

## Request for Proposals 2011 Community Resource Development & Expansion

**Capitol County Children's Collaborative**, as part of New Jersey's Division of Child Behavioral Health Services (DCBHS) System of Care, is committed to developing and expanding additional community resources to meet the needs of children and families in Mercer County. Our mission is to keep *kids at home, in school and out of trouble™*. We believe that developing comprehensive "out of the box" programs and services will continue to help us pursue our mission.

Therefore we are announcing the availability of funds specifically designated to aid community based groups (including faith-based organizations) to create and/or expand services or supports in the identified area listed below. The application with an explanation of the proposal components is attached.

### **Total funds available: \$25,000**

Identified area of Need: Outpatient Mental Health Services for Children

### **Applications are due by 5:00 PM on Friday April 1, 2011**

All proposals shall show evidence of the following elements:

- Applicant embodies the values of the Division of Child Behavioral Health Services System of Care which include: child-centered, family friendly, strength-based, culturally competent, individualized, community-based and easily accessible.
- Programs will be tailored to meet the needs of the children and families in Mercer County.
- Applicant commits to a "no-eject, no reject" policy for children using program/services.
- Applicant commits to working in partnership with Capitol County Children's Collaborative and other community based resources.
- Ability to document and measure program outcomes.
- Budget outlining how funds will be used.
- Sustainability plan beyond the initial funding.

All applications will be reviewed by our *Applicant Review Committee*. All decisions from review committee will be final. Award notifications will be made upon receiving final approval from DCBHS.

#### **Important Notice:**

**Please note that applications postmarked after established deadline will not be reviewed. In addition, there will be mandatory bidders conference call scheduled for Wednesday March 23, 2011 at 11:00 am to answer any questions pertaining to RFP application process. Agencies and/or organizations who do not participate in conference call will not be considered for funding.**

Call in information is as follows: 1-866-745-7839. Conference call access code is 4906621

**The Proposal:** An outline of the proposal format including the documentation required, outcomes to be achieved, and the plan for sustainability will be given to those organizations that respond to the invitation. Each proposal should be submitted using the following headings in table of content format.

1. Table of Contents (1 page maximum).
2. Organizational overview (2 pages maximum): Please provide a brief overview of your organization, including mission statement, length of existence, existing programs, incorporation and tax status.
3. Proposed Project Description (3 pages maximum): Describe the new service, program, or training to be implemented with this funding, including demographics of populations to be served and specific program components. Indicate stated goals and objectives. How will this differ from your existing programs or services? How will this project benefit children and families? Describe how your organization will operationalize this project clearly describing staffing patterns, hours of operation, staff qualifications and staff to child ratios. Please indicate the number of children and/or families your program intends to serve.
4. Program Evaluation and Outcome indicators (2 pages maximum): Describe the measurable outcomes of your program and services.
5. Proposed budget (2 pages maximum): Attach a proposed budget for this project including line items and total costs. Please include a budget narrative.
6. Sustainability (1 page maximum): Describe how this project will be sustained on an on-going basis after being initially funded by Capitol County Children's Collaborative.
7. Staff Licenses, Certifications, Insurance verification: Please include a copy of all corresponding licenses, certifications and insurance for all staff that will provide direct service and/or supervision of program/services.
8. References: Please provide **(3)** letters of recommendation and/or support.

**Note:**

Please use 12 point font (Arial or Times New Roman). Application should not exceed 10 pages (excluding licenses, certifications, insurance verification and letters of support). Submit (2) copies and application cover sheet to:

***Veronica Fulton, Executive Assistant, 3535 Quakerbridge Road, Suite 800, Hamilton, NJ 08619 or fax to (609) 584-6198 by 5:00 PM on the established deadline date.***

**APPLICATION FOR COMMUNITY RESOURCE DEVELOPMENT FUNDS 2011  
COVER SHEET**

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact person for this proposal: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Project Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web site: \_\_\_\_\_

Corporate Status:      Non-profit            for profit

Has your organization received community resource development funding from us in the past?

Yes            No

If yes, please indicate nature of project and dates funded:

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**\*\* Please be sure to include this cover sheet when submitting proposal\*\***