May 31, 2019

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide delinquency prevention/early intervention services to youth and families in Sedgwick County. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal. Responses are due no later than 1:45 p.m. CDT, Tuesday, June 18, 2019.

Carefully review this Request for Proposal. It provides specific information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) complete original, three (3) copies and one (1) electronic copy (USB) of the Proposal Response Form with any supplementary materials to:

Attn: Britt Rosencutter  
Sedgwick County Purchasing Department  
525 N. Main St., Suite 823  
Wichita, KS  67203

Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and bid due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

All contact concerning this solicitation shall be made through the Purchasing Section. Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Purchasing Section in writing. Failure to comply with these guidelines may disqualify the Proposer’s response.

Sincerely,

Britt Rosencutter  
Purchasing Agent

BR/hp
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Proposal Response Form
1. About this Document

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the County is seeking a solution, as described on the cover page and in the following background information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 68, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor’s approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The County will thoroughly review all proposals received. The County will also utilize its best judgment when determining whether to schedule a pre-proposal conference before proposals are accepted, or meet with vendors after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.

2. Background

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas’ 105 counties with a population estimated at more than 511,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas’ counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,500 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County is allocating approximately $582,000 annually in support of prevention and early intervention programs targeted to youth at risk for juvenile delinquency. For the current grant fiscal year 2019, Sedgwick County funded a total of six grant programs averaging $86,500; awards ranged from $25,760 to $187,952. The Sedgwick County grant funds are utilized as a component of a comprehensive crime prevention program that includes state grant dollars allocated through the Sedgwick County Department of Corrections. The state grant dollars allocated for crime prevention are expected to fluctuate based on state revenues; funding recommendations for Sedgwick County crime prevention grants will include a priority ranking that takes into account the state crime prevention allocation. Programs with the most direct, quantifiable impact on juvenile crime/crime prevention will receive a higher priority than programs with less direct impacts. Funded programs are subject to an annual performance evaluation conducted by a professional evaluator and are required to track and report specific data for this evaluation. We have awarded 5 vendors thus far for prevention services and have $96,237.69 remaining to target services for secondary intervention. Secondary interventions to reduce delinquency are focused on youth with observable risk for delinquency who have not yet been involved in delinquency.

Grants are awarded and administered consistent with the Risk-Need-Responsivity (RNR) model of intervention (http://www.sedgwickcounty.org/media/31356/risk_need_2007-06.pdf). Sedgwick County sponsors a wide range of prevention efforts including programs for young children up to older teenagers, however, all programs must include a participant risk assessment to ensure funds are utilized to serve youth most at risk for future delinquency. Consideration for funding is based on ensuring a comprehensive continuum of services for at-risk youth and their families in Sedgwick County.
We are seeking focused, evidence based work on secondary intervention. There is particular interest in secondary interventions focused on developing prosocial skills and reducing racial and ethnic disparity for both the youth and family. Additionally, all grants are contingent on final budget approval by the Sedgwick County Commission.

Preference for funding is given to evidence-based model programs or programs demonstrating a strong research basis showing positive effects reducing participant’s risk for future juvenile delinquency. To be considered an evidence-based model program, programs must meet the rigorous research standards as defined by Blueprints for Violence Prevention (refer to http://www.blueprintsprograms.com/programs). Programs other than Blueprint model programs may be considered evidence-based if they meet or exceed the level of research the Blueprint model program uses in their determination (see http://www.blueprintsprograms.com/resources/Blueprints_Standards_full.pdf for Blueprint research requirements). Evidence-based practices (such as Motivational Interviewing, Cognitive Social Learning, etc.) are also given preference over unproven methods of intervention.

Every year, Team Justice has set priorities by developing a Comprehensive Plan for Juvenile Justice and Delinquency Prevention. The Comprehensive Plan approved on April 6, 2018 identifies three risk factors commonly found with other risk factors. (https://www.sedgwickcounty.org/media/39696/compplan-2018-final4618.pdf). Those three are antisocial personality, antisocial cognition and antisocial associates. There is identification that the combination of risk related to family, school/work, leisure/recreation, and substance abuse should be considered. The 2nd tier of risk factors (family, school/work, leisure/recreation and substance abuse) provides the means to address the three priority risk factors.

The risk factors are based on the Risk Needs Responsivity (RNR) model of prevention and intervention. All programs must utilize the Sedgwick County Brief Youth Risk Screening Instrument (JIAC Brief Screen), on all youth program participants ages 10 or older, to be consistent with the RNR model of intervention. Sedgwick County is committed to making an impact on the priority risk factors. County prevention funding is one component of the community-wide effort to address these risk factors. All programs and services funded through County prevention funds are expected to target the risk factors and include measurable goals and outcomes towards this purpose.

Programs should be offered by experienced qualified organizations or individuals and provide services that are designed to prevent youth from entering the juvenile justice system or preclude further involvement in the system.

The targeted population includes children/youth at moderate to high risk for delinquency and their families. Funding is not limited to children in any certain age category. Organizations may have an opportunity to give presentations to clarify proposed services if requested by the grant review committee.

3. Mandatory Requirements

The County requires the most thorough and professional services available. The following requirements are listed to assist proposers in understanding the objectives and in submitting a thorough response. All proposals must speak to their ability to meet the following requirements. Please note a copy of an annual audit or financial statement (if no audit is available) must be included with your proposal. If it is your belief a mandatory requirement does not apply to your agency, this must be noted on the attached check-off sheet. Any proposals that do not satisfactorily meet the mandatory requirements will not be considered for funding. The successful proposer shall:

A. Agree to abide by the terms and conditions of any Federal/State/County contract provisions and guidelines.
B. Have the capability of entering into a written agreement with the County, setting forth the specific terms and conditions with which the proposer must comply.

C. Provide the agency's most recent annual audit, including any single Audit Act Reports that are required of the agency (OMB A-133 or Title 2 Part 200 Uniform Guidance); or, financial statement prepared by a professional accountant or accounting firm if no audit is available.

D. Assure the County that grant funds will not be used to supplant existing resources, including earned income generated from program activities. Prevention grant funding can be used to expand an existing program or to create a new program but may not be used in place of current funding. Additionally, any revenue earned from services funded through a prevention grant must be collected, tracked, reported and used to further the program's service objectives; program revenue may not be reallocated to support other agency goals/services without express written permission.

E. Ensure that quarterly status reports and information is provided documenting, service delivery location(s), progress on meeting goals or risk loss of remaining funds.

F. Identify direct, measurable participant outcomes and methods of measurement (see outcomes under Proposal Content Section below).

G. Appropriately fill out the Proposal Response Form, following the directions and ensuring the narrative [which includes the statement of problem and community need, proposed service location(s), use of evidence based practice(s) (EBP), the management plan and outcomes] is no longer than ten pages with at least one inch margins and font no smaller than 12 pt. The Proposal Response Form should provide complete information on the program. Unrequested information, such as brochures, newspaper articles and videotapes, will not be reviewed or considered as part of the proposal.

H. Provide services that include a participant risk assessment to determine risk for delinquency and addresses prevention/early intervention relative to one or more of the following risk factors (see Background and Objectives section above for more details):

    Primary Risk Factors:
    1) Antisocial Personality;
    2) Antisocial Cognition; and,
    3) Antisocial Associates;

    addressed through Secondary Risk Factors
    1) Family;
    2) School/Work;
    3) Leisure/Recreation; and,
    4) Substance Abuse

4. Scope of Service

All proposals must speak to the agency's ability to meet the following desired criteria. Responses must reflect in detail the degree to which they can be provided (address both in the narrative and on the check-off sheet). The ability to provide these components will factor heavily in determining award(s). Applicant agencies should:

A. Provide demonstration of knowledge and experience in providing a community-based prevention/early intervention program to handle the needs of Sedgwick County youth and their families. The selected programs should demonstrate ability to identify and sustain an adequate referral base.

B. Provide culturally proficient services, which may include: multilingual services; multilingual staff;
culturally sensitive services including racial and ethnic disparity, gender and trauma informed services; cross-cultural capacity; translation services; multi-cultural services or capacity, etc. Programs must be prepared to observe and respond to cultural barriers.

C. Understand the program must utilize a risk assessment process and be consistent with the RNR model of intervention (see Background and Objectives above) and the targeted population should include children/youth at risk for delinquency and wherever possible include family involvement. Program description must include procedures for differentially responding to risk levels.

D. Provide quality control mechanisms for data provision, fidelity of assessment practices and evidence based practices, and outcomes. Quality control and fidelity are key in providing good services.

E. Demonstrate past or present collaborative efforts.

F. Include program components that build youth competencies consistent with the Positive Youth Justice model (https://www.sedgwickcounty.org/media/31354/positive_youth_justice.pdf for more information on Positive Youth Justice). Services should emphasize learning/doing and attaching/belonging.

PROPOSAL CONTENT
The information provided in the proposal will be carefully reviewed and used in making a determination; providing specific information on how your organization meets the criteria will assist the reviewers in making a better informed decision. Proposal pages should be numbered, single sided and secured with a single clip or rubber band; proposals should not include staples or binding (this includes audits). Narrative pages must have a margin of at least one inch and font of no smaller than 12 pt. Please be concise and reference sources as required.

THE PROPOSAL SUBMISSION MUST BE ORGANIZED IN THE FOLLOWING FORMAT AND INFORMATION SEQUENCE:

A. PROPOSAL RESPONSE FORM should be the first page of the proposal so the firm name and contact are clearly visible.
   1) Cost Information (Un-allowed costs include construction and fund raising).
      a) State the total amount requested to provide the described services in meeting ALL Mandatory Requirements, Specific Program Components and Conditions listed in this Request for Proposal.

B. NARRATIVE
The following information must be presented and shall be no longer than ten pages with margins no less than one inch and font no smaller than 12 pt. (not including appendices). Only ten pages of narrative will be reviewed. Please be concise and reference sources as required.
1) **Statement of problem and community need:**
Provide a description of the program and program services. Describe the specific community problems and needs this program/service is designed to address relative to the identified risk factors. Related to the population you intend to serve, specifically identify risk factors the program is designed to address and how each of the specific program components will be incorporated in the agency’s program. Indicate how/if the proposed program will:

- Demonstrate knowledge and experience in providing a community-based prevention/early intervention program;
  - Include how it incorporates the RNR model of intervention
  - Include how it will target moderate to high risk youth
- Describe construction and maintenance of a referral process;
- Demonstrate the ability to provide culturally proficient services;
- Demonstrate how the program will utilize the identified risk assessment tool (description located on page 2 of RFP);
- Demonstrate past or present collaborative efforts, and;
- Demonstrate how the program will include components that build youth competencies.

A two-page procedure process (included in the 10) should be developed to outline key features of the program with a focus on evidence based practices. Specific items to be addressed should include engagement into the program, intervention procedures including family involvement, and how to support intrinsic motivation to be in the program.

Provide information on why existing community resources do not adequately serve the needs, which this proposed project would serve. Please describe if this program/service duplicates any other in the community.

Provide information about the targeted population and number to be served. Include any information relevant to participant recruitment, transportation to services, etc.

Provide a brief statement about the proposer's background, experience and understanding of services required.

2) **Management Plan:**
Describe the management plan for implementation of the proposed program/service. If an evidence-based program is proposed, the management plan must indicate how fidelity to the model will be maintained; which may include a requirement to contract with the program developer. Proposals for implementation of new evidence-based programs should indicate contact with the program developer and specify what actions are necessary to implement the program.

State whether the proposed program is an expansion of an existing program or a new program; clearly identify how the County funds would improve the program if it is an expansion grant. Please include a time-line and staffing patterns. Job descriptions of relevant staff should be attached as Appendix B. Discuss any additional revenue sources that fund the program/services being requested for prevention grant funding, including any fee-for-service earned income. Explain how the revenue will be tracked, reported and restricted within the proposed program.
3) **Outcomes:**
Describe program/service goals as related to the stated problem and need. Define measurable outcomes of the proposed program/service and describe how the outcomes will be measured (pre- and post-test, survey, etc.). Quantitative data is preferred over qualitative data. Please note, developing measurable outcomes should begin with identifying a goal (what you expect the program will accomplish) and then formulating how to measure your success at achieving this goal. *Outcomes are changes in attitude, behavior, skills or knowledge; program inputs (number served, hours of service provided, or brochures printed, etc.) are not outcomes.*

All programs need to impact juvenile crime in Sedgwick County. To that end, reducing recidivism is a hallmark of program success with juvenile delinquents and impacting communities with high crime rates is a positive community outcome. However, attention to serving Sedgwick County as a whole, not just the City of Wichita, will be a focus. High crime communities’ information is available in GIS format at: [https://www.sedgwickcounty.org/corrections/reports-plans-and-initiatives](https://www.sedgwickcounty.org/corrections/reports-plans-and-initiatives).

A good outcome measurement system should not rely completely on self-report, but should, ideally, contain information from several sources including official records (i.e. school, Juvenile Intake and Assessment Center, etc.). Programs targeting youth 10 years of age or older may include an outcome such as contact with the Juvenile Intake and Assessment Center (JIAC). An outcome template has been provided and should be completed and attached as **Appendix F**.

**C. MISCELLANEOUS AGENCY INFORMATION:**
Provide the following information about the proposer:
Date established: ___________
Discuss your current financial situation and provide a current financial statement and audit report (**Appendix D**). Provide information about any current relevant litigation in which you are a defendant.

**D. APPENDICES**
**Appendix A:** Budget Template (provided) with Budget Narrative (Note: if the program has other funding sources, these sources should be included in the budget. The budget should clearly identify the totality of the program funding and what piece the requested Sedgwick County funds would provide. If the program was funded through Sedgwick County prevention funds last year, the budget should distinctly identify what any additional funding requested would provide, i.e. increase number served, expand to new site, cost of living increase, etc.).

**Appendix B:** Job descriptions and resumes of key staff
**Appendix C:** Letters of support (should not be older than three months)
**Appendix D:** Audit
**Appendix E:** Copy of state certificate of tax clearance (may be obtained online) [http://www.ksrevenue.org/taxclearance.html](http://www.ksrevenue.org/taxclearance.html), and copies of any licenses, permits, and certificates necessary to provide services in the State of Kansas, if applicable.

**Appendix F:** Outcomes Template (provided)
**Appendix G:** Check off sheet (provided)

5. **Selection Criteria**

The selection process will be based on the responses to this RFP. County staff will judge each response as determined by the scoring criteria below. Purchasing staff are not a part of the evaluation committee.
A. Meeting all Requests for Proposal conditions, requirements and miscellaneous instructions as outlined herein, and the clarity, completeness and comprehensiveness of the proposal.

B. Providing current letters of support verifying exemplary performance for similar services or for the agency in general (attached as Appendix C).

C. Providing comprehensive and understandable budget information for funds required for successful operation of the proposed project(s) to include a budget narrative section defining contents in each expenditure classification (for example: Contractuals includes funding for 10% of total utilities and lease and 10% of contract for accounting services). The budget should include all program funding sources, including any revenue from insurance or other fee-for-service source generated from program activities. The budget template is provided and should be completed and attached as Appendix A.

D. Providing services described herein with the most advantageous cost/benefit ratio to the County.

The selection process will include consideration of a continuum of services, impact to the highest-risk youth, implementation of a risk assessment process and adherence to the RNR model of intervention.

<table>
<thead>
<tr>
<th>Component</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Overall Project Plan/Agency Capability</td>
<td>20</td>
</tr>
<tr>
<td>b. Evidence Based Practice(s)</td>
<td>20</td>
</tr>
<tr>
<td>c. Risk-Need-Responsivity</td>
<td>20</td>
</tr>
<tr>
<td>d. Data Collection Methods</td>
<td>15</td>
</tr>
<tr>
<td>e. Relevant Measurable Outcome(s)</td>
<td>15</td>
</tr>
<tr>
<td>f. Assessment</td>
<td>10</td>
</tr>
<tr>
<td>Total Points</td>
<td>100</td>
</tr>
</tbody>
</table>

Assume the following cost proposals (examples only)

A. $50,000.00
B. $38,000.00
C. $49,000.00

Company B with a total price of $38,000.00 is the low offer. Take the low offer and divide each of the other offers into the low offer to calculate a percentage. This percentage is then multiplied by the number of points available for the cost. In this case, 10 points are allocated to cost.

A. $38,000.00 divided by $50,000.00 = .76  
   .76*10  7.6 points
B. $38,000.00 divided by $38,000.00 = 1.00  
   1.00*10  10 points
C. $38,000.00 divided by $49,000.00 = .77  
   .77*10  7.7 points

Any final negotiations for services, terms and conditions will be based, in part, on the firm’s method of providing the service and the fee schedule achieved through discussions and agreement with the county’s review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.
6. **Contract Period, Termination and Payment Terms**

A contractual period will begin following Board of County Commissioners (BoCC) approval of the successful firm(s) and continue for a period of one (1) year with two (2) one (1) year options to renew.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions

[https://www.sedgwickcounty.org/media/39239/payment_and_invoice_provisions.pdf](https://www.sedgwickcounty.org/media/39239/payment_and_invoice_provisions.pdf)

7. **Request for Proposal Timeline**

The following dates are provided for information purposes and are subject to change without notice. Contact Britt Rosencutter at Britt.Rosencutter@sedgwick.gov, to confirm any and all dates.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution of Request for Proposal to interested parties</td>
<td>May 31, 2019</td>
</tr>
<tr>
<td>Clarification, Information and Questions submitted in writing by</td>
<td></td>
</tr>
<tr>
<td>5:00 p.m. CDT</td>
<td>June 6, 2019</td>
</tr>
<tr>
<td>Addendum Issued by 5:00 p.m. CDT</td>
<td>June 11, 2019</td>
</tr>
<tr>
<td>Sealed Proposal due before 1:45 p.m. CDT</td>
<td>June 18, 2019</td>
</tr>
<tr>
<td>Evaluation Period</td>
<td>June 18 – 20, 2019</td>
</tr>
<tr>
<td>Bid Board Approval</td>
<td>June 27, 2019</td>
</tr>
<tr>
<td>Board of County Commission Approval</td>
<td>July 10, 2019</td>
</tr>
</tbody>
</table>

8. **Insurance**

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. If required, Contractor’s professional liability/errors and omissions insurance shall (i) have a policy retroactive date prior to the date any professional services are provided for this project, and (ii) be maintained for a minimum of 3 years past completion of the project. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured including both ongoing and completed operations, except for professional liability, workers’ compensation and employer’s liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (must be acknowledged on the bid/proposal response form).

**NOTE:** If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements.

RFP #19-0062

Sedgwick County...Working for you
<table>
<thead>
<tr>
<th>Coverage</th>
<th>Requirement</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers’ Compensation:</td>
<td></td>
<td>An applicable coverage per State Statutes</td>
</tr>
<tr>
<td>Employer’s Liability Insurance:</td>
<td></td>
<td>$500,000.00</td>
</tr>
<tr>
<td>Commercial General Liability Insurance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Aggregate, per project</td>
<td></td>
<td>$2,000,000.00</td>
</tr>
<tr>
<td>Personal Injury</td>
<td></td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>Products and Completed Operations Aggregate</td>
<td></td>
<td>$2,000,000.00</td>
</tr>
<tr>
<td>Professional Liability/ Errors &amp; Omissions Insurance:</td>
<td></td>
<td></td>
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<td></td>
<td>Required</td>
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<tr>
<td></td>
<td>Not Required</td>
<td>$1,000,000.00</td>
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<tr>
<td>Pollution Liability Insurance:</td>
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</tr>
<tr>
<td></td>
<td>Not Required</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

**Special Risks or Circumstances:**

*Entity reserves the right to modify, by written contract, these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.*
CONTRACTOR IS PROVIDING CONSTRUCTION SERVICES:

In addition to the above coverages, Contractor shall also provide the following:

| Builder’s Risk Insurance: | In the amount of the initial Contract Sum, plus the value of subsequent modifications and cost of materials supplied and installed by others, comprising the total value for the entire Project on a replacement cost basis without optional deductibles. Entity, Contractor, and all Subcontractors shall be included as named insureds. |

9. Indemnification

To the fullest extent of the law, the proposer, its subcontractors, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the proposer during the proposer’s performance of the agreement or any other agreements of the provider entered into by reason thereof. The proposer shall indemnify and defend Sedgwick County, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney’s fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The proposer agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

10. Confidential Matters and Data Ownership

The successful proposer, its agents and employees, agree that all data, records and information to which it obtains access remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. **Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal, is the property of Sedgwick County.**

11. Proposal Conditions

[https://www.sedgwickcounty.org/media/31338/proposal-terms-conditions.pdf](https://www.sedgwickcounty.org/media/31338/proposal-terms-conditions.pdf)
General Contract Provisions
https://www.sedgwickcounty.org/media/31337/general-contractual-provisions.pdf

Mandatory Contract Provisions
https://www.sedgwickcounty.org/media/31336/mandatory-contractual-provisions.pdf

Sample Contract
https://www.sedgwickcounty.org/media/39236/sample-contract.pdf
PROPOSAL RESPONSE FORM  
#19-0062  
PREVENTION/SECONDARY INTERVENTION SERVICES  
FY 2019-2022

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this bid is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME ___________________________________________  
DBA/SAME ___________________________________________  
CONTACT ___________________________________________  
ADDRESS ___________________________________________  
CITY/STATE ______________ ZIP ______________  
PHONE __________________ FAX __________________  
HOURS ___________________________________________  
STATE OF INCORPORATION or ORGANIZATION ______  
COMPANY WEBSITE ADDRESS ________________________  
EMAIL ___________________________________________  

NUMBER OF LOCATIONS ______ NUMBER OF PERSONS EMPLOYED ______

TYPE OF ORGANIZATION:  
Public Corporation ______ Private Corporation ______ Sole Proprietorship ______ LLC ______  
LLP ______ Not For Profit Corporation ______ Partnership ______ Other (Describe): _________________  

BUSINESS MODEL:  
Small Business ______ Manufacturer ______ Distributor ______ Retail ______  
Dealer ______ Other (Describe): _________________  

Not a Minority-Owned Business: ______ Minority-Owned Business: ______ (Specify Below)  
____ African American (05) ______ Asian Pacific (10) ______ Subcontinent Asian (15) ______ Hispanic (20)  
____ Native American (25) ______ Other (30) - Please specify _________________  

Not a Woman-Owned Business: ______ Woman-Owned Business: ______ (Specify Below)  
____ Not Minority -Woman Owned (50) ______ African American-Woman Owned (55) ______ Asian Pacific-Woman Owned (60)  
____ Subcontinent Asian-Woman Owned (65) ______ Hispanic Woman Owned (70) ______ Native American-Woman Owned (75)  
____ Other – Woman Owned (80) – Please specify _________________  

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: ______ Yes ______ No  

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: ______ Yes ______ No  

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor’s responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp.

NO.______, DATED _______;  NO.______, DATED _______;  NO.______, DATED _______;  

In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature ______________________________________  
Print Name ______________________________________  
Dated ______________________________________  

COST INFORMATION: Total Amount Requested: ________________  

Program Name: ______________________________________

RFP #19-0062  
Sedgwick County...Working for you
### APPENDIX A

#### BUDGET SHEET

<table>
<thead>
<tr>
<th>Name of Organization:</th>
<th>Name of Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedgwick County Crime Prevention Annual Budget</td>
<td>7/1/20__ - 6/30/20__</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>ANNUAL COUNTY CONTRACT BUDGET</th>
<th>ANNUAL OTHER CONTRACT BUDGET</th>
<th>TOTAL PROGRAM BUDGET FY 20 - 22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE SOURCES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **EXPENSES** |                               |                             |                                |
| Personnel Costs |                               |                             |                                |
| Facility Costs |                               |                             |                                |
| Program Supplies |                               |                             |                                |
| Training / Travel |                               |                             |                                |
| Total Expenses |                               |                             |                                |

**CERTIFICATION:** I certify that to the best of my knowledge and belief, this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant agreement.

Preparer's Name

Signature of Authorized Official

### BUDGET NARRATIVE:

```


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Sedgwick County...Working for you
```
APPENDIX F
OUTCOMES TEMPLATE
Sedgwick County Crime Prevention

QUARTERLY OUTCOMES REPORT

________ Quarter

________ Year

Organization:

Program Name:

Contact Information
   Name:

   Address:

   Phone

Target Population:

Target number to be served annually:

Number served this quarter:
Total number served year to date:

**GOAL 1:**

**OUTCOME 1:**

**MEASUREMENT TOOL:**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Quarter</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Quarter</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Quarter</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; Quarter</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage:</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**ACTUAL RESULTS**

**RESULTS DISCUSSION:**

**GOAL 2:**

**OUTCOME 2:**

**MEASUREMENT TOOL:**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Quarter</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Quarter</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Quarter</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; Quarter</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Percentage:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACTUAL RESULTS**

**RESULTS DISCUSSION:**

**GOAL 3:**
<table>
<thead>
<tr>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number:</td>
<td>Number:</td>
<td>Number:</td>
<td>Number:</td>
<td>Number:</td>
</tr>
<tr>
<td>Percentage:</td>
<td>Percentage:</td>
<td>Percentage:</td>
<td>Percentage:</td>
<td>Percentage:</td>
</tr>
</tbody>
</table>

**ACTUAL RESULTS**

**RESULTS DISCUSSION:**

**GOAL 4:**

**OUTCOME 4:**

<table>
<thead>
<tr>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number:</td>
<td>Number:</td>
<td>Number:</td>
<td>Number:</td>
<td>Number:</td>
</tr>
<tr>
<td>Percentage:</td>
<td>Percentage:</td>
<td>Percentage:</td>
<td>Percentage:</td>
<td>Percentage:</td>
</tr>
</tbody>
</table>

**ACTUAL RESULTS**

**RESULTS DISCUSSION:**

**OUTCOME REPORT SUMMARY:**

*Please summarize your outcomes and results for the quarter.*
**FIDELITY ACTIVITIES:**
If you are operating an evidence-based program or using an evidence-based practice, please describe those activities, trainings, etc. you, your team, or your agency have participated in this quarter to ensure fidelity to the program model.

**QUARTER SUMMARY:**
Please include any pertinent information regarding any program activities and/or developments that Sedgwick County should know, including program accomplishments, challenges, changes, etc.

**EXAMPLE:**

<table>
<thead>
<tr>
<th>GOAL 4: Increased knowledge of harm caused by alcohol and substance abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTCOME 4: 90% of youth will demonstrate an increase in knowledge regarding the harm caused by alcohol and drug abuse, as measured by pre- and post-tests.</td>
</tr>
<tr>
<td>MEASUREMENT TOOL: Pre- and post-tests administered at the first and last sessions of the program, respectively</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number: 45/50</td>
<td></td>
<td></td>
<td></td>
<td>Number: 45/50</td>
</tr>
<tr>
<td>Percentage: 90%</td>
<td></td>
<td></td>
<td></td>
<td>Percentage: 90%</td>
</tr>
</tbody>
</table>

**ACTUAL RESULTS**

**RESULTS EXPLANATION:** While there were fifty-five children served in the program this quarter, 5 of those students did not complete either the pre- or post-test, precluding them from being counted in the results. Of the remaining 50 students, 45 of those demonstrated an increase in knowledge.
APPENDIX G
CHECK-OFF SHEET

The check-off sheet is designed to insure completeness of your proposal. Check-off sheet **MUST** be included with your proposal.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If no, explain</th>
<th>Proposal Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal Content (see RFP p. 6)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Proposal response form</td>
<td></td>
<td></td>
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<tr>
<td>Cost Information</td>
<td></td>
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<tr>
<td>Narrative</td>
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<td></td>
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<tr>
<td>Statement of Need</td>
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<tr>
<td>Management Plan</td>
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<td></td>
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<tr>
<td>Outcomes</td>
<td></td>
<td></td>
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<tr>
<td>Misc. agency information</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Appendices (see RFP p. 8) | | | |
| A. Budget | | | |
| B. Job descriptions | | | |
| C. Letters of support | | | |
| D. Audit | | | |
| E. Tax clearance certificate & licenses | | | |
| F. Outcomes | | | |
| G. Check-off sheet | | | |

| Mandatory Requirements (see RFP p. 4) | | | |
| 1. Abide by terms & conditions | | | |
| 2. Enter written agreement | | | |
| 3. Audit | | | |
| 4. Non-supplant of existing funds | | | |
| 5. Submit reports | | | |
| 6. Include outcomes | | | |
| 7. Response form compliance | | | |
| 8. Risk factors addressed | | | |

<p>| Specific Program Components (see RFP p. 5) | | |
| 1. Knowledge &amp; experience | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2. Culturally proficient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Risk assessment &amp; target population</td>
<td></td>
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<tr>
<td>4. Collaborative efforts</td>
<td></td>
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</tr>
<tr>
<td>5. Youth Competencies</td>
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</tbody>
</table>

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Sedgwick County...Working for you