**ATTACHMENT A**

**DESCRIPTION OF PROPOSED PROGRAM**

**A. METHOD OF APPROACH**

1. Location, Service Hours, and Other Program Data

Address or proposed location of the Program office:

If applicable, additional branch offices or other entities that will perform or assist in performing the proposed Program:

(Name) (Address) (City/Zip)

(Name) (Address) (City/Zip)

Indicate weekday and/or weekend times and identify the **proposed services** in the schedule. If none for that day, please indicate NONE under hours.

Proposed Program Structure:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Intake/  Screening | \*Identify Component(s) of the Program | Any Additional Information |
| Length of Session (Hours) |  |  |  |
| Number of Sessions |  |  |  |
| Number of Participants Per Session |  |  |  |
| Days Scheduled During the Week (e.g. Mon – Sun) |  |  |  |
| Hours Scheduled  (e.g. Between 8:00 am - 4:00 pm) |  |  |  |

\*Identify if component is educational, counseling, or both and respond to each question by component. You may need to adjust the chart to have a comprehensive answer.

Indicate the anticipated number of days from initial contact:

Indicate the anticipated number of days to the first session of the Program:

Is group structure open or closed? (Check one box):

Open to new participants

Closed, no new participants allowed after first session

Estimated average length of Program per participant (weeks):

Any other requirements:

2. Proposed Program

a. Program Information

Provide the following information:

(1) A one-page abstract of your program that includes no more than two paragraphs of what makes your proposed program distinctive in your opinion.

(2) A one-page summary of the evidence-based research, literature, and philosophy that forms the basis of the proposed Program.

1. Provide reasoning as to why chosen curriculum is the best.

(3) Share any ongoing, or published studies that indicate the success of   
 your chosen program.

b. Program Services

Provide the following information:

(1) Intake Procedures:

1. Describe the intake process and procedure, staff involved, and length of intake.
2. Describe how the results of the initial intake will be integrated within the Offender’s treatment plan.
3. Attach an intake form and any other forms used during the intake to explain the Program and Offender’s responsibility to complete the Program.
4. Attach and documentation used to explain the Program to the Offender, which details the Offender’s responsibility to participate in and complete the program.

(2) Sessions:

1. Describe each session.
2. Indicate modality used.
3. Identify the staff involved, including their backgrounds and qualifications.

(iii) Indicate the length of time allotted for each topic and/or coping skill.

(iv) Identify the evidence-based teaching strategies and techniques. (e.g. lectures, role playing led by the facilitator, rehearsal of coping strategies stressed in the intervention.)

(b) Describe any specialized monitoring or services that would be provided when there is a high degree of substance abuse and/or mental health issues identified in the assessment. Include service plan for those who will not benefit from participating in the core Program or may be disruptive in a group setting.

(c) Describe any specialized monitoring or services that would be provided when a human trafficking victim is identified during the assessment. Include service plan for those who will not benefit from participating in the core Program.

(d) Attach copy of any homework assignments and handouts for each session.

c. General Program Inquiries

(1) Explain Program implementation timeline.

(2) Describe your program out-reach efforts for Offenders who fail to contact the Program within five (5) days.

(3) Describe your program response, methodology, and services to participants who are not making progress in the Program and identify the background and qualification of the staff assigned to this task.

(4) Describe any innovative services that the Program would use with this hard-to-reach population that would assist in restoring them back into society, including Human Trafficking prevention and services. Please reference any research- studies that support the innovations.

(5) How will your agency use the knowledge and understanding from people formerly in prostitution in your program?

(6) Describe what evidence-based tools will be used to address relapse prevention.

(7) Describe specific community agencies you would use as referral sources and the services they would provide. The services should be significant to the target population.

(8) Explain your working relationships with the agencies noted in # 7 above.

(9) Explain the rights of Offenders that participate in this Program.

(10) Explain how the facilities used to provide services comply with the Americans with Disabilities Act (ADA).

(11) Explain how services will be provided to English and mono-lingual Spanish speaking participants.

(12) Explain how services will be provided to Offenders who are hearing impaired, Offenders with disabilities, and Offenders who speak neither English nor Spanish.

(13) If applicable, provide the following information on subcontracted services:

Types of services

Signed, preliminary agreements

Plans assuring coordination and monitoring

Frequency of payment

(14) Attach a preliminary action plan for a job developer position. Identify duties, responsibilities, and goals. Describe required qualifications, identify whether the position would be full-time or part-time. If part-time, identify how many hours will be allocated for this Program.

(15) Describe an action plan for assisting the Offenders in acquiring a job. This must include meeting with the job developer.

3. Computerized Information System

a. Please provide information regarding your computerized information system.

Indicate the following information:

(1) Type of software used to monitor the status of cases.

(2) Security (include local and network procedures).

(3) Backup and recovery.

b. If your current computerized information system does not satisfy the system requirements in the Scope of Work, please describe how proposer will satisfy that requirement.

c. Are case notes computerized? Yes  No

If yes, how?

(1) Formatted, for example PDF, word, database, etc.

(2) Identified, for example by Offenders’ compliant number, name or other identifier.

d. Describe your agency’s web-based case management system that would allow the City Prosecutor’s staff to access an Offender’s Program status as needed. If you do not have one, what are your plans for implementation?

B. PROPOSER’S QUALIFICATIONS AND EXPERIENCE

1. Qualifications

a. Attach an organizational chart for the Program. Include the Program’s relationship to the organization of which it is a subsidiary or by which it is sponsored.

b. Attach job descriptions of key personnel.

c. If known, list the names and qualifications (education, training, and ) of staff who will perform key Program functions.

d. Language and cultural competency.

(1) Explain how you will ensure all services are culturally appropriate.

(2) Provide information on your bilingual staffing (English/Spanish). Please include the number of bilingual (English and Spanish) staff you have.

e. Group Facilitators, intake staff, and case managers.

(1) Describe required qualifications.

(2) Describe training and supervision.

f. If any, explain your professional staff turn-over, including full-time and part-time group facilitators, during the past two years.

2. Experience

a. Describe how proposer’s experience satisfies the minimum requirement of two years experience providing educational/counseling services, the same as, or similar to, the program proposed, include any additional experience that is comparable with to the services required in the scope of Work Section of the RFP over a period not to exceed three additional years (e.g. up to five years of experience). Attach documentation evidencing that proposer has satisfied the Minimum Requirements.

b. If available, describe your compliance/completion rate for related services, and attach statistics to document the rate(s). Include data on all people referred, including those that failed to make contact. All data should be from the past five years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time  Frame | Number Referred | Number Closed  Non-Compliant | Number Closed Compliant | Recidivism Rate (of all related offenses) |
|  |  |  |  |  |

c. Describe any areas where your organization or staff may lack the expertise or administrative ability to implement the proposed Program. Describe your plan to develop the necessary expertise and administration to implement the proposed Program.

d. List information on any organization; including government organizations, which have contracted with your organization to provide services in the past five years (please verify information provided is correct). Include the following information for each organization:

* Organization
* Address
* Contact name
* Contact’s title
* Contacts phone number
* Contact’s e-mail
* Brief description of services including the number of clients served per program or service (do not compile number of all programs/services).
* Dates of service

e. Explain any complaints that resulted in a substantiated finding by a licensing organization or court within the past 5 years.

f. List all contracts that were not renewed or were terminated before the expiration of the contract. Please identify the agency that the contract was with, the type of services/program that was provided and the length of time that the services/program was provided.

g. Submit any other information which documents other skills or experience relating to the requirements of this RFP which you believe may be relevant including brochures and descriptions.

h. Have **three (3)** organizations submit the Proposer Performance Evaluation, Attachment H, (reference checks) as indicated on the form. These organizations should be those for whom you provide a similar type of service. Individuals/organizations who may receive direct or indirect pecuniary gain from the proposed Program or the organization submitting the proposal should not be included. Do not submit to City of Phoenix employees or officials completion.

C. PROGRAM EVALUATION AND MEASURES

1.Performance Measures (measurable objectives and client outcomes):

a. Identify and describe the performance measures that will be used to evaluate the Program. These measures should be results oriented, specific, and measurable.

b. Explain the validity of any empirical support for any tests that would be administered. They should measure the topics covered in the curriculum of the Program and skills provided in the intervention you are proposing.

c. Please ensure that there is a pre and post-test for each identified measure and indicate the bench mark that will be used to identify success.

d. Describe how the results of all the pre and post-tests will be kept for analysis of the data collected.

1. Attach the measures used to assess client demographic characteristics, motivation to change, substance abuse issues, mental health problems, human trafficking intervention, and Program outcomes. Measures should be objective, result oriented specific, and should have the ability to demonstrate client change. Provide information on the validity and reliability of selected measures.

2. Describe the procedure for responding to Offender complaints about the Program.

3. Explain how you will use the information above (1-2) to make on-going Program improvements.

4. Provide information that your proposed Program is evidenced based and documentation of its success.

5. Describe the process for documenting client progress, their involvement with other programs while in Diversion with the City of Phoenix, and engagement through case notes, and for electronically sharing these case notes with the City of Phoenix Prosecutor’s Office.

**ATTACHMENT F**

**AUTHORIZED SIGNATORY FORM**

**TO: Diversion Programs Administrator**

**City of Phoenix Prosecutor’s Office**

**300 West Washington Street, 8th Floor**

**Phoenix, Arizona 85003**

**To Whom it May Concern:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, does hereby designate and authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose signature appears below, to execute and sign the documents checked below on behalf of:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Contractor/Company/Agency/Organization Name)

**1. The Contract**

**2. Amendments**

**3. Invoices/Payment Requests**

**4. All other documents or forms submitted necessary**

**to the execution of the contracted services.**

**5. All Four**

(please check one or more of the squares as applicable)

**The authority herein granted shall be an is hereby granted for the duration of this Agreement to provide a *Prostitution Diversion Program* or until express notice of revocation has been duly given in writing, whichever is the lesser period.**

**Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017.**

**By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature of Officer) (Title)

Signature /Title of Person Authorized to Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature /Title of Person Authorized to Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature /Title of Person Authorized to Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATE OF ARIZONA )**

**)**

**COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**This instrument was acknowledge before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017 by**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ appearing before the undersigned Notary Public, and stated that he executed such instrument on behalf of said Individual, Co-partnership, or Corporation for the purpose and consideration therein expressed.**

**My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Month/Day/Year) (Notary Public Signature)

**ATTACHMENT G**

**AFFIDAVIT OF ASSURANCES**

**Assurances**

The undersigned proposer hereby submits to the City of Phoenix (City) the enclosed proposal based upon all terms and conditions set forth in the City’s Request for Proposals (RFP) and referenced materials. Proposer further specifically agrees hereby to provide services in the manner set forth in the proposal submitted by the proposer.

The undersigned proposer acknowledges and states, under penalty of perjury, as follows:

1. The City is relying on proposer’s submitted information and the representation that proposer has the capability to successfully undertake and complete the responsibilities and obligations submitted in its proposal and in the resulting contract.
2. The City has the right to make any further inquiry it deems appropriate to substantiate or supplement information supplied by proposer.
3. Proposer has read and fully understands all the provisions and conditions set forth in the RFP documents, upon which its proposal is based.
4. The forms and information requested in the RFP are complete and made part of the proposal. The City is not responsible for any proposer errors or omissions.
5. This proposal may be withdrawn by requesting such withdrawal in writing at any time prior to the proposal deadline but may not be withdrawn after such date and time.
6. The City reserves the right to reject any and all proposals and to accept the proposal that, in its judgment, will provide the best quality development to the City.
7. This proposal is valid for a minimum of 120 days after the RFP proposal deadline.
8. All costs incurred by proposer in connection with this proposal shall be borne solely by proposer. Under no circumstances shall the City be responsible for any costs associated with proposer’s proposal or the RFP process.
9. Proposer has not in any manner, directly or indirectly, conspired with any person or party to unfairly compete or compromise the competitive nature of the RFP process.
10. The contents of this proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.
11. To the best of the proposer’s knowledge, the information provided in its proposal is true and correct and neither the undersigned proposer nor any partner, corporate officer or managing employee have ever been convicted of a felony or a crime involving moral turpitude.

**Signature(s)**

Proposer’s Contracting Entity (Legal Name1):

*1 The successful proposer must be authorized to transact business in Arizona and be in good standing prior to contract award.*

Printed Name of Authorized Representative\*:

Title:

Business Mailing Address:

Telephone and Email Address:

Signature:

*\*Proposal must be signed by an individual authorized to contractually bind the proposer.*

Name of Joint Venture Partner (if applicable):

Printed Name of Authorized Representative\*:

Title:

Business Mailing Address:

Telephone and Email Address:

Signature:

*\*Proposal must be signed by an individual authorized to contractually bind the joint venture partner.*

**NOTARIZED**

Signed and sworn before me this , day of ,

|  |  |
| --- | --- |
| Notary Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Affix Seal: |
|  |  |
| My Commission Expires:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**ATTACHMENT H**



**City of Phoenix**

OFFICE OF THE CITY PROSECUTOR

PROPOSER’S PERFORMANCE EVALUATION

As a party providing an evaluation of the Proposer’s performance for a Request for Proposals/Solicitation process (RFP), please submit the completed form by fax or e-mail as indicated below by **11:00 a.m**., **March 6, 2017**. For your convenience, this form is available as an attachment to the Prostitution Diversion Program RFP at <https://www.phoenix.gov/solicitations>.

Thank you for your time and cooperation.

Diversion Programs Administrator

E-mail: [rfpdiversion@phoenix.gov](mailto:rfpdiversion@phoenix.gov)

Fax number: (602) 256-3509

Phone number: (602) 261-8188

The City of Phoenix Prosecutor’s Office will use the information from this form to evaluate proposers competing for contract awards. **This completed form will become public record and upon request, will be released to the proposer or any other entity.**

1. **Identification of party providing information:**
   1. Your Agency/Organization:
   2. Name and Title:
   3. Phone Number:
   4. Signature:
   5. Date:
2. **Contract Information:**

(Agency/Organization who has a contract with your institution)

* 1. Contractor:
  2. Contract Number:
  3. Service Provided:
  4. Period of Contract:
  5. Number of clients served **per** program:

1. **Ratings:** Summarize the Contractor’s performance and circle or type in the number below that corresponds to the performance rating for each category. Please also provide any comments in support of your rating.

**PROPOSER PERFORMANCE EVALUATION**

0 – Unsatisfactory; 1– Poor; 2 – Good; 3 – Excellent

|  |  |  |
| --- | --- | --- |
| QUALITY - *Compliance with contract requirements. Accuracy of reports, appropriateness of personnel.*  0 - Nonconformance jeopardized the achievement of contract goals; default.  1 - Nonconformance requires major agency intervention to ensure achievement of contract goals.  2 - Quality meets specifications in some cases; however some agency intervention required.  3 - Quality exceeds specification in most cases. | 0  1  2  3 | Comments |
| PROBLEM RESOLUTION *- Anticipates and avoids problems, prompt notification of problems, satisfactorily overcomes or resolves problems.*  0 - Inadequately resolves problems, jeopardize contract goals.  1 - Significant agency intervention required to resolve problems, jeopardizing contract goals.  2 - Successfully overcomes or resolves all problems and achieves contract goals with minimal agency intervention.  3 - Anticipates and avoids most problems and successfully overcomes all unforeseen problems. | 0  1  2  3 |  |
| TIMELINESS - *Reliable, stays on schedule despite problems, completes work, submits reports and responds to requests for information.*  0 - Delays jeopardized the achievement of contract goals.  1 - Other significant delays.  2 - All deliverables on time.  3 - All deliverables on time with some ahead of schedule. | 0  1  2  3 |  |

|  |  |  |
| --- | --- | --- |
| BUSINESS RELATIONS - *Effective management, reasonable/cooperative behavior, flexible, minimal staff turnover.*  0 - Unethical or illegal business practices.  1 - Business practices are not attuned to customer support.  2 - Business practices focus on customer support.  3 - Highly effective, proactive business practices focused on customer support. | 0  1  2  3 |  |
| CUSTOMER SERVICE - *Team approach, satisfied end user, positive customer feedback, courteous interactions, and prompt responses.*  0 - Response to service request is routinely late, ineffective or rude; complaints are unresolved, seems unaware of service issues.  1 - Response to service request is often late, ineffective or rude; some complaints are resolved.  2 - Response to service request is timely, effective and courteous, customers express positive feedback.  3 - Response to service request is timely, effective and courteous, proactive in building good relations with customers, collects and uses customer feedback. | 0  1  2  3 |  |
| Would you recommend selection of this contractor again?  Please explain. | YES  NO |  |