

**REISSUED JULY 2010**

**CALHOUN INTERMEDIATE SCHOOL DISTRICT**

**Michigan Prisoner ReEntry Initiative (MPRI)  
Life Skills Training and the Provision of Supportive Services**

**REQUEST FOR PROPOSALS  
FISCAL YEARS 2011- 2013**

**PART III - APPLICATION**

***AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM. AUXILIARY AIDS AND SERVICES ARE AVAILABLE TO  
INDIVIDUALS WITH DISABILITIES UPON REQUEST.  
MICHIGAN RELAY CENTER (800) 649-3777***

**CALHOUN INTERMEDIATE SCHOOL DISTRICT  
REQUEST FOR PROPOSALS APPLICATION  
MICHIGAN PRISONER RE-ENTRY INITIATIVE  
LIFE SKILLS TRAINING & PROVISION OF SUPPORTIVE SERVICES  
FISCAL YEARS 2011 -- 2013**

**INSTRUCTIONS:** Proposals are to be submitted on this application form. Proposals that are not in compliance with these requirements will not be evaluated.

Section I of the proposal is not to exceed 45 pages; this excludes any attachments including the work plan and program budget. **The proposal must be completed in Microsoft Word**, in no less than 12 point font and using a font type that is other than Times New Roman (to distinguish the responses from the questions). The page margins should be no less than 1 inch on all sides. Proposals should be written in the active voice, using “will” or “shall” so that proposals may easily be converted to contract form.



2. **In 500 words or less, provide a summary description or overview of your proposed MPRI Program.**
  
3. **Provide a program flow chart and a supporting narrative that describes your program from enrollment to termination. The flow chart should paint a picture of what your program will look like with the details provided in the narrative. Be sure the flow chart is included in response to this question and is NOT an attachment.**
  
4. **Write a brief analysis of the life skills and supportive services needs of the participant population, based on your organization's working knowledge and research. Be sure to discuss gender specific programming.**
  
5. **In concise and specific terms, describe all program activities to be offered. The bidder must specifically describe how the bidder will provide ALL program elements described in Part One – Program Description, Section XI - Activities and Services To Be Provided. Explain how these services relate to the needs described in the previous question (4). Include a curriculum outline of the proposed classroom/workshops. Provide details about the workshops that will be provided per county including numbers of participants to be served and scheduling of workshops.**
  
6. **Gender Responsive Strategies: Describe how your organization currently addresses these strategies or how it intends to implement these strategies into your MPRI service delivery. Please be specific.**
  
7. **Evidence-Based Practices: Describe how your organization currently addresses Evidenced-Based Practices, as explained in Part One – Program Description and how it intends to implement these principles into the MPRI delivery of services under this application. Please be specific.**

8. **Designated Location(s):** Indicate the location(s) from which MPRI services will be delivered to participants in each county (in Calhoun County, include services specific to Albion). Describe proximity to public transportation and accessibility to all populations.
  
9. **Coordination and Integration with Parole Staff & MPRI Community Resource Specialist & Community Agencies and Resources:** Describe how your organization will ensure that services provided under this contract will coordinate seamlessly with other services and activities provided by MPRI, MDOC and community partners at all sites.
  
10. **Employment of the Community Resource Specialist:** Please certify in writing your agency's commitment to employ the MPRI Community Resource Specialist. Please affirm the population that the Community Resource Specialist will serve.
  
11. **Supportive Services Payments:**  
Describe the process for paying for supportive service for participants. Describe how emergency needs of clients will be handled by your agency. (This program must meet needs of clients beyond the traditional service hours of 8-5 Monday through Friday. Specifically, you must define your capacity for issuance of payments for support services/and or the authorization of the service itself, sufficient to eliminate any gaps in coverage due to absences, vacations, holidays or outside of standard business hours.)
  
12. **Data Collection and Reporting:** Provide an explanation of your agency's capability to collect and data enter necessary information related to participants, outcomes, costs, etc. and to operate and maintain an electronic Management Information System. Provide a commitment to comply with any changes in data collection and reporting as required by CISD and/or MDOC due to the expansion of OMNI or other systems. Provide a commitment that that staff accessing OMNI or other MIS will be able to obtain clearance to access those systems.
  
13. **Work Plans:** Using the Program Work Plan format on the following pages, enter the tasks to be performed in order to accomplish each activity included in this specific

**application.** Provide sufficient detail on each activity and how it will be accomplished so that anyone could successfully implement the program using this outline. **Make sure your work plan shows truly measurable goals.** In no case should any program list only one activity!







**14. Performance Objectives: Describe in quantitative terms the agency’s performance goals for years one, two and three of the funding period.**

- a.) Your program must be designed, at a minimum, to meet the performance goals as specified in the Part One Program Description. Additional performance standards may be proposed.
- b.) Provide a narrative that explains what your organization will do in order to reach each of the standards set.

**15. PROGRAM BUDGET**

**Directions: Using the budget format shown on the following page, please develop a line item budget per year and attach the budgets to the MPRI Program Grant application.**

**For each line item please include the following:**

- ✓ Computations used to arrive at the total costs;
- ✓ Break down all wage listings by the number of positions, hourly wages, hours per week, and number of weeks;
- ✓ All fringe benefits must include the type of benefit and the percentage of total wages;
- ✓ Items such as telephone and office supplies may be described in terms of costs per month. Mileage should be broken down to number of miles per week, cents per mile, and number of weeks;
- ✓ All costs itemized in budget must include the number of units, cost per unit, etc.

**Bidders are encouraged to include an “in-kind: budget detailing the costs involved in operating the program that will NOT be charged to the MPRI Program budget. Bidders should also indicate the source(s) of this in-kind budget and the rationale for including the in-kind budget items listed. If no in-kind budget is provided, the bidder is asked to provide rationale for this.**

**Please note that in the evaluation process points are awarded/deducted based on whether or not an in-kind budget is attached (0 to 5 points possible).**

“In-kind” costs are any costs associated with the operation of the funded program which are not paid directly from the grant award, but from other unrestricted funds. For instance, if the sub-contract agency does not charge rent for office space, this may be included as an in-kind cost.

<b>Budget Format:</b>		
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<b>Sample Line Items (Additional line items can be inserted):</b>	<b>MPRI Program funds</b>	<b><u>In-Kind:</u></b>
<b><u>Life Skills Training Costs:</u></b>		
<b>1. Staff Wages</b> Please provide a line item for each staff person who is a Life Skills Training staff (these should align with the staff descriptions provided in part II) If hourly, provide number of hours/week, rate of pay per hour and number of weeks per year. (Enter Staff titles)	\$	\$
<b>2. Staff Fringes</b> Provide description of the fringes to be paid. i.e. – % FICA, etc. and Health Insurance (3 staff @ \$11,500/ea.)	\$	\$
<b>3. Life Skills Training Component(s)</b> Provide description of each component and detail of how the budget was determined (budget could include such items as instructional materials and supplies, facility usage fees, copy costs, etc)	\$	\$
<b><u>Administration of Life Skills Contract:</u></b>		
<b>1. Staff Wages</b> Please provide a line item for each staff person who is an administrator of the Life Skills contract (these should align with the staff descriptions provided in part II) If hourly, provide number of hours/week, rate of pay per hour and number of weeks per year.	\$	\$
<b>Staff Fringes</b> Provide description of the fringes to be paid. i.e. – % FICA, etc. and Health Insurance (3 staff @ \$11,500/ea.)	\$	\$
<b>3. Facility Usage Cost</b> i.e. # of square feet @ \$/square foot	\$	\$
<b>4. Utilities</b> (\$x/mo. for x months)	\$	\$
<b>5. Communications</b> (2 cell phones @ \$50/mo for 12 months)	\$	\$
<b>6. Equipment Rentals</b> (photocopier and fax machine – (\$150/mo. for 12 months)	\$	\$
<b>7. Other</b>	\$	\$
<b>Sub-Total:</b>		
<b><u>Community Resource Specialist Staffing Costs:</u></b>		
<b>1. Staff Wages</b>	<b>\$53,456</b>	\$

<b>2. Staff Fringes</b> Provide description of the fringes to be paid. i.e. – 7.65% FICA, etc. and Health Insurance	\$	\$
<b>3. Staff Mileage</b> (1 staff; .55/mile at 150 mi/week for 50 weeks)	\$	\$
<b>4. Conference Fees</b>	\$	\$
<b>Sub-Total:</b>		
<b><u>Supportive Service Costs:</u></b>		
<b>Housing for Clients</b>	<b>\$186,631</b>	N/A
<b>Entitlement Program</b>	<b>\$19,012</b>	N/A
<b>Transportation for Clients</b>	<b>\$37,000</b>	N/A
<b>Substance Abuse Treatment</b>	<b>\$10,000</b>	N/A
<b>Health Care</b>	<b>\$15,620</b>	N/A
<b>Adult Education</b>	<b>\$37,500</b>	N/A
<b>Sub-Total:</b>		
<b>Grand Total:</b>	\$	\$

**Insert any Budget Detail Narrative not included in your attached budget here:**

**Life Skills Training Costs:**

Costs of staffing and other expenditures related to the provision of Life Skills training.

**Administration of Life Skills Contract Costs:**

Administration operations costs may include utilities, facilities usage costs, equipment, materials, and supplies. Administrative staffing costs may be comprised of salaries and benefits of personnel directly involved in the administration of Life Skills contract as well as mileage.

**Community Resource Specialist Costs:**

Community Resource Specialist costs includes the salary and benefits for the Community Resource Specialist. The salary has been predetermined but the benefits will be determined by the contracting agency. Note that health insurance, or a lump sum payment for her to purchase health insurance benefits (which is above and beyond the established salary), must be provided to the Community Resource Specialist.

**Supportive Service Costs:**

Supportive service costs are set by the MPRI Steering Team and will be reimbursed to contractor.

**SECTION II - Organizational Background / Capabilities**

**NOTE: If a collaborative proposal is submitted, this section must be completed for each individual organization.**

**1. Organization:**

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Street Address, City, State, Zip Code**

**2. Contact Person: Person who can answer questions about this application.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Fax Number**

**3. Type of Organization: Place a checkmark next to the applicable type of organization.**

- Private Non-Profit Corporation
- Public Organization
- Private-For-Profit Corporation
- Other (Explain)

**Also, if applicable, list names and officers of your agency's current Board of Directors.**

**4. Staffing: Attach a job description for each position to be funded through this proposal; **FOR EACH POSITION** please include:**

- a.) Description of responsibilities;
- b.) Qualifications;
- c.) Experience or training required;
- d.) Salary range (minimum to maximum)
  - a. Indicate whether the position is new or existing (if existing, list the name of the person in the position)
- e.) The percentage of time to be supported by this funding

5. **Capacity to Provide Services:** Respond to the following questions regarding your organization's capacity to operate this program.

***Experience and Effectiveness***

Describe your organization's experience in providing similar services including the funding sources of such programs and sufficient detail that results may be verified independently. If services were provided to individuals who were not parolees, how would these services apply to the MPRI Program? Who was served, where, what services were provided, what were the outcomes, and include fiscal information including cost per participant, percent of funding spent on administrative costs, cost per entered employment or other positive outcome, any questioned or disallowed costs. In narrative form, summarize the relevant qualifications of your organization, including experience and expertise with similar programs.

Also provide contact information for a reference person for each of the programs you cite here in which you have provided similar services. These individuals may be contacted to verify or clarify information you have provided. For each, provide their name, title, organization, phone number and for which program they could serve as a reference. *Bidders who have held a contract with Michigan Works!-CISD within the past two years must provide references other than Michigan Works!-CISD staff or Workforce Development Board members.*

***Management Plan***

- a) Describe your system for ensuring contract compliance; fiscal and programmatic reporting; and for reporting participant data on the MIS system.
- b) Indicate, through an organizational chart (included here and is NOT an attachment) and supporting narrative, the lines of authority and responsibility related to the proposed program and its components. Include both full and part-time program and operational staff, supervisors, and managers. Explain how the proposed staffs have the expertise necessary to implement, execute, and successfully complete the proposed project.
- c) Concisely describe the methods and frequency with which components and activities will be monitored by your staff for contractual and quality compliance. **All proposals MUST include a provision and system for conducting internal monitoring.** Describe the procedures for corrective action.

- d) In narrative form, summarize the relevant qualifications of your organization, including experience and expertise in managing similar programs and in contract management.

***Other***

Add any information you feel would be beneficial to the reviewers to know about the capabilities of your organization. Describe the collaborations with other agencies. Indicate how these collaborations will help the participant successfully complete the proposed program. Include any matching or in-kind services provided. Describe the overall resources that support the proposed project. At a minimum, the following should be included:

- a) The percentage of match dollars (if any) you are contributing to the proposed project.
- b) A description of the facility(ies) where the program will be housed; include size, location, accessibility, and any special features relevant to the program.
- c) Descriptions and quantities of specialized equipment (i.e. computers, VCRs, etc.) and purchases like electronic and office equipment, furniture, supplies, etc. that you will need to operate the program. Michigan Works!-CISD funds may not be used to purchase equipment without prior approval. Any equipment proposed to be purchased must be itemized separately (including pricing information) and indicated as proposed purchases. Any purchases **MUST** follow procurement guidelines. Any equipment purchased must be used only for the program for which it was purchased.

**6. Program Support & Audits: Respond to the following questions regarding your organization.**

- a) Are the participants in the program being supported by any other funding sources (public or private, federal, state or local monies)?  
 Yes  No

If yes is checked, please indicate in the line-item budget the estimated amount and source of additional funds to be used and provide a narrative explanation in this section.

- b) Is the program's cost the same as your organization charges other organizations or the general public?  
 Yes  No

If **no** is checked, please provide an explanation.

- c) Has your organization been audited in the last three years?  
 Yes  No

If yes is checked and you are not a current Michigan Works!-CISD contractor, include a copy of the most recent management letter, audit opinion and audit report as an addendum

For all audits identified above, indicate what action has been taken in regard to the letters of opinion..

7. **Accounting Systems:** Provide a brief written statement certifying that the organization utilizes a standard accounting system in accordance with the American Institute of Certified Public Accountants' Auditing Standards and that the financial records will be available for audit, adequate documentation for all expenses will be maintained, and that record will be maintained for a period specified by the Michigan Works!-Calhoun Intermediate School District of not less than five years from the end of the grant year.

8. **Payroll Taxes:** Attach documentation verifying that all appropriate payroll/social security taxes have been paid for the last quarter.

Additional Information (if any):

9. **Bonding/Liability Insurance:** Certify that your agency will maintain the appropriate bonding and liability coverage and forward the certifications of such coverage if funded.

10. **Indicate the agency's experience over the past two years (2008-2009) in reference to the following items:**

- a) Were charges of unfair labor practices filed against the organization?  
 Yes  No

- b) Were lawsuits or judgments filed?  
 Yes  No

- c) Were there investigations of fraud, abuse, conflict of interest, political activities, nepotism, or any criminal activities?  
 Yes  No

- d) Was there a default or breach of contract?  
 Yes  No
- e) Please confirm the current financial solvency of the agency (written response):
- f) Was bankruptcy or receivership by this organization or a parent organization declared?  
 Yes  No
- g) Were there any discrimination complaints or rulings against the agency?  
 Yes  No

If any one of the above occurred, information must be provided which should include at a minimum:

- a) Date item checked was initiated;
- b) Party or parties involved with specific reference to grant funds;
- c) Brief description of the circumstances;
- d) Final disposition and date;
- e) A brief explanation if action is still pending.

**11. Equal Opportunity:** Certify that your organization will comply with Equal Opportunity policies and procedures.

**12. Certification of Cost Data:** I certify that the cost data is accurate, complete and current at the time of submission of this proposal. The signature below certifies that funding awards or modifications negotiated in reliance on such data may be adjusted by the awarding agency (CISD) to exclude any significant sum by which the price was increased because the bidder knowingly submitted data that was not accurate, complete or current as certified by signature below.

13. **Certification of Signatory Authority:** I certify that I am the legal officer or other authorized staff of my organization and possess the authority of the organization named herein to submit this document, which is derived from the following provisions (check one):

- Bylaws
- Articles of Incorporation
- Other (Explain):

I further certify that this document was duly authorized under such provision; and that I have the authority to sign and submit it to Michigan Works!-CISD on behalf of the organization.

My signature below also certifies that my organization has the capability to implement the proposed program(s) included in this application, and that the budget represents costs necessary for the operation of the program. Adequate documentation and records will be maintained to support all required program expenditures.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date (Month/Day/Year)

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Organization

## PROOF FOR FINANCIAL LIABILITY

If funded by the CISD, the bidder agrees to assume financial liability for any and all disallowed costs that occur as a result of any financial agreement. **The bidder must place a check mark next to the manner in which financial liability will be assumed and provide a written description.** It is agreed that the CISD and Workforce Development Board may require further documentation from the successful bidder prior to final execution of any agreement.

1. Taxing Authority

Describe:

2. Audit exception insurance that is acceptable to the Michigan Works!-CISD and the Workforce Development Board (Describe and provide a copy of the policy to the Michigan Works!-CISD).

Describe:

3. Pledging assets in an amount sufficient to cover all disallowed costs.

Describe:

4. Deposit of unrestricted funding sufficient to cover all disallowed costs.

Describe:

\_\_\_\_\_  
Signature of Authorized Staff