

INSTRUCTIONS FOR SCDHS APPLICATION FOR FUNDS

General Information – This proposal format provides your organization with enough space to describe the program you propose to provide and to request funding. Use only the forms and space provided unless otherwise instructed in the RFP. This form is available on-line <https://www.co.sauk.wi.us/rfps>. As SCDHS must review many proposals, precise and succinct descriptions are important.

Application Materials Must Be Submitted By E-mail
E-mail Address: dan.brattset@saukcountywi.gov
Note: The Department reserves the right to request a hard copy of the completed proposal from the applicant.

Contact Information
Dan Brattset, Director, Sauk County Department of Human Services (608) 355-4202

Sauk County Department of Human Services will accept applications for identified programs only. A listing and description of the programs for which we will be accepting applications can be found on the Department's website at: <https://www.co.sauk.wi.us/rfps>

Application Summary and Signature Page: Enter the legal name of your organization and requested contact information and legal status. List the county where you have an established place of business. An established place of business means a physical office, plant or other facility.

Program Name: Use the title on the RFP.

Signature: An authorized agency representative should sign this form and the appropriate attachments. A scanned application with signature is acceptable.

RFP – Part 2 Description of Service

- 1. Program Description:** Respond to the question(s) provided in the RFP.
- 2. Program Strategies and Activities:** Respond to the question(s) provided in the RFP.
- 3. Equity and Inclusivity:** Respond to the question(s) provided in the RFP.
- 4. Experience and Qualifications:** Respond to the question(s) provided in the RFP.
- 5. Quality Improvement:** Respond to the question(s) provided in the RFP.
- 6. Agency Governing Body:** Indicate in the blanks the number of board meetings scheduled and held. Also provide the information requested about your agency board members.
- 7. Staff/Board/Volunteers:** Enter the total number of permanent paid staff, board members and other volunteers. Enter the percentages. Do not include board members in your count of volunteers.
- 8. Budget Narrative:** Respond to the question(s) provided in the RFP.

Attachment A

Fair Labor Practices Certification: Please read and complete.

Attachment B

Vendor Data Sheet/Local Purchasing Provisions: Please read and complete.

Attachment C

Designation of Confidential and Proprietary Information: Please read and complete.

Budget and Personnel Schedule Spreadsheet

Program Budget: Describe the estimated program budget (not the entire agency budget) for the current year and the proposed program budget for the next calendar year. If you are not a current provider of this program, proceed to Proposed Budget.

Personnel Schedule: Describe the estimated County-funded personnel schedule for the current year and the proposed County-funded personnel schedule for the next calendar year. If you are not a current provider of this program, proceed to Proposed Personnel Schedule.

List each individual staff position by title in left most column. If your organization employs more than one staff person under the same job title, list the job title only once.