**SCAN, INC.**

**CHILD ABUSE LOCAL PREVENTION SERVICES**

**2024-2025 RFP Regions 3, 4 and 6**

The Department of Child Services Regional Service Councils for Regions 3, 4, and 6 has selected and will be continuing to select Child Abuse Local Prevention Services to be provided in the Region based on their prevention plan. Child Abuse Local Prevention Services are defined as the following:

**Child Abuse Local Prevention Services:**

**Primary Prevention**

The first level of prevention, primary prevention, focuses on strategies for the general public. Primary prevention strategies often seek to strengthen family functioning. The philosophy of primary prevention is that keeping children safe from abuse and neglect is the responsibility of the entire community. The long-term goal of such strategies is to educate the entire community to create social change that is intolerant of child maltreatment.

**Secondary Prevention**

The next level of prevention includes strategies that are focused on those who are at risk for abuse or neglect of their children. These include high-stress familial situations, lack of familial or community support and young maternal age.

Possible goals of secondary prevention include increase parents’ parenting skills and strategies; enhance bonding and communication between at-risk parents and their children; increase the connection between at-risk parents and resources or services in the community; increase parents’ skills in coping with stresses of caring for children with special needs; and to increase access to social and healthcare services for all community members. These goals ultimately seek to strengthen family functioning and keep children safe from abuse and neglect.

**Eligibility for Prevention Services**:

**Families must have a child under the age of 18 or be prenatal in the last trimester. Additionally, clients served under this contract cannot currently be receiving services from a Juvenile Probation Department, Healthy Families, the Department of Child Services, or Community Partners Program (Exception for Community Education service standard).**

SCAN, Inc., through its Community Partners for Child Safety contract, is the grantee of these dollars and will be selecting sub grantees to meet the service plan.

SCAN, Inc. is issuing these documents to current and potential providers who will want to continue existing services or create new services to meet these prevention definitions.

**All Local Prevention Dollars are subject to state funding cuts, review or reallocation.**

Requests for Proposals (RFPs) for these child abuse local prevention services will be posted at regular intervals. Wherever possible, a public announcement will be made. Announcements will also be available through the SCAN, Inc. website – www.scaninc.org. Please check the SCAN, Inc. website for details.

The tentative timeline for the 2024 - 2025 RFP is:

|  |  |
| --- | --- |
| Web Posting – Existing Services/New Service Standards | April 22, 2024 |
| Bidders Conference option 1 – Required for new applicants at option 1 or 2  *\*Zoom link at www.scaninc.org* | April 17, 2024 @ 10:00 am |
| Bidders Conference option 2 – Required for new applicants at option 1 or 2  *\*Zoom link at www.scaninc.org* | April 23, 2024 @ 1:00pm |
| Virtual Office Hour – to ask questions on all service standards for all regions (optional) | May 6, 2024 @ 11:00am |
| Virtual Office Hour – to ask questions on all service standards for all regions (optional) | May 15, 2024 @ 10:00am |
| Submission of Proposals **FIRM DEADLINE** | May 17, 2024 @ 11:59pm EST |
| Notice of Awards *\*Tentative* | Mid June |

There are service standards online for each of the areas to be funded in each region. All programs must include all elements of the service standards to be eligible for consideration. Programs should seek to use Evidenced Based Practices or Promising Practices whenever possible, and this may be a determining factor in award decisions.

It is extremely important that all entities submitting proposals thoroughly read the documents prior to preparing the proposal.

Applicants must indicate in which county/counties they want to provide services. Preference may be given to proposals serving an entire region or multiple counties over those only serving one county.

Applicants will not be guaranteed a subgrantee agreement and there will be no guarantee of them receiving the amount of money requested**.**

The proposal is located at: [www.scaninc.org](http://www.scaninc.org) under ”Local Prevention Dollars.” The LPD Budget and Guidelines are available to download. The service standards are within each region tab.

**Submission of the Proposal**

A proposal must be completed according to the instructions listed at the end of this document. A proposal must be submitted for each service and each region being submitted. The budget section must be completed for each service being submitted. Prior to submitting the proposal, it is vital that the proposal be reviewed to ensure that all required information is included.

All proposals must be sent by e-mail. Emailed applications should be sent to [rfp@scaninc.org](mailto:rfp@scaninc.org) by May 17, 2024 at 11:59pm EST. The Letter of Submission must be included in the body of the e-mail. The Letter of Submission should include a recap of the proposal as follows: what services are to be provided, dollar amount requested, county/ counties services will be provided in, and all contact information of CEO.

No handwritten proposals will be accepted.

Questions and Answers period closes on May 17, 2024 at 12:00 pm Noon EST. Please address all questions to rfp@scaninc.org. A few Service Standard specific RFP Virtual Office Hours have been scheduled should you need to ask questions.

Any proposal email received later than May 17, 2024 at 11:59pm EST, or that is received unsigned will not be considered for a contract. Proposals cannot be hand delivered.

**Budget Workbook and Budget Narrative**

A budget workbook and budget narrative must be completed for RFP Local Prevention Dollars Services. Budgets and narratives must be completed for each submission and will be reviewed by SCAN, Inc. Administration.

It is acknowledged that there may be different rates for different regions and/or providers for the same service standard. **Unit rates for service must be justifiable and within reasonable range of DCS contract rates.**

**Evaluation**

Programs will be evaluated based on outcomes. Please make sure special attention is paid to the information that needs to be collected and the timeframes for the outcomes described in each service standard. For standards with more than one goal/ outcomes, all goals/ outcomes must be included in the application unless otherwise noted. Outcome reporting will be required each month as part of contract compliance and failure to comply will prevent processing of payment.

**Non-Compliance**

If, in an audit, invoice review, or Quality Assurance Review by SCAN, Inc., it is discovered that there is a non-compliance issue with either the service standard or the contract, SCAN, Inc. shall have no obligation to pay Subgrantee for any service provided.

**Insurance**

Certificate of Insurance meeting the state requirement as follows must be included in your proposal:

1. **Commercial general liability with minimum liability limits of one million dollars ($1,000,000.00) per occurrence and two million dollars ($2,000,000.00) in the aggregate.**
2. **Automobile liability with minimum liability limits of one million dollars ($1,000,000.00) per occurrence and two million dollars ($2,000,000.00) in the aggregate.**
3. **Professional Liability, also known as Errors and Omissions Insurance, for those Contractors required to hold a professional license by the Indiana Professional Licensing Agency with limits not less than $ 1,000,000 per cause of action and $ 2,000,000 per occurrence. This coverage available to pay for liability arising out of the performance of professional or business-related duties, with coverage tailored to the needs of the specific profession. Coverage for the benefit of the State shall continue for a period of two (2) years after the date of service provided under this Contract.**
4. **Fiduciary Liability would be required if the Contractor is responsible for the management and oversight of various employee benefit plans and programs such as medical, pensions, profit-sharing and savings, among others. These contractors face potential claims for mismanagement brought by plan members or terminated employees. Limits should be no less than $ 700,000 per cause of action and $5,000,000 per occurrence.**
5. **Cyber Liability coverage of not less than $1,000,000 in the aggregate.**

**Decisions of SCAN**

Decisions of SCAN, Inc. are made solely at its discretion. SCAN, Inc. reserves the right to reject any and all responses. SCAN, Inc. reserves the right to award less than the requested amounts. No representation is made hereby that awards will be made based solely on SCAN, Inc.’s ratings of RFP’s.

**Contracts and Payment**

For agencies awarded through this RFP process, grant awards will be for services provided from July 1, 2024 through June 30, 2025. Agencies will set a unit rate for service and submit an invoice for reimbursement no later than the 2nd business day of the following month. Invoices must be received with proper back up documentation of services provided and staff providing the service. SCAN will then have up to 30 days to process payment to your agency. Payments may be held for failure to submit timely invoices, proper back up documentation, or outcomes.

**SERVICE STANDARDS (2024-2025)**

Service Standards Descriptions and instructions are located at [www.scaninc.org](http://www.scaninc.org)

**Counties for which Proposals will be accepted:**

Region 3: Elkhart, Kosciusko, Marshall, St. Joseph

Region 4: Allen, DeKalb, LaGrange, Noble, Steuben, Whitley

Region 6: Cass, Fulton, Howard, Huntington, Miami, Wabash

**Below are general requirements of each Service Standard. All staff working under this funding must meet these requirements. There are notes when a particular standard has additional requirements in the individual service standard descriptions.**

**STAFF REQUIREMENTS**

**Background Checks**

Background checks must be completed every four (4) years for staff and volunteers working under these funds. This includes all of the following, as required by DCS Chapter 13 Child Welfare Policies for DCS Contractors:

1. Fingerprint-Based National and State Criminal History Check

(DCS Fingerprint-Based Check)

2. Child Protection Services History Check

(CPS History Check- State Form 52802)

3. Sex Offender Registry Check

4. MyCase check for local law enforcement records

These initial checks must include all states/ locations the staff has lived in the last five (5) years.

Once the initial background checks are done, staff will be required to complete an annual attestation in the years between the 4-year background check process requirements. Background checks from a 3rd party will not be accepted.

More details can be found at: <https://www.in.gov/dcs/2363.htm>

**Qualifications**

Staff providing services under this contract must meet the minimum education requirements:

Staff providing services will have a minimum of a bachelor’s degree in social services or a related field or high school/GED and 5 years of human services experience

Service standards will note when a Master’s Degree or other staff qualifications are required.

**Training**

All staff (paid, volunteer, and substitute) are given an orientation to the job before working with participants.

Training needs of the staff are assessed, and additional training is provided to meet the responsibilities of each position.

Staff working directly with clients under this funding must receive training on domestic violence, substance misuse, and DCS LGBTQ within the last two years. Staff must also complete training for staff safety (CPR and CPI or an approved equivalent de-escalation training). Staff must maintain the safety trainings as well as complete annual training on Child Abuse and Neglect awareness and reporting and cultural competence topics.

Staff who transport children must have car seat training every two years.

**Training costs should be built into your budget**. Trainings can be completed at SCAN and will be charged the following rates: $55 CPI Blended (Online/Classroom), $90 CPR Blended (Online/Classroom), $25 Car Seat (Online/Classroom) and $100 Motivational Interviewing. Each of these trainings, when provided by SCAN, have a two-year certification.

**Supervision Requirements**

Staff should receive appropriate support to make their work experience positive. This is to include a minimum bi-weekly staff meeting or one-on-one supervision as noted in each standard. Some standards may have stricter requirements due to the nature of the services being provided under that standard.

INSTRUCTIONS FOR COMPLETING THE PROPOSAL

**SCAN, INC.**

**CHILD ABUSE LOCAL PREVENTION SERVICES**

**RFP REGIONS 3, 4, and 6**

**07/01/24 to 06/30/25**

**REQUEST FOR FUNDS**

#### SECTION I. Applicant/Agency Information (Application Cover Sheet)

*Note: this is an Excel form found in the Budget Workbook and entries that are needed in multiple fields on the application will be auto filled upon initial entry into the form (exception for total funds requested). Enter budget amounts in the highlighted fields, with calculations in the boxes below if necessary. Calculations are set to total categories. The label of the tab will be included in the section headings to reference where to enter this information in the spreadsheet.*

Item A: Program Title/Service- Enter the title or name of the program or service being proposed.

Note: It is possible that the responses to both parts of this item will be the same if it is a single service program and the service provider uses the service standard description names listed below for the Program name.

Service Standard to be Provided: Enter the name of the service standard description, to be included in the proposed program. Use the standard service description names and definitions of unit descriptions whenever possible. Service Standards can be found on our website: [www.scaninc.org](http://www.scaninc.org).

Item B: Applicant/Agency Name: Enter the legal name as registered with the Secretary of State Office, Corporation Section, of the entity that will provide the services. Verification of Secretary of State registration can be gained by calling 317.232.6576 or at www.state.in.us/sos/. Unincorporated individuals or organizations enter the legal name used on tax documents sent to the Internal Revenue Service.

Doing Business As- The name that the agency will be providing services under.

Item C: Chief Executive Officer of Applicant Agency and Phone number.

Item D: Financial Officer of Applicant Agency and Phone number.

Item E: Contact Person for Proposal- Enter the name, telephone number and E-mail of the person to be contacted regarding this Request for Funds if it is being completed by an agency or organization. Leave blank if the service is to be provided by an independent contractor.

Item F: Mailing Address, Fax, and Telephone Number- Enter the mailing address, fax number (if applicable), and phone number to which all correspondence regarding this Request for Funds should be sent.

Item G: Federal ID# or SS# - Enter the agency’s federal tax identification number if payments for services are to be made to an incorporated agency. Enter the service provider’s social security number if the services are to be provided by an independent contractor.

Item H: Check Applicant’s Legal Status- Enter an “X” on the line in front of the description that identifies the legal status of the person(s) or organization submitting this Request for Funds. Independent Contractors who are not incorporated should identify themselves as “Sole Proprietors”.

Item I: Number of Families to be Served- Enter the proposed number of participants and to be served by the program/units presented in this Request for Funds.

Item J: Total Requested Funds: Enter the amount of public funds requested (this will be auto filled with the total from Budget Summary tab).

Item K: Check Type of Application- Check the following application type that accurately defines the Request for Funds being submitted.

New- New applications are those that are requesting funds for services not currently being funded by RSC.

Reapplication- Reapplications are those that are requesting funds for services that are currently being provided or have been provided during the past 18 months by the applicant using funds from any of the sources of funds available through this proposal.

Amended- Amended applications are those that propose additions to services that have previously been approved and are included under existing contracts.

Proposed services to be funded by SCAN, Inc. must meet SCAN’s criteria established for each funding category within the funding guidelines.

Signatures: Sign, using blue ink, and date on the line provided. This will certify that all program information submitted in the application is true and correct and accurately reflects the agency’s program. I understand and will comply with the SCAN, Inc. Child Abuse Local Prevention Services guidelines/requirements placed upon this agency if we are awarded a Subgrantee agreement.

Item L: Signature/Title of Agent- This item is to include the original signature of the provider. If the proposal is being submitted by a corporation or other organization, it must include the original signature of a person authorized to sign legal documents for the organization and the person’s title within the organization.

Item M: Date Submitted- Enter the date the proposal was submitted to the authorizing entity.

**SECTION II**: **Service Unit Rate Definition (unit rate definition tab)**

Agency, Date Submitted, Service Standard, and Contact information should be auto filled from the previous tab.

B: In this field enter the billable unit you will use for claims (i.e. face-to-face hours, presentation time, per presentation, etc.), Unit calculation (hour, attendance, etc.) and the proposed unit rate. This unit rate should draw down funds projected in the budget.

C: 1. Enter the number of families to be served based on the proposed unit rate and amount of funding requested

2. Enter the county/ counties to be served through this service standard.

**SECTION III: Narrative (separate documents)**

Please answer the narrative on a separate sheet(s) and include with your RFF. While it is not necessary to have every detail in place, a general description of how program service delivery will be accomplished along with how it is linked to the definitions in the primary and secondary child abuse prevention standards is required.

1. Briefly summarize your organization’s history, mission, and purpose. *Not to exceed 1 paragraph*
2. Describe the program your agency proposes to provide to the region. Include: connection to the Service Standard and child abuse prevention definitions, counties to be served, target population, referral process (length of time from referral to service initiation, how referrals are made), Evidence Base or Promising Practice being used, define delivery method and billable unit.
3. Provide an organization chart and describe how the program is administered. Describe any recent or anticipated leadership changes and/or staff turnover relevant to the proposed grant activities.
4. State the need, problem, and/or opportunity you will be addressing within the region. Be sure to include internal and external data sources. *Not to exceed 1 page*
5. Clearly connect the proposed program and the need it fills to the outcomes outlined in the service standard. Be sure to include specific activities, knowledge/skills gained, knowledge/access to community resources, changes in attitudes/behaviors, how you will monitor/achieve the outcomes, etc. *Not to exceed 2 pages; priority given to proposals that serve multiple counties.*
6. NEW APPLICANTS: Provide evidence of your agency’s ability to build up a program and timeline for startup if this is a new service to your organization. OR Provide evidence of your agency’s track record of quality programs, including the proposed program, if this is an existing program for your agency.
7. EXISTING APPLICANTS: Describe your agency’s track record of providing quality programs, including the proposed program. Include any challenges that you have encountered and how you have overcome them (COVID, staffing turnover, ext).
8. Describe your agency’s working relationship(s) with other community organizations/programs. How do these connections/collaborations contribute to the success of your proposed program?
9. Provide a budget narrative. Include supporting justification for each line item, identify the basis of the estimate (how the number was determined and if it is within a reasonable range of DCS contract rates), and describe programmatic relevance and service delivery method (individual, groups, combination). [Community Based Rates 2020-21.xlsx (in.gov)](https://www.in.gov/dcs/files/Rates-as-of-SFY-2024.pdf)

Bonus Questions:

1. Is your organization involved in Diversity, Equity, & Inclusion (DEI)? If so, please explain how that impacts the proposed program. *Can be connected to need/opportunity, outcomes, community partnerships, ect.*
2. EXISTING APPLICANTS: Include a success story from the previous program year. *Not to exceed 1 paragraph*

**\*NOTE:** Services must meet the child abuse prevention definitions previously listed.

SECTION IV: BUDGET WORKSHEETS and BUDGET SUMMARY SHEET

Please use the budget justification worksheets to calculate the amounts that will be auto filled on the Budget Summary Sheet. The following information is to be entered in the Proposed Program Costs column:

**Item A. Personnel Costs**

1. Salaries & Wages – Enter the total projected salary and wage expenses for personnel calculated on the budget justification worksheet.
2. Fringe Benefits – Enter the total projected fringe benefit expenses for personnel calculated on the budget justification worksheet.
3. Consultant and Contract Services – Add all consultant and contracted services that will be purchased by the applicant in order to provide the proposed services. Calculate at cost without fringe benefits.

**Item B. Other Direct Costs**

1. Travel Expenses
2. Staff – Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet.
3. Clients – Enter the total projected client travel/transportation expenses for this program as calculated on the budget justification worksheet.
4. Consumable Supplies and Printing – Enter the total projected expenses for consumable supplies and printing as calculated on the budget justification worksheet.
5. Space Costs (Rent, Utilities, Custodial) - Enter the total projected expenses for space costs as calculated on the budget justification worksheet.
6. Insurance – Enter the total projected expenses for business and professional insurance as calculated on the budget justification worksheet.
7. Staff Training - Enter the total projected expenses for staff training as calculated on the budget justification worksheet.
8. Telephone & Postage - Enter the total projected expenses for telephone and postage as calculated on the budget justification worksheet.
9. Rental/Lease/Prorated Share of Equipment Purchase - Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.
10. Other Administrative Expenses – Enter the total projected expenses for other administrative expenses as calculated on the budget justification worksheet.
11. Other – Specify – Enter the total projected expenses for other specified costs as calculated on the budget justification worksheet.

**Item C. Indirect Costs (Enter the Actual Percentage of Direct Cost).**

1. Accounting Services – Enter the total projected expenses for accounting services as calculated on the budget justification worksheet.
2. Other Indirect Costs – Enter the total projected expenses for other indirect costs as calculated on the budget justification worksheet.

**Item D. Total In-Kind and Other Funds**

Enter the total projected resources to be used to reduce the cost of the proposed services as identified on the budget justification worksheet.

**Section IV: Budget Summary**

This tab of the worksheet will pull over all costs entered on previous sheets. It will Subtract Item E from Item D and enter the remainder in this item. The amount entered is the total projected cost of the program to be paid by Community Partners for Child Safety for the services included in this proposal. This total will auto fill on the Application Cover Sheet for Item J: Total Requested Funds.

RISK FACTORS

LEADING TO CHILD ABUSE AND NEGLECT

**GROUP I – PARENTS/ADULTS CHARACTERISTICS**

Abused as a child

Lack of parenting skills

Unrealistic expectations of the child’s capabilities

Lack of knowledge of normal child development

Expect child to meet parent’s needs

Lack of support systems

**GROUP II – PARENTS/ADULTS CHARACTERISTICS**

Poor impulse control

Lack of coping mechanisms for stress

Inability to meet one’s own emotional needs

Self-oriented/egocentric

Low self-esteem

Isolation

Distrustful of others

Substance abuse

**GROUP III – CHARACTERISTICS of CHILD THAT MAKE THEM MORE VULNERABLE**

Handicapped

Premature

Adopted

Frequent illness

**GROUP IV – FAMILY CHARACTERISTICS**

Large Family

Crowded living quarters

Any socioeconomic class

Children close in age

Teenage parents

Single parents

Domestic Violence

**GROUP V – STRESS/CRISIS**

Hospitalization

Divorce/Broken relationships

Marital discord

Mental illness

Unemployment

Death in the Family

Domestic Violence

Incarceration

Unwanted pregnancy

Moving

SCAN 2024 RFP: Virtual “Office Hours”

*\*Zoom link on* [*www.scaninc.org*](http://www.scaninc.org)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Time | Topic | Region |
| April 17 | 10:00 AM | Bidders Conference Option 1 | ALL |
| April 23 | 1:00pm | Bidders Conference Option 2 | ALL |
| May 6 | 11:00am | \*Virtual Office Hours – all service standards | ALL |
| May 15 | 10:00am | \*Virtual Office Hours – all service standards | ALL |

\*Office hours are a time to ask questions regarding the topics posted above or network with other agencies. They are not required but offered as a resource to organizations applying for LPD Funds. Agencies are welcome to submit any questions to [rfp@scaninc.org](mailto:rfp@scaninc.org) through May 17th at 12:00 pm.