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**Public Health and Human Service Department – www.stlouiscountymn.gov**

 **Linnea Mirsch**

 **PHHS Director**

***Request for Proposal (RFP)***

**1**. **Date:** 1/6/2023

**2. Saint Louis County Contact(s):**

 2.1 Name/Title: Laura Birnbaum, Supervisor Housing and Homelessness Unit

 Phone: 218- 726-2492

 E-mail: birnbauml@stlouiscountymn.gov

2.2 Name/Title: Eric Blomstrom, Contract Services Representative

 Phone: 218- 726-2143

 E-mail: blomstrome@stlouiscountymn.gov

**3. Proposal Description:**

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| **3.1 Geographic area to be served:** St. Louis County, Minnesota. Applicant must be physically located and operating in St. Louis County, Minnesota.**3.2 Purpose/Statement of Need:**Local Homeless Prevention Aid was created by the 2021 Legislature to help local governments ensure no child is homeless within a local jurisdiction by keeping families from losing housing and helping those experiencing homelessness find housing.**3.3 Services/Resources to be Developed:**This aid must be used to fund new or existing family homeless prevention and  assistance projects or programs.**3.4 Client population to be served:** Families with children who are eligible for a pre-kindergarten through grade 12  academic program and/or unaccompanied youth up to age 24 who are one of the  following:1. Living in overcrowded conditions in current housing
2. Paying more than 50% of income for rent
3. Lacking a fixed, regular, and adequate nighttime residence
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**4. SCOPE OF SERVICES:**

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| **4.1 Service Summary:**4.1.1 Services can target unaccompanied youth in need of an alternative residential  setting.4.1.2 Services connect families with the social services necessary to maintain the  families’ stability in their homes, such as housing navigation, legal  representation and family outreach.4.1.3 Services will offer one or both of the following: 1. Rental assistance for a specified period which may exceed 24 months. 2. Support and case management services to improve housing stability, such housing navigation and family outreach.**4.2 Essential job/service functions:** 4.2.1 Applicant must be an eligible community services organization (e.g., 501(c)3) or  Tribal organization.  4.2.2 Applicant must serve youth (including up to age 24) and/or families with  children. 4.2.3 Applicant must follow Harm Reduction and Housing First principles. 4.2.4 Reporting will also be required for each project and program. At minimum, the  number of people served and an assessment of how the funding/program impacts  people who are currently experiencing homelessness or are at risk of experiencing  homelessness. |

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| **4.3 Supplemental Questions/Items:** (Please be sure to include responses to the items below in your proposal submission)Provide a Brief Overview of your Organization including: *(1-2 pages)*4.3.1 What is your organization’s current service area and what services do you currently offer?4.3.2 What does the population you currently and would intend to serve look like? (please include information about services provided to youth with disabilities and youth and families from our BIPOC and LGBTQIA2S+ communities)4.3.3 Please describe the Equity and Accessibility work your organization has done/is doing, including work to support youth and families who are impacted by disparities in our housing and homelessness systems.Provide an overview of your proposal/project including: *(1-2 pages)*4.3.4 Services that this project will add/expand. Please be sure to include and identify any culturally responsive and trauma conscious program/project components.4.3.5 Gaps that this funding will meet and how those gaps were identified. 4.3.6 If/how your organization incorporates the voices of youth and families with lived experience and expertise of homelessness in the work and/or this proposal.4.3.7 Any partnerships related to the proposed project/funding request.Provide a Budget Narrative: *(1 page)* 4.3.8 Currently, St. Louis County will be allocated $643,823 for FY2023 to fund  projects/proposals in north and south St. Louis County. Proposals will be  considered and specific projects are not necessarily expected to provide coverage  across the entire County. Awards from this RFP will vary and may range from  $10,000 to $500,000 annually. Please provide an overview of how funds will be spent. Please note any other funding sources that will be used in tandem with potential funding received from this proposal process to provide services laid out in this RFP. Noting that this funding is expected to continue for 6 years with yearly reallocations depending on State budget calculations, please describe your program sustainability plan for when the funding is discontinued. Provide a Program Budget: *(1 page)*4.3.9 Please be sure to include other funding sources which will be used to support the services being laid out in this RFP. |

 **4.4 Disclaimer:**

 The above statements are intended to describe the general nature and level of work being performed by individuals performing this function. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified.

**5. Financial:**

**5.1** Funding is determined by the County.

 5.1.1 Source

 [ ]  County Levy Funds [x] Grant [ ]  Allocation

 5.1.2 Amount

 **Awards from this RFP will vary and may range from $10,000 to $500,000
 annually.**

**6. Timeline:**

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| 6.1 **Due Date** for proposal submission | **2/28/2023**. |
|  6.2 Target date for completion of follow-up **interviews** (if required) | **4/21/2023**. |
| 6.3 Target date for notifying providers of **proposal selection** | **5/5/2023**. |
| 6.4 Targeted **contract begin date** | **7/1/2023**. |

**7. Provider Response:**

If your organization is interested in being considered to provide this service, please submit one (1) copy of your response to this proposal, providing *at a minimum* the information requested below (**Section 7.**) by: **2/28/2023**

At the top of your response please clearly indicate your proposal is one to provide **Family Homeless Prevention and Assistance**

1. Organization:

1.1 Firm name and address

1.2 Type of organization – Corporation, Partnership or Individual, HealthCare Agency, Contractor

 1.3 Number of years in business

2. Personnel:

Provide name, educational and experience background, and other qualifications of persons who would provide services indicated.

3. Experience:

Provide a general description of your agencies relevant activities over the past three (3) years as well as specific information regarding prior relevant services provided.

 4. Proposal:

 4.1 Scope of services.

 4.2 Proposed contract maximum, related rates and budget information.

5. Supplemental Questions/Items:

Insert answers to questions to, **Section 4.3 Supplemental Questions**.

6. Relevant Certifications or Licenses:

In addition: Any Purchase of Service provider contracting with the St. Louis County Board of Commissioners is expected to comply with the following requirements:

6.1 Data Privacy

6.2 Equal Employment Opportunity and Civil Rights Clause

6.3 Fair Hearing Appeal

6.4 Rehabilitation Act

6.5 Health Insurance Portability and Accountability Act (HIPAA)

7. Insurance:

The following insurance must be maintained for the duration of this Agreement. A Certificate of Insurance for each policy must be on file with the St. Louis County Public Health and Human Service Department Contract Services. Each certificate must include a 10-day notice of cancellation non-renewal, or material change to all named and additional insureds.

7.1. General Liability Insurance

 7.1.1 $500,000 when the claim is one for death by wrongful act or omission and $500,000 to any claimant in any other case.

 7.1.2 $1,500,000 for any number of claims arising out of a single occurrence.

 7.1.3 No less than $2,000,000 Aggregate coverage.

7.2 Policy shall include at least premises, operations, completed operations, independent contractors and subcontractors, and contractual liability and environmental liability.

7.3 St. Louis County shall be named as an Additional Insured on a primary and non- contributory basis.

7.4 Business Automobile Liability Insurance

 7.4.1 $500,000 for claims for wrongful death and each claimant.

 7.4.2 $1,500,000 each occurrence.

 7.4.3 No less than $2,000,000 aggregate.

 7.4.4 Must cover owned, non-owned and hired vehicles.

7.5 Workers’ Compensation

 Per statutory requirements, Certificate of Compliance must be executed and filed with St. Louis County.

7.6 Professional Liability Insurance For Licensed Professionals

 7.6.1 Provider shall maintain at its sole expense a valid policy of insurance covering professional liability, arising from the acts or omissions of Provider, its agent and employees in the amount of not less than $500,000 per claim and $2,000,000 annual aggregate. This provision applies only in situations where Provider’s staff or volunteers are performing licensed professional services under this Agreement.

**8. Selection:**

All responses will be reviewed by Public Health and Human Services Department and a small team of stakeholders. Prior to making the final selection, interviews may be scheduled with Agency staff to determine potential fit as a provider of these services. Once a provider is chosen a recommendation to enter into an agreement will be submitted to the County Board of Commissioners for their approval.

**9. Scoring of Proposals:**

**Program Scoring**

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| Community Benefit – Rate (1 – 5) the potential community impact of the program/project if funded:*1 – minor impact, 2 – limited impact, 3 – moderate impact, 4 – strong impact, 5 – ideal impact* | 31% |
| Equity – Rate (1 – 5) does the project address disparities?*1 – not at all, 2 – limited, 3 – moderate, 4 – strong, 5 – deeply* | 10% |
| Implementation – Rate (1 – 5) the implementation ease of the program/project if funded:*1 – unlikely, 2 – difficult, 3 – unsure, 4 – easy, 5 - seamless* | 18% |
| Total | 59% |

**Financial Scoring**

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| Reasonable – Rate (1 – 5) the potential community impact of the program/project if funded:*1 – Excessive, 2 – too much, 3 – on the border, 4 – reasonable, 5 – ideal amount* | 16% |
| Proportional – Rate (1 – 5) the proportion of the budget of the funds requested by program/project if funded:*1 – 100% of costs, 2 – 75 – 99% of costs, 3 – 50 – 74% of costs, 4 – 30 – 49% of costs, 5 – 1 – 30% of costs* | 16% |
| Sustainable – Rate (1 – 5) the sustainability of the program/project if funded:*1 – high risk, 2 – significant risk, 3 – moderate risk, 4 – low risk, 5 – no risk* | 9% |
| Total | 41% |

**10. Receipt of response:**

Your response must include one (1) copy and be received no later than **2/28/2023**

**11. Submit to:**

 **Contract Services** – Please submit your proposal electronically to the appropriate Contract Services Representative.

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| [x]  | Eric Blomstrom* Adult Services
* Housing Support (GRH)
* Mental Health
* CHORE & Modifications
* Chemical Dependency
* DD Extended Employment
* Homelessness
* Technology – Non IT
 | blomstrome@stlouiscountymn.gov*St. Louis County PHHS**Attn: Eric Blomstrom**320 West 2nd Street, Suite 6E**Duluth, MN 55802* | Ph:726-2143 |

*Any additional questions regarding this proposal should be directed to the contacts listed in* ***Section 2.***