	\$
Utilities	\$	\$
Other	\$	\$
Office Supplies	\$	\$
Professional & Contract Services	\$	\$
Other Charges	\$	\$
Acquisitions & Major Repairs	\$	\$
Total Use of the Appropriation	\$	\$

(Budget categories listed above reflect a typical budget and may be adjusted by the agency and recipient to reflect actual categories necessary for each individual program. Salaries and Professional & Other Contract Services shall be detailed using pages 2 and 3 of Attachment B).

Attachment B_Poverty Prevention

Page 1

ATTACHMENT B
Page 2
STAFFING
CHART

Name of
 Organization: _____

Name of
 Program: _____

Name	Title	Total Salary Amount	Total Appropriation Amount	Salary Paid by Percentage	Related Benefits	Full time or Part Time # of months

ATTACHMENT B
Page 3
SCHEDULE OF PROFESSIONAL AND OTHER CONTRACT SERVICES

Name of Organization: _____

Name of Program: _____

Name and Address of Individual and/or Firm	Nature of Work Performed and Justification for Services	Total Contract Amount	Total Paid by Appropriation

Attachment B_Poverty Prevention _p3

“ATTACHMENT C”

Progress Report

(To be submitted at least quarterly showing progress achieved. Duplicate pages as needed.)

Organization: _____

Contact Name: _____

Telephone:() _____ *Fax:*() _____

Goal:	% Complete
Objective(s):	
Activity(Activities) Performed:	
Performance Measure(s):	

Attachment C_Poverty Prevention

“ATTACHMENT D”

Cost Report for the Period of _____

Expense Category	Approved Total Amount	(Quarterly) Expenditures (Monthly)*	Total Cumulative Year to Date Expenditures	Balance Remaining
Salaries				
Related Benefits				
Travel				
Operating Services				
Advertising				
Printing				
Maintenance of Equipment				
Maintenance of Office				
Rentals				
Dues/Subscriptions				
Telephones				
Postage				
Utilities				
Other				
Office Supplies				
Professional Services				
Other Charges				
Acquisitions & Major Repairs				

(Expense categories must reflect budget categories listed in “Attachment B” budget.)

** Should reflect contract payment terms, either quarterly or monthly*

“ATTACHMENT E”

Disclosure and Certification Statement

Contractor’s Name:

Contractor’s Mailing Address:

Organization Type: (For example, local government, non-profit, corporation, LLP, etc.)
Private entities required to register with the Secretary of State’s office must be in good standing with that office.

Names and Addresses of all officers and directors, including Executive Director, Chief Executive Officer or any person responsible for the daily operations of the entity:

Names and Addresses of all key personnel responsible for the program or functions funded through this agreement:

List any person receiving anything of economic value from this agreement if that person is a state elected or appointed official or member of the immediate family of a person who is a state elected or appointed official Include the amount of anything of economic value received, the position held within the organization. Identify the official and the public position held.

- I hereby certify that this organization has no outstanding audit issues or findings.**
- I hereby certify that this organization has outstanding audit issues or findings and is currently working with the state to resolve such issues or findings.**

I hereby certify that the above information is true and correct, to the best of my knowledge, and I am the duly authorized representative of the organization.

(Name and Title of Contractor)

(Authorized Signature of Contractor)