

CONTRACTING WITH RACINE COUNTY

Human Services Department,
Workforce Development Center,
Behavioral Health Services of
Racine County

A Guide to Completing Your
Funding Application

Non-Competitive Bid Proposals

- Agencies that have received funding during the past year from Racine County Human Services Dept. and are in compliance, i.e.:
 - have submitted their outcome report
 - are meeting their objectives
 - have submitted an audit
 - have submitted insurance liability information
 - EEO and Affirmative Action Policies on file
- Need only submit Page 1 of the application and the budget pages, including all worksheets
- If in compliance and a funding increase is not anticipated, where appropriate an extension of the current year's contract will be granted.

Non-Residential versus Residential Application for Funding

- If your agency is a Community-Based Residential Facility or Adult Family Home (3 or 4 Bed), use the Residential Application for Funding and the Excel Residential Budget Sheet and Worksheets.
- 1 and 2 Bed Adult Family Homes are now licensed and contracted through Community Care Organization in Milwaukee.
- CCI's and Treatment Foster Homes must only submit updated state-approved rate sheets (unless this is your first time applying for Racine County funding).
- All other agencies utilize the Non-Residential Application for Funding.
- **Employer of Record** programs should utilize the Employer of Record Application for funding.



Application Process/Timeline

- All competitive bid applications will be announced on this website and in the Racine Journal Times on September 11th.
- If you wish to apply for 2017 funding, please find the program or bid specification for the services you wish to deliver. Competitive 9th bid specifications will be available on-line as of September at www.racinecounty.com/government/human-services/contracts-and-budget.
- If you do not have access to a computer, program specifications can be picked up at the RCDKSC, 1717 Taylor Avenue, Racine. They will not be mailed out.
- All applications for 2017 funding must be submitted by noon on October 7, 2016. It is preferable that the application be submitted on-line to: HSDproposals@goRacine.org.
- Applications may be mailed (registered) or dropped off at the Racine County Service Center, 1717 Taylor Avenue, 1st Floor South.
- All Competitive Bids must have an original and four copies submitted (No folders or binders please.) Non-competitive applications only require the original and one copy. If applying on-line copies are unnecessary.



Necessary Parts of Each Proposal

Agencies may submit one proposal covering more than one program unless submitting a competitive bid. Please submit a separate application for each competitive bid. A completed proposal will include:

- Proposal Signature Sheet—submit one sheet for your proposal
- Agency Documentation—submit one for your proposal
- Proposal Narrative—a separate one must be submitted for each program in your proposal
- Program Budget-excel spreadsheet
(complete all worksheets)



Proposal Signature Page

- The first page of the application is the agency information and includes the contact information, address, phone number, fiscal contact, program name, and unit cost.
- If the number and cost of units is included on the program specification, please include that in the program information section.
- If the unit cost is not on the program specification, please indicate the total amount of funding that you are requesting to run the program. (This should be verified by your budget sheets.) You may not request more than is allocated on the program specification.
- Signature, title and date should be filled out even if submitting your application on-line.



Agency Documentation Page

(Fill out if competitively bidding, if your agency has not received Racine County funding in 2016, or if your agency is out of compliance.)



- **Agency Description** - Provide a **concise** statement of the agency mission and goals as well as a brief history of the organization. Include information on agency formation and describe the highlights of agency's achievements. Describe if you are organized as a non-profit or for-profit agency. Describe your commitment to cultural diversity.
- **Organization Chart** - Provide a copy of the organizational chart of the agency.
- **County Employee Disclosure** - Each applicant shall submit a list of all Racine County employees or former employees to whom the agency paid a wage, a salary or independent consultant fee during the preceding one and one half years. If not applicable to your agency, please state this.

Agency Affiliations and Licenses

- **Agency and Subsidiary Affiliations**

If the agency is a subsidiary or an affiliate of another business entity, provide the name of the parent company and list of affiliated enterprises.

- **Licenses and Accreditation**

Copies of all current licenses and accreditations held or required for staff and/or the organization should be included. Many programs funded through DHFS require a license and/or credentialed staff (CBRF, AFH, Group Home, Mental Health, AODA provider, etc.)



Program Narrative



- **Summary Description** Briefly summarize the program/service to be provided, client group, treatment/service methodology, and the goals.
- **Previous Experience with Similar Populations and/or Demonstrated Effectiveness:** (Complete this part only if you are responding to a competitive bid or have not had a contract with Racine County during the previous contract year.)
- **Discuss the agency's experience in providing this service, or similar services.** Discuss the agency's experience in serving this target population, or similar target populations.
- **Agency Capacity** Discuss the staffing levels of the agency. What will be the staff-to-client ratio? Describe the qualifications (training and experience).
- **Discuss the management structure** for the program and describe the qualifications of supervisory/management staff. Discuss client capacity— how many clients can you serve? If this is a new program, discuss what steps you will take to get it in place by the beginning of the contract period.

Program Narrative (cont.)

- Describe the goals and objectives of the program. Discuss the program design. Describe how you will deliver the program to the client group—for example, the referral process; the treatment planning process; the participant review process; discharge and follow-up procedures, etc.
- Discuss how you will partner with HSD or the Workforce Development Center, and other community organizations.
- Describe any specific treatment/service methodology and/or Individual Development Plan strategies and how they will meet the needs of the participants.
- Discuss the number of individuals you will serve; the hours of operation; where you will provide the service; frequency of meetings, etc.
- Is there ADA accessibility? Is there accessibility for non-English speaking or hearing impaired clients? Please describe.

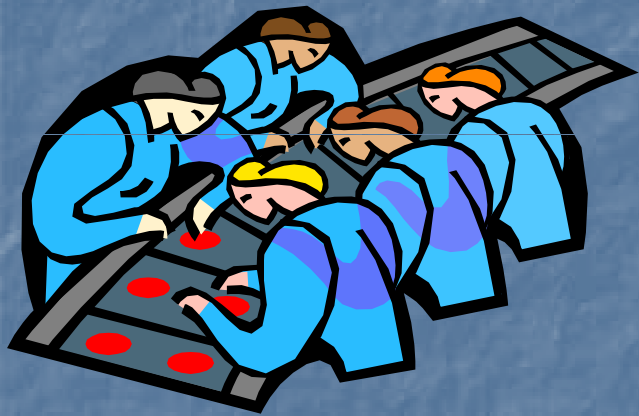


Program Outcomes

- The program/bid specification calls for measurable expectations of the effectiveness of the program. Describe how you will measure, what you will measure, and the frequency with which you will evaluate the program.
- If the program or bid specification did not identify a measurable outcome, the agency can specify its own expectation. For example, the program/bid specification may have stated that clients receiving outpatient AODA services will be drug-free at the end of treatment. The agency can specify what percentage of clients. (Use additional pages if necessary.) Established outcomes help the agency to document progress towards reaching both short and long-term objectives.



Unit Rate Calculation



- Describe how you calculated your unit rate. (Total Program Cost divided by number of individuals/days/hours, etc.)
- What is the total client capacity of your agency, and/or how many total hours of service can you provide?
- Keep in mind that staff directly providing services should be calculated into the unit rate, as well as a portion of indirect (administrative and facility) costs.

Proposal Budget Guidelines

- Proposed program budgets **cannot exceed** the dollar amount in the specification (when a \$ amount is listed).
- Contractors must comply with the Wisconsin DHS Allowable Cost Policy, that is available at <http://www.dhs.state.wi.us/grants/Administration> or DCF Allowable Cost Policy, that is available at <http://dcf.wisconsin.gov/contractsgrants>
- The budget proposed by the Provider for the selected programs shall include all costs associated with the operation of this component. The information sought in this section is designed to provide detailed information on the proposed program budget(s).
- The budget worksheet is available in an EXCEL on-line file labeled Nonresidential Budget Worksheets.xls.



Budget Worksheet 1 – Staffing/Personnel

- Insert a Program Name as the column heading for each program included in the agency's proposal.
- Distribute the percentage of each individual's time across:
 - (1) Direct Staff FTE
 - (2) Admin/Clerical/Supervision
- Insert each employee's name, position title, annual salary and Full-Time Equivalents in the applicable columns of the budget grid. (One Full-Time Equivalent is equal to 2,080 hours of work per year.)
- **This worksheet must be completed**



Worksheet 2 – Expense Budget by Program

- Enter the total HSD expense and allocate it across the program.

Enter the total Management and General expense. The percentage of Management and General Expenses cannot exceed 10%.

For definitions of line items, please see Appendix B: Line Item Description.

If you currently are contracting with HSD for the same program that you are requesting funding for next year, please complete the **row** labeled "Current Year's Program Expense". You need only enter the program expense allocation, not the total. For example, if you have a counseling contract for \$100,000 and a case management contract for \$50,000, you would enter \$100,000 and \$50,000 under the columns marked "counseling" and "case management" respectively.

- **This Worksheet must be completed**



Worksheet 3 – Budget Detail

- For the selected line items of Occupancy, Professional Fees, and Client-Related Services, please provide us with the requested detail concerning the cost.
- Explain any miscellaneous or other administrative cost charges.
- **This Worksheet must be completed.**



Worksheet 4 – Agency Budget Overview

- Use Worksheet #4 to provide other revenue sources (United Way, grants, revenue from other counties) your agency will use to provide services in the proposed program area.
- Enter the TOTAL AGENCY EXPENSE BUDGET FOR EACH PROGRAM.
- From Worksheet #2, enter the HSD Expense Budget.
- The percentage of HSD Expense Budget to your Total Agency Budget will be calculated automatically if you are using the EXCEL spreadsheet.
- **This worksheet is completed, only if you have other revenues supporting the same program that HSD is funding.**



Completing Your Application

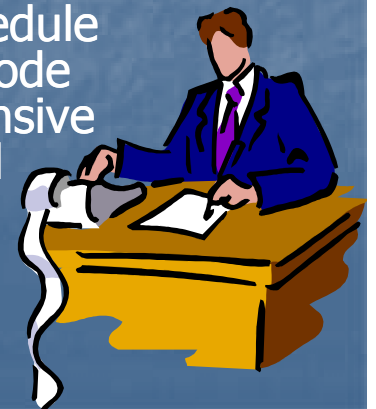
- If you are filing your application on-line, you will send it to HSDproposals@goracine.org. You will receive an automatic receipt which will serve as your record that the proposal was received.
- If you are submitting your application in person, the 1st Floor South receptionist will give you a receipt.
- If you mail your application, send it registered mail to ATTN: Coordinator of Contract Services, Racine County Human Services Dept., 1717 Taylor, Racine 53403 – Include the original and copy if you are dropping off or mailing your proposal.
- If you have questions, please email:
- mary.perman@goracine.org, or call 262-638-6650



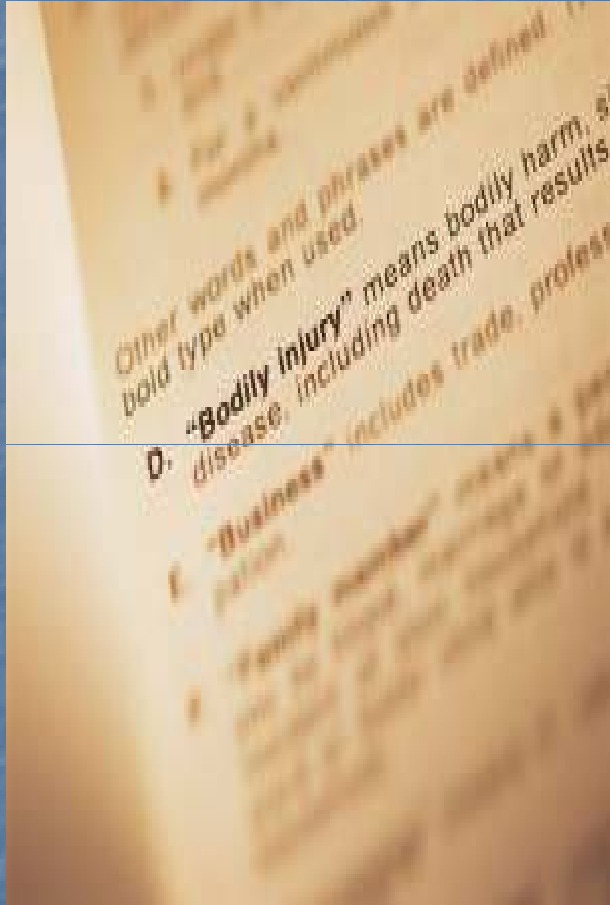
THE DEADLINE FOR 2017 PROPOSAL SUBMISSION IS NOON ON OCTOBER 7th.

Other Items Required to Obtain a Racine County Contract

- All agencies awarded contracts will maintain a double-entry bookkeeping system on a modified-accrual basis. (See Allowable Cost Policy & Provider Agency Audit Guide.)
- All agencies awarded contracts will be required to submit a certified audit report that shows expenses and revenues for the contract period by major line item and distributed among the services provided.
- Exceptions: Contracts under \$25,000 may be waived. Hospitals regulated by the rate review process are exempted from meeting this audit requirement. Corporate audits with accompanying statement of expenses and revenues will be accepted when the local agency is an office of a large parent corporation.
- All agencies awarded contracts must comply with reporting requirements of the Human Services Department; the Contract Administration Manual; State Allowable Cost Policies.
- All agencies awarded contracts must comply with budget criteria in that Management & General expenses do not exceed 10%.
- All agencies awarded contracts must comply with the uniform schedule of fees as defined in s.46.03 (18) Wis. Stats. and Administrative Code HSS 1.01-1.06. All agencies awarded contracts for the Comprehensive Older Americans Act Amendments shall comply with the requested donation requirements.



Other Required Items, etc.



- All agencies awarded contracts shall keep in force a liability insurance policy for up to \$3,000,000 issued by a company authorized to do business in the State of Wisconsin and licensed by the Wisconsin Insurance Department. Upon execution of a contract, agency will provide Racine County with written verification of the existence of such insurance. Racine County, and its officers and employees shall be listed as additional name insured.
- All agencies awarded contracts shall comply with applicable civil rights/affirmative action policies in hiring and promotion of employees and the delivery of services. Upon execution of a contract, the agency will provide Racine County with a current copy of the applicable policy, as well as the Civil Rights Letter of Assurance.
- If required by State statutes, **new programs** must be licensed or certified within 30 days of issuance of a contract. Exceptions of up to 90 days will be made for CBRF's, AFH's or group homes. Licenses and certifications for **current programs** must be up-to-date, and copies **must be attached to the proposal.**

Employer of Record Applications for Funding

- Complete the Employer of Record Application
- Employer of Record Budget Sheet

Residential Applications for Funding

- Follow the same procedures with filling out the application as Non-Residential. However, you will have to include the Excel Budget sheet as well as the worksheets, used to determine the daily rate you charge for individuals to reside in your residential facility.
- Per Waiver regulations, you must separate those charges that are facility-related (mortgage, food, utilities, etc.) from service-related (staff salaries/benefits, insurance, taxes, etc.)

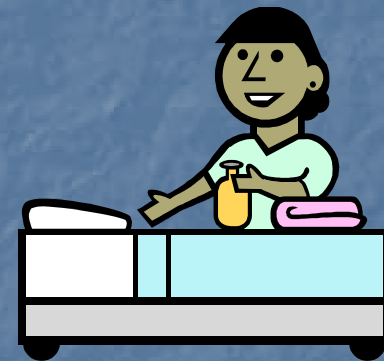


Resident's Room/Board Rate

- In a residential or substitute care setting, the waiver participant pays for room and board out of the individual's income. Each individual is allowed to protect minimum discretionary income in the amount of \$65.00 to be used by the individual as she/he chooses; this amount should not be used toward room and board. In order to determine how much of the personal maintenance allowance the individual is obligated to pay for room and board, the following formula should be used:

- Income _____
- Minimum Discretionary Income (\$65) _____
- Subtract (2) from (1) _____
- Actual room and board _____
- Compare (3) to (4) and enter the lesser _____

- The amount in line 5 is the obligation of the individual for room and board in the living arrangement. If line 5 is less than the actual room and board rate, the balance of room and board may be subsidized by COP, community aids or county dollars.



Non-Allowable MA Waiver Costs

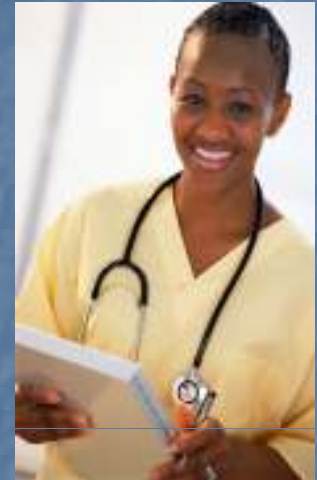
- Items related to room and board - NOT allowable service costs
- 1. Rent, mortgage payments, title insurance, mortgage insurance
- 2. Property and casualty insurance
- 3. Building and/or grounds maintenance costs
- 4. Resident's food
- 5. Household supplies and equipment necessary for the room and board of the individual
- 6. Furnishings used by the individual (does not include office furnishing)
- 7. Utilities, resident phones, cable TV, etc.
- 8. Property taxes
- 9. Specific individual special dietary needs



Allowable Service Costs

- 1. Staff salaries*
- 2. FICA
- 3. Staff health insurance costs (benefits)
- 4. Worker's compensation
- 5. Unemployment compensation
- 6. Staff travel
- 7. Resident travel (includes depreciation on vehicle)
- 8. Administrative overhead - contractor's costs to do business
 - Office Supplies and Furnishings
 - Percentage of administrative staff salaries
 - Office telephone
 - Recruitment
 - Audit fees
 - Operating fees/permits/licenses
 - Percentage of office space costs
 - Data processing fees
 - Legal fees
- 9. Staff liability insurance/agency liability insurance
- 10. Staff development/education

- *In certain circumstances a staff person's wages and benefits may need to be apportioned between room and board costs and support and supervision. For example, a live in manager of a facility, depending on her/his duties may have time apportioned for supervision and support as well as building and ground maintenance.



Units of Service/Rate Computation



- The Facility Rate, the Room and Board Rate and the Program Rate are found by dividing the **TOTAL ALLOWABLE COSTS** by the number of resident days anticipated for the coming year.
- Enter the Budgeted beds for the facility
- Divide the **TOTAL ALLOWABLE COSTS** by budgeted beds, to find the annual cost per budgeted bed.
- Divide the annual cost per budgeted bed by 12 to find the monthly cost per bed. This is the **Monthly Rate** for the facility.
- To find a daily rate, divide the Annual cost per bed by 366 (2016) or the number of days in the budget year.

Questions Remaining?

- If, after reviewing this you still have questions about filling out the funding application, please contact:
- Mary Perman, Racine County Coordinator of Contract Services and Evaluation at mary.perman@goracine.org, 262-638-6650.

We look forward to partnering with you to provide quality services to Racine County residents.

