

2009 REQUEST FOR PROPOSAL APPLICATION

RFP # 09-117BC

Erie County Department of Social Services (ECDSS) Youth Engagement Services Program

RFP Release Date: June 12, 2009

Bidders Conference: 2:00 PM, June 18, 2009
Erie County Department of Social Services
95 Franklin Street, Room 805
Buffalo, NY 14202

Deadline for Proposal Submission: July 24, 2009 – 4:00 PM (EDST)

Award Date: August 14, 2009

RFP Issued by: Erie County Department of Social Services

**Return original and 6 (six) copies
of the RFP application to:**
Mrs. Ellen Mosack
Sr. Program Support Specialist
Erie County Department of Social Services
95 Franklin Street, Room 860
Buffalo, New York 14202

Contacts: *Requests for online or hard copy:*
Mrs. Ellen Mosack, Sr. Program Support Specialist
(716) 858-6529 or via E-mail: Ellen.Mosack@erie.gov
RFP may also be downloaded from the Erie County
Website: www.erie.gov

Specific questions regarding this RFP should be submitted in writing via e-mail to Ellen Mosack no later than 4:00 PM (EDST) on June 26th, 2009. Additional questions may be entertained at the bidder's conference; however responses may be deferred and answered at a later date.

All questions and ECDSS responses will be posted on the Erie County website www.erie.gov. A copy of the questions and answers will be supplied to bidder's upon e-mailed request to Ellen Mosack.

**ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES
PROPOSAL # 09-117BC APPLICATION FOR
YOUTH ENGAGEMENT SERVICES PROGRAM**

INSTRUCTIONS: Complete this application either in an electronic or hard-copy version. Information required on pages 3 & 4 can be completed in the space provided. All other information should be provided according to the defined categories, using the on-line version, OR on separate sheets of paper. Agency signature on page 5 must be included with the original and 6 (six) copies which are to be returned to ECDSS.

I. GENERAL INFORMATION

A. Legal Name of Organization: _____

B. Other Name (if used): _____

C. Address of Organization: _____
(STREET)

(CITY/STATE/ZIP)

D. Contact Person: _____
(NAME)

(PHONE NUMBER)

(E-MAIL ADDRESS)

(ADDRESS, IF DIFFERENT FROM ABOVE)

II. FINANCIAL INFORMATION

A. Payee Name of Organization (if different than legal name): _____

B. Financial Contact Person: _____
(NAME/TITLE)

(STREET)

(CITY/STATE/ZIP)

C. Organization's Fiscal Year: _____
(START DATE) (END DATE)

D. Federal Employee Identification Number: _____

E. Not-for-Profit Number: _____

F. Amount of Funding Request to ECDSS for this proposed contract: \$ _____

G. FY of Request: _____ / _____
(START DATE) (END DATE)

H. Contract Title: _____

III. GENERAL BACKGROUND

A. How long has your organization been providing services/programs in the Erie County community?

B. When was your organization established as a not-for-profit organization? _____

C. Describe the primary purposes, major activities, and short and long-term goals of your organization.

D. Briefly describe the primary persons served by your organization (i.e., geographic area, age group, income group, etc.)

E. Does your organization have a volunteer program? _____ YES _____ NO

Describe the type of services volunteers provide and approximate total number of hours devoted to each category of volunteer service.

F. Describe how your agency will ensure that you are enforcing the mandated reporter regulation, per Chapter 193 of 2007, Section 413 of the Social Services Law.

IV. SUPPLEMENTARY APPLICATION INFORMATION

Provide with the application, a separate envelope or folder which includes a single copy of the most current information, as noted below. NOTE: These materials cannot be returned.

- ✓ Most recent Audit report prepared by an independent CPA
- ✓ Federal Tax Return (form 990) with all itemizations and breakdowns
- ✓ Listing of Officers and Board of Directors
- ✓ Letter of Support from the Agency Board of Directors
- ✓ Not-For-Profit Documentation: Long-Form Report G750-497 (formerly BSW 497) from Office of Charities Registration and/or 501(c) (3) of the US Revenue Code and/or NYS Not-For-Profit Corporation (under 216 of the Education Law) and/or NYS Charities Registration (Article 7A-Executive Law)

NOTE: Ongoing updates are required within thirty (30) days of any change in the above information

V. FUNDING, PROPOSAL EVALUATION AND SELECTION PROCESS

- A. Approximately \$ 400,000.00 is available for allocation in the calendar year of 2010. **NOTE:** Administrative and operational costs associated with youth engagement services may not exceed 22% of the requested funds.
- B. The award period will be for a one-year term, with intent to renew by both parties for two additional one-year periods.
- C. Erie County reserves the right to select multiple providers.
- D. Future awards will be dependent on available funds and subject to the demonstrated fiscal stability of the applicant agency, as well as their meeting the requirements set forth by the Erie County Department of Social Services. The selection committee will make a decision as to which of the bidders it will recommend to the Commissioner who will make the final decision which is subject to the Erie County Legislature approval. **This contract will be subject to approval by the County Administration, the Legislature, and the Erie County Fiscal Stability Authority.**
- E. If awarded contract, agency will be required to submit the attached County of Erie Standard Insurance Certificate and provide proof of minimum insurance coverage as indicated by Vendor Classification C – Professional Services.
- F. Proposals will be reviewed by a selection committee, and scored in the following areas:
 - 1. Proposed Program Characteristics – 40 points
 - 2. Program Outcomes and Continuous Quality Improvement Plan – 20 points
 - 3. Agency Experience and Qualifications – 20 points
 - 4. Cost Effectiveness and Budget – 20 points

VI. CERTIFICATION

The undersigned certifies that he or she is a principal officer of the applicant organization and has knowledge of, and certifies that the information contained herein is complete and accurate.

Furthermore, the undersigned certifies that the applicant sponsored programs, services and activities are available to the general public, advertised as such, and not subject to discrimination based on sex, race, creed, religion, or national heritage.

SIGNATURE

DATE

NAME

TITLE

VII. INTRODUCTION AND BACKGROUND

The purpose of this document is to provide interested parties with information to prepare and submit a proposal to provide youth engagement services (YES) to at-risk Erie County youth. This document will inform the service delivery network of basic requirements that Erie County uses as part of its standard contract process.

Young people are valuable assets in our community who need access to opportunities to learn and mature as they transition into adulthood. Youth engagement services provide opportunities for Erie County at-risk youth to become active and productive citizens. Youth engagement services ensure our community's youth are well-educated and equipped for economic self-reliance. Assisting our at-risk youth in completing their education and gaining employment is vital to the success of our entire community.

Best practice in youth engagement services has the following broad elements:

- Case Management
 - Supportive services
 - Education Assistance
 - Employment Skills
 - Computer Training
 - Career Zones
 - Life skills
-

VIII. PROGRAM CHARACTERISTICS

A. Project Description

The youth engagement services program will be available to Erie County at-risk youth, who are between the ages of 14 through the youth's 21st birthday. The plan must identify personal or family issues that have prevented in-school and out-of-school youth from a successful school and/or employment experience. The program will include steps for at-risk youth to overcome obstacles in their successful attainment of education and/or employment. The program will also include how it will connect our youth in a timely manner with the required programs, activities and services. Finally, the program needs to provide the ongoing work and personal supports to ensure that our youth have every opportunity to succeed.

Components of a comprehensive youth engagement services program include:

- Individual service strategy including plans completed to outline the youth's career and educational interests, training needs, barriers to success and supportive service needs, and to develop a prescription of services and an action plan to deliver.
- Case management services, provided by the assigned case manager, who will coordinate services and activities, and work with the youth's educational provider, family and other involved community agencies.
- Academic planning to be completed in conjunction with the school. The plan may include assistance with enrolling in a GED program, scheduling tutoring or college preparation.
- Computer assisted training with access to modern computers and software programs. Adequate physical space must be provided with the computer assisted training.
- Tutoring for youth who need help with certain subjects, to prepare for specific tests or to address basic skill deficiencies.
- Mentors to provide guidance and leadership to youth.
- Job skills training provided while enrolled in classroom instruction specific to a particular vocation.

- Work readiness skills including youth participating in pre-employment activities that address personal appearance, positive behavior, following instructions, time management, communication skills, teamwork skills, punctuality and regular attendance.
- Job search assistance in the development of skills needed to secure and retain employment. Activities would ideally include completing employment applications, interviewing skills, and resume writing.
- Subsidized employment where youth engagement services (YES) funds are being used to hire the participant or to reimburse the employer.
- Summer youth work program opportunities.
- Support services in instances where YES funds are being used to enable a participant to take part in YES (i.e., transportation and child care).

Write a description of the youth engagement services you are proposing to deliver in the calendar year 2010.

B. Target Population

Youth engagement services are to be provided for youth between the ages of 14 through the youth's 21st birthday who are in foster care. Youth engagement services are also to be provided to youth between the ages of 14 through the youth's 21st birthday who reside in the community and are at-risk of dropping out of school. At-risk indicators may include youth who are behind a grade level or over the age for the current grade, poor school attendance, poor grades in core subjects, low standardized test scores, disruptive behavior, suspensions, involvement with the juvenile justice system and/or child protection services.

It is expected that youth will receive comprehensive youth engagement services to complete goals set forth and support as long as it is needed up to the age of 21.

Describe:

- **Persons to be served and their demographic profile**
- **Geographic area to be served**

C. Anticipated Youth Service Needs

1. Individual Service Strategy as provided by your agency
2. Case Management as provided by your agency
3. Academic Planning as provided by your agency
4. Tutoring as provided by your agency
5. Mentoring as provided by your agency
6. Job Skills and Work Readiness Training as provided by your agency
7. Life Skills as provided by your agency
8. Job Search Assistance as provided by your agency
9. Subsidized Employment as provided by your agency
10. Support Services as provided by your agency

Describe:

- Specific plans to meet the service needs of this population
- Define specific plans of who will be providing the services if someone other than your agency
- Your agency's experience providing youth engagement related services
- Other agency services that could be extended to this population

D. Program Components

Describe:

- Eligibility for services criteria
- Method and timing of engagement with the youth
- Assessment process and methods
- How services will be provided to the target population
- Referral process to other services, when needed
- Describe any specialized programming available for Alternative Planned Permanent Living Arrangement - Independent Living Services (APPLA-IL) for youth
- Criteria for termination of services with youth

E. Capacity

Provide:

- Please include the number of youth to be registered during any one time during the contract period
 - Please include the number of youth that will be provided youth engagement services during the contract period
-

IX. OUTCOMES AND CONTINUOUS QUALITY IMPROVEMENT

The applicant agency must describe the specific objectives, goals, and outcomes for its program, including plans to monitor, evaluate, and report these outcomes. It is understood that although a number of factors may relate to a defined outcome, ECDSS is requiring that indicators for identified goals be included in the design of the service. NOTE: ECDSS will require that contracted agencies report these outcomes on a quarterly basis.

Describe:

- Overall goals and objectives of the proposed service
- How the proposed service will be achieved related to youth engagement service outcomes including the following:
 - a. Youth receive appropriate services to meet their educational needs
 - b. Youth receive appropriate services to meet their employment skills needs
 - c. Youth receive adequate services to meet their physical and mental health needs to continue their educational or employment goals

The following goals and outcome measurements are required service components. Applicant agencies may provide additional measures to reflect desired outcomes.

Objective #1:

Timely provision of services for the youth, including regular and timely communication between the referral source and the applicant agency

- 95 % of all youth participants will have face-to-face contact with the provider within 10 days of the referral

Objective #2:

Participating youth will be satisfied with services provided

- 90 % of participating youth will rate the services satisfactory or above on standardized satisfaction survey

Objective #3:

Participating youth will achieve academic success

- 90 % of participating youth will be enrolled and attend an academic, vocational or training program
- 90 % of participating youth will increase their math and reading skills as measured on a standardized test administered by the agency
- 80 % of participating youth whose plan includes an educational goal will achieve that goal
- 90 % of participating youth who enroll in a Title XX educational program will apply for financial aid
- 90 % of participating youth will receive assistance in applying and making a realistic post-secondary school application

Objective #4:

Participating youth will be prepared for present or future employment

- 90 % of participating youth who receive employment and job readiness training services will develop job skills
- 75% of participating youth in the employment and training program will have a paid internship opportunity

Objective #5:

Participating youth will achieve employment success

- 50 % of participating youth will receive employment related services
- 90 % of participating youth who need to be linked to community based support, will be linked
- 90 % of youth receiving services will demonstrate an increase in career assessment functionality by completing a standardized career aptitude test (i.e. – Myer Briggs)
- 50 % of youth who participate in the program will obtain non-subsidized employment

Provide:

- **A detailed description of your program evaluation design, including the frequency of evaluation**
 - **The agency's plan to develop and utilize a Continuous Quality Improvement Plan that will address strategies to improve the services over time**
-

X. AGENCY EXPERIENCE AND QUALIFICATIONS

The agency will need to provide information on their qualifications to provide this service, according to:

- A. Being a legally certified not-for-profit entity, with the ability to manage funds from a government-funding source, maintain billing systems, and achieve reporting requirements.

- B. Demonstrating proficiency in providing services and achieving successful outcomes with populations within the Child Welfare System.
- C. Maintaining a skilled, educated workforce with sufficient and on-going training to address the needs of the population and documenting the services provided, according to ECDSS requirements.
- D. Maintaining regular communication with ECDSS in a timely manner, for effective collaboration in providing services to Erie County youth.
- E. Demonstrate proficiency in working with Alternative Planned Permanent Living Arrangement - Independent Living Services (APPLA-IL) youth population.

Describe a detailed implementation plan that includes:

- **Agency's ability to implement and staff the program in a timely manner, including the provision of services, effective January 01, 2010**
- **Timelines and milestones associated with the implementation of this program**
- **Proposed timeframes for implementing the evaluation and program outcome components**
- **A description of how the applicant agency will address the issue of disproportionate representation of minorities in the child welfare system. NOTE:** The Federal Office of Juvenile Justice and Delinquency Prevention, the Casey Foundation, and OCFS have identified a consistent and disproportionate number of minority children in both the child welfare and juvenile justice systems. Findings published by both organizations cite children of color, and specifically African American children, as being disproportionately represented.

Describe the agency's direct experience working with each of the following components:

- **School and/or School Programs**
- **Child Welfare**
- **Foster Care Providers**
- **Juvenile Justice and/or PINS (Persons in Need of Service)**
- **Other relevant Human Service Organizations**
- **Other partnerships or affiliations that would be necessary to implement this project**

Describe the agency's qualifications, as related to staff assigned to this service:

- **Job titles and number of staff in each title**
- **Education and experience requirements established by agency for each position title**
- **Staff roles and workload expectations**

Provide:

- **Resumes for all program staff, including administrators, program supervisors, direct service staff and aides**
- **Program organizational chart**

- **Staff development program, including training requirements for cultural competence, youth engagement services information and outcome measurement**
- **Frequency and nature of supervision of staff**

NOTE: The staffing pattern and qualifications agreed to is expected to be maintained throughout the term of the contract, and the applicant agency is expected to provide quarterly staffing reports. Also be advised that any changes which occur before the contract begins (after submission and approval) are to be communicated within 30 days of the start of the contract and must be approved by ECDSS.

XI. COST EFFECTIVENESS AND BUDGET

Provide:

- **Detailed budget of agency operations, utilizing the Budget Attachment provided in this RFP application**
- **A monthly individual case report including actual hours spent working on the youth's case**
- **Quarterly program report including actual hours spent providing services to youth**

NOTE: This contract is not paid by billable hours. The agency will receive quarterly payments with the expectation that they will provide data to make certain they are serving the number of youth as contracted and they are meeting established outcomes. The agency's performance will be taken into consideration at contract renewal time.

County of Erie Standard Insurance Certificate



This certificate does not amend, extend or alter the coverage afforded by the standard form policies listed below.

I Insured Name Address Zip Phone No.		III Companies Affording Coverages A B C D
II Issuing Agency Name Address Zip Phone No.		

IV This is to certify that the policies listed below have been issued to the insured named above and are in force at this time.

Indicate Type of Insurance By Checking the Box		Policy Number	Expiration Date	Limits of Liability in Thousands		
				Check the Box	Occurrence	Aggregate
Company Letter - from III above	1. General Liability ☐ Comprehensive Form ☐ Premises and Operations ☐ Products/Completed Operations ☐ Independent Contractors ☐ Contractual ☐ Personal Injury ☐ Broad Form Property Damage ☐ Explosion, Collapse ☐ Underground Hazard			☐ Bodily Injury ☐ Property Damage OR ☐ Combined Single Limit		
	2. Automobile Liability ☐ Comprehensive Form OR ☐ Schedule Form ☐ owned ☐ hired ☐ non-owned			☐ Bodily Injury ☐ Property Damage OR ☐ Combined Single Limit		
	3. Excess Liability ☐ Umbrella Form OR ☐ other than umbrella ☐ auto ☐ general ☐ both			Bodily Injury & Property Damage Combined \$ _____ Self Insured Retention \$ _____		
	4. Worker's Compensation & Employer's Liability Disability Benefits			Statutory Statutory		
	5. Other ☐					

V. County of Erie is included as an additional Insured under the following Policy numbers:

VI. Description of Operations: It is understood that this coverage on behalf of the insured is for all locations in the County of Erie, NY.

VII. Cancellation/Non-Renewal: Should any of the policies noted above be cancelled before expiration thereof or not renewed by the Insured, the issuing company will endeavor to mail _____ days advance written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

VIII. Name and Address of Certificate Holder & Recipient of Notice: County of Erie Department of Law c/o Sharon Sullivan ECDSS Contracts 95 Franklin St Rath 746 Buffalo NY 14202	Date issued _____ Auth. Representative _____ Firm name & address _____ _____ _____
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FOR COUNTY USE ONLY:

Name of County Dept. Requesting Certificate	_____
Purchase Order or Contact Number	_____
Vendor Insurance Classification	_____

INSTRUCTIONS FOR COUNTY OF ERIE STANDARD INSURANCE CERTIFICATE

I. Insurance shall be procured and certificates delivered before commencement of work or delivery or merchandise or equipment.

II. CERTIFICATES OF INSURANCE

A. Shall be made to the "County of Erie, Dept. of Law, Suite 300, 69 Delaware Ave., Buffalo, N.Y. 14202."

B. Coverage must comply with all specifications of the contract.

C. Executed by an insurance company, agency or broker, which is licensed by the Insurance Department of the State of New York. If executed by a broker, notarized copy of authorization to bind or certify coverage must be attached.

III. Forward the completed certificate to : County of Erie, (Department or Division) responsible for entering into the agreement for construction, purchase, lease or service.

IV. Minimum coverage with limits are as follows:

Vendor Classification	A Construction and Maintenance	B Purchase or Lease of Merchandise or Equipment	C Professional Services	D Property Leased To Others Or Use Of Facilities Or Grounds	E Concession-Aires Services	F Livery Services	G All Purposes Public Entity Contracts
Comp. Gen. Liab.	\$1,000,000	\$500,000 CSL	\$500,000 CSL	\$1,000,000	\$500,000 CSL	\$1,000,000	\$500,000 CSL
- Prem. & OPS	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Prods. & Comp. OPS	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Independ. Contract.	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Contractual	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Broad Form P.D.	INCLUDE	Note: Comprehensive Form Not Required					See note below
- X.C.U.							
- Personal Injury			INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Liquor Law				INCLUDE	see note below		
- Host Liquor							INCLUDE
Auto Liab.	\$1,000,000 CSL		\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL
- Owned	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Hired	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Non-Owned	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Excess Umbrella Liab.	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	see note below						see note below
Worker's Compensation & Employers Liability	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	
Disability Benefits	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	
Professional Liab.			\$1,000,000				
Erie County To Be Named Add'l Insd. On	Gen. Liab., Auto Liab., & Excess	Broad Form Vendors May Be Required	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess

* Construction contracts require excess Umbrella Liability limits of \$3,000,000.

** Snow removal contracts require evidence of broad form property damage.

*** In the event the concessionaire is required to have a N.Y.S. license to dispense alcoholic beverages an endorsement for liquor liability is required.

**** Transportation of people in buses, vans or station wagons requires \$3,000,000 excess liability.

NOTE: Workers Compensation & Employers Liability plus NYS Disability Benefits does not apply to self employed individuals.

V. In some circumstances it will be necessary to require alternate coverage and limits which will be defined in the bid specifications, contract, lease or agreement. The alternative specifications should be evidenced on the certificate in lieu of the standards printed above.

VI. The "ACORD" form certificate may be used in place of the County of Erie Standard Insurance Certificate, provided that all of the above referenced requirements are incorporated into the "ACORD" form certificate.

APPENDIX B PART I CASH EXPENDITURES - PAGE 1
DIRECT PROGRAM COSTS

This budget is an accounting of cash expenditures only. It must not include any in kind contributions or donations or the cash value thereof; however, cash donations must be included in this cash expenditure budget.

The columns entitled Agency and Cost Center/Program shall be used if the contract budget is derived from the agency's general budget or from a cost center of which the contract is a part.

Cost allocation methodologies for each line item must be included with application.

The component columns shall be used if two or more categories of service with different rates are purchased.

The combined total of Administration and Operational Costs (Section B, line 17 plus Section C, line 16 below) should not exceed 22 percent of the proposed Total Cash Expenditures (Section D) for any ECDSS component.

If there are exceptional circumstances that require the combined total of Administration and Operational Costs to exceed 22 percent of Total Cash Expenditures, this must be clearly identified and explained, and a written request for a waiver from this limit must be submitted as part of the application in an attachment entitled "Administration and Operational Cost Limit Waiver Request and Justification".

	TOTAL AGENCY BUDGET	COST-CENTER PROGRAM	TOTAL ECDSS	ECDSS COMPONENT 1	ECDSS COMPONENT 2	ECDSS COMPONENT 3
A. DIRECT PROGRAM COSTS						
1. Salaries, Wages (From pp. 2)						
2. Social Security (FICA)						
3. Pension / Retirement						
4. Worker's Comp.						
5. State Disability Insurance						
6. Life Insurance						
7. Health Insurance						
8. SUB TOTAL SALARY & FRINGE						
9. Worker Mileage, etc.						
10. Contracted Client Services						
11. Other Direct Program						
12. TOTAL DIRECT PROGRAM COSTS						

All information on the Appendix B Part 1, pp 1 – 5, is to be included in the year 2009 line item budget reconciliation report.

BUDGET NARRATIVE: MANDATORY

- Identify contractors or consultants in A10 and describe services.
- Item A11, Other Direct Program. Itemize and describe.

**APPENDIX B PART I CASH EXPENDITURES - PAGE 2
DIRECT PROGRAM STAFF SALARIES AND WAGES**

(Include all Full and Part-Time Direct Client Service Staff and Supervisors)

POSITION TITLE	No.	ANNUAL SALARY	CONTRACT %	CONTRACT COST TOTAL	COMPONENT COST 1	COMPONENT COST 2	COMPONENT COST 3
DIRECT PROGRAM STAFF SUBTOTAL							

*** NOTE: ALL INFORMATION CONTAINED IN THIS TABLE IS TO BE INCLUDED ON THE QUARTERLY PERSONNEL REPORT FOR DSS SERVICES.**

BUDGET NARRATIVE: MANDATORY

- Narrative must include explanation of any staff increase or reference to such explanation as may be included in the Program Description.
- Cost allocation methodology for all direct staff assigned less than 100% of their time is required.

All information on the Appendix B Part 1, pp 1 – 5, is to be included in the year 2009 line item budget reconciliation report.

APPENDIX B PART I CASH EXPENDITURES - PAGE 3
ADMINISTRATIVE COSTS

	TOTAL AGENCY BUDGET	COST-CENTER PROGRAM	TOTAL ECDSS	ECDSS COMPONENT 1	ECDSS COMPONENT 2	ECDSS COMPONENT 3
B. ADMINISTRATION						
1. Salaries, Wages (From pp. 4)						
2. Social Security (FICA)						
3. Pension / Retirement						
4. Worker's Comp.						
5. State Disability Insurance						
6. Life Insurance						
7. Health Insurance						
8. SUB TOTAL SALARY & FRINGE						
9. Staff Development						
10. Publications						
11. Conferences						
12. Research						
13. Public Relations						
14. Audit, Legal, Cons. Fees						
15. Dues, Licenses, Permits						
16. Other Admin. Expense						
17. TOTAL ADMINISTRATION						

BUDGET NARRATIVE: MANDATORY

- Narrative must include explanation of any staff increase or reference to such explanation as may be included in the Program Description.
- Cost allocation methodology for all direct staff assigned less than 100% of their time is required.

All information on the Appendix B Part 1, pp 1 – 5, is to be included in the year 2009 line item budget reconciliation report.

**APPENDIX B PART I CASH EXPENDITURES - PAGE 4
SALARIES AND WAGES OF AGENCY ADMINISTRATIVE STAFF**

**(Include all Full and Part-Time Executive, Administrative Support and Clerical Staff
funded by this application who do not provide Direct Client Service and Service Supervision)**

POSITION TITLE	No.	ANNUAL SALARY	CONTRACT %	CONTRACT COST TOTAL	COMPONENT COST 1	COMPONENT COST 2	COMPONENT COST 3
AGENCY ADMINISTRATIVE STAFF SUBTOTAL							

* NOTE: ALL INFORMATION CONTAINED IN THIS TABLE IS TO BE INCLUDED ON THE QUARTERLY PERSONNEL REPORT FOR DSS SERVICES.

BUDGET NARRATIVE: MANDATORY

- Narrative must include explanation of any staff increase or reference to such explanation as may be included in the Program Description.
- Cost allocation for all administrative staff assigned less than 100% of their time is required.

All information on the Appendix B Part 1, pp 1 – 5, is to be included in the year 2009 line item budget reconciliation report.

**APPENDIX B PART I CASH EXPENDITURES - PAGE 5
OPERATIONAL COSTS AND TOTAL COST**

	AGENCY	COST-CENTER PROGRAM	TOTAL ECDSS	ECDSS COMPONENT 1	ECDSS COMPONENT 2	ECDSS COMPONENT 3
C. OPERATIONAL COSTS						
1 Purchased Services (Non-Client)						
2 Property (Lease/Mortgage)						
3 Supplies, Printing						
4 Postage						
5 Equipment						
6 Lease/Rent Equipment						
7 Lease/Rent Vehicles						
8 Purchase, Vehicles						
9 Repairs, Maintenance						
10 Telephone						
11 Other Utilities						
12 Insurance						
13 Interest						
14 Taxes						
15 Other Charges						
16 TOTAL OPERATIONAL COSTS						
D. TOTAL CASH EXPENDITURES (A12 + B17 + C16)						

BUDGET NARRATIVE: MANDATORY

- Description of purchased services required. (C1)
- Identification of equipment items purchased over \$250 required. (C5)
- Amortization plan for items costing over \$1000 required. (C6)
- Vehicle purchase/lease (C7 & C8) - Describe the relevance to program objectives of any vehicle purchased or leased that is charged, in part or in full, to this contract.
- C15 Detail of all other charges must be provided.
- As noted above, cost allocation methodology for all operational line-item costs (c) is required.

All information on the Appendix B Part 1, pp 1 – 5, is to be included in the year 2009 line item budget reconciliation report.

CONTRACTOR

PERIOD

CONTRACT #

APPENDIX B PART II REVENUES, PAGE 1REVENUE

A. List below all funds your agency expects to receive from Erie County for the upcoming contract year:

County Department	Funding Category (4)		Amount of Request	Contract Title
	POS	Grant/Public Benefit		
TOTAL				

(If more space is needed, add an attachment.)

% of total organizational budget requested from Erie County: _____

B. In-Kind Donations Specific to this Contract:

Description of Goods or Services Being Donated	COMP. 1	COMP. 2	COMP. 3

TOTAL VALUE OF IN-KIND DONATIONS: _____

CONTRACTOR

PERIOD

CONTRACT #

APPENDIX B PART II REVENUES, PAGE 2**C. ANTICIPATED REVENUE SPECIFIC TO THIS CONTRACT:**

SOURCE OF REVENUE	POS	GRANT	TOTAL	COMPONENT 1	COMPONENT 2	COMPONENT 3
1. County Agency						
ECDSS - This contract						
2. Non-Government Grants or Cash Donations						
3. Earned Income						
A. Investment Income						
B. Fund Raising						
C. Other						
4. Other Revenue						
5. Total Cash Donated Funds* (Lines 2 + 3 + 4)						
6. Total Anticipated Revenue Including Cash Donation (Lines 1 + 2 + 3 + 4)						

BUDGET NARRATIVE: MANDATORY

- Identify Cash Donated Funds above with asterisk (*) and enter total cash donated funds on Line 5.
- Total expenditures from Part I, Page 5(D) should equal total anticipated revenue Part II, Page 2, line 6. If not, explain how deficit will be met.

CONTRACTOR

PERIOD

CONTRACT #

**APPENDIX B PART III, PAGE 1
BUDGET SUMMARY AND RATE CALCULATION**

The contracted rate for a unit of service, as defined in Appendix A and described in Contractor's Program Narrative, shall not be in excess of the unit cost of the service provided.

COMPUTATION OF RATE

	TOTAL CONTRACT	COMPONENT 1	COMPONENT 2	COMPONENT 3
A. Total Cash Expenditures (Appendix B Part I, Page 5(D))				
B. Cash Donated Funds (Appendix B Part II, Revenues Page 2, Line 5)				
C. Amount Payable through this Contract (A - B)				
D. In-Kind Donation (Appendix B, Part II, Revenues Page 1 (B) (Total))				
E. Contract Value (A + D)				
F. Total Donated Funds, cash and in-kind (B + D)				
G. No. of Units of Service (from Program Description)				
H. "Value" Rate (E) G)				
I. RATE OF PAYMENT (C) G)				

THE TOTAL COST OF THIS CONTRACT (LINE C, ABOVE) SHALL NOT EXCEED THE SUM OF THE FOLLOWING:

	Service Type	Cost to ECDSS
Component 1.		
Component 2.		
Component 3.		
TOTAL COST *		

Donated Funds (F above) represent _____ % of total value of contract (E above).

