

COUNTY OF BERKS

Request for Proposal #08-HAP

Homeless Assistance – HAP

Fiscal Year 08 / 09

Submittal Deadline:

Monday, March 24, 2008, 4:00 P.M., Local Prevailing Time

Submit one HARD COPY of all required material & attachments

Submit one ELECTRONIC VERSION of RFP only to:

mhenry-moss@countyofberks.com

ELECTRONIC VERSION – Available on County’s website

www.co.berks.pa.us –Click on Human Services, Dept of Human Services, RFPs

Or sent an email request to the above address.

HOMELESS ASSISTANCE PROGRAM

Introduction

The following information should be included under the Introduction:

- Agency Name
- Address
- Agency Director
- Staff Contact/Title
- Telephone Number
- Fax Number
- Direct E-Mail Address
- Type of Organization- Public Agency, Private Non-Profit (501)(c)(3), Private For-Profit, Other

Program Summary

The following format should be used for the Program Summary:

A. Program Title: _____

B. Program Location: _____

C. Total Proposed Program Cost 2008-2009: \$ _____

D. Funds Requested from HAP: \$ _____

E. Has this program received prior HAP allocations?

Last Year – 06/07 ? _____ No

_____ Yes: Amount \$ _____ % of total program funding: _____ %

This Year – 07/08 ? _____ No

_____ Yes: Amount \$ _____ % of total program funding: _____ %

Requested: What amount are you requesting for next year? \$ _____

This is what % of needed funds for this program? _____ %

Do you anticipate other funds will be received to support this program?

_____ No

_____ Yes: Source _____ Percent of program funding: _____ %

F. Agency Overview

Please state the agency's (not the program for which funding is being requested) overall mission and purpose. Keep this as concise as possible. DO NOT EXCEED 15 LINES.

G. Please provide a budget narrative that explains how you arrived at the cost for delivery of the proposed service. Examples include: the proposed fee structure, a percentage of a staff person's overall salary, fee for service, etc.

H. Client Eligibility

State how you will verify the clients' income eligibility.

I. Client Demographics

Projected Program Client Composition for July 1, 2008 – June 30, 2009

(Unduplicated)

Age Group	Last Year	Current Year	Proposed Budget Yr
Infants – Under 5			
Between 5 and 17			
Between 18 and 59			
Between 60 and 70			
71 and over			
Unknown			
TOTALS			

Ethnic Origin Information	Last Year	Current Year	Proposed Budget Yr
White			
Black			
Hispanic			
Asian/Pacific Islander			
Did not report			
TOTALS			

Gender	Last Year	Current Year	Proposed Budget Yr
Male			
Female			
TOTALS			

K. Client Satisfaction

Explain the program procedures for determining the degree of client satisfaction with the services provided by the program and program staff.

L. Standard Documents

1. Provide a current list of current Board of Directors, Insurance, etc. if changes were made from last fiscal year.

2. Provide a most recent Financial Statement and recent audit.