

**Pine County Health and Human Services (PCHHS)**

**REQUEST FOR PROPOSAL  
MFIP & DWP EMPLOYMENT SERVICES**

**DUE: August 16, 2019 at 4:00 p.m.**

Deliver to:  
Pine County Health and Human Services  
ATTN: Rebecca Foss  
South Pine Government Center  
315 Main Street South, Suite 200  
Pine City, MN 55063

**Full Application Materials, Forms and Instructions for Qualifying Proposals**

**REQUEST FOR PROPOSAL**  
**for**  
**MFIP & DWP EMPLOYMENT SERVICES**

GOALS & OBJECTIVES

It is the goal of Pine County that a sound and responsible public contracting system be put in place. We strive to:

Establish clear contracting standards and be responsive to the market place and industry standards;

Enhance public confidence through ethical and fair dealings, honesty and good faith between the County, the business community and other governmental jurisdictions;

Allow impartial and open competition protecting the integrity of the public contracting process and competitive nature of public procurement;

Promote efficient use of local government resources;

Promote affirmative steps to assure that minority businesses, women business enterprises, and labor surplus firms are used; and

Provide a public contracting structure that can take full advantage of evolving procurement methods as they emerge while preserving competitive bidding as the standard for public contracting.

All procurement transactions will be conducted in a manner providing full and open competition. No statutory or administratively imposed state or local geographic preferences are allowed, except in those cases where applicable Federal statutes expressly mandate or encourage geographic preferences. All prequalified lists of persons, firms, or products which are used in acquiring goods and services will be current and include enough qualified sources to ensure maximum open and free competition. Potential bidders will not be precluded from qualifying during the solicitation period. Situations that might be considered restrictive of competition includes, but are not limited to, the following:

- i. Placing unreasonable requirements on contractors for them to qualify to do business with the County,
- ii. Requiring unnecessary experience or excessive bonding,
- iii. Noncompetitive pricing practices between contractors or between affiliated contractors,
- iv. Noncompetitive contracts to consultants that are on retainer contracts,
- v. Organizational conflicts of interest,
- vi. Specifying only a "brand name" product instead of allowing an equally equivalent product to be offered and describing the performance or other relevant requirements of the procurement to the exclusion of all others, and
- vii. Arbitrary actions in the procurement process.

## **INTRODUCTION**

By October 1, 2019, Pine County Health & Human Services (PCHHS) is looking to contract with a provider to provide Minnesota Family Investment Program (MFIP) & Diversionary Work Program (DWP) Employment Services to participants with assistance to overcome barriers in finding employment and other relevant services that lead to independence from public assistance and self-sufficiency. Funds have been made available to the County through the Minnesota Department of Human Services for providing these authorized services.

PCHHS will be selecting one provider who can provide all components of required employment services to clients. Approximately 175 MFIP and DWP participants would need services monthly during a calendar year. These clients include both Universal Participants and Family Stabilization Services clients and include people with diverse age and cultural backgrounds.

Selected provider(s) must have a documented successful history of providing Employment Services to MFIP and DWP participants.

A service location within close proximity to Pine County is required. The department prefers the opportunity to provide these services in such a manner that every individual can easily access the services. The department would also strongly consider the provision of partnering with an agency and provide preference to an agency that prioritizes providing these services at our HHS locations in Pine City and Sandstone.

It is the intent of Pine County Health and Human Services to enter an annual contract with an outside agency, effective as soon as possible. This contract will be renewable, pending available funds and successful progress towards project goals and objectives. Review of this contract will be conducted annually. All county contracts meeting the dollar threshold for our bidding process will be subject to a new RFP selection process per Pine County policy.

A "Quality Based Selection" method will be used to review proposals submitted in response to this RFP. This selection method involves staff reviewing and ranking each proposal based on the criteria listed below. The selection process will weigh heavily on the agency that can provide the greatest number of services (listed below), for the most cost-effective rate.

## **PROVIDER ELIGIBILITY**

Eligible providers must:

- Be appropriately qualified to provide proposed services in Pine County and show evidence that they can deliver services in accordance with state, federal, and county requirements;
- Show that they have the ability to achieve positive outcomes and work with populations that are disproportionately affected by poverty and other social determinants of health;
- Provide evidence that they can deliver proposed services in such a way as to measure and achieve stated outcomes and can track performance measurements that meet federal and state established requirements;
- Be willing and capable of maintaining and reviewing files on a regular basis, as required by the Minnesota Department of Human Services (DHS);
- Be willing and capable of using databases and required management systems; and,

- Demonstrate cultural competency with the population of Pine County.

## **PROPOSAL CONTENT**

A complete proposal will consist of the following elements. Applications which do not include all elements will not score well in the review process. Respondents are asked to submit one (1) original and three (3) copies of the complete proposal.

- 1. Cover Letter** — Applicants will provide information such as authorized representative for the project, financial manager for the project, project abstract, and total cost requested to deliver services.
- 2. Completed Provider Proposal (attached) and all supporting documents** — Applicants will provide answers to all questions and provide all supporting documents requested and that they deem necessary.
- 3. Copy of organization insurance/liability coverage** — Respondents must carry a general liability insurance policy in the amount of \$500,000 to any claimant; \$1,500,000 for any number of claims arising out of a single occurrence.

## **PINE COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS.**

### **GENERAL INFORMATION:**

Prospective respondents who have any questions regarding this request for proposal may call or email:

*Michelle Morgan*  
*Financial Assistance Supervisor*  
Pine County Health and Human Services  
1602 Hwy. 23 North  
Sandstone, MN 55072  
Phone: 320-216-4100  
[Email: michelle.morgan@co.pine.mn.us](mailto:michelle.morgan@co.pine.mn.us)

### **TIMELINE**

**August 16, 2019 @ 4:00 p.m.**

Proposals are due to Pine County Health & Human Services Office, Attn: Rebecca Foss.

**Sept. 6, 2019**

Respondents are notified of application status.

**Oct. 1, 2019**  
(or as soon as possible)

Contract goes into effect, providers will start delivering Employment Services in accordance with contract specifications/limitations. Annual review of progress towards program goals and objectives.

**PROVIDER PROPOSAL**  
**For**  
**Employment Services Providers**

INSTRUCTIONS: If you want to be considered to provide services in response to the Request for Proposal for Employment Services Providers by Pine County Health & Human Services, please complete this Proposal in the format provided below. Any submission made in response to this Request, and any related review by the Pine County Board or its designee, shall not be construed as an "acceptance" by the Pine County Board. **Return the original plus three (3) copies of the proposal.**

**I. GENERAL INFORMATION**

Business Name:

Business Address:

Home Office Address (if different from business address):

Business Telephone:

Business Fax:

Contact Person and Title:

Email:

Name and Title of Person Authorized to sign a Contract for Your Business:

**II. ORGANIZATIONAL STRUCTURE**

- A. Please identify your organizational status:
- |                        |       |
|------------------------|-------|
| Sole Proprietorship    | _____ |
| Partnership            | _____ |
| For Profit Corporation | _____ |
| Non-Profit Corporation | _____ |
| LLC                    | _____ |
| Other (specify)        | _____ |

B. If you are a partnership, please identify all partners:

C. If you are incorporated or organized as an LLC, please provide the following documents

and information:

1. Articles of Incorporation or Organization
2. By-Laws
3. Organizational Chart
4. Names of current Board of Directors, Organizers, or Members
5. Names of current Officers or Members, with position held.

Other types of organizations will be required to submit organizational documents.

### III. INSURANCE & OTHER REQUIREMENTS

Prior to execution of any Purchase of Service Agreement you will be required to provide copies of any required documentation and insurance.

### IV. PROPOSED SERVICE(S):

- A. Which type of service(s) do you propose to provide? Please mark "yes" or "no" for each service. Definitions of each service are found in the Employment Services Manual on the Minnesota DHS website.

For every Service Component you propose to provide, give a full explanation (in a separate document) of how this service would be provided for Pine County clients. Include numbers and qualifications of staff you would provide and numbers of clients you anticipate serving.

For any proposed service requiring licensure or certification, attach a copy of current licensure or certification and indicate how many years licensure or certification has been held. Disclose any license suspensions or any penalties imposed against any license or certification required to perform the proposed service. Also attach a document explaining how the services would be coordinated and managed.

Service Component	Yes	No
Orientation & Overview		
Continuous Assessment		
Employment Plan		
Paid Employment Activities		
Unpaid Allowable Activities		
Support Services		
Extensions		
Family Stabilization Services		
Non-Compliance & Sanctions		
System Information		
Performance Measures		
Other: specify		

- B. Describe your experience providing employment services to MFIP and DWP clients.

- C. Describe any experience you have working cooperatively with a unit of government, including county human services, etc.
- D. A portion of the population being served are people of color and/or speak English as a Second Language or not at all. Additionally, those who apply for services may come from generational poverty. Please describe the cultural competency of your organization and how you overcome barriers to engage those you serve. What measures will you take to specifically address the needs of these populations? How will contracting with your agency help to address racial and socioeconomic disparities?
- E. Attach a resume for yourself and management staff in your organization.
- F. Where would the management office for the proposed project be? Identify where the proposed services would be delivered. Identify ways in which your agency has been successful in improving outcomes for those individuals who have accessed public assistance programs.
- G. Attach evidence/data to support the claim that you have successfully provided employment services in the past, and that your clients have achieved success. Please include your participation rates and self-support index for counties you have worked with for the past two years.

**V. PERSONNEL**

- A. Do you have employees:      Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Provide an organizational chart for your organization as an attachment. State the minimum qualifications you require for each staff position listed, as well as any new staff positions necessary to provide proposed services.
- C. How do you supervise staff? Describe how you would maintain contact with staff working in Pine County.
- D. Understanding that the number of participants varies what would be your target caseload for employment counselors?
- E. Would you have staff specifically assigned to work with Pine County clients or do they work with multiple county participants? Where would your employment counselors be housed?
- F. How is the work of individual job counselors evaluated within your agency?
  - a. What is the procedure for dealing with participant complaints concerning their job counselor?
  - b. How often are job counselors expected to be in contact with each case type and how is this monitored/evaluated?

**VI. BUDGET** Attach a budget for your proposed services for one year.

CERTIFICATION

I hereby certify that each answer set forth on this Provider Proposal and all other information I have furnished is true and correct. I certify that I have the authority to submit this Proposal on behalf of the entity named herein.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title)

**PINE COUNTY HEALTH & HUMAN SERVICES RESERVES THE RIGHT TO REQUIRE ADDITIONAL INFORMATION.**

**SUBMISSION OF THIS PROPOSAL DOES NOT GUARANTEE A CONTRACT WITH PINE COUNTY.**