



DEPARTMENT OF HUMAN SERVICES

P. O. Box 29 • Baraboo WI 53913
(608) 355-4200 • FAX (608) 355-4299
DANIEL A. BRATTSET, Director
SHARON L. BOESL, Deputy Director

Sauk County Department of Human Services Application for 2020 Funds

Application Summary and Signature Page

Organization Legal Name			
Mailing Address If P. O. Box, include Street Address on second line			County
Telephone		Legal Status	
Fax Number		<input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Other: LLC, LLP, Sole Proprietor Federal EIN: _____	
Name Chief Admin/Contact			
Internet Website (if applicable)			
E-mail Address			

Program Name: Please list the program for which you are submitting a proposal.

RFP # and Title	Agency Contact Person	Phone Number	E-mail

Signature

Authorized Agency Representative

Date

RFP – Part 2 Description of Service

1. Program Description

2. Program Strategies and Activities

3. Equity and Inclusivity

4. Experience and Qualifications for the Proposed Program

5. Quality Improvement

- 6. Agency Governing Body:** How many Board meetings has your governing body or Board of Directors: Scheduled for the current calendar year? ____ How many meetings were held in the prior year? ____ Please list your current Board of Directors or your agency's governing body. Include names, addresses, primary occupation, and board office held. If you have more members, please copy this page.

Board President's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service		Board Vice-President's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service	
Board Secretary's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service		Board Treasurer's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service	
Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service		Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service	
Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service		Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service	

6. Agency Governing Body (cont.)

Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service		Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service	
Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service		Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service	
Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service		Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service	
Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service		Board Member's Name Contact Address Contact E-mail Occupation Representing Current Term of Office From ____ To ____ Total Years of Service	

7. Staff/Board/Volunteers Descriptors:

Indicate by number and percentage the following characteristics for your Agency's current staff and board. Report total number of volunteers.

Descriptor	Staff		Board	
	Number	Percent	Number	Percent
Total		100%		100%
Gender				
Male				
Female				
Age				
Less than 18 Years				
18-59 Years				
60 and Older				
Race				
White				
Black or African American				
American Indian and Alaskan Native				
Asian				
Native Hawaiian and Other Pacific Islander				
Some Other Race				
Two or More Races				
Ethnicity				
Hispanic or Latino (of any race)				
Not Hispanic or Latino				
Persons with Disabilities				
Volunteers				

8. Budget Narrative

Fair Labor Practices Certification

The undersigned, for and on behalf of the PROPOSER, BIDDER OR APPLICANT named herein, certifies as follows:

That he or she is an officer or duly authorized agent of the above-referenced PROPOSER, BIDDER OR APPLICANT, which has submitted a proposal, bid or application for a contract with the County of Sauk.

That PROPOSER, BIDDER OR APPLICANT has: (Check One)

☐ not been found by the National Labor Relations Board ("NLRB") or the Wisconsin Employment Relations Commission ("WERC") to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this Certification is signed.

☐ been found by the National Labor Relations Board ("NLRB") or the Wisconsin Employment Relations Commission ("WERC") to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this Certification is signed.

Date Signed:

Officer or Authorized Agent

Business Name

If you indicated that you have been found by the NLRB or WERC to have such a violation, you must include a copy of any relevant information regarding such violation with your proposal, bid or application.

Vendor Data Sheet / Local Purchasing Provisions

- 1. Address:** This address will be used to determine local purchasing preference and the mailing address where County purchase orders/contracts will be mailed:

Company Name:					
Address:					
City:		County:			
State:		ZIP + 4			
Telephone:		Toll-Free:		FAX:	

- 2. Contact Person:** Contact person in the event there are questions about your bid/proposal.

Name:		Title:	
Telephone:		Toll-Free:	
FAX:		E-mail:	

- 3. Local Vendor:** Are you claiming a local purchasing preference under DCO 25.11(8) based on your response to section 1 of this form?

- ☐ No, continue on to the next page.
☐ Yes, complete the remainder of this form.

Indicate if your firm/company has an established place of business located in any of the following Wisconsin Counties. An established place of business means a physical office, plant or other facility. A post office box address does not qualify a vendor as a Local Vendor. DCO 25.04(7h)

Select one: We are claiming a preference as a Sauk County Business.

☐ Sauk County

We are claiming a preference as a business located in a county adjacent to Sauk County.

☐ Adams County

☐ Columbia County

☐ Dane County

☐ Iowa County

☐ Juneau County

☐ Richland County

Designation of Confidential and Proprietary Information

The attached material submitted in response to this Proposal includes proprietary and confidential information which qualifies as a trade secret, as provided in Sect. 19.36(5), Wisconsin State Statutes, or is otherwise material that can be kept confidential under the Wisconsin Open Records law. As such, we ask that certain pages, as indicated below, of this proposal response be treated as confidential material and not be released without our written approval. Attach additional sheets if needed.

Section	Page Number	Topic

☐ **This firm is not designating any information as proprietary and confidential which qualifies as a trade secret.**

Prices always become public information when proposals are opened, and therefore cannot be designated as confidential.

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in Sect. 134.90(1)(c) Wis. State Statutes, as follows:

“Trade secret” means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

In the event the Designation of Confidentiality of this information is challenged, the undersigned hereby agrees to provide legal counsel or other necessary assistance to defend the Designation of Confidentiality.

Failure to include this form in the proposal response may mean that all information provided as part of the proposal response will be open to examination or copying. The County considers other markings of confidential in the proposal document to be insufficient. The undersigned agree to hold the County harmless for any damages arising out of the release of any material unless they are specifically identified above.

Signature

Title

Name (type or print)

Date