**Partnership for Children of Wayne County**

**Request for Proposals Programmatic Checklist**

Proposal Due Date: Friday, February 12, 2021 by 4:00 p.m.

*Instructions: Type responses in the shaded boxes. A checklist must be completed for each proposed activity. One original, three copies and an electronic copy of all documents is required.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name:** |  | | |
| **Mailing Address:** | **Street/P.O. Box:**  **City: State: Zip Code:** | | |
| **Contact Person Name:** |  | **Title:** |  |
| **Phone Number:** |  | **Fax Number:** |  |
| **E-mail Address:** |  | | |

|  |  |
| --- | --- |
| **Activity Name:** |  |
| **Length of Bid:** | **1 yr. bid 2 yr. bid 3 yr. bid**  ***(Note: Contracts will be reviewed and may be renewed annually based on performance by the Contractor and availability of funding.)*** |

**Item Attached**

|  |  |
| --- | --- |
| Cover Letter containing a statement that the person signing the proposal is a legal representative of the prospective Contractor and is authorized to bind the prospective Contractor. |  |
| Background Information Section including background information on the organization and experience with similar projects. Include a list of references. |  |
| Project Description in narrative form describing the proposed activity, major tasks, and schedule. |  |
| Contract Activity Description: *(Select one of the following)*  Current CAD with No changes OR  Current CAD With changes OR  New CAD |  |
| Logic Model including needs statements, target population, program strategies, outputs, outcomes and long-term impact. |  |
| Staffing and Budget Worksheets  *(Worksheets must be completed for each fiscal year for multi-year bids)* |  |
| Résumés of program staff  *Include copy of job description including qualifications if personnel must be hired to fill position(s).* |  |

By signing below, I attest that the application attached is accurate and true to the best of my knowledge. I also understand that all PFCW funded programs are required to enter program data into the Integrated Metrics and Performance Analysis Collection Technology Suite (IMPACT) or other PFCW approved tracking system to which the Contractor either allows the PFCW access or provide applicable reports/forms.

**Signature and Title Date**

**Partnership for Children of Wayne County**

**Request for Proposals**

**Pre-Contracting Information Checklist**

*Instructions: Type responses in the shaded boxes. Only one copy of pre-contracting information documents is required per Prospective Contractor regardless of the number of proposals submitted.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of all activity proposals included in this RFP packet** |  | | |
| **Agency Name:** |  | | |
| **Mailing Address:** | **Street/P.O. Box:**  **City: State: Zip Code:** | | |
| **Contract Administrator Name:** |  | **Title:** |  |
| **Name of Person(s) authorized to sign Financial Status Reports:** |  | **Title:**  **Title:** |  |
| **Phone Number(s):** |  | **Fax Number:** |  |
| **E-mail Addresses:** |  | | |

**Item Attached**

|  |  |
| --- | --- |
| Most recent Audited Financial Statement |  |
| Conflict of Interest Policy |  |
| Proof of insurance:  Workers’ Compensation  General Liability  Fidelity Bonding  Professional Liability  Automobile (owned, hired or non-owned) |  |
| Completed Internal Revenue Service  (IRS) Form W-9 OR  If a non-profit entity, a copy of the Internal Revenue Code 501 (c) 3 determination letter received from the IRS | **or** |
| Provide details of any pertinent judgment, criminal conviction, investigation or litigation pending against the prospective Contractor or any of its officers, directors, employees, agents, or subcontractors of which the prospective Contractor has knowledge or check the box that there is no knowledge of such information. | **If no,**  **If yes,**  **Explanation:** |

**Partnership for Children of Wayne County**

**Strategic Planning Information Request**

As part of the Partnership for Children’s ongoing strategic planning efforts, please complete the following section regarding community needs and resources in our community. This information will help us identify potential collaborations, develop programs and identify possible funding sources for the future.

*(Boxes will expand as needed. Please submit one form per prospective Contractor.)*

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| --- |
| **Most Critical Needs in Wayne County** *(Please list 3-5 areas of need)* |
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| --- |
| **Most Important Community Resources Available to Meet Needs** *(Please list 3-5 resources)* |
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Checklist

Background and Experience Form

Program Description Form

CAD Form

Logic Model

Staff Worksheets

Budget Narratives

Pre-Contracting Information checklist

Strategic Planning Worksheet

Conflict of Interest Form

Insurance Documents

(Workers Comp and liability, common policy declarations, commercial general liability, property

coverage, crime coverage)

Audit

IRS Identification Letter

Other documentation listed above

Cover Letter

Resumes

**Partnership for Children of Wayne County**

**Background and Experience Form**

|  |  |
| --- | --- |
| **Activity Name:** |  |
| **Agency Name:** |  |
| In the space below, provide background information on the organization and give details of experience with similar projects. *(Attach a list of references including contact people, addresses and telephone numbers for whom similar work has been performed.)* | |
|  | |

**Partnership for Children of Wayne County**

**Program Description**

*(Complete the questions below by typing in the shaded areas. Do not exceed two page maximum for this section.)*

|  |  |
| --- | --- |
| **Activity Name:** |  |
| **Agency Name:** |  |
| In the space provided below, provide a brief description of the proposed program activity including when and where services will be provided, types of services to be provided, staffing, target population, and a timeline. | |
|  | |

|  |
| --- |
| Describe how the proposed programwill meet identified needs and how program effectiveness can be measured. |
|  |

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| --- |
| Describe which organizations and agencies have collaborated or will collaborate in the development or delivery of this service to make it responsive to community need. |
|  |

**Partnership for Children of Wayne County**

**Contract Activity Description (CAD)**

|  |  |
| --- | --- |
| **Activity Name:** |  |
| **Agency Name:** |  |
| **Type of CAD:** | Current program CAD with no changes |
| Current program CAD with revisions |
| New program CAD |
| In the space below, provide a Contract Activity Description (CAD) for the proposed activity (maximum of 250 words). This description should include information about what services will be provided, who will provide the services, who will receive the services, and how the services will be provided. In addition, the CAD may also describe where and when the service will be provided. If grant awards are provided through this activity, they should be described in the CAD as well*. (See the Sample Contract Activity Descriptions attachment for examples. CADS for currently funded programs are included in the RFP packet.)* | |
|  | |