

**JOSEPHINE COUNTY
ALCOHOL, DRUG, AND PROBLEM GAMBLING
PREVENTION SERVICES**

**REQUEST FOR APPLICATION
PACKET**

For the funding period
July 1, 2014 through June 30, 2015
(Subject to State Budget Approval by the Oregon State Legislature)

**COMPLETED APPLICATIONS MUST BE RECEIVED BY
5:00 pm, Friday, May 2, 2014**

at:

Alcohol and Drug Program Services

Prevention and Treatment Coordinator

Location: 510 NE 4th Street, Grants Pass, OR 97526

Mail: 500 NW 6th Street, Dept. 2, Grants Pass, OR 97526

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REQUEST FOR APPLICATION TIMELINE

<p>Friday, April 4, 2014</p>	<p>9:00 am</p>	<p>Request for Application (RFA) available</p> <p>Online at www.co.josephine.or.us Drop down Department menu: Commission for Children and Families left side click on LADPC at bottom of the page click : Josephine County Alcohol, Drug, and Gambling Prevention, Intervention, and Treatment Services</p> <p>or call LADPC at 474-5234, Ext #1</p> <p>or email smartinez@co.josephine.or.us</p>
<p>Friday, April 18, 2014</p>		<p>RFA Q&A Submit question by email to smartinez@co.josephine.or.us</p>
<p>Friday May 2, 2014</p> <p>Post mark does not apply. All Applications must be physically received at the Office of Alcohol and Drug Program Services by 5:00 p.m., May 2, 2014</p>	<p>5:00 pm</p>	<p>Completed Applications due:</p> <p>Mail to: Alcohol and Drug Program Services Prevention and Treatment Coordinator 500 NW 6th St., Dept 2 Grants Pass, OR 97526</p> <p>or deliver to: Alcohol and Drug Program Services Prevention and Treatment Coordinator 510 NW 4th Street Grants Pass, OR 97526</p> <p>No faxed or emailed Applications will be accepted. Postmarks not accepted. NO EXCEPTIONS!</p>
<p>May 5 -16, 2014</p>		<p>Application review by LADPC Application Review Committee</p>
<p>Thursday, June 5, 2014 Additional meetings scheduled as needed.</p>	<p>12:00 pm</p>	<p>LADPC Meeting LADPC to make recommendations to Board of County Commissioners (BOCC) for program funding.</p>
<p>TBA</p>	<p>TBA</p>	<p>BOCC Weekly Business Session Consideration of LADPC funding recommendations.</p>

PART I: GENERAL INFORMATION

A. Introduction

Josephine County Prevention Services is seeking applications from providers for Alcohol, Drug, and Gambling Prevention Services. Service providers will provide services on behalf of the County pursuant to an Intergovernmental Agreement between the State of Oregon Department of Human Services and the County, which Agreement allows the County to purchase services from qualified providers.

The term of the contract arising from this RFA will be July 1, 2014 through June 30, 2015, subject to state budget approval by the Oregon State Legislature.

B. Contracting Authority

The Josephine County Local Alcohol and Drug Planning Committee (LADPC) is a state mandated advisory board appointed by the Josephine County Board of Commissioners. The LADPC manages program funding that comes to Josephine County from the Oregon Department of Human Services, Addictions and Mental Health Division and other funding sources. The LADPC is responsible for planning, implementing, coordinating, and evaluating contracted services for alcohol, drug, and gambling abuse prevention, intervention and treatment.

The revenues allocated for these services shall be granted contingent on the availability of funds. The programs funded through this 2014-2015 RFA process are contingent on an approved budget by the Oregon State Legislature and a fully executed 2013-2015 Intergovernmental Agreement between the State Department of Human Services and Josephine County. All provider agreements shall be reviewed annually based on fund availability, continued need for the service, priority need as established by the LADPC, performance and evaluation reviews, and contract compliance.

C. Provider Eligibility

Any public or private agency, organization or individual with service providers who hold all licenses, certificates, authorizations and other approvals required by law to deliver services is eligible to submit an application.

D. Eligible Population and Accessibility

All services funded under this application must serve residents of Josephine County. Services shall be in locations accessible and appropriate to the population served.

E. General Contract Requirements

The successful Applicant will be expected to enter into a Provider Agreement contract with the County. The terms of the contract are subject to change depending on the requirements of the Intergovernmental Agreement between the State Department of Human Services and the County.

F. Programs Not Eligible for Funding

Funds granted through this process shall not be expended for capital construction. Funds cannot be used for services that include religious instruction, prayer, or sectarian activities.

G. Reservation of Rights

Josephine County and the Josephine County Local Alcohol and Drug Planning Committee reserves the right to negotiate with and/or award a contract to other applicants that are sequentially ranked in the event that the County is unable to negotiate a contract with the selected applicant.

Josephine County reserves the right to: 1) Amend this Request for Application; 2) Extend the deadline for submitting applications; 3) Waive minor irregularities or failures to conform to this RFA if the County determines that such waiver is in the public interest; 4) Award one or more contracts, by item or task, or groups of items or tasks, if such multiple awards are determined by the County to be in the public interest; 5) Reject any and all Applications; and 6) Cancel this RFA at any time if such cancellation is deemed appropriate.

PART II: PROGRAM INFORMATION

A. Program Description

Alcohol, drug, and problem gambling services are solicited for Prevention Services. Prevention Services must focus on Prevention Education. Prevention education will specifically be focused on Evidence Based Curriculum for youth prior to 8th grade addressing substance abuse and problem gambling and/or Evidence Based Curriculum providing parenting and family management classes. Prevention Education will also include innovative programs addressing substance abuse and problem gambling issues through mentoring.

This solicitation will award services to one or more providers.

Service element descriptions are subject to change based on the Intergovernmental Agreement between the State and the County.

All services must be provided in compliance with applicable Oregon Administrative Rules as well as other federal, state or county requirements as detailed in the Intergovernmental Agreement between the State and the County.

B. Program Performance Requirements

Program performance outcomes will be monitored by the County Prevention and Treatment Coordinator. All programs will be required to maintain service standards set by AMHthe State. If the program service performance falls below that standard ~~for a three-month period~~, a corrective action plan will be instituted. If the performance standard does not improve to meet the state standard within ~~a three-month period~~ the required period of time ~~following institution of the corrective action plan~~, funding may be reduced and/or terminated.

C. Program Reporting Requirements

Reporting requirements include Minimum Dataset Reports (MDS), Quarterly Fiscal and Program Reports, Program Narrative Reports due every six months, and any other reports required by the State and/or County.

D. Funding

Funding is based on a projection of revenue to be received by Josephine County from the Oregon Department of Human Services. Changes in the state budget may change the total funds received by Josephine County. Josephine County reserves the right to make adjustments to reflect the funding that becomes available from the State.

PART III: GENERAL INSTRUCTIONS FOR SUBMISSION OF APPLICATION

- A. All applications must be in the form specified in this packet, and must respond to all items requested. Applications which are incomplete or which fail to include all items may be rejected.
- B. Please follow the sequence of questions or documentation as requested in all sections of the application. Clearly label all responses so that they correspond to the question being asked. Restate the question in your application as it is stated in this document. Please be concise in addressing the criteria. Do not provide information that does not respond to the criteria requested. Any extraneous information will be removed from the application packet prior to review by the evaluators.
- C. All applications must be clearly computer generated or typewritten on 8½" x 11" paper with margins set at .5". Pages must be single-spaced, typed on one side only, and numbered. Font size must be no smaller than 14, with the exception of included charts, budget sheets, and graphs. The entire application must be no more than 22 pages, inclusive of all attachments.

Submit one (1) original application signed in blue ink, and five (5) additional copies of the application. Applications are due by 5:00 pm on Friday, May 2, 2014.

No faxed or emailed applications will be accepted.

Postmark does not apply. All applications must be received in the office of Alcohol and Drug Program Services, Prevention and Treatment Coordinator, 510 NW 4th, Grants Pass, OR 97526 by 5:00 p.m. on May 2, 2014.

No report covers should be submitted with completed applications.

- D. An application may be withdrawn by written request, if the request is received prior to the scheduled closing date for applications. Changes in any filed applications may be made by submitting the change in writing prior to the scheduled closing date for applications.

PART IV : APPLICATION CONTENT

A. Cover Sheet (Appendix A):

Complete Appendix A and sign in **blue ink**.

B. Agency or Organization Qualifications (Appendix B):

Every agency or organization must complete Appendix B stating qualifications to provide the services for which they are applying.

Copies of providers' licenses, certificates, authorizations and other approvals required by law to deliver services must be included.

C. Narrative:

Please submit the following:

1. Agency/Coalition: Provide a short introduction of your agency/coalition, including How and when started, evolution over time, and current internal structure (e.g. board, committees, leadership). How has agency/coalition addressed substance use issues? What is Describe one major accomplishment.
2. Background: Identify the problem or problems your program will address with Prevention Education services.
3. Program Description and Scope of Work: Include the following in your description:
 - a. Type of program or programs to be provided.
 - b. Community need or needs being met by this program.
 - c. Number of individuals this program will serve.
 - d. Focus population to be served. (Universal, Indicated or Selective)
 - e. Geographic areas of Josephine County to be served by this program.
 - f. Accessibility of the program to individuals.
 - g. Responsiveness of program to diverse populations.
 - h. Evidence-based practices to be employed to achieve best result.
 - i. Project staffing plan and supervision to be provided.
 - j. Collaboration or coordination with other agencies, organizations.
 - k. Challenges and barriers to success that may be encountered and solutions to address them.
 - l. Program outcomes and evaluation plan for measuring success.
 - m. Budget narrative.

D. **Budget of Proposed Program (Appendix C):**

Provide a one-year budget using the forms on Appendix C. The forms may be downloaded in Microsoft Excel at the following website: www.co.josephine.or.us

Instructions are as follows:

SECTION 1: FOR THE FISCAL YEAR 2014-2015:

PART A: SALARY AND BENEFITS REQUESTED FROM LADPC: List position title, salary, benefits, percent of FTE and number of months that you are requesting from the LADPC. FTE means full-time equivalency (.50 FTE is a half-time or 20-hours a week position; .20 FTE is a one-fifth time or one-day a week position). Benefits include employee health insurance, retirement, employer's FICA, payroll expenses, etc.

PART B: SALARY AND BENEFITS FUNDED BY OTHER FUNDING SOURCES: List position title, salary, benefits, percent of FTE and number of months for positions that are funded from other sources.

PART C: MATERIALS AND SERVICES: Column (1) is for material and services funds requested from LADPC. Column (2) is for material and services funds provided by other funding sources.

PART D: SUMMARY: First section is summary and total of funds requested from the LADPC. Second section is summary and total of funds from other sources.

PART E: TOTAL PROGRAM COST FOR 2014-2015: Total of amount funding requested from LADPC plus total amount funding provided by other sources.

SECTION 2: DETAILED REVENUES FOR THE FISCAL YEAR ~~2011~~14-20~~12~~15:

Please list all other revenue sources that will support this program. List number of projected volunteer hours if applicable.

SECTION 3: SUMMARY OF REVENUES:

Please list total of funds requested from the LADPC plus total of funds from other revenue sources that are secured and unsecured funding as of the submission of the application.

E. **Statement of Assurances (Appendix D):**

Every agency or organization must complete Appendix D attesting that the information provided in the application is true and accurate.

Please sign in **blue ink**.

2014-2015 Josephine County Alcohol, Drug and Problem Gambling Prevention Services

Applicant Name: _____

Reviewer Name: _____

Reviewers Assessment Form Instructions

Put Total Score Here

The information listed below serves as guidelines to offer detailed instructions and answer frequently asked questions to aid you in completing this assessment form.

When reviewing and scoring an application:

- Consider only what is written in the application; make no assumptions.
- Consider only information found in the appropriate sections specified in the RFA.
- Do not consider information contained that extends or replaces any of the sections of the Program Description and that is **not specifically required**.
- Record the page number in the “Apparent” Box to indicate the location of the response to the evaluation criteria.
- Place an “x” and point value BELOW the descriptor (Outstanding, Very Good, Acceptable, Marginal, or Unacceptable).
- Space is provided to write explanation supporting the rationale for the descriptor’s use.
- Use only whole numbers when assigning scores.
- The questions have different scoring mechanisms which range from a 5 points scale to a 30 point scale.
- The Budget is not scored. Program Narrative is worth 90 points and Budget Narrative, is worth 10 points. The total application score cannot exceed 100 points.

Section A: Program Narrative

A.1 Agency/ Coalition Introduction (10 points)

Objective Check:		
Apparent/ Page #	Not Apparent	Contributing Factors:
		History clearly stated
		Structure clearly defined (e.g. board, committees, leadership)
		Addressed substance abuse issues previously
		One major accomplishment stated

Qualitative Assessment				
Outstanding (10)	Very Good (9)	Acceptable (7-8)	Marginal (5-6)	Unacceptable (0-4)

Score (0-10 points):

Comments:

A.2 Type of Program or Programs to be provided? (30 points)

Objective Check:		
Apparent/ Page #	Not Apparent	Contributing Factors:
		Explanation of program to be implemented is clear
		Explanation reflects issues of Alcohol, Drug and problem gambling prevention

Qualitative Assessment				
Outstanding(26-30)	Very Good (21-25)	Acceptable (16-20)	Marginal (10-15)	Unacceptable (0-9)

Score (0-30 points):

Comments:

A.3 Program description addresses community need or needs and how program will address. (10 points)

Objective Check:		
Apparent/ Page #	Not Apparent	Contributing Factors:
		Clearly states community need (5 points)
		Clear description of how program will address need stated (5 points)

Qualitative Assessment				
Outstanding (9-10)	Very Good (6-8)	Acceptable (5)	Marginal (3-4)	Unacceptable (1-2)

Score (0-10 points):

Comments:

A.4 Population and Numbers served? (15 points)

Objective Check:		
Apparent/ Page #	Not Apparent	Contributing Factors:
		Clearly states number to be served (5 points)
		Clearly states focus population to be served (4 points)
		Clearly address accessibility of program to individuals (2 points)
		Clearly outlines program reaching diverse populations (2 points)
		Clearly states geographic areas of Josephine County to be served (2 points)

Qualitative Assessment

Outstanding (15)	Very Good (11-15)	Acceptable (10)	Marginal (6-9)	Unacceptable (5)

Score (0-15 points):

Comments:

A.5 Evaluation (15 points)

Objective Check:		
Apparent/ Page #	Not Apparent	Contributing Factors:
		Clearly states evaluation tools to be used (5 point)
		Clearly states outcome to be achieved (10 points)

Qualitative Assessment

Outstanding (15)	Very Good (11-14)	Acceptable (10)	Marginal (6-9)	Unacceptable (5)

Score (0-15 points):

Comments:

A.5 Scope of work (5 points)

Objective Check:		
Apparent/ Page #	Not Apparent	Contributing Factors:
		Clearly states Evidence Based Programs (curriculum) (3 point)
		Clearly states staff needs to implement program (1 point)

		Clearly list collaborations and coordination with other agencies/coalitions (1 point)		
Qualitative Assessment				
Outstanding	Very Good	Acceptable	Marginal	Unacceptable

Score (0-5 points):

Comments:

A.6 Challenges and barriers to success that maybe encountered and solution to address them? (5 points)

Objective Check:				
Apparent/ Page #	Not Apparent	Contributing Factors:		
		States challenges and barriers		
		Provides solution		
Qualitative Assessment				
Outstanding (5)	Very Good (4)	Acceptable (3)	Marginal (2)	Unacceptable (0-1)

Score (0-5 points):

Comments:

Total Score for Section A: _____

Budget Narrative

Section B: Budget Narrative

B.1 The Budget Narrative must include:

Objective Check:		
Apparent/ Page #	Not Apparent	Contributing Factors:
		A 12-Month Budget Narrative to include budget details and justification for expenditures (5 points)
		A description of matching resources and other support that the coalition will receive (3 points)

		The template provided in Appendix C of the RFA (2 points)		
Qualitative Assessment				
Outstanding (9-10)	Very Good (6-8)	Acceptable (5)	Marginal (3-4)	Unacceptable (1-2)

Score (0-10 points):

Comments:

Total Score for Section B: _____

PART VI : APPLICATION CHECKLIST

- Cover Sheet, including appropriate signature in blue ink (Appendix A)
- Agency or Organization Qualifications Sheet (Appendix B)
- Narrative, including Prevention Service and Title, Agency or Organization Background, Program Description, Scope of Work, and Budget Narrative.
- Budget (Appendix C)
- Statement of Assurances and Proposal (Appendix D)

PART VII: APPENDICES

Appendix A: Cover Sheet (1 page)

Appendix B: Agency or Organization Qualifications (2 pages)

Appendix C: Budget Expenses and Revenues (4 pages)

Appendix D: Statement of Assurances (1 page)