

# REQUEST FOR QUALIFICATION

FRONT-END PREVENTION, EARLY INTERVENTION AND EMERGENCY HUMAN SERVICES

RFQ #5470-11



**SUBMITTAL DUE:**

**Wednesday, July 27, 2011  
2:00 P.M.  
Boulder County Purchasing Office**

**BOULDER COUNTY PURCHASING  
[purchasing@bouldercounty.org](mailto:purchasing@bouldercounty.org)  
303-441-3525**

**NOTICE OF REQUEST FOR QUALIFICATION (RFQ)  
FOR FRONT-END PREVENTION, EARLY INTERVENTION AND EMERGENCY  
HUMAN SERVICES FOR THE BOULDER COUNTY DEPARTMENT OF HOUSING AND HUMAN  
SERVICES (BCDHHS)**

<b>Total Funding Available:</b>	Approximately \$1 Million for both this RFQ and a subsequent Fall 2011 RFQ
<b>Contract Period:</b>	Anticipated Start Date September 1, 2011 Contract length to be negotiated following selection of contractor in RFQ process. Length will be dependent on level of service and timelines negotiated with contractor.

**RFQ Structure**

In order to facilitate your review and response to this RFQ, we have provided a general outline of the document below with corresponding page numbers indicating the start of each section; however, applicants are strongly encouraged to review the proposal in its entirety.

<b>PART I: GENERAL INFORMATION AND OVERVIEW</b>	<b>Page 2</b>
A. Introduction	Page 3
B. Terms and Conditions	Page 5
C. Time Schedule	Page 6
D. Evaluation of Proposals	Page 6
E. General Qualification Requirements	Page 7
F. Pre-Proposal Meeting	Page 7
G. Applicant Questions	Page 7
H. Application Format	Page 8
I. Submittal Instructions	Page 8
 <b>PART II: TARGETED SERVICES</b>	 <b>Page 9</b>
A. Essential Services	
1. Areas Funded Under this RFQ	
i. Mental Health and Substance Abuse Services	Page 10
ii. Community Resource Centers/Family Resource Schools	Page 12
iii. Increased Access to Quality Medical/Dental/Vision Care	Page 17
iv. Access to Quality Child Care	Page 18
2. Areas Deferred for Future RFQ	Page 20
i. Community-Based Stabilization Services, i.e. Food Security	Page 20
ii. Parent Education/Life Skills	Page 21
iii. Transition Age Youth Services	Page 22
iv. Community-Based Job Training and Employment Support	Page 23
v. Crisis Housing	Page 24
 <b>PART III QUALIFICATION PROPOSAL SUBMITTAL INSTRUCTIONS</b>	 <b>Page 25</b>
 <b>PART IV: ATTACHMENTS</b>	 <b>Page 28</b>
A. Attachment 1: Additional Proposal Questions	Page 28
B. Attachment 2: Submittal Cover Page	Page 37

## **PART I: GENERAL INFORMATION AND OVERVIEW**

### **A. Introduction**

#### **Purpose:**

The following RFQ serves two purposes. First, it serves to solicit qualification proposals from both private and nonprofit agencies to provide evidence-based and/or promising human services for identified needs and priority areas. Second, it serves to provide the community with an update on the envisioned, future spending plan for the Temporary Human Services Safety Net Ballot Initiative monies.

#### **Background:**

The passage of the 2010 Ballot Issue 1A created the Temporary Human Services Safety Net, to ensure that the community needs, created by state and federal funding reductions and increased caseload demands across programs, are mitigated to the greatest extent possible with additional mill levy revenues.

All references in this RFQ to BCDHHS include the Boulder County Department of Social Services as the underlying legal contracting entity.

Earlier this year, through a Request for Application (RFA) process, BCDHHS awarded \$503,000 in contracts to community partners to help provide a variety of unmet emergency and self-sufficiency needs. With the announcement of the RFA, BCDHHS also shared its plans for the release of second round of funding which is to be awarded through a competitive Request for Qualification (RFQ) process. The funds to be awarded through this RFQ will focus on community-based, front end prevention and early intervention strategies for community stabilization. BCDHHS sees the emergency services funds awarded through the previously released RFA, coupled with those funds to be awarded through this RFQ, as a two-pronged strategy that will accelerate the strengthening of the community safety net, stabilize families' lives, and reduce the need for high-cost and high-intensity interventions. This strategic approach will allow for a thoughtful and focused reinvestment strategy that promotes better human outcomes, and prepares BCDHHS for the time when the temporary mill levy funds are no longer available.

Leveraging the work and community recommendations that arose through the collaborative countywide strategic plans such as the Boulder County Human Services Strategic Plan, Boulder County's 10 Year Plan to End Homelessness, Age Well Boulder County, and the Boulder County/Broomfield County Home Consortium Regional Consolidated Plan to name a few, Boulder County safety net agencies are well prepared to advance the County's investments in evidenced-based, front-end prevention and early intervention strategies.

In March 2011, BCDHHS initiated a process to review, analyze, and synthesize the completed community plans to consider what investments might need to be made in order to address emergency needs, to identify efficacious, strategic front-end prevention and early intervention services, and to identify methods to engage the community in these efforts. Much of this work happened through conversations with community partners and internal and external focus group work.

In May 2011, BCDHHS hosted three community dialogue meetings to engage our community partners to help prioritize already identified service gaps, to identify evidence-based, promising/best practices in front-end preventative services that address these gaps, and to develop the scope of this RFQ. The goal of these dialogues was to gather additional ideas and perspectives from community partners and to develop specific action steps to incrementally address gaps in our safety net services.

Resulting from this collaborative process, the following community needs and priority areas emerged as essential to our community's work ahead:

Identified Community Needs and Priority Areas (as identified through the previously mentioned collaborative, community planning processes):

**Areas Funded Under this RFQ**

- **Increased Access to Mental Health and Substance Abuse Services**
- **Community-Based Family Support Services (e.g. Community Resource Centers/Family Resource Schools)**
- **Increased Access to Quality Medical/Dental/Vision Care**
- **Access to Quality Child Care**

**Areas Funded in Fall 2011 RFQ**

- **Community-Based Stabilization Services, i.e. Food Security (Families, Children and Individuals)(NOTE: Funding Deferred for Future RFQ).**
- **Transition Aged Youth Services (NOTE: Funding Deferred for Future RFQ)**
- **Crisis Housing (NOTE: Funding Deferred for Future RFQ)**
- **Parent Education/Life Skills (NOTE: Funding Deferred for Future RFQ)**
- **Community-Based Job Training and Employment Support (NOTE: Funding Deferred for Future RFQ)**

BCDHHS is currently accepting qualification proposals from both private and nonprofit agencies to provide evidence-based and/or promising services in the areas mentioned above.

The purpose of this solicitation is to prepare a pre-qualified list of agencies that are capable of providing the abovementioned human services. *NOTE: This solicitation is only to determine which agencies will qualify to go on to a future contracting process. Responding to this solicitation does not guarantee that any work will be directed to your agency.*

**Contract Information:**

**BCDHHS will award multiple contracts beginning September 1, 2011. The term of Contract will be negotiated following selection of contractors in RFQ process. Term of contract will also be dependent on level of service and timelines negotiated with contractor.** The awards are expected to be in the range of \$30,000 to \$200,000 per agency. Funding available for agencies qualified under this RFQ and the Fall RFQ is estimated to be \$1 million.

Where applicable, agencies that receive funding from these two 2011 RFQs will be required to utilize the Self-Sufficiency Matrix or other self-sufficiency screening tool for assessing client needs and appropriate referrals, as well as assist clients in applying for benefits using the Colorado PEAK online application tool. BCDHHS will provide training on client qualification for benefits (Benefits 101), effective benefit enrollment practices, and training on the use of the Colorado PEAK tool.

## **B. TERMS AND CONDITIONS**

1. BCDHHS and the Board of the Department of Social Services reserves the right to reject any and all RFQ's, to waive any informalities or irregularities therein, and to accept the application(s) that, in the opinion of the Board, is in the best interest of the Board of the Department of Social Services, State of Colorado and of BCDHHS.
2. Americans with Disabilities Act (ADA): If you need special services provided for under the Americans with Disabilities Act, contact the ADA Coordinator or the Human Resources office at (303) 441-3508 at least 48 hours before a scheduled event related to this RFQ.
3. Each proposer shall furnish the information required in the RFQ at no cost to BCDHHS. Please do not use any binders, folders, etc.
4. The Contract/Purchase Order will be awarded to the responsible applicants whose submittals, conforming to the Request For Qualification, will be most advantageous to BCDHHS, price and other factors considered.
5. BCDHHS and the Board of the Department of Social Services reserves the right to reject any or all proposals and to waive informalities and minor irregularities in proposals received, and to accept any portion of or all applications if deemed in the best interest of the Board and BCDHHS to do so.
6. Any interpretation, correction or change of the Qualifications Documents will be made by Addendum. Interpretations, corrections and changes of the documents made in any other manner will not be binding, and Applicant shall not rely upon such interpretations, corrections and changes. The County's Representative for BCDHHS will not be responsible for oral clarification.
7. Confidential/Proprietary Information: Proposals submitted in response to this RFQ and any resulting contracts are subject to the provisions of the Colorado Public (Open) Records Act, 24-72-201 et.seq. C.R.S., as amended. Any restrictions on the use or inspection of material contained within the proposal and any resulting contract shall be clearly stated in the proposal itself. Confidential/proprietary information must be readily identified, marked and separated/packaged from the rest of the proposal. Co-mingling of confidential/proprietary and other information is NOT acceptable. Neither a proposal, in its entirety, nor proposal price information will be considered confidential/proprietary. Any information that will be included in any resulting contract cannot be considered confidential.
8. All RFQ responses received on or before the scheduled time will be opened by the Purchasing Agent. RFQ responses are not generally opened to the public. The name of the applicant is the only public information that will be mentioned during the opening of the RFQ all additional information contained in applications shall not be disclosed until awards are made by BCDHHS and the Board of the Department of Social Services.

### C. Time Schedule

Below is the set time schedule for this process.

Event	Date	Time (If applicable)
RFQ Released	7.06.2011	
Pre-Proposal Meeting	7.12.2011	1:00 p.m. (See Section F)
Questions Due to Purchasing	7.14.2011	4:00 p.m. (See Section G)
Questions and Answers Returned to Agencies via e-mail	7.18.2011	4:00 p.m. (See Section G)
Proposal Due Date	7.28.2011	2:00 p.m.
Tentative RFQ Award Date	8.1.2011	
Tentative Contract Award Date	9.1.2011	

### D. Evaluation of Proposals: Selection Factors

The criteria set forth below will be used in the review of the applications and the selection of the successful applicants.

**Note: BCDHHS will review applications recently submitted for the Boulder County Board of County Commissioners 2012 Request for Funding (RFF) submitted through the Foothills United Way Online E-Communities/Andar system. IF AN AGENCY PROPOSING UNDER THIS RFQ DID NOT SUBMIT AN RFF APPLICATION, PLEASE SEE ATTACHMENT 1 FOR ADDITIONAL NARRATIVE, BUDGET, AND LOGIC MODEL QUESTIONS. THESE QUESTIONS MUST BE ATTACHED TO THE QUALIFICATION PROPOSAL IF THE AGENCY DID NOT SUBMIT THE INFORMATION VIA THE E-COMMUNITIES/ANDAR SYSTEM.**

A BCDHHS Application Review Committee will review and evaluate each application and selection will be made on the basis of the criteria listed below.

- Agency Narrative (From the RFF Online Application or Attachment 1, if applicable.)
- Agency Budget (From the RFF Online Application or Attachment , if applicable)
- Logic Model (From the RFF Online Application or Attachment 1, if applicable)
- Qualification Proposal (Part III of this RFQ)

## **E. General Qualification Requirements**

In submitting a proposal, each applicant must assure that it possesses the following qualification requirements.

1. At least three consecutive years of experience of the type(s) listed below. Applicants must have experience:
  - a. Working with low-income clients in community-based settings, and
  - b. Managing contracts from government agencies (local, state, federal), and
  - c. Implementing programs that serve the target population in concert with the goals of the Boulder County Human Services Strategic Plan, and
  - d. Establishing and maintaining effective working relationships with government entities, local community based organizations, and private nonprofit organizations, and
  - e. Managing budgets, accounting and a variety of fiscal arrangements such as subcontracts, purchase orders, and the like.
3. Applicants must have a past record of sound business integrity and a history of being responsible in its past contractual obligations to Boulder County and/or BCDHHS.
4. Applicants must agree to contain their indirect costs at a percentage rate not to exceed 10% of total program costs for the proposed services to be performed under any contract for services proposed under this RFQ as awarded by BCDHHS.

## **F. Pre-Proposal Meeting**

A pre-proposal meeting will be held on **Tuesday, July 12 at 1:00 p.m.:**

**Location:**  
**Kaiser Large Conference Room**  
**BCDHHS Offices**  
**2525 13th St, Second Floor**  
**Boulder, CO 80304**

Although this is not a mandatory meeting, bidders are welcome to attend to ask questions pertaining to this RFQ.

## **G. Applicant Questions**

1. **All inquiries regarding this Request for Qualification shall be emailed to [purchasing@bouldercounty.org](mailto:purchasing@bouldercounty.org) on or before Thursday, July 14, 2011 at 4:00 p.m. All responses from the County to all inquiries shall be sent via email no later than close of business, Monday, July 18, 2011. What to include in an inquiry:**
  - a. Inquirer's name, name of firm submitting the inquiry, mailing address, email address, area code and telephone number, and fax number.
  - b. RFQ section, page number or other information useful in identifying the specific problem or issue in question.
  - c. A description of the subject or issue in question or discrepancy found.

## H. Application Format

All proposals and documents not previously submitted through the E-Communities/Andar system must:

- Be typed, with a minimum of one-inch margins on each page
- Use no less than 11-point font
- If printed, must be double sided
- Be double spaced
- Have the page number and focus area listed at the bottom of each page
- Be within the stated page limits for each section

## I. Submittal Instructions:

Submittals are due in the Purchasing office or the email box (preferred) listed below, for time and date recording on or before **2:00 p.m. on Thursday, July 28, 2011.**

**Your response can be submitted in the following ways. Please note that e-mail responses to this solicitation are preferred, but are limited to a maximum of 10MB capacity. Electronic Submittals must be received in the e-mail box listed below. Submittals sent to any other box will NOT be forwarded or accepted. This e-mail box is only accessed on the due date of your questions or proposals. Please use the Delivery Receipt option to verify receipt of your email.**

**E-Mail**            [purchasing@bouldercounty.org](mailto:purchasing@bouldercounty.org); identified as RFQ #5470-11 in the subject line.

-OR-

**US Mail**        **Two (2)** unbound copies of your submittal, printed double-sided, 11 point, on at least 50% post-consumer, recycled paper must be submitted in a sealed envelope, clearly marked as RFQ #5470-11, to the Administrative Services Reception Desk at 2025 14th Street, Boulder, CO 80302. Please allow at least 2 days for delivery of USPS Priority and Express Mail.

All RFQ responses must be received and time and date recorded by authorized county purchasing staff by the above due date and time. Sole responsibility rests with the Offeror to see that their RFQ response is received on time at the stated location(s). Any responses received after due date and time will be returned to the offeror.

## **PART II: TARGETED SERVICES**

### **A. Targeted Human Services for this RFQ**

BCDHHS is currently accepting qualification proposals from private, governmental and nonprofit agencies to provide human services in the following areas. To reiterate, these focus areas were identified through multiple, collaborative community planning processes.

Please read this section closely as it details the types of services sought by BCDHHS and will inform the applicant's qualification proposal.

**\*\*Note that BCDHHS is not soliciting proposals for all of the following focus areas. Some services will be solicited in a future 2011 RFQ or Request for Proposal (RFP). However, for transparency purposes, the following section discusses each of the 9 focus areas identified in the recent assessment process.\*\***

### **Detailed Explanation of Identified Community Need and Priority Areas and Services Sought by BCDHHS**

#### **A. Areas Funded Under this RFQ**

- I. **Increased Access to Mental Health and Substance Abuse Services: Easeful community access to short term, situation based, problem solving, mental health services**

**Approximate Funding Amount: Up to \$80,000 for awards in calendar year 2011 per Target Area**

#### **Target Area 1: Community-based Substance Abuse and Mental Health Services**

BCDHHS seeks to expand access to mental health and substance abuse assessments and interventions in community settings that are accessible to adults and families that are in highest need. *The primary focus should be on those adults and families that are uninsured or underinsured and that do not have access to other services that are already available through Medicaid and private insurance.*

The provider(s) will be co-located at natural entry points for these adults and families such as family resource centers, resource family schools or centers providing comprehensive basic needs assistance.

The provider(s) will be trained in and utilize evidenced-based and informed practices such as Brief Solution-Focused Therapy, Dialectical Behavioral Therapy and Cognitive Behavioral Therapy. The provider(s) will need to have expertise in both mental health and substance abuse treatment.

*Implementation: Mental Health & Substance Abuse Treatment:* The provider(s) will need to form a partnership with one or more of the community based organization(s) listed above to receive referrals from case managers. The expectation is that the provider(s) can offer some capacity for immediate consultation and some capacity to schedule appointments for assessments and treatment. The intent should be to offer short-term, targeted interventions to adults or families that address the mental health and/or substance abuse issues that are impacting their functioning and stability. Referrals should also be made to other community programs that could support their functioning.

*Suggested Outcome Measures: Mental Health & Substance Abuse treatment:*

- Number of Referrals
- Number of individuals served
- Decrease in Substance Abuse
- Increase in Mental Health stability
- Increase in individual and family functioning and stability

*Proposed Cost: Mental Health & Substance Abuse Treatment:*

Acceptable proposed costs will depend on the number of sites that are proposed and funded. Costs should fall within the normal market rates for clinical interventions.

**Target Area 2: Mental Health Program for Older Adults**

BCDHHS seeks to fund a community-based mental health program designed to improve the quality of life in older adults. Ideally, this program is designed for adults over age 60 with mental health issues who may benefit from short term targeted interventions and who are unlikely to access treatment through traditional outpatient services. The provider(s) will provide services to adults ages 60 and older who are experiencing symptoms of mental illness, with the primary goal to identify, evaluate, and provide effective mental health care through community outreach. These services should be offered to seniors in their own homes with a heavy initial focus on relationship and rapport building and a reduction in stigma and related resistance to mental health treatment.

Interventions utilized must be evidenced-based or evidenced-informed for older adults with mental illness.

*Implementation: Mental Health program for Older Adults:* The service provider will create the necessary tools to assist non-mental health service providers to accurately screen seniors for anxiety and depression and prescription drug misuse. They should have the capacity to provide community outreach and education of front line service providers; to serve the increased need in the community and to meet the community need for increased collaboration to include some capacity for increased consultation and crisis response.

The service provider(s) will agree to a multi-disciplinary response to seniors presenting with possible mental health concerns who would benefit from a coordinated and timely collaborative response designed to quickly identify the right services and service provider to best meet the individual's needs.

*Suggested Outcome Measures: Mental Health program for Older Adults:*

- Number of Training and Outreach contacts
- Number of Referrals
- Number of Individuals Served
- % of Individuals that Completed the recommended intervention
- Increase in Mental Health stability.
- Increase in individual functioning

*Proposed Cost: Mental Health program for Older Adults:*

1 FTE plus benefits

**Evaluation and Data Collection**

BCDHHS is committed to evaluating the value and impact of funding efforts. Agencies awarded funds  
RFQ #5470-11

will be required to track, analyze, and report on data related to the following types of performance measures:

- Measures of participation in services
- Measures of program quality
- Measures of participant level changes and outcomes

Moreover, funded agencies will also be asked to participate in the following activities specifically designed to support effective performance measurement and evaluation:

- Use of a standardized contract monitoring and data tracking system to capture fiscal information, implementation progress, participant demographics, and participant attendance in core services
- Use of a standardized program quality self-assessment tool to ensure compliance with minimum standards of quality (i.e. Self-Sufficiency Matrix)
- Use of pre and post survey instruments relevant to the desired outcomes
- Distribution and collection of forms to obtain client consent to participate in data collection and evaluation activities
- Analysis of collected data and reporting on the results (as required)
- Participation in studies to explore specific evaluation and research questions (as required)

As part of this RFQ, proposing agencies will be required to demonstrate their capacity to perform the above evaluation and performance measurement activities. Such demonstration may include the request to share the results of the agency's past evaluation efforts. If selected, an agency may be asked to develop a tailored logic model and evaluation plan with assistance from BCDHHS.

## II. Community-Based Family Support Services: Community Resource Centers (CRCs) and Family Resource Schools (FRCs)

**Approximate Funding Amount: \$100,000 - \$200,000 per agency for awards in calendar year 2011 (maximum of two agencies in the initial pilot)**

### Community Resource Center/Family Resource School Incubation Initiative:

#### CRCs Defined:

**Community Resource Centers/Family Resource Schools as a Best Practice in Human Services:** A Community Resource Center/Family Resource School (CRC/FRS) is a welcoming community hub that provides universal access to services and opportunities for families to strengthen family functioning and enhance community connections. CRCs/FRSs partner with the entire family to help them become more self-reliant in key areas that affect family stability, including parenting, health, education, employment, housing, and financial management.

CRCs/FRSs are defined by the following characteristics: 1) Program activities are tailored and implemented based on the unique strengths, needs, and wants of the families and the community; 2) Services are designed to be comprehensive and inclusive and intended to complement existing resources and services in the community; 3) CRC/FRS services span a broad continuum, including prevention, early intervention and safety net services. Families recognize and build on their own strengths and then use those strengths in service to others; and 4) CRC/FRS services are family-centered, culturally competent, and strengths-based.

#### Vision Statement

BCDHHS has developed a common vision and goals for the CRC/FRS Incubation Initiative to provide a guiding framework for the delivery of family support services in Boulder County.

Vision Statement: To create a coordinated, County-wide system of CRC/FRS that strengthens families and communities to ensure Boulder County's children, youth and families are healthy, safe and thriving. We accomplish this vision by funding CRCs/FRSs to:

- 1) Provide families with access to services & opportunities
- 2) Build parent knowledge and skills
- 3) Provide intensive support services for families in need
- 4) Promote community and resource development to meet family needs

BCDHHS believes that targeting services at the family unit and community level is central to impacting the health and well-being of children and youth. BCDHHS recognizes that:

- In order to best serve children and youth, involving the family is essential. Parents are a child's first teacher, primary advocate, and social support.
- In order to help children succeed, we must support parents in their most important job, helping them to address their family's changing needs as their children age.
- Strengthening families and providing a safety net for families in need helps to build stronger communities.

CRCs/FRSs provide families with concrete resources, parenting support and linkages to services that families need or request. The funding for this section of this RFQ is meant to invest in provision and incubation of community-based, preventative family support services in Boulder County that can be replicated to create a County-wide system of integrated CRCs/FRSs for children, youth and families in the future. Ultimately, BCDHHS seeks to ensure that services are available in neighborhoods with a

high concentration of families needing services and to specific populations of families who reside County-wide. These services will be open to all families, regardless of income.

### **Goals**

This initiative intends to have a long-term and sustained impact on the enhanced capacity of parents to provide for their children's needs and of communities to serve families. With this intent in mind, BCDHHS has developed the following goals against which to measure the success of the initiative:

- 1) Children and Youth are nurtured, safe, and supported for school and life success; and
- 2) Parents have the knowledge, skills, strategies, and support to parent effectively; and
- 3) Families build their own capacity to improve family functioning; and
- 4) Families receive adequate services to meet their needs; and
- 5) Communities are family-focused & responsive.

Each award funded by this initiative will respond to the above-stated overarching goals. Specific evaluation expectations are further elaborated in the following paragraphs.

Funded agencies will provide resources and activities that facilitate the healthy development of children and the stability and functioning of families. Agencies will be expected to provide families with this RFQ's requested services and leverage existing agency and community resources in a way that enhances families' access to comprehensive resources without duplicating or competing with already existing services if such existing services are evidence-based or promising practices.

### **Pilot CRCs/FRSs in Boulder County**

BCDHHS is seeking a pilot organization or pilot organizations that are working toward the CRC/FRS model or have some of the essential services in place. BCDHHS is requesting that qualified applicants relate what they need in terms of funding/resources in order to move toward a CRC/FRS model. After receiving proposals, BCDHHS will narrow down and further define the scope of work/methods for moving toward a CRC/FRS network in Boulder County.

\*\*Pilot contract(s) is expected to achieve the goals of the initiative over an initial period of two-years .

### **Capacity Building and Professional Development**

Capacity building among agencies receiving awards under this RFQ as well as community and county agencies is a key component of the CRC/FRS Initiative to improve agency practices and strengthen the overall CRC/FRS system in Boulder County. In order to support effective evaluation, continuous quality improvement, and success in meeting Family Support Principles and minimum standards, BCDHHS has the expectation that the agencies funded through this initiative agree to participate in technical assistance to promote a shared learning collaborative model. Funded agencies will also be expected to participate in funder sponsored training focused on parent education curricula and other program-related professional development opportunities. For example, extra support and capacity building assistance will be provided to agencies receiving awards under this RFQ to learn about and successfully implement Child Welfare-linked initiatives in partnership with BCDHHS.

**Up to \$50,000 in calendar year 2011 may be allocated to agencies under the funding for this RFQ for outside training and technical assistance in promising and best practices.**

### **Guiding Principles**

*CRCs/FRSs shift the human service paradigm to broad based, family support services as illustrated in table 1 below.*

**Table 1: How Family Support Services Differ from Traditional Services**

Family Support Services	Traditional Services
Prevent crisis and promote well-being	Intervene after a crisis
Focus on family and community support	Focus on individual
Build on family strengths	Emphasis on family deficits
Universal access	Strict eligibility requirements
Comprehensive services	Fragmented services
Families help each other	Professionals are “experts”
Parents help design and direct services	Professionals drive services
Services and staff reflect cultural, linguistic and racial diversity of the community	Services and staff do not reflect diversity of community
Long-term services	Short-term services

Additionally, CRCs/FRSs are envisioned as welcoming centers that embrace the diversity of Boulder County families. BCDHHS aspires to a principle of universal access that encourages and supports families to utilize services at funded CRCs/FRSs. Funded agencies will participate in ongoing facilitated discussions in partnership with BCDHHS to explore how to best serve the diverse multi-cultural communities throughout the city as the demographics and needs of families shift over time.

**Evaluation and Data Collection**

BCDHHS is committed to evaluating the value and impact of funding efforts. Agencies awarded funds under this RFQ will be required to track, analyze, and report on data related to the following types of performance measures:

- Measures of participation in services
- Measures of program quality
- Measures of participant level changes and outcomes

Moreover, funded agencies will also be asked to participate in the following activities specifically designed to support effective performance measurement and evaluation:

- Use of a standardized contract monitoring and data tracking system to capture fiscal information, implementation progress, participant demographics, and participant attendance in core services
- Use of a standardized program quality self-assessment tool to ensure compliance with minimum standards of quality (i.e. Self-Sufficiency Matrix)
- Use of pre and post survey instruments relevant to the desired outcomes
- Distribution and collection of forms to obtain client consent to participate in data collection and evaluation activities
- Analysis of collected data and reporting on the results (as required)
- Participation in studies to explore specific evaluation and research questions (as required)

As part of this RFQ, proposing agencies will be required to demonstrate their capacity to perform the  
**RFQ #5470-11**

above evaluation and performance measurement activities. Such demonstration may include the request to share the results of the agency's past evaluation efforts. If selected, agencies may be asked to develop a tailored logic model and evaluation plan with assistance from BCDHHS.

### **Target Populations**

CRCs/FRSs that receive funding will be expected to serve as integrated community hubs, providing a broad range of prevention and intervention services to support families in the surrounding community. CRCs/FRSs should develop services that respond to identified community needs and address emerging developmental needs of families as their children grow from birth to 5, school age, and teen years. Parenting supports, access to resources, and community building should be central to the work of the CRC/FRS. The space itself should be inviting and have a distinctive welcoming, "family-friendly" supportive environment.

### **CRC/FRS Funding: Targeted Services Aspired to by the Selected CRC/FRS(s) and Desired Outcomes**

Each proposal should describe an integrated system of care for families. *Note that the selected CRCs are able to broker and refer for these services as well. **The following services below provide a menu of evidence-based services that BCDHHS expects the selected agency/agencies to select from in developing their programming for both an initial two year period and beyond.***

\*\* Interventions/Services utilized must be evidenced-based or evidenced informed.

#### *Services/Activities*

##### Family Support & Education

- Information and referral
- Adult education classes
- Job readiness programs
- Life skills education
- ESL/citizenship services and supports
- Basic needs, food/clothing pantries
- Literacy services, lending library
- Child care during adult activities
- Respite child care services
- Health and developmental screenings, including Early Intervention
- Drop-in play, play groups
- Preschool/early childhood education
- Parenting education
- Family support and counseling
- Group support (adult & child)
- Home visits

##### Community Support & Education

- Trainings for providers
- Interagency collaboration
- Supervised visitation
- Family social/recreational programs
- Transportation to/from CRC/FRSs or other community services
- Youth development groups and clubs
- Public awareness campaigns and community presentations

##### Advocacy & Empowerment

- Active intervention or liaison services on behalf of family

- Parent leadership, peer learning and employment opportunities within CRCs/FRSs
- Parent participation on CRC/FRS boards
- Peer reviews and family engagement
- Advocacy training for parents

## *Outcomes*

### *Intermediate Outcomes*

#### Family Support & Education

- Increase parents' knowledge of child development and use of positive parenting techniques.
- Increase positive interactions between parents and children.
- Establish sustainable connections between parents.
- Earlier identification of developmental disabilities.
- Increase enrollment in health insurance, referrals to health care, immunization rates

#### Community Support & Education

- Reduce social isolation.
- Improve availability of and access to community resources to meet families' basic needs.
- Raise awareness of family health and safety through community education.

#### Advocacy

- Increase parent leadership roles.
- Increase parents' sense of confidence and empowerment in advocating for themselves and their children
- Increase parent engagement in community and neighborhood activities.

### *Long Term Outcomes*

- Prevent child abuse and neglect.
- Improve parenting practices that minimize risk factors and promote healthy child development.
- Improve child development and school readiness.
- Reduce child welfare involvement and prevent out-of-home placements.
- Empower families to help build strong neighborhoods and interconnected communities.

#### Additional Activity Requirements

Agencies may propose additional activities that meet neighborhood needs. Again, all proposing agencies are expected to participate in evaluation and capacity building activities.

**\*\*Pilot contract(s) is/are expected to achieve the goals of the initiative over an initial period of two years.**

**III. Increased Access to Quality Medical/Dental/Vision Care (NOTE: THIS RFQ FOCUSES ON DENTAL CARE ONLY):**

**Approximate Funding Amount: Approximately \$35,000 during calendar year 2011.**

At present thousands of Boulder County residents are either uninsured or underinsured. Many of these individuals lack adequate access to the vision and dental care needed to live a healthy life.

This problem is particularly acute for the following populations:

- Individuals living in poverty, including individuals enrolled in Medicaid and CHP+
- Individuals up to approximately 350 - 400% of the FPL with inadequate access to comprehensive health coverage and limited disposable financial resources
- Individuals transitioning out of poverty. These families hit a cliff effect at which they lose access to services before their income and job stability increases enough to guarantee adequate employer-sponsored health coverage. Intermediary solutions are essential to safeguarding their health

Preventive services are essential in the dental arena. Untreated dental disease is linked to the following short and long term challenges:

- Pain
- Lost school time
- Challenges learning
- Impaired nutrition and health
- Worsened job prospects in adulthood
- Potential death

Limited funding is available at the community level to help needy documented families afford dental care; existing funding for this population does not adequately meet the current need.

***Objectives:***

Expand access to primary preventive dental care for children and adults for dental care screenings, varnishes, sealants, and connecting families with a dental home. Services may be for those eligible for Medicaid reimbursement, but primary focus should be on those who are uninsured or underinsured.

The proposing agency's program should strengthen and build upon the existing dental and dental prevention system, and should include partnerships with community safety services providers such as child care providers and ECCBC, family resource schools and centers, community health clinics, and private health and dental providers.

The proposing agency's program should demonstrate the implementation of cost-effective prevention services in a sustainable manner. Services could be co-located or out-stationed with the above mentioned partners

***Possible Program Models:***

The proposing agency's program should be modeled after or expand on the Child Health Promotion Oral Health Initiative by Boulder County Public Health and Jefferson County Public Health, the CHP dental screening program for CHP+, or the school-based or school linked sealant delivery programs. These programs deliver the Cavity Free at Three or other models to CHP+ children, WIC clients or children in the school system. The proposed agency's program should use a dental hygienist to conduct an oral health screening and apply a fluoride varnish, in some cases Medicaid may be billed for the service. Similar services may include both children and adults (for exams only, since sealants are only applied to children), who are Medicaid eligible or enrolled, or who are uninsured or underinsured.

The proposing agency's program should include partnering with other community based organizations to provide services to children or adults in need of dental exams or preventive care. The agency's program may also expand on its existing programs that provide preventive dental services. The proposing agency's program would not provide restorative dental services such as cavities, fillings, crowns, root canals, or other treatment of advanced dental conditions.

### ***Suggested Outcome Measures***

The outcomes may vary depending on the design of the program but some suggested outcomes include:

- Number of uninsured or underinsured individuals treated and the status of their benefits qualification.
- Number of exams completed (for both covered and uncovered individuals).
- Quantity of varnishes, sealants applied.
- Improvements in the oral health status of children and adults served through the program.
- Estimated savings from treatments or services avoided through preventive care.

### ***Estimated Costs:***

Costs may include supplies, hygienist staff time, scheduling, coordination, and set-up time for staff. Estimated cost per patient for preventive child visit including cleaning, sealants and fluoride varnish = \$40 - \$50

Potential capital costs for a portable dental unit = \$800

Funding available: Approximately \$35,000 (for approximately 500 treatments/visits including administrative costs.)

### **Evaluation and Data Collection**

BCDHHS is committed to evaluating the value and impact of funding efforts. Agencies awarded funds will be required to track, analyze, and report on data related to the following types of performance measures:

- Measures of participation in services
- Measures of program quality
- Measures of participant level changes and outcomes

Moreover, funded agencies will also be asked to participate in the following activities specifically designed to support effective performance measurement and evaluation:

- Use of a standardized contract monitoring and data tracking system to capture fiscal information, implementation progress, participant demographics, and participant attendance in core services
- Use of a standardized program quality self-assessment tool to ensure compliance with minimum standards of quality (i.e. Self-Sufficiency Matrix)
- Use of pre and post survey instruments relevant to the desired outcomes
- Distribution and collection of forms to obtain client consent to participate in data collection and evaluation activities
- Analysis of collected data and reporting on the results (as required)
- Participation in studies to explore specific evaluation and research questions (as required)

As part of this RFQ, proposing agencies will be to demonstrate their capacity to perform the above evaluation and performance measurement activities. Such demonstration may include the request to share the results of an agency's past evaluation efforts. If selected, an agency may be asked to develop a tailored logic model and evaluation plan with assistance from BCDHHS.

#### IV. Access to Quality Child Care

**Approximate Funding Amount: \$30,000 - \$60,000 for awards in calendar year 2011.**

BCDHHS seeks to fund an agency to administer the expansion of the availability of professional development opportunities for Boulder County child care providers. The primary focus of the professional development assistance will be for those child care workers employed in licensed centers and homes that care for children from lower income families.

The agency being sought will have knowledge of Boulder County's child care provider community and experience in administering similar quality improvement programs.

*Implementation: Access to Quality Child Care:* The administrator of the professional development program will develop a mechanism for soliciting applications for professional development scholarships from child care workers and directors 1) employed in the target population of child care providers that are serving lower income families; 2) evaluating the responses received; and 3) awarding the funds based on a fair and empirically supported system.

*Suggested Outcome Measures: Access to Quality Child Care:*

- Job retention of scholarship recipients
- Wage increases of scholarship recipients
- Increased access to high quality early learning opportunities for children ages birth to five.
- Increased percentage of children meeting developmental milestones to promote school readiness.
- Increased capacity and number of high quality, publicly funded programs.

#### **Evaluation and Data Collection**

BCDHHS is committed to evaluating the value and impact of funding efforts. Agencies awarded funds will be required to track, analyze, and report on data related to the following types of performance measures:

- Measures of participation in services
- Measures of program quality
- Measures of participant level changes and outcomes

As part of this RFQ, proposing agencies will be required to demonstrate their capacity to perform the above evaluation and performance measurement activities. Such demonstration may include the request to share the results of an agency's past evaluation efforts. If selected, an agency may be asked to develop a tailored logic model and evaluation plan with assistance from BCDHHS.

## **B. Service Areas Deferred for Future Fall 2011 RFQ**

In the fall of 2011, BCDHHS will release an additional round of funding to meet the anticipated defined needs below and others that may arise during community discussions over the next several months.

### **I. Community-Based Stabilization Services, i.e. Food Security (Families, Children and Individuals).**

**Approximate Funding Amount: Already Invested in February 2011 RFA- \$500,000  
Encumbered- \$75,000 for additional 2011 award**

In February 2010, BCDHHS released \$500,000 to nine agencies to provide emergency community-based stabilization services. Additional investments will be considered in the next funding cycle contingent upon identified needs and contract performance from the February 2010 awards, including the requirements to assist in self-sufficiency benefit enrollment of agency consumers via PEAK and the screening of agency consumers utilizing a self-sufficiency screening tool. Many investments in this RFQ and re-investments of other BCDHHS funding streams will meet many of the identified community needs as well.

Additionally, BCDHHS will invest up to and additional \$75,000 in this category under this RFQ for a collaborative, yet unfunded community priority. In October of 2010, a collaborative community application was submitted to the State of Colorado for funding to support benefits enrollment of chronically homeless individuals in SSI/SSDI, a key goal of the Boulder County 10-Year Plan to End Homelessness. The collaborative application was submitted on behalf of the Boulder Shelter for the Homeless, Boulder County, the City of Boulder, the City of Longmont, Sister Carmen Community Center, Emergency Family Assistance Association, Mental Health Partners, Boulder Housing Partners, Longmont Housing Authority, Clinica, Carriage House Community Table, the OUR Center, HOPE, Boulder Community Hospital, Longmont United Hospital, the Center for People with Disabilities, Safehouse Progressive Alliance for Nonviolence, and Safe Shelter of St. Vrain Valley. The State of Colorado did not fund this identified community priority. BCHHS will utilize 1A funding in this category to fund this project with the lead agency being the Boulder Shelter for the Homeless. 1A funds will support staffing for this project (up to \$75,000 in calendar year 2011) while other community funders will provide allocations for program costs.

**II. Parent Education/Life Skills (NOTE: FUNDING IN THIS AREA IS DEFERRED UNTIL FALL 2011):**

Boulder County Housing and Human Services seeks to enhance existing partnerships with community-based organizations, schools and county partners to expand existing high quality parent education and to ensure the development of targeted proven parent education and support services in Boulder County. We believe that providing proven parent education curriculum and related supportive services to at-risk families in school and family-supported settings provides care givers essential skills, social connections, and competencies necessary to promote healthy families and to prevent involvement in the child welfare system.

Efforts consistent with this objective utilize evidence based practices with fidelity to targeted at-risk families in Boulder County. Successful proposals will include outreach and engagement to the target populations as well as data gathering and evaluation to contribute to healthy community outcomes in Boulder County. Additionally, efforts will demonstrate a history of successful service delivery to at-risk families and a commitment to outcomes tracking.

BCDHHS is currently conducting a continuum of services and gaps analysis focused on parent education and life skills in our community. The results from this analysis will be released to our community-based partners and will drive any future funding decisions; **therefore, funding is this area will be deferred until fall 2011.** BCDHHS will initiate an RFQ process at that time seeking agencies that will provide evidence-based, best and promising practices in parent education/life skills county-wide for all age groups.

BCDHHS further commits to keeping our community partners informed throughout the assessment development.

**III. Transition Aged Youth Services (NOTE: FUNDING IN THIS AREA IS DEFERRED UNTIL FALL 2011):**

Boulder County Housing and Human Services has prioritized the existing gaps in service coordination and resources to the population of transition aged youth and young adults (ages 15 – 24). Boulder County Housing and Human Services, in partnership with community- based organizations and county partners, seeks to enhance and coordinate services to address a) education b) employment/career c) living situation d) personal effectiveness/wellbeing and e) community/life functioning and supports for the transition aged youth population. Research indicates that many transition-aged youth require coordinated supports and services in order to develop skills toward self-sufficiency. We believe that efforts consistent with this objective require private-public partnerships to support and empower individuals to acquire community connections and maintain self-sufficiency, thereby enhancing client quality of life and overall community wellbeing.

Currently, the BCDHHS is engaged in continuum of services assessment. The results from this analysis will be released to our community-based partners and will drive any future funding decisions; **therefore, funding is this area will be deferred until fall 2011.** BCDHHS will initiate an RFQ process at that time and commits to keeping our community partners informed throughout the assessment development.

**IV. Community-Based Job Training and Employment Support (NOTE: FUNDING IN THIS AREA IS DEFERRED UNTIL FALL 2011):**

Boulder County Housing and Human Services, in conjunction with Boulder County Community Services and Workforce Boulder County strive to provide, in partnership with community- based organizations and county partners, an accessible, comprehensive and dynamic workforce development continuum for individuals seeking to gain employment or to enhance their earning potential. We believe that efforts consistent with this objective empower individuals and families to acquire and maintain the maximum degree of self-sufficiency possible, thereby enhancing client quality of life, family wellbeing and overall community wellbeing.

Currently, the three abovementioned agencies are conducting an extensive workforce and employment services continuum analysis. This analysis will include county agencies, state agencies, technical assistance entities, community partner agencies, consumers, and staff. The results from this analysis will be released to our community-based partners and will drive any future funding decisions; **therefore, funding in this area will be deferred until fall 2011.** BCDHHS will initiate an RFQ process at that time and commits to keeping our community partners informed throughout the assessment development.

## **V. Crisis Housing (NOTE: FUNDING IN THIS AREA IS DEFERRED)**

Rental assistance funds were provided to community-based agencies as part of the RFP contracts executed for the term February 1<sup>st</sup> through December 31<sup>st</sup> of 2011. A strong agency network has developed to provide rental assistance, crisis intervention and homeless prevention activities countywide through a combination of Temporary Human Services Safety Net (TSN or 1A funds), Temporary Assistance for Needy Families (TANF), Homeless Prevention and Rapid Rehousing (HPRP), and non-profit agency donor-raised funds.

A subcommittee to coordinate efforts in this area will convene to assist in defining funding and service needs in this area by September. The subcommittee has been and will be comprised of key stakeholders involved in crisis housing as well as the Boulder County Human Services Strategy Plan and the Boulder County Ten-Year Plan to Address Homelessness. Should additional funding be an outcome of this subcommittee, it will be released in the Fall of 2011 for a contract beginning date of January 1, 2012.

**PART III: QUALIFICATION PROPOSAL SUBMITTAL INSTRUCTIONS**

RFQ # 5470-11

Please respond to the following in the order listed below. All agencies must complete this section:

<b>SECTION 1: AGENCY BASIC INFORMATION</b> Agency name: _____ Address: _____ Phone number: _____ Email Address: _____ Staff Contact & Title: _____ EIN (if applicable): _____ Amount Requested: \$ _____
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**SECTION 2: PROPOSED TARGETED SERVICE/FOCUS AREA THAT YOUR AGENCY IS PROVIDING A PROPOSAL FOR (CHECK ONE BELOW)**

- Increased Access to Mental Health and Substance Abuse Services**
- Community-Based Family Support Services: Community Resource Center/Family Resource School Incubation Initiative**
- Increased Access to Quality Medical/Dental/Vision Care**
- Access to Quality Child Care**

**SECTION 3: PROPOSAL SECTION**

The narrative portion includes the following; proposal submittal cover page, agency capabilities, scope of work plan and staffing plan. Format the narrative portions of the proposal as follows:

- Use one-inch margins at the top, bottom, and both sides.
- Use a font size of not less than 11 points.

**Content requirements**

This section specifies the order and content of each proposal. Assemble the materials in each application set in the following order:

**Proposal Submittal Cover Page**

A person legally authorized to bind the Applicant must sign the Application Cover Page (**Attachment 2**). If the applicant is a corporation, a person authorized by the Board of Directors to sign on behalf of the Board must sign the Application Cover Page.

## **Agency Capability Section**

This section must not exceed five (5) pages in length.

- 1) Describe experience that qualifies the agency to undertake this project. At a minimum, demonstrate that the proposing agency possesses three consecutive years of experience of the types listed in this section. All experience must have occurred within the past five years. It is possible to attain the experience types listed below during the same time period.
  - a. Working with diverse low-income clients in community-based settings, especially families with children, homeless adults, and those with disabilities.
  - b. Managing contracts and programs, including partnering agencies and organizations that serve low-income communities.
  - c. Implementing programs, especially those that keep low-income persons who qualify in supporting social services and self-sufficiency benefits.
  - d. Establishing and maintaining effective working relationships with government entities, local community-based organizations, and private nonprofit organizations.
  - e. Managing budgets, accounting and fiscal experience.
- 2) Briefly discuss how the agency's goals align with the Boulder County Human Services Strategic Plan including collaboration with community-based partner agencies.

## **Content of the Scope of Work Plan**

***BCDHHS requests that the work plan submitted as a part of the response to this RFQ include a comprehensive description of how the agency proposes to meet the goals and objectives of the RFQ, what services the agency proposes to provide, and how the services meet the identified community needs.*** The Scope of Work must include projected performance time lines and a detailed description of actions, methods, and approaches used to fulfill all Scope of Work requirements. This section must not exceed five (5) pages in length.

The Scope of Work must answer the following questions in order:

1. Which targeted service area is the focus of this proposal?
2. What promising and or best practices will you provide with the funds requested and how will your approach to service delivery prevent long-term and more costly interventions in the future? Please include information and research linking your proposal to evidence-based, best, or promising practices.
3. Describe your proposed service delivery plan. How will you engage, screen, and provide services to clients? What is the proposed duration, intensity and frequency of services—is this supported in evidence? What is your staffing plan? (how many FTE, level of education?)
4. How long have you provided similar services in Boulder County?

5. What problem will you be addressing through the proposed services?
6. What outcomes are you seeking to accomplish through the proposed, expanded services?
7. How will you measure the outcomes, and with what frequency?
8. What is the target population to be served with the additional funding? Families, Individuals, etc.
9. What agencies will you collaborate with to provide the best services in a non-duplicative manner?

## **PART IV: ATTACHMENTS**

### **A. Attachment 1**

**Additional Proposal Questions for those Agencies that Did Not Submit a 2012 Boulder County Board of County Commissioners Request for Funding (RFF) submitted through the Foothills United Way Online Ecommunities/Andar system**

**BCDHHS will review applications recently submitted for the Boulder County Board of County Commissioners 2012 Request for Funding (RFF) submitted through the Foothills United Way Online Ecommunities/Andar system. IF AN AGENCY PROPOSING UNDER THIS RFQ DID NOT SUBMIT AN RFF APPLICATION, PLEASE SEE ATTACHMENT 1 FOR ADDITIONAL NARRATIVE, BUDGET, AND LOGIC MODEL QUESTIONS. THESE QUESTIONS MUST BE ATTACHED TO THE QUALIFICATION PROPOSAL IF THE AGENCY DID NOT SUBMIT THE INFORMATION VIA THE ECOMMUNITIES/ANDAR SYSTEM.**

#### **SECTION 1: Agency Narrative:**

***All questions are required to answer***

***Maintain word limit for each answer***

***Include Question with the answer***

- Describe the organization's current goals. *(250 word maximum)*
- How does your organization use program outcome information to review and/or improve ongoing service delivery? Summarize key evaluation results or findings that demonstrate the program's impact. Indicate the time frame for the results or findings. *(250 word maximum)*
- Explain your relationship with similar services/organizations that have similar target populations. Address gaps in service or unmet needs and how possible duplication of services is avoided. *(300 word maximum)*
- Describe services (other than your own) that attempt to address this issue. Include which needs are left unmet by these services and how this program addresses unmet needs. *(250 word maximum)*
- List other human service organizations that provide similar services, this program cooperates, coordinates, collaborates or integrates with: *(450 word maximum)*
  - Cooperates - Informal relationship, sharing information at hand, while each agency retains authority and keeps resources separate.
  - Coordinates - Focused longer-term interaction around a specific effort or program, requires planning and division of roles.
  - Collaborates - Formal commitment creating a new structure with full commitment to a common mission, responsibility is shared, organizations remain separate.
  - Integrates - Organizations become business partners in the delivery of services, sharing responsibility and risk for the entire population of clients. Resources are pooled or jointly secured.
- Describe how your organization connects clients with services provided by County, Cities and other nonprofits? *(250 word maximum)*

- Given the importance of access to food stamps, health care, job stability and housing stability in moving residents out of crisis and into self-sufficiency, how does your agency ensure that clients are assessed, and if eligible, provided access to these important benefits? *(300 word maximum)*
- Describe how the organization is inclusive in its programs, staff, board, and volunteers and describe progress to date. *(250 word maximum)*
- Describe the challenges (increases of demand of services, capital campaigns, major financial challenges, for example) and opportunities facing the organization in the next three to five years. *(300 word maximum)*

**SECTION 2: Budget Narrative (for those Agencies that Did Not Submit a 2012 Boulder County Board of County Commissioners Request for Funding (RFF) submitted through the Foothills United Way Online Ecommunities/Andar system):**

*Please Complete the Attached Excel Spreadsheet Titled “Collaborative Funding Application Budgeting Info”*

**SECTION 3: 2010, 2011, 2012 Logic Models required (if agency did not previously submit logic model via Andar/E-Communities system)**

**2010 ACTUAL PROGRAM LOGIC MODEL**

**PROGRAM:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

How does your program provide Service		How much service do you provide?	What difference does this program make?		
What RESOURCES are dedicated to this program? <b>INPUTS</b>	What SERVICES are provided? <b>ACTIVITIES</b>	What AMOUNTS OF SERVICE are provided? <b>OUTPUTS</b>	What are the BENEFITS TO PROGRAM PARTICIPANTS? <b>OUTCOMES</b>		
			Short-term	Intermediate	Long-term

<b>List outcomes from previous page that you plan to measure here. Outcomes</b>	<b>How will you measure whether you achieved the outcome? Indicators</b>
<b>Initial Outcomes</b>	
<b>Intermediate Outcomes</b>	
<b>Longer-Term Outcomes</b>	

**2011 PROPOSED PROGRAM LOGIC MODEL**

**PROGRAM:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

How does your program provide Service		How much service do you provide?	What difference does this program make?		
What RESOURCES are dedicated to this program? <b>INPUTS</b>	What SERVICES are provided? <b>ACTIVITIES</b>	What AMOUNTS OF SERVICE are provided? <b>OUTPUTS</b>	What are the BENEFITS TO PROGRAM PARTICIPANTS? <b>OUTCOMES</b>		
			Short-term	Intermediate	Long-term

**2011 PROPOSED OUTCOME MEASUREMENT ASSESSMENT RESULTS**

<b>List outcomes from previous page that you plan to measure here. Outcomes</b>	<b>How will you measure whether you achieved the outcome? Indicators</b>
<b>Initial Outcomes</b>	
<b>Intermediate Outcomes</b>	
<b>Longer-Term Outcomes</b>	

**2012 PROJECTED PROGRAM LOGIC MODEL**

**PROGRAM:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

How does your program provide Service		How much service do you provide?	What difference does this program make?		
What RESOURCES are dedicated to this program? <b>INPUTS</b>	What SERVICES are provided? <b>ACTIVITIES</b>	What AMOUNTS OF SERVICE are provided? <b>OUTPUTS</b>	What are the BENEFITS TO PROGRAM PARTICIPANTS? <b>OUTCOMES</b>		
			Short-term	Intermediate	Long-term

**2012 PROJECTED OUTCOME MEASUREMENT ASSESSMENT RESULTS**

<b>List outcomes from previous page that you plan to measure here. Outcomes</b>	<b>How will you measure whether you achieved the outcome? Indicators</b>
<b>Initial Outcomes</b>	
<b>Intermediate Outcomes</b>	
<b>Longer-Term Outcomes</b>	

**B. Attachment 2**

SUBMITTAL COVER PAGE (please place on the front of your proposal)  
RFQ #5470-11

Failure to sign and return this submittal page with your proposal may be cause for rejection.

Contact Information	Response
Company Name	
Name and Title of Primary Contact Person	
Company Address	
Phone Number	
Email Address	
Company Website	

I certify that I am authorized to bid on my company’s behalf and that I am not currently an employee of Boulder County or BCDHHS and to the best of my knowledge, none of my employees or agents are currently employees of Boulder County or BCDHHS. I also certify that I am not related to any Boulder County employee or Elected Official.

\_\_\_\_\_  
\*Signature of Person Authorized to Bid on  
Company’s Behalf

\_\_\_\_\_  
Date