

**Ohio Department of Mental Health and Addiction Services**

30 East Broad Street, 36<sup>th</sup> Floor, Columbus OH 43215

**Request for Proposal**

**ENGAGE YYAT Engagement Coordinator(s) and Adult Supporter(s)**

**Request for Proposal Title:** **MHA14143**  
**Request for Proposal Issued:** **September 19, 2013**  
**Request for Proposal Due:** **October 4, 2013, 2:00 P.M.**

**I. Introduction to the Initiative**

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has received a four-year grant from the Substance Abuse and Mental Health Services Agency (SAMHSA) to expand the system of care approach throughout Ohio for youth and young adults, ages 14 through 21, with mental health challenges, co-occurring disorders, and multi-system needs. Ohio Family and Children First is serving as a partner with OhioMHAS to implement this four year grant. The overall goal for this *ENGAGE* (Engaging the New Generation to Achieve their Goals through Empowerment) grant is to develop a statewide system of care framework that coordinates and adapts policy, fiscal, and administrative actions to support the successful transition of Ohio’s youth and young adults. Ohio has developed a four year plan to expand the system of care framework statewide, focused on youth and young adults. A component of the plan is focused on increasing the voice and involvement of youth and young adults at the state and local levels.

To accomplish this specific goal, OhioMHAS is seeking one to two qualified in-state organization(s) to assist the *ENGAGE* governance with increasing youth voice and involvement at the state and local levels. Award may be made to one or more organizations.

**II. Scope of Work**

Organization(s) will identify and provide one to two youth or young adults (targeted ages: 16-25) to serve as the *ENGAGE* Youth and Young Adult (YYAT) Engagement Coordinator(s). Organization(s) will also identify and designate one or two individuals to serve as the YYAT Adult Supporter.

**YYAT Engagement Coordinator(s):**

The YYAT Engagement Coordinator(s) will be responsible for:

- Providing leadership and facilitation to the soon to be formed YYAT Advisory Council;
- Recruiting and maintaining the YYAT Advisory Council’s membership;
- Creating meeting agendas, taking and distributing meeting notes;

- Guiding the Advisory Council on making recommendations to the ENGAGE Advisory Council and the Health and Human Services Cabinet;
- Aiding in developing guidelines for establishing local advisory councils;
- Assisting local system of care communities with engaging youth and young adults;
- Participating on the ENGAGE Management Team and the ENGAGE Advisory Council;
- Assisting in recruiting youth and young adults for ENGAGE related committees and activities;
- Assisting in promoting Health Home access to youth and young adults; and,
- Partnering with the Family Engagement Coordinator to promote youth, young adult, and family engagement throughout the system of care communities.

This grant will support one (1.0 FTE) **Youth and Young Adult in Transition (YYAT) Engagement Coordinator** position, or 2 part-time (.5 FTE) coordinator positions. The YYAT Engagement Coordinator(s) must be able to travel, willing to work some weekends and evening hours, work independently and in groups, and must be self-directed. Preference will be given to organizations that have youth and young adults:

- With involvement in the mental health system, substance abuse system, and involvement with other youth-serving systems (such as education, employment, child welfare, juvenile justice);
- Who have received training in advocacy, leadership, telling your story, cultural diversity, and if possible, peer support;
- Who are comfortable with social media and it's connection with recruitment activities; and
- Who have the ability to comply with required record keeping (time, deliverables, travel).

### **YYAT Adult Supporter(s):**

The YYAT Adult Supporters will be responsible for:

- Providing coaching to the YYAT Engagement Coordinators as they work to fulfill their responsibilities;
- Problem-solving issues that may arise with the YYAT Engagement Coordinators in fulfilling their responsibilities;
- Providing guidance on how to effectively advocate issues and needs to the ENGAGE governance structure;
- Participating on the ENGAGE Management Team and the ENGAGE Advisory Council;
- Identifying youth and young adult engagement issues that need to be addressed; and,
- Assisting local system of care communities with engaging youth and young adults.

This grant will fund one half-time (.5 FTE) position or two quarter-time (.25 FTE) positions to serve as the **YYAT Adult Supporter(s)**. The YYAT Adult Supporter(s) must be able to travel, willing to work some weekends and evening hours, work independently, and in groups, and must be self-directed. Preference will be given to organizations that have YYAT Adult Supporters:

- Who actively lead or assist with one of Ohio's youth advisory councils;
- Who have experience working with youth and young adults with involvement in the mental health system, substance abuse system, and involvement with other youth-serving

systems (such as education, employment, child welfare, juvenile justice) to become advocates and leaders;

- Who have a good understanding of the mental health and addiction services system, as well as other systems impacting youth and young adults (e.g. foster care, housing, juvenile justice, developmental disabilities);
- Who have received training in advocacy, leadership, and cultural diversity;
- Who are comfortable with social media and it's connection with recruitment activities; and
- Who have the ability to comply with required record keeping (time, deliverables, travel).

Organization(s) must have the capacity to process and distribute stipends and mileage reimbursements to multiple youth and young adults and their supporters serving on the ENGAGE YYAT Advisory Council and participating in other ENGAGE committees and activities.

### **III. Availability of Funds**

The funds will be available October 2013 through June 30, 2014. This contract may be renewed annually for up to four years, ending June 30, 2017. There are no match requirements.

### **IV. Proposal Contents**

1. Proposal Narrative must:
  - a. Provide a history of organization and its efforts related to youth and young adult engagement and advocacy.
  - b. Describe how the organization intends to fulfill ENGAGE's youth and young adult staffing needs [Engagement Coordinator(s) and Adult Supporter(s)] over the first year, the skills and expertise of those identified for the positions; and, if interested in a possible continuation, how it will fulfill staffing over four years.
  - c. Describe how the ENGAGE positions could connect to the organization's other youth and young adult efforts.
  - d. Describe how the organization will oversee and evaluate the staffing positions.
  - e. Describe how the organization will oversee YYAT staffs' stipend and mileage reimbursements for participation in ENGAGE activities.
  - f. Describe its knowledge of the system of care approach and ENGAGE.
2. Budget: Describe direct cost for positions, the stipends and mileage reimbursement support, and any indirect costs (no more than 10%).
3. Applicant Eligibility: Describe the organization's history in meeting grant requirements. Describe the organization's capacity with providing and processing mileage and stipend reimbursements to multiple individuals.
4. Evaluation Plan: Describe how the organization will evaluate the success of youth and young adult advocacy, engagement and involvement.

### **V. Submission of Proposals**

1. Proposal Due Date: **Friday, October 4, 2013 by 2:00 P.M. Proposals must be received by this time to be considered.** Proposals may be submitted electronically or by paper copy.

2. Where to Send Proposal: Electronic proposals must be sent to:

[OhioMHASBidOpportunity@mha.ohio.gov](mailto:OhioMHASBidOpportunity@mha.ohio.gov)

Original bid may be sent via U.S. mail to:  
Lucille Fuller  
Office of Financial Management  
30 East Broad St., Suite 1100  
Columbus, OH 43215

**3. The bid number MHA14143 must be clearly marked on the sealed envelope.**

4. Conditions of Submission: The proposal may be no more than 5 pages, typed in 12 font size, with 1” margins, not including the cover letter and letters of support. Only one copy must be submitted.

OhioMHAS reserves the right to reject, in whole or in part, any and all proposals where the department, taking into consideration factors including but not limited to, cost and the results of the evaluation process, has determined that the award would not be in the best interest of the department. Alternatively, OhioMHAS may decide to fund only a portion of a selected proposal. OhioMHAS will not be liable for any costs incurred by an applicant in responding to this RFP, regardless of whether the department awards through this process, decides not to go forward with this process, cancels this RFP or awards the project through some other process.

Applicant will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.

5. Proposals must include: a cover letter including the organization name, address, Federal Tax Identification number, contact person, phone number, authorized signature; proposal narrative; budget; statement of applicant eligibility; evaluation plan; and three letters of support from entities that are aware of organization’s capacity to meet the grant requirements.

6. Questions/Inquires must be sent via the State of Ohio Procurement Website [www.procure.ohio.gov](http://www.procure.ohio.gov). Click on the link for ‘Procurement Opportunities’, select ‘View All’ at the bottom of the page, click on the Request for Proposal and then click the “Submit Inquiry” button.

7. Anticipated Award Date: October 18, 2013

**VI. Factors and Criteria for Evaluation Proposals**

Proposals will be scored and point values given to the following criteria.

Technical Criterion	Weight	Rating (0-5)	Technical Score
<b>Organizational Capacity</b>	2	30 Max	30 x 2 = 60 Max
Years of organizational experience in youth leadership, youth advocacy, youth engagement across the state			
Years of organizational experience with the mental health system, other child serving systems, and the system of care approach			
Ability to connect the ENGAGE youth proposal with organization's other youth efforts			
Ability to oversee grant funded positions			
Ability to provide stipend and mileage reimbursements to multiple individuals			
Organization's evaluation plan for success of youth and young adult engagement and advocacy efforts			
<b>Staff Capacity</b>	2	25 Max	25 x 2 = 50 Max
Organization's ability to identify one to two youth or young adults to fulfill the YYAT Engagement Coordinators position and one to two adults to fulfill the YYAT Adult Supporter(s) position			
Years of staff involvement in youth engagement, advocacy and leadership activities			
Years of staff involvement in supporting youth and young adult advocates			
Staff trained in youth engagement, youth leadership, youth advocacy, cultural diversity			
Staff trained in using social media for youth recruitment and engagement activities			
<b>Total Weight</b>	2	55 Max	55 x 2 = 110 Max
<b>Total Technical Score</b>			

## REQUIRED CERTIFICATION FOR BIDDING

Those bidders claiming preference for Domestic Source End Products and/or the Ohio preference, pursuant to Revised Code Sections 125.09 and 125.11 and Administrative Code Section 123:5-1-06 must complete the following information. Bidders who qualify as an "Ohio" bidder (offer an Ohio product or who have significant Ohio economic presence) or who qualify as a Border State bidder are eligible to receive a five percent (5%) preference over non-Ohio/Border state bidders. The state reserves the right to clarify any information during the evaluation process. **BIDDERS MUST COMPLETE THIS CERTIFICATION TO RECEIVE THE PREFERENCE.**

### A. DOMESTIC PREFERENCE (BUY AMERICA):

[Not applicable to "Excepted Products"]

1. Where is each product/services being offered mined, raised, grown, produced or manufactured?

United States: \_\_\_\_\_(State)     Canada     Mexico    (Go to B-1)

Other: (Specify Country) \_\_\_\_\_ (Go to A-2)

2. End product is manufactured outside the United States and at least 50% of the cost of its components are produced, mined, raised, grown or manufactured within the United States. The cost of components may include transportation costs to the place of manufacture and, in the case of components of foreign origin, duty whether or not a duty free entry certificate is issued.

Yes (Go to Section B-1)     No (Go to Section A-3)

3. The Bidder hereby certifies that each end product, except the products listed below, is a domestic source end product as defined in the Buy America Act and that components of unknown origin have been considered to have been mined, produced, grown or manufactured outside the United States.

\_\_\_\_\_ (Item) \_\_\_\_\_ (Country of Origin)

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A domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by more than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be imported lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or subcontractor must not acquire any supplies or services originating from sources within, or that were located in or transported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory of Afghanistan controlled by the Taliban, or Serbia (excluding the territory of Kosovo).

### B. OHIO PREFERENCE (BUY OHIO):

1. The products/services being offered are raised, grown, produced, mined or manufactured in Ohio.

Yes (Go to C)     No (Go to B-2)



2. Bidder has significant economic presence within the state of Ohio.     Yes (Answer a, b, c, d below)     No (Go to B-3)

a) Bidder has paid the required taxes due the state of Ohio     Yes     No

b) Bidder is registered with the Ohio Secretary of State

Yes (Charter/Registration No.: \_\_\_\_\_)     No

Questions regarding registration should be directed to (614) 466-3910 or visit their web site at:

<http://www.sos.state.oh.us/>

c) Bidder has ten or more employees based in Ohio or border state.     Yes     No (Go to B-2d)

d) Bidder has seventy-five percent or more employees based in Ohio or border state.     Yes     No (Go to B-3)

3. Border state bidder:

Yes (Specify which state then go to B-2c):  KY     MI     NY     PA     IN)     No (Go to B-4)

4. Border state bidder: mined products mined in respective border state     Yes     No     Not Applicable

### C. E.D.G.E. DESIGNATION

Bidder is certified E.D.G.E. business     Yes     No

For information on E.D.G.E. designation, please visit the DAS Equal Opportunity Division website at:

<http://das.ohio.gov/Eod/Edge/Index.htm>



# VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor and returned to Ohio Shared Services. The information must be legible.

## SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- NEW (W-9 OR W-8ECI FORM ATTACHED)     CHANGE OF CONTACT PERSON/INFORMATON  
 ADDITIONAL ADDRESS (PLEASE PROVIDE COPY OF INVOICE OR LETTER OF EXPLANATION)  
 CHANGE OF ADDRESS – ENTER OLD ADDRESS   
 CHANGE OF TIN (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE, WHICH INCLUDES OLD TIN, IS REQUIRED)  
 CHANGE OF NAME (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE IS REQUIRED)  
 CHANGE OF PAY TERMS     CHANGE OF PO DISPATCH METHOD     OTHER \_\_\_\_\_

## SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL TAX ID (TIN), EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (REQUIRED):

BUSINESS ENTITY: (IF A SOLE PROPRIETOR, THE INDIVIDUAL'S NAME MUST APPEAR IN LEGAL BUSINESS NAME) **CHECK ONE:**  
 INDIVIDUAL/SOLE PROPRIETOR     CORPORATION     S CORPORATION     PARTNERSHIP     TRUST/ESTATE  
 LIMITED LIABILITY COMPANY    **CIRCLE THE TAX CLASSIFICATION** (C=CORPORATION, S= S CORPORATION, P=PARTNERSHIP) \_\_\_\_\_  
 OTHER (PLEASE EXPLAIN)

## SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS 1 (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS: <input type="text"/>		COUNTY: <input type="text"/>
CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP CODE: <input type="text"/>

## SECTION 4 – PLEASE PROVIDE COMPLETE ADDRESS 2

ADDRESS: <input type="text"/>		COUNTY: <input type="text"/>
CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP CODE: <input type="text"/>

**SECTION 5 – CONTACT INFORMATION AND PERSON TO RECEIVE PURCHASE ORDER**

NAME:

WEBSITE:

PHONE:

FAX:

E-MAIL:

**SECTION 6 - STRATEGIC SOURCING CONTACT INFO (PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS)  
THE USER ID & PASSWORD TO COMPLETE STRATEGIC SOURCING REGISTRATION WILL BE SENT TO E-MAIL ADDRESS BELOW.**

NAME:

E-MAIL:

PHONE NUMBER:

**SECTION 7 – IS YOUR BUSINESS CURRENTLY CERTIFIED AS? (PLEASE CHECK)**

MBE (MINORITY BUSINESS ENTERPRISE)     EDGE (ENCOURAGING DIVERSITY, GROWTH, & EQUITY)     N/A

**SECTION 8 – PAYMENT TERMS (PLEASE CHECK ONE, OTHERWISE NET 30 WILL BE APPLIED BY DEFAULT)**

2/10 NET 30     NET 30     NET 45     NET 60     NET 90

**SECTION 9 – PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (NOTE: APPLICABLE FOR VENDORS THAT RECEIVE PO ONLY (INPUT E-MAIL ADDRESS OR FAX NUMBER BELOW)**

E-MAIL OR FAX:

**SECTION 10 – PLEASE SIGN AND DATE**

PRINT NAME:

DATE:

SIGNATURE:

**SECTION 11 – STATE OF OHIO AGENCY CONTACT INFORMATION (AGENCY WHERE GOODS OR SERVICES ARE DELIVERED)**

AGENCY NAME: **OHIO DEPARTMENT OF MENTAL HEALTH**

E-MAIL: Lucille.Fuller@mh.ohio.gov

PHONE NUMBER: 614-466-7697

COMMENTS:

**Note: This document does contain sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.**

**SUBMIT FORM TO:**

**Mail:** Ohio Shared Services  
P.O. Box 182880 Cols., OH 43218-2880  
**Fax:** (614) 485-1052  
**E-mail:** [vendor@ohio.gov](mailto:vendor@ohio.gov)

**QUESTIONS? PLEASE CONTACT:**

**Phone:** 1 (877) OHIO-SS1 (1-877-644-6771)  
1 (614) 338-4781  
**E-mail:** [vendor@ohio.gov](mailto:vendor@ohio.gov)

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.