



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT

Spokane County Regional Support Network Solicitation:

Projects for Assistance in Transition from Homelessness (PATH) Federal Grant Services to be Delivered October 1, 2009 through September 30, 2010

Effective May 10, 2009, Spokane County Regional Support Network (SCRSN), a division of Spokane County Community Services, Housing, and Community Development Department, is releasing a solicitation for PATH services to be performed October 1, 2009 through September 30, 2010. The solicitation application process and instructions are detailed below and are also posted on the following County website:

<http://www.spokanecounty.org/mentalheath>

The solicitation seeks to obtain PATH services for the County from a licensed community mental health agency that is committed to the following **mission statement**:

“It is the mission of the Spokane County Regional Support Network to assure that in Spokane County a choice of flexible and responsive community resources are available and accessible to individuals and families experiencing a mental illness. These resources will value.

- safety and health,
- preservation of dignity and empowerment,
- individual and ethnic uniqueness,
- personal growth and enrichment, and
- community participation.”

In order to be considered for funding under this Solicitation, organizations must demonstrate a commitment to support the delivery of eligible services, through direct provision or referral, for adult individuals who are homeless and suffering from serious mental illnesses, and may also have co-occurring substance abuse disorders. There must be a particular emphasis on persons most in need of services and on services, which are not supported by mainstream mental health programs.

PATH eligible services consist of:

- Outreach services,
- Screening and diagnostic treatment services,
- Habilitation and rehabilitation services,
- Community mental health services,
- Alcohol or drug treatment services,

- Staff training, including training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services.
- Case management services,
- Supportive and supervisory services in residential settings,
- Referral for primary health services, job training, educational services, and relevant housing services,
- Housing services as specified in section 522 (b) (10) of the Public Health Services Act, including: minor renovation, expansion and repair of housing, planning of housing, technical assistance in applying for housing assistance, improving the coordination of housing services, security deposit, costs associated with matching eligible homeless individuals with appropriate housing situations and one-time rental payments to prevent eviction.

Note: For more detail on required services and program guidelines, see attached Federal RFA.

BACKGROUND

In accordance with the Public Health Services Act, the Substance Abuse and Mental Health Services Administration, the Center for Mental Health Services, and the Washington State Mental Health Division (MHD), SCRSN receives PATH grant funding to implement community-based services for persons with serious mental illness who are homeless or at imminent risk of homelessness.

FUNDING

The current funding available is Ninety Six Thousand Seventy Dollars (\$96,070.00) for October 1, 2009 through September 30, 2010.

1. The PATH Grant requires a match of non-federal funds for Thirty Five Thousand Three Hundred Seventy One Dollars (\$35,371.00.00). SCRSN will provide \$12,484.00 of the matching funds requirement and the successful agency must be able to provide \$22,887.00 from other sources.
2. The PATH funding is for PATH services and activities, and for Palm Pilot equipment to be used to participate in PATH data collection activities.
3. The data collection activities are services provided by a MHD contract Palm Pilot data-collection agent to agency, paid by PATH funds (\$7,961), but paid directly by MHD to the data collection agency; not the PATH applicant.
4. The successful contractor must ensure that all non-federal match contributions are in accordance with federally-approved PATH services and activities.
5. The successful contractor must submit aggregate non-federal match contribution amounts with invoices for PATH fund reimbursement, in accordance with the Approved Budget Table as shown in this solicitation.
6. Supporting documentation of non-federal match amounts shall be maintained in sufficient detail to demonstrate match amounts contributed by budget category.

APPROVED BUDGET TABLE

	PATH Grant	Local Match (Required Minimum)	Totals
Revenue:			
PATH Grant	\$96,070		\$96,070
SCRSN Match		\$12,484	\$12,484
Contractor Match		\$22,887	\$22,887
Total Revenue	\$96,070	\$35,371	\$131,441
Expenses:			
Personnel	\$		
Fringe Benefits	\$		
Travel	\$		
Equipment-Palm Pilot	\$375		
Supplies	\$		
Contractual	\$		
Other	\$		
Indirect – must be covered with Match	XXXXXXXXXX		
Total Expenses	\$96,070	\$35,371	\$131,441

PROGRAM STANDARDS

1. Provide a brief description of your agency including name, type of organization, services provided by the organization, and region served.
2. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:
 - a. The projected number of clients who will receive PATH-funded services in FY 2009/10. Estimate what percentage of clients served, with PATH funds, are projected to be "literally" homeless (e.g., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (see Federal RFA for definition of "imminent risk of homelessness");
 - b. List services, using PATH funds, to be provided (see above, for PATH eligible services);
 - c. Describe other community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe your agency's coordination with those organizations;
 - d. Describe perceived gaps in current service systems;
 - e. Describe services currently available for clients who have both a serious mental illness and substance use disorder;

- f. Describe strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);
3. Describe your participation in HUD Continuum of Care program and any other local planning, coordinating, or assessment activities.
4. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (d) the extent to which staff receives periodic training in cultural competence.
5. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH funded services. Also, are persons who are PATH eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?
 - a. Does the proposed program utilize funding from other public or private sources that would augment the PATH Grant funds in addition to the required matching funds? If so, describe the source and amount of those funds and how this funding will be used.
 - b. Identify the outcomes the applied activities will accomplish.
 - i. Describe the indicators you will use which will explain how effectively you accomplished the outcomes.
 - ii. Describe how you will collect and report indicator information.
 - c. Describe your agency's qualifications and experience to provide the above described services. Attach a copy of all current agency licensures.
 - d. Provide your organization's mission statement. If your organization does not have a formal mission statement, describe the mission of your organization.
 - e. Describe how your organization's mission will contribute to the mission of Spokane County Regional Support Network.
6. Describe your agency's accounting system and ability to maintain the PATH Grant revenue and expenditures separate from other funding sources within the agency.
 - a. If your agency uses an accounting system please identifies which system.
7. Complete and attach the Budget Table as demonstrated in the Funding Section. The budget will be reviewed in the context of your proposal including and not limited to the activity chosen, its frequency and duration, the target population chosen, and other factors in your proposal.

- a. Provide a detailed budget narrative by line item.
- b. Program the source of the non-federal match.
- c. Describe the cost-effectiveness of the dollars invested in the proposed activity.

GENERAL INFORMATION AND REQUIREMENTS

- Proposals must be received no later than June 19, 2009.
- **Application Submittal Requirements:** In order for an application to be considered, the applicant must adhere to guidelines and instructions that are stated in this instruction document.
- **Cost Reimbursement:** Contracts offered to successful applicants will be cost reimbursement contracts. Cost reimbursement shall mean a contract where the amount of payment being made is related to the actual costs necessary to perform the contract. Allowable costs will be determined pursuant to A-122, A-87 or other applicable federal guidance. All funds awarded under this agreement must be expended for allowable costs during the period of performance.
- **Eligible Applicants:** Public and not-for-profit organizations located in Spokane County and serving persons who reside in Spokane County. A current license as a Community Mental Health Agency (CMHA) is required, and a copy must be attached.
- **External Financial Audit:** Attach the most recent external financial audit and management letter, if any.
- **Contact Information:** All inquiries shall be directed to the Solicitation Coordinator:
Suzie McDaniel, Assistant Director
Spokane County Community Services, Housing,
and Community Development Department
312 West 8th Avenue, Spokane, WA 99204
Phone: (509) 477-4510, Fax: (509) 477-6827
Email: smcdaniel@spokanecounty.org
- **Questions and Answers:** Any questions related to this solicitation must be submitted in writing to the Solicitation Coordinator via email or fax within 10 days from the release date of this solicitation. Answers to the questions will be posted on the website: <http://www.spokanecounty.org/mentalhealth> The County will only answer questions submitted within 10 days from the release date of this application.
- **Instructions, Forms, and Other Documents:** The application instructions, forms, and other documents are in a combination of MSWord and PDF formats and can be printed from the website. If you are unable to open and/or print any of these documents, you may contact the Solicitation Coordinator listed above under

Contact Information to make arrangements to receive paper copies of these documents.

- **Amendments to Solicitation:** The County reserves the right to issue amendments to this solicitation for clarification, substitution, addition, or deletion. Applicants are strongly advised to check the website: <http://www.spokanecounty.org/mentalhealth> periodically to see if amendments have been posted.
- **Cancelation:** The County reserves the right to cancel this solicitation in whole or in part and any or all proposals may be accepted or rejected in whole or in part.
- **Proposal Revisions:** The County may find it necessary to seek clarification from applicants regarding any of the responses submitted. The County may, at its discretion, request that applicants submit additional information in order to permit a more informed evaluation of the application.
- **Property of the County:** Any application submitted becomes the property of the County and will not be returned to the applicant.

TECHNICAL REQUIREMENTS OF THE PROPOSAL:

- Use standard 8.5 x 11 white paper;
- Use 12-point font, black, double-spaced narratives with one-inch margins;
- Print your organization name as a header on all pages of the application response;
- Insert page numbers at the bottom of the page;
- Submit one original and one copy stapled in the upper left-hand corner;
- There is no minimum or maximum number of pages for the entire response;
- Unnecessarily elaborate responses beyond that sufficient to present a complete and effective response are not desired;
- Proposal applications that are incomplete or do not follow the guidelines described in the “General Information and Requirements” and “How to Apply” sections will not be considered;
- All questions must be answered.

This recruitment announcement can be found in the Mental Health Index on the Spokane County Community Services website at: www.spokanecounty.org/mentalhealth.

DELIVERY OF THE PROPOSAL: The proposal must be received no later than 5:00 p.m. (Pacific Time) on June 19, 2009 at:

Suzie McDaniel, Assistant Director
Spokane County Community Services, Housing,
and Community Development Department
312 West 8th Avenue, Spokane, WA 99204

Proposals received after 5:00 p.m. (Pacific Time) on June 19, 2009 will be disqualified from consideration under this Solicitation. The proposal may be hand-delivered, mailed, or delivered by parcel, courier, or other delivery service. A postmark or other mark will not be accepted as receipt of the proposal. The applicant assumes full responsibility for the delivery method chosen.

DECLARATION FORM: Regarding: Spokane County Regional Support Network Solicitation: PATH Services to be delivered October 1, 2009 through September 30, 2010.

Applicant, by and through its undersigned representative, makes the following declarations:

Organization Name _____

Address _____

Contact person _____

Phone number _____

Fax number _____

Email address _____

1. I have the authority to submit this proposal on behalf of my organization.
Yes___ No___ (check one)
2. I understand and agree that the County may accept my organization's proposal in whole or in part and that the County may request that my organization consider modifying items in the proposal. Yes___ No___ (check one)
3. I understand and agree that if my organization is selected as an apparently successful bidder, the County is not bound to offer a contract. Yes___ No___ (check one)
4. During the past three years my organization has had:
 - a. Audit Findings: Yes___ No___ (check one)
 - b. Management Letter: Yes___ No___ (check one)
 - c. License Revocations or Suspensions: Yes___ No___ (check one)
5. If I answered, "Yes" to any of the above, the following is my explanation for each:

6. I have the authority to make the preceding declarations on behalf of my organization.
Yes___ No___ (check one)

Signed: _____
Print and Sign Name:

Title: Date: