Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

2019 Request for Proposal
2018-134

January 1, 2019 – December 31, 2019

Deadline: August 1, 2018

KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY
AND THERAPEUTIC COURT PROGRAMS
2019 REQUEST FOR PROPOSAL

Treatment Sales Tax

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KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY
AND THERAPEUTIC COURT PROGRAMS
2019 REQUEST FOR PROPOSAL SUMMARY

Treatment Sales Tax

The Kitsap County Department of Human Services (KCDHS) is requesting proposals for moneys collected under RCW 82.14.460 and "**must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services.** Programs and services includes, but is not limited to, **treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service."** Approximately $4,250,000 will be awarded for projects or program services delivered between January 1, 2019 and December 31, 2019.
Proposal Deadline: August 1, 2018 at 3:00 p.m.

Background: In 2005, Washington State approved legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services. In September 2013, the Kitsap County Board of Commissioners (BOCC) passed a resolution authorizing a sales and use tax for Mental Health, Chemical Dependency and Therapeutic Court Programs. This sales and use tax shall be known as "Treatment Sales Tax". The BOCC has the decision-making authority for funding decisions, the KCDHS serves as the fund manager, and the Citizens Advisory Committee (CAC) has the recommending authority.

Scope of Work: Proposals for Treatment Sales Tax funding must improve the continuum of care including prevention, crisis intervention, treatment and recovery support services identified in the 2014 Kitsap County Behavioral Health Strategic Plan and 2017 Strategic Plan Review. The Strategic Plan and Review can be found at https://spf.kitsapgov.com/hs/Pages/CAC-REPORTS-INFORMATION-PLANS.aspx.

Kitsap County Continuum of Care: For purposes of this Request for Proposal, Kitsap County has established the following continuum of care to address the behavioral health needs:

- Behavioral Health Prevention, Early Intervention and Training
- Crisis Intervention/Triage Services
- Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services
- Medical and Sub-Acute Detoxification Services
- Acute Inpatient Care Services
- Recovery Support Services

Access this Request For Proposal at https://spf.kitsapgov.com/das/Pages/Online-Bids.aspx or by contacting Colby Wattling at: Kitsap County Purchasing Department, 614 Division Street MS-7, Port Orchard, Washington 98366, Phone: 360.337.7036, Fax 360.337.4638, Email: cwattling@co.kitsap.wa.us. The Kitsap County Human Services Department reserves the right to make unilateral modifications to this RFP to address changes on the state and/or local level. Questions about the RFP and related issues should be directed to Colby Wattling at the address and phone number above.

KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY
AND THERAPEUTIC COURT PROGRAMS

REQUEST FOR PROPOSAL (RFP) TIMELINE 2018
Treatment Sales Tax

Date	Activity
February 2018	**RFP Sub-committee convenes**
March, April, May 2018	**RFP Sub-committee meetings**
May 15, 2018	**CAC Meeting (Approve Request For Proposal & Schedule)**
May 21, 2018	**Make RFP recommendations to BOCC (Work Study)**
May 24, 2018	**Request For Proposal Released**
June 14, 2018	**Proposers Conference – 1:30 p.m. Givens Community Center Olympic Room, 1026 Sidney Ave, Port Orchard, WA**
June 18, 2018	**Notes and Q&A From Proposers Conference Posted**
August 1, 2018	**RFP Proposals Due by 3:00 P.M.**
August 1st – 27th 2018	**Proposal Reviews and Rating Sheets Completed**
August 27, 2018	**Rating Sheets Due to Department of Human Services**
August 30, 2018	**CAC Convenes to Discuss Proposals and Develop Questions**
September 4, 2018	**Questions emailed to Proposers**
September 10th – 14th	**Proposer Question and Answer Sessions**
September 17th and 18th	**CAC Executive Committee Meetings**
September 18, 2018	**CAC Meeting (Develop Recommendations for BOCC)**
September 24, 2018	**Make funding recommendations to BOCC (Work Study)**
October 8, 2018	**BOCC Acts on Funding Recommendations – Public Meeting**
October – December 2018	**Contract Negotiations**
December 2018	**BOC Approves Contracts**
January 1, 2019	**Program Year Begins**

I. BACKGROUND

The Kitsap County Department of Human Services (KCDHS) is requesting proposals for moneys collected under RCW 82.14.460 and "must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services." In 2005, Washington State approved legislation allowing counties to raise local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services (including, but not limited to, treatment services, case management, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service) and for the operation or delivery of therapeutic court programs or services. Programs are required to be new or expanded. In September 2013, the Kitsap County Board of Commissioners (BOCC) passed a resolution authorizing a sales and use tax for Mental Health, Chemical Dependency and Therapeutic Court Programs. This sales and use tax shall be known as "Treatment Sales Tax". The BOCC has the decision-making authority for funding decisions, the KCDHS serves as the fund manager, and the Citizens Advisory Committee (CAC) has the recommending authority.

II. APPLICANT ELIGIBILITY

This RFP is seeking interested providers, both public and private, with applicable licensure, experience and infrastructure to provide Mental Health, Chemical Dependency and Therapeutic Court related services within Kitsap County. If an organization is proposing to offer mental health and/or substance use disorder treatment services, they must be authorized and licensed to provide these services, and or subcontract with organizations or individuals authorized and licensed to provide these services.

1. **Requirements for providing mental health treatment include:**

   An agency must be licensed through the Washington State Division of Behavioral Health and Recovery to provide mental health services. An agency must meet the requirements of chapter 388-877 WAC, applicable local and state rules, and state and federal statutes. In addition, the agency must meet the applicable specific program requirements of chapter 388-877A WAC for mental health.

   Or,

   An individual must be licensed through the Washington State Department of Health as an advanced social worker, a licensed independent clinical social worker, a licensed mental health counselor, or a licensed marriage and family therapist. An individual must meet the requirements of 18.225 RCW and practice within their scope of work. A Certified Counselor is not equivalent to a Licensed Counselor for this RFP.

2. **Requirements for providing substance use disorder treatment include:**

   Licensure through the Washington State Division of Behavioral Health and Recovery to provide substance use disorder treatment. An agency must meet the requirements of chapter 388-877 WAC, applicable local and state rules, and state and federal statutes. In addition, the agency must meet the applicable specific program requirements of chapter 388-877B WAC for substance use disorders and Certified Chemical Dependency Professionals under RCW 18.205.020.

All licensed individuals and/or organizations must maintain their licensure through the duration of the project.

III. AVAILABLE FUNDING

Up to $4,250,000 for a 12-month period between January 1, 2019 through December 31, 2019 to be allocated in the categories indicated below. Funding may be shifted between categories at the discretion of the Kitsap County Board of Commissioners and recommendations from the Citizens Advisory Committee (CAC) based on the project proposals received. There is no minimum or maximum amount of funding per proposal.

1. Behavioral Health Prevention, Early Intervention and Training.
2. Crisis Intervention/Triage Services.
3. Outpatient Care – Psychiatry, Medical and Medication Management, Counseling.
4. Medical and Sub-Acute Detoxification Services.
5. Acute Inpatient Care Services.
6. Recovery Support Services.

IV. PERIOD OF PERFORMANCE

Funding under this grant program is allocated for a 12-month period. The period of performance for services solicited under this RFP begins January 1, 2019 and ends December 31, 2019. Carry over of unspent funds into the next program year is not automatic. Carry over requests will be reviewed by the Citizen Advisory Committee (CAC) and granted based on project performance and outcomes. Initial funding is not an assurance or guarantee of ongoing operational funding. The CAC places a high value on maintaining availability of funding for meritorious proposals without regard to prior funding history. Proposers are cautioned not to assume a commitment to future funding based on the receipt of funds in prior years. The funding process is competitive and funding recommendations are made based on the relative merits of all proposal received in each yearly cycle.

V. DEFINITIONS

Best Practice - Method or technique that has been generally accepted as superior to any alternatives because it produces results that are superior to those achieved by other means or because it has become a standard way of doing things.

Certified Counselor - A person certified who is engaged in private practice counseling to the extent authorized in RCW 18.19.200.

Certified Chemical Dependency Professional - An individual certified in chemical dependency counseling, under RCW 18.205.020.

Collective Impact - Collective impact is a process that occurs when organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success.

Continuum of Care - The continuum of care describes the delivery of health care over a period of time. An integrated system of health care that follows a patient through time or through a range of services.

Cultural Competence - The ability of service providers and organizations to effectively deliver behavioral health care services that meet the social, cultural, and linguistic needs of program participants.

Disproportionality: Overrepresentation or underrepresentation of a group compared to its percentage in the general population.

Evidence-Based Programs - Programs, services, strategies, activities, or approaches which have been shown through scientific research and evaluation to be effective at preventing and/or delaying an untoward outcome.

In-Kind Contributions - In-kind contributions include goods or services, other than cash. Examples of in-kind gifts include:

- Goods, like computers, software, furniture, and office equipment, for use by your organization or for special event auctions
- Services, like meeting space, photocopy and mail services, and administrative/financial support
- Expertise, like legal, tax, or business advice; marketing and website development; and strategic planning
- Cash equivalents, like stocks, bonds, mutual funds

Innovative Programs – Programs that introduce new ideas, methods and concepts that have not yet been researched or have some scientific research or data showing positive outcomes.

Licensed Counselor - A licensed marriage and family therapist, licensed mental health counselor, licensed advanced social worker, or licensed independent clinical social worker regulated under chapter 18.225 RCW.

Matching Funds – Contributions of cash or assets in the form of money.

Measurable Outcomes - Outcomes are benefits or changes for individuals or populations during or after participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitude, values, condition, or other attributes. To measure outcomes, you must be able to provide evidence that the outcome was or was not achieved. Below is an example of an individual measurable outcome objective:

- 90% of participants successfully completing the program will not reoffend during the subsequent 18 months.
- 85% of participants remain drug free (for example, no positive UA results) during the current quarter.

Medicaid – The federally funded social health care program for families and individuals with limited resources. In Washington State, Medicaid is called Apple Health.

Model Fidelity - The strategies that monitor and enhance the accuracy and consistency of an intervention to ensure it is implemented as designed, and that each component is delivered in a comparable manner to all study participants over time.

Promising Programs - Programs, services, strategies, activities, or approaches that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not have enough evidence to support generalizable conclusions.

Return on Investment (ROI) - A performance measure used to evaluate the efficiency of an investment or to compare the efficiency of several different investments. ROI measures the amount of return on an investment relative to the investment's cost. To calculate ROI, the benefit (or return) of an investment is divided by the cost of the investment, and the result is expressed as a percentage or a ratio.

Salish Behavioral Health Organization (SBHO) - The SBHO oversees Medicaid funding, behavioral health services (mental health and substance use disorders) and coordination of care for children, ethnic minorities, persons with disabilities and older adults in Kitsap, Jefferson and Clallam Counties. The coordination of care process shall include identification, assessment, treatment planning and direct access to specialists.

Supplanting - Means to "replace" or "take the place of." Existing funds for a project and its activities may not be displaced by Treatment Sales Tax funds and reallocated for other organizational expenses. Treatment Sales Tax funds must not replace those funds that have been appropriated for the same purpose.

Supportive Housing – A combination of stable housing and behavioral health services intended as a cost-effective way to help people with mental illness or chemical dependency live more stable, productive lives. Services may be delivered by 24-hour staff on premises, staff located on premises during business hours, visiting support staff, or mobile behavioral health teams that visit residents several times per week.

Sustainability - Refers to the continuation of the project or program beyond the grant funding cycle. Sustainability answers the question, "How will you continue your project if you do not receive further funding?" The focus is on developing new and creative funding mechanisms to help organizations become more sustainable in the long term, allowing them to focus more of their resources on the important programs and services they offer.

Sustainability Plan – Developing an action plan to increase the likelihood of program sustainability.

Treatment Sales Tax – A sales and use tax for Mental Health, Chemical Dependency and Therapeutic Court Programs.

VI. PURPOSE AND SCOPE OF PROJECT

Kitsap County seeks to assure that citizens and policy makers spend the funds collected in an accountable and transparent manner, with community input and support, and with measures to determine the effectiveness of these publicly-funded investments. The County will require appropriate oversight, accountability, and status and progress reports for programs supported with the Treatment Sales Tax. Each funded project or program will be evaluated according to performance measures for outcomes and cost effectiveness.

1. Policy Goals

Programs shall achieve the following policy goals:

- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Improve the health status and wellbeing of Kitsap County residents.

2. Program Evaluation

Funded organizations must participate in the Evaluation Plan for Treatment Sales Tax Programs. Programs or services implemented under the Treatment Sales Tax are monitored by the Citizens Advisory Committee. Grantees will have an evaluation plan with performance measures developed for each funded proposal. This plan is developed in partnership with Kitsap Public Health District staff. The emphasis will be on capturing data at regular intervals that can be used to determine whether Treatment Sales Tax funded programs met expectations. Some common measures will be identified that programs will need to be able to report on.

Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs) *required*
- Level of change occurring among participants (outcomes) *required*
- Return-on-investment or cost-benefit (system savings) *strongly encouraged*
- Adherence to the model (fidelity) *required if applicable*
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap Public Health District staff that all programs must report on) *required if applicable*

3. Evidence-Based Programs

The Citizens Advisory Committee (CAC) is committed to supporting programs and organizations who use Evidence-Based Programs (EBP) that have been accepted as a best practice in the field of mental health, chemical dependency and therapeutic courts and demonstrate fidelity to evidence-based standards. Promising Programs and Best Practice Programs include services, strategies, activities, or approaches that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not have enough evidence to support generalizable conclusions. Innovative Programs introduce new ideas, methods and concepts that have not yet been researched. Promising, Best Practice and Innovative Programs will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that maintain fidelity.

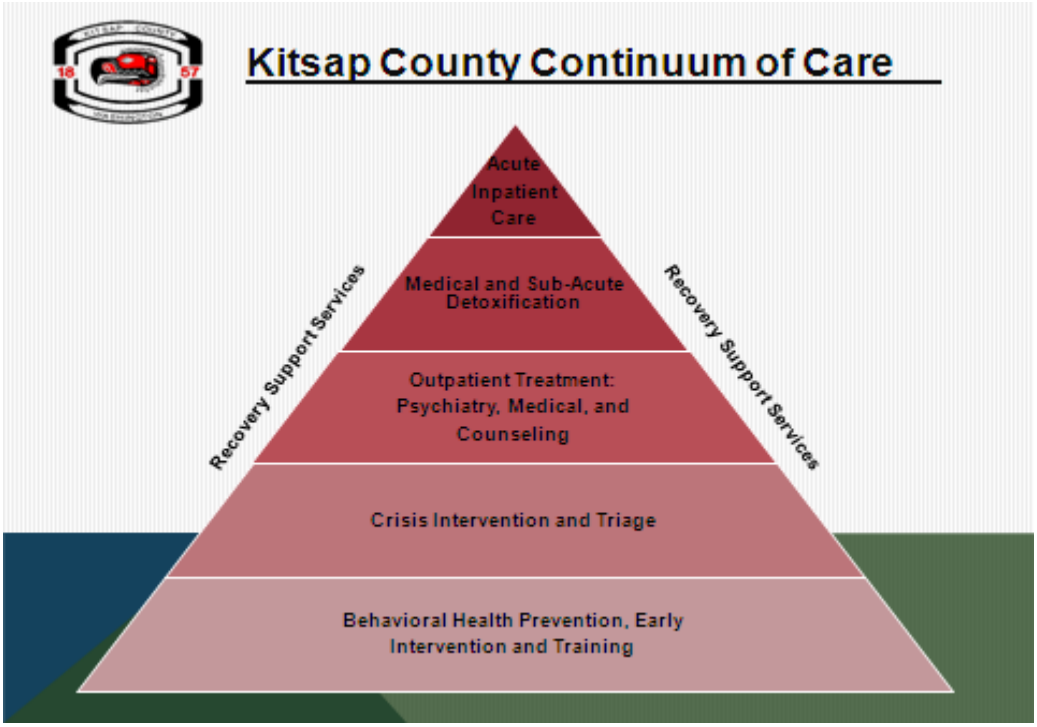
4. Collective Impact

The Kitsap County Board of Commissioners have recognized Collective Impact as a framework for making it possible for local behavioral health service providers to work together to help solve complex social problems, such as mental illness and chemical dependency. By working together with behavioral health partners from different sectors of the community, Kitsap County can transform a fragmented system of behavioral health programs into a coordinated system that is working towards improving the overall health of the community. An example of sectors working together for mutual benefits would include behavioral health treatment providers and housing programs. Housing advocates in Kitsap County have identified the lack of housing for individuals with behavioral health issues as one of their funding priorities. Behavioral health treatment providers have identified the lack of housing for individuals with behavioral health issues as a major gap in services. By working together these partners can develop and fund supportive housing programs that are mutually beneficial to both.

VII. ANTICIPATED SCOPE OF WORK

Kitsap County Human Services Department is requesting proposals for Treatment Sales Tax programs along a continuum of care including prevention, intervention, treatment and recovery support services. For purposes of this Request for Proposal, Kitsap County has established the following continuum of care to address the behavioral health needs of the County. Proposals must identify which gaps and recommendations from

the Kitsap County Continuum of Care identified in the 2014 Kitsap County Behavioral Health Strategic Plan their project or program will address (see pages 10 – 14). In addition, Program Evaluation, Evidence Based programs and Collective Impact have been identified as priorities for improving and increasing the quality of program delivery.



Prevention, Early Intervention and Training - Programs which create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness; substance abuse, including tobacco; and suicide. Includes evidence-based mental health and substance abuse early prevention and intervention parent programs; community and school-based curriculums; and training to identify the effects of behavioral health problems. **The following gaps have been identified:**

- Support a shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
- Train all systems on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
- Educate the community on Healthy Option Services and Medicaid Expansion.
- Educate local behavioral health treatment providers on Veterans' issues and available resources.

- Provide behavioral health education and training to providers working with the aging population.
- Provide consistent behavioral health consultation to providers working with the aging population.
- Embed strategies for working with individuals with behavioral health disorders within the existing local CNA/ LPN/ nursing curriculum.
- Expand mental health and substance abuse prevention coalitions County-wide.
- Expand evidence-based mental health and substance abuse early prevention and intervention parent programs (Example: Nurse-Family Partnership Program and Strengthening Families).
- Provide school-based mental health and substance use prevention education for students to include intervention, assessment, referral and treatment support.
- Conduct professional development for educators, youth development and community agencies on youth mental health and substance abuse issues, concerns and supportive intervention strategies.
- Establish Suicide Prevention, Screening and Referral options in schools and the community.

Crisis Intervention and Triage - Services provided on a very short-term basis to intoxicated or mentally ill individuals on the streets or in other public places and may include general assessment of the patient's condition, an interview for diagnostic or therapeutic purposes, and transportation home or to an approved treatment facility. Includes mobile or other outreach staff at a variety of community sites to identify hard to reach individuals who are abusing alcohol and other drugs. **The following gaps have been identified:**

- Develop County-wide protocols for first responders responding to a call where mental illness or substance use may be a factor.
- Conduct crisis intervention training for all first responders County-wide to respond to calls where mental illness or substance use may be a factor.
- Establish a Mobile Crisis Team and infrastructure to handle attempts by law enforcement or mental health outreach teams to preempt entry into the legal system, jail or the hospital.
- Develop, enhance or expand an adult diversion programs for low level offenders with mental illness or substance abuse disorders.
- Establish specialized homeless outreach services, including specialized outreach to Veterans with mental health or substance abuse issues.
- Establish specialized geriatric outreach team to assist providers working with the aging population.
- Provide behavioral health screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.
- Provide crisis triage/respite and/or drop-off center alternatives for individuals with behavioral health needs not eligible for acute hospital or evaluation and treatment services but are in need of short-term 24 hour services, including assessment and referral.

- Expand capacity for 24-hour crisis response for youth through law enforcement training, mobile crisis team, emergency housing and crisis triage.
- Expand youth Involuntary Treatment Act/Crisis Response services, including crisis residential center.
- Provide advance beds for dementia patients who are not currently accepted by Western State Hospital, Kitsap Mental Health Services or other providers.

Outpatient Treatment – Psychiatry, Medical and Medication Management, Counseling – Group; Individual or family counseling services provided in a non-residential chemical dependency or mental health treatment facility. Includes services associated with case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment. Also includes medication management. **The following gaps have been identified:**

- Increase substance abuse treatment funding for youth and adults who are not eligible for Medicaid, including individuals on Medicare, Veterans and those who do not have private insurance.
- Increase access and options for medication-assisted treatment.
- Increase efforts to attract more providers within Kitsap County to provide pain and addiction consultations.
- Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid.
- Evaluate geriatric population needs.
- Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individual's behavioral health needs.
- Expand the use of evidence and research-based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth.
- Develop shelter-based behavioral health prevention, outreach, assessment, intervention, referral and treatment.
- Provide on-site behavioral health screening and referral to Superior, Municipal and District Courts.
- Expand behavioral health outreach, assessment, intervention, referral and treatment in the jail.
- Expand behavioral health outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts.
- Expand behavioral health prevention, outreach, assessment, intervention, referral and treatment within the juvenile justice system.
- Establish a dedicated behavioral health specialist to serve the juvenile detention facility, Individualized Treatment Court and be available for consultation to Probation Counselors dealing with the general probation population.
- Enhance linkage at discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care,

housing with/without supportive services, and mental health & substance abuse treatment.

Medical and Sub-Acute Detoxification - Treatment of patients either in a medical or social setting while the patient recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. **The following gaps have been identified:**

- Educate first responders, mental health and housing program providers, and criminal justice staff on available Emergency Housing, Detoxification and Crisis Triage beds at Kitsap Recovery Center.
- Dedicate funds for out of County medical detoxification services for youth and adults, including those in the criminal justice system.
- Provide local medical detoxification services.
- Enhance linkages at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

Acute Inpatient Care - A concentrated program of mental health or chemical dependency treatment, individual and group counseling, education, and related activities, including room and board in a twenty-four-hour-a-day supervised facility. **The following gaps have been identified:**

- Educate first responders, mental health and housing program providers, and criminal justice staff on available inpatient substance abuse treatment beds at Kitsap Recovery Center.
- Increase number of local residential substance abuse treatment beds for youth and adults.
- Increase number of local mental health inpatient beds for adults, including gero-psychiatric beds.
- Increase capacity for Program for Assertive Community Treatment (targeting 18-40 years olds with Axis 2 diagnosis).
- Increase number of local co-occurring disorder residential substance abuse/mental health treatment beds.
- Expand family education, involvement and support activities for individuals in residential substance use disorder treatment.
- Enhance linkages at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

Recovery Support Services - Includes a focus on providing for the health, housing, vocational, and social support needs of people with mental health problems. These include peer- and family-operated services. **The following gaps have been identified:**

- Provide funding for recovery supportive services for individuals in treatment including child care, transportation and employment.

- Increase project-based subsidized housing vouchers for individuals in Behavioral Health treatment.
- Provide appropriate, tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness with Behavioral Health issues.
- Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment.
- Establish flexible rental assistance funds for individuals with Behavioral Health needs.
- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, and North and South Kitsap.
- Identify transportation barriers to getting to treatment and increase transportation options.
- Expand parent and family education, involvement and support activities for youth and adults in behavioral health treatment.
- Increase wrap-around services for serious emotionally disturbed youth.
- Increase supportive services, case monitors, UA collection, incentives and pro-social activities in all Juvenile Therapeutic Courts.
- Explore local reimbursement options implemented in Pierce and Clallam Counties.
- Provide local cursory competency evaluation for out of custody, low-risk offenders.
- Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA.
- Assess and identify the mental health service needs of an aging population.

VIII. MINIMUM TECHNICAL REQUIREMENTS

There are two types of grant proposals eligible for funding under this Request for Proposal – New Grant Proposals and Continuation Grant Proposals. New Grant Proposals are proposals from organizations which have not been funded during the previous funding year using the Treatment Sales Tax. Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2018 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire.

All responses to this Request for Proposals (RFP), including New Grant Proposals and Continuation Grant Proposals, must be complete and meet the following minimum technical requirements to be further reviewed for program design elements. All proposals shall be on plain white bond paper (8.5 x 11 inches) using 12 Arial font with 1 inch margins and stapled once in the upper left corner. Pages should be numbered, including all attachments. Pages may be double sided. No binding or folders will be accepted. Binder clips may be used to keep pages together. Also, an electronic PDF version of the proposal will be made available upon request to Gay Neal at gneal@co.kitsap.wa.us. **The original (1) proposal and fifteen (15) additional copies, including all supporting material**, must be sealed in an envelope or box and submitted to:

MAILING ADDRESS:

Kitsap County Purchasing Department
Attn: Colby Wattling
614 Division St., MS-7
Port Orchard, WA 98366

PHYSICAL ADDRESS:

Kitsap County Purchasing Department
Attn: Colby Wattling
619 Division St., 4th Floor
Port Orchard, WA 98366

Please clearly mark the mailing address on the box or envelope. Proposals must be **received BY 3:00 p.m. August 1, 2018.**

Proposals not received by the Proposal deadline will not be considered for review. If a Proposal is mailed to a location or office that is not designated for receipt of the Proposal and, as a result, the designated office does not receive the Proposal by the deadline, the Proposal will be considered late and ineligible for review.

IX. NEW GRANT PROPOSALS

All new grant proposals will be screened and rated based on the following Narrative information.

Instructions for Completing the New Grant Proposal Project Narrative:
Using Attachment B: Narrative Template for New Grant Proposals, please provide the following information. The Narrative is limited up to 15 pages.

Narrative Information

1. **Project Description** **40 Points**

   A. Project Design
   Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

   B. Evidence-Based, Promising, Best, or Innovative Practices
   What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

   - Practice's target population demographics: age, sex, race/ethnicity, and disorder type
   - Practice's demonstrated, measurable outcomes;
   - Research support for the practice;
   - Links to online documents or web pages that provide details.

   Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

   C. Outreach
   Describe your outreach/marketing plan for your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

   D. Evaluation
   Provide a brief summary of the evaluation plan you outlined in Attachment D. What are your primary goals and expected outcomes for those you will serve.

2. Community Needs and Benefit — 25 Points

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan (page 8) does your project address? What service gaps (pages 10 – 14) will it address?

B. Needs Assessment and Target Population

Referring to the Policy Goal(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

C. Community Collaboration, Integration and Collective Impact

Describe any other organizations and sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.?

3. Organizational Capacity — 25 Points

A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

B. Organizational Finances

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

C. Staffing Qualifications

Referring to Attachment G, provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

D. Organization Licenses and Certifications

Is your organization *itself* licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization licensed to provide?

E. History of Project Management
Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

4. <u>Project Financial Feasibility</u> 10 Points

A. Budget Narrative
Provide a brief narrative justification for items included in your proposed budget (Attachment F and G). Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. The standard indirect is between 5% and 10%. Provide justification for indirect above 5%. Indirect can be no more that 10%.

B. Additional Resources and Sustainability
Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

<u>New Grant Proposal Checklist</u>

ONE (1) ORIGINAL PROPOSAL AND FIFTEEN (15) COMPLETE COPIES OF THE PACKET ARE REQUIRED.

New Grant Proposals must include the following required components in the following order:

1. **Attachment A – Grant Summary Page**
   Directions – Complete Attachment A. Limited up to one page.

2. **Attachment B – Narrative Template for New Grant Proposals**
   Directions – Using Attachment B: Narrative Template for New Grant Proposal, provide responses to Narrative questions on pages 16 - 18 including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility. Limited up to 15 pages.

3. **Attachment D – Evaluation Worksheet**
   Directions – Using Attachment D, submit detailed information in response to Narrative sections: Community Needs and Benefit and Project Description.

4. **Attachment E – Total Agency Budget Form**
   Directions – The purpose of the Total Agency Budget Form is to assess the financial capacity of the parent organization. Complete this form for the entire

agency budget. For extremely large or complex organizations, the Proposer may substitute an operational unit or department budget, provided that the organization can demonstrate the financial stability required. Include actual revenue and expenses for year 2017. Use projected budget figures for 2018 - 2019. NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail.

5. **Attachment F – Special Project Budget Form**
   Directions - In Requested Funds column, include all the funds you are requesting in this grant proposal. In Other Funds column, include matching funds invested from your own organization, other grant funds and/or funds which are committed from a partner organization. This should not include in-kind donations. In-kind is defined as goods, commodities or services instead of money. The two columns will be added together for the total project budget. Indirect will be limited to 10%. Complete separate Special Project Budget Forms for each organization you are planning to subcontract services.

6. **Attachment G – Project Salary Summary**
   Directions - This is for the proposed project only, not the entire agency. Complete separate Special Salary Summary Forms for each organization you are planning to subcontract services.

7. **Attachment H – Letter of Commitment**
   Directions – Include Letters of Commitment to document contributions. Commitment letters from organizations participating in your project must state what resources are being committed to the project and a statement of how Collective Impact will be achieved. Resources include cash donation or ongoing financial contribution; donation of supplies, equipment, or other goods; use of facilities or services; staff time devoted to the project. **Please only include letters that specifically describe the provision of resources.**

8. **Attachment I– Organizational Chart**
   Directions - Provide an Organizational Chart and explain the relationship of your agency to any parent or sponsoring agency.

No other attachments are to be submitted and will not be reviewed.

X. CONTINUATION GRANT PROPOSALS

Current grantees selected for funding during the 2018 Grant Cycle will not be required to submit a full grant proposal to request one additional budget year of funding within their approved project area. Instead, current grantees will need only to submit the streamlined Continuation Grant Proposal. These proposals will compete for support in the same manner as new proposals. Such competing continuation proposals must be submitted in accordance with established deadline dates and will be subject to objective review requirements and any external review requirements applicable to all competitive proposals. If approved and funded, the extended period of support is treated as an extension of the original Statement of Work.

Instructions for Completing the Continuation Grant Proposal Project Narrative:
A complete resubmission of the material contained in the initially approved proposal is not necessary. The Project Narrative portion of the Continuation Grant Proposal is limited up to ten (10) pages. Using Attachment C: Narrative Template for Continuation Grant Proposals and Attachment D: Evaluation Worksheet, please provide the following information:

1. <u>Project Description</u> 30 points

A. Project Design
Provide a summary of your current grant project. Describe how this proposal adds to or subtracts from the original proposal.

B. Staffing Qualifications
Referring to Attachment G, provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

C. Organizational Licenses and Certifications
Is your organization *itself* licensed to provide behavioral health services through the Department of Social and Health Services and/or the Department of Health? If so, what services is the organization licensed to provide?

D. Outreach
Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

E. Evaluation

Provide a brief summary of the evaluation plan you outlined in Attachment D. What are your primary goals and expected outcomes for those you will serve.

2. Accomplishments to Date — 30 points

A. Progress to Date

What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years using Attachment D from your prior proposal.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties. Refer to evaluation results when possible.

C. Integration and Collective Impact

Describe how this project has been integrated with other programs in the community with the same goals and objectives and established mutually beneficial programming. What Collective Impact has been achieved?

D. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

3. Budget Narrative — 20 points

A. Past Expenditures

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period.

B. Funding Request

Briefly summarize the funding need for one additional budget year as shown in Attachments F and G. The standard indirect is between 5% and 10%. Provide justification for indirect above 5%. Indirect can be no more that 10%.

C. Funding Modifications

Describe any significant changes to the proposed budget (Attachment F and G) for the next budget year resulting from modification of project activities.

D. Subcontractors

List all organizations you plan to subcontract with. What services will they provide, what is the budget for their services and what skills and resources do they bring to the project?

4. **Sustainability** **20 points**

   A. Leveraged Funds
   Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Confirm that other funding sources were exhausted prior to the utilization of these funds.

   B. Sustainability Plan
   Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability). Please describe any new funding sources identified to support the operations of the program in the future.

Continuation Grant Proposal Checklist

ONE (1) ORIGINAL PROPOSAL AND FIFTEEN (15) COMPLETE COPIES OF THE PACKET ARE REQUIRED.

Continuation Grant Proposals must include the following required components in the following order:

1. **Attachment A – Grant Summary Page**
   Directions – Complete Attachment A. Limited up to one page.

2. **Attachment C –Narrative Template for Continuation Grant Proposals**
   Directions - Using Attachment C: Narrative Template for Continuation Grants Proposals, provide responses to Narrative questions on pages 20 – 22 including Project Design, Accomplishments to Date, Budget Narrative, and Sustainability. Limited up to 10 Pages.

3. **Attachment D – Evaluation Worksheet**
   Directions – Using Attachment D, submit detailed information in response to Narrative Section: Progress to Date.

4. **Attachment E – Total Agency Budget Form**
   Directions – The purpose of the Total Agency Budget Form is to assess the financial capacity of the parent organization. Complete this form for the entire agency budget. For extremely large or complex organizations, the Proposer may substitute an operational unit or department budget, provided that the organization can demonstrate the financial stability required. Include actual revenue and expenses for year 2017. Use projected budget figures for 2018 - 2019. NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail.

5. **Attachment F – Special Project Budget Form**
   Directions - In Requested Funds column, include all the funds you are requesting in this grant proposal. In Other Funds column, include matching funds invested from your own organization, other grant funds and/or funds which are committed from a partner organization. This should not include in-kind donations. In-kind is defined as goods, commodities or services instead of money. The two columns will be added together for the total project budget. Indirect will be limited to 10%. Complete separate Special Project Budget Forms for each organization you are planning to subcontract services.

6. **Attachment G – Project Salary Summary**
   Directions - This is for the proposed project only, not the entire agency. Complete separate Special Salary Summary Forms for each organization you are planning to subcontract services.

7. **Attachment H – Letter of Commitment**
   Directions – Include Letters of Commitment to document contributions. Commitment letters from organizations participating in your project must state what resources are being committed to the project and a statement of how Collective Impact will be achieved. Resources include cash donation or ongoing financial contribution; donation of supplies, equipment, or other goods; use of facilities or services; staff time devoted to the project. **Please only include letters that specifically describe the provision of resources.**

   No other attachments are to be submitted and will not be reviewed.

XI. REVIEW AND SELECTION CRITERIA

The Kitsap County Citizens Advisory Committee (CAC) will be convened to review and evaluate eligible proposals and make recommendations to the Kitsap County Board of Commissioners. The CAC consists of persons who do not have a conflict of interest and are in alignment with the Bylaws and Mission Statement of the CAC. New Grant Proposals will be evaluated using Attachment H: New Proposal Evaluation and Scoring Form. Continuation Grant Proposals will be evaluated using Attachment I: Continuation Proposal Evaluation and Scoring Form. In addition, proposals will be evaluated for cost/price reasonableness. The CAC will convene to develop written questions they have regarding each proposal the week of August 31, 2018. Proposers will be notified of their questions in writing and will be scheduled for question and answer sessions the week of September 10 – 14, 2018. Proposers will have 15 minutes to address the questions from the CAC. The sessions are used to further the evaluation process and clarify questions raised by the written proposals. Be prepared to respond to questions about the proposal related to project design, community collaboration and the budget. Please bring the persons within the organization that can provide a response to these questions.

All applicants will be notified in writing of the acceptance or rejection of their proposals. If a proposal is not selected for funding, the organization may resubmit an updated proposal at the next grant cycle. Organizations that have been selected for funding during a grant cycle may reapply for funding during the next cycle.

1. **Request for Proposal Evaluation Process**
   The CAC members will individually evaluate and rate each proposal after which they will then convene as a group and develop a list of questions for each proposal. Proposers will address these questions during the question and answer session. The CAC may request that applicants provide clarification or additional information. Following applicant question and answer sessions, the CAC will discuss the proposals and perform any necessary review or verification of their content. Based on the content of the proposals and the proposal question and answer sessions, the CAC will give final rankings to the proposals and present recommendations to the Kitsap County Board of Commissioners. County staff will provide support for the committee work, but will not participate in the selection of proposals.

2. **Unacceptable Proposals**
   The Citizens Advisory Committee will also determine which proposals are not responsive to the RFP and therefore will be deemed unacceptable. Some examples of what would constitute an unacceptable proposal are those which meet at least one of the following criteria:

   A. Is not in compliance with RCW 82.14.460.
   B. Does not address the essential requirements as part of the *Project Narrative Questions* in the RFP.
   C. Does not address the essential requirements of the particular project.
   D. Demonstrates that the applicant does not understand the requirements of the RFP or the project.
   E. Contains inappropriate or unreasonable costs.
   F. Does not meet the deadline for submittal.
   G. Does not meet the prescribed number of copies for submittal.

XII. PROPOSAL GENERAL TERMS AND CONDITIONS

A. Authorship

Proposals developed with the assistance of organizations or individuals outside the bidders own organization should be identified. No contingent fees for such assistance will be allowed to be paid under any contract or grant resulting from this RFP. All proposals submitted become the property of Kitsap County, and it is understood and agreed that the bidder claims no proprietary rights to the ideas contained therein.

B. Independent Price Determination

The proposer guarantees that in connection with this proposal the prices and/or cost data have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.

C. Subcontracting

Proposers must include any plans for subcontracting of services or activities of the programs. It is understood that the contractor(s) is held responsible for the satisfactory accomplishment of the service or activities included in such subcontract. Kitsap County reserves the right to approve all subcontractors.

D. Rejection of Proposal

No applications (Proposals) submitted under this Request for Proposals (RFP) will be returned for correction or clarification. If the application is incomplete, it will be rejected. Verbal, alternative, and late proposals will not be considered for selection. Kitsap County reserves the right to accept or reject any or all proposals received as a result of this RFP, to negotiate with all qualified sources, or to cancel in part, or in its entirety, this RFP if it is in the best interest of Kitsap County to do so.

E. Appeal Process

Non-selected applicants have the right to appeal the decision of the County, limited to a procedural or legal violation in the selection process.

1. The applicant has the burden of proof and must specifically identify what statute, regulation or procedure has been violated.
2. An aggrieved applicant may, within five (5) working days after notification of a non-selected RFP application, appeal in writing to the Kitsap County Human Services Contract Administrator.
3. The appeal must state all facts and arguments upon which the aggrieved party believes a procedural or legal error occurred.
4. The Director of Human Services will render a written decision within thirty (30) working days of the receipt of the appeal.
5. In the event that no such procedural or legal errors are found to have occurred, the decision of the County shall be final.

F. Cancellation of Award

Kitsap County reserves the right to cancel an award immediately if new State Laws or policy determinations make it necessary to substantially change the project purpose or content, or prohibit such a project, or if the funds became unavailable.

G. Price Warranty

The proposer warrants that the rates quoted for services in response to this RFP are not unreasonably greater than the rates for the same services performed by the same individuals under any other existing contracts or grants.

H. Waivers

The right is reserved by Kitsap County to waive specific terms and conditions contained in this Request for Proposals (RFP). It shall be understood that any proposal is predicated upon the acceptance of all terms and conditions in the RFP unless the proposer has obtained such a waiver.

I. Nondiscrimination in Programs and Employment

It is the policy of Kitsap County to encourage and support equal opportunity in employment.

No person shall, on the grounds of race, color, religion, sex, handicap, sexual orientation, national origin, age, citizenship, political affiliation or belief, be denied employment or benefits, or be discriminated against as a participant, administrator, or staff person under any program or activity receiving funds under Kitsap County.

In compliance with Department of Labor Regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended, no qualified handicapped individual shall be discriminated against in the admission, access, treatment, or employment in any program or activity.

The proposer agrees to comply with all provisions of the Americans with Disabilities Act and regulations interpreting or enforcing such Act.

The proposer agrees to provide equal opportunity in the administration of the contract, and its subcontracts, purchase orders or other agreements, and in the delivery of services to applicants/participants.

The proposer agrees to make every feasible effort to remove artificial barriers to employment, including, but not limited to, the elimination of sex stereotyping in employment and architectural barriers for the handicapped. Every effort shall be made to employ members of the eligible population in the staffing and administration of the project.

J. Addenda to the Request for Proposals

In the event it becomes necessary to revise any part of this RFP, addenda will be provided to all proposers who received the RFP.

K. Publicity

No informational pamphlets, notices, press releases, research reports, or similar public notices concerning this proposal will be released by the proposer without obtaining prior written approval of the Kitsap County Human Services Department.

L. Limitation

This Request for Proposals does not commit the Kitsap County to award a contract, to pay any costs incurred in the preparation of a proposal to this request, or to procure or contract for services or supplies.

M. Signature

The proposal shall be signed by an official authorized to bind the bidder and shall provide the following information: name, title, address, and telephone number of individual(s) with authority to negotiate and contractually bind the bidder, and who may be contacted during the period of proposal evaluation.

N. Contract Award

Kitsap County may award a contract based on proposals received; therefore, each proposal should be submitted in the most favorable terms from a budgetary, technical, and programmatic standpoint. Kitsap County reserves the right to request additional data, discussion or presentation in support of written proposals.

XIII. ATTACHMENTS

ATTACHMENT A – Grant Summary Page

ATTACHMENT B – Narrative Template for New Grant Proposals

ATTACHMENT C – Narrative Template for Continuation Grant Proposals

ATTACHMENT D – Evaluation Worksheet

ATTACHMENT E - Total Agency Budget Form

ATTACHMENT F – Special Project Budget Form

ATTACHMENT G – Project Salary Summary

ATTACHMENT H - New Proposal Evaluation and Scoring Form

ATTACHMENT I – Continuation Proposal Evaluation and Scoring Form

ATTACHMENT J – Contract General Terms and Conditions

ATTACHMENT A

2019 GRANT SUMMARY PAGE

MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP
KITSAP COUNTY HUMAN SERVICES DEPARTMENT

Organization Name:_____

Proposal Title: _____

Please Check One ☐ **New Grant Proposal** ☐ **Continuation Grant Proposal**

Please check which area of the Continuum this project addresses:

☐ **Prevention, Early Intervention and Training** ☐ **Crisis Intervention** ☐ **Outpatient treatment**	☐ **Medical and Sub-Acute Detoxification** ☐ **Acute Inpatient Care** ☐ **Recovery Support Services**

Number of Individuals Screened: _____ **Number of Individuals Served:** _____

Proposal Summary:

Requested Funds Amount: $_____

Matching/In-kind Funds Amount: $_____

Street Address:

City: State: Zip:

Primary Contact: Phone: E-Mail:

Non-Profit Status: 501C3 of the Internal Revenue Code? ☐ Yes ☐ No

Federal Tax ID Number: _____

- If incorporated, attach a list of the members of the Board of Directors, including names and addresses.
- If not incorporated (sole proprietor or partnership), attach a list of the names and addresses of the principals.

_____

Signature Title Date

ATTACHMENT B

2019 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS

MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP
KITSAP COUNTY HUMAN SERVICES DEPARTMENT

All New Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 15 pages.

1. **Project Description (40 Points)**

   A. Project Design

   B. Evidence-based, Promising, Best or Innovative Practices

   C. Outreach

   D. Evaluation

2. **Community Needs and Benefit (25 Points)**

   A. Policy Goal

   B. Needs Assessment and Target Population

   C. Community Collaboration, Integration and Collective Impact

3. **Organizational Capacity (25 Points)**

   A. Organizational Governance

   B. Organizational Finances

   C. Staffing Qualifications

   D. Organizational Licenses and Certifications

   E. History of Project Management

4. **Project Financial Feasibility (10 Points)**

   A. Budget Narrative

   B. Additional Resources and Sustainability

ATTACHMENT C

2019 NARRATIVE TEMPLATE FOR CONTINUATION GRANT PROPOSALS

MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP
KITSAP COUNTY HUMAN SERVICES DEPARTMENT

All Continuation Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 10 pages.

1. **Project Design (30 points)**
   - A. Project Design
   - B. Staffing Qualifications
   - C. Organizational Licenses and Certifications
   - D. Outreach
   - E. Evaluation
2. **Accomplishments to Date (30 Points)**
   - A. Progress to Date
   - B. Barriers to Implementation
   - C. Integration & Collective Impact
   - D. Key Accomplishments
3. **Budget Narrative (20 Points)**
   - A. Past Expenditures
   - B. Funding Request
   - C. Funding Modifications
   - D. Subcontractors
4. **Sustainability (20 Points)**
   - A. Leveraged Funds
   - B. Sustainability Plan

EVALUATION WORKSHEET

INSTRUCTIONS:

Evaluation is the collection of information about a program in a systematic and defined manner to demonstrate success, identify areas for improvement and lessons learned. Every program has at least one end goal and might have several – one or more activities are required to make progress toward meeting the goal. Progress is measured with one or more objectives that might cover an output (number of something) or outcome (change over time) due to the program. The type of outcome (column D) and expected timeframe for change (column E) should be defined. Objectives must follow the "SMART" guideline: specific, measurable, attainable, realistic, and time-bound (column C). Each objective should include an expected target result and completion date ("time-bound" part of column C).

New and continuing grant proposals must fill out the Evaluation Worksheet.

DEFINITIONS:

Goal:	A broad statement or a desired, longer-term, outcome of a program. A program can have one or multiple goals. Each goal has a one or more related specific objectives that, if met, will collectively achieve the stated goal.
Activity:	Actions taken or work performed to produce specific outputs and outcomes.
Objective:	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
Output:	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
Outcome:	Effect of a program (change) - can be in: participant satisfaction; knowledge, attitude, skill; practice or behavior; overall problem; or a measure of return-on-investment or cost-benefit. Identify any measures that are "fidelity" measures for an evidence based practice.
Timeline:	Is the outcome expected to measure short-term, medium-term or a longer-term change? When will measurement begin? How often will measurement be done (frequency: quarterly, semi-annual, annual, other)?
Baseline:	The status of services or outcome-related measures before an intervention against which progress can be assessed or comparisons made. Should include data and time frame.
Source:	How and from where will data be collected?

EVALUATION WORKSHEET

PROJECT NAME: Click here to enter text.

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G. SOURCE
Click here to enter text.	Click here to enter text.	Click here to enter text.	☐Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☐Medium ☐Long Start date: Click here to enter text. Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☐Other:_____	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	☐Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☐Medium ☐Long Start date: Click here to enter text. Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☐Other:_____	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	☐Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☐Medium ☐Long Start date: Click here to enter text. Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☐Other:_____	Click here to enter text.	Click here to enter text.

EXAMPLE EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Improving the Health and Resiliency of High-Risk Mothers and Their Children

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G. SOURE
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who either have, or are at risk for substance abuse and/or mental health problems.	Provide Nurse Family Partnership (NFP) Evidence Based model home visits to 12 low-income, first-time mothers and infants.	Maintain a full 0.5FTE case load of 12 mothers and infants continuously through December 31, 2019.	☒Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit If applicable: ☒Fidelity measure	☒Short ☐Medium ☐Long Start date: 1/1/19 Frequency: ☒Quarterly ☐Semi-annual ☐Annual ☐Other:_____	0, as of 6/30/14; 12, as of 6/30/16	Nightingale Notes Electronic Health Record (NN) and NFP Efforts to Outcomes (ETO) database
	Provide bilingual Community Health Worker (CHW) targeted outreach and case management to increase enrollment of high risk low-income pregnant women into Maternity Support Services (MSS) and NFP and increase the number of nursing and behavioral health specialist (BHS) visits.	Enrollment of clients referred to MSS will increase from 22% to 30% by December 31, 2019.	☐Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☐Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☒Medium ☐Long Start date: 1/1/2019 Frequency: ☒Quarterly ☐Semi-annual ☐Annual ☐Other:_____	22% per year between 2011 - 2015	NN Electronic Health Record
		The number of nursing and BHS visits will increase by 10% by December 31, 2019.	☐Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☐Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☒Medium ☐Long Start date: 1/1/ 2019 Frequency: ☒Quarterly (# visits) ☐Semi-annual ☐Annual ☒Other: percent increase reported at the end of grant period	Number of nursing and BHS visits completed first quarter 2016	NN Electronic Health Record
		By December 31, 2019 CHW conducts outreach and case management to at least 400	☒Output ☐Outcome: Participant satisfaction	☐Short ☒Medium ☐Long	0	NN Electronic Health Record

EXAMPLE EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Improving the Health and Resiliency of High-Risk Mothers and Their Children

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G. SOURE
		pregnant or post-partum eligible women.	☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	Start date: 1/1/19 Frequency: ☒Quarterly ☐Semi-annual ☐Annual ☐Other:_____		
	Provide ACEs screening and education to NFP clients. who voluntarily accept screening. Offer referral to MSS Behavioral Health Specialist to all NFP clients with ACE score of ≥ 3. Screen all NFP clients for anxiety and depression and refer those showing risk factors. Provide all NFP clients education on perinatal mood disorders and when to seek help.	95% of NFP clients with an identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services.	☐Output ☐Outcome: Participant satisfaction ☒Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☒Outcome: Impact on overall problem (status) ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☐Medium ☒Long Start date: 1/1/19 Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☒Other: end of grant period	2013-2014 93%	NN Electronic Health Record
	Screen all NFP clients for substance use and refer those screening positive for appropriate diagnostic and treatment services. Provide all NFP clients education on the harmful effects of substance use during pregnancy.	95-100% of NFP clients with an identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services.	☐Output ☐Outcome: Participant satisfaction ☒Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☒Outcome: Impact on overall problem (status) ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☐Medium ☒Long Start date: 1/1/19 Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☒Other: end of grant period	2013-2014 100%	NN Electronic Health Record
	Provide all NFP clients with education on parenting, child growth and development, and parental emotional well-being and stress management.	At least 80% of NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior, or status as measured by the Omaha System	☐Output ☐Outcome: Participant satisfaction ☒Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior	☐Short ☐Medium ☒Long Start date: 1/1/19	2013-2014 67%	NN Electronic Health Record

EXAMPLE EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Improving the Health and Resiliency of High-Risk Mothers and Their Children

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G. SOURE
	Link NFP clients to community resources.	Problem Rating Scale at discharge from services.	☒Outcome: Impact on overall problem (status) ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☒Other: end of grant period		
Clients are satisfied with the services received.	Annually, a random sample of 30 clients are surveyed by phone for satisfaction with program services after discharge.	By December 31, 2019, 80% of clients report a moderate to high satisfaction with services as measured by the client satisfaction survey.	☐Output ☒Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☒Medium ☐Long Start date: 1/1/19 Frequency: ☐Quarterly ☐Semi-annual ☒Annual ☒Other: end of grant period	n/a, new survey	Client satisfaction survey

ATTACHMENT E

Total Agency or Departmental Budget Form

Agency Name: Project:

☐ Accrual ☐ Cash

AGENCY REVENUE AND EXPENSES	2017 Actual	2017 Percent	2018 Budget	2018 Percent	2019 Budget	2019 Percent
AGENCY REVENUE						
Federal Revenue	$ 1.00	100%	$ 1.00	100%	$ 1.00	100%
WA State Revenue	$ -	0%	$ -	0%	$ -	0%
Local Revenue	$ -	0%	$ -	0%	$ -	0%
Private Funding Revenue	$ -	0%	$ -	0%	$ -	0%
Agency Revenue	$ -	0%	$ -	0%	$ -	0%
Miscellaneous Revenue	$ -	0%	$ -	0%	$ -	0%
Total Agency Revenue (A)	**$ 1.00**		**$ 1.00**		**$ 1.00**	
AGENCY EXPENSES						
Personnel						
Managers	$ 1.00	100%	$ 1.00	100%	$ 1.00	100%
Staff	$ -	0%	$ -	0%	$ -	0%
Total Benefits	$ -	0%	$ -	0%	$ -	0%
Subtotal	**$ 1.00**	**100%**	**$ 1.00**	**100%**	**$ 1.00**	**100%**
Supplies/Equipment						
Equipment	$ -	0%	$ -	0%	$ -	0%
Office Supplies	$ -	0%	$ -	0%	$ -	0%
Other (Describe) _____	$ -	0%	$ -	0%	$ -	0%
Subtotal	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Administration						
Advertising/Marketing	$ -	0%	$ -	0%	$ -	0%
Audit/Accounting	$ -	0%	$ -	0%	$ -	0%
Communication	$ -	0%	$ -	0%	$ -	0%
Insurance/Bonds	$ -	0%	$ -	0%	$ -	0%
Postage/Printing	$ -	0%	$ -	0%	$ -	0%
Training/Travel/Transportation	$ -	0%	$ -	0%	$ -	0%
% Indirect	$ -	0%	$ -	0%	$ -	0%
Other (Describe) _____	$ -	0%	$ -	0%	$ -	0%
Subtotal	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Ongoing Operations and Maintenance						
Janitorial Service	$ -	0%	$ -	0%	$ -	0%
Maintenance Contracts	$ -	0%	$ -	0%	$ -	0%
Maintenance of Existing Landscaping	$ -	0%	$ -	0%	$ -	0%
Repair of Equipment and Property	$ -	0%	$ -	0%	$ -	0%
Utilities	$ -	0%	$ -	0%	$ -	0%
Other (Describe) _____	$ -	0%	$ -	0%	$ -	0%
Other (Describe) _____	$ -	0%	$ -	0%	$ -	0%
Other (Describe) _____	$ -	0%	$ -	0%	$ -	0%
Subtotal	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Other Costs						
Debt Service	$ -	0%	$ -	0%	$ -	0%
Other (Describe) _____	$ -	0%	$ -	0%	$ -	0%
Subtotal	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Total Direct Expenses	**$ 1.00**		**$ 1.00**		**$ 1.00**	

NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail.

Special Project Budget Form

Agency Name: **Subcontractor: ____ Yes ____ No** **Project:**

Enter the estimated costs assoicated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	$ -	0%	$ -	0%	$ -	0%
Staff	$ -	0%	$ -	0%	$ -	0%
Total Benefits	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Supplies & Equipment						
Equipment	$ -	0%	$ -	0%	$ -	0%
Office Supplies	$ -	0%	$ -	0%	$ -	0%
Other (Describe):	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Administration						
Advertising/Marketing	$ -	0%	$ -	0%	$ -	0%
Audit/Accounting	$ -	0%	$ -	0%	$ -	0%
Communication	$ -	0%	$ -	0%	$ -	0%
Insurance/Bonds	$ -	0%	$ -	0%	$ -	0%
Postage/Printing	$ -	0%	$ -	0%	$ -	0%
Training/Travel/Transportation	$ -	0%	$ -	0%	$ -	0%
% Indirect (Limited to 10%)	$ -	0%	$ -	0%	$ -	0%
Other (Describe):	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Ongoing Operations & Maintenance						
Janitorial Service	$ -	0%	$ -	0%	$ -	0%
Maintenance Contracts	$ -	0%	$ -	0%	$ -	0%
Maintenance of Existing Landscaping	$ -	0%	$ -	0%	$ -	0%
Repair of Equipment and Property	$ -	0%	$ -	0%	$ -	0%
Utilites	$ -	0%	$ -	0%	$ -	0%
Other (Describe):	$ -	0%	$ -	0%	$ -	0%
Other (Describe):	$ -	0%	$ -	0%	$ -	0%
Other (Describe):	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Other						
Debt Service	$ 2.00	100%	$ 1.00	100%	$ 1.00	100%
Other (Describe):	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ 2.00**	**100%**	**$ 1.00**	**100%**	**$ 1.00**	**100%**
Total Project Budget	**$ 2.00**		**$ 1.00**		**$ 1.00**	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: **Subcontractor: _____ Yes _____ No**

Project:

Description	
Number of Professional FTEs	0.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	**0.00**

Salary Information		
Salary of Executive Director or CEO	$	-
Salaries of Professional Staff	$	-
Salaries of Clerical Staff	$	-
Other Salaries (Describe Below)	$	-
Description:	$	-
Description:	$	-
Description:	$	-
Total Salaries	**$**	**-**
Total Payroll Taxes	$	-
Total Cost of Benefits	$	-
Total Cost of Retirement	$	-
Total Payroll Costs	**$**	**-**

KITSAP COUNTY HUMAN SERVICES 2019 Services Funding Request
Mental Health, Chemical Dependency and Therapeutic Court Programs

New Proposal Evaluation and Scoring From

PROJECT: _____

PROJECT SPONSOR: _____

REVIEWER: _____

DATE: _____

Please Check One: ☐ Government ☐ Non-Profit ☐ Profit

An eligibility review will be completed by Kitsap County Department of Human Services Staff. All projects meeting eligibility thresholds will be subject to this New Proposal Evaluation and Scoring Form, which is completed separately by the Citizens Advisory Committee (CAC).

Proposals are reviewed and evaluated based on written information and attachments provided by the applicant.

Applications for the Mental Health, Chemical Dependency and Therapeutic Courts services' funding can receive a maximum of 100 points. There are four criteria sections which are rated on a scale of 0 – 1 – 5 - 10 (10 meeting all of the criteria; 5 partially meeting the criteria; 1 meeting very little of the criteria; 0 meeting none of the criteria). Details of the criteria expectations can be found in the Request for Proposal, 2019 Mental Health, Chemical Dependency and Therapeutic Courts Notice of Funding Availability document.

PROJECT DESCRIPTION – ***Apply 0 to 10 points for each of the following areas listed below.***

Project Design:

Describes the design, target population, and services to be delivered.

0 = Did not clearly describe the proposed project.
1 = Described the target population, but did not describe services to be delivered.
5 = Described target population, services to be provided, but did not describe when and where they will be delivered.
10 = Detailed description of target population, services to be provided, when and where they will be delivered.

Points Awarded: **Reviewer Comments:**

Evidence-Based, Promising, Best or Innovative Practices:

Identifies the Evidence-Based, Promising, Best or Innovative Practices, demonstrates the relationship between the practice and the target population, and includes a robust evaluation process.

0 = No mention of a selected practice.
1 = Listed selected practice but did not provide evidence for outcomes.
5 = Listed the practice, provided evidence of outcomes, but did not include a robust evaluation process.
10 = Detailed description of Evidence-Based or Promising Practice, demonstrates the relationship between the practice and the target population, and includes a robust evaluation process that includes fidelity measures.

Points Awarded: **Reviewer Comments:**

Outreach:

Provided a detailed description of how to outreach to their target population and hard to reach individuals.

0 = No mention of an outreach plan.
1 = Described an outreach plan, but not specific about reaching the target population or hard to reach individuals.
5 = Described the outreach plan and the target population, but did not provide a clear plan to ensure hard to reach persons have access to the program.
10 = Described the outreach plan and the target population, and provided a clear plan to ensure all eligible persons have access to the program.

Evaluation:

Developed a realistic plan for data collection, management and analysis is clear. Project goals, activities and objectives are clearly defined.

0 = Did not describe a plan for data collection, management and analysis.
1 = Described a plan for data collection, management and analysis but no listing of goals, activities and objectives.
5 = Minimal description of data collection, management and analysis, goals, activities and objectives.
10 = Detailed description of a plan for data collection, management and analysis, goals, activities and objectives.

Points Awarded: **Reviewer Comments:**

Project Description Points (Max = 40) _____

COMMUNITY NEED AND BENEFIT - ***Apply 0 to 5 or 0 - 10 points for each of the following areas listed***

Policy Goal:

Provided a clear link between their identified community needs and gaps in service and the recommendations established within the 2014 Kitsap County Behavioral Health Strategic Plan.

0 = No link between identified proposal needs and the Behavioral Health Strategic Plan and service gaps.
1 = Mentioned the Behavioral Health Strategic Plan and gaps, but the linkage was unclear or weak.
5 = Demonstrated a general relationship between the identified community needs and gaps in service and the recommendations established within the Behavioral Health Strategic Plan.
10 = Provided a clear and detailed description of their identified community needs and gaps in service and the recommendations established within the Behavioral Health Strategic Plan.

Points Awarded: **Reviewer Comments:**

Needs Assessment and Target Population:

Project sponsor objectively establishes the acuteness and quantifies the community need and identifies the specific target population to be served by the project.

0 = Did not give statistics on the target population, nor how many people they will screen or serve.
1 = Described only population statistics**, or** number to be screened **or** number to be served, but only 1 of these categories was discussed.
5 = Described 2 of the 3 categories.
10 = Detailed description of target population statistics, how many people they will screen and serve.

Points Awarded: **Reviewer Comments:**

Community Collaboration, Integration and Collective Impact:
Project sponsor provides detailed information on community collaboration, including subcontractors.

0 = No mention of other agencies or subcontractors participating in the project.
1 = Mentioned that there were "other agencies" and subcontractors, but did not specify who these agencies were.
3 = Listed specific agencies and subcontractors who are participating in the project, but did not specify how the applicant would work with them.
5 = Listed other agencies and subcontractors in the community and describes how the proposed project will provide a collective impact in the community.

Points Awarded: **Reviewer Comments:**

Community Need and Benefit Points (Max = 25) _____

ORGANIZATIONAL CAPACITY – ***Apply 0 to 5 points for each of the following areas listed below.***

Organizational Governance:
Organization chart, leadership and governance.

0 = No mention of internal governance or organizational chart.
1 = Organizational Chart, but vague mention of their organizational structure.
3 = Partially demonstrated evidence that the agency has adequate leadership experience, but evidence was not complete.
5 = Clear detailed description of adequate level of governance and leadership experience.

Points Awarded: **Reviewer Comments:**

Organizational Finances:
Description of basic fiscal management structure including accounting and auditing controls. Summary of last audit.

0 = No mention of fiscal management/auditing structure.
1 = Vague mention that they have adequate fiscal management/auditing structure and controls.
3 = Partially demonstrated that the agency has adequate fiscal management/auditing structure and controls.
5 = Clear detailed description of adequate fiscal management/auditing structure and controls.

Points Awarded: **Reviewer Comments:**

Staffing Qualifications:

Project sponsor demonstrates that they have proper level, qualifications and licensed staff for the project.

0 = No mention of staff qualifications or experience or of current level of staffing.
1 = Vague mention that they have adequate staffing but no evidence of such.
3 = Partially demonstrated that the staff has adequate experience and qualifications and that the proper level of staffing is available; provided some evidence but evidence was not complete.
5 = Clear detailed description of staffing level and organizational structure was provided; qualifications, experience and licensure of staff for the project were clearly presented.

Points Awarded: **Reviewer Comments:**

Organizational Licenses and Certificates:

Organization demonstrates that it has adequate licensing for the agency and to carry out the project.

0 = No mention of agency licensing.
1 = Vague mention that they have an adequate licensure, but no evidence of such.
3 = Partially demonstrated that the agency has adequate licensure, but evidence was not complete.
5 = Clear detailed description of adequate level of licensure.

Points Awarded: **Reviewer Comments:**

History of Project Management:

Project sponsor demonstrates the ability to successfully implement and manage federally and locally funded projects in a timely manner, within budget, and consistent with funding requirements.

0 = No mention of previous project management experience.
1 = Mentioned that agency has managed projects in the past but no evidence or further details were provided.
3 = Partially demonstrated that implementation and management of projects had occurred; provided some evidence but evidence was not complete.
5 = Provided clear and complete evidence of similar projects implemented and managed with all relevant details included (e.g., timelines, budget adherence, funding requirements, deliverables.).

Points Awarded: **Reviewer Comments:**

Organizational Capacity Points (Max = 25) _____

PROJECT FINANCIAL FEASIBILITY – ***Apply 0 to 5 points for each of the following areas listed below.***

Budget Narrative:

Project budget estimates and costs are reasonable and well supported or justified relative to the number of persons to be served and the services to be provided.

0 = Project's budget forms are incomplete or inappropriate budget was submitted.
1 = Project's appropriate budget forms were submitted, but are not reasonable, or are inconsistent or inaccurate.
3 = Project's appropriate budget submitted, estimates and costs mostly reasonable; budget forms appear consistent and accurate but are not thorough.
5 = Project's appropriate budget submitted, estimates and costs are reasonable; budget forms are clear, consistent, accurate and thorough. Lists all subcontractors. Clear evidence that the project will not supplant current funding is documented.

Points Awarded: **Reviewer Comments:**

Additional Resources and Sustainability:

Project leverages other federal, state, local or private financial and/or in-kind resources and organization has a clear plan for sustainability.

0 = Did not mention additional funding or resources that had been leveraged.
1 = Vague mention that other funding or resources had been leveraged but no clear evidence that monies or resources were secured or how they would sustain the project.
3 = Partial evidence showing that additional funding or resources (not including in-kind) were secured, but no clear sustainability plan developed.
5 = Evidence clearly shows that additional funding or resources (not including in-kind) were secured and there is a clear plan for sustaining the project after the grant funds expire.

Points Awarded: **Reviewer Comments:**

Project Financial Feasibility Points (Max = 10) _____

Questions for Proposer:

Question #1:

Question #2:

Question #3:

Question #4:

Question #5

KITSAP COUNTY HUMAN SERVICES 2019 Services Funding Request
Mental Health, Chemical Dependency and Therapeutic Court Programs

Continuation Proposal Evaluation and Scoring Form

PROJECT: _____

PROJECT SPONSOR: _____

REVIEWER: _____

DATE: _____

Please Check One: ☐ Government ☐ Non-Profit ☐ Profit

An eligibility review will be completed by Kitsap County Department of Human Services Staff. All projects meeting eligibility thresholds will be subject to this Continuation Proposal Evaluation and Scoring From, which is completed separately by the Citizens Advisory Committee (CAC).

Proposals are reviewed and evaluated based on written information and attachments provided by the applicant.

Continuation Proposals for the Mental Health, Chemical Dependency and Therapeutic Courts services' funding can receive a maximum of 100 points. There are three criteria sections which are rated on a scale of 0 – 1 – 5 – 10 - (10 meeting all of the criteria; 5 partially meeting the criteria; 1 meeting very little of the criteria; 0 meeting none of the criteria). Details of the criteria expectations can be found in the Request for Proposal, 2019 Mental Health, Chemical Dependency and Therapeutic Courts Notice of Funding Availability document.

PROJECT DESIGN - ***Apply 0 to 5 or 0 - 10 points for each of the following areas listed below.***

Project Design:

Describes the design of the current grant project and additions/subtractions for next grant period.

0 = Did not clearly describe the current grant project.
1 = Described the current grant project, but did not describe additions/changes.
3 = Described current grant project, with additions/changes.
5 = Detailed description of current grant project, additions/changes and made a case for project updates.

Points Awarded: **Reviewer Comments:**

Staffing Qualifications:

Project sponsor demonstrates that they have proper level, qualifications and licensed staff for the project.

0 = No mention of staff qualifications or experience or of current level of staffing.
1 = Vague mention that they have adequate staffing but no evidence of such.
3 = Partially demonstrated that the staff has adequate experience and qualifications and that the proper level of staffing is available; provided some evidence but evidence was not complete.
5 = Clear detailed description of staffing level and organizational structure was provided; qualifications, experience and licensure of staff for the project were clearly presented.

Points Awarded: **Reviewer Comments:**

Organizational Licenses and Certificates:

Organization demonstrates that it has adequate licensing for the agency and to carry out the project.

0 = No mention of agency licensing.
1 = Vague mention that they have an adequate licensure, but no evidence of such.
3 = Partially demonstrated that the agency has adequate licensure, but evidence was not complete.
5 = Clear detailed description of adequate level of licensure.

Points Awarded: **Reviewer Comments:**

Outreach:

Provided a detailed description of how to outreach to their target population and hard to reach individuals.

0 = No mention of an outreach plan.
1 = Described an outreach plan, but not specific about reaching the target population or hard to reach individuals.
3 = Described the outreach plan and the target population, but did not provide a clear plan to ensure hard to reach persons have access to the program.
5 = Described the outreach plan and the target population, and provided a clear plan to ensure all eligible persons have access to the program.

Points Awarded: **Reviewer Comments:**

Evaluation:

Developed a realistic plan for data collection, management and analysis is clear. Project goals, activities and objectives are clearly defined.

0 = Did not describe a plan for data collection, management and analysis.
1 = Described a plan for data collection, management and analysis but no listing of goals, activities and objectives.
5 = Minimal description of data collection, management and analysis, goals, activities and objectives.
10 = Detailed description of a plan for data collection, management and analysis, goals, activities and objectives.

Points Awarded: **Reviewer Comments:**

Project Description Points (Max = 30) _____

ACCOMPLISHMENTS TO DATE - ***Apply 0 to 10 points for each of the following areas listed below.***

Progress to Date:

Organization demonstrates progress has been made towards meeting approved project goals and activities in the original grant application.

0 = No mention of progress towards goals and activities, nor objectives provided.
1 = Vague mention of progress towards goals and activities, but no evidence of such; no objectives provided.
5 = Partially demonstrated progress towards goals and activities, but objective measures are not clear.
10 = Provided clear, detailed objective measures with quantitative results to document progress toward achieving goals and activities.

Points Awarded: **Reviewer Comments:**

Integration and Collective Impact:

Project sponsor demonstrates that the project has been integrated with other programs in the community with the same goals and objectives and has achieved Collective Impact.

0 = No mention of other agencies participating in the project.
1 = Vague mention that there were "other agencies" but did not specify who these agencies were.
5 = Listed other agencies who are participating in the project that address their identified goals, but did not specify how the applicant worked with them.
10 = Provided clear description of working with agencies in the community that address their identified goals, activities and outcomes and describes how the project achieved a collective impact.

Points Awarded: **Reviewer Comments:**

Key Accomplishments:

Project sponsor has demonstrated key accomplishments to date, the success of the project and its impact in the community.

0 = No mention of key accomplishments.
1 = Vague mention that they have had accomplishments, but no clear description.
5 = Partially demonstrated key accomplishments to date, but no clear impact in the community.
10 = Provided clear detailed description of key accomplishments to date, the success of the project and its impact in the community.

Points Awarded: **Reviewer Comments:**

Accomplishments to Date Points (Max = 30)

BUDGET NARRATIVE - ***Apply 0 to 5 points for each of the following areas listed below.***

Past Expenditures:

Project sponsor accurately reported budget expenditures for the previous budget period and provided a clear explanation of unexpended funds.

0 = Project's budget expenditures were incomplete.
1 = Project's budget expenditures were complete but no clear explanation of expended funds.
3 = Project sponsor accurately reported budget expenditures for the previous budget period but did not provide a clear explanation of unexpended funds.
5 = Project sponsor accurately reported budget expenditures for the previous budget period and provided a clear explanation of unexpended funds.

Points Awarded: **Reviewer Comments:**

Funding Request:

Project sponsor provided an explanation for funding need for the next budget period and reported on milestones anticipated with the new funding request.

0 = No explanation for funding need for the next budget period.
1 = Vague explanation for funding need for the next budget period.
3 = Partially demonstrated funding need for the next budget period but did not reported on milestones anticipated with the new funding request.
5 = Provided clear detailed explanation for funding need for the next budget period and reported on milestones anticipated with the new funding request.

Points Awarded: **Reviewer Comments:**

Funding Modifications:

Project sponsor provided a clear explanation of significant changes to the proposed budget for the next funding period and described modification of project activities.

0 = No mention of significant changes to the proposed budget for the next funding period.
1 = Vague mention that they have changes to the proposed budget for the next funding period but did not describe modification of project activities.
3 = Demonstrated significant changes to the proposed budget for the next funding period with minimal description of project activities.
5 = Provided a clear explanation of significant changes to the proposed budget for the next funding period and detailed description of modification of project activities.

Points Awarded: **Reviewer Comments:**

Subcontractors:

Project sponsor demonstrates that the project has subcontractors who are integrated and making a contribution to the project.

0 = No mention of subcontractors participating in the project.
1 = Vague mention that there were subcontractors, but did not specify who these agencies were.
3 = Listed subcontractors, but did not specify how the applicant worked with them.
5 = Provided clear description of working with subcontractors and that they are making a contribution to the project.

Points Awarded: **Reviewer Comments:**

Budget Points (Max = 20) _____

SUSTAINABILITY - ***Apply 0 to 10 points for each of the following areas listed below.***

Leveraged Funds:

Project sponsor specifically addressed attempts and success in leveraging federal, state, local or private funds during the last budget period.

0 = Did not mention additional funding or resources that had been leveraged.
1 = Vague mention that other funding or resources had been leveraged but no clear evidence that monies or resources were secured or how they would sustain the project.
5 = Partial evidence showing that additional funding or resources (not including in-kind) were secured.
10 = Evidence clearly shows that additional funding or resources (not including in-kind) were secured and is part of their sustainability plan.

Points Awarded: **Reviewer Comments:**

Sustainability Plan:

Project sponsor provided a preliminary sustainability plan for how the project will continue after year 2 or 3.

0 = Did not mention development of a sustainability plan.
1 = Vague mention of a sustainability plan but no clear evidence that monies or resources will be secured or how they would sustain the project.
5 = Partial evidence showing that a sustainability plan has been developed, but no clear evidence that monies or resources will be secured or how they would sustain the project.
10 = Provided evidence of a preliminary sustainability plan and identified additional funding or resources (not including in-kind) that can be secured for future project expenses.

Points Awarded: **Reviewer Comments:**

Sustainability Points (Max = 20) _____

Questions for Proposer:

Question #1:

Question #2:

Question #3:

Question #4:

Question #5

CONTRACT FOR HUMAN SERVICES

This contract for Human Services (the Contract) is entered into by Kitsap County, a municipal corporation, having its principal offices at 614 Division Street, Port Orchard, Washington, 98366 (the County); and having its principal office at (the Contractor).

SECTION 1. EFFECTIVE DATE OF CONTRACT

The Contract will become effective on January 1, 2019 and terminate on December 31, 2019. In no event will the Contract become effective unless and until it is approved and executed by the Kitsap County Board of County Commissioners or the Kitsap County Administrator.

SECTION 2. SERVICES TO BE PROVIDED

2.1 A description of the services to be performed by the Contractor is set forth in Attachment B: Statement of Work, which is attached to the Contract.

2.2 The Contractor agrees to provide its own labor and materials. Unless otherwise provided for in the Contract, no material, labor or facilities will be furnished by the County.

2.3 The Contractor will perform the work specified in the Contract according to standard industry practice.

2.4 The Contractor will complete its work in a timely manner and in accordance with the schedule agreed to by the parties.

2.5 The Contractor will confer with the County from time to time during the progress of the work. The Contractor will prepare and present status reports and other information that may be pertinent and necessary, or as may be requested by the County.

SECTION 3. CONTRACT REPRESENTATIVES

The County and the Contractor will each have a contract representative. A party may change its representative upon providing written notice to the other party. The parties' representatives are as follows.

County's Contract Representative

Kitsap County Department of Human Services
614 Division Street MS-23, Port Orchard, WA 98366
(360) 337-

Contractor's Contract Representative

SECTION 4. COMPENSATION

4.1 A description of the compensation to be paid to the Contractor is set forth in Attachment C: Budget Summary, which is attached to the Contract.

4.2 The total amount payable under the Contract, by the County to the Contractor, in no event will exceed $. Any cost incurred by the Contractor over and above the year-end sums set out in the budgets shall be at the Contractor's sole risk and expense.

4.3 Unless otherwise provided in the Contract, the Contractor may submit an invoice to the County once a month for payment of work actually completed to date. Contractor shall use the Department of Human Services Contractor Invoice Form, available from the County. Subject to the other provisions of the Contract, the County generally will pay such an invoice within 30 days of receiving it.

4.4 The County will submit payments for work performed to;

4.5 The Contractor will be paid only for work expressly authorized in the Contract.

4.6 Payments shall not be construed as a waiver of the County's right to challenge the level of the Contractor's performance under this Contract, and to seek appropriate legal remedies.

4.7 The Contractor will not be entitled to payment for any services that were performed prior to the effective date of the Contract or after its termination, unless a provision of the Contract expressly provides otherwise.

4.8 If the Contractor fails to perform any substantial obligation, and the failure has not been cured within 10 days following notice from the County, the County may, in its sole discretion and upon written notice to the Contractor, withhold all monies due the Contractor, without penalty, until such failure to perform is cured.

4.9 The Contractor shall pay no wages in excess of the usual and accustomed wages for personnel of similar background, qualifications and experience.

4.10 The Contractor shall pay no more than reasonable market value for equipment and/or supplies.

SECTION 5. AMENDMENTS AND CHANGES IN WORK

5.1 In the event of any errors or omissions by the Contractor in the performance of any work required under the Contract, the Contractor will make all necessary corrections without additional compensation. All work submitted by the Contractor will be certified and checked by the Contractor for errors and omissions. The Contractor will continue to be responsible for the accuracy of work even after the work is accepted by the County.

5.2 In order to be effective, any contract renewal, amendment or modification must be in writing, be signed by both parties, and be attached to the Contract. Work under a renewal, amendment or modification may not commence until the renewal, amendment or modification has been approved by the County and has become effective.

5.3 Either party may request that the Contract terms be renegotiated when circumstances, which were neither foreseen nor reasonably foreseeable by the parties at the time of contracting, arise during the period of performance of the Contract. Such circumstances must have a substantial and material impact upon the performance projected under this Contract, and must be outside the control of either party.

SECTION 6. HOLD HARMLESS AND INDEMNIFICATION

To the fullest extent permitted by law, Contractor shall indemnify, defend and hold harmless the County and its elected and appointed officials, officers, employees and agents from and against all claims resulting from or arising out of the performance of the Contract, whether such claims arise from the acts, errors or omissions of Contractor, its subcontractors, third parties or the County, or anyone directly or indirectly employed by any of them or anyone for whose acts, errors or omissions any of them may be liable. “Claim” means any loss, claim, suit, action, liability, damage or expense of any kind or nature whatsoever, including but not limited to attorneys’ fees and costs, attributable to personal or bodily injury, sickness, disease or death, or to injury to or destruction of property, including the loss of use resulting therefrom. Contractor’s duty to indemnify, defend and hold harmless includes but is not limited to claims by Contractor’s or any subcontractor’s officers, employees or agents. Contractor’s duty, however, does not extend to claims arising from the sole negligence or willful misconduct of the County or its elected or appointed officials, officers or employees. For the purposes of this indemnification provision, Contractor expressly waives its immunity under Title 51 of the Revised Code of Washington and acknowledges that this waiver was mutually

negotiated by the parties. This indemnification provision shall survive the expiration or termination of the Contract.

SECTION 7. INSURANCE

7.1 **Professional Legal Liability.** The Contractor, if it is a licensed professional, will maintain professional legal liability or professional errors and omissions coverage appropriate to the Contractor's profession. The coverage will have a limit of not less than $1 million per occurrence. The coverage will apply to liability for a professional error, act or omission arising out of the Contractor's services under the Contract. The coverage will not exclude bodily injury or property damage. The coverage will not exclude hazards related to the work rendered as part of the Contract or within the scope of the Contractor's services under the Contract, including testing, monitoring, measuring operations or laboratory analysis where such services are rendered under the Contract.

7.2 **Workers' Compensation and Employer Liability**. The Contractor will maintain workers' compensation insurance as required by Title 51, Revised Code of Washington, and will provide evidence of coverage to the Kitsap County Risk Management Division. If the Contract is for over $50,000, then the Contractor will also maintain employer liability coverage with a limit of not less than $1 million.

Any additional workers' compensation requirements can be found in Attachment A, Special Terms and Conditions.

7.3 **Commercial General Liability.** The Contractor will maintain commercial general liability coverage for bodily injury, personal injury and property damage, subject to a limit of not less than $1 million per occurrence. The general aggregate limit will apply separately to the Contract and be no less than $2 million. The Contractor will provide commercial general liability coverage that does not exclude any activity to be performed in fulfillment of the Contract. Specialized forms specific to the industry of the Contractor will be deemed equivalent provided coverage is no more restrictive than would be provided under a standard commercial general liability policy, including contractual liability coverage.

7.4 **Automobile Liability.** The Contractor will maintain automobile liability insurance as follows (check ONE of the following options):

Not Applicable.

The Contractor will maintain commercial automobile liability insurance with a limit of not less than $1 million each accident combined bodily injury and property damage. The aggregate limit will be at least $2 million. Coverage will include owned, hired and non-owned automobiles.

The Contractor will maintain automobile liability insurance or equivalent form with a limit of not less than $100,000 each accident combined bodily injury and property damage. The aggregate limit will be at least $300,000. If a personal lines automobile liability policy is used to meet this requirement, it must include a business rider and must cover each vehicle to be used in the performance of the Contract and the certificates of insurance must evidence that these conditions have been met. If the Contractor will use non-owned vehicles in performance of the Contact, the coverage will include owned, hired and non-owned automobiles.

7.5 Miscellaneous Insurance Provisions

A. The Contractor's liability insurance provision will be primary with respect to any insurance or self-insurance programs covering the County, its elected and appointed officers, officials, employees and agents.

B. The Contractor's commercial general liability insurance and automobile liability insurance (if applicable) will include the County, its officers, officials, employees and agents as additional insureds with respect to performance of services.

C. The Contractor's commercial general liability insurance and automobile liability insurance (if applicable) will contain no special limitations on the scope of protection afforded to the County as an additional insured.

D. Any failure to comply with reporting provisions of the policies will not affect the coverage provided to the County, its officers, officials, employees or agents.

E. The Contractor's insurance will apply separately to each insured against whom claim is made or suit is brought subject to the limits of the insurer's liability.

F. The Contractor will include all subcontractors as insureds under its policies or will furnish separate certificates and endorsements for each subcontractor. All coverage for subcontractors will be subject to all of the requirements stated in these provisions.

G. The insurance limits mandated for any insurance coverage required by the Contract are not intended to be an indication of exposure, nor are they limitations on indemnification.

H. The Contractor will maintain all required policies in force from the time services commence until services are completed. Certificates, policies and endorsements scheduled to expire before completion of services will be renewed before expiration. If the Contractor's liability coverage is written as claims-made-policy, then the Contractor must evidence the purchase of an

extended-reporting period or “tail” coverage for a three-year period after completion of the services.

7.6 **Verification of Coverage and Acceptability of Insurers**.

A. The Contractor will place insurance with insurers licensed to do business in the State of Washington and having A.M. Best Company ratings of no less than A-VII, with the exception that excess and umbrella coverage used to meet the requirements for limits of liability or gaps in coverage need not be placed with insurers or re-insurers licensed in the State of Washington.

B. The Contractor will furnish the County with properly executed certificates of insurance or a signed policy endorsement which will clearly evidence all insurance required in this Section before work under this Contract shall commence. The certificate will, at a minimum, list limits of liability and coverage. The certificate will provide that the underlying insurance contract may not be canceled, or allowed to expire, except on 30-days' prior written notice to the County. Any certificate or endorsement limiting or negating the insurer’s obligation to notify the County of cancellation or changes must be amended so as not to negate the intent of this provision.

C. The Contractor will furnish the County with evidence that the additional-insured provision required above has been met. Acceptable forms of evidence are the endorsement pages of the policy showing the County as an additional insured, or a letter of self insurance from a public entity risk pool which waives the requirement.

D. Certificates of insurance will show the certificate holder as Kitsap County and indicate “care of” the appropriate County office or department. The address of the certificate holder will be shown as the current address of the appropriate County office or department.

E. The Contractor will request that the Washington State Department of Labor and Industries, Workers Compensation Representative, send verification to the County that the Contractor is currently paying workers’ compensation.

F. Evidence of such insurance, as required above, shall be provided to the County at the following address:

Program Lead
Program, Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366

Upon receipt, the Human Services Department will ensure submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

G. Written notice of cancellation or change will be mailed to the County Human Services Department as provided above.

H. The Contractor or its broker will provide a copy of all insurance policies specified in the Contract upon request of the Kitsap County Risk Manager.

SECTION 8. TERMINATION

8.1 The County may terminate the Contract in whole or in part whenever the County determines, in its sole discretion, that such termination is in the best interests of the County. The County may terminate the Contract upon giving the Contractor 10-days' written notice. In that event, the County will pay the Contractor for all costs incurred by the Contractor in performing the Contract up to the date of such notice, subject to the other provisions of the Contract.

8.2 If funding for the underlying project or matter is withdrawn, reduced or limited in any way after the Contract is signed or becomes effective, the County may summarily terminate the Contract notwithstanding any other termination provision in the Contract. Termination under this provision will be effective upon the date specified in the written notice of termination sent by the County to the Contractor. No costs incurred after the effective date of termination will be paid.

8.3 If the Contractor breaches any of its obligations under the Contract, and fails to cure the breach within 10 days of written notice to do so by the County, the County may terminate the Contract. In that event, the County will pay the Contractor only for the costs of services accepted by the County. Upon such termination, the County, at its discretion, may obtain performance of the work elsewhere, and the Contractor will bear all costs and expenses incurred by the County in completing the work and all damages sustained by the County by reason of the Contractor's breach.

SECTION 9. ASSIGNMENT, DELEGATION AND SUBCONTRACTING

9.1 The Contractor will perform under the Contract using only its bona fide employees or agents, and the obligations and duties of the Contractor under the Contract will not be assigned, delegated or subcontracted to any other person or firm without the prior express written consent of the County.

9.2 If permitted to use subcontractors, the Contractor is responsible for subcontractor compliance with applicable terms and conditions of this Contract and all applicable laws.

9.3 The Contractor warrants that it has not paid, nor has it agreed to pay, any company, person, partnership or firm, other than a bona fide employee working exclusively for the Contractor, any fee, commission percentage, brokerage fee, gift or other consideration contingent upon or resulting from the award or making of the Contract.

SECTION 10. INDEPENDENT CONTRACTOR

10.1 The Contractor's services will be furnished by the Contractor as an independent contractor and not as an employee, agent or servant of the County. The Contractor will perform the services in strict accordance with the provisions of the Contract, but will be free from control or direction over the performance of the services.

10.2 At least one of the following applies: (a) the services to be provided are outside the usual course of business for which the services are performed; (b) the services to be provided will be performed outside all of the places of business of the Contractor; or (c) the Contractor is responsible for the costs of the principal place of business from which the services will be performed.

10.3 The Contractor warrants that it either: (a) is customarily engaged in an independently established trade, occupation, profession or business of the same nature as that involved in the Contract; or (b) has a principal place of business for the business it is conducting that is eligible for a business deduction for federal income tax purposes.

10.4 The Contractor acknowledges or warrants that it: (a) is responsible for filing at the next applicable filing period a schedule of expenses with the Internal Revenue Service for the type of business the Contractor is conducting; (b) has established an account with the State of Washington Department of Revenue and any other applicable state agencies for the business the Contractor is conducting for the payment of all state taxes normally paid by employers and businesses; and (c) has registered for and received a unified business identifier number from the State of Washington.

10.5 The Contractor warrants that it maintains a separate set of books or records that reflect all items of income and expenses of the business that the Contractor is conducting.

10.6 The Contractor acknowledges that the entire compensation for the Contract is set forth in the compensation provisions of the Contract and that the Contractor is not entitled to any County benefits, including, but not limited to: vacation pay; holiday pay; sick leave pay; medical, dental or other insurance benefits; fringe benefits; or any other rights or privileges afforded to County employees or agents.

10.7 In the event that any of the Contractor's employees, agents, servants or subcontractors, carry on activities or conduct themselves in any manner which may either jeopardize the funding of this Contract or indicates that they are unfit to provide those services as set forth within, the Contractor shall be responsible for taking adequate measure to prevent said employee, agent or servant from performing or providing any such services.

10.8 The Contractor will hold harmless, indemnify and defend the County, its officers, officials, employees and agents from and against any loss or expense, including, but not limited to, settlements, judgments, set-offs, attorneys' fees or costs, incurred or suffered by reason of claims or demands arising in connection with the provisions of this Section.

SECTION 11. COMPLIANCE WITH LAWS

11.1 The Contractor, its employees, assignees, delegates or subcontractors will not discriminate against any person in performance of any of its obligations under the Contract on the basis of race, color, creed, religion, national origin, age, sex, sexual orientation, marital status, veteran status or the presence of disability.

11.2 The Contractor, its employees, assignees, delegates and subcontractors will comply with all applicable provisions of the Americans With Disabilities Act and all regulations interpreting and enforcing such act.

11.3 The Contractor and its subcontractors, employees, agents, assignees and representatives will comply with all applicable federal, state and local laws, rules and regulations in their performance under the Contract.

SECTION 12. DOCUMENTATION AND OWNERSHIP OF MATERIALS

12.1 The Contractor will maintain readily accessible records and documents sufficient to provide an audit trail needed by the County to identify the receipt and expenditure of funds under this Contract, and to keep on record all source documents, such as time and payroll records, mileage reports, supplies and material receipts, purchased equipment receipts, and other receipts for goods and services.

12.2 The Contractor will maintain property record cards and property identification tabs as may be directed by County codes and changes thereto. This applies only to property purchased from funds under this Contract specifically designated for such purposes. Ownership of equipment purchased with funds under this Contract so designated for purchase shall rest in the County and such equipment shall be so identified.

12.3 The Contractor will provide a detailed record of all sources of income for any programs it operates pursuant to this Contract, including state grants, fees,

donations, federal funds and others funds outlined in this Contract, or any amendments or modifications to this Contract. Expenditure of all funds payable under this Contract must be in accordance with the attached Statement of Work.

12.4 All reports, drawings, plans, specifications, all forms of electronic media, and data and documents produced in the performance of the work under the Contract will be "works for hire" as defined by the U.S. Copyright Act of 1976 and will be owned by the County. Ownership includes the right to copyright, patent, and register, and the ability to transfer these rights.

12.5 All property and patent rights, including publication rights, and other documentation, including, machine-readable media, produced by the Contractor in connection with the work provided for under this Contract shall vest in the County and such materials will be provided to the County upon request.

12.6 An electronic copy of all word processing documents will be submitted to the County upon request or at the end of the job using the word processing program and version specified by the County.

SECTION 13. PATENT/COPYRIGHT INFRINGEMENT

The Contractor will hold harmless, indemnify and defend the County, its officers, officials, employees and agents, from and against any claimed action, cause or demand brought against the County, where such action is based on the claim that information supplied by the Contractor or subcontractor infringes any patent or copyright. The Contractor will be notified promptly in writing by the County of any notice of such claim.

SECTION 14. DISPUTES

Differences, disputes and disagreements between the Contractor and the County arising under or out of the Contract will be brought to the attention of the County at the earliest possible time so that the matter may be settled or other appropriate action promptly taken. Any dispute relating to the quality or acceptability of performance or compensation due the Contractor will be decided by the County's contract representative or designee. All rulings, orders, instructions and decisions of the County's contract representative will be final and conclusive.

SECTION 15. CONFIDENTIALITY

The Contractor, its employees, subcontractors and their employees will maintain the confidentiality of all information provided by the County or acquired by the Contractor in performance of the Contract, except upon the prior express written consent of the County or an order entered by a court of competent jurisdiction. The Contractor will promptly give the County written notice of any judicial proceeding seeking disclosure of such information.

SECTION 16. CHOICE OF LAW, JURISDICTION AND VENUE

16.1 The Contract will be construed as having been made and delivered within the State of Washington, and it is agreed by each party that the Contract will be governed by the laws of the State of Washington, both as to its interpretation and performance.

16.2 Any action at law, suit in equity or other judicial proceeding arising under or out of the Contract may be instituted and maintained only in a court of competent jurisdiction in Kitsap County, Washington.

16.3 If the Contractor is a federally recognized Indian tribe, the following provision applies: Each party hereby grants a limited waiver of sovereign immunity to suit solely with respect to claims made against it by the other party relating to, or arising under, this Contract. Each party hereby voluntarily consents to the personal jurisdiction of the Superior Court of the State of Washington, County of Kitsap, solely for this purpose.

SECTION 17. MISCELLANEOUS

17.1 **Authority.** The Contractor certifies that it has the legal authority to apply for the funds covered under this Contract.

17.2 **No Waiver.** The parties agree that the excuse or forgiveness of performance, or waiver of any provisions of the Contract, does not constitute a waiver of such provision or future performance, or prejudice the right of the waiving party to enforce any of the provisions of the Contract at a later time.

17.3 **Remedies.** All remedies provided for in this Contract will be construed as cumulative and will be in addition to any other remedies provided by law.

17.4 **Tax Payments.** The Contractor will pay all applicable federal, state and local taxes, fees (including licensing fees) and other amounts.

17.5 **Conflict of Interest.** The Contractor will avoid organizational conflicts of interest or the appearance of a conflict of interest in disbursing contract funds for any purpose and in the conduct of procurement activities. The Contractor will ensure that its subcontractors, employees, agents or representatives avoid conflicts of interest or the appearance of a conflict of interest in disbursing contract funds for any purpose and in the conduct of procurement activities.

17.6 **Personnel Removal.** The Contractor agrees to remove immediately any of its subcontractors, employees, agents or representative from assignment to perform services under the Contract upon receipt of a written request to do so from the County’s contract representative or designee.

17.7 **Records Inspection and Retention.** The County may, at reasonable times, inspect the books and records of the Contractor relating to the performance of the Contract. The Contractor will retain for audit purposes all Contract-related records for at least six (6) years after termination of the Contract.

17.8 **Publication.** The Contractor will not publish any results of the works performed under this Contract without the advance written permission of the County.

17.9 **County Review.** The County may, at reasonable times, review and monitor the financial and service components of the program as established by the Contractor by whatever means are deemed expedient by the Board of County Commissioners, or its respective delegates. Such review may include, but is not limited to, with reasonable notice, on-site inspection by County agents or employees, and the inspection of all records or other materials which the County deems pertinent to the Contract and its performance, except those deemed confidential by law.

17.10 **Successors and Assigns.** The County, to the extent permitted by law, and the Contractor each bind themselves, their partners, successors, executors, administrators and assigns to the other party to the Contract and to the partners, successors, administrators and assigns of such other party in respect to all covenants to the Contract.

17.11 **Severability.** If a court of competent jurisdiction holds any provision of the Contract to be illegal, invalid or unenforceable, in whole or in part, the validity of the remaining provisions will not be affected and the parties' rights and obligations will be construed and enforced as if the Contract did not contain the particular provision held to be invalid. If any provision of the Contract conflicts with any statutory provision of the State of Washington, the provision will be deemed inoperative to the extent of the conflict or modified to conform to statutory requirements.

17.12 **Suspension, Debarment, and Lobbying.** The Contractor shall certify, on a separate form (Attachment D), that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Also, the Contractor, on a separate form (Attachment E), will certify that it does not use Federal funds for lobbying purposes. Both forms are attached to this Contract.

17.13 **Attachments.** The parties acknowledge that the following attachments, which are attached to this Contract, are expressly incorporated by this reference:

Attachment A – Special Terms and Conditions
Attachment B – Statement of Work
Attachment C – Budget Summary/Estimated Expenditures

In the event of an inconsistency between these General Terms and Conditions and the attachments, precedence shall be given in the following order: (1) General Terms and Conditions; (2) Special Terms and Conditions; (3) Statement of Work; (4) Budget Summary/Estimated Expenditures.

17.14 **Whole Agreement.** The parties acknowledge that the Contract is the compete expression of their agreement regarding the subject matter of the Contract. Any oral or written representations or understandings not incorporated in the Contract are specifically excluded.

17.15 **Notices.** Any notice will be effective if personally served upon the other party or if mailed by registered or certified mail, return receipt requested, to the addresses set out in the contract representatives provision of the Contract. Notice may also be given by facsimile with the original to follow by regular mail. Notice will be deemed to be given three days following the date of mailing, or immediately if personally served. For service by facsimile, service will be effective at the beginning of the next working day.

Dated this ___ day of _____, 201_.

CONTRACTOR

_____

Dated this ___ day of _____, 201_.

KITSAP COUNTY BOARD OF COMMISSIONERS

_____
Chair

_____
Commissioner

_____
Commissioner

ATTEST:

_____
Dana Daniels, Clerk of the Board

Approved as to form by the Prosecuting Attorney's Office