



TOWN OF FALMOUTH
REQUEST FOR PROPOSAL

FY 2022 FUNDING FOR MENTAL HEALTH PROJECTS, PROGRAMS, AND SERVICES

The Town of Falmouth, through the Human Services Department, is hereby requesting proposals for funding in FY2022 from public or private, state and federally recognized not-for-profit organizations, agencies, or partnerships to provide projects, programs or services that will address mental health needs of the Falmouth community.

INTRODUCTION:

The Town of Falmouth promotes quality projects, programs and services that provide a safety net for vulnerable citizens and address identified human service needs of its residents.

The Human Services Department has recommended that the April 2021 Falmouth Town Meeting appropriate \$20,000 for the purpose of addressing the unmet mental health needs of the Falmouth Community.

Due to the far reaching human impact of the Covid-19 pandemic, the Town of Falmouth seeks and will prioritize proposals that will address critical mental health needs that have emerged or have been exacerbated as a result of the pandemic. Agencies and organizations that are responding to mental health needs of the Falmouth community as a result of COVID 19 pandemic are encouraged to submit an application. The **primary** intent of this funding is to provide seed money to stimulate the development of new initiatives, projects, programs, or services that are not currently being offered in the community. **Secondarily**, applications will be considered for funding used to enhance or grow existing programs and services that are unable to meet the community's current need.

Subject to Town Meeting appropriation, the Town of Falmouth will execute one contract with the Organization/Proposal selected to address mental health related needs of the Falmouth Community.

CONTRACT TIME FRAME AND CONDITIONS FOR RENEWALS AND EXTENSIONS:

The contract resulting from this Request for Proposals shall cover the fiscal year 2022 (July 1, 2021 – June 30, 2022). The Town of Falmouth, at its sole discretion, may choose to renew this contact for up to 2 additional years if deliverables and benchmarks are achieved and subject to appropriation of funds by town meeting in the next fiscal year's operating budget.

NOTICE OF CONTRACT CANCELATION IF FUNDS NOT AVAILABLE:

The contract resulting from this Request for Proposals shall be canceled if funds are not appropriated or otherwise made available to support continuation of this agreement.

The Town of Falmouth reserves the right to cancel this RFP at any time until the contract is executed and to reject any and all proposals if the Town Manager determines that such action is in the best interests of the Town.

SCOPE OF SERVICES:

Public agencies or state and federally recognized not-for-profit organizations may submit proposals. Proposals from collaborative partnerships will be accepted provided that there is a lead organization who meets the above criteria and who will be responsible for project delivery, outcome measurement and reporting requirements.

Proposals intended to address the Mental Health Needs of the Falmouth Community must target one or more of the following identified needs in Falmouth:

1. Increase access to psychiatric evaluation and care, medication assessment and management services
2. Increase mental health prevention programs and services
3. Increase mental health recovery support programs
4. Increase the availability of treatment services in Falmouth to address the needs of young children and adolescents

SUBMISSION REQUIREMENTS:

All proposals shall include one original and 1 copy (including attachments). All proposal pages must be single sided with no staples.

1. Cover Sheet submitted on lead agency letterhead – see Appendix A

2. Program Narrative – no more than 10 pages

- a. Organization – Provide the organization’s mission statement and experience with similar projects executed by the organization
- b. Project Goals and Methodology
 - i. Include clearly defined project goals
 - ii. Provide a detailed description of each component and/or service of the project and how it will address the identified need
 - iii. Include why this approach was chosen and any evidence-based strategies or best practices being utilized
 - iv. Include any fees associated with accessing the services
 - v. Include a timeline for benchmarks as appropriate
- c. Capacity and Collaborations
 - i. Describe the capacity of your organization, and other partnering organizations, to deliver the project/programs/service outlined in this proposal.
 - ii. Include community collaborations you plan to utilize to deliver this project/program/service.
- d. Outcome Measures
 - i. Describe your plan to track the specific delivery of all aspects of your proposal.
 - ii. Describe specific anticipated outcomes for the project and describe your plan to track those outcomes.
 - iii. Describe your plan to track the impact of your project/program.
- e. Sustainability Vision for Year 2 and 3
 - i. How might you plan to sustain, or enhance, this project/program or service in year 2 and 3 if renewal funds are appropriated by Falmouth Town Meeting?
 - ii. Include any other pending, secured, or prospective funding sources for this project and describe the organization’s vision for long-term funding and sustainability.

3. Budgetary Proposal Requirements

- a. Submit the Budget Worksheet (see Appendix B)
- b. Submit the Budget Narrative (see Appendix C) to include detailed descriptions of expenses and income for this project sufficient to meet the goals of the project
- c. No more than 15% of the budget may be utilized for administrative/overhead expenses

4. Attachments

- a. Partnership agreements or Memorandums of Understanding from agencies, organizations or groups who will be collaborating with you to deliver this project.
- b. Organizational Chart of lead agency
- c. Copy of Board of Directors (if applicable) of lead agency

- d. Most recent copy of Lead Organization's Annual Report (if available)
- e. Letter(s) of support - optional

5. Signature Page

- a. Submit signature page on lead agency letterhead – see Appendix D
- b. Signature page must include the handwritten signature of the individual authorized to execute the contract.

ADDRESS AND DEADLINE FOR SUBMISSION:

Proposals must be received no later than 4pm on **April 23, 2021**.

Submit to:

Town of Falmouth
Human Services Department
65A Town Hall Square
Falmouth, MA 02540

NOTE: Proposals, or any parts thereof, received after the date stated above will be rejected as nonresponsive to this RFP. Faxed or emailed proposals will not be accepted. It is the sole responsibility of the proposer to ensure that proposals are complete and received at the proper location by stated deadline. Questions can be forwarded in writing to Suzie Hauptmann, Human Services Director at suzie.hauptmann@falmouthma.gov.

PROPOSAL EVALUATION PROCESS:

Screening Proposals for Compliance with Submission Requirements and Minimum Evaluation Criteria

The submission of all required documentation shall be deemed the minimal criteria necessary for a proposal to be considered for evaluation. Members of the Human Services Committee and the Human Services Department staff, under the direction of the Department Head, will jointly review all proposals and a recommendation will be made to the Town Manager who will make a final selection. A selection will be announced following the April 2021 Town Meeting appropriations. Any proposal which fails to include the information or documentation specified in the submission requirements shall be determined to be non-responsive and shall be rejected.

Interviews and additional information

The Town reserves the right to interview finalists, or seek further information or specific justifications for funding requests.

SELECTION CRITERIA:

The Town reserves the right to award the contract to the proposal which best meets the Town's needs, taking into account agency qualifications, proposal quality and evaluation criteria. As Chief Procurement Officer, the Town Manager's decision or judgment on these matters shall be final. The Evaluation Committee will use the following comparative criterion for each separate rating area, and based upon these criteria, will assign an overall rating to each category. Each of the criteria may contain ratings of:

- ✓ Not Advantageous
- ✓ Advantageous
- ✓ Highly Advantageous

Use of Comparative Evaluation Criteria

1. Project Goals and Methodology:
 - ✓ *Not Advantageous* – Proposal does not adequately define the project goals nor describe the components of the programs and services meant to address the identified need nor does it utilize best practices.
 - ✓ *Advantageous* - Proposal provides clearly defined goals and a description of each component and/or services being delivered. If relevant programs and services are currently available to the community, they are not at a level that meets the community need and evidence of this is provided.
 - ✓ *Highly advantageous* - Proposal provides a description of each component and/or services being delivered. Programs and/or services are unduplicated and have a clear connection to the community need and utilize evidenced based strategies or best practices. Realistic timeline for benchmarks, demonstrating the proposer's understanding of human service program delivery is shown.
2. Organizational Capacity and Collaborations:
 - ✓ *Not Advantageous* – The organizational structure and staffing plan does not adequately demonstrate the ability to deliver the services described. Limited or no history of past successes in delivering similar or related projects.
 - ✓ *Advantageous* - The Organization, and other partnering organizations, demonstrate capacity and staffing to deliver the proposed project/program/service. A recent history of success in delivering similar or related projects/services is demonstrated. Community collaborations are evident.
 - ✓ *Highly Advantageous* – The Organization, and partnering organizations, demonstrate clear capacity and staffing to deliver the proposed project/program/service. The Organization has successfully executed similar projects. Community collaborations are evident and the information provided, as well as the organization's history, shows the proposer's commitment to and capability of delivering quality services that will positively impact the community. Organization has a 5+ year history.
3. Outcome Measures:
 - ✓ *Not Advantageous* –No specific anticipated outcomes or plan for tracking components of the project/services were provided nor a plan for outcome measurements.
 - ✓ *Advantageous*- Proposal offers specific anticipated outcomes and a plan to track all components of project/program/services as well as a plan to measure and assess the outcomes.
 - ✓ *Highly Advantageous* – Proposal offers specific anticipated outcomes and a detailed plan to track all components of the proposed project/program/services; as well as a plan to measure and assess the outcomes utilizing both qualitative and quantitative data. The anticipated short-term outcomes for the project are clear and attainable and the anticipated long-term impact for the community is clear and attainable. The proposal indicates an understanding and ability to address the identified need.
4. Sustainability/Vision for year 2 & 3
 - ✓ *Not Advantageous* – No sustainability plan in Year 2 or Year 3, if town funds are appropriated, is offered in the proposal.
 - ✓ *Advantageous* – Proposal outlines a plan to sustain, or enhance, this project/program/service in year 2 and year 3, if town funds are appropriated; along with a timeline with appropriate benchmarks for year 2 and year 3. The long term public benefit following 3 years of delivering this project/program or service is described.
 - ✓ *Highly Advantageous* – Proposal outlines a plan to sustain, or enhance, this project/program/service in year 2 and year 3, if town funds are appropriated; along with a timeline with appropriate benchmarks for year 2 and year 3. The long term public benefit following 3 years of delivering this project/program/service is described. The proposal demonstrates a vision for longer term sustainability beyond the initial 3-year funding cycle (3-5 years).

CONTRACTING:

The proposal selected for funding will be announced following the April 2021 Town Meeting appropriations. Prior to the release of funds, awardees must execute a one-year Contract Agreement with the Town of Falmouth which will outline the scope of services, mechanisms to track outcomes, reporting requirements, and payment plan.

REPORTING REQUIREMENTS YEAR ONE:

Mid-year report due January 31, 2022 – A brief summary report to include:

- Details of the project or services provided to date
- Number of Falmouth residents served to date
- Barriers encountered and any adjustments made as a result
- Proposed plans for sustaining the project/program or service in renewal years 2 and 3

Year-end report is due no later than May 28, 2022 with request to renew – A summary report detailing the services provided for the fiscal year, the number of Falmouth residents served, all other deliverables, benchmarks or outcomes attained, and barriers encountered.

Attendance of an appropriate designee of your agency at a Falmouth Human Services Committee Meeting no later than April 9, 2022 to give a verbal report on the status and progress of the project.

On Agency Letterhead

Appendix A

Cover Sheet

+ Organization/ Partnership Name:

Address:

City, State, Zip:

Phone:

Fax:

+ Lead Administrator (Responsible for contract and reports):

Organization:

Name/Title:

Phone:

Fax:

E-mail:

+ Financial Administrator (Responsible for invoices):

Name/Title

Phone:

Fax:

E-mail:

+ Federal Tax ID Number:

Attach a copy of your tax-exempt certificate

IDENTIFIED NEED - Mental Health

Proposals intended to address the Mental Health Needs of the Falmouth Community must target one or more of the following identified needs in Falmouth:

5. Increase access to psychiatric evaluation and care, medication assessment and management services
6. Increase mental health prevention programs and services
7. Increase mental health recovery support programs
8. Increase the availability of treatment services in Falmouth to address the needs of young children and adolescents



TOWN OF FALMOUTH
REQUEST FOR PROPOSAL FY22: MENTAL HEALTH NEEDS
ATTACHMENT B: BUDGET WORKSHEET

Name of Organization or Collaborative: _____

Name of Project: _____

TOTAL AMOUNT NEEDED FOR PROGRAM: \$ _____

TOTAL AMOUNT REQUESTED FROM TOWN OF FALMOUTH: \$ _____

Are you seeking or do you currently have other financial support for this program? Yes No

Will your organization/partner agencies contribute financial support for this program? Yes No

Organizations should include all prospective, pending or secured sources of funding in the table below and in the proposal narrative

Instructions:

- Do not allocate more than 15% of Town of Falmouth requested dollars to administrative fees and or overhead expenses.
- Include the financial contributions that the applicant organization(s) will allocate to the proposed project in column (D) in the detailed expense category. If the program is entirely dependent on outside funding, please leave column (D) blank.

DETAILED EXPENSE CATEGORIES	(A) TOTAL PROGRAM EXPENSE	(B) TOWN OF FALMOUTH REQUEST	(C) REQUESTED/ RECEIVED FROM OTHER SOURCES	(D) OWN ORGANIZATION/ COLLABORATIVE CONTRIBUTION
Personnel Expenses:	\$	\$	\$	\$
Consultants/Contract Services:	\$	\$	\$	\$
Equipment:	\$	\$	\$	\$
Travel:	\$	\$	\$	\$
Administrative/Overhead Expenses:	\$	\$	\$	\$
Total Expenses:	\$	\$	\$	\$

Appendix C
Budget Narrative

Please provide a narrative to include details and justification for expenditures as well as details of project income sufficient to meet the goals of the project.

APPENDIX D

NON-COLLUSIVE RESOLUTION

The undersigned certifies, under the provisions of Chapter 701 of the Acts of 1983 and under the penalties of perjury that this proposal is in all respects bona fide, fair and made without collusion or fraud with any other person. As used in this Section, the word "person" shall mean any natural person, joint venture, partnership, corporation or other business or legal entity.

DATE: _____

SIGNATURE: _____

APPENDIX E

STATE TAXES CERTIFICATE CLAUSE

I, certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State (Commonwealth of Massachusetts) tax returns and paid all State (Commonwealth of Massachusetts) taxes under law.

By: _____

*Signature of Individual or Corporate Name

On Agency Letterhead

APPENDIX F

SIGNATURE PAGE

I/we hereby certify that this proposal is submitted in good faith and the information contained herein is true and accurate to the best of my ability.

Signature

Date

Print Name and Title (Lead Administrator)

CHECKLIST

To ensure that your proposal receives all due consideration, please be sure to include all requested information and supplementary materials. Incomplete applications or missing supplementary materials may cause your application to be removed from consideration for funding.

- Completed Cover Sheet on agency letterhead (Appendix A)
- Completed Program Narrative (no more than 10 pages)
- Completed Budget and Budget Narrative sheets including in-kind costs (Appendix B & C)
- Attachments (MOUs, Organizational Chart, Board of Director, letters of support)
- Non-Collusive Resolution (Appendix D)
- Copy of tax exempt certificate
- State Taxes Certificate Clause (Appendix E)
- Completed Signature Page on agency letterhead (Appendix F)