

## **RFP TEMPLATE**

### **Virginia's Welfare Reform: Employment Strategies for the Hard-To-Serve**

Note: The italicized instructions on Appendix A1 and Appendix C1 does not need to be included in the LDSS proposal and may be deleted from the template.

Below is the list of documents and number of copies that must be submitted by November 1, 2000:

- One copy of the entire RFP signed and completed as required
- One copy of Addendum #1 signed and completed
- Six (6) copies (with original signatures) of each proposal to include

RFP Cover Page,  
Appendix A1, and  
For each component, Appendix C1

- One diskette of the proposal in Word format

The document should be 12 pitch font in the text or 10 pitch font in tables and have one-inch margins.

## REQUEST FOR PROPOSALS (RFP) APPLICATION FORM

RFP NUMBER: BEN-01-001  
ISSUE DATE: August 31, 2000  
TITLE: **Virginia's Welfare Reform:  
Employment Strategies for the Hard-To-Serve**

LOCATION: Statewide  
CONTRACT AWARD: November 15, 2000 through June 30, 2002  
PROPOSAL DUE DATE AND TIME: October 16, 2000, 5:00 pm

ISSUING AGENCY: Commonwealth of Virginia  
Department of Social Services  
Attention: Barbara Cotter, 9th Floor  
730 East Broad Street  
Richmond, Virginia 23219-1849

ELIGIBLE OFFERORS: Local Social Service Agencies (LDSS)

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Sealed proposals for furnishing the services described herein will be received subject to the conditions cited herein until the Proposal Due Date and Time shown above. **PROPOSALS RECEIVED AFTER THAT TIME WILL BE RETURNED WITHOUT CONSIDERATION.**

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In compliance with this Request For Proposals, as published by the Department, and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the services described in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

Name and Address of Firm:

_____	Date: _____
_____	By: _____
_____	(signature in ink)
_____	Name: _____
_____ zip code	Title: _____
FIE/FIN# _____	Telephone # _____
Facsimile # _____	

e-mail: \_\_\_\_\_

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An optional pre-proposal conference will be held at 1:00 PM, September 18, 2000, at the Virginia Department of Social Services, 730 East Broad Street, Richmond in Lower Level Rooms 2 and 3. (reference Sections 2 & 8)

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All requests for information should be sent by email to Barbara Cotter, Intergovernmental Liaison (804-692-1989; bmc2@dss.state.va.us).

**APPENDIX A1**  
**APPLICATION FORM – PROJECT SUMMARY**

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1. Title of Proposal: \_\_\_\_\_
2. Contact person's name \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
3. **Components** - *Because proposals can contain multiple components (such as services for substance abuse), it is important to clearly identify the components included in the proposal and the amount of funds requested for each component. The proposal includes the following component(s) and the amount requested for each:*

Component	Requested Funds		
	FY2001	FY2002	Total
A.	\$	\$	\$
B.	\$	\$	\$
C.	\$	\$	\$
D.	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

*If this is a multiple LDSS proposal and you wish for more than one LDSS to receive funds in their local budget, please indicate the total amount requested to be allocated to each LDSS and the total amount by fiscal year.*

Locality	Requested Funds		
	FY2001	FY2002	Total
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$

4. **Geographic area** to be served. *If it differs by component, please then specify by component.*
5. **Project Summary** – *A summary of approximately 100 words, per component, stating the purpose and goals, identification of community partners, and how funds will be used.*
6. **List of Community Partners and Documentation of Support** -- *Offerors have the option of having community partners designate their support through a joint signature page (to include name, title, organizational information and address, phone, and signature) as part of Appendix A1 or through letters of support/statement of commitment from each of the participating partners.*

## APPENDIX C1 RFP TEMPLATE

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**Title of Proposal:**

**Agency Name:**

*(For proposals addressing more than one component, this section should be duplicated and completed for each component.)*

**Component Name:** \_\_\_\_\_ **Component #** \_\_\_\_ **of** \_\_\_\_

*Agency responsible for project leadership and coordination (may or may not be LDSS):*

Agency:

Name:

Title:

Address (if different from applicant):

Phone:

Fax:

E-Mail:

### **Section A: Statement of the Problem Addressed**

*Please include a brief statement (**maximum 1 page**) of the problem and the need.*

### **Section B: Proposed Approach and Qualifications**

*Please include a brief statement or listing of the proposed approach identifying the services provided and the identification of any innovative aspects (**3 pages maximum**), and describe organizational and staff qualifications of service providers (**1 page maximum**).*

### **Section C: Outcomes**

*Please identify the expected outcomes of the proposed service. Include such outcomes as, actual job placements, unsubsidized employment, higher wages for x # of participants, etc. See Section 6 C of RFP.*

### **Section D: Project Estimates**

Population to be served (*check box*):

- ☐ VIEW population
- ☐ VIEW exempt population (i.e., parents receiving TANF assistance)
- ☐ Current TANF participants in the sanctioned status

*Estimate the number of recipients in the targeted area as well as the projected number to be served. These estimates should be formulated in conjunction with the community partners.*

SERVICE POPULATION [# of TANF recipients (i.e., parents) in the geographic area(s) targeted; identify all localities]				ESTIMATED NUMBER TO BE SERVED		
LDSS	VIEW	Exempt	Sanctioned	VIEW	Exempt	Sanctioned
1.						
2.						
3.						
4.						
5.						
Subtotal of projected # of TANF parents to be served						
Projected number of TANF parents to be served				Adults:		
Projected number of TANF children to be served by proposed services				Children:		

### Section E: Community Partnerships

*Please identify additional agencies or organizations participating in the Project:*

#### Agency/Organization #1:

Role in the project: (services provided)

Entity will receive funding through project? ☐ No ☐ Yes If Yes, estimated amount \$ \_\_\_\_\_

Identify the method of payment: Purchased \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Identify financial or in-kind resources brought to the project:

#### Agency/Organization #2:

Role in the project: (services provided)

Entity will receive funding through project? ☐ No ☐ Yes If Yes, estimated amount \$ \_\_\_\_\_

Identify the method of payment: Purchased \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Identify financial or in-kind resources to the project:

*Add additional agencies or organizations as needed.*

### Section F: Implementation

*Please complete the timeline of services proposed. Please factor in start-up time as part of the timeframe and factor the implementation date into the cost proposal.*

## WORK PLAN

Component: \_\_\_\_\_

Estimated Duration: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Goal/Objective:

Desired Results:

Action Steps	Agency Responsible	Start Date	End Date

## Section G: Component Budget

LINE ITEM	AMOUNT REQUESTED	CASH OTHER SOURCES*	VIEW or WtW \$**	FY 2001	FY 2002	TOTAL
PERSONNEL						
TECHNICAL ASSISTANCE/ CONSULTATION						
TRAVEL						
EQUIPMENT						
PURCHASED SERVICES						
OTHER*						
GRAND TOTAL						

If applicable please identify all purchased services. Other categories may be added if needed.

**\*Please describe "Other" funds.**

**\*\*Blending of Funds.** *In a short narrative explanation please explain how you are using Welfare-to-Work and VIEW funds for these services and how you will blend the different funding, including those of identified community partners.*