

ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES (ECDSS)

**2009 REQUEST FOR PROPOSAL
RESPIRE SERVICES: FOSTER CARE and/or PREVENTIVE**

I. INTRODUCTION AND BACKGROUND

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal to provide respite services to foster parents, kinship caregivers, and at-risk children and parents in Erie County. **Applicant agencies may request to provide respite services to one, both, or all of the service types: Foster Care, Preventive, or Crisis.** This document will inform the service delivery network of basic requirements that Erie County uses as part of its standard contract process.

A. Foster Care Respite

Foster care respite services are designed to reduce the displacement of a child once they have entered foster care. Additionally, respite is effective in giving caregivers short-term relief, thus reducing the potential for abuse or neglect of their children.

This service may promote the child's overall well-being, as it offers the caregivers the opportunity to maintain their parenting role so that the child can remain in their home and gain the skills needed to return to their family or another permanent living arrangement. Support to foster parents increases retention, quality of care, and decreased placement breakdown. Depending on the individual respite plan needed, services may either be provided in or out of the home. This service may involve *crisis services*, instituted in a timely fashion to resolve an immediate problem, or *planned services*, which can be scheduled with the foster parents in time-limited increments, designed to assist the foster parents with specific needs.

B. Preventive Respite

Preventive respite services are designed to reduce or prevent the need for foster care placement. It can provide regular breaks for the custodial parent, as well as supportive and positive activities for the child, and it can be arranged either in or out of the home. The service may need to be given in short-term, overnight increments, such as a 28 day respite when the parent is hospitalized or in a rehabilitation facility. It, too, may promote the child's overall well-being, as it offers families the opportunity to prevent serious breakdowns of the family unit. Providing support to parents with limited resources in a time of need is essential in meeting the mission of ASFA, as a goal of respite is to maintain the child safely in their own home. The child's return home from placement may be timelier, as respite provides assistance to the parent in meeting obligations outside of the home. This service may involve both *crisis or planned services*, depending on the needs of the family.

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. **Agencies currently under contract with ECDSS for Respite Services must participate in this selection process.**

II. SCOPE OF THE PROJECT

A. Target Population

The program will target children whose safety, stability in the home, or continued placement are at risk, due to having special needs and/or problem behaviors, and/or the inability of the caregivers to safely address these needs and behaviors. The criteria include the following:

1. Families with children from infancy to 18 years of age
2. Residence in Erie County
3. ECDSS certified foster parents

4. ECDSS kinship providers

B. Project Description

Respite Care is the provision of short-term services to individuals who are either caregivers or their dependents by providing the person with resources and supervision in a home-like environment in order to reduce the need for long-term placement of the dependent outside of the home.

C. Primary Objective

The objective of respite care is to provide the primary caregiver of the identified child at-risk, temporary relief from the stress of giving continuous support to the child, thus promoting the child's safety as well as the caregiver's ability to give such support.

- **Foster care respite's** goals are to promote the stability of the placement, to assist foster parents in parenting the children, and to return children to safe homes in a timely manner.
- **Preventive respite's** goals are to prevent the need for placement and to intervene with the parent and child in a crisis or problematic situation in order to prevent child neglect and abuse.
- **All respite services** are designed to meet the ASFA goals of safety, permanency, and child and family well-being.

D. Description of Services Sought

Foster care and preventive respite services needed within Erie County include, but are not limited to:

1. Developing a respite care plan, along with the parent or foster parent, which best meets their goals for their child, including in-home, provider home, or community-based care or group respite events.
2. Assisting the parent or foster parent with ongoing training opportunities, care coordination, and online resources, regarding problem-solving, stress reduction, effective parenting, behavior modification, and access to medical and/or mental health resources.
3. Providing concrete supports to the parent or foster parent on a short-term basis; i.e. in-home crisis support and relief, or child supervision in the absence of the caretaker to meet daily obligations such as medical appointments.
4. Providing 24 (twenty-four) hour overnight preventive respite care for the child for up to 28 (twenty-eight) days so that the child's living arrangement can be maintained without severe disruptions.
5. Assisting the families in identifying volunteers or other sources for natural supports.
6. Providing positive experiences for the child to assist with the overall family or foster care well-being and functioning.

E. Program Outcomes: **Foster Care Respite Services**

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 should also be reflected in *sections III and X* of your Public Benefit application (attachment A: 2009 Social Services Respite Services Funding Application/Description of Program).

It is expected that applicant agencies for **Foster Care Respite Services** will report, on a quarterly basis, the following outcome measures to ECDSS:

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

1. Data on the **number** of foster homes and children **served**.
2. Correlative data on the respite service provided and the **stability** of the child's **placement** in foster care. The **indicator** for this outcome measure, as expected by ECDSS and based on ASFA goals is:
 - ➡ **86.7% of foster children will achieve stability of placement or be discharged to their family during the period that includes the time the foster parents are receiving the service, and 6 (six) months following.**
3. Data on the **safety** of children in the foster home. The **indicator** for this outcome measure, as expected by ECDSS is:
 - ➡ **95% of the foster homes will have no indicated Child Protective Services reports during the time they are receiving the service, and 6 (six) months following.**
4. Data on the **timeliness** of the provided service. The **indicators** for this outcome measure, as expected by ECDSS is:
 - ➡ **85% of the requests for *crisis respite services* will be initiated and provided in a timely fashion, and based on the timeframe of the service need, as evidenced by a response range of between 1 (one) hour to 24 (twenty-four) hours from the initial request.**
 - ➡ **85% of the requests for *planned foster care respite services* will be initiated and provided in a timely fashion, as defined by ECDSS, and based on the timeframe of the service need.**

F. Program Outcomes: Preventive Respite Services

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 should also be reflected in *sections III and X* of your Public Benefit application (attachment A: 2009 Social Services Respite Services Funding Application/Description of Program).

It is expected that applicant agencies for **Preventive Respite Services** will report, on a quarterly basis, to ECDSS, the following outcome measures:

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

1. Data on the **number** of families and children **served**.
2. Correlative data on the respite service provided and the **retention** of the child within his or her family home. The **indicator** for this outcome measure, as expected by ECDSS and based on ASFA goals is:
 - ➡ **95% of children living at home will remain with their family during the time the family is receiving the service, and 6 (six) months following.**
3. Data on the **safety** of children in their home. The **indicator** for this outcome measure, as expected by ECDSS is:
 - ➡ **93% of the children will have no indicated subsequent Child Protective Services reports during the time the family is receiving the service, and 6 (six) months following**

4. Data on the **timeliness** of the provided service. The **indicator** for this outcome measure, as expected by ECDSS is:

- ➔ **85% of the requests for *crisis respite services* will be initiated and provided in a timely fashion, and based on the timeframe of the service need, as evidenced by a response range of between 1 (one) hour to 24 (twenty-four) hours from the initial request.**
- ➔ **85% of the requests for *planned preventive respite services* will be initiated and provided in a timely fashion, as defined by ECDSS, and based on the timeframe of the service need.**

III. Applicant Agency/Provider Requirements

The agency will:

- Be a legally classified 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. All supervisory staff must have at least a Bachelor's degree and two (2) years' experience in child welfare and/or human services. All casework staff must have at least a Bachelor's degree in a human services-related field.
- Demonstrate the ability to provide services, effective 1/05/09.
- Measure and evaluate outcomes of the services provided, as specified, and institute a Continuous Quality Improvement program.
- Maintain regular communication with ECDSS in a timely manner, for effective collaboration in providing respite 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 to ECDSS that provide an accurate measurement of their progress in the identified outcome areas.

IV. Funding/Award Levels and Contract Period/Sustainability

- A. Approximately \$213,600.00 is available for allocation for preventive respite services and \$112,300.00 for foster care respite services in the calendar year of 2009. **NOTE:** Administrative costs associated with respite 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 respite 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. **A subsequent 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 the ECDSS Administration, 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 respite or similar services, and overall organizational competence
 4. Cost effectiveness and budget
- B. Scoring from the application is as follows:
1. Proposed Program Characteristics – 45 points
 2. Program Outcomes and Continuous Quality Improvement Plan – 25 points
 3. Agency Experience and Qualifications – 20 points
 4. Cost Effectiveness and Budget – 10 points

VI. Submission of Proposals

A. Timeline

- **Proposals are due no later than September 8, 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.

D. Proposal Format

Your original proposal, indicating the respite service (foster care, preventive, crisis) for which you are applying, 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 8, 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 Public Benefit Application Form B-5293-Respite (2009 Social Services Respite Services Funding Application), including budget attachments.**
4. **Program Narrative** (also reflected in *sections IV and 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 foster care. **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 our 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 your 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 (also reflected in *section XII* of your application):
 - 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, and
 - 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
RESPITE SERVICES: FOSTER CARE and/or PREVENTIVE

- 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 8, 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 on 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. Review Public Benefit "Eligibility and Review Criteria" (see attachments 1, 2, and 3) carefully before completing the application.
6. For assistance with program budget forms, please contact Richard Svensson in DSS Fiscal Management at 858-6397. For assistance with respite 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

(STREET)

(CITY/STATE/ZIP)

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

(NAME/TITLE)

(STREET)

(CITY/STATE/ZIP)

D. Federal Employee Identification Number

E. Not-for-Profit Number

F. Amount of Funding Request to ECDSS for this proposed contract

\$ _____

C. Organization's Fiscal Year

_____/_____/_____/_____
(START DATE) (END DATE)

G. FY of Request

_____/_____/_____/_____
(START DATE) (END DATE)

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

**RESPIRE 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. RESPIRE SERVICES PROJECTIONS:

Provide projections of the following Respite Services outcomes for the population, to be served during 2009. These projections must, at a minimum, insure that the Respite Services to be provided meet the requirements of all applicable Laws, Rules, and Regulations (see RFP narrative *section II - E, F*).

A. Foster Care Respite

- 1. Children achieving stability of placement or discharged to home during the time of service and 6 months following: 86.7%
- 2. Foster homes having no indicated Child Protective Services reports: 95%
- 3. The request for crisis or planned respite services will be provided in a timely fashion: 85%

B. Preventive Respite

1. Children remaining home during the time of service and 6 months following: 95%
2. The children remaining home will have no indicated subsequent C.P.S. reports: 93%
3. The request for crisis or planned respite services will be provided in a timely fashion: 85%

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 respite service:

A. Intake Process

1. Admission Criteria
2. Method and timing of client engagement
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. Hours of service availability
4. Frequency of contact
5. Method of providing client transportation
6. Criteria for termination

VI. CAPACITY

Describe the capacity of each service component:

A. Estimated total number of children to be served during the contract period

B. Estimated total number of families to be served during the contract period

C. Estimated total number of foster homes to be served during the contract period

D. The number of families, foster homes, and children that can be served by the program at one time.

VII. UNITS OF SERVICE

Provide the following information, relative to the proposed respite 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 respite 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. Your 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 outcome indicators, as described in the RFP Narrative, *section II - E, F*.

B. The frequency of evaluation.

C. Specific measurements, as related to ASFA outcomes, as described in *section II – A, B, C* 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.
- Any increase in salaries or fringes in excess of COLA must be explained.
- 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.
- Any increase in salaries or fringes in excess of COLA must be explained.
- 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.
- Any increase in salaries or fringes in excess of COLA must be explained.
- 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).

ATTACHMENT #1
ERIE COUNTY PUBLIC BENEFIT FUNDING

ELIGIBILITY CRITERIA

ELIGIBILITY REQUIREMENTS

The applicant must satisfy the following requirements.

- a) Submittal of three copies of application and appropriate supportive documents in 3 separate packets by the application submittal deadline.

NOTE: Coalitions and/or "umbrella" public benefit agencies are not eligible applicants. Individual agencies which are part of these types of combined groups may apply. Program and financial information must be specific to each individual organization. Each organization will be considered on its own merits.

- b) Qualification as an Erie County Public Benefit Agency pursuant to County Law Section 224.
- c) Proof of non-profit status such as: (1) acceptance of non-profit status by US Treasury Department, Section 501(c)(3), United States Internal Revenue Code; (2) acceptance by the Board of Regents of the State of New York of filing under the not-for-profit Section (Section 216) of the Education Law; or (3) acceptance by the New York Department of State of filing under the Registration of Charitable Organizations section (Section 172) of the Executive Law (e.g., the receipt from the Office of Charities Registration).
- d) Documentation that the organization has been in operation a minimum of (3) years.

ATTACHMENT #2
ERIE COUNTY PUBLIC BENEFIT FUNDING

INELIGIBLE COSTS AND ACTIVITIES

Erie County will not consider the following types of applicants, categories and costs of activities to be eligible for County public benefit funding:

a) Agencies not considered public benefit pursuant to County Law Section 224.

NOTE 1: Coalitions and/or "umbrella" agencies are not eligible applicants. Individual agencies which are part of these types of combined groups may apply. Program and financial information must be specific to each individual agency. Each organization will be considered on its own merits.

NOTE 2: Applications from agencies with close school, college or university affiliations will be reviewed carefully to determine if the funding request has a purpose broader than a predominant service role to the affiliated institution or any component. Circumstances must be analyzed on a case-by-case basis.

b) State and municipal agencies.

c) Individuals or the operating expenses of personally-owned facilities (e.g., homes and studios).

d) Agencies requesting funds from other County Departments for the same purpose.

e) Projects or services not offered in Erie County.

f) Projects, services or activities not available to the general public.

g) Agencies that have shown an inability to administer grants in the past; have failed to comply with audit or reporting requirements of the County; or have inappropriately administered funds without providing evidence of corrective change since the substandard performance period.

h) Capital expenditures (i.e., mortgage payments, property purchase, building construction, renovation of facility, purchase of permanent equipment).

i) Programs that are essentially social or recreational in nature.

j) Entertainment costs (e.g., open house activities, receptions and fund raising benefits.)

ATTACHMENT #3
PUBLIC BENEFIT PURPOSES

Article 8, Section 1 of the New York State Constitution prohibits counties from giving gifts of county money or credit to any person or group, however organized, unless express authorization for the gift is made by the State Legislature. Section 224 of the County Law defining specifically what gifts have been authorized by the State Legislature. As such, funding applications submitted by public benefit agencies must demonstrate that the organization performs at least one of the purposes cited in the statute before county funding can be permitted. Section 224 provides authorization for gifts for the following purposes:

1. Armistice, memorial, or other recognized national patriotic observance;
2. Commemoration programs of historical events of countywide interest and concern;
3. Propagation of game, game birds, and fish;
4. Prevention of cruelty to children and animals;
5. Certain costs of county agricultural societies;
6. Administration expense of organizations rendering a service, training or aid to the indigent blind;
7. Elimination of noxious weeds, rodents and wild animals;
8. Cooperative extension, county extension and 4-H societies;
9. Fire-training schools for training firemen;
10. Maintenance of a Legal Aid Bureau or Legal Aid Society (proper names of specific organizations);
11. The aid and relief of poor persons (organization must provide a certificate from the NYS Department of Social Services verifying its compliance with State rules and regulations);
12. Promotion and establishment of foreign trade zones;
13. Maintenance and operation of a public museum;
14. Maintenance and operation of a symphony orchestra, musical festival, vocal, dance, drama or performing arts troupe or activity;
15. Maintenance and operation of an educational television station;
16. Publicizing the advantages of the county;
17. Maintenance of a Planned Parenthood organization (proper name of a specific organization);
18. Maintenance of an area-wide health planning corporation;
19. Maintenance and operation of day care coordination councils.