

**2009 REQUEST FOR PROPOSAL
VISITATION SERVICES**

I. INTRODUCTION AND BACKGROUND

The purpose of this document is to provide interested parties with information to prepare and submit a proposal to provide visitation services to families with children in out-of-home placements, in need of supervision and intervention. **Applicant agencies may request to provide programs that deliver a continuum of visitation services that are designed to provide families with a range of oversight and settings.** This document will inform the service delivery network of basic requirements that Erie County uses as part of its standard contract process.

This service is based on the principle that meaningful, frequent, and appropriate visitation is key to the successful reunification and permanency of children and families in the child welfare system. It allows for continuity in the family once it has become fragmented, due to neglect or abuse issues. It provides parents involved in reunification efforts and/or litigation, a way to continue having contact with their children, as well as assistance in improving parenting skills. It can also provide a safe and therapeutic setting for visits between parents or relatives and their children, to support the individual goals of reunification or termination of parental rights.

In an attempt to increase the quality and effectiveness of care within the child welfare system, Erie County is seeking qualified and interested parties who can demonstrate their support of this goal. **All applicants, including those agencies currently under contract with ECDSS for Visitation Services must participate in this selection process in order to be considered for continued funding.**

II. SCOPE OF THE PROJECT

A. Target Population

The program will target children and families with the following criteria:

1. Families with children from infancy through 18 years of age
2. Residence in Erie County
3. Families who are involved in protective services, placement, and/or preventive services, as determined by ECDSS.
4. Families referred from ECDSS, requiring visitation services across a continuum of high, medium, or low supervision and therapeutic intervention.

B. Project Description

Agencies that provide visitation services will be promoting and assisting families, referred by ECDSS, who may be receiving protective, placement, and /or preventive services to develop and practice healthy interactions with their children with the goals of reunification, permanency, and child safety. The service will provide a regular and consistent schedule of visits between parent or relative and child in a continuum of supervised visits, from high-need, secured settings to a progressively lessened level of supervision, and ultimately to unsupervised visits, leading to placement discharge. The service allows parents to maintain continuity and to strengthen or form positive role relationships with their children.

C. Primary Objective

The objective of visitation services is to provide parent or relative and child with skills needed to reunite or reach another permanent living arrangement, by interacting with each other in supervised and guided interactions in a variety of settings, thus promoting child safety and permanency.

- **The goals for visitation between parents or relatives and children in placement** are to promote bonding and positive attachments, parenting skills building, and through staff intervention and education, guidance in practicing positive parental roles so that families can be safely reunited in a timely manner.
- **All visitation services** are designed to meet the ASFA goals of safety, permanency, and child and family well-being.

D. Description of Services

Visitation services needed within Erie County include, but are not limited to:

1. A continuum of visitation programs, from high to medium to low in the degree of oversight, security, and guidance, dependent on the individual issues and needs of the family.
2. Assisting the parent or relative with ongoing training opportunities, care coordination, and community and online resources, regarding problem-solving, stress reduction, effective parenting, behavior modification, and access to medical and/or mental health resources.
3. Facilitating healthy interactions among the child's support network; i.e. father and mother of child, siblings, step-parent, foster parent, grandparents, etc.
4. Providing timely, available, and flexible hours of operation that do not compromise attendance at school or work in which families can access the service in a variety of settings (at agency, in the community, at home, etc.).
5. Assisting the family in identifying volunteers or support resources.
6. Providing positive experiences for the child to assist with the overall family and foster care well-being and functioning.

E. Program Outcomes: Visitation Programs

The applicant agency must describe the specific objectives, goals, and outcomes for its program, including plans to monitor, evaluate and report these outcomes. These outcomes are to be reflected in *sections III and X* of the Funding Application (attachment A: 2009 Social Services Visitation Services Funding Application/Description of Program).

It is expected that applicant agencies for **Visitation Services** will provide to ECDSS, on a quarterly basis, the following information:

NOTE: The following are the minimum required; applicant agencies may provide additional measures to reflect goals and desired outcomes.

1. Data on **number** of families and children **served**.
2. Data on the **timeliness** of **agency response** to receipt of the referral. The **indicator** for this outcome measure, as expected by ECDSS is:

➡ **95% of the referrals for services will have a visitation scheduled within 48 hours of the request.**

3. Data on the **parental response** to scheduled services. The **indicators** for this outcome measure, as expected by ECDSS are:
 - ➡ **95% of visits between the parent or relative and child will take place as scheduled.**
 - ➡ **95% of scheduled visits between the parent or relative and child will take place at least weekly.**
 - ➡ **100% of parents or relatives served will receive Parenting Skill Building Services or Training based on a needs assessment.**
4. Data on the **safety** of children during the visitation. The **indicator** for this outcome measure, as expected by ECDSS is:
 - ➡ **100% of the agencies will specify and utilize practices that will protect children and keep them safe during the course of the visitation.**
5. Data on the **satisfaction** of families with the provided services. The **indicators** for this outcome measure, as expected by ECDSS are:
 - ➡ **95% of families will complete and return an agency satisfaction survey regarding visitation services.**
 - ➡ **95% of the completed satisfaction surveys will receive a favorable rating from families served via client report.**
6. Data on the agency's **documentation** of visitation services provided. The **indicator** for this outcome measure, as expected by ECDSS is:
 - ➡ **100% of the visits will be documented in Connections within 48 hours and will address the nature of the interaction between the parent or relative and child, regarding their strengths and areas of concern, as observed by provider staff.**
7. Data on the **move** of participating parents or relatives **to a lower level of visitation**. The **indicator** for this outcome measure, as expected by ECDSS is:
 - ➡ **50% of the participating parents or relatives will move to a lower level of visitation within 6 (six) months of commencement of the service.**
8. Data on the **timely return of children in placement** to a parent or relative. The **indicator** for this outcome measure, as expected by ECDSS is:
 - ➡ **75% of the children in placement will be discharged to a parent or relative within 12 months of the service being initiated.**

III. Applicant Agency/Provider Requirements

The agency will:

- Be a legally certified not-for-profit entity, with the ability to manage funds from a government-funding source, maintain billing systems, and achieve reporting requirements.
- Demonstrate proficiency in providing services and achieving successful outcomes with populations within the Child Welfare System.
- Maintain a skilled and educated workforce with sufficient and on-going training to address the needs of the population and appropriately document the services provided, according to ECDSS requirements.

- Will appear in court for testimony as needed.
- Demonstrate the ability to provide services, effective 1/05/09.
- Measure and evaluate outcomes of the services provided, as specified.
- Maintain regular communication with ECDSS in a timely manner, for effective collaboration in providing visitation services to Erie County families.
- Demonstrate the capacity to operate within the statewide child welfare case record system, known as CONNECTIONS, with sufficient internal technological supports.
- Provide detailed quarterly reports that provide an accurate measurement of their progress in the identified outcome areas.

IV. Funding/Award Levels and Contract Period/Sustainability

- A. Approximately \$1,006,800.00 is available for allocation in the calendar year of 2009. **NOTE:** Administrative costs associated with visitation services may not exceed 22% of the requested funds. ECDSS is likely to make more than one allocation with the available funds.
- B. Award period will be for a one-year term, with intent to renew by both parties for two additional one-year periods.
- C. Future awards will be dependent on available funds and subject to the demonstrated fiscal stability of the applicant agency, as well as their meeting the requirements set forth by the Erie County Department of Social Services. More than one provider may be selected for funding for the total 2009 county budget allocation for visitation services. The selection committee will make a decision as to which of the bidders it will recommend to the Commissioner who will make the final decision which is subject to Erie County Legislature approval. **This contract will be subject to approval by the County Administration, the Legislature, and the Erie County Fiscal Stability Authority.**

V. Proposal Evaluation and Selection Process

- A. Proposals will be reviewed by a selection committee, and scored in the following areas:
 - 1. Program design and capacity
 - 2. Proposed outcome measures, as related to ECDSS requirements
 - 3. The agency's experience with the target population, staff qualifications, collaborative relationships within the community, past demonstrated ability to provide visitation or similar services, and overall organizational competence.
 - 4. Cost effectiveness and budget
- B. Scoring from the application is as follows:
 - 1. Proposed Program Characteristics – 40 points
 - 2. Program Outcomes and Continuous Quality Improvement Plan – 20 points
 - 3. Agency Experience and Qualifications – 20 points
 - 4. Cost effectiveness and Budget – 20 points

VI. Submission of Proposals

A. Timeline

- **Proposals are due no later than September 24, 2008, by 5:00 p.m.**
- **Estimated notification of intent to award is November 15, 2008.**

B. Questions

Please contact Mrs. Roshelle Lewis, Second Deputy Commissioner, at 716-858-7971 for further clarification of this proposal.

C. Proposal Format

Original proposal, indicating the visitation service(s) you are applying for, and 6 (six) copies should be sent to:

Mrs. Roshelle L. Lewis
Second Deputy Commissioner
Erie County Department of Social Services
478 Main Street, Room 512
Buffalo, New York 14202

Proposals mailed or otherwise submitted must be received no later than September 24, 2008. Proposals submitted later than the above deadline will not be considered.

The following items should be contained in the submitted proposal:

- 1. Cover Letter and Contact Information**
- 2. Letter of Support from the Agency Board of Directors**
- 3. The Funding Application Form #B-5293-Visitation (2009 Social Services Visitation Services Funding Application), including budget attachments.**
- 4. Program Narrative,**(also reflected in *section V* of your application) including:
 - An indication of acceptance of the general requirements and contract terms, as described within this RFP.
 - A detailed functional description of the services to be provided and how these services will be delivered.
 - A description of how the applicant agency will address the issue of disproportionate representation of minorities in the child welfare system. **NOTE:** The Federal Office of Juvenile Justice and Delinquency Prevention, the Casey Foundation, and OCFS have identified a consistent and disproportionate number of minority children in both the child welfare and juvenile justice systems. Findings published by both organizations cite children of color, and specifically African American children, as being disproportionately represented.

5. A description of the **staffing pattern and training plan** (also reflected in *sections VIII and IX* of the application), including:
 - The proposed number of administrative, supervisory, and casework staff that will be dedicated to this service
 - the educational background and experiences of staff
 - the staff training plan for cultural competence/sensitivity, and the strategic plan for the hiring, training, and retention of culturally competent staff
 - the training plan for educating staff in ASFA and child welfare goals
6. Identify your Agency's **direct experience** working with each of the following:
 - Child Welfare
 - Foster Care Providers
 - Juvenile Justice and/or PINS Services
 - Other relevant Human Service Organizations
 - Other partnerships or affiliations that would be necessary to implement the project
7. A detailed **implementation plan** that is consistent with the **timeframes** identified in this RFP and addresses each of the following:
 - Timelines and milestones associated with the implementation of the program
 - A description of agency readiness and ability to implement and staff the program in a timely manner, **including the provision of services, effective 1/05/09**, and
 - A description of the proposed timeframes for implementing the evaluation/program outcome component .

ERIE COUNTY, NEW YORK

2009 SOCIAL SERVICES FUNDING APPLICATION
VISITATION SERVICES

- 1. 6 (six) copies of this application must be submitted, along with your proposal, to the Department of Social Services, Mrs. Roshelle Lewis, Second Deputy Commissioner, 478 Main Street, Buffalo, New York 14202, on or before September 24, 2008 . Applications submitted after the deadline may not be considered for funding.
2. Provide a single copy of all supplemental information, as required on section IV, page 2 of this application.
3. Type all information directly in this document when possible and submit additional sheets of information when needed.
4. Sign the certification on page 3.
5. For assistance with program budget forms, please contact Richard Svensson in DSS Fiscal Management at 858-6397. For assistance with visitation services program description, contact Pat Howling, DSS Services Division, at 858-2694.

AN ELECTRONIC VERSION OF THIS APPLICATION CAN BE REQUESTED VIA E-MAIL TO:
Judith.Dixon@erie.gov

I. GENERAL INFORMATION

A. Legal Name of Organization
B. Other Name (if used)
C. Address of Organization
D. Contact Person/Address
(NAME/TITLE)
(STREET)
(CITY/STATE/ZIP)

II. FINANCIAL INFORMATION

A. Payee Name of Organization (if different than legal name)
B. Financial Contact Person
C. Organization's Fiscal Year
D. Federal Employee Identification Number
E. Not-for-Profit Number
F. Amount of Funding Request to ECDSS for this proposed contract:
\$
G. FY of Request
H. CONTRACT TITLE

III. **GENERAL BACKGROUND** (Continue on additional pages in proper sequence, if necessary)

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

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

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

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

E. Does your organization have a volunteer program?

_____ YES _____ NO

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

THE FOLLOWING MUST BE INCLUDED

IV. SUPPLEMENTARY APPLICATION INFORMATION

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

 Most recent Audit report prepared by an independent CPA

 Federal Tax Return (Form 990) with all itemizations and breakdowns

 Listing of Officers and Board of Directors

 Not-For-Profit Documentation:

Long-Form Report G750-497 (formerly BSW 497) from Office of Charities Registration and/or 501(c)(3) of the US Revenue Code and/or NYS Not-For-Profit Corporation (under 216 of the Education Law) and/or NYS Charities Registration (Article 7A-Executive Law)

V. CERTIFICATION

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

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

SIGNATURE

DATE

NAME/TITLE

**VISITATION SERVICES
OUTLINE FOR COMPLETION OF APPENDIX A
DESCRIPTION OF PROGRAM**

CONTRACTOR _____ PERIOD _____

CONTRACT # _____

I. REQUIRED INFORMATION

- A. Contractor's Corporate Name**
- B. Contractor's Legal Address**
- C. Other Service Addresses, if any**
- D. Attach List of Names and Addresses of Officers of Corporation and Members of Board of Directors**

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

II. SERVICE MODEL AND OUTCOMES:

Describe how the service model of your program components, as agreed to, will achieve the following, as required by applicable Laws, Rules and Regulations, including, but not limited to, those required Adoption and Safe Families Act (ASFA) outcomes:

A. Safety Outcomes:

- 1. Children are, first and foremost, protected from abuse and neglect.
- 2. Children are safely maintained in their homes whenever possible and appropriate.

B. Permanency Outcomes:

- 1. Children have permanency and stability in their living situations.
- 2. The continuity of family relationships and connections is preserved for children.

C. Child and Family Well-Being Outcomes:

- 1. Families have enhanced capacity to provide for their children's needs.
- 2. Children receive appropriate services to meet their educational needs.
- 3. Children receive adequate services to meet their physical and mental health needs.

III. VISITATION SERVICES PROJECTIONS:

Provide projections of the following visitation services outcomes for the population, to be served during 2009. Refer to the RFP narrative, *section II-E* for further clarification. These projections must, at a minimum, insure that the visitation services to be provided meet the requirements of all applicable Laws, Rules, and Regulations.

A. Timeliness of Agency Response

Referrals for services will have a visitation scheduled within 48 hours of the request: 95%

B. Parental Response to Services

1. Visits will take place between the parent or relative and child, as scheduled: 95%
2. Scheduled visits between the parent or relative and child will take place at least weekly: 95%
3. Parents or relatives served will receive Parenting Skill Building Services or Training: 100%

C. Safety of Children

Agencies will specify and utilize practices that protect children and keep them safe during the visitations: 100%

D. Satisfaction of Families Served

1. Agency satisfaction surveys regarding visitation services will be completed and returned: 95%
2. Completed satisfaction surveys will receive a favorable rating from families served: 95%

E. Documentation of Services Provided

Visits will be documented in Connections within 48 hours and will address the nature of the interaction between the parent or relative and child, regarding their strengths and areas of concern, as observed by staff: 100%

F. Move To a Lower Level of Visitation

The participating parent or relative will move to a lower level of visitation within 6 (six) months: 50%

G. Reunification

Children will be discharged to a parent or relative from placement within 12 months of the service being initiated: 75%

IV. DESCRIPTIVE DATA:

Describe each of the following:

- A. Persons to be served in the program*
- B. Geographic area to be served*
- C. Demographic profile*
- D. Anticipated service needs*
- E. The agency's ability to provide services, effective 1/05/09*

V. PROGRAM COMPONENTS

Describe each component of the proposed visitation service:

A. Intake Process

1. Admission criteria
2. Method and timing of engagement with the parent or relative, child, foster parent, or other appropriate persons needed to schedule the visitation plan
3. Description of assessment process and methods

B. Method of service provision, including but not limited to:

1. Types of settings and facilities
2. Service components available and how each is provided
3. Description of the parent skill building services or training component
4. Days and hours of service availability

5. Frequency of contact
6. Method of providing client transportation
7. Provisions for security during visits
8. Criteria for termination

VI. CAPACITY

Describe the capacity of each service component:

- A. Estimated total number of families to be served during the contract period*
- B. The number of families that can be served by the program at one time at each visitation site*
- C. The capacity of each level of visitation service (therapeutic, supervised, monitoring, in home, in the community) and the capacity of the Parenting Skill Building Training*

VII. UNITS OF SERVICE

Provide the following information, relative to the proposed visitation services:

- A. Definition of billable unit of service*
- B. Number of units to be provided during the contract period*
- C. Method used to calculate the number of units*

NOTE: Billing based on Daily Activity Recording must be supported by progress notes sufficient to document services provided on that date. Progress notes must meet requirements of the FASP (Family Assessment Service Planning) recording and the contractual Standards of Practice.

VIII. STAFFING PATTERN

Describe the staffing pattern you propose for visitation services, including:

- A. Providing a program organizational chart**
- B. Job titles and number of staff in each title;** e.g., 2 Social Workers, 1 Clerk
- C. Education and experience requirements established by agency for each position title**
NOTE: Casework positions must require a Bachelor's degree in the Human Services field and supervisory positions must require a Bachelor's degree and 2 years of experience in Child Welfare or Human Services
- D. Provide resumes for all program staff,** including aides and program supervisors/administrators
- E. Staff roles, workload expectations**

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

IX. STAFF TRAINING, EDUCATION, AND SUPERVISION

Describe the provisions for the following:

- A. Agency staff development program**
- B. Training requirements** for cultural competence, ASFA related information, and outcome measurement and continuous quality improvement programs
- C. The frequency and nature of supervision of staff**

X. OUTCOME MEASURES

Describe how program goals and objectives are measured, evaluated, and monitored. Include:

- A. The methods** for measuring the indicators that reflect program outcomes, as described in the RFP.
- B. The frequency** of evaluation.
- C. Specific measurements**, as related to ASFA outcomes, as described in *section II* of this document. (For example, refer to the Child Well-Being Scale or any comparable standard scale). At minimum, include specific outcome measures used at assessment and measurement and evaluation methods used at closing.
- D. The Continuous Quality Improvement Plan** that will address strategies needed to improve the services over time.

XI. CONTACT PERSON

Provide the name and contact information of a liaison person who can address general program and administrative policy issues.

XII. AGENCY EXPERIENCE

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

- A. Child Welfare**
- B. Foster Care Providers**
- C. Juvenile Justice and/or PINS Services**
- D. Other relevant Human Service Organizations**
- E. Other partnerships or affiliations that would be necessary to implement the project**

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

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

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

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

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

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

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

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

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

BUDGET NARRATIVE: MANDATORY

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

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

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

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

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

BUDGET NARRATIVE: MANDATORY

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

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

**APPENDIX B PART I CASH EXPENDITURES - PAGE 3
ADMINISTRATIVE COSTS**

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

BUDGET NARRATIVE: MANDATORY

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

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

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

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

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

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

BUDGET NARRATIVE: MANDATORY

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

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

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

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

BUDGET NARRATIVE: MANDATORY

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

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

CONTRACTOR

PERIOD

CONTRACT #

APPENDIX B PART II REVENUES, PAGE 1

REVENUE

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

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

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

% of total organizational budget requested from Erie County: _____

B. In-Kind Donations Specific to this Contract:

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

TOTAL VALUE OF IN-KIND DONATIONS: _____

CONTRACTOR

PERIOD

CONTRACT #

APPENDIX B PART II REVENUES, PAGE 2

C. ANTICIPATED REVENUE SPECIFIC TO THIS CONTRACT:

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

BUDGET NARRATIVE: MANDATORY

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

CONTRACTOR

PERIOD

CONTRACT #

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

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

COMPUTATION OF RATE

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

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

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

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

