

REQUEST FOR PROPOSAL
TO DELIVER SUBSTANCE ABUSE TREATMENT
SERVICES TO MEMBERS OF
THE WEST HOLLYWOOD COMMUNITY

Issued on:	Tuesday, December 18, 2018
Due by:	Tuesday, January 15, 2019 by 6:00 p.m.
Funding Term:	Funds expended by September 30, 2019

Social Services Division
Department of Human Services Rent Stabilization and Housing
City of West Hollywood, California
(323) 848-6510
TTY for hearing impaired (323) 848-6496
www.weho.org

REQUEST FOR PROPOSAL

The City of West Hollywood seeks applications for substance abuse treatment services for members of the West Hollywood community. Proposals should reflect programming and services that are not covered by Drug Medi-Cal. \$147,957 in unspent funds is available for re-programming.

PROCESS FOR SUBMISSION AND EVALUATION OF PROPOSALS

RELEASE DATE

The proposal will be sent to currently funded agencies via mail and e-mail and available on the City's website on Tuesday, December 18, 2018.

SUBMISSION DEADLINE

Proposals are due by 6:00 p.m. on Tuesday, January 15, 2019.

One original and 11 copies stapled separately and without covers should be submitted to:
Yvonne Quarker, City Clerk
City of West Hollywood
8300 Santa Monica Blvd., West Hollywood, CA 90069

TIMELINE FOR REVIEW/ PROPOSED DATES*

ACTION

Tuesday, December 18, 2018

CITY RELEASES REQUEST FOR
PROPOSAL

6:00 p.m. Tuesday, January 15, 2019

PROPOSALS DUE TO THE CITY

Tuesday, February 12, 2019

STAFF RECOMMENDATIONS
PRESENTED TO THE HUMAN
SERVICES COMMISSION

Monday, March 4, 2019

CITY COUNCIL REVIEW AND
GRANT AWARD (S)

***These dates are subject to change. Should a change become necessary, all interested parties will be notified.**

EVALUATION

Proposals will be evaluated on their own merits, in relation to the City's priorities, competitively, and as components of a larger service delivery system. Each applicant will be notified of recommendations regarding its request, both verbally and in writing, and should avail itself of the opportunity to address the Human Services Commission and City Council during the review process. The City Council will adopt final funding levels, types of service, and minimum goals for each program.

**CITY OF WEST HOLLYWOOD - SOCIAL SERVICES REQUEST FOR
PROPOSAL FOR SUBSTANCE ABUSE TREATMENT SERVICES**

COVER PAGE

Agency Name: _____
Program Name: _____
Contact Person: _____ Phone: _____
e-mail: _____ FAX: _____
Address: _____
City: _____ Zip: _____
Address where services will be provided: _____
City: _____ Zip: _____

Grant Request Amount: \$

Primary Target Population:

Proposal Summary: In 40 words or less, please provide a concise overview of your proposal.
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PROPOSAL NARRATIVE INSTRUCTIONS

In a proposal narrative not to exceed 3 pages (single-sided, single-spaced pages in 12 point font), please address the following areas of your proposed program's design and services:

- **Program Goal**
- **Need:** Describe the need in the City of West Hollywood for this particular program.
- **Program Description:** Describe exactly what services you will provide and how you will provide them.
- **Units of Service:** What are the units of service for the proposed program and what are the numerical goals per quarter and annually for West Hollywood community members and for the total project?
- **Outcome objective:** What is the program's outcome objective?

EXHIBIT A (SCOPE OF SERVICES)
INSTRUCTIONS

Exhibit A (Scope of Services) outlines the proposed program’s service, program outcomes, and numbers of people to be served.

Exhibit A along with a short narrative that agencies will prepare in the event they are selected for funding, become the basis of the contract between the agency and the City. Objectives must be specific, measurable, achievable, realistic, and time-specific. Please refer to the samples provided, and consult with City staff for assistance, if needed.

SERVICE CATEGORIES: This refers to the types of service the proposed program will provide. Record the type of service(s) proposed. Provide an explanation of the service(s) in the narrative program description. Some examples of commonly-used service categories are:

Case Management	Intake
Counseling	Outreach

UNIT OF SERVICE: This refers to the way in which a service is measured. For services that involve in-person, in-depth contact (counseling, intake, casework, etc.), the City is interested in knowing the number of “New & Unduplicated People”, the number of “New & Ongoing Clients,” and the number of “Client Visits” per service. Other types of service should measure the number of people receiving the service and the amount of the particular service provided. For example, a service category of “Residential Treatment” would be measured by the number of people served and the number of bed nights utilized. Group activities would be measured by the number of groups provided and the attendance.

NUMERICAL GOALS: The “West Hollywood” section of the Exhibit A refers to the number of West Hollywood community members to be served quarterly and annually. The “Total Project” section refers to the total number of people (including West Hollywood community members) the program will serve quarterly and annually.

OUTCOME OBJECTIVE: Provide one outcome objective that is measurable, specific, achievable, realistic, time-specific, and which reflects behavior change. State how many of what population will experience what benefit in what time frame.

CITY OF WEST HOLLYWOOD -- DEPARTMENT OF HUMAN SERVICES & RENT STABILIZATION--SOCIAL SERVICES DIVISION
SAMPLE Exhibit A: Scope of Services

Agency:

Program: Shelter and Supportive Services

		NUMERICAL GOALS			
		West Hollywood		Total Project	
Service Categories	Unit of Service	Quarterly	Annually	Quarterly	Annually
Outreach	Contacts	900	3,600	1,800	7,200
Intake	New, Unduplicated People	300	1,200	900	3,600
Shelter	New, Unduplicated People	75	300	225	900
	New & Ongoing People	105	N/A	315	N/A
	Bed Nights	900	3,600	2,700	10,800
Food	Meals	1,800	7,200	5,400	21,600
Public Assistance Advocacy	New, Unduplicated People	120	480	360	1,440
	New, Ongoing People	180	N/A	540	N/A
	30-min. Advocacy Sessions	720	2,880	2,160	8,640
Case management	New, Unduplicated People	210	840	630	2,520
	New and Ongoing People	300	N/A	900	N/A
	30-min. Casework Sessions	1,800	7,200	5,400	21,600

OUTCOME OBJECTIVE: 75% of clients who complete the shelter and supportive services program will obtain stable housing by the end of the program year.

CITY OF WEST HOLLYWOOD -- DEPARTMENT OF HUMAN SERVICES & RENT STABILIZATION--SOCIAL SERVICES DIVISION
SAMPLE Exhibit A: Scope of Services

Agency:

Program: HIV Prevention

		NUMERICAL GOALS			
		West Hollywood		Total Project	
Service Categories	Unit of Service	Quarterly	Annually	Quarterly	Annually
Counseling	New, Unduplicated People	18	72	105	420
	New & Ongoing People	201	N/A	750	N/A
	# of Sessions	726	2,904	2,700	10,800
Educational Classes	Classes	60	240	180	720
	People Attending	600	2,400	1,800	7,200
Support Groups	New, Unduplicated People	90	360	300	1,200
	New & Ongoing People	150	N/A	435	N/A
	# of Sessions	108	432	288	1,152
Volunteer Training	New, Unduplicated People	N/A	50	N/A	150
	Sessions	N/A	100	N/A	300

OUTCOME OBJECTIVE: 65% of program participants will report safer sex behaviors by the end of the program year.

EXHIBIT B (BUDGET)
INSTRUCTIONS

Using forms and samples provided by the City, please complete the following pages. Budget summary and line item amounts are required for all agency expenses, related to the program for which funding is requested, regardless of whether the expense is to be met by the City of West Hollywood.

I. BUDGET JUSTIFICATION - PERSONNEL COSTS

Enter the Agency/Department name.

STAFF SALARIES: List each paid position of the grantee by title. Include all positions, whether grant-funded or not, and indicate the number of hours per week for any positions which are not full-time.

- (A) Compute the monthly salary for the grant period. Put this in the “Monthly Salary” column.
- (B) Compute the percentage of the salary to be charged to the grant. Put this in the “% Time on Project” column.
- (C) Show the number of months during the grant period that the position will be filled. Put this in the “# Months Employed” column.
- (D) Compute the total charge to the grant for each position. Multiply the monthly salary by the percentage of time on the project by the number of months employed. Put this in the “Total Grant Share” column.
- (E) Enter the remainder of the salary in the “Total Non-Grant Share” column.

STAFF FRINGE BENEFITS: For salaries and wages **to be funded by the grant**, itemize each benefit by type and percentage of salary (if applicable) and number of employees covered. Sick leave, vacation, and holidays are not computed as fringe benefits. Medical/Dental Insurance should be detailed by the annual premium for each individual budgeted multiplied by the percentage of that individual’s salary which is charged to the grant. Employer payroll taxes may be included as fringe benefits.

Total the grant share and non-grant share of the salaries. Total the grant and non-grant share of the fringe benefits. Add the total salaries to the total fringes to arrive at the total grant and non-grant personnel costs.

The Budget Justification and Personnel Cost forms must be signed by the Fiscal Officer and the Executive Director.

II. BUDGET JUSTIFICATION - OTHER COSTS

Non-personnel costs should be divided into Facility Costs and Program Costs, and should be itemized by category. Following are some of the most common budget categories. Add any others you need, and be sure to include a justification of the expense of the total cost to the agency, and of the basis for allocating the portion charged to the grant.

FACILITY COSTS:

Space/Facilities/Rent

Describe the basis of the allocation of rental costs, utilities, janitorial costs, telephone expenses, and any other facility costs. For example, "This agency occupies 2,500 square feet, and pays \$2,750 per month in rent. The project will occupy 500 square feet, or 20 percent, of agency space. The agency will absorb 50 percent of the rental expense." In this case, the grant share will be \$275; the non-grant share will be \$2,475.

Insurance

City contract provisions require that grantees have liability insurance coverage in the amount of \$1,000,000 and a comprehensive blanket crime policy in an amount not less than \$10,000. Budget appropriate amounts for these expenses, and show the basis for the allocation of costs to the grant and to other agency programs.

PROGRAM COSTS:

Consultant Services

Consultant services are those contract services performed by individuals who are not agency staff. List each type of consultant to be funded by the grant, the specific services rendered, the proposed hourly rate, and any additional information to justify the use of consultants as opposed to staff or volunteers.

Training, Seminars, Conferences

Include a description and justification of the sorts of training to be attended and show how the cost was computed. Identify amounts allowed for travel, per diem expense and lodging.

Audits

Grantees receiving \$50,000 or more from the City are required by the contract to have an annual certified audit. Show the basis of any cost allocation to the grant.

Mileage

Justify any mileage expenses requested and show the basis for computation of the total.

Other examples of Program Costs include:

- Supplies
- Advertising
- Printing Expenditures
- Directly paid services such as bus passes and food vouchers
- Urgent needs fund

Equipment Purchase

Use of West Hollywood grant funds for equipment purchases \$500 and above are **not permitted**.

INDIRECT COSTS:

Indirect costs in the amount of 10% of the grant or less may be part of the budget. The basis for those costs allocable to the grant must be approved by the City. Depreciation and other non-cash costs cannot be included in the allocable base or as a budgeted item.

PROGRAM INCOME:

Any income generated by a project funded by the City of West Hollywood must be used for the support of the project. Such income cannot be utilized to support other agency programs or projects. Detail all sources of income generated by grant funded projects, the anticipated dollar amount, and the basis for the computation. Show the program income as a negative amount which reduces the non-grant share of expenses.

The Budget Justification must be signed by the Fiscal Officer and the Executive Director. Make sure the signatories are included on the Authorized Signature list submitted to the City.

**City of West Hollywood
Social Services Division**
Sample - Budget Justification - Page 1

Agency: Exemplary Social Services Year: 3/5/18-9/30/19

Program: Helping People

Position Title	Monthly Salary	% Time on Project	# Months Employed	Total Grant Share	Total Non-Grant Share	Total
Executive Director: (NOTE: This is a full-time agency position paying \$60,000 per year. The E.D. spends 10% of her time on this project).	\$5,000.00	10%	12	\$6,000.00	\$54,000.00	\$60,000.00
Bus Driver (NOTE: This is a part-time position amounting to 15 hours per week [37% of 40 hours]). The driver will not be needed during the first five months, and the position is fully funded by the grant.	\$1,040.00	37%	7	\$2,694.00	0	\$2,694.00
Accountant (NOTE: This position is fully funded by the agency.)	\$2,083.00	25%	12	0	\$25,000.00	\$25,000.00
Program Director (NOTE: This position will not be filled until the second month; it is funded by the grant.)	\$1,916.00	100%	11	\$21,076.00	0	\$21,076.00
Total Salaries				\$29,770.00	\$79,000.00	\$108,770.00
Fringe Benefit Costs:	Cost Calculation:			Grant Share	Non-Grant Share	Total
FICA:	7.65% *			\$2,277.00	\$6,044.00	\$8,321.00
SUI:	1.90% *			\$566.00	\$1,501.00	\$2,067.00
Worker's Comp:	6.30% *			\$1,876.00	\$4,977.00	\$6,853.00
Med. Insurance:	\$85 per person per month (some agencies may use percentage method) *			\$2,040.00	\$1,020.00	\$3,060.00
Other (Detail):						
Total Benefits:				\$6,759.00	\$13,542.00	\$20,301.00
Total Personnel Costs:				\$36,529.00	\$92,542.00	\$129,071.00

* or average monthly cost per agency

City of West Hollywood
Social Services Division
Sample Budget Justification - Page 2

Agency: Exemplary Social Services Year: 3/5/18-9/30/19

Program: Helping People

Budget Line Item	Grant Share	Non-Grant Share	Total
Total Personnel Costs:	\$36,529.00	\$92,542.00	\$129,071.00
OTHER COSTS:			
Facility Costs:			
Rent 2,000 square feet at \$1.35 per sq. ft. Program occupies 300 sq. ft. (15%)	\$4,860.00	\$27,540.00	\$32,400.00
Utilities: 15% of projected total annual cost charged to grant.	\$750.00	\$4,250.00	\$5,000.00
Telephone: projected cost of \$75.00/month	\$900.00	0	\$900.00
Equipment Maintenance and Repair	0	\$500.00	\$500.00
SUBTOTAL-Facility Costs	\$6,510.00	\$32,290.00	\$38,880.00
OTHER COSTS:			
Program Costs:			
Vehicle rental: At \$300/month	\$3,600.00	0	\$3,600.00
Vehicle insurance: At actual annual cost	\$5,300.00	0	\$5,300.00
Audit: Charged 1/3 to grant, based on proportion of grant to total agency funding	\$1,667.00	\$3,333.00	\$5,000.00
Printing of program brochure – 500 copies at .35 each	\$175.00	0	\$175.00
Postage	0	\$600.00	\$600.00
Insurance	0	\$10,000.00	\$10,000.00
Urgent funds	\$2,500	0	\$2,500.00
SUBTOTAL-Program Costs	\$13,242.00	\$13,933.00	\$27,175.00
Totals:	\$56,281.00	\$138,765.00	\$195,046.00

Executive Director: _____ Date: _____

Finance Director: _____ Date: _____

City Approval: _____ Date: _____

City Approval: _____ Date: _____