# 2023 Request for Proposals Summary & Instructions

# **Interventions of Opioid Use**

RFP No. NSD23-003 Issued October 19, 2023

[PRE-PROPOSAL CONFERENCE] October 24, 2023 – 10:00 a.m.- 11:30 a.m.

Location:
Fort Worth
Neighborhood Services
3rd Floor
908 Monroe St. Fort
Worth, TX 76102

Proposal Submission Deadline: Wednesday, November 8, 2023, 11:59 pm

Neighborly Software City of Fort Worth Neighborhood Services Participant Portal <a href="https://portal.neighborlysoftware.com/fortworthtx/Participant">https://portal.neighborlysoftware.com/fortworthtx/Participant</a>



# For Questions Regarding the Application Process, Contact:

Juliet Moses
Community Development Planner
817-392-6203
juliet.moses@fortworthtexas.gov

# For Questions Regarding Project Eligibility, Contact:

Tamara Jones
Neighborhood Program Coordinator
817-392-5958
tamara.jones@fortworthtexas.gov

# Table of Contents

Introduction	4
Submission of Proposals	4
Delivery of Proposals	5
Completion of Responses	5
Clarifications & Issuance of Addenda	5
Scope of Services	5
Schedule of Consideration & Award of Funds	6
Tax Exemption	6
Costs Incurred in Responding	6
Negotiations	7
Contract Incorporation	7
Non-Endorsement	7
Proposal Evaluation Process	7
General Provisions	7
Errors or Omissions	7
Contract & Budget Amendments	7
Venue	7
Conflict of Interest	8
Insurance	8
Contract Constraints & Conditions	9
Unauthorized Communications	9
RFP Application	10
Evaluation Factors	15
Submission Requirements	16
Withdrawal of Proposals	16
Other Requirements	16

### Introduction

The City of Fort Worth (City) Neighborhood Services Department (NSD) is inviting nonprofit and social service agencies and City departments offering similar direct social services to respond to this request for Proposals (RFP) for the intervention, prevention, and treatment of opioid use disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or activities.

Eligible Activities under this RFP include but are not limited to:

- Intervention
- Prevention
- Treatment
- Anything listed as eligible in Exhibit E-List of Opioid Remediation Uses

Funding awards made through this RFP will result in an annual contract, with the possibility of renewal at the end of the grant year. All applications must be submitted through the Neighborly online software, located at <a href="https://portal.neighborlysoftware.com/fortworthtx/Participant">https://portal.neighborlysoftware.com/fortworthtx/Participant</a>. This RFP Summary & Instructions document is provided to give potential applicants all information relevant to the submission of a proposal through Neighborly Software.

Proposers must request a minimum of \$100,000 to be considered for funding. Proposals requesting less than \$100,000 will be disqualified.

This RFP is for intervention, prevention, and treatment programs for OUD and any co-occurring SUD/MH conditions only. The following projects and costs are examples of project types that are not eligible under this RFP:

- Major construction projects such as public facilities
- Construction or rehabilitation of buildings for the general conduct of government;
- Supplanting of funds for existing programs or activities;
- Purchase of equipment, furniture, fixtures, and operational or maintenance expenses of facilities;
- Anything that is listed as ineligible or unallowable in the applicable grant regulations.

If awarded funding from this RFP, agencies/ organizations are to use grant funding to serve clients who meet the 80% Area Median Income Limit requirements and./or are under or uninsured. This only applies to agencies/organizations providing direct client service.

# **Submission of Proposals**

Facsimile transmittals will not be accepted or considered. Proposal information that is not submitted in Neighborly Software will not be considered. Computers are located at branches of the Fort Worth Public Library and are available to proposers who do not have internet access.

The following shall be completed in Neighborly Software:

- A complete version of the narrative responses in the Application Questions section;
- A complete version of the fillable forms in the Required Attachments section;
- A complete version of all tables in the Required Worksheets section; and
- A scan of all the required supporting documents referenced in the proposal instructions and narratives, in PDF format.

# **Delivery of Proposals**

Proposals must be submitted in Neighborly Software no later than Wednesday, November 8, 2023, at 11:59 p.m. Basic instruction in Neighborly Software will be provided at the pre-proposal conference session. Late proposals will not be accepted or considered.

# **Completion of Responses**

Information presented in the proposals will be used to evaluate the qualifications of the proposers and to determine which proposers will be selected to provide services to eligible City residents. Responses shall be completed in accordance with the requirements of this RFP. Statements made by a proposer shall be without ambiguity, and with adequate elaboration, where necessary, for clear understanding.

### Clarifications & Issuance of Addenda

Any explanation, clarification, or interpretation desired by a proposer regarding any part of this RFP must be requested from the Community Development Planner no later than Monday, October 30, 2023, at 11:59 p.m. Contact information for Ms. Moses is provided at the beginning of this RFP document. Responses to all questions will be published by close of business on Friday, November 3, 2023, on the City of Fort Worth Neighborhood Services Department website, which can be found at <a href="https://www.fortworthtexas.gov/departments/neighborhoods/services/grants">https://www.fortworthtexas.gov/departments/neighborhoods/services/grants</a>.

Any changes to the RFP will be communicated to all potential applicants. The sole issuing authority of addenda shall be vested with the City of Fort Worth Neighborhood Services Department. Proposers shall acknowledge receipt of all addenda within their responses.

# **Scope of Services**

The City of Fort Worth is making funds available for the intervention, prevention, and treatment of opioid use disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions. Funding commitments and the execution of contracts are subject to the City of Fort Worth's receipt of grant funds from the Texas Opioid Abatement Fund Council (TOAFC). This RFP is to award IOU grant funds for 2024. IOU grant proposals must address the needs of persons with OUD and any co-occurring SUD/MH conditions, and/or the prevention of OUD and any co-occurring SUD/MH conditions for people living in the City of Fort Worth.

The following estimated funding amount is based on current grant year funding

• TOAF: \$665,760

The actual amount of funds awarded may vary at the City's discretion. Funds are paid to the organization on a reimbursement basis upon submittal of satisfactory documentation of expense eligibility. The City encourages IOU grant sub-recipient agencies to provide neighborhood-based services in areas with high concentrations of low-income residents.

The IOU grant will be awarded on a one-year contract with the City of Fort Worth, with the possibility of renewal at the end of the grant year.

### **Schedule of Consideration & Award of Funds**

The following schedule is proposed for review and selection of programs to be funded. The schedule may be subject to revision based on unforeseeable events, cancellation of City Council meetings, or absence of a CDC quorum, in order to meet TOABF Council statutory and regulatory requirements.

Schedule of Events	Date
RFP Release Date	October 19, 2023
Pre-Proposal Conference	October 24, 2023, 10:00 a.m.
Deadline for Questions	October 30, 2023, 11:59 pm
Response to Questions Posted	November 3, 2023
Proposals Due Date	November 8, 2023
Funding Recommendations completed by Staff	November 15, 2023
Contract Year Begins	January 2024

The pre-proposal conference will be held at the City of Fort Worth Neighborhood Services Department Administrative Office, 908 Monroe Street, 3<sup>rd</sup> Floor Conference Room, Fort Worth, TX 76102.

# Tax Exemption

The City of Fort Worth is exempt from Federal Excise and State sales tax; therefore, the cost of taxes must not be included in any budget proposed under this RFP.

# **Costs Incurred in Responding**

All costs directly or indirectly related to the preparation of a response to the RFP or any oral presentation required to supplement and/or clarify a Proposal that may be required by the City shall be the sole responsibility of and borne by the participating Proposers.

# **Negotiations**

The City reserves the right to negotiate eligible costs and activities to ensure that all funded programs are in compliance with the City of Fort Worth and Texas Opioid Abatement Fund Council requirements.

# **Contract Incorporation**

The contract documents may incorporate sections of this RFP, the response to the RFP, and other terms and conditions as the parties may agree. The contract or any related documents shall supersede the RFP.

### **Non-Endorsement**

If a Proposal is accepted, the successful Proposer, hereinafter "Agency," shall not issue any news releases or other statements pertaining to the award that state or imply the City of Fort Worth's endorsement of the successful Proposer's services.

# **Proposal Evaluation Process**

The City's evaluation panel will review all submitted proposals and rank them based on the criteria outlined in this RFP. Based on those rankings, staff will make funding recommendations. Staff will make final funding recommendations to the Fort Worth City Council. The ultimate authority to award funds will reside with the Fort Worth City Council. The City reserves the right to reject any or all proposals.

### **General Provisions**

The proposals selected for funding may not assign rights or duties under an award, or subcontract delivery of services, without the prior written consent of the City of Fort Worth. Such consent shall not relieve the assignor of liability in the event of default by its assignee.

It is understood that the City reserves the right to accept or reject any and all Proposals and to re-solicit for Proposals as it shall deem to be in the best interest of the City of Fort Worth. Receipt and consideration of any Proposals shall under no circumstances obligate the City of Fort Worth to accept any Proposals. If an award of a contract is made, it shall be made to the responsible Proposers whose Proposals are determined to best meet the needs of the City and the evaluation factors set forth in the RFP.

### **Errors or Omissions**

Proposers will not be allowed to take advantage of any errors or omissions in this RFP. Where errors or omissions appear in this RFP, proposers shall promptly notify the City of Fort Worth Neighborhood Services Department in writing of such error or omission discovered. Any significant errors, omissions, or inconsistencies in this RFP are to be reported no later than close of business on Monday, October 30, 2023, to Community Development Planner Juliet Moses. Contact information for Ms. Moses is provided at the beginning of this RFP document. As needed and appropriate, such errors or omissions may be corrected through addenda to this RFP.

# **Contract & Budget Amendments**

No oral statement of any person shall modify or otherwise change or affect the terms, conditions, or specifications stated in any contract resulting from this RFP. Any changes to the contract will be coordinated through the City of Fort Worth Neighborhood Services Department, and as required by City policy, such amendments may require approval by City Council.

### Venue

Any contract for award of funds under this RFP will be governed and construed according to the laws of the State of Texas. The contract(s) is (are) performable in Fort Worth, Texas. Venue shall lie exclusively in Fort Worth, Texas.

### **Conflict of Interest**

No public official shall have interest in this contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitled C, Chapter 171.

In accordance with 2 CFR Part 200, and any applicable federal, state, and local regulations for the grant program mentioned earlier in this RFP, potential beneficiaries of direct financial assistance provided by the IOU grant awarded under this RFP must be asked if they are employed by the City of Fort Worth and asked if the potential beneficiary's spouse, father, mother, son, daughter, mother-in-law, or father-in-law is employed by the City or if any of those family members has been employed by the City in the past year. For this purpose, "direct financial assistance" is defined as a financial interest or benefit received by the beneficiary/client, and may include but is not limited to childcare subsidies, or similar direct financial subsidies related to the IOU grant.

Selected proposers shall establish conflict of interest policies for IOU grant funds consistent with the above and shall disclose in writing potential conflicts of interest to the City as authorized by 2 CFR Part 200.112. Agencies' conflict of interest policies shall include a process for requesting waivers through the City of Fort Worth on behalf of eligible clients.

### **Insurance**

Each recipient organization shall carry insurance in the types and amounts listed below for the duration of its awarded contract and furnish certificates of insurance along with copies of policy declaration pages and policy endorsements as evidence thereof to the City of Fort Worth.

Proposer shall provide the City with certificate(s) of insurance documenting policies for the following minimum coverage limits that are to be in effect prior to commencement of any work pursuant to this Agreement:

### • Commercial General Liability (CGL) Insurance:

\$1,000,000 Each Occurrence \$2,000,000 Aggregate Limit

### • Nonprofit Organization Liability or Directors & Officers Liability Insurance:

\$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate Limit

Directors and Officers Liability coverage shall be in force and may be provided on a claim- made basis. This coverage may also be referred to as Management Liability, and shall protect the insured against claims arising out of alleged errors in judgment, breaches of duty and wrongful acts arising out of their organizational duties. Coverage shall protect not only the entity, but all past, present and future directors, officers, trustees, employees, volunteers and committee members.

### • Business Automobile Liability Insurance:

\$1,000,000 Each accident on a combined single limit basis or

\$250,000 Bodily injury per person

\$500,000 Bodily injury per person per occurrence

\$2,000,000 Aggregate

Insurance policy shall be endorsed to cover "Any Auto," defined as autos owned, hired, and non-owned. Pending availability of the above coverage and at the discretion of City, the policy shall be

the primary responding insurance policy versus a personal auto insurance policy.

### • Workers Compensation Insurance:

Part A: Statutory limits Part

B: Employer's liability

\$100,000 Each accident/occurrence \$100,000 Disease – per each employee

\$500,000 Disease – policy limit

The Workers Compensation Insurance policy shall be endorsed to include a waiver of subrogation, also referred to as a waiver of rights of recovery, in favor of City.

### Additional Requirements:

- Where applicable, insurance policies required herein shall be endorsed to include City as an additional insured as its interest may appear. Additional insured parties shall include employees, officers, agents, and volunteers of City.
- Where applicable, organization shall require its contractors to maintain applicable insurance
  coverages, limits, and other requirements as those specified herein; and the contractor shall
  require its contractors to provide the organization with certificate(s) of insurance documenting
  such coverage. Also, the organization shall require its contractors to have City and Contractor
  endorsed as additional insureds (as their interest may appear) on their respective insurance
  policies.

### **Contract Constraints & Conditions**

All services shall be provided in accordance with applicable requirements and ordinances of the City of Fort Worth, laws of the State of Texas, and applicable federal laws.

### **Unauthorized Communications**

After the release of this solicitation, applicants' contact regarding this RFP with members of the RFP evaluation, interview or selection panels, employees of the City, or officials of the City other than the Community Development Planner or as otherwise indicated is prohibited and may result in disqualification from this procurement process. No officer, employee, agent, or representative of the applicants shall have any contact or discussion, verbal or written, with any members of the City Council, members of the RFP evaluation, scoring team, or City staff or directly or indirectly through others, seek to influence any City Council member or City staff regarding any matters pertaining to this solicitation, except as herein provided. If a representative of any applicant violates the foregoing prohibition by contacting any of the above-listed parties with whom contact is not authorized, such contact may result in the applicants being disqualified from the procurement process. Any oral communications are considered unofficial and non-binding with regard to this RFP.

# RFP Application APPLICATION QUESTIONS

# A. Organization Information

A.1. Organization Name:
A.2. Organization Address:
A.3. Program/Service Name:
A.4. What year was the agency/organization established per the Secretary of State of Texas?
A.5. What is the legal entity name?
A.6. Proposed Funding Request Amount:
A.7. Select an eligible activity for this proposal (select all that apply)  Intervention Prevention Treatment
Treatment Other (specify:)
A.8. Provide brief description of the proposed program/service to be funded with this RFP.
A.9. Licenses/Certifications of staff assigned to the proposed program:
LICENSES/CERTIFICATIONS Attach any listed licenses or certifications for key program staff
RFP POINT OF CONTACT INFORMATION A.10. Name
A.11. Title
A.12. Phone
A.13. Email

### **B.** Program Description

Is this a clinic/healthcare provider with a sliding scale service fee? If so, attach a copy of the fee schedule 2024 Fee Schedule B.2. How will the requested funding result in an increase in service or an expansion of services for clients? B.3. Is this a new program or a continuing program? If it is a continuing program, describe prior year accomplishments. If it is a new program, describe proposed accomplishments. B.4. Who will benefit from this program/service? What is the target population to be served with this proposal? What are the demographics (i.e., age, gender, location/neighborhood, income, etc.)? B.5. What types of direct client services will be provided through the proposed program/service? B.6. When will the proposed program/service be provided? What are the eligibility requirements for the proposed program/service? What documents are B.7. reviewed? B.8. Attach a sample intake form or a copy of the application used to determine client eligibility. ☐ Intake Form/ Application \*Required B.9. What types of follow-up measures are used to assess the program's benefit to the client? Describe the process of outcome measurement and program success rate.

# C. Organization Experience

- C.1 What experience does the organization and staff have in providing the program/service?
- C.2. Are you planning on paying salaries from Grant funds?
- C.3. **IF YES**, provide a justification for each position charged to the grant, including roles and responsibilities related to the proposed program.

# **Salary Justification Table**

Position/Title to be Funded	Full Time or Part Time	Name	Annual Salary Rate	Percentage Charged to Grant (%)	Cost to Grant

	C.4. Dob Descriptions: Attach job descriptions for each position to be charged partially or fully to the
grant.	

D.	Financial	Cai	pacit	v/I	Lev	era	giı	ng	í
_				., , _					٥

D.1. If the program/service is partially funded or not funded, will the program/service still be provided?

If so, what impact will it have on the number of people to be served and/or the level of service provided? If not, why?

D.2. Does the applicant have any sources of leveraged or required matching funds? If so, complete the below table including the source, type, amount, and documentation verifying these funds.

Funding Source	Amount	Funding Type

		<u> </u>				
D.3.	If the agency has any leverag grant agreements, donation received.  Leveraged Funds supporting doc	ots, etc.)	supporting	documentation	(i.e., awar	d letters,
D.4. If	not, provide an explanation descri	bing any efforts, if	`any, to seek	leveraging or n	natching fur	ıds.
_	ttach the Annual Program Budget a	•				

D.6. Provide a Budget Narrative explaining how the grant dollars will be used

### E. Compliance and Auditing

- E.1. During the past three grant years has the organization received any federal or state grant funds?
- E.2. During the past three grant years has the organization been monitored or audited by any of the awarding agencies of federal or state grant funds it administers? If so, were there any findings or concerns? Provide the monitoring or review letters and any responses from the organization.
- E.3. During the past three grant years has the organization had an external audit? <u>If YES</u>, please answer questions E4 and E5; <u>If NO</u>, please answer questions E5 and E6
- E.4. Were there any findings or concerns? Provide the most recently conducted audit review or financial statement review.
- E.5. Audit Review -**OR**-Financial Statement Review: Attach a copy of the most recently conducted program audit and/or financial statement review. If unavailable, provide an explanation.
- E.6. Please provide an explanation of why the agency/organization has not had an external audit.

### **F.** Supporting Documents

The following documents need to be submitted with the RFP application (as applicable):

- Annual Program Budget and Funds Request\*
- Organizational Chart\*
- Licenses/Certifications
- Annual Organization Budget\*
- Bank Statements from the past year (October 2022-September 2023) \*
- Form 1295 Certificate of Interested Parties\*
- Form 990 (most recently submitted)
- Intake Form/Application
- Performance reports
- 2024 Fee Schedule
- Job Descriptions
- Leveraged Funds Supporting Documents
- Audit Review OR Financial Statement Review\*

<sup>\*</sup>required for ALL applicants

### **Evaluation Factors**

Proposals will be rated and may be awarded up to **100 points** based on the criteria described below. Responses that are incomplete or that propose ineligible activities will be rejected. Proposers must provide narratives that fully respond to questions related to the following evaluative factors.

### **Organizational Capacity and Experience (30 pts.)**

Experience in a field similar to the proposed program (15 pts.)

Applicant has documented prior grants management experience; including City of Fort Worth, other local, state, and/or federal grants (10 pts.)

The agency provides a detailed plan to collect community/client feedback, including assessment/utilization of feedback (5 pts.)

### **Project Information (10 pts.)**

The proposal identifies the population/area served and program location(s) (5 pts.)

Describes the need for the program, the services to be provided and schedule of work (5 pts.)

### Project Results (15 pts.)

A clear description of how the program qualifies as an eligible activity (10 pts.)

Clearly defined objectives focusing on results and measurable outcomes. (5 pts.)

### Fiscal Capacity (20 pts.)

A clear plan for the continuation of the program without grant funds, including identification of funding sources that will replace grant funds (5 pts)

Applicant maximizes financial, staff and volunteer resources and in-kind donations to provide services to clients (10 pts.)

Financial Sustainability/Capacity (5pts)

### **Program Compliance (25 pts.)**

Applicant has demonstrated administrative and organizational capacity to implement proposed program or continue existing program. (10 pts)

Applicant has demonstrated administrative and organizational capacity to implement proposed program or continue existing program. (15 pts.)

# **Submission Requirements**

Responses not meeting the requirements of this RFP, or which are ambiguous or incomplete, will be rejected.

Proposals shall be limited to this form plus any requested attachments. Any information attached but not requested will not be considered.

Any alteration or modification of the RFP will result in disqualification from consideration for funding.

# Withdrawal of Proposals

A representative of the proposer may withdraw a proposal at any time prior to the RFP submission deadline by providing a written statement to Community Development Planner Juliet Moses. Contact information for Ms. Moses is provided at the beginning of this RFP document.

# **Other Requirements**

All proposals and programs awarded funding through this RFP must adhere to all applicable federal, state, and local laws and regulations including, but not limited to, the following:

- Title VI of Civil Rights Act of 1964 (42 USC 2000d et seq.)
- Title VIII of Civil Rights Act of 1968 (42 USC 3601 et seq.)
- The Age Discrimination in Employment Act of 1967 (29 USC et seq.).
- The Age Discrimination Act of 1975 (42 USC 6101 et seq.).
- Uniform Grant and Contract Management Act of 1981
- Health Insurance Portability and Accountability Act of 1996 (HIPPA)
- 34 Texas Administrative Code Chapter 16, Subchapter C