



**MILWAUKEE COUNTY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Behavioral Health Division**  
**Delinquency and Court Services Division**  
**Disabilities Services Division**  
**Economic Support Division**

**YEAR 2009**  
**PURCHASE OF SERVICE GUIDELINES**  
**TECHNICAL REQUIREMENTS**

**Issued July 2008**

Ver. 8/8/07



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Milwaukee County

July, 2008

To: Community Agencies, Organizations and Interested Parties

The Milwaukee County Department of Health and Human Services (DHHS) invites community agencies, organizations and interested parties to participate in the Request for Proposal (RFP) process by submitting applications for human services programs to be purchased in the year 2009. The Department welcomes new prospective vendors to participate in this RFP process.

Application materials (*Program Requirements* and *Technical Requirements*) will be available in electronic format. CD-ROMs may be picked up beginning **Monday, July 21, 2008** at the Milwaukee County Marcia P. Coggs Human Services Center, Room 109, 1220 West Vliet Street, Milwaukee WI 53205. Materials may also be downloaded from: <http://county.milwaukee.org/RFPInformation111327.htm>

Two (2) question and answer sessions (pre-bid conferences) will be held to discuss the application guidelines. In addition, a Technical Assistance Session has also been scheduled to assist applicants in completing proposals. The meetings have been scheduled at the following locations and times:

**Monday, July 28, 2008**

**4:00 p.m.**  
**Mill Road Library**  
6431 North 76<sup>th</sup> Street  
Milwaukee, WI 53223

**Wednesday, August 6, 2008**

**4:00 p.m.**  
**Bay View Library**  
2566 South Kinnickinnic Avenue  
Milwaukee, WI 53207

**Technical Assistance Session**  
**Wednesday, August 13, 2008**

**8:45 a.m. – 11:00 a.m.**  
**CATC Auditorium**  
9501 W. Watertown Plank Rd.  
Milwaukee, WI 53226

All applications for funding in response to this RFP must be received by the Department of Health and Human Services no later than 4:30 p.m. on **Friday, September 5, 2008**. No extensions will be granted for submission of the proposals unless approved by the Director of the Department of Health and Human Services and the County Board Policy Committee.

**Applications may be mailed or delivered to:**

**Marcia P. Coggs Human Services Center  
Attention: Dennis Buesing  
Room 109  
1220 West Vliet Street  
Milwaukee, WI 53205**

Following the application review process outlined in the *Technical Requirements*, contract award recommendations will be presented for approval to the County Board Committee on Health and Human Needs. The County Board of Supervisors may modify or reject the funding recommendations and the County Executive may veto, in part, or whole, the County Board's action.

To receive information or assistance, please contact the following persons:

Program information	Ann Demorest, Disabilities Services Division, (414) 289-5943 Michelle Naples, Delinquency and Court Services Division, (414) 257-5725 Sue Moeser, Economic Support Division, (414) 289-6645 James Mathy, Housing Division, 414-257-7689 Walter Laux, Behavioral Health Division, (414) 257-7436 or Rochelle Landingham, Behavioral Health Division (414) 257-7337 Bruce Kamradt, Wraparound Milwaukee, (414) 257-7639
Technical Requirements (questions about application requirements)	Wes Albinger, Disabilities Services, (414) 289-5871 Dave Emerson, Delinquency and Court Services, (414) 257-7284 Michelle Naples, Delinquency and Court Services, (414) 257-5725 Judy Roemer-Muniz, Economic Support, (414) 289-6692 James Mathy, Housing Division, 414-257-7689 Rochelle Landingham, Behavioral Health, (414) 257-7337 Bruce Kamradt, Wraparound Milwaukee, (414) 257-7639
Fiscal/Budget	Sumanish Kalia, Contract Administration (414) 289-6757

Thank you for your interest in the Milwaukee County Department of Health and Human Services RFP process.

Sincerely,

SD/-

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Corey Hoze  
Director  
Milwaukee County Department of Health and Human Services

**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
ECONOMIC SUPPORT DIVISION  
HOUSING DIVISION**

**INTRODUCTION AND  
APPLICATION REQUIREMENTS**

## INTRODUCTION

Welcome to the Year 2009 Request for Proposal (RFP) process. The technical requirements set forth in these guidelines apply to proposals submitted for funding programs under the Department of Health and Human Services (DHHS) Behavioral Health, Delinquency and Court Services, Disabilities Services, Housing, and Economic Support Divisions. The programs for purchase are described in the *Year 2009 Purchase of Service Guidelines: Program Requirements*.

The APPLICATION FORMAT information is organized into two (2) separate sections, each of which contains items to be submitted in the application. Instructions and forms are included in each section; forms can also be found on the Contract Administration web page at:

<http://www.county.milwaukee.gov/RFPInformation111327.htm>

Updates and revisions to this and other RFP related publications will occur through the application deadline, and can be viewed at:

<http://www.county.milwaukee.gov/RFPInformation111327.htm>

This site should be checked frequently, as it is the responsibility of the applicant to respond to all requirements as they appear in the posted revisions.

***ALL APPLICATIONS WILL BE EVALUATED AS DESCRIBED IN THE "OVERVIEW OF PROPOSAL REVIEW PROCESS" FOUND AT THE END OF THIS REQUEST FOR PROPOSAL.***

## APPLICATION REQUIREMENTS

Applications will be accepted only for the programs described as accepting applications in the *Year 2009 Purchase of Service Guidelines: Program Requirements*. Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded a contract, the application material submitted is placed in an agency master file that becomes part of the contract with the Milwaukee County Department of Health and Human Services (DHHS). Application material becomes public information and is subject to the open records law only after the procurement process is completed and a contract is fully executed. Prior to the granting of contract awards and the full execution of a contract, the application is considered a "draft" and is not subject to the open records law.

Please note that vendors who are currently in a multi-year contract cycle have different submission requirements. These requirements are detailed in a separate "Application Contents" table, found on page 7.

A. All applications must be typed using the format and the forms presented in this booklet, the DHHS website, or the CD-ROM. All pages are to be numbered chronologically, with each requested item on a separate page. With rare exception, all submission requirements apply to all programs. If there is any question about the applicability of a particular submission item, contact the Technical Requirements contact person (p. iii) affiliated with the Division with which you are applying. In the case an item is determined **not** to be applicable, include a separate page in the appropriate place indicating this is the case and with whom you spoke. If a separate page is **not** included with this information and the item is **not** submitted with the application, it will be considered an omission. Points will be deducted during the proposal scoring process for all omissions, and depending upon which items are missing, the entire application may be removed from consideration.

B. Vendors applying for **programs up for competitive, panel review**: One original plus **four** copies of the complete application for each program must be submitted on three-hole punched paper for each division (Behavioral Health, Delinquency and Court Services, Disabilities Services, Housing, and Economic Support) for which funding is requested. If funding is requested for more than one disability area for the Disabilities Services Division, one additional application must be submitted for each disability area. **A list of programs up for competitive, panel review can be found in the introduction to the 2009 Purchase of Service Guidelines: Program Requirements.**

Vendors in a **multi-year contract cycle or sole-sourced contracts/programs** which do not require a competitive, panel review, one original plus **one** copy of the completed application must be submitted on three-hole punched paper for each division (Behavioral Health, Delinquency and Court Services, Disabilities Services, Housing, and Economic Support) for which funding is requested.

C. All applications for funding must be received by the DHHS **no later than 4:30 p.m. on Friday, September 5, 2008.** Applications for all DHHS divisions must be mailed or delivered to:

Milwaukee County DHHS  
Contract Administration  
1220 West Vliet Street, Suite 109  
Milwaukee WI 53205

D. **Living Wage** Milwaukee County has a goal that all Purchase of Service contractors pay a Living Wage of no less than \$8.49 per hour to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County purchase contract. While not a requirement, payment of a living wage will be one of the criteria upon which applicants shall be evaluated in the review and scoring of proposals.

**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
ECONOMIC SUPPORT DIVISION  
HOUSING DIVISION**

**SECTION 1: AGENCY APPLICATION  
INSTRUCTIONS and FORMS**

## APPLICATION CONTENTS – I. INITIAL SUBMISSION

This content summary sheet must be attached immediately after the cover letter.

<u>Technical Requirements</u>	<u>Item Description</u>	<u>Application</u>	
<u>Item #</u>		Check Each Item Included	Page # of Application

### **INTRODUCTION**

1	Cover Letter		
2	Application Summary Sheet		

### **SECTION 1 – AGENCY APPLICATION**

	Application Contents		
3	Authorization To File		
4	Agency Description and Assurances		
5	Board Of Directors, Owners, Stockholders Demographic Summary		
6	Ownership, Independence, and Governance		
7	Owners/Officers		
8	Mission Statement		
9	Agency Organizational Chart		
10	Agency Licenses and Certificates		
11	Indemnity, Data And Information, and HIPAA Compliance Statement		
13	Related Organization/Related Party Disclosure		
14	Conflict Of Interest & Prohibited Practices Certification		
15	Equal Employment Opportunity Certificate		
16	Equal Opportunity Policy		
17	Certification Statement Regarding Debarment And Suspension		
18	Additional Disclosures		
19	Certification Regarding Compliance With Background Checks – Children & Youth		
20	Certification Regarding Compliance With Background Checks - Caregiver		
21	Promotion of Cultural Competence/Diversity		
23	IRS Form 990 For Non-Profit Agencies		
24	Certified Audit/Board Approved Financial Statement		
25	Indirect Cost Allocation Plan (Form 6)		
29	Total Agency Anticipated Expenses and Revenue (Forms 5 and 5A)		

### **SECTION 2 – PROGRAM APPLICATION**

26	Agency Employee Hours and Salaries (Forms 2 and 2A)		
27	Employee Demographics Summary		
28	Employee Hours-Related Organization Disclosure (Form 2C)		

<u>Technical Requirements</u>		<u>Application</u>	
<u>Item #</u>	<u>Item Description</u>	<u>Check Each Item Included</u>	<u>Page # of Application</u>
30	Program Organizational Chart		
31a	Program Logic Model		
31b	Program Narrative		
31c	Performance Assessment For Agency		
31d	Performance Assessment For Agency Leadership		
32	Provider Application Site Information		
33	Staffing Pattern		
34	Staffing Requirements		
35	Personnel Roster/Certification of Provider Credentials		
36	Accessibility		
37	Evaluation Plan		
38	Client Characteristics Chart		
39	Program Volume Data (Form 1)		
40	Anticipated Program Expenses (Forms 3 and 3S)		
41	Anticipated Program Revenue (Forms 4 and 4S)		

**SECTION 3 – NO SUBMISSIONS REQUIRED**

**OVERVIEW OF PROPOSAL REVIEW PROCESS, PROPOSAL REVIEW EVALUATION CRITERIA, QUALITY ASSURANCE, REQUIRED REPORTS**

Overview Of Proposal Process
Proposal Review Evaluation Criteria
Quality Assurance

Agency attests that all items and documents checked are complete and included in the application packet.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## II. FINAL SUBMISSION

After completion of the application review and upon receiving notice of a contract award, funded agencies are required to submit the following application items:

Item #	Item Description
12	Insurance Certificate
25	Indirect Cost Allocation Plan
26	Agency Employee Hours And Salaries (Forms 2 and 2A)
27	Employee Demographics Summary (Form 2B)
29	Total Agency Anticipated Expenses And Revenue (Forms 5 and 5A)
34	Staffing Requirements
39	Program Volume Data (Form 1)
40	Anticipated Program Expenses (Forms 3 and 3S)
41	Anticipated Program Revenue (Forms 4 and 4S)

Final submissions are due by 4:30 p.m., December 12, 2008 and must be mailed or delivered to:  
Milwaukee County DHHS  
Contract Administration  
1220 West Vliet Street, Suite 109  
Milwaukee WI 53205

## III. SUBMISSIONS FOR AGENCIES CURRENTLY IN A MULTI-YEAR CYCLE

All agencies with programs that are currently in the second or third year of a multi-year contract cycle in 2009 (do not require a competitive, panel review), **must** submit **all** the items listed under FINAL SUBMISSION, **plus** the Authorization To File (Item 3).

Submissions from all agencies must be received by the DHHS **no later than 4:30 p.m. on Friday, September 5, 2008.**

## IV. CIVIL RIGHTS COMPLIANCE PLAN OR LETTER OF ASSURANCE

All applicants who are awarded contracts must complete and submit Item 22, Civil Rights Compliance Plan (CRCP), within 120 days of effective date of contract. The effective date of contracts, unless indicated otherwise, will be January 1<sup>st</sup>, 2009, making CRCPs due no later than 4:30 p.m. on April 30<sup>th</sup>, 2009.

**SAMPLE COVER LETTER**  
(ON VENDOR LETTERHEAD)

ITEM # 1

DATE:

Mr. Corey Hoze, Director  
Milwaukee County Department of Health and Human Services  
1220 West Vliet Street, Suite 301R  
Milwaukee, WI 53205

Dear Mr. Hoze:

I am familiar with the "*Year 2009 Purchase of Service Guidelines: Program and Technical Requirements*" set forth by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**YEAR 2009 APPLICATION SUMMARY SHEET**

ITEM # 2

Agency \_\_\_\_\_ Agency Director \_\_\_\_\_

Name of parent company and/or affiliated enterprises if agency is a subsidiary and/or affiliate of another business entity \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Person \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Agency Fiscal Period \_\_\_\_\_ Federal ID Number \_\_\_\_\_  
(Mo/Day/Year-Mo/Day/Year)

Please complete the following information for each 2009 program proposed in your application. Program name, and if applicable, a program number must be assigned to each program. This application must include programs from only one division. In order to apply for programs from more than one division, a separate, complete application must be submitted for each division.

Division: BHD \_\_\_ DCSD \_\_\_ DSD \_\_\_ ESD \_\_\_ Housing \_\_\_

(REFER TO TABLE OF CONTENTS IN PROGRAM REQUIREMENTS FOR PROGRAM NUMBER & NAME)

**A. Program Number:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

Continuation \_\_\_ Expansion \_\_\_ New \_\_\_

2008 Funding: \_\_\_\_\_ 2009 Request: \_\_\_\_\_

Site(s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

**B. Program Number:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

Continuation \_\_\_ Expansion \_\_\_ New \_\_\_

2008 Funding: \_\_\_\_\_ 2009 Request: \_\_\_\_\_

Site(s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

**C. Program Number:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

Continuation \_\_\_ Expansion \_\_\_ New \_\_\_

2008 Funding: \_\_\_\_\_ 2009 Request: \_\_\_\_\_

Site(s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE APPLICATION PACKAGE.  
PLEASE DUPLICATE AS NEEDED.

**YEAR 2009 AUTHORIZATION TO FILE RESOLUTION  
(Applicable for Non-Profit and For-Profit Corporations Only)**

ITEM #3

This is to certify that at the \_\_\_\_\_ (Date) meeting of the Board of Directors of \_\_\_\_\_ (Agency Name), the following resolution was introduced by \_\_\_\_\_ (Board Member's Name), and seconded by \_\_\_\_\_ (Board Member's Name), and unanimously approved by the Board:

BE IT RESOLVED, that the Board of Directors of \_\_\_\_\_ (Agency Name) hereby authorizes the filing of an application for the Year 2009 Milwaukee County Department of Health and Human Services (DHHS) funding.

In connection therewith,

\_\_\_\_\_ (Name and Title) and \_\_\_\_\_ (Optional Name(s) and Title) is (are) authorized to negotiate with Milwaukee County DHHS staff.

In accordance with the Bylaws (Article \_\_\_\_, Section \_\_\_\_) of \_\_\_\_\_ (Agency Name), \_\_\_\_\_ (Name and Title)

and \_\_\_\_\_ (Optional Name(s) and Title) is (are) authorized to sign the Year 2009 Purchase of Service Contract(s).

Name: \_\_\_\_\_ (Signature of the Secretary of the Board of Directors) Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**YEAR 2009 AGENCY DESCRIPTION AND ASSURANCES**

ITEM # 4

**Please check all the statements below that describe your business entity:**

- Corporation       Partnership/Joint Venture       Service Corporation (SC)
- For-Profit       Limited Liability Company (LLC)       Sole Proprietorship
- Non-Profit       Single Member LLC       Individual Credentialed Provider

**The agency has on file and agrees to make the following documents available for review upon request by Milwaukee County DHHS.**

\_\_\_\_\_ Articles of Incorporation (*applicable for Corporations only*)

\_\_\_\_\_ Operating Agreement (*applicable for LLC only*)

\_\_\_\_\_ Bylaws (*applicable for Corporations only*)

\_\_\_\_\_ Personnel Policies

\_\_\_\_\_ A client grievance procedure informing clients of their rights and identifying the process clients may use to enforce those rights. The procedure is in compliance with Wisconsin Statute §51.61 and Wisconsin Administrative Code HFS 94.

\_\_\_\_\_ Accounting Policies and Procedure Manual in compliance with the General Accepted Accounting Principles (GAAP) and the Wisconsin Department of Health and Family Services (DHFS) allowable cost policies.

\_\_\_\_\_ Agency billing procedure, in compliance with HFS 1, regulating billing and collection activities for care and services provided by the agency and purchased by Milwaukee County.

\_\_\_\_\_ A ‘whistleblower’ policy and procedure that enables individuals to come forward with credible information on illegal practices or violations of organizational policies. This policy must specify that the organization will not retaliate against individuals who make such reports.

\_\_\_\_\_ A conflict of interest policy and procedure to ensure all conflicts of interest, or appearance thereof, within the agency and the Board of Directors (if applicable) are avoided or appropriately managed through disclosure, recusal, or other means. At a minimum, the policy should require full written disclosure of all potential conflicts of interest within the organization.

\_\_\_\_\_ A code of ethics policy, which outlines the practices and behaviors expected from trustees, staff, and volunteers. The code of ethics policy shall be adopted by the board and shall be disseminated to all affected groups as part of orientation and updated annually.

\_\_\_\_\_ An emergency policy, which outlines the policies and procedures to be prepared for an emergency such as a tornado, blizzard, electrical blackout, pandemic influenza, or other natural or man-made disaster. Provider shall develop a written plan, to be retained in the Provider’s office, that addresses:

1. The steps Provider has taken or will be taking to prepare for an emergency;
2. Which, if any, of Provider’s services will remain operational during an emergency;
3. The role of staff members during an emergency;
4. Provider’s order of succession and emergency communications plan; and
5. How Provider will assist Participants/Service Recipients to individually prepare for an emergency.

Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs shall assure at-risk Participants/Service Recipients are actively encouraged to develop an individualized emergency preparedness plan and have been offered any assistance they might require to complete the plan.

**Agency agrees to submit 2 original copies of a certified audit report, performed by an independent certified public accountant licensed to practice by the State of Wisconsin, in compliance with the audit requirements of the Purchase of Service Contract.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**YEAR 2009 BOARD OF DIRECTORS/AGENCY OWNERS/STOCKHOLDERS  
DEMOGRAPHY SUMMARY**

ITEM # 5

Ethnicity	Female	Male	Handicapped
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
Totals			

A "handicapped individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. Has a record of such impairment, or;
3. Is regarded as having such impairment.

Ethnicity is defined as:

1. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
2. Black: All persons having origins in any of the Black racial groups of Africa.
3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).
4. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
5. White: All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_



**Board Committees/ Advisory Committees**

Committee Name	Committee Purpose

**The Board of Directors' 2009 meetings for the agency will be held on the following dates:**

January	May	September
February	June	October
March	July	November
April	August	December

**Contractor agrees to retain Board of Directors' meeting minutes for a period of at least four (4) years following contract termination and agrees to provide Milwaukee County access to the meeting minutes upon request.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**YEAR 2009 AGENCY OWNERS/STOCKHOLDERS/OFFICERS**

ITEM # 7

(applicable to all organizations)

Please list each agency owner, stockholder, officer, LLC manager, Partner, and/or LLC member, and indicate the office title, the percentage of ownership interest, amount of prior year's distributions or dividends, and the total amount of compensation from the agency during the prior year. Please note that only those stockholders holding twenty percent or greater interest must be listed. This Item applies to both For-profit and Non-profit agencies.

Name	Stockholder/Owner/LLC Member / Partner <sup>o</sup> Officer/LLC Manager Status	Office Title	% Owner-ship	Amount of Distributions/ Dividends (\$)	Total Compen-sation (\$)*
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				

\*Total Compensation should reflect amount reported on IRS Form W-2 and 1099.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

\_\_\_\_\_

## YEAR 2009 AGENCY MISSION STATEMENT

ITEM # 8

Agency: \_\_\_\_\_

Submit your agency's Mission Statement.

## AGENCY ORGANIZATIONAL CHART

ITEM #9

Submit an organizational chart of the agency detailing each major department or program.

## AGENCY LICENSES AND CERTIFICATIONS

ITEM #10

Submit a copy of each agency license or certificate required to provide the service for which you are requesting funds and copies of any notices of noncompliance or restrictions.

**YEAR 2009 INDEMNITY, DATA & INFORMATION  
SYSTEMS COMPLIANCE, HIPAA**

ITEM # 11

**Indemnity/Insurance**

Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this agreement.

**Provision for Data and Information Systems Compliance**

Contractor shall utilize computer applications in compliance with County standards in maintaining program data related to the contract, or bear full responsibility for the cost of converting program data into formats useable by County applications. All Contractors shall have internet access, an email address, and shall utilize Microsoft Excel 2000 or newer, or shall use applications which are exportable/convertible to Excel.

**Health Insurance Portability and Accountability Act**

The contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the contractor provides or purchases with funds provided under this contract.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## INSURANCE

ITEM #12

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees, board, or volunteers. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, Commercial General Liability and/or Business Owner's Liability (**which includes board, staff, and volunteers**), Automobile Liability (if the Agency owns or leases any vehicles) and Professional Liability (where applicable) in the minimum amounts listed below.

Automobile insurance that meets the Minimum Limits as described in the Agreement is required for all agency vehicles (owned, non-owned, and/or hired). In addition, if any employees of the Contractor will use their personal vehicles to transport Milwaukee County employees, representatives or clients, or for any other purpose related to the Agreement, those employees shall have Automobile Liability Insurance providing the same liability limits as required of the Contractor through any combination of employee Automobile Liability and employer Automobile or General Liability Insurance which in the aggregate provides liability coverage, while employee is acting as agent of employer, on the employee's vehicle in the same amount as required of the Contractor.

If the services provided under the contract constitute professional services, Contractor shall maintain Professional Liability coverage as listed below. Treatment providers including psychiatrists, psychologists, social workers) who provide treatment off premises must obtain General Liability coverage (on premises liability and off-premise liability), to which Milwaukee County is added as an additional insured, unless not otherwise obtainable.

It being further understood that failure to comply with insurance requirements might result in suspension or termination of the Agreement.

<b>TYPE OF COVERAGE</b>	<b>MINIMUM LIMITS</b>
<b><u>Wisconsin Workers' Compensation</u></b> or Proof of all States Coverage	Statutory
<b><u>Employer's Liability</u></b>	\$100,000/\$500,000/\$100,000
<b><u>Commercial General and/or Business Owner's Liability</u></b>	
Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal	\$1,000,000 - Per Occurrence
Contractual & Products/Completed Operations)	\$1,000,000 - General Aggregate
<b><u>Automobile Liability</u></b>	
Bodily Injury & Property Damage	\$1,000,000 Per Accident
All Autos - Owned, Non-Owned and/or Hired	
Uninsured Motorists	Per Wisconsin Requirements
<b><u>Professional Liability</u></b>	
To include Certified/Licensed Mental Health and AODA Clinics and Providers	\$1,000,000 Per Occurrence \$3,000,000 Annual Aggregate
and Hospital, Licensed Physician or any other qualified healthcare provider under Sect 655	As required by State Statute Wisconsin Patient Compensation Fund Statute

Any non-qualified Provider under Sec 655 Wisconsin Patient Compensation Fund Statute State of Wisconsin (indicate if Claims Made or Occurrence)	\$1,000,000 Per Occurrence/Claim \$3,000,000 Annual Aggregate
Other Licensed Professionals	\$1,000,000 Per Occurrence \$2,000,000 Annual aggregate or Statutory limits whichever is higher

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Should the statutory minimum limits change, it is agreed the minimum limits stated herein shall automatically change as well

F. Milwaukee County, as its interests may appear, shall be named as, and receive copies of, an “additional insured” endorsement, for general liability, automobile insurance, and umbrella/excess insurance. Milwaukee County must be afforded a thirty day (30) written notice of cancellation, or a non-renewal disclosure must be made of any non-standard or restrictive additional insured endorsement, and any use of non-standard or restrictive additional insured endorsement will not be acceptable.

Exceptions of compliance with “additional insured” endorsement are:

1. Transport companies insured through the State “Assigned Risk Business” (ARB).
2. Professional Liability where additional insured is not allowed.

G. Contractor shall furnish Purchaser annually on or before the date of renewal, evidence of a Certificate indicating the above coverages (with the Milwaukee County Contract Administrator named as the “Certificate Holder”) shall be submitted for review and approval by Purchaser throughout the duration of this Agreement. If said Certificate of Insurance is issued by the insurance agent, it is Provider’s responsibility to ensure that a copy is sent to the insurance company to ensure that the County is notified in the event of a lapse or cancellation of coverage.

CERTIFICATE HOLDER

Milwaukee County Department of Health and Human Services  
Contract Administrator  
1220 W. Vliet Street, Suite 109  
Milwaukee, WI 53205

H. If Contractor’s insurance is underwritten on a Claims-Made basis, the Retroactive date shall be prior to or coincide with the date of this Agreement, the Certificate of Insurance shall state that *professional malpractice or errors and omissions coverage, if the services being provided are professional services* coverage is Claims-Made and indicate the Retroactive Date, Provider shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement.

It is also agreed that on Claims-Made policies, either Contractor or County may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by Provider.

I. Binders are acceptable preliminarily during the provider application process to evidence compliance with the insurance requirements.

- J. All coverages shall be placed with an insurance company approved by the State of Wisconsin and rated “A” per Best’s Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to Purchaser, if requested, to obtain approval of insurance requirements.
  
- K. Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the Milwaukee County Risk Manager for approval prior to the commencement of activities under this Agreement:

Milwaukee County Risk Manager  
Milwaukee County Courthouse – Room 302  
901 North Ninth Street  
Milwaukee, WI 53233

**YEAR 2009 DISCLOSURE**

ITEM # 13

**Milwaukee County Employee**

Submit a list of any Milwaukee County employee, or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three-year period. Include payments made during 2006, 2007, 2008 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2006 Wages	2007 Wages	2008 Wages

**Related Party Relationships**

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any board member, stockholder, owner, officer, or member of the immediate family of any board member, stockholder, owner or officer, holds interest in firms from which materials or services are purchased by the agency, its subsidiaries, or affiliates. "Immediate family" means an individual's spouse or an individual's relative by marriage, lineal descent, or adoption who receives, directly or indirectly, more than one-half of his/her support directly from the individual or from whom the individual receives, directly or indirectly, more than one-half of his/her support.

Name	Relationship	% or Estimated Income

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any board member, stockholder, officer, owner, employee or member of any of the aforementioned immediate family serve on the Board of Directors of subsidiaries and/or affiliates of the agency or any other firm from which materials or services are purchased by the agency.

Name	Relationship	% or Estimated Income

**\_\_\_ No employment relationship with Milwaukee County employees and no related party relationship, as defined above, exists.**

\_\_\_The agency does not rent from or contract with any person who has ownership or employment interest in the agency; serves on the Board of Directors; or is a member of the immediate family of an owner, officer, employee, or board member. **If such a relationship exists, submit a copy of lease agreements, certified appraisals, and contract agreements, etc.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**Interest in Contract**

No officer, employee or agent of the County who exercises any functions or responsibilities with carrying out any services or requirements to which this contract pertains has any personal interest, direct or indirect, in this contract.

**Interest of Other Public Officials**

No member of the governing body of a locality, County or State and no other public official of such locality, County or State who exercises any functions or responsibilities in the review or approval of the carrying out of this contract has any personal interest, direct or indirect, in this contract.

Contractor covenants s/he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this contract. Any conflict of interest on the part of the Contractor will be disclosed to the County. In the event Contractor has a conflict of interest that does not permit Contractor to perform the services under the contract with respect to any client or recipient, Contractor will notify the County and will provide the County with all records and reports relating to same.

**Prohibited Practices**

Contractor attests that it is familiar with Milwaukee County’s Code of Ethics, Chapter 9 of Milwaukee County Code of General Ordinances, which states in part, “No person may offer to give any County officer or employee or his immediate family, or no County officer or employee or his immediate family may solicit or receive anything of value pursuant to an understanding that such officer’s or employee’s vote, official action, or judgment would be influenced thereby.”

Said chapter further states, “No person(s) with a person financial interest in the approval or denial of a contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any candidate for an elected County office that has final authority during its consideration. Contract considerations shall begin when a contract is submitted directly to a County department or to an agency until the contract has reached its final disposition, including adoption, county executive action, proceedings on veto (if necessary) or departmental approval.”

Where Agency intends to meet its obligations under this or any part of this Request For Proposal through a subcontract with another entity, Agency shall first obtain the written permission of County; and further, Agency shall ensure it requires of its subcontractors the same obligations incurred by Agency under this Request For Proposal.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify),(Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

**Non-Discrimination**

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

**Affirmative Action Program**

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the aforesated requirements, it shall be his responsibility to show that he has met all such requirements.

**Non-Segregated Facilities**

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

**Subcontractors**

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and nonsegregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

**Reporting Requirement**

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

**Affirmative Action Plan**

VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Paul Grant, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

If a current plan has been filed., indicate where filed \_\_\_\_\_ and the year covered.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

**Employees**

VENDOR certifies that it has (No. of Employees) employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) \_\_\_\_\_ employees in total.

**Compliance**

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ by: Firm Name \_\_\_\_\_

By \_\_\_\_\_ Address \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**YEAR 2009 EQUAL OPPORTUNITY POLICY**

ITEM # 16

\_\_\_\_\_ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

**EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

\_\_\_\_\_ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

**SERVICE DELIVERY - CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. \_\_\_\_\_ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of \_\_\_\_\_ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, \_\_\_\_\_ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms./Mr. \_\_\_\_\_. Ms./Mr. \_\_\_\_\_ may be reached during week days at \_\_\_\_\_.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

\_\_\_\_\_  
(Director or Chief Officer) (Title) (Date)

**This Policy Statement shall be posted in a conspicuous location.**

**CERTIFICATION STATEMENT**

**DEBARMENT AND SUSPENSION**

The contractor certifies to the best of its knowledge and belief, that it and its principals: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this contract had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## ADDITIONAL DISCLOSURES

ITEM # 18

1. Has your company or any representative, owner, partner or officer ever failed to perform work awarded or had a contract terminated for failure to perform or for providing unsatisfactory service?

Yes  No If yes, on a separate page please provide a detailed explanation.

2. Within the past five (5) years, has your company or any representative, owner, partner or officer (collectively "your company") ever been a party to any court or administrative proceedings where the violation of any local, state or federal statute, ordinance rule or regulation by your Company was alleged?

Yes  No If yes, on a separate page, please provide a detailed explanation outlining the following:

- Date of citation or violation
- Description of violation
- Parties involved
- Current status of citation

3. Within the past 5 years has your organization had any reported findings on an annual independent audit?

Yes  No If yes, on a separate page please provide a detailed explanation.

4. Within the past 5 years, has your organization been required to submit a corrective action plan by virtue of review or audit by independent auditor, or any governmental agency or purchaser of services?

Yes  No If yes, on a separate page please provide a detailed explanation including if the corrective action has been accepted by the purchasing agency and completely implemented? If not, please explain remaining action required by purchasing agency.

5. Have you, any principals, owners, partners, shareholders, directors, members or officers of your business entity ever been convicted of, or pleaded guilty, or no contest to, a felony, serious or gross misdemeanor, or any crime or municipal violation, involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol, or are charges pending against you or any of the above persons for any such crimes by information, indictment or otherwise?

Yes  No If yes, on a separate page, please provide a detailed explanation.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## **RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS FOR AGENCIES SERVING YOUTH**

Applicant certifies that it will comply with the provisions of the Milwaukee County Resolution Requiring Background Checks, File No. 99-233. Agencies under contract shall conduct background checks at their own expense.

## **RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH**

Provisions of the Resolution requiring criminal background checks for current or prospective employees of DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements providing direct care and services to Milwaukee County children and youth were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall certify, by written statement to the DHHS, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks shall be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.
2. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall certify, by written statement to the DHHS, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DHHS or its designee; and, that the DHHS or its designee shall be submitted, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.
3. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which do not submit to the DHHS or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DHHS or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents.
4. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001 and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.
5. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.

6. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DHHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1<sup>st</sup> and 2<sup>nd</sup> degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.
7. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DHHS or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.
8. DHHS contract agency employees and employees of agencies/organizations with which the DHHS has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DHHS or its designee within two (2) business days of the actual arrest.
9. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DHHS or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.
10. The DHHS or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DHHS or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.
11. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of application, shall notify the DHHS or its designee immediately.
12. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DHHS or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DHHS contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**

**CERTIFICATION STATEMENT**

ITEM# 19

**RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS  
FOR AGENCIES SERVING YOUTH**

This is to certify that \_\_\_\_\_  
(Name of Agency/Organization)

- (1) has received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- (2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- (3) is in compliance with the provisions of File No. 99-233, the Resolution requiring background checks.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**RESOLUTION REGARDING CAREGIVER AND CRIMINAL BACKGROUND CHECKS**

(Applies to all agencies with employees who meet the definition of "caregiver", per definition below)

Contract agencies and agencies with which the DHHS has reimbursable agreements shall certify, by written statement, that they will comply with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and HFS 12 and HFS 13, Wis. Admin. Code *State of Wisconsin Caregiver Program* (all are online at <http://www.legis.state.wi.us/rsb/code.htm>). Agencies under contract shall conduct background checks at their own expense.

**DEFINITION: EMPLOYEES AS CAREGIVERS (Wisconsin Caregiver Program Manual, <http://dhfs.wisconsin.gov/caregiver/pdffiles/Chap2-CaregiverBC.pdf>)**

A caregiver is a person who meets all of the following:

- is employed by or under contract with an entity;
- has regular, direct contact with the entity's clients or the personal property of the clients; and
- is under the entity's control.

This includes employees who provide direct care and may also include housekeeping, maintenance, dietary and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

This is to certify that \_\_\_\_\_  
(Name of Agency/Organization)

is in compliance with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and HFS 12 and HFS 13, Wis. Admin. Code *State of Wisconsin Caregiver Program*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**Cultural Diversity and Cultural Competence** : Milwaukee County Department of Health and Human Services (DHHS) is committed to the goal of cultural diversity and cultural competence in the workplace. DHHS considers the composition of ethnic/racial and gender makeup a high priority as it relates to board membership and staff positions of agencies and organizations receiving contract awards for the provision of human services.

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision making and service delivery.

For the purposes of this application, the definitions of cultural diversity and cultural competence are:

**Cultural Diversity** – The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.

**Cultural Competence** - A set of congruent behaviors, attitudes, practices and policies formed within a system, within an agency, and among professionals to enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

**CULTURAL COMPETENCE**

*ITEM #21*

Describe your proposed strategy for developing and maintaining Cultural Competence. Please provide specific examples of existing and/or proposed policies, procedures, and other practices promoting Cultural Competence. Identify specific actions taken by your agency during the previous year, if any, geared toward increasing Board and/or Staff diversity.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**CIVIL RIGHTS COMPLIANCE PLAN**

ITEM # 22

Consistent with the U.S. Department of Health and Human Services and the State of Wisconsin Department of Workforce Development and the Department of Health and Family Services, all contract recipients **are required** to submit a Civil Rights Compliance Plan (CRCP) or Letter of Assurance (LOA) within 120 days of effective date of contract. This is **mandatory** for all agencies that meet the criteria listed below. If Contractor has submitted the CRCP to the State, the State letter indicating approval of the Plan shall be accepted by Milwaukee County in lieu of the CRCP.

**Entire Civil Rights Compliance Plan**

- **Agency has 25 employees AND**
- **Agency has \$25,000 of combined revenues from the State and/or a County.**

Affirmative Action Plan	Exemption from Submitting Affirmative Action Plan (DOA 3024)	Equal Opportunity Policy	LEP Policy Statement	Discrimination Compliant Forms Process &	DOA Forms (Only if contracting directly with the State)
✓	✓ Applicable if agency has achieved balanced workforce, or has undergone an audit of its Affirmative Action Program within the last year. (Follow additional documentation guidelines set forth in DOA 3024.)	✓	✓	✓	✓ DOA Forms 3067 – Notice to Vendor Filing Information 3023 – Vendor’s Sub-contractor’s List

**Letter of Assurance (must conform with format on State website listed below)**

- **Agency has less than 25 employees OR**
- **Agency does not have \$25,000 of combined revenues from the State and/or a County.**

Letter of Assurance	CRCP Cover Title Page	Request for Exemption from Submitting Affirmative Action Plan (DOA 3024)
✓	✓	✓

Completion forms, instructions, sample policies and plans are posted on the State website at:

[http://dwd.wisconsin.gov/dfs/civil\\_rights/default.htm](http://dwd.wisconsin.gov/dfs/civil_rights/default.htm)

Submit to:

Jane Alexopoulos  
 Milwaukee County DHHS  
 Contract Administration  
 1220 West Vliet Street, Suite 109  
 Milwaukee WI 53205:

**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
ECONOMIC SUPPORT DIVISION  
HOUSING DIVISION**

**SECTION 2: PROGRAM APPLICATION**

**INSTRUCTIONS and FORMS**

Organizations exempt from income tax under Section 501(c) of the Internal Revenue Code are required to submit the most recent copy of their Internal Revenue Service (IRS) Form 990 with their corresponding CPA audit report.

Note: This does not apply to new agencies who have never filed IRS Form 990

**CERTIFIED AUDIT/BOARD APPROVED FINANCIAL STATEMENT**

Agencies not under contract with the DHHS should submit a copy of the agency's prior year certified audit or the most recent Board of Directors approved financial statement if an audit has not been performed for that year.

**NOTE:** Forms 1, 2, 2A, 3, 3S, 4, 4S, 5, 5A, and 6 – 6H are linked with one another (as applicable) and are located at:  
[http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/rfp2008/Budget\\_Forms\\_2008\\_JS\\_Final.xls](http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/rfp2008/Budget_Forms_2008_JS_Final.xls) These forms must be used in the format provided, and completed according to the “Instructions” tab. Any forms that have been altered will not be accepted, the item will be considered an omission in the application and will be scored accordingly during the review process. **Applicants have the option of completing the forms manually, as detailed in instructions below, but are STRONGLY encouraged to utilize the linked forms for greater convenience and accuracy. Additionally, all applicants are STRONGLY encouraged to submit budget forms electronically, in addition to submitting a hard copy, to dhhsca@milwcnty.com In the subject line indicate agency name, contract division (DSD, ESD, BHD, DCSD, or Housing) and “budget forms”.**

**FORMS 6, 6D-H - INDIRECT COST ALLOCATION PLAN**

All agencies and organizations applying for a Purchase of Service Contract with the DHHS are required to submit an Indirect Cost Allocation Plan for review and approval under the following conditions:

- a. the agency will provide more than one program or service for Milwaukee County
- b. the agency will provide one program or service for Milwaukee County and one or more other purchasers or funding sources and/or one or more other functions such as fundraising during the same period;
- c. the agency allocates costs for general and administrative expenses between itself and an affiliated agency or entity.

Describe the formula and/or the method used to allocate indirect costs to each program or service under contract.

**Recommended Order for Preparing Indirect Cost Allocation Plan Manually**

**Form 5.** Total Agency Expenses and Revenues Prepare Form 5, leaving “Control Account 9200” blank, using an individual column E for each DHHS program you are applying for.

**Form 6.** Indirect Cost Allocation Plan Prepare Form 6 from the amounts reported in Form 5, col. F. Assign the individual costs in column C to the individual cost pools in columns D through H.

**Forms 6D through 6H.** Allocation Basis Detail. Prepare the cost pool allocations from the related columns D through H on Form 6. Allocate indirect costs to the individual DHHS programs applied for based on the total allocation basis of the individual programs relative to that of the Agency as a whole.

**Form 3 – Anticipated Program Expenses Control Account 9200.** Prepare an individual Form 3 for each DHHS program you are applying for, regardless of which Division. For each program applied for, insert the total allocated costs from Forms 6D through 6H.

**Form 5.** Total Agency Anticipated Expenses Transfer the total allocated cost (Control Account 9200) from each of the Form(s) 3 to Form 5.

**Link to forms for download and manual completion:**

<http://www.county.milwaukee.gov/RFPInformation111327.htm>

## **FORMS 6, 6D-6H – INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS**

### FORM 6 Summary Sheet

Column C - Bring forward the total agency indirect costs for each Control Account from Form 5, Column F.

Column D - H -Assign the anticipated expenses from Column C to the cost pool(s) determined by the basis on which those indirect costs shall be allocated.

### FORMS 6D through 6H Cost Pool Allocation

Column C - Bring forward the total cost pool expenses for each Control Account from the related Form 6, Columns D through H.

TOTAL INDIRECT COSTS -Allocate the total agency indirect costs to the individual programs in columns D through L on the basis of the ratio of the allocation basis for the individual program to the allocation basis agency-wide.

**FORMS 2, 2A – INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS**

Use Form 2A only if an agency has fourteen (14) or fewer employees. For agencies with more than fourteen (14) employees, use multiple copies of Form 2 with Form 2A as the final page.

**Column 1 - Position Title**

Enter the title of each position with any portion of its time directly allocated to a Behavioral Health, Disabilities Services, Delinquency and Court Services, Housing, and/or Economic Support program. **There should be one entry per employee.**

Do not include information for Control Account Number 9200, Administrative Costs (Indirect Costs). If a position is vacant, list the title of the position and "vacant" under it.

**Column 2 - Code**

Refer to Form 3S (Anticipated Program Expenses Supplementary Sheet), Control Account No. 7000 and use the same number as the last digit of the Sub-Account Number which corresponds to the Account Description of salaries. (Example: 1 for Executive Salaries, 2 for Professional Salaries, 3 for Clerical Staff Salaries, 4 for Technical Salaries, 5 for Maintenance Employee’s Wages, 6 for Temporary Clerical Help, 7 for Student Stipends, and 8 for Other Staff Salaries . If an employee is included in more than one sub-account, use the primary sub-account number.)

**Column 3 - Ethnic/Race and Gender Codes**

In column 3 enter the code representing the race or ethnicity of the employee.

Ethnic/Race Codes:

- A: Asian or Pacific Islander
- B: Black
- H: Hispanic
- I: American Indian
- W: White

Gender Codes:

- F: Female
- M: Male

These classifications are uniform throughout the State Department of Health and Family Services and have been negotiated between the DHHS Affirmative Action/Civil Rights Compliance Office and the various Federal Offices of Civil Rights.

Value Definitions are:

**Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent, or the Pacific Islands. These include, for example, China, Japan, Korea, the Philippine Islands and Samoa.

**Black:** All persons having origins in any of the Black racial groups of Africa.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries.)

**American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal association or community recognition.

**White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

**Enter the letter "h" next to the ethnic code for any handicapped employee.**

A "handicapped individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any persons who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Has a record of such impairment, or:
3. Is regarded as having such impairment.

**Column 4 - Hours Per Week - Annual Salary**

Enter total number of hours worked per week for the agency, and the annual salary.

**Columns 5 through 9**

Salaries must be allocated by specific division programs, and by each disability/target group population, and by hours per week and yearly dollar amounts.

After all salaries are listed on Forms 2 and 2A, subtotal each column on Form 2/2A and calculate the percentage of fringe benefits and add to the subtotal. The column subtotals are carried forward to Form 3, 7000 salaries and 7100 Employee Health and Retirement Benefits, and Form 3S by Sub-Account, using Column 2 to determine the Sub-Account breakdown. If you have more programs than will fit on a page, use a separate sheet for each disability/target group.



**FORM 2C - YEAR 2009 EMPLOYEE HOURS - RELATED ORGANIZATION DISCLOSURE** *ITEM # 28*

For each employee of your agency who works for more than one related organization which may or may not be under contract to Milwaukee County, the total number of weekly hours scheduled for each affiliated corporate or business enterprise must be accounted for by program/activity.

“Related Organization” is defined as an organization with a board, management, and/or ownership which is (are) shared with the applicant organization.

Employee Name	Related Organization/ Employer	Program/Activity	Total Weekly Hours

Please check the statement below, sign and date the form if the above condition does not exist.

\_\_\_\_\_ No employee of the agency works for more than one related organization that may or may not be under contract to Milwaukee County.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**FORMS 5, 5A INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS**

- Column A - See detailed chart of accounts at [http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/MASTER\\_CHART\\_OF\\_ACCOUNTS.pdf](http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/MASTER_CHART_OF_ACCOUNTS.pdf) for account definitions.
- Column B - Fill in the 2007 Actual Expenses of the entire Agency by Control Account
- Column C - Fill in the 2008 Gross Budget of the entire Agency by Control Account as adopted by the agency's Board of Directors or owners of the agency.
- Column D - Enter the total 2009 projected annual cost of the entire Agency by Control Account as approved by the agency's Board of Directors or owners of the agency. Column D must equal the sum of the entries in Columns E through G.
- Column(s) E - Enter the 2009 projected annual cost of each individual program applied for by Control Account. Include a separate Column E for each program applied for in Disabilities Services Division, Housing, Economic Support Division and Delinquency and Court Services Division. These entries must agree to the amounts reported in each individual Form 3. If the Agency is applying for more than four (4) programs, use additional copies of Form 5 to report **all** programs applied for in **all** DHHS Divisions **individually**.
- Column F - Enter the 2009 projected annual indirect cost to be allocated to programs utilizing a cost allocation plan by Control Account.
- Column G - Enter the 2009 projected annual cost for other functions of the Agency, including fundraising, contracts with other governmental and non-governmental entities, and unallowable costs.

**FORM 5 – INSTRUCTIONS FOR MANUAL COMPLETION OF FORM**

Control Accounts – Refer to the Master Chart of Accounts, at [http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/MASTER\\_CHART\\_OF\\_ACCOUNTS.pdf](http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/MASTER_CHART_OF_ACCOUNTS.pdf) for a detailed listing of the accounts and account descriptions of costs included in each of the Control Accounts.

**Control Acct 9200 –**

- Column(s) E. Bring Forward the summation of allocated indirect cost for each program, for all cost pools, calculated on Forms 6D through 6H.
- Column F. Report the total indirect costs allocated to all programs and functions agency-wide as a negative amount.
- Column G. Report the total indirect costs allocated the programs and functions other than those reported in Column(s) E.
- Column D. Sum the total allocated indirect costs from Columns E, F and G.

**Profit Factor -**

Non-profit Agencies are not allowed a profit, or to budget for a Reserve, and this line will equal \$-0-.

For Profit entities are allowed under Wisconsin statutes and Administrative Code to retain a profit not to exceed statutory limits. Allowable profit can be calculated on Form 3. Bring the total allowable profit from this calculation forward to this line.

## COMPLETE SECTION 3 FOR EACH PROGRAM

A separate SECTION 3, PROGRAM DESIGN, must be completed **for each program** for which an agency is requesting funds. Agencies are required to submit a separate program design section for each program, **not for each site**. If the agency offers the program at more than one site, Items 33, 34, 37, 40, and 41 must be submitted **for each site**.

### PROGRAM ORGANIZATIONAL CHART

ITEM #30

Provide an organizational chart which shows, in detail, position titles and reporting relationships within the specific program being proposed. Include all positions for which funding is being requested.

### PROGRAM LOGIC MODEL

ITEM #31a

Use single words or short phrases to describe the following:

**Inputs**-List the physical, financial, and human resources dedicated to the program.

**Processes/Program Activities**-List the services to be delivered, **to include any required program content as described in the Program Requirements**.

**Outputs**-List the volume of processes/program activities to be delivered, **to include any required outputs listed in Program requirements**.

**Expected Outcomes**-List the intended benefit(s) for participants during or after their involvement with a program, **to include all “Expected Outcomes” listed in the Program Requirements**, as well as any additional outcomes already established for the program. If no “Expected Outcomes” are listed in the Program Requirements, applicant shall identify their own expected outcomes for the program. Applicant identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status.

**Indicators** –List the measurable approximations of the outcomes you are attempting to achieve, **to include any required indicators listed in the Program Requirements**. Indicators are the observable or measurable characteristics which indicate whether an outcome has been met. To be expressed by number and/or percentage.

For more examples of Inputs, Processes, Outputs, and Outcomes, see:

[http://county.milwaukee.gov/  
/ImageLibrary/User/jsponholz/Outcomes\\_Measurement\\_presentation\\_to\\_agencies.ppt](http://county.milwaukee.gov/ImageLibrary/User/jsponholz/Outcomes_Measurement_presentation_to_agencies.ppt)

**PROGRAM LOGIC MODEL**

ITEM # 31a

A	B	C	D	E	F	G		H
						For evaluation report		
Inputs	Processes/Program Activities	Outputs	Expected Outcomes	Indicators	Projected level of achievement	Actual level of achievement	Description of changes	
<i>example</i> Staff Clients Community sites (list major ones) Community living curriculum Transportation (vans)	Staff establish sites for community activities.  Staff and clients identify community interests.	32 unduplicated clients participated in 500 community living experiences.	Outcome 1: Clients increase awareness of community resources.	Number and percent of clients who demonstrate an increase in awareness of community resources, as measured by pre and post test scores	24 (75%) of clients will achieve the outcome			
	Staff arrange/coordinate transportation to/from community activities.  Staff facilitate community activities.		Outcome 2: Clients increase utilization of public and private services in their community.	Number and percent of clients who demonstrate an increase in utilization of public and private services in their community	24 (75%) of clients will achieve the outcome			
	Staff conduct pre and post activity workshops to teach and support clients' involvement in community life		Outcome 3: Clients generalize acquired skills to other home and community living situations	Number and percent of clients who generalize acquired skills to other home and community living situations	24 (75%) of clients will achieve the outcome			

**PROGRAM LOGIC MODEL**

*ITEM #31a*

A	B	C	D	E	F	G	H
Inputs	Processes/Program Activities	Outputs	Expected Outcomes	Indicators	Projected level of achievement	For evaluation report	
						Actual level of achievement	Description of changes

## PROGRAM NARRATIVE

ITEM #31b

Identify the name and number of the program for which you are requesting funding as it is identified in the *Year 2009 Purchase of Service Guidelines: Program Requirements*.

**Provide a narrative to adequately describe the program you are proposing. The Program Description Narrative MUST correspond with and derive from Item 31a, Program Logic Model. Refer to the *Year 2009 Purchase of Service Guidelines: Program Requirements* for all the required program components for the program you are proposing. In particular, each proposed program must include the “Expected Outcomes” for your program’s outcome requirements, any indicators given for the program, as well as all required service components, processes, and outputs. All programs must include the “Expected Outcomes” as detailed in the Program Requirements, but may include additional outcomes at their discretion. If no “Expected Outcomes” are listed in the Program Requirements, applicant shall identify their own expected outcomes for the program. Applicant identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status. Where indicated, programs must utilize indicators as they appear in the Program Requirements, OR applicant shall propose a minimum of one indicator for each “Expected Outcome”.**

Describe the agency's ability to provide this program, and the agency’s experience serving the targeted populations. Include any existing agency programs utilizing a similar service delivery system and the number of years the program has been in operation.

**PERFORMANCE ASSESSMENT FOR NEW APPLICANT AGENCY**

ITEM # 31c

For existing agencies (agencies with some history of operating activity) without current or recent-  
within last two years-DHHS contracting experience, complete and submit this form. **This document  
shall be completed by a prior fundor**, and is subject to verification.

Performance Assessment for (Agency)\_\_\_\_\_

From (Funding Source)\_\_\_\_\_

Please provide the following information relating to Agency's history with Funding Source.

1. Name of Program\_\_\_\_\_

2. When and for how long did Funding Source fund this program?\_\_\_\_\_

\_\_\_\_\_

3. Program volume: How many people did this program serve?\_\_\_\_\_

4. Target Population: What was the primary target population for this program?\_\_\_\_\_

\_\_\_\_\_

5. What was the dollar amount provided by Funding Source?\_\_\_\_\_ /year

6. What services were provided through this program?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Was this program funded through a federal, state or local funding stream under a cost  
reimbursement framework? (Y/N)\_\_\_\_\_

8. If no longer funding this program, why not?\_\_\_\_\_

\_\_\_\_\_

**PERFORMANCE ASSESSMENT FOR NEW APPLICANT AGENCY**

9. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget  
0                    1                    2                    3                    4                    5                    NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Achievement of established outcomes  
0                    1                    2                    3                    4                    5                    NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Timely submission of program reports  
0                    1                    2                    3                    4                    5                    NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Accurate submission of program reports  
0                    1                    2                    3                    4                    5                    NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signed, \_\_\_\_\_  
\_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

**PERFORMANCE ASSESSMENT FOR NEW APPLICANT  
ORGANIZATIONAL LEADERSHIP**

ITEM# 31d

For new agencies, or for agencies without a contracting history of any kind, complete and submit this form. A separate form should be submitted for the *head of the organization, senior fiscal and program staff*. **This document shall be completed by a prior fundor or by a prior employer**, and is subject to verification.

A separate form should be submitted for the *head of the organization and senior fiscal and program staff*. Please have a prior fundor or a prior employer complete the form(s).

Performance assessment for (Individual): \_\_\_\_\_

From (Agency) \_\_\_\_\_

Please provide the following information relating to Individual's history with Agency.

1. Individual's title \_\_\_\_\_

\_\_\_\_\_

2. When and for how long did Individual work for Agency? \_\_\_\_\_

\_\_\_\_\_

3. Program volume: How many people were served by this program? \_\_\_\_\_

What was Individual's role in program administration?

\_\_\_\_\_ Direct      \_\_\_\_\_ Indirect (supervision)      \_\_\_\_\_ Limited or none

4. Target Population: What was the primary target population for this program? \_\_\_\_\_

\_\_\_\_\_

5. What was the dollar amount provided by Funding Source? \_\_\_\_\_/year

What was Individual's role in fiscal management of the program?

\_\_\_\_\_ Direct      \_\_\_\_\_ Indirect (supervision)      \_\_\_\_\_ Limited or none

6. What services were provided through this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. If no longer funding this program, why not? \_\_\_\_\_

\_\_\_\_\_

**PERFORMANCE ASSESSMENT FOR NEW APPLICANT LEADERSHIP**

8. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0                    1                    2                    3                    4                    5                    NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Achievement of established outcomes

0                    1                    2                    3                    4                    5                    NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Timely submission of program reports

0                    1                    2                    3                    4                    5                    NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Accurate submission of program reports

0                    1                    2                    3                    4                    5                    NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signed,

\_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

**2009 PROVIDER APPLICATION SITE INFORMATION**

ITEM #32

Providers offering services at more than one location must provide the following information for each site:

Agency Name:	Site Name:
Site Address:	City/State/Zip:
Site Contact Person:	Title:
Phone:	Email:
Fax:	

Describe differences in programs or services available at this site:

Total number of unduplicated consumers you are presently able to serve at any one time: \_\_\_\_\_

Total number of unduplicated consumers you are currently serving: \_\_\_\_\_

Please check if your agency provides the following at this site:

- Programs for men     Programs for women     Programs for men & women
- Services for pregnant women
- Services for families with children                       Childcare provided
- Services for Persons Involved in the Criminal Justice System
- Services for the Developmentally/Physically Disabled
- Services for persons with co-occurring mental health and substance use disorders

Hours of operation:     for specific program     for all programs at this site

- Monday:
- Tuesday:
- Wednesday:
- Thursday:
- Friday:
- Saturday:
- Sunday:
- Emergency contact available 24 hours  Emergency number \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## **STAFFING PATTERN**

*ITEM #33*

Describe the staffing pattern and its relationship to the volume of clients or services to be provided. Describe in terms of staff to client ratios, client volume or case load per staff, or how many staff are needed to perform a particular activity. Any program with the potential to require 24-hour coverage must submit a detailed description of how, by staff position, coverage will be provided. Provide a description of your agency's proposed strategy for handling fluctuations in staffing needs. Please cite specific examples. Examples may include, but are not limited to: referral networks, flexible staffing, on-call staff, or "pool" workers, and other strategies to expand or reduce physical or staff capacity due to crisis, variations in client volume, or other staffing emergencies.

Agencies providing services at more than one site must include a description of the staffing pattern for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.

**YEAR 2009 STAFFING REQUIREMENTS**

ITEM # 34

Indicate the number of staff necessary to achieve your proposal objectives, considering only direct staff, as indicated by codes 02 and 04 on Forms 2 and 2A. Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A. Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). **Complete the attached roster for current staff working in each program for which an application is being submitted.** If the position is unfilled at the time of application submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled.

PROGRAM \_\_\_\_\_ 2009 PROGRAM No. \_\_\_\_\_

POSITION \_\_\_\_\_ # POSITIONS NEEDED \_\_\_\_\_

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job).

Annual tuition reimbursement granted for this position: \$ \_\_\_\_\_

Annual turnover for *this position*, as measured by Total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this application divided by the Average number of employees in this position for the twelve months prior to completing this application (show calculation): \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_

For Behavioral Health Division applications, include copies of staff licenses, certifications and diplomas.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**CURRENT PERSONNEL ROSTER – DIRECT SERVICE**

Employee Name	Position/ Title	Academic Degrees	Licenses / Certificates	# Program related in-service / continuing education hours completed in previous year	Years of experience in related field	Years of exp. with physically disabled clients as a target pop.	Years of exp. with visually impaired clients as a target pop.	Years of exp. with hearing impaired clients as a target pop.	Y e cli E pr
		Please use the item#35 provided in a separate file . Thanks							

**Certification Statement Regarding Provider Credentials**

The contractor certifies the following: (1) all providers’ licenses and certificates as listed above are current and valid; (2) providers are current and up-to-date with all training requirements as required by the State of Wisconsin; (3) the agency has a system in place to verify providers’ credentials and completion of required education and training; and (4) the agency maintains all provider credentials on file and agrees to make these documents available for review upon request by Milwaukee County DHHS.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_



The proposed program shall have a performance improvement process in place, including, at a minimum, the measurement of outcomes and the analysis and improvement of the service delivery process. It can demonstrate the use of performance improvement information to improve service delivery and program management.

*For additional information regarding DHHS expectations and technical assistance for outcome measurement, please refer to [http://county.milwaukee.gov/ImageLibrary/User/jsponholz/Outcomes\\_Measurement\\_presentation\\_to\\_agencies.ppt](http://county.milwaukee.gov/ImageLibrary/User/jsponholz/Outcomes_Measurement_presentation_to_agencies.ppt)*

**For applicants with a current contract with DHHS, Program Evaluation will be scored based on the prior year's Evaluation Report. Specifically, scoring will be based on compliance with submission deadline, required content, and overall findings.**

For all applicants (agencies with and without current DHHS contracts),

**Using column F of your Program Logic Model (Item 31a), identify the number and percentage of participants you project will achieve each "Expected Outcome" for each program proposed.** Using the Program Logic Model, the evaluation reports must consider actual outcomes achieved against outcomes projected in the logic model, must include a copy of the measurement tool (pre/post test, etc.) used to measure the achievement of the outcome, and must include a narrative describing modifications to program and/or indicator and/or projected level of achievement for future reporting periods, based on the findings of the evaluation.

Describe methods of data collection proposed. Describe how consumers and community members are integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

**All contract agencies are required to submit semi-annual evaluation reports based on their Evaluation Plan for respective programs. Evaluation Reports must also report all applicable process and output measures as described in the 2009 Purchase of Service Guidelines: Program Requirements. The reports are due January 31<sup>st</sup> and July 31<sup>st</sup> respectively. Delinquency and Court Services Division requires a single annual report for the period 7/1/2008 – 6/30/2009. The report is due August 1, 2009.**

**The evaluation reports should be submitted to the following persons:**

***Behavioral Health:***

Rochelle Landingham  
Contract Services Coordinator  
Behavioral Health Division  
9455 West Watertown Plank Road  
Milwaukee, WI 53226

***Economic Support:***

Judy Roemer-Muniz  
Contract Services Coordinator  
Economic Support Division  
1220 West Vliet Street, Suite 109  
Milwaukee, WI 53205

***Housing:***

James Mathy  
Special Needs Housing Manager  
9201 Watertown Plank Road  
Milwaukee, WI 53226

***Delinquency and Court Services:***

David Emerson  
Contract Services Coordinator  
MC Children's Court Center  
10201 Watertown Plank Road  
Wauwatosa, WI 53226

***Disabilities Services:***

Jane Alexopoulos  
Contract Services Coordinator  
DHHS Contract Administration  
1220 West Vliet Street, Suite 109  
Milwaukee, WI 53205

**ETHNICITY DEFINITIONS**

1. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
2. **Black:** All persons having origins in any of the Black racial groups in Africa.
3. **Hispanic:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain and other European countries.)
4. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and those persons who maintain cultural identification through tribal affiliation or community recognition.
5. **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

**HANDICAPPED DEFINITIONS**

A handicapped individual is defined pursuant to Section 504 of the Rehabilitation Act of 1973.

1. Any person who has a physical or mental impairment which substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Any person who has a record of such impairment; or,
3. Any person who is regarded as having such impairment.

Describe your data source for completing this form. If your projected client composition differs from your previous year's actual client composition, describe the basis for the difference.

**2009 CLIENT CHARACTERISTICS CHART**

Agency Name \_\_\_\_\_

Disability/Target Group \_\_\_\_\_

Program Name \_\_\_\_\_

2009 Prgm No. 

Facility Name &amp;

Address \_\_\_\_\_

CY 2009 Estimated

**1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide a narrative explanation:**

2. Age Group:

	Number	Percent (%)	Prior year actual
a. 0 - 2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20			
e. 21 - 35			
f. 36 - 60			
g. 61 & over			
<b>TOTAL</b>			

3. Sex:

	Number	Percent (%)	Prior year actual
a. Female			
b. Male			
<b>TOTAL</b>			

4. Ethnicity:

	Number	Percent (%)	Prior year actual
a. Asian or Pacific Islander			
b. Black			
c. Hispanic			
d. American Indian or Alaskan Native			
e. White			
<b>TOTAL</b>			

5. Other:

	Number	Percent (%)	Prior year actual
a. Handicapped individuals			
b. Not applicable			

<b>TOTAL</b>			
--------------	--	--	--

<b>Date Submitted:</b>	
------------------------	--

Rev 6/07

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be Served per Year.

## FORM 1 - PROGRAM VOLUME DATA – INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS

Download Form 1 at:

<http://www.county.milwaukee.gov/RFPInformation111327.htm>

***Programs funded by site must include separate forms for each site.***

AGENCY NAME - Enter the legal name of the Agency.

NAME AND ADDRESS OF PROGRAM SITE - Enter facility name and address. This is required only if the agency provides a service at more than one location. A Form 1 must be completed for each site (address) if the agency is reimbursed by site.

AGENCY FEDERAL TAX ID NUMBER - Specify the agency's tax status Federal Identification Number.

PROGRAM NAME - Enter the **program name and number** identifying programs exactly as they are identified in the *Year 2009 Purchase of Service Guidelines: Program Requirements*.

NUMBER OF PROGRAM OPERATING DAYS, HOURS AND CASES/CLIENTS -For direct service or client specific programs, this should represent the actual number of days per week and number of hours per day when services are being provided, and the number of cases (clients) per year that will be seen or provided services.

TYPE OF UNIT - Place an X in the box for an appropriate unit type (day, hour, 1/4 hour or other) on which Units of Service are calculated.

**NOTE:** Only one unit type can be indicated.

Column A: TOTAL PROGRAM UNITS - Specify the number of service units to be provided to each funding source listed in rows 1 to 2. Row 3 equals the total units entered in rows 1 to 2. Specify the Budgeted units for 2008 in row 4 and Actual units for 2007 in row 5. In case you are a new provider and have not provided these services to Milwaukee County in prior year please leave these rows blank.

Column B: PROGRAM COST BY FUNDING SOURCE - Indicate and allocate the total program cost to each of the funding sources listed in rows 1 to 2. Row 1 will match the DHHS funding from Form 3 and row 2 will match the other revenue from Form 3. Row 3 equals the total cost by funding source entered in rows 1 to 2, and should equal the total cost reported on Form 3. Similar to Column A in row 4 please enter the 2008 Budgeted cost for the program and in row 5 entered the 2007 actual cost of the program. In case you are a new provider and have not provided these services to Milwaukee County in prior year please leave these rows blank.

Column C: COST PER UNIT - Indicate the cost per unit for providing services to each of the funding sources and year as in row 4 and 5. Column C equals Column B divided by Column A.

## FORMS 3 and 3S – ANTICIPATED PROGRAM EXPENSES

ITEM #40

### INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS

Download forms 3 and 3S at: <http://www.county.milwaukee.gov/RFPInformation111327.htm>

***Programs funded by site must include separate forms for each site.***

1 - 4 Name of Agency and **Program Name and Number**: Identifying information. Complete as explained for Form 1.

### **FORM 3 - ANTICIPATED PROGRAM EXPENSES**

Column A - See detailed chart of accounts, at [http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/MASTER\\_CHART\\_OF\\_ACCOUNTS.pdf](http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/MASTER_CHART_OF_ACCOUNTS.pdf) for account definitions.

Column B - Fill in the 2009 Gross Budget by Control Account as adopted by the agency's Board of Directors or owners of the agency.

Column C - Enter the total 2009 projected annual cost by Control Account as approved by the agency's Board of Directors or owners of the agency.

FROM FORM 4, BRING FORWARD TOTAL NON-DHHS CONTRACT REVENUE TO THE CORRESPONDING LINE ON FORM 3.

### **FORM 3S - ANTICIPATED PROGRAM EXPENSES SUPPLEMENTAL SHEET**

A supplemental Form 3S is to be used for each Control Account used on Form 3. A supplemental Form 3S is to be used to substantiate the amounts listed in Columns B and C. List only those Sub-Accounts actually used in the Control Account.

On Form 3S, specify by number of each Sub-Account with the corresponding Account Description in Column A; list the 2008 Gross Budgeted amount for each Sub-Account in Column B and the projected 2009 amount in Column C.

### **SPECIAL INSTRUCTIONS FOR CONTROL ACCOUNT NUMBER 8000: PROFESSIONAL FEES**

In addition to specifying on Form 3S, individual Sub-Account descriptions and budget amounts for each type of Professional Fee expense, include as an addendum to Form 3S, a copy of the actual memorandum of agreement between the agency and the person/agency providing a consultant-type service under the Professional Fee category. The memorandum of agreement should specify the name of the consultant, a description of the consultant functions, the projected number of consultation hours for the year and the hourly/monthly rate (whichever is appropriate.)

## FORMS 4 and 4S – ANTICIPATED PROGRAM REVENUE

ITEM #41

### INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS FORMS 4 and 4S

Download forms 4 and 4S at: <http://www.county.milwaukee.gov/RFPInformation111327.htm>

*Programs funded by site must include separate forms for each site. Each Form 4 will appear as a separate column E on Form 5A.*

1 - 4 Name of Agency and **Program Name and Number**: Identifying information. Complete as explained for Form 1.

### **FORM 4 - ANTICIPATED PROGRAM REVENUE**

Column A - See detailed chart of accounts, at [http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/MASTER\\_CHART\\_OF\\_ACCOUNTS.pdf](http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/MASTER_CHART_OF_ACCOUNTS.pdf) for account definitions.

Column B - Fill in the 2009 Gross Budgeted Revenues by Control Account. Total the Budgeted Revenue on the line provided. Total Revenue should equal Total Expenses including profit on Form 3.

Column C - Fill in the anticipated 2009 Revenues by Control Account as in Column A. The rest of the procedure for Column C is identical to that for Column B.

### **FORM 4 S - ANTICIPATED PROGRAM REVENUE SUPPLEMENTAL SHEET**

For each Control Account used on Form 4, use a supplemental Form 4S, to substantiate the amounts in Columns B and C. List only those Sub-Accounts actually used in the compilation of the Control Account. On Form 4S, specify by number each Sub-Account with the corresponding Account Description in Column A, list the 2008 Gross Budgeted Revenue for each Sub-Account in Column B, and the projected revenue amount for 2009 in Column C.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**OVERVIEW OF PROPOSAL REVIEW PROCESS**

**PROPOSAL REVIEW EVALUATION CRITERIA**

**QUALITY ASSURANCE**

# MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES REQUEST FOR PROPOSAL PROCESS AND REVIEW OF PROPOSALS

## I. Overview of the Request for Proposal Process

The Department of Health and Human Services' Request for Proposal (RFP) process begins with the preparation of the *Purchase of Service Guidelines: Program Requirements and Technical Requirements*, the mailing of an 'Interested Parties' letter to all current contractors and interested parties on the Department of Health and Human Services (DHHS) mailing list maintained by Contract Administration, and, the publication of media announcements in six community newspapers.

Following the proposal review process outlined in the *Technical Requirements*, contract award recommendations are presented for review and recommendation to the County Board Committee on Health and Human Needs. The County Board of Supervisors may modify or reject the funding recommendations, and the County Executive may veto, in part or in whole, the County Board's action.

## II. Proposal Review Panel Selection and Representation

### A. Proposal Review Panel Selection

Proposals to provide services under a purchase contract for the Department of Health and Human Services shall be evaluated by panel members with familiarity and/or experience in the field of social/human services. Panel members and their immediate families (Spouse, Parent, Child, Sibling or Significant Other) may not have any familial, official, board member, employment, fiduciary or contractual relationships with organizations currently funded by Milwaukee County in the program area for which the applicant has applied, or hold any ownership, contractual or employment interests in the applicant or its subsidiaries under consideration. At the discretion of DHHS division administrators, respective program, quality assurance and contract administration staff will serve on review panels. Staff will not comprise the majority of panel members. Outside panel members will be selected from various sources including the following:

- community volunteers and representatives;
- representatives of professional and educational organizations;
- representatives of community councils and advocacy organizations.

Recommendations of persons to serve on proposal review panels are welcome from appropriate governmental entities, i.e., Disadvantaged Business Development Department, etc.

### B. Proposal Review Panel Representation

Panel representation to review proposals submitted for contract recommendations shall include:

- minority and culturally diverse representation;
- consumer/service recipient representation or their guardians, if applicable.

The primary role of Department of Health and Human Services program division staff shall be to serve in a consulting capacity to panel members. Respective division staff shall convene the panel at a specific time and place to discuss the review process in a group setting, and, following the review, to finalize the proposal ratings prior to averaging the scores. Staff, as consultants, shall provide responses to program and procedural information including:

- past performance of an applicant;
- applicant's problem solving and responsiveness to issues;
- program knowledge;
- program needs; and,
- program outcomes and performance reviews.

Using the established review criteria, representatives participating on a review panel will score each proposal independently on a preliminary basis, with the final proposal analysis reporting an average score of the proposal.

1. Panel representation for **more than one proposal** submitted to provide the same program or service for the DHHS will include a **minimum of three members**. The panel shall be comprised of as broad a base of community, minority and culturally diverse, consumer/service recipient representation as possible. Based on the discretion of division administrative staff, or on program factors, number of proposals submitted, and minority and culturally diverse representation, etc., panels may be comprised of more than three members including one program or quality assurance staff, and one contract administration staff. Staff will not comprise the majority of panel members.
2. Panel representation when **only one proposal** is submitted per contract to provide a particular program or service will be **no more than two members** comprised of as broad a base of community, minority and culturally diverse, consumer/service recipient representation as possible. The panel for only one proposal submitted to provide a program or service may be comprised of one community representative.
3. Though there is not a competitive review process for programs and services purchased by the DHHS on a multi-year funding cycle or designated provider agencies, the agencies submitting proposals for all divisions are required to submit application items identified in the *Purchase of Service Guidelines: Technical Requirements*. Program, quality assurance and/or contract administration staff will perform a screening of items submitted by agencies in this category.
4. If an agency with a current contract is the only applicant for the same program only an internal review and scoring will take place.

### III. **General Guidelines**

- A. The role of the review panel is to rate proposals against the published scoring criteria. These ratings are forwarded to division administrators who may accept or dispute them. If a division administrator disputes an evaluation panel's scoring, the panel shall be apprised of the item in dispute, the related criterion and the basis for the dispute. The

panel shall then be reconvened to discuss and evaluate the basis for the dispute and make a determination to uphold or modify their original rating based on any new information presented. Any alteration to the panel's scoring of a proposal shall be noted in the report to the Milwaukee County Board of Supervisors when a contract recommendation is made by the Division Administrator.

- B. The primary measure of the quality of the applicant's proposal will be specific examples of successful previous experience which relates to the various items in the proposal. Successful previous experience will be measured and scored based on the current and recent county contract performance of applicants, or, for new applicants, current and recent non-county contract performance, or, for new organizations, the current and recent experience of senior staff at applicant's agency.
- C. The review process may include verification of assertions made by the applicant in the proposal.
- D. Reviewers will score proposals against the published criteria, and will not consider non-published criteria.
- E. Criteria to be considered in evaluating proposals include the applicant's ability to provide the proposed program, the applicant's proposed program relative to that proposed by other applicants, and the applicant's proposed cost to provide the program or service compared to the cost proposed by other qualified applicants.
- F. For omissions of requested items, applicants will have scores reduced to 0 for any corresponding review line item, or for requested items which do not have an associated review line item, will receive a reduced score under the "Administrative Ability" section. However, omission of certain requested items may result in proposals not receiving any further consideration.
- G. Division Administrators and/or the Health and Human Needs Committee of the County Board of Supervisors may consider factors other than scoring in making contract awards.

#### **IV. Proposal Evaluation Criteria for ALL contract divisions**

- A. **Administrative Ability - 12 points.** The applicant demonstrates evidence of administrative capacity to meet federal, state, and county administrative requirements. Applicant demonstrates an ability to provide timely and accurate monthly client and financial reports. Applicant demonstrates an ability to be responsive to crisis situations, including, but not limited to, variations in client referral volume and serving exceptional cases.

In scoring proposals, for agencies currently under contract with DHHS, reviewers will consider the on time and accuracy rate of applicant in prior year's required submissions. For new applicants, reviewers will consider the on time and accuracy rate of applicant as described by the person providing the required Performance Assessment report (item 31c or 31d). Additionally, in scoring proposals for Administrative Ability, reviewers will consider the accuracy and completeness of the proposal. Inaccurate or incomplete proposals will receive reduced scores.

In scoring Administrative Ability, reviewers will consider the size, structure, experience, and independence of the board of directors and officers.

The applicant shall describe its history, if any, as well as proposed strategy for handling crisis situations, as defined above, using specific examples. For full points, applicant must have an existing system in place that addresses crisis situations. For applicants without previous experience handling crisis situations, proposal will be scored based on the quality of proposed strategy. Examples of strategies to respond to crisis situations can include, but are not limited to: referral networks, flexible staffing arrangements-such as contingency workers, on call staff, or "pool" workers, and other strategies to expand or reduce physical or staff capacity.

Administrative Ability will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

- B. **Budget Justification - 13 points.** The applicant provides a budget that is accurate, clear, and in sufficient detail. The budget effectively and efficiently supports the level of service, staffing, and the proposed program. The applicant's proposed cost to deliver the service, compared to other applicants, reflects the quality and quantity of service to be provided. The reviewer's analysis will include: unit cost comparisons and/or budget overview, total number of units of service to be provided, any limitations on the total number of clients to be served during the contract period.

Budget Justification will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

- C. **Cultural Diversity and Cultural Competence - 9 points.** The program takes actions that show its commitment to the goals of cultural diversity and cultural competence in the workplace, including diversity in staffing practices and Board/committee composition as well as serving a culturally diverse population in a culturally competent manner.

In evaluating Cultural Diversity in proposals, reviewers will consider the representation of racial and cultural minorities in board and staff relative to the representation of racial and cultural minorities in the projected target population, as measured by data on forms Board of Directors, Owners, Stockholders Demographic Summary (Item 5), Client Characteristic Chart (Item 38) and Employee Demographics Summary (Form 2B, Item 27). For full points, applicant must demonstrate a ratio of board and staff which is greater than or equal to the ratio of racial and cultural minorities in the projected target population. If applicant receives less than full points for this item, one point will be added to the score if the applicant can demonstrate proof of specific action(s) taken within the previous year geared toward increasing board or staff diversity. The action(s) taken must be supported with documentation.

In evaluating Cultural Competence in proposals, reviewers will consider the applicant's proposed methods for developing and maintaining Cultural Competence as well as the applicant's history of performance in this area. Applicant must provide specific examples of existing and/or proposed policies, procedures, and other practices, if any, which promote Cultural Competence. For full points, applicant will have a history of promoting Cultural Competence. Examples of acceptable policies, procedures, and practices can include, but are not limited to: providing inservice or other training, or

involvement of consumers in policy-making, planning, service delivery, and/or evaluation.

Cultural Diversity and Cultural Competence will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

- D. **Previous Experience – 13 Points.** The applicant's experience demonstrates the ability to provide the proposed service to the target group. For applicants without prior Milwaukee County experience, information will be gathered from Performance Assessments provided by the applicant following a prescribed format. Documented non-performance or noncompliance under previous contracts will be taken into consideration.

In evaluating experience in proposals, reviewers will consider:

Past Service Experience with similar contracts. Similarity to be measured by looking at specific, detailed examples of **successful** current or recent contracts in terms of: 1) program volume, 2) target population, 3) dollar amount of contract, and 4) service mix. For full points, applicant currently successfully operates a program which meets or exceeds these four criteria. In evaluating "success" reviewers will consider the content of evaluation and other program reports, as well as Quality Assurance findings and corrective action plans, as applicable.

Previous Experience will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

- E. **Mission– 5 Points.** The applicant has a clear and distinct mission and goal statement for its agency which is aligned with that of the contract division applied to.

Mission and Goals will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

- F. **Outcomes and Quality Assurance – 13 Points.** The proposed program has a performance improvement process in place, including, at a minimum, the measurement of outcomes, the analysis and improvement of the service delivery process, and consumer/community evaluation and feedback. It can demonstrate the use of performance improvement information to improve service delivery and program management. The applicant demonstrates the ability to provide adequate quality assurance procedures. In addition, the applicant shows an ability to provide ongoing outcome development, measurement, and reporting of the service(s) being provided. Optimal evidence of ability would include specific examples of previous outcome measurement and quality assurance activities. Applicant shall describe existing outcome measurement and quality assurance methodology to include the elements listed below. For full points, applicant must have previous experience implementing outcome measurement and quality assurance procedures which include all the elements listed below. For applicants without previous outcome measurement experience, scoring will be based on the quality of the proposed plan. ***For additional information regarding DHHS expectations and technical assistance for outcome measurement, please refer to*** [http://county.milwaukee.gov/ImageLibrary/User/jsponholz/Outcomes\\_Measurement\\_presentation\\_to\\_agencies.ppt](http://county.milwaukee.gov/ImageLibrary/User/jsponholz/Outcomes_Measurement_presentation_to_agencies.ppt)

**Program outcomes must reflect those specified in the respective Purchase of Service Guidelines Program Requirements. Indicators and methods of measurement must reflect those specified in the respective Purchase of Service Guidelines Program Requirements, as applicable.** If none are specified, applicant shall propose their own.

- Applicant shall identify indicators and methods of data collection and measurement for each outcome where not specified in the Program Requirements.
- Indicators shall be expressed in terms of numbers and percentages of participants achieving the related outcome, as proposed by the applicant in Item 31a.
- The evaluation section of the application should outline who will conduct the evaluation, what data will be collected, and what forms or assessment tools will be used.

In order to receive full points for this item, applicant will have submitted evaluation reports on time and with all required elements for the previous contract year (for existing agencies), or shall be identified in the Performance Assessment as having met or exceeded expectations for “accurate submission of program reports” and “timely submission of program reports” (for agencies without current or recent DHHS contracting experience).

Applicant is creative and progressive in service delivery approaches that will enhance the quality of services, as measured by specific examples of using evaluation or other outcome data to make program improvements, or by giving specific examples of introducing new program strategies which are research supported (evidence based).

Outcomes and Quality Assurance will also be scored based on reviewers’ prior experience, if applicable, with applicant relating to these criteria.

**G. Service Plan and Delivery – 23 Points.**

Evaluation and scoring of the Service Delivery Plan will consider its:

- Consistency with program objectives as defined by DHHS in the Year 2009 Purchase of Service Guidelines Program Requirements and the contract agency.
- Rationale and theories supporting the program activities. Applicants should use research or other evidence-based support for their program model.

There is a performance improvement plan, which includes measurement of outcomes, and demonstrated use of performance information to improve services and program management. For full points, applicant must describe service delivery in terms of inputs, processes, outputs, and outcomes, and indicators as described in Items 31a and b.

Service Delivery Plan will also be scored based on reviewers’ prior experience, if applicable, with applicant relating to these criteria.

- H. **Staffing Plan – 12 Points.** The applicant demonstrates an ability to provide effective staffing and agency oversight, including board review and direct service staff supervision. Staffing levels are adequate, and staff are adequately compensated. Staff are licensed and certified as appropriate, or meet other required qualifications. Direct service staff are appropriately experienced. Applicant's turnover rate of direct service staff and training for direct service staff will be compared and ranked against the other applicants' proposals. Compensation of lowest paid staff will be compared and ranked against the other applicants' proposals.

Applicant must include average years of experience and turnover rate for direct service staff. For new agencies without a prior contracting history of any kind, applicant must indicate the required years of experience for direct service staff proposed for the program. Applicant must indicate what type of training is available to staff, including in-service training, tuition reimbursement (if applicable) benefits and utilization, and other training activities such as conference attendance, etc. For full points, applicant must indicate the specific type and quantity of training available and utilized by direct service staff during the previous year, and the type and quantity is appropriate.

Staffing Plan will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

**TOTAL SCORE                      100 POINTS**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
QUALITY ASSURANCE**

When an applicant has been awarded a contract, all application material submitted is organized into an agency master file that becomes part of the contract with the Department of Health and Human Services. The master file is also the primary source document for each agency contract and is an integral part of ongoing quality assurance activities. Once the master file is established, it is the contractor's responsibility to automatically update any information contained therein at the time any change/revision occurs.

Quality assurance activities help to ensure the appropriate expenditures of public funds and the provision of quality services. Quality assurance activities may include, but are not limited to:

- Review of annual and semi-annual evaluation reports submitted by the agency.
- Sampling of clients/participants served through participant interviews, client interviews, surveys/questionnaires, case file reviews, and/or service verification.
- On-site verification of compliance with the posting of the following documents: (a) participant/client rights, (b) non-discrimination policies.
- On-site monitoring of compliance with governmental and contractual requirements related to the provision of services.
- On-site monitoring of a contractor's organization and management structure, fiscal accountability and/or verification of services provided.