



**Town of Greenwich
Department of Human Services
FY2023 AMERICAN RESCUE PLAN ACT
COMMUNITY PARTNERSHIP REQUEST FOR PROPOSAL
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A. BACKGROUND

The mission of the Town of Greenwich’s Department of Human Services (GDHS) is to support our residents by providing direct services, collaborating with community partners, and focusing on life-enhancing initiatives. To achieve this mission, we focus our efforts on four key areas of need, which have been supported through community research and data. The areas of need are as follows:

- **Basic Human Needs** - housing, nutrition, healthcare, mental health services/counseling and financial services
- **Community Resources** - vocational and job development, employment, transportation, technology, service coordination and immigration support
- **Families, Children and/or Seniors** - childcare, education, or recreation
- **Personal Safety** - protection against abuse, neglect, and domestic abuse

In FY2022, GDHS requested American Rescue Plan Act (ARPA) funds from the Town of Greenwich to collaborate with community partners to meet the behavioral health needs of the community which were exacerbated by the COVID-19 pandemic. GDHS was awarded \$260,000 for this purpose. With this funding, beginning in FY2023, GDHS will be able to provide the following funding:

Area of Focus	FY2023	FY2024	FY2025	FY2026
Mental Health	\$35,000	\$35,000	\$30,000	\$30,000
Substance Use	\$35,000	\$35,000	\$30,000	\$30,000

The spending plan is subject to change based on the needs of the community and the ability of applicant organizations to meet the identified needs. More specifically, the spending plan may be accelerated as appropriate.

B. ELIGIBILITY

The applicant organizations must have a history of providing mental health and/or substance use services. The organizations must propose programs/services that positively impact outcomes for Greenwich residents.

C. PURPOSE OF ARPA RFP

This Request for Proposal (RFP) invites responses from organizations related to addressing the mental health and substance use needs of Greenwich residents. The proposed requests must focus on providing interim treatment, expediting admission to treatment, increasing capacity within programs to provide treatment, and/or engaging in proactive prevention practices.

The purpose of this RFP is to provide interested parties with an understanding of GDHS’ requirements and sufficient information to complete the FY2023 ARPA Community Partnership Proposal Response Form (refer to Attachment A) within the prescribed timeline. All respondents are expected to complete Attachment A and to submit all other requested documentation.

D. PROPOSAL REQUIREMENTS

There are four (4) key requirements for responding to this ARPA RFP:

#1: Complete the FY2023 ARPA Community Partnership Proposal Response Form (Attachment A). Submit Attachment A to Commissioner, Demetria Nelson on or before June 20, 2022. All respondents must submit Attachment A for their responses to be formally considered in GDHS' funding evaluation process.

#2: Submit a customized Progress Report. GDHS and its Board wishes to objectively review and evaluate both the use and influence of any provided funds. As such, GDHS expects there to be a rigorous exchange of information between each agency and the Department on a quarterly basis. To accommodate our expectations, we ask that each agency provide the information/metrics (including outcome information) that they propose to report and design a customized Progress Report for their particular organization. The sample Progress Report is submitted along with a completed Attachment A on June 20, 2022.

#3: Submit a plan for Co-Promotion of GDHS and your Project or Service. Publicity of Community Partner awards is an essential component of GDHS mission to educate the public concerning the needs and services provided through the Community Partner Program. By acceptance of the award, the Agency agrees to participate in targeted promotional activities including media interviews, social media, and videos. Participation of the Community Partner in such publicity shall be governed by the Publicity Agreement. The Community Partner will acknowledge the use of GDHS funds as it relates to the services that will be provided by the RFP.

#4: Provide documents required on RFP Checklist (Attachment C).

E. EVALUATION AND SELECTION CRITERIA

The responses to the ARPA RFP will be evaluated in accordance with the procedures described below. During the evaluation process, GDHS reserves the right to request additional information to validate selected data provided with the intention to make the most informed decision.

The evaluation process spans nine areas of assessment. Each area has specific criteria that will be evaluated against the received responses.

GDHS FY2023 ARPA Community Partnership RFP Process Evaluation Criteria

There are nine (9) areas of assessment used in the RFP evaluation process. The areas of assessment, their criteria, and the Likert-scale used to rate each category are as follows:

- Alignment of GDHS Mission
 - Focus on Mental Health and Substance Use
 - Description of Program
 - Benefit to Greenwich residents
- Specific Goals and Plans
 - Clarity of Goals
 - Communication of Measurable Plans
- Applicant's Background/Experience
 - Experience in Providing Behavioral Health Services
 - Program Track Record in the Community
- Description of Need in the Community
 - Identification as an Unmet or Under-Addressed Need
 - Integrity of Data Provided to Justify Need
- Collaboration/Discussion with Others in Community
 - History of Collaboration with Other Agencies
 - Interest in or History of Collaborating with GDHS
- Budget
 - Itemized Budget for the Proposed Year
 - Description of Other Funding Sources and Strategies
 - Amount of Request as Related to Need versus Proposed Impact
- Evaluation of Project Outcomes
 - Supportive Data
 - Proposed Program Metrics
- Sustainability
 - Proposed Strategies to Continue the Program
- Communications Plan
 - Plans for Co-Promotion of GDHS
 - Marketing Plans for Program

For each area of assessment, a score is assigned. Each area is rated from one (1) to five (5). One (1) indicating "Very Low" and five (5) indicating "Very High." An average overall rating score is assigned to each RFP.

F. KEY DATES

**Board of Human Services
GDHS FY2023 ARPA Community Partnership RFP Process
Key Dates**

Date(s)	Event
June 2, 2022	Special RFP Announced/Released
June 13, 2022	Deadline for Submitting Written Questions
June 20, 2022	Deadline for Submission of ARPA Community Partnership RFP Application (3:00pm)
June 21 - June 27, 2022	Board of Human Services Community Partnership Committee Evaluation Process
June 28, 2022	Presentation to the Board of Human Services (Special Meeting)
July 5, 2022	Announcement of Funded Services/Programs
July 5 - July 8, 2022	Signing of Memorandums of Agreement
No later than July 29, 2022	Initial Disbursement of Funds

G. TERMS AND CONDITIONS

1. All responses to this ARPA RFP become the property of GDHS, and as such may be subject to public review.
2. Any costs and expenses incurred by an organization in preparing or submitting responses are the sole responsibility of the respondent.
3. This ARPA RFP does not commit GDHS to award funds.
4. GDHS reserves the right to request additional information and/or clarification from any of the respondents to this ARPA RFP.
5. A respondent must be prepared to present evidence to their responses to satisfactorily meet the requirements set forth or implied in the ARPA RFP.
6. Respondents may be asked to attend a meeting or be interviewed to provide further explanation to the Board of Human Services Community Partnership Committee.
7. If a response involves two or more respondents, the precise amount of funding requested by each respondent needs to be clearly stated and a signed letter be provided that sets forth the specific amounts for each party.
8. Respondents agree there is an expectation that quantitative and qualitative information is required on a quarterly basis to determine and monitor Program utilization and impact.
9. Community Partner agrees to the following funding payout schedule (tied to GDHS' fiscal year and percent of the total funding amount):

a. Initial payment (July 29)	20%
b. Process payment (within three weeks of receiving first quarterly report covering July 1 – September 30)	20%
c. Process payment (within three weeks of receiving second quarterly report covering Oct. 1 – Dec. 30)	20%
d. Process payment (within three weeks of receiving third quarterly report covering Jan. 1 – March 30).	20%
e. Process payment (within three weeks of receiving fourth quarterly report covering April 1 – June 30).	20%
10. All respondents to the ARPA RFP must conform to instruction. Failure to include required signatures, meet deadlines, answer all questions, follow the required format, or failure to comply with other requirements of the ARPA RFP may be considered appropriate cause for rejection of the response. All communication must be done through the GDHS Commissioner.

11. The contract produced from the selection process will represent the entire agreement between the respondent and GDHS and will supersede all prior negotiations, representations, or agreements—alleged or made—between the parties. Terms of contract are for one year with no guarantee of automatic renewal.

12. By acceptance of the contract, the Agency agrees to execute upon the Publicity Agreement (Attachment B).

13. GDHS may terminate the funding agreement, in whole or in part, for default based on the following conditions: (i) Respondent fails to provide GDHS with timely and/or acceptable progress reporting data; (ii) insolvency of the respondent; (iii) loss of key personnel responsible administering the program/service; (iv) lack of responsiveness to GDHS inquiries; or (v) respondent fails to fulfill any of its obligations. Prior to termination, GDHS shall notify respondent of the default condition and shall allow respondent thirty (30) calendar days within which to rectify the condition. If the condition is ameliorated within the allowed period, the funding agreement shall remain in full force and effect. If the default condition remains beyond the allowed period; GDHS may terminate the funding agreement, in whole or in part by written “Notice of Termination” to the respondent stating basis for termination and effective date.

ATTACHMENTS TO FOLLOW

ATTACHMENT A

**Town of Greenwich
Department of Human Services
FY2023 ARPA Community Partnership Proposal Response Form
July 1, 2022 - June 30, 2023**

I. Application Information

Organization/Agency		Executive Director/Years in Role	
Contact Person		Title/Years in Role	
Address	City	State	Zip
Telephone	Federal ID Number	Contact Person's Email Address	

II. Organization/Agency History

	Key Programs/Services (Top 5 only please)
Total # of Clients Served (FY '21)	1
Estimated GDHS Clients Served (FY '21)	2
<u>Number</u>	<u>% of Total Clients</u>
	3
# of Locations	4
Greenwich Location	5
Yes	No

III. Specific Service/Program Requested For Funding Consideration:

(Restrict response to specific program/service that funds are being requested) Section continues on next page

Description:

Agency Eligibility:

Does the agency have a history of providing mental health and/or substance use services?

Program Location (if different from address in Section I):

III. Specific Service/Program Requested For Funding Consideration:

(Restrict response to specific program/service that funds are being requested) Continued from previous page

Client Demographics:

1. # of Unduplicated Clients Served (annually)	2. Representative Age Distribution (number of clients) (Age Groups)	3. % Greenwich Residents (of prior question - item #2) (Age Groups)
4. Average # of Visits/Service per client (annually)	0 - 17 _____	0 - 17 _____
5. Average Duration of Service _____ Months	18 - 24 _____	18 - 24 _____
	25 - 44 _____	25 - 44 _____
	45 - 64 _____	45 - 64 _____
	Over 65 _____	Over 65 _____
	Total _____	Total <u>100%</u>

Expected Use of GDHS Funds:

Development of new service/program

Maintenance of current service/program

Expansion of current service/program

Other _____

Current Staff Resources Supporting Program/Service:

_____ # Full-time

_____ # Part-time

_____ # Volunteers

_____ Total

IV. PR/Marketing: (See GDHS Publicity Statement - Attachment B)

What is your communication plan to bring awareness to your program and GDHS' support of it? Who will be responsible for its execution?

What communication vehicles will you use to publicize your program and GDHS' support?

V. FY 2023 Funding Requested

Funding Request:

\$10,000 or less

\$11,000 - \$20,000

\$21,000 - \$30,000

\$31,000 - \$35,000

Specific Amount Requested:

\$ _____

_____ % of total funding

Aggregate Funding History with GDHS (Last 5 Years)

\$25,000 or less

N/A

Total Amount Requested in the last 5 years

\$26,000 - \$50,000

\$ _____

\$51,000 - \$100,000

Total Amount Received from GDHS in the last 5 years

Over \$100,000

\$ _____

How will services be impacted and targeted population assisted with the GHDS funding?

How will services be impacted if GDHS funding is not received? Will you seek alternate sources of funding?

Proposed Metrics for monitoring service Utilization and Impact/Outcome to show how program will meet need

<u>Utilization</u>	<u>Impact/Outcome</u>

VI. Financial Profile

1. Overall Organization (Please also provide latest audited Financial Statement)

	2021	2020	2019
Total Revenues	\$ _____	_____	_____
a. Fee-based Income (Ex.Memberships)	\$ _____	_____	_____
b. Donations	\$ _____	_____	_____
c. Fundraising	\$ _____	_____	_____
d. Non-Government Grants	\$ _____	_____	_____
e. Government Grants	\$ _____	_____	_____
i. Total Expenses	\$ _____	_____	_____
ii. Surplus/Deficit	\$ _____	_____	_____

2. Target Program/Service (Please provide Program/Service Budget vs. Actual)

	2021	2020	2019
a. Total Revenues Generated	\$ _____	_____	_____
b. Development Dollars Allcoated	\$ _____	_____	_____
c. Total Cost	\$ _____	_____	_____
d. Surplus/Deficit (a+b) - (c)	\$ _____	_____	_____

3. Costs of Target Program (for FY '21 only)

% related to Salaries	\$ _____
% related to General & Admin Costs	\$ _____
% related to Other Costs	\$ _____

Provide any other explanation (if desired) _____

4. Grants - Government Grants vs. Non-Government Grants (FY 22-23)

	Government	Non-Government
Total Number of Grants Applied for:	_____	_____
Total Amount of Grant Funds Applied for:	_____	_____
Total Number of Grants Received:	_____	_____
Total Amount of Grant Funds to be received (FY 22-23)	_____	_____

Have you applied for and/or received any grants or loans as a result of COVID? If yes, please explain if loan has been forgiven.

VII. Representations

By signing the following Community Partnerships Proposal Response Form, you are acknowledging the following:

- You have read and understand the information requested in the ***FY2023 ARPA Community Partnership Proposal Response Form*** ;
- To the best of your knowledge, you have provided accurate information in the aforementioned response form; and
- You have read, understand, and will adhere to the ***Terms and Conditions of the GDHS FY2023 ARPA Community Partnership Request for Proposal***.

Name: _____ Signature: _____ Date: _____

ATTACHMENT B

**Town of Greenwich
Department of Human Services
Publicity Agreement**

The Town of Greenwich Department of Human Services (GDHS) depends on community support for its success and requests our Community Partners to publicize GDHS as a funding partner.

It is important the community is aware of GDHS' support of our Community Partners. Please acknowledge, by signing below that the GDHS will be identified, to the best of your ability, via words and/or with the use of the GDHS logo on all documents and signage related to our support including, but not limited to:

- Newsletters shared within your organization
- Community Partner programs supported by GDHS
- Board meetings
- Media interviews and articles
- Print and social media materials promoting GDHS supported programs
- Board of Education reports (if applicable)
- Any other relevant publicly-distributed materials

By signing this agreement, I acknowledge that I have read and agreed to the GDHS Publicity Agreement.

Signature: _____

Name: _____

Title: _____

ATTACHMENT C

Town of Greenwich Department of Human Services FY2023 ARPA Community Partnership RFP Checklist

In addition to the completion of the *FY2023 ARPA Community Partnership Proposal Response Form (Attachment A)* please submit the following items with your application:

Organizational:

- Audited Financials (most recent, but no older than two years)
- Balance Sheet and Income Statement (most current approved)
- Applying Organization's Budget (most recent, but no older than two years)
- List of Current Board of Directors and Affiliation
- Copy of IRS Form 990 (most recent, but no older than two years)
- 501c3 Letter
- Current Organizational Chart

Program Specific Information Required:

- Program Budget (Revenue, Expenses and an explanation for Indirect Costs)
- Program Budget Narrative
- Program Funding Sources (Federal, State, Town and Private)