**COUNTY OF MORRIS**



**REQUEST FOR APPLICATION**

**Applications for 2024 Opioid Settlement Funds**

**RFA #24-04**

REQUESTING AGENCY: MORRIS COUNTY

 Department of Human Services

CONTACT PERSON: Anamika

 Department of Human Services

 fanamika@co.morris.nj.us

**PROPOSAL SUBMISSION** Monday, November 6, 2023 at 2:00 PM

**DEADLINE**:

PROVIDER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDER CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: **\_\_\_\_\_\_\_\_\_**

**COUNTY OF MORRIS**

LEGAL NOTICE

Separate SEALED Applications will be received by the Morris County Department of Human Services by **Monday, November 6, 2023 at 2:00PM,** Eastern Standard Time in the Morris County Department of Human Services, Morris Plains, New Jersey for the respective projects as follows:

**APPLICATIONS FOR 2024 MORRIS COUNTY OPIOID SETTLEMENT FUNDS**

The Morris County Board of County Commissioners is announcing the availability of Year 2024 funding for the following:

* Opioid Settlement Funds – funding to combat the opioid epidemic through treatment, prevention, and/or other strategies for the residents of Morris County.

Applications are available for downloading from <https://www.morriscountynj.gov/Departments/Community-Behavioral-Health-Services/Funding> or may be picked up on or after **Monday, October 16, 2023.** For pick up instructions please contact via email Anamika at fanamika@co.morris.nj.us. The County of Morris shall not be responsible for full or partial sets of documents, including addenda, obtained from any other source.

Applications must be enclosed in a sealed envelope bearing the name and address of the Service Provider/Respondents, with **“Opioid Settlement Funds 2024”** clearly markedon the outermost packaging, addressed to the attention of Anamika, Morris County Department of Human Services. Applications may be delivered by mail, in-person, or by FedEx delivery. A drop box will be present at the location. Below are the addresses that must be used:

By mail: In-person or FedEx: Drop box will be located at the

 entrance of the Morris County Human Services building

Morris County Dept. of Human Services Morris County Dept. of Human Services

PO Box 900 1 Medical Drive

Morristown, NJ 07963-0900 Morris Plains, NJ 07950

Attn: Anamika Attn: Anamika

If you have any questions, please contact via email Anamika at fanamika@co.morris.nj.us.

No applications shall be accepted after the designated time, and Morris County will not assume responsibility for applications forwarded by mail or delivery service, nor any other conveyance.

Providers/Respondents are required to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27. Application openings will take place on Monday, November 6, 2023 at 2:15PM at 1 Medical Drive in Morris Plains, NJ 07950 in conference room 81. It is **NOT MANDATORY** to attend the application opening.

**Award of contracts by the Board of County Commissioners will be made no later than March 31, 2024.**

We thank you for your understanding and cooperation.

**COUNTY OF MORRIS**

**GENERAL INSTRUCTIONS**

1. **SUBMISSION OF APPLICATIONS**
2. Applications are available for downloading from <https://www.morriscountynj.gov/Departments/Community-Behavioral-Health-Services/Funding> or may be picked up from the Morris County Department of Human Services. For pick up instructions please contact via email Anna Marie Hess at fanamika@co.morris.nj.us.
3. Each Application shall be submitted on the applications forms attached, not double sided or stapled, in a sealed envelope:

 (1) addressed to the Morris County Department of Human Services

 (2) bearing the name and address of the Respondent on the outside

 (3) clearly marked “Opioid Settlement Funds 2024”

1. It is the Respondent's responsibility to see that Applications are presented to the Morris County Department of Human Services on the hour and at the place designated. Applications may be mailed; however, the County of Morris disclaims any responsibility for Applications forwarded by regular or express mail. If the Application is sent by express mail, the designation in B. above must also appear on the outside of the express company envelope. Applications received after the designated time and date will be returned unopened.

D. The County reserves the right to postpone the date for presentation and opening of applications and will give written notice of any such postponement to each prospective Respondent as required by law.

 In the event Morris County Offices are **closed,** Applications will be accepted **on the next business day** that offices are opened, at the same location and the same time

E. All Applications must be written in ink or preferably machine-printed. Applications containing any conditions, omissions, unexplained erasures or alterations, items not called for in the Application form, attachments of additive information not required by the specifications, or irregularities of any kind, may be cause for rejection by the owner in accordance with applicable law. Any changes, whiteouts, strikeouts, etc. in the Application must be initialed in ink by the person signing the Application.

**2. REVIEW OF APPLICATIONS**

1. Applications will be opened and recorded by the Morris County Department of Human Services
2. All applications are reviewed by the respective Department of Human Services Advisory groups and recommendations are made for funding.
3. The Morris County Board of County Commissioners are responsible for allocating funding with the goal of ensuring the provision of community services to Morris County residents. Recommendations made by the various Department of Human Services Advisory groups are forwarded to the County Administrator. The County Administrator then notifies the agencies, in writing, of these recommendations prior to the final approval by the Morris County Board of County Commissioners.

**3. QUOTATIONS, APPLICATIONS AND FORMS**

1. The County of Morris is exempt from any local, state or federal sales, use or excise tax. The County will not pay service charges such as interest and late fees. The County or any of its offices and divisions will not complete credit applications as a result of contract(s) resulting from award based on these specifications.
2. Applications must be signed in ink by the Respondent; all quotations shall be made with a typewriter/computer or pen and ink. Any quotation showing any erasure alteration must be initialed by the Respondent in ink. Unit prices and totals are to be inserted in spaces provided.
3. Failure to sign and give all information in the Application may result in the Application being rejected.
4. Any Respondent may withdraw his/her Application at any time before the due date of the application.

E. All forms shall be completed and attached to the Application. RESPONDENT IS ALERTED TO THE APPLICATION DOCUMENT CHECK LIST PAGE.

**4. INTERPRETATIONS AND ADDENDA**

A. The Respondent understands and agrees that its Application is submitted on the basis of the specifications prepared by the County. The Respondent accepts the obligation to become familiar with these specifications.

B. No oral interpretation of the meaning of the specifications will be made to any Respondent. Every request for an interpretation shall be in writing, addressed to Anamika via email at fanamika@co.morris.nj.us. The County’s interpretations or corrections thereof shall be final. In the event the Respondent fails to notify the County of such ambiguities, errors or omissions, the Respondent shall be bound by the Application.

C. If the amount shown in words and its equivalent figures do not agree, the written words shall be binding. Ditto marks are not considered writing or printing and shall not be used. In the event that there is a discrepancy between the unit prices and the extended totals, the unit prices shall prevail. In the event there is an error of the summation of the extended totals, the computation by the County of the extended totals shall govern.

**5. AWARD OF APPLICATION**

1. The Morris County Board of County Commissioners shall award a contract or reject Applications by March 31, 2024, except that the Application of any Respondents who consent thereto may, at the request of the County, be held for consideration for such longer period as may be agreed.
2. The County reserves the right to accept or reject any or all Applications, to waive identified irregularities and technicalities if it is in the best interest of the County to do so. Without limiting the generality of the foregoing, any Application which is incomplete, obscure, or irregular may be rejected, any Application having erasures or corrections in the price sheet may be rejected; any Application in which unit prices are omitted, or in which unit/total prices are unbalanced, may be rejected.
3. The effective period of **this contract will be one year unless otherwise noted in the specifications**. Awards are contingent upon receipt of Federal, State, and local funding for the programs listed.
4. The form of contract which shall be signed by the successful respondent shall be that as furnished by the County of Morris, a copy of which is on file with the Morris County Department of Human Services and may be inspected upon request.

**6. PAYMENT OF SERVICES**

Payment for reimbursement of provided services will be made after a properly executed County of Morris voucher has been received with backup/reporting documents and formally approved on the voucher list by the Morris County Board of County Commissioners at its subsequent regular meeting. The voucher and reporting documents will be certified correct by the department/division head who oversees the contract award.

**7. PUBLIC EMERGENCY**

In the event of a Public Emergency declared at the Local, State or Federal Level, if the County of Morris opts to extend terms and conditions of this Application, the Provider agrees to extend the terms and conditions of this Application, whether existing, expiring or expired no longer than six months, for goods and/or services for the duration of the emergency. In the event the original Provider cannot meet this requirement, the County may award funding to another Respondent on this application.

**8.** Provider understands that **the specifications herein are incorporated into and are fully part of any contract as may be awarded** as result of this application submittal.

**COUNTY OF MORRIS**

**APPLICATION DOCUMENT CHECKLIST**

**Required Read, Signed, &**

**With Submitted-Respondent’s**

**Application Initials**

**A. MANDATORY ITEM(S), REQUIRED AT THE TIME OF APPLICATION:**

[ ] Application Signature Page (page 8) \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Application for Year 2024 Opioid Settlement funding (pages 11 - 17) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide one (1) original and 1 copy**

**Respondent Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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TECHNICAL SPECIFICATIONS TO FOLLOW



**COUNTY OF MORRIS**

**RFA APPLICATION FORM/SIGNATURE PAGE**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO THE COUNTY OF MORRIS**

The undersigned declares that he/she has read the Notice, Instructions, Affidavits, and the Scope of Services attached, that he/she has determined the conditions affecting the application and agrees, if this application is accepted, to furnish and deliver services per the following:

**APPLICATION FOR YEAR 2024**

**APPLICATION FOR OPIOID SETTLEMENT FUNDS**

**RFA #24-03**

**Contracts for the above mentioned RFA may be issued to the Provider based on the Evaluation Criteria, considering cost and other factors, as determined to be in the best interest of the County of Morris.**

Provider understands that the specifications herein are incorporated into and fully part of any contract as may be awarded as a result of this application submittal.

 (Corporation)

The undersigned is a (Partnership) under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ having its

 (Individual)

Principal office at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Federal I.D # or Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Agent Type or Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Agent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number

**2024 Opioid Settlement Funds**

**Application Instructions**

**Morris County Department of Human Services**

**Application Specific Instructions**

**The entire application must be read in its entirety before completion and submission. Below should be used for clarification purposes only.**

Application submission

* 3 methods of submission for the 2024 Opioid Settlement Funds Application
	+ Mail
	+ In-person – drop box at the entrance of 1 Medical Drive will be available
	+ FedEx

Section I – Agency Description

* Purpose: To give the Morris County Department of Human Services a description of your agency and explain collaborations (past, current, or future).

Section II – Proposed Program Information

* Purpose: To give the Morris County Department of Human Services a detailed description of the proposed program.
	+ Part A – Be descriptive including all information requested. This is the section to explain your program in great detail
	+ Part B – Explain a client’s progression specific to the program you are applying for.

Section III – Personnel and Program Implementation

* Purpose: To give the Morris County Department of Human Services a detailed description of personnel and anticipated needs that will be involved in the proposed program.

Section IV – Program Output Measurements

* Purpose: To give the Morris County Department of Human Services a detailed description of how the effectiveness of the proposed program will be measured.
	+ Part A – Be specific when addressing expected outputs and activities. Also, activity measurements must address indicators that measure actual outcomes – not general outcomes.

**Example chart** – expected outputs for proposed program

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provided** | **Expected outputs** | **Activities** | **Activity Measurement** |
| What is the service being provided? | What are the participants expected to gain from service activities? | What activities will the program provide to achieve the expected outputs? | What indicators will be used to measure these expected outputs? |
| Provide seniors with physical activities to strengthen their balance and muscle tone | Strengthen their balance and strengthen their muscle tone | 10 hours of Thai Chi | Will use test AB prior to the start of the program to measure strength and muscle tone. At completion of the program will use test AB to measure strength and muscle tone and compare to the results from the start of the program |

* + Part B – Be specific to address actual measurement – not general outcomes. If the program is operational, provide actual numbers from previous grant year.

**Example chart** – actual outputs for program

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provided** | **Outputs** | **Activities** | **Activity Measurement****Indicators** |
| Provided physical activities to seniors to increase their balance and muscle tone. | Out of the 25 participants 20 showed a 10% or more increase in strength and/or muscle tone, 3 showed a 5% -10 % increase, 1 showed a 1% – 5% increase, and 1 participant’s strength and/or muscle tone stayed the same | 10 hours of Thai Chi to 25 seniors | Used test AB prior to the program for a starting point for each individual’s strength and muscle tone. That was recorded and compared to each individual’s results after the program using the same test AB.  |

Section V – Funding Specifications

* Purpose: To give the Morris County Department of Human Services a detailed description of the proposed funding for the program.
	+ Part A – Must specifically define the unit of service
	+ Part B – Must specifically state the unit cost for each unit of service listed in Part A
	+ Part C – Complete the chart and be specific to the funding dedicated to each budget expense category. The chart must support the total funding requested and the unit cost described in Section V Part B
	+ Part D – Be specific to what percentage (%) of the proposed program will be covered by the proposed funding.
	+ Part E – Be specific to the other funding sources and amounts that will be used to cover the proposed program.

Section VI – Opioid Settlement Questions

* Purpose: To give the Morris County Department of Human Services a detailed description of how the proposed program will meet the priorities and needs related to the opioid settlement funding available.

### Department of Human Services of the County of Morris

**SCOPE OF WORK**

**Request For Applications**

 **Submission Deadline: November 6, 2023, 2:00 p.m.**

**2024 Opioid Settlement Funding Application Form**

**MUST BE TYPED**

***All Applications are due by 2:00 p.m., Monday, November 6, 2023.***

***All sections must be completed. Incomplete/late applications will be returned unopened.***

Agency:

Director:

Address:

Program:

Contact Person:

Telephone:      -     -      Fax:     -     -

E-mail: Click or tap here to enter text.

Type of Agency: [ ]  Voluntary [ ]  For Profit

 [ ]  Not-for-Profit [ ]  Faith Based

 [ ]  Public

**Funding Amount Requested:** $

**Proposal Summary:**

*Please provide a brief description of the program, who will be served, the outcomes you wish to achieve, and what funding priorities will be addressed.*

Click or tap here to enter text.

**Funding Stream Requested**

[ ]  **Opioid Settlement Funding –** Funding to combat the opioid epidemic through treatment, prevention, and/or other strategies for the residents of Morris County.

**Type of Program**

[ ]  New (Program has not started)

[ ]  Expansion of Existing Program (currently funded and looking to increase and expand services)

**Section I** **– Agency Description**

1. Provide a brief summary of the agency’s history and describe the services and programs currently provided.

1. Is your agency involved or exploring collaborative efforts with other Morris County non-profit agencies? If yes, please describe.

**Section II – Proposed Program Information**

1. Provide a detailed description of the proposed program, service or specific activities to be funded. Include information regarding the geographic area to be served, where the service will be provided, hours/days of operation and transportation options.

1. Provide a detailed description of the target population to be served and how it relates to the priority population for the selected funding stream.

1. Outline a client’s progression through the program. Include point of access, client intake, anticipated service delivery time frames, development of service plan, reassessment, discharge procedure and follow-up.

1. Describe how the program will provide reasonable accommodations for individuals with specific needs; such as, but not limited to:
* Language barriers
* Mental illness
* Disabilities
* HIV/AIDS

1. Does the proposed program fill a gap in service? If the program is new explain the identified needs that will be met. If the program is operational and/or expanding, explain the gap(s) that would be created if the program was not funded.

**Section III – Personnel and Program Implementation**

1. List the staff positions involved with the proposed program and indicate the anticipated percentage of the time directly allocated to the program for each employee listed below.

1. State the program’s professional training and ongoing staff development plan.

1. Identify the steps needed to implement the proposed program, including anticipated completion dates (i.e. hiring dates, purchasing materials, etc.)

**Section IV – Program Output Measurements (the action or item that contributes to achieving an outcome)**

1. The County of Morris requires all funded programs and services to have a process that measures effectiveness. Please complete the following output measurement tool as it pertains to your program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provided** | **Expected outputs** | **Activities** | **Activity Measurement** |
| What is the service being provided? | What are the participants expected to gain from service activities? | What activities will the program provide to achieve the expected outputs? | What indicators will be used to measure these expected outputs? |
|       |       |       |       |

1. If this program is currently operational, please provide **specific output data** to justify the effectiveness of this program using the measurements cited above. This must include actual numbers from the previous grant year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provided** | **Outputs** | **Activities** | **Activity Measurement****Indicators** |
|       |       |       |       |

**Section V – Funding Specifications**

1. Define each unit of service for the proposed program. Be specific and discrete. (e.g., bed day, counseling hour, education session)

1. What is the unit cost for each unit of service described in (A) above.

1. Based on your total funding request, complete the chart below to support the unit cost(s) stated above:

|  |  |
| --- | --- |
| **Budget Expense Category** |  **Amount**  |
| **Direct Service Personnel:** |  |
| Salary by Title |  |
| Title 1 |  $  |
| Title 2 |  $  |
| Title 3 |  $  |
| Title 4 |  $  |
| **Total Salary** |  **$** |
| Fringe/Benefits/Taxes etc.. |  $  |
| **Total Direct Service Personnel** |  **$**  |
|  |  |
| **Direct Service Operating Expenses:** |  |
| Consultants |  $  |
| Office Supplies |  $  |
| Printing |  $  |
| Postage |  $  |
| Communication (Phone/Mobile/Wi-Fi/etc.) |  $  |
| Travel |  $  |
| Vehicle Maintenance |  $  |
| Vehicle Fuel |  $  |
| Insurance |  $  |
| Occupancy |  $  |
| Equipment |  $  |
| Other Expenses (please list) |  |
|  |  $  |
|  |  $  |
|  |  $  |
|  |  $  |
|  |  $  |
|  |  $  |
|  |  $  |
|  |  $  |
|  |  $  |
| **Total Direct Service Operating Expenses** |  **$**  |
|  |  |
| **Indirect Costs** |  **$**  |
|  |  |
| **Total Expense Budget** |  **$** |
|  |  |
| **Total Number of Units to be Served** |  |
|  |  |
| **Unit Cost** |  **$**  |

1. List the anticipated unduplicated clients to be served by the proposed program for the contract period.

**TOTAL ANNUAL CLIENTS:**

1. What percentage of the total program cost will the requested funding support?

1. List other funding sources and the amounts that will be used for the proposed program.

1. Does the program accept monetary or in-kind donations to offset program costs? If so, explain.

1. Will there be a financial eligibility requirement for the program? If so, will a sliding scale fee? Please explain.

**Section VI – Opioid Settlement Questions**

1. Explain how the proposed program will support the specific needs related to opioid epidemic response strategies such as prevention, treatment, recovery, and/or harm reduction.

1. Explain if the proposed program will work collaboratively or compliment an existing program/service.

1. Explain how the proposed program will specifically address priorities identified by the Morris County community.

**Morris County Department of Human Services**

**2024 Opioid Settlement Funding Request Evaluation Description**

|  |  |
| --- | --- |
| **Category** | **Description** |
| Agency and program performance | * Program summary
* Description of services
* Addressing gaps in service
* Addressing priorities related to opioid settlement funding
* Agency performance/output measurements - tool and the ability to measure actual results, specific activities and indicators to measure actual outputs, program effectiveness if the program is currently operational. Specific proposed outputs and actual outputs indicated in the chart will be evaluated
 |
| Personnel and program implementation  | * Staffing plan for the proposed program
* Adequate staffing to meet the level of service described in the proposed program
* Anticipated implementation dates
* Training
* Staff development plans
 |
| Funding specification | * Unit of service and unit cost
* Chart completed to support total funding request and the unit cost
* Clear calculation of unit cost(s), funding requests, and budget expenses
* Other sources of funding
* Anticipated unduplicated and annual client served
 |
| Consumer program accessibility and experience | * Description of financial eligibility and sliding scale
* Accessibility
* Target population
* Client access to services (how they begin getting services, referrals, etc.)
 |