

Request for Proposals (RFP)
Mariposa County Human Services Department
ROADHouse Wellness Center Program

Background

The Mariposa County Human Services Department (MCHSD) is seeking a nonprofit, community-based organization to operate a wellness center that will provide supportive services and linkages to community members, specifically ensuring the establishment a safe and welcoming place for adults with a full spectrum of mental health issues from episodic to severe, amongst other community participants. The population served may include, but is not limited to, veterans, formerly incarcerated, non-violent individuals, the homeless, and those in alcohol/drug recovery, amongst other community participants. Specifically, three funding streams will be used to comprise a total grant award of \$125,000. Applicants are encouraged to structure objectives and activities relative to the amounts of each funding source as below:

- \$25,000 to perform direct community services and supports for people with mental illness.
- \$50,000 to fund mental health prevention and early intervention. These may include services to screen for possible indicators of undiagnosed mental illness and to provide linkages to treatment and case management designed to reduce the severity or avoid more serious symptoms of mental illness. Additionally, activities that build coping and resiliency skills, help develop community supports and connections, and promote life skills are all within the realm of prevention activities. This funding is focused on a population that has not yet been diagnosed with a severe mental illness or a population that is being prevented from ongoing crisis intervention. Those served may include individuals within the homeless population.
- \$50,000 for workforce education and training. These funds encourage development of peer counseling models to train individuals with lived experience (in recovery from mental illness) who may be provided internship, work and volunteer opportunities at the Wellness Center. Funds could pay for salaries, stipends and training for these staff. The successful applicant will have a proposal that includes peer counselor training for those with lived experience in mental health recovery.

Submission Requirements

MCHSD requires that all applicants submit a full proposal. A full proposal consists of four sections:

- A) Cover Sheet;
- B) Proposal Narrative;
- C) Budget Form; and
- D) Attachments.

Proposals are **due May 1, 2015** by 5pm and should not exceed 10 pages in length not including attachments.

Submit proposals **electronically to Randy Ridenhour at rridenhour@mariposahsc.org**. They can be in either Word or PDF formats. Budgets should be in Excel format.

Should you have any questions about preparing your proposal, please contact Randy Ridenhour at 209-966-2000.

Applicant Eligibility

It is **mandatory** that applicants have the following to be eligible for funding:

- 501(c)3 designation
- Annually audited financials

It is **mandatory** that the program design have the following elements to qualify for consideration:

- The program must be based on the California Mental Health Services Act (MHSA) values of being Recovery Oriented, Culturally Competent, and Community-Led
- Very clearly demonstrate organizational capacity and experience to administer programs and serve this population
- Clear plan on how you will engage this population
- Suitable ADA accessible location with shower, laundry and kitchen facilities to allow individuals to prepare snacks and meals, when appropriate
- Staffing or volunteer capacity to maintain the proposed hours of operation
- Internet connected computers with supporting equipment such as fax, copier and printer
- Pantry and storage space for food commodities, clothing donations, etc.
- Large and small group rooms
- Space for recreation programs, such as arts and crafts area
- Quiet room with ability for individuals to rest outside of the main area
- Lockers to keep belongings safe while on-site
- Outdoor space that can be used by participants, such as smokers (20' away from windows/doors), a community garden or children's play space
- Ability to provide office/group space, from time to time, to other community providers with related services programming, such as Alcoholics Anonymous, social services, or other community providers
- Offer social support groups, life skills classes, etc.
- Offer peer support by people with lived experience. The program must have a defined peer counselor training and mental health component (such as Mental Health First Aid training)
- Offer linkages to mental health services
- Meet Mariposa County insurance requirements (\$1,000,000 liability)
- Collect appropriate data, including but not limited to numbers of individuals served, basic demographics, services utilized, and outcomes for participants (This plan will be defined by applicant)

The proposed program will receive a higher ranking if the following design elements are part of the programming:

- Offer educational opportunities and classes
- Media room isolated from other areas
- Children's play area for participants with children
- Commercial kitchen

A. COVER SHEET

The Cover Sheet gives MCHSD and the reviewers a snapshot of your organization and should include:

- Organization name, address and a contact person. Please include direct phone lines and/or phone extensions for the appropriate project contact person.

- Federal EIN
- Date of the Last Annual Audit
- Annual Operating Budget for your agency last year.
- Project Budget: This is the total budget for your proposed project. We anticipate it will be larger than the available grant award of \$125,000. If there are other funds required, you should have an idea of how they will be secured or developed and convey this information in the proposal narrative. Due to the short turnaround time, we do not anticipate all fund will be secured by the time the project gets started.
- Amount Requested: This is how much you are requesting from HSD, if not the full amount.

B. PROPOSAL NARRATIVE

The Proposal Narrative may be your only opportunity to elaborate on your ideas and qualifications. The narrative section of your proposal should **not** exceed 10 single spaced, typewritten pages, with one inch margins. It should utilize the same headings as provided below and consist of the following parts:

1. Organizational Background and History

Include a brief description of your organization and its mission or purpose, when it was established, and some of the key activities or issues you are involved in. We would also like to get an idea of your staff and board composition and how it is structured, particularly as it relates to what you do and the population served by this funding.

2. Problem or Issue to be Addressed

What is the particular problem(s) or need(s) you seek to address with this population? This will help us understand your knowledge of the population this program will serve. Cite objective and independent sources to verify the problem or need, i.e., studies or data? Local data is more impactful to demonstrate need than less focused national data, but comparisons to State and national data can be useful.

3. Proposed Project and Methodologies

Provide a description of the proposed project and methodologies, including:

- a) what you hope to achieve with your project;
- b) who it will target or benefit;
- c) the methodology or approach you will employ, in particular, how you will engage this population;
- d) how it fits into what you are currently doing;
- e) how it relates to the MHSA values (stated in the Applicant Eligibility section); and
- f) why you believe it is the most effective approach.

In doing so, provide a rationale for what you are proposing. For example, is this a unique or innovative approach or an expansion or replication of proven programs? Is this the most cost effective approach to the problem? To what degree have you considered what others may or may not also be doing to address similar issues and to what extent does it relate to what you are

proposing? We recommend that you provide statistics to demonstrate previous success if you propose using an existing program model.

If this is a collaborative project, please identify who the collaborating groups are, what role(s) they will play, and whether the collaboration is anticipated or confirmed. If you do not have a major collaborative partner, please discuss the partnerships you plan to leverage to fully serve this population in section 7, Other Agencies or Individuals.

4. Project Goals and Objectives

What are the specific goals, objectives and activities of your proposed program? Objectives should be measurable or quantifiable, as opposed to simply listing activities. They should also be clear, concise and achievable within the framework of your proposal.

If possible, provide a performance timeline to indicate when you expect key objectives to be achieved. It need not include specific dates, but it should provide the reader a clear sense of how you plan to proceed and whether it can be realistically achieved in the time you have allotted for this project and with the amount of money you have projected.

5. Prior Experience or Expertise

The successful applicant will have served this population in a culturally competent manner, have the ability to expand the scope of programs, assess and act on community needs. What is your organization's previous experience or expertise in serving this community and managing these types of programs? How does it lend itself to the potential success of your proposal? What makes your organization the most qualified to take on this program?

6. Responsible Persons

Who will be responsible for supervising and/or implementing the program? What skills, expertise or experience will your staff, board or volunteers contribute to this effort? If professionals are required in key positions, please include a brief description of their qualifications. Will there be sufficient coverage for the hours of operation?

If you are planning to hire a person(s) to implement this project, please describe the skills you are seeking and/or include job descriptions as an attachment. It is also helpful to include the hiring of this person/people as an activity in the program timeline under Goals and Objectives so MCHSD and reviewers can understand how long it will take your organization to begin implementing that portion of the programming.

7. Other Agencies or Individuals

The successful applicant will have the ability to partner, link and leverage other community resources and partnerships to fully execute the program. In this section, indicate other agencies or individuals who will be involved and the specific roles they will play. For example, who will assist you in engaging this population? If something you plan to produce or do must be approved by other parties to be utilized or implemented, indicate who it is and the likelihood your proposal will be supported. If possible, provide letters of support as an attachment.

8. Other Funds

The successful candidate will have the ability to leverage, diversify and access other sources of funds to fully execute the program, Indicate who you are applying to, how much you are requesting and the prospects of securing such funds before and during implementation.

Also, indicate what you will do if the additional funding sources cannot fulfill the requested amount, in full or in part. Can you implement the project with less than full funding? If you had to reduce the scope of the project, what would you want to retain?

9. Project Evaluation

The successful candidate will have an evaluation plan that clearly measures impact, not just in terms of the numbers served but in prevention, status improvement and wellness relative to each of the MHSA funding streams (see the Background section above). How will evaluation be performed and who will do it? Is there a formal process or an informal process? Are there already procedures in place for capturing information, or will new ones have to be designed? Does the organization have the in-house expertise to conduct this effort or will an outside evaluator be retained?

10. Budget Narrative

Indicate the total cost of the project and how much you are requesting from the MCHSD.

Include a narrative description of how funds will be used and a line-item explanation of how the amounts were arrived at or why they are justified. This narrative should conform to the line items on the Budget Form.

For salaried positions, please indicate the full-time equivalent in relation to the percentage of time which that person will actually devote to the requested grant budget. (For example, .25 FTE x \$40,000 = \$10,000)

C. BUDGET FORM

You may use any format to express the line items and totals, but please be sure your budget form is in Excel and includes the following information:

1. Indicate the months your fiscal year begins and ends.
2. **Agency Budget This Year** - include the most recent budget for the organization or department- a line item budget is not required, just a summary including major categories of revenues (grants, govt. contracts, donations, etc.) and expenses (salaries, operations, etc.) Also include a list of specific grants received, as a separate attachment including the amount, purpose and funding source for each grant.
3. **Total Project Budget** - indicate the total amount needed for this project by line item.
4. **Requested from MCHSD** - indicate those amounts requested from the MCHSD by line item.

Generally, list the personnel and operational expense categories in your organization (or department, if you are part of a large agency), rounding off to the nearest dollar. For personnel, indicate their full-time equivalent (FTE) next to their position in relation to the **Total Project Budget**. For example, a Program Director making \$20,000 this year at half-time would be stated as: Program Director (.5 FTE).

D. ATTACHMENTS

Attachments to be included with the proposal are:

1. Copy of your IRS determination letter.
2. Copy of most recent audited financial statement.
3. A current board list, with address & phone numbers and affiliations.
4. A minimum of two letters of support or collaboration. (These are *required*.)
5. A list of current funders, grant amount, and purpose of each grant.
6. Additional materials you believe necessary to support your request, but be selective.

Additional Information

Post Submission Communications: MCHSD staff may call you to discuss your proposal. You may also contact MCHSD staff if you have questions or to discuss the status of your proposal. If you have not received a letter or email confirming receipt of your proposal within a week, please call us to make sure it was received.

MCHSD reserves the right to discuss your proposal with other funders, agencies or individuals as it pertains to verifying information or determining the viability and efficacy of the proposed project. All materials submitted to MCHSD shall become the property of MCHSD and shall not be returned to applicants.

Timeline:

- May 1, 2015 – Proposals due
- June 1, 2015 – Award decision made (estimated)
- July 1, 2015 – Successful applicant in contract (estimated)

Contracting Information: The initial contract term is for one year with a multi-year commitment. The successful applicant will be required to submit two progress reports per year that are consistent with their evaluation plan.