

INVITATION TO RFP

Sealed RFPs, subject to the conditions contained herein, will be received by the ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES until 3:00 P.M., local time on Tuesday, February 16, 2010 and then opened and read for:

Disability Services Specialist

RFP- # 2010-004

Specifications MUST be RECEIVED from the Oneida County Contract Administration Office at 315-798-5260, mail request to Oneida County Department of Social Services, Contract Administration, 4th Floor, 800 Park Avenue, Utica, NY 13501, or located on the Oneida County website at <http://www.ocgov.net> (public notice section.)

Copies of the described RFP may be examined at no expense at the Oneida County Contract Administration.

Sealed RFPs must be returned on the form furnished. The return envelope must be clearly marked with the RFP # and addressed to the Oneida County Contract Administration.

The owner reserves the right to reject any or all proposals received.

The County of Oneida, in order to promote its established Affirmative Action Plan, invites sealed bids from minority groups. This policy regarding sealed bids and contracts applies to all persons without regard to race, creed, color, national origin, age, sex or handicap.

Lucille Soldato
Commissioner of Social Services

Dated: Wednesday January 20, 2010

ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES

REQUEST FOR PROPOSALS

FOR

DISABILITY SERVICES SPECIALIST

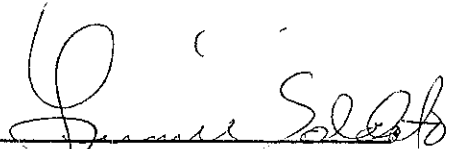
ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES

800 PARK AVENUE

UTICA, NEW YORK 13501

LUCILLE A. SOLDATO, COMMISSIONER

DATE: 1/14/10



Lucille A. Soldato, Commissioner
Oneida County Department of Social Service

reference 2010-004

ONEIDA COUNTY DEPARTMENT of SOCIAL SERVICES
FUNDING OPPORTUNITIES

APPLICATION COVER PAGES

Applicants for funds for this program should submit an original and five (5) copies of your application cover pages, proposed budget, and narrative, paper to:

Lucille A. Soldato, Commissioner
Oneida County Department of Social Services
800 Park Avenue
Utica, New York 13501

ATTENTION: Tamatha Stoetzner,
Contract Administration, 4th Floor

1. Please provide the following information about your organization:

Name of Organization: _____

Street Address/P.O. Box: _____

County _____ City _____ State _____ Zip Code _____

2. Amount of funds requested: _____

3. Who should we contact with questions about this application?

Name _____

Title _____

Telephone Number (Include Area Code) _____

4. What is your organization's Federal Employer Identification

Number? _____

5. Please provide the names and telephone numbers of (3) references. Please include the relationship of each reference to your organization.

A) _____
Name Telephone Number Relationship to Organization

Agency (if applicable)

B) _____
Name Telephone Number Relationship to Organization

Agency (if applicable)

AGREEMENT:

It is understood and agreed to by the applicant that (1). This RFP does not commit the Oneida County Department of Social Services (the Department) to award any contracts, pay the costs incurred in the preparation of response to this RFP, or to procure or contract services. (2). The Department reserves the right to amend, modify or withdraw this RFP and to reject any proposals submitted, and may exercise such right at any time and without notice and without liability to any offeror or other parties for their expenses incurred in the preparation of a proposal or otherwise. Proposals will be prepared at the sole cost and expense of the offeror. (3). The Department reserves the right to accept or reject any or all proposals, which do not completely conform to the instructions given in the RFP. (4). Submission of a proposal will be deemed to be the consent of the applicant to any inquiry made by the Department of third parties with regard to the applicant's experience or other matters relevant to the proposal. (5) Funds granted for this project will be used only for the conduct of the project as approved. (6). The grant may be terminated in whole, or in part, by the Department. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (7). Funds will not be advanced. (8). Any significant revision of the approved project proposal will be requested in writing by the grantee prior to enactment of the change. (9). Progress reports will be submitted as required by the Department. The final program and financial reports will be submitted within a specified time period after the project terminates. Necessary records and accounts, including financial and property controls, will be maintained and made available to the Department for audit purposes. (10). All reports of investigations, studies, publications, etc. made as a result of this proposal will acknowledge the support provided by the Department. (11). All reports of investigations, studies, publications, etc. made as a result of this proposal information concerning individuals served or studies under the project is confidential and such information may not be disclosed to unauthorized persons. (12). The Department reserves a royalty free non-exclusive license to use and to authorize others to use all copyrighted material resulting from this project.

The applicant certifies that to the best of his/her knowledge and belief the information in this application is true and correct, and that he/she will comply with the above agreement if the grant is received.

(Signature of official authorized to sign for applicant) (Date)

(Typed Name and Title)

SECTION 1: PURPOSE

- 1.1 The County of Oneida Department of Social Services is seeking proposals for Disability Service Specialists. The awarded agency should provide (2) two Disability Services Specialists which have expertise in working with individuals with disabilities and a thorough understanding of the Social Services system and resources in the community.**

Primary duties will include assessment, orientation to Department of Social Services regulations, determination of employability status, provide explanation of any determinations and completing DSS forms relating to disabilities and releases, obtaining and evaluating medical reports for adults with disabilities within 90 days of Family Assistance case opening. Identify, refer and monitor SSI candidates for assistance in obtaining Federal benefits.

The two Disability Services Specialists will be co-located at the Department of Social Services to perform said services in both Utica and Rome Offices. The Specialists will be under the provider's supervision with oversight of the Department of Social Services Director of Employment.

- 1.2 The County of Oneida is seeking qualified cost-effective program to work collaboratively as we seek these SPECIFIC OUTCOMES for the Disability Services Specialists.**
- Engage 50 clients per month in approved Work Activities that will assist in achieving participation hours, while seeking employment and self-sufficiency.**
 - Establish employability status and provide explanations for determinations made for each Family Assistance applicant and reestablish for recipients as needed.**
 - Refer 20 appropriate Family Assistance recipients to programs to assist with obtaining SSI Disability benefits per year.**
- 1.3 As part of the Request for Proposal, the County will be using an outcome-based approach for the review, selection, and operation of this service.**
- 1.4 Of particular interest to the County are proposals that offer collaborative efforts, continuity of service, and staff stability.**

SECTION 2: QUALIFICATION OF PROPOSER

Evidence of the following qualifications must be included in the proposal materials:

- 2.1 Qualification to do business in New York State or a covenant to obtain such qualification prior to the execution of a contract.**
- 2.2 Written approval as a not-for-profit organization in New York State.**
- 2.3 A copy of the most recent independent agency audit.**
- 2.4 A listing of current contracts with State or Local Government in New York or elsewhere for the delivery of similar services solicited throughout this request.**
- 2.5 Compliance with the Oneida County Affirmative Action Program will be required. With your proposal, please submit a statement indicating the composition of the workforce at your firm.**

- 2.6 Provide any additional information that you feel would distinguish your firm in its service to the County.
- 2.7 In addition, the County may make such investigations it deems necessary to determine the ability of the Proposer to perform the work. The Proposer shall furnish to the County, within five (5) days of request, all such information and data for this purpose as may be requested. The County reserves the right to reject any proposal if the evidence submitted by, or investigation of, such Proposer fails to satisfy the County that such Proposer is properly qualified to carry out the obligations of the contract and to complete the work contemplated therein. Conditional proposals will not be accepted.

SECTION 3: SCOPE OF SERVICES:

- 3.1 The work activities of the Disability Services Specialists will include but not be limited to:
- The target population for services includes approximately 50 Family Assistance recipients per month with documented disabilities needing assistance to participate in approved Work Activities and placement in the competitive job market.
 - Establish employability status and provide explanation for decisions made for each Family Assistance applicant and reestablish for recipients as needed.
 - Enrolling clients in appropriate countable Work Activities as identified under TANF reauthorization requirements. Monitor such activities bi-weekly, and record attendance in CMS-the State monitoring database.
 - Referring the target population to appropriate providers, such as VESID, training programs, human services agencies, and medical providers, while referring and coordinating supportive services.
 - Monitor treatment activities that assist participants to comply with work rules, including medical and mandated services.
 - Provide monthly reports to Department of Social Services on the number and activity of participants in each category, by the 5th day of the following month.
 - Reassess and Re-examine the limitations of all Family Assistance exempt adults to allow participants to enroll in Work Activities to the extent of their ability.
 - Refer, monitor and assist 100% of the Family Assistance population determined to be SSI appropriate to pursue appeals and hearings.
 - Specialists will attend any and all training as required by the County of Oneida.
 - a. While Oneida County is particularly interested in proposals that propose innovative approaches to improving outcomes for families and children, all laws, regulations and Oneida County Department of Social Services procedures must be complied with including the following:
 - i. Will provide the necessary services and documentation to ensure compliance with standards prescribed by federal, state, and local law. (Which shall include but not limited to any required background checks of employee's working under such agreement)
 - ii. No proposer agency shall sub-contract any part of this contract award to another agency without written approval from Oneida County Department of Social Services.

SECTION 4; TERM OF CONTRACT:

- 4.1 The term of the Request for Proposal shall be for a period of three - one year contracts, and may be renewable annually for an additional two years at the discretion of the Department and the successful vendor.**
- 4.2 Selected agencies will be required to execute a contract with the County of Oneida in substantial compliance, conformance with the Request for Proposal,**

SECTION 5: COST PROPOSAL:

- 5.1 A cost proposal for the services described must be submitted separately in one year increments for the three year term of the Request for Proposal on the attached Budget forms.**

SECTION 6: APPLICATION CRITERIA AND REVIEW APPROACH:

- 6.1 Proposals shall remain valid until the execution of a Contract by Oneida County.**
- 6.2 The following criteria will be applied to all proposals under this request.**
 - A. Outcomes, performance targets and measurements proposed both in terms of their level and their relevance to the County's scope of services.**
 - B. The likelihood that the Performance Targets will, in fact, be accomplished.**
 - C. The costs compared to the targets to be accomplished.**
- 6.3 Proposals shall be examined and evaluated by the Oneida County Department of Social Services to determine whether they meet the requirements of this Request for Proposal.**

SECTION 7: ALTERNATIVES:

- 7.1 Proposer may include in their proposal items not specified in this Request for Proposal, which they would consider pertinent. All such alternatives shall be listed separate from the proposal and the cost thereof shall be separate and itemized.**

SECTION 8: MODIFICATION AND WITHDRAWAL OF PROPOSALS:

- 8.1 Proposals may be modified or withdrawn by an appropriate document duly executed (in the manner that a Proposal must be executed) and delivered to the place where Proposals are to be submitted at any time prior to the application deadline.**

REQUIREMENT'S:

Disability Services Specialists should have expertise in working with individuals with disabilities and a thorough understanding of the Social Services system and resources in the community including medical and psychiatric services providers. Be familiar with Mandated Reporting and confidentiality requirements. Possess NY State Driver's license and have access t transportation. Be computer literate and able to work independently.

APPLICATION DEADLINE:

3:00 P.M. (local time) Tuesday, February 16, 2010.

GEOGRAPHICAL AREA TO BE SERVICED:

Oneida County

CRITERIA FOR PROPOSAL ACCEPTANCE

The contract will be awarded only to a qualified contractor. In order to be eligible, the vendor must describe its qualifications to successfully carry out the proposed objectives. This should include vendor history, experience in providing comparable services, and any other information that demonstrates the likelihood that you will achieve the proposed outcomes.

PROPOSAL RESPONSE

One (1) Original and Five (5) copies of the completed proposal consisting of application cover pages, proposed budget, and narrative, must be received at the offices of the Oneida County Department of Social Services, Contract Administration 4th Floor, not later than 3:00 PM (local time) Tuesday, February 16, 2010. Proposals should be addressed to:

Tamatha Stoetzner, Contract Administration 4th Floor
Oneida County Department of Social Services
800 Park Avenue
Utica, New York 13501

PROPOSAL QUESTIONS

Any technical questions relating to this request for proposals should be presented to:

Tamatha M. Stoetzner, Principal Accounting Supervisor
(315) 798-5260

LIMITATIONS

- All information and materials submitted will become the property of Oneida County. Contractors should not submit proprietary or confidential business information unless the vendor believes such information is critical to its presentation. Such information should be clearly identified as such. Oneida County will protect such proprietary information only to the extent that the law allows.
- This request for proposal does not commit Oneida County to award a contract or contracts or to pay any cost incurred in the preparation of a proposal in response to this request.
- Oneida County reserves the right to accept or reject any or all proposals received as a result of this request; to negotiate with qualified contractors; or to cancel in part or in its entirety this request for proposal, if it is determined to be in the best interest of the County to do so.
- Low bid does not necessarily guarantee award of bid. All factors are evaluated including ability to perform the service, knowledge, experience are also contributing factors.

Agency:

Program:

Budget Summary Form

✦ The purpose of this form is to document the preliminary budget for the proposed program

Expense Category	Year One	Year Two	Year Three
A. Personal Services			
1. Personnel			
2. Fringe Benefits			
3. Total (Lines 1 + 2)			
B. Non-Personal Services			
4. Contractual/Consultant			
5. Staff Travel/Per Diem			
6. Equipment			
7. Supplies			
8. Other Expenses			
9. Total (Total Lines 4 to 8)			
C. Project Total (Lines 3 + 9)			

