2017
CITY OF BLOOMINGTON
REQUEST FOR PROPOSALS
FOR
HUMAN SERVICES GRANTS

City of Bloomington
Department of Community Services
Human Services Division
1800 West Old Shakopee Road
Bloomington, Minnesota 55431

Online proposal submissions to: https://www.bloomingtonmn.gov/forms/rfp

Applications Due: Friday, September 23, 2016

NOTICE OF CITY OF BLOOMINGTON POLICY
OF NONDISCRIMINATION ON THE BASIS OF DISABILITY

The City of Bloomington complies with all applicable provisions of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (Section 504) and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities. The City has designated coordinators to facilitate compliance with the ADA, and to coordinate compliance with Section 504, as mandated by the U.S. Department of Housing and Urban Development regulations. For information, contact the Human Services Division, City of Bloomington, 1800 West Old Shakopee Road, Bloomington, Minnesota 55431-3027; (952)563-8733 (Voice); (952)563-8740 (TTY).

Upon request, this information can be available in Braille, large print, audio tape and/or electronic format.

BLOOMINGTON GRANT APPLICATION FORM

Overview and Intent

Through Purchase of Service Contracts, the City of Bloomington intends to purchase direct human services that it does not already provide through existing programs. City Departments/Divisions are not eligible for funding.

For 2017, the City will be accepting proposals for priority services that focus on supporting families and extended families with low income, older adults, multicultural communities, individuals with disabilities, and people who are homeless, and that have the characteristics of being results-oriented, community-based, culturally-relevant, focused on prevention and early intervention, and that build on strengths and resources of families.

Definitions

- **Results-oriented** - services that demonstrate both the process of service integration and the impact these services have on individuals and families;
- **Community-based** - services which are readily accessible, through functional and/or physical presence in the community, to Bloomington residents;
- **Culturally-relevant** - services which ensure availability of translators and interpreters and have partnerships with agencies serving people to expand culturally-relevant programs in Bloomington;
- **Focused on prevention and early intervention** - services which respond to problems in their early stages and connect people of all ages to needed and appropriate services; and
- **Designed to build on the strengths and resources of families** - services which are provided in conjunction with an individual or family's natural and extended support network.

The agency that submits the proposal shall be responsible for providing the program and/or service to the City of Bloomington.

Proposal Format and Required Information

The agency shall provide the appropriate information in sufficient detail to demonstrate that the agency's services correlate to the City's intent in seeking proposals, as detailed above. To allow for easier comparison of proposals during evaluation, proposals should contain the following sections and appendices and be arranged in consecutive order. Portions or all of the agency's application may be inserted into the Agreement if the agency is selected as a vendor.

I. ORGANIZATION INFORMATION

A. Preliminary Information: Provide the following background information for the agency:

   a. Name of Applicant Agency/Organization

   b. Type of Organization (e.g. Public, Non-Profit, etc.)

   c. Name of Program(s)/Service(s) for which Funding is Requested

   d. Agency/Organization Address

   e. Agency Representative and Title

   f. Telephone Number and E-mail Address of Agency Representative

B. Funding: Specify the amount of funding requested from the City for 2017.

C. In-Kind Space or Support: Identify any requested in-kind space or support from the City for 2017 and be specific (e.g. promotion/marketing of program/service, space at City-designated facilities, etc.).

D. Structure: Provide a description of organizational structure, including number of board members, full-time paid staff, part-time paid staff, and volunteers.

E. Client Information: Provide the following information:

   a. Summary of client characteristics, admission or eligibility criteria, capacity, and/or the number of persons served for the target populations identified in program specifications.

   b. Estimated number of **UNDUPLICATED Bloomington residents** for each program.

F. Mission: State the agency's basic philosophy and/or mission. State clearly what programs and/or services the agency will provide.

G. Service Components: Outline each program and/or service's components, special techniques, and/or procedures. If appropriate, include a sliding fee scale for individual services.

H. Facility: Identify service site(s), including each site's location. Preference will be given to those agencies located in the City of Bloomington. All agencies must comply with the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

I. Placement Procedure: Briefly describe the manner in which an individual gains access to the program and/or service, including special approvals needed (e.g., County Case Manager referral required).

J. Impact: Identify client outcomes and the program and/or service's impact on individuals/families to be served. Be very specific on what the direct impact to client(s) and/or family member(s) is beyond numbers served.

K. Methods of Measurement: Describe the methods used to measure and evaluate client progress and the process of service integration with agency's vision and program goals.

L. Past Results: Provide the agency's most recent report identifying the effectiveness of the program and/or services provided as well as quantifying information that demonstrates how the program and/or services improved its clients' quality of life. If the agency is a previous recipient of Human Services funding, succinctly outline the past results/outcomes during, at most, the past five (5) funding years.

M. Funding Sources: For 2017, identify all major sources of revenue and the percent they represent in the agency's total budget. If funded by another source, such as Hennepin County or the State of Minnesota, demonstrate how the City's money would be used to enhance services to Bloomington residents over and above existing funding. List potential funding sources. Be thorough, as the proposal will be evaluated in part on this information.

II. APPLICATION REQUIREMENTS

A. Application Submissions Procedure and Format

1. To be considered for funding, applications must be received **no later than 4:30 p.m., Friday, September 23, 2016.**

2. Applications may be submitted in one of the two following ways:

Electronic Submissions: Applications may be completed and submitted electronically online at: https://www.bloomingtonmn.gov/forms/rfp. Please be advised that the online application does not permit the agency to save the form, so all required information should be organized in advance.

Paper Submissions: Paper copies of applications may be mailed to:

City of Bloomington

Human Services Division
1800 West Old Shakopee Road
Bloomington, MN 55431

If submitting a paper application, please provide the information required above in Section I – Organizational Information on a separate written document. All paper copies of submitted applications **must** include a completed Organization/Program Financial Summary, located at page 11 of this Application.

3. This application is to receive funding for one annual year, from January 1, 2017 to December 31, 2017.

4. Applications submitted without unduplicated Bloomington resident projections and requested financial information will **not** be considered for funding.

5. Application need **not** include elaborate brochures, expensive bindings, etc. Legibility, clarity, and completeness are essential. All paper applications should be stapled in their entirety.

6. By submitting a paper application, the Agency representative submitting the application affirms the following:

> I certify that, to the best of my knowledge and belief, all information contained in this application is correct and complete; that, if approved, programs/services will be conducted according to the application. The applicant agency has authorized me, as its representative, to give these assurances and to file this application.

6. A letter confirming that your application has been received will be sent to you, with information pertaining to when agencies will be notified of awards. If you have not received a confirmation letter by **October 7, 2016**, please contact the Human Services Division.

B. Inquiries

Inquiries regarding the guidelines in this Request for Proposals or how this Request for Proposals relates to City contract policies and guidelines may be directed to: Rachel Centinario, Contract Program Coordinator, Human Services Division, 1800 West Old Shakopee Road, Bloomington, Minnesota 55431. Phone: (952) 563-8737. TTY: (952) 563-8740.

III. GENERAL INFORMATION

A. Contract Requirements

1. All individuals served must reside in the City of Bloomington.

2. Reimbursement will not exceed approved dollar amount agreed upon in the Agreement for Services and as approved by the Bloomington City Council.

3. The Applicant will be required to submit invoices that itemizes the number of **UNDUPLICATED** Bloomington residents served in order to be reimbursed under the Agreement. Reimbursement will not be based on the number of households or other measures of service.

4. The agency will be required to submit an evaluation of services and annual report with its final invoice. The evaluation shall include the number of unduplicated Bloomington residents served. Information contained in the annual report shall include: (a) evaluation feedback from clients, family members, employers, referral sources, and/or other service providers regarding the effectiveness of the program and/or service provided; and (b) quantifying information demonstrating how the program and/or services provided improved clients' quality of life.

B. Additional Provisions Included in Contract

1. The Contractor shall defend, indemnify and hold harmless the City, its officials, employees and agents, from any and all claims, causes of action, lawsuits, damages, losses, or expenses, including attorney's fees, arising out of or resulting from the Contractor's (including its officials, agents or employees) performance of the duties required under this Agreement, provided that any such claim, damages, loss or expense is attributable to bodily injury, sickness, diseases or death or to injury to or destruction of property including the loss of use resulting therefrom and is caused in whole or in part by any negligent act or omission or willful misconduct of Contractor.

2. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of copartners or an employment relationship between the parties hereto or as constituting the Contractor's staff as the agents, representatives or employees of the City for any purpose in any manner whatsoever. The Contractor and its staff are to be and shall remain an independent contractor with respect to all services performed under this Agreement. The Contractor represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of the Contractor or other persons, while engaged in the performance of any work or services required by the Contractor under this Agreement, shall not be considered employees of the City, and any and all claims that may or might arise under the Workers' Compensation Act of the State of Minnesota on behalf of said personnel or other persons while so engaged, and any and all claims whatsoever on behalf of any such person or personnel arising out of employment or alleged employment including, without

limitation, claims of discrimination against the Contractor, its officials, agents, contractors or employees shall in no way be the responsibility of the City; and the Contractor shall defend, indemnify and hold the City, its officers, agents and employees harmless from any and all such claims regardless of any determination of any pertinent tribunal, agency, board, commission or court. Such personnel or other persons shall not require nor be entitled to any compensation, rights or benefits of any kind whatsoever from the City, including, without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Compensation, disability, severance pay, and contributions to the Public Employees Retirement Association of Minnesota.

3. The parties agree to comply with the Minnesota State Human Rights Act, Minnesota Statutes, Section 363A, as amended.

4. To the extent allowed by law, the Contractor agrees to maintain the following insurance coverages, in an amount equal to, or greater than, the minimum limits described below. The Contractor will provide the City with a certificate of insurance evidencing such coverages prior to performing any duties included under the terms and conditions of this Agreement. The Contractor also agrees to keep a valid certificate of insurance on file, referencing these limits, throughout the entire term of this Agreement.

   a. Commercial General Liability Insurance in the amount of at least $1,500,000 per occurrence for bodily injury or death arising out of each occurrence, as well as $1,500,000 per occurrence for property damage.

      To meet the above requirements, the Consultant may use a combination of Commercial General Liability and Umbrella coverage, as long as the City approves such use and it is evidenced on the Certificate of Insurance naming the City as an additional insured on both policies. The Umbrella needs to be a following form coverage and provide a thirty (30) day notice of cancellation.

   b. Business Automobile Insurance in the amount of $1,500,000 per occurrence for bodily injuries or death arising out of each occurrence, as well as $1,500,000 per occurrence for property damage.

   c. Workers' Compensation Insurance as required by Minnesota Statutes, Section 176.181, subdivision 2.

   d. Professional Liability Insurance in the amount of $1,000,000 per occurrence.

e. The Contractor agrees to name the City as an additional insured on its Commercial General Liability and Business Automobile Insurance policies, and to provide an endorsement of such status. In addition, the Contractor agrees to notify the City thirty (30) days prior to cancellation or a change in any of the aforementioned insurance policies. All insurance must be provided at the Contractor's expense and at no additional cost to the City.

5. The Contractor agrees that the City will own and have the right to use, reproduce and apply as it desires, any data, reports, analyses and materials which are collected or developed by the Contractor or anyone acting on behalf of the Contractor as a result of this Agreement.

6. Entire Agreement. This Agreement represents the entire Agreement between the Contractor and the City and supersedes and cancels any and all prior agreements or proposals, written or oral, between the parties relating to the subject matter hereof; and amendments, addenda, alterations, or modifications to the terms and conditions of this Agreement shall be in writing and signed by both parties.

7. Americans with Disabilities Act. The Contractor agrees to comply with the Americans with Disabilities Act ("ADA") and Section 504 of the Rehabilitation Act of 1973 ("Section 504") and shall not discriminate on the basis of disability in the admission or access to, or treatment of employment in its services, programs, or activities. The Contractor agrees to hold harmless and indemnify the City from costs, including but not limited to damages, attorney's fees and staff time, in any action or proceeding brought alleging a violation of ADA and/or Section 504 caused by the Contractor. The Contractor agrees to utilize their own text telephone or the Minnesota Relay Service in order to comply with accessibility requirements. Upon request accommodation will be provided to allow individuals with disabilities to participate in all services, programs and activities. The City has designated coordinators to facilitate compliance with the ADA, as required by Section 35.107 of the U.S. Department of Justice regulations, and to coordinate compliance with Section 504, as mandated by Section 8.53 of the U.S. Department of Housing and Urban Development regulations.

8. Minnesota Government Data Practices Act. The Contractor will comply with all applicable provisions of the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, as amended.

9. Applicable Laws. This Agreement shall be interpreted using the laws of the State of Minnesota. The Contractor agrees to comply with all applicable local, state and federal laws, rules, regulations and ordinances in the performance of the duties of this Agreement.

10. Assignment. This Agreement shall not be assignable except with the written consent of the City.

11. Examination of Documents. The books, records, documents, and accounting procedures of the Contractor, relevant to this Agreement, are subject to examination by the City, and either the legislative or state auditor as appropriate, pursuant to Minnesota Statutes, Section 16C.05, subdivision 5.

12. Mediation. Both parties agree to submit all claims, disputes and other matters in question between the parties arising out of or relating to this Agreement to mediation. The mediation shall be conducted through the Conflict Resolution Center, 2101 Hennepin Avenue, Suite 100, Minneapolis, Minnesota 55405. The parties hereto shall decide whether mediation shall be binding or non-binding. If the parties cannot reach agreement, mediation shall be non-binding. In the event mediation is unsuccessful, either party may exercise its legal or equitable remedies and may commence such action prior to the expiration of the applicable statute of limitations.

13. Payment of Subcontractors. The Contractor agrees that it must pay any subcontractor within ten (10) days of the prime contractor's receipt of payment from the municipality for undisputed services provided by the subcontractor. The Contractor agrees that it must pay interest of 1-1/2 percent per month or any part of a month to the subcontractor on any undisputed amount not paid on time to the subcontractor. The minimum monthly interest penalty payment for an unpaid balance of one hundred dollars ($100.00) or more is ten dollars ($10.00). For an unpaid balance of less than one hundred dollars ($100.00), the prime contractor shall pay the actual penalty due to the subcontractor. A subcontractor who prevails in a civil action to collect interest penalties from a prime contractor must be awarded its costs and disbursements, including attorney's fees, incurred in bringing the action.

14. Adherence to City Policies. The Contractor agrees, as a condition of being awarded this Agreement, to require each of its agents, officers and employees to abide by the City of Bloomington's policies prohibiting sexual harassment, firearms and smoking, as well as all other reasonable work rules, safety rules or policies regulating the conduct of persons on City property at all times while performing duties pursuant to this Agreement. The Contractor agrees and understands that a violation of any of these policies or rules constitutes a breach of the Contract and sufficient grounds for immediate termination of the Agreement by the City.

15. Severability. If any provision or term of this Agreement for any reason is declared invalid, illegal or unenforceable, such decision shall not affect the validity of any remaining terms or conditions in this Agreement.

16. Signatory. Each person executing this Agreement on behalf of a party hereto represents and warrants that such person is duly and validly authorized to do so on behalf of such party, with full right and authority to execute this Agreement and to bind such party with respect to all of its obligations hereunder. In the event the Contractor did not authorize the Signatory to sign on its behalf, the Signatory agrees to assume responsibility for the duties and liability of the Contractor, as set forth herein, personally. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which taken together shall constitute but one and the same instrument.

17. Termination. Either party may terminate this Agreement for any reason upon giving thirty (30) days' advanced written notice to the other party.

The City reserves the right to cancel this Agreement at any time in event of default or violation by the Contractor of any provision of this Agreement. The City may take whatever action at law or in equity that may appear necessary or desirable to collect damages arising from a default or violation or to enforce performance of this Agreement.

ORGANIZATION/PROGRAM FINANCIAL SUMMARY

Applicant Organization			Program Name			
Name of Person Preparing Application			Telephone Number		Date	
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
REVENUES	2016 BUDGET**	$ AMOUNT ALLOCATED TO UNDUPLICATED BLOOMINGTON RESIDENTS	30% OF COLUMN 3-AMOUNT ALLOCATED TO UNDUPLICATED BLOOMINGTON RESIDENTS	**PROPOSED 2017 BUDGET****	$ AMOUNT ALLOCATED TO UNDUPLICATED BLOOMINGTON RESIDENTS	30% OF COLUMN 6-AMOUNT ALLOCATED TO UNDUPLICATED BLOOMINGTON RESIDENTS
United Way						
City of Edina						
City of Richfield						
City of Bloomington						
School Districts						
Hennepin County						
State of MN						
Federal						
Other						
Program Service Fees						
Contribution/Donations						
Foundation Grants (List)						
(R) TOTAL REVENUE	$	$	$	$	$	$
Expenses						
Salaries, Benefits & Taxes						
All Other Operating Expenses						
(E) TOTAL EXPENSES	$	$	$	$	$	$

Column 4 should be 30% of your organization's annual expenditures ALLOCATED TO SERVE UNDUPLICATED BLOOMINGTON RESIDENTS. This amount is also the maximum amount of funding (including the value of in-kind contributions) that your organization can request on Line D of the Provider Fact Sheet. ****NOTE:** Indicate by an (*) which revenues (in Column 5) are requested but not yet approved.

Instructions for completing the ORGANIZATION/PROGRAM FINANCIAL SUMMARY

1. Fill in the top portion of the FINANCIAL SUMMARY with your organization's name, your program's name, your name and telephone number, and the date. Fill in all white boxes of the table.
2. Column 1: **List** the names of Foundations from which your organization receives grants. If you need more space than is provided, attach an additional page listing the foundations and grant amounts, then write "Total – See attached list" in the space provided in Column 1.
3. Column 2:
    a. List the dollar amounts of 2016 revenue from each source listed. The "City of Bloomington" line must show the total of both the cash grant amount and the value of in-kind contributions (office space, meeting space, etc.).
    b. Add together any sources of revenue that are not listed on the FINANCIAL SUMMARY and enter the total in the "Other" line.
    c. List each foundation grant amount separately. If you are attaching an additional page listing the grants as described above for Column 1, enter the total amount of all foundation grants on the first line of the "Foundation Grants" box.
    d. Indicate with an asterisk (*) which revenue sources have been applied for, but not yet granted.
    e. Enter the organization's total 2016 revenue on Line (R) of Column 2
    f. Enter the organization's 2016 expenses as indicated
4. Column 3:
    a. For each revenue source, enter how much of the amount listed in Column 2 that is allocated to serve unduplicated Bloomington residents. Add the revenue amounts listed in Column 3 and enter the total amount of proposed 2016 revenue allocated to serve unduplicated Bloomington residents on Line (R) of Column 3.

b. For each type of expense, enter how much of the amount listed in Column 2 that is allocated to serve unduplicated Bloomington residents. Add the expense amounts listed in Column 3 and enter the total amount of proposed 2017 expenses allocated to serve unduplicated Bloomington residents on Line (E) of Column 3.

5. Column 4:

   a. Multiply the amount in Column 3, Line (R) by 30% and enter the sum in Column 4, Line (R).

   b. Multiply the amount in Column 3, Line (E) by 30% and enter the sum in Column 4, Line (E).

6. Columns 5-7: Use the same process as for Columns 2-4, except use proposed 2017 amount in Columns 5-7. Enter Row E of Columns 5 – 7 on the Contract Provider Fact Sheet.

Contact Human Services at 952-563-8733(V) or 952-563-8740 (TTY) for additional assistance.