

2015 PURCHASE OF SERVICE APPLICATION CONTENTS

Agency: Community Advocates Program: Energy / WHEAP
 Initial Screen Completed (Date): 3/30/2015
 Agency Request (Form 3): \$ 2,222,468.00
 Agency Contribution: \$ 0.01
 *2d Bonus Point (Agency Contribution is 12.5% of Program Cost): NO

INITIAL SUBMISSION - CONFIRM DOCUMENTS ARE SIGNED AND DATED

Item #	Enter "X" if the item is missing, submitted on an old form, is incomplete or not completed according to directions. Enter explanation in COMMENTS box.		
INTRODUCTION			
1	Proposal Summary Sheet	X	ok-4 sites and satellites to serve 6 zones
	Proposal Contents		ok
2	Cover Letter		ok
Part 1 - AGENCY PROPOSAL			
3	Authorization To File		2/18/2015
4	Agency Description and Assurances		ok
5	Board Of Directors, Owners, Stockholders Demographic Summary		ok
6	Ownership, Independence, and Governance		ok-resumes in appendix
7	Owners/Officers		ok
8	Mission Statement		ok
9	Agency Organizational Chart		ok
10	Agency Licenses and Certificates		ok
11	Indemnity, Data And Information, and HIPAA Compliance Statement		ok
13	Related Organization/Related Party Disclosure		ok
14	Employee Hours-Related Organization Disclosure (Form 2C)		plan filed: 2014-17 110 local/110 total employees
15	Conflict Of Interest & Prohibited Practices Certification		ok
16	Equal Employment Opportunity Certificate		ok
17	Equal Opportunity Policy		ok
18	Audit Fraud Hotline		ok
19	Certification Statement Regarding Debarment And Suspension		ok
20	Additional Disclosures	ok-DB	ok-not in original, asked to submit
21	Certification Regarding Compliance With Background Checks - Children & Youth		Signed/Dated 3-20-15
22	Certification Regarding Compliance With Background Checks - Caregiver		Signed/Dated 3-20-15
23	Promotion of Cultural Competence		ok
24	Emergency Management Plan		ok-3 pages
Part 2 - BUDGET AND OTHER FINANCIAL INFORMATION			
25	IRS Form 990 For Non-Profit Agencies		ok- on file with DHHS
26	Certified Audit/Board Approved Financial Statement		ok- on file with DHHS
27	Form 1 (Program Volume Data)		ok
	Form 2 and 2A		ok
	Form 2B		ok
	Form 3 and 3S (Anticipated Program Expenses)		ok
	Form 4 and 4S (Anticipated Program Revenue)		ok
	Form 5 and 5A		ok
	Form 6-6H		ok
Part 3 -PROGRAM PROPOSAL			
COMMENTS			
28	Program Organizational Chart		ok
28a	Program Logic Model		ok
28b	Program Narrative		ok
28c	Experience Assessment For Agency		n/a current DHHS contractor
28d	Experience Assessment For Agency Leadership		n/a current DHHS contractor
28e	Most Recent Program Evaluation (Current Contractors)		ok
30	Provider Proposal Site Information		signed/dated -signed
31	Accessibility		ok
32	Staffing Plan		ok
33	Staffing Requirements		ok
34	Current Direct Service Provider/Indirect Staff Roster		ok-notes that it is provided electronically
36	Client Characteristics Chart		ok

FINAL SUBMISSION

After completion of the application review and upon receiving notice of a contract award, funded agencies are required to submit the following application items (if nothing has changed from initial submission, redate and resubmit):

1	Proposal Summary Sheet		
12	insurance Certificate		
25	IRS Form 990 For Non-Profit Agencies		
27	Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S, 5, 5A, and 6-6H		
34	Current Direct Service Provider/Indirect Staff Roster		

Final submissions are due by 4:00 p.m. on August 1, 2015

Additional Comments: provided a set of budget sheets (1 through 46) for each zone, provided one form 5, 5A, 6 and 6D. Appendices includes MOUs for additional sites, sample documents, letters of support, maps, info on phone-line system. Received item 20 on 3-31-15 per instructions.

2015 PURCHASE OF SERVICE APPLICATION CONTENTS

Agency: ESI Program: Energy / WHEAP

Initial Screen Completed (Date): 3/30/2015

Agency Request (Form 3): \$ 550,000.00

Agency Contribution: \$ 210,000.00

*2d Bonus Point (Agency Contribution is 12.5% of Program Cost): YES

INITIAL SUBMISSION - CONFIRM DOCUMENTS ARE SIGNED AND DATED

Enter "X" if the item is missing, submitted on an old form, is incomplete or not completed according to directions. Enter explanation in COMMENTS box.

Item #		X	COMMENTS
INTRODUCTION			
1	Proposal Summary Sheet		ok-lists no specific sites, only 2 main with 11 satellites for 3 zones (4-3-6). Zone 6 is without 53207 zip
	Proposal Contents		ok-top sheet/not in this order
2	Cover Letter		ok

Part 1 - AGENCY PROPOSAL

3	Authorization To File		3/26/2015
4	Agency Description and Assurances		ok
5	Board Of Directors, Owners, Stockholders Demographic Summary		ok
6	Ownership, Independence, and Governance		ok
7	Owners/Officers		ok
8	Mission Statement		ok
9	Agency Organizational Chart		ok
10	Agency Licenses and Certificates		ok
11	Indemnity, Data And Information, and HIPAA Compliance Statement		ok
13	Related Organization/Related Party Disclosure		ok
14	Employee Hours-Related Organization Disclosure (Form 2C)		no plan filed 5 local/80 total employees
15	Conflict Of Interest & Prohibited Practices Certification		ok
16	Equal Employment Opportunity Certificate		ok
17	Equal Opportunity Policy		ok
18	Audit Fraud Hotline		ok
19	Certification Statement Regarding Debarment And Suspension		ok
20	Additional Disclosures		ok
21	Certification Regarding Compliance With Background Checks - Children & Youth	ok-DB	ok-Signed/Dated 3-27-15 agency name is listed as n/a, resubmitted correct
22	Certification Regarding Compliance With Background Checks - Caregiver	ok-DB	ok-Signed/Dated 3-27-15 agency name is listed as n/a-resubmitted correct
23	Promotion of Cultural Competence		ok
24	Emergency Management Plan		ok-3 pages

Part 2 - BUDGET AND OTHER FINANCIAL INFORMATION

25	IRS Form 990 For Non-Profit Agencies		ok
26	Certified Audit/Board Approved Financial Statement		ok
27	Form 1 (Program Volume Data)		ok
	Form 2 and 2A	ok-DB	no form 2, found form 2A after form 4S
	Form 2B	ok-DB	no
	Form 3 and 3S (Anticipated Program Expenses)		ok
	Form 4 and 4S (Anticipated Program Revenue)		ok
	Form 5 and 5A	ok-DB	no form 5A, Form 5 ok
	Form 6-6H	ok-DB	provided 6D, 6E, 6G only

Part 3 - PROGRAM PROPOSAL

			COMMENTS
28	Program Organizational Chart		ok
29a	Program Logic Model		ok
29b	Program Narrative		ok
29c	Experience Assessment For Agency	ok-DB	no form, provided narrative and 4 references
29d	Experience Assessment For Agency Leadership		ok
29e	Most Recent Program Evaluation (Current Contractors)		not a current contractor N/A
30	Provider Proposal Site Information		Signed/Dated -not signed, lists no specific sites or proposed sites
31	Accessibility		ok
32	Staffing Plan		ok
33	Staffing Requirements		ok
34	Current Direct Service Provider/Indirect Staff Roster		none provided
36	Client Characteristics Chart		ok-lists Racine data

FINAL SUBMISSION

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1	Proposal Summary Sheet		
12	Insurance Certificate		
25	IRS Form 990 For Non-Profit Agencies		
27	Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6-6H		
34	Current Direct Service Provider/Indirect Staff Roster		

Final submissions are due by 4:00 p.m. on August 1, 2015.

Additional Comments: agency allowed to resubmit budget by zone and CBC paperwork

2015 PURCHASE OF SERVICE APPLICATION CONTENTS

Agency: SDC Program: Energy / WHEAP
 Initial Screen Completed (Date): 3/30/2015
 Agency Request (Form 3): \$ 2,222,468.00
 Agency Contribution: \$ 92,851.00
 *2d Bonus Point (Agency Contribution is 12.5% of Program Cost): NO

Calculation for bonus points

	requested funds	added funds	
z1	\$ 854,036.00	\$ 29,712.00	p 9
z2	\$ 615,772.00	\$ 22,284.00	p 28
z3	\$ 206,214.00	\$ 10,313.00	p 42
z4	\$ 134,576.00	\$ 22,284.00	p 54
z5	\$ 173,896.00	\$ 4,129.00	p 66
z6	\$ 527,972.00	\$ 4,129.00	p 77

\$ 2,222,468.00 \$ 92,851.00

percent of contribution 4%

INITIAL SUBMISSION - CONFIRM DOCUMENTS ARE SIGNED AND DATED

Item #	Enter "X" if the item is missing, submitted on an old form, is incomplete or not completed according to directions. Enter explanation to COMMENTS box.		COMMENTS
INTRODUCTION			
1	Proposal Summary Sheet	X	ok-3 sites (in zones 2 and 6) to serve 6 zones
	Proposal Contents		ok
2	Cover Letter		ok
Part 1 - AGENCY PROPOSAL			
3	Authorization To File		3/19/2014
4	Agency Description and Assurances		ok
5	Board Of Directors, Owners, Stockholders Demographic Summary		ok
6	Ownership, Independence, and Governance		ok
7	Owners/Officers		ok
8	Mission Statement		ok
9	Agency Organizational Chart		ok
10	Agency Licenses and Certificates		ok
11	Indemnity, Data And Information, and HIPAA Compliance Statement		ok
13	Related Organization/Related Party Disclosure		ok
14	Employee Hours-Related Organization Disclosure (Form 2C)		plan filed: 2014-15 141 local/141 total employees
15	Conflict Of Interest & Prohibited Practices Certification		ok
16	Equal Employment Opportunity Certificate		ok
17	Equal Opportunity Policy		ok
18	Audit Fraud Hotline		ok
19	Certification Statement Regarding Debarment And Suspension		ok
20	Additional Disclosures		ok
21	Certification Regarding Compliance With Background Checks - Children & Youth	ok-DB	Signed/Dated 3-25-14, resubmitted
22	Certification Regarding Compliance With Background Checks - Caregiver	ok-DB	Signed/Dated 3-25-14, resubmitted
23	Promotion of Cultural Competence		ok
24	Emergency Management Plan	ok-DB	51 pages-accepted as turned in
Part 2 - BUDGET AND OTHER FINANCIAL INFORMATION			
25	IRS Form 990 For Non-Profit Agencies		n/a Community Action Agency / quasi-gov't status
26	Certified Audit/Board Approved Financial Statement		ok
27	Form 1 (Program Volume Data)		ok- filler forms preced budget documents
	Form 2 and 2A		ok
	Form 2B		ok
	Form 3 and 3S (Anticipated Program Expenses)		ok
	Form 4 and 4S (Anticipated Program Revenue)		ok
	Form 5 and 5A		ok
	Form 6-6H		ok
Part 3 - PROGRAM PROPOSAL			
COMMENTS			
28	Program Organizational Chart		ok
29a	Program Logic Model		ok
29b	Program Narrative	ok-DB	chart from RFP page 4-46 not included.
29c	Experience Assessment For Agency		n/a current DHHS contractor
29d	Experience Assessment For Agency Leadership		n/a current DHHS contractor
29e	Most Recent Program Evaluation (Current Contractors)	ok-DB	states N/A on page 6A, but included on TOC. Document is the chart from page 4-46 of program narrative. No program evaluation report attached
30	Provider Proposal Site Information		signed/dated -signed
31	Accessibility		ok
32	Staffing Plan		ok
33	Staffing Requirements		ok
34	Current Direct Service Provider/Indirect Staff Roster		ok
36	Client Characteristics Chart		ok

Part 2 - BUDGET AND OTHER FINANCIAL INFORMATION

25	IRS Form 990 For Non-Profit Agencies		n/a Community Action Agency / quasi-gov't status
26	Certified Audit/Board Approved Financial Statement		ok
27	Form 1 (Program Volume Data)		ok- filler forms preced budget documents
	Form 2 and 2A		ok
	Form 2B		ok
	Form 3 and 3S (Anticipated Program Expenses)		ok
	Form 4 and 4S (Anticipated Program Revenue)		ok
	Form 5 and 5A		ok
	Form 6-6H		ok

Part 3 - PROGRAM PROPOSAL

			COMMENTS
28	Program Organizational Chart		ok
29a	Program Logic Model		ok
29b	Program Narrative	ok-DB	chart from RFP page 4-46 not included.
29c	Experience Assessment For Agency		n/a current DHHS contractor
29d	Experience Assessment For Agency Leadership		n/a current DHHS contractor
29e	Most Recent Program Evaluation (Current Contractors)	ok-DB	states N/A on page 6A, but included on TOC. Document is the chart from page 4-46 of program narrative. No program evaluation report attached
30	Provider Proposal Site Information		signed/dated -signed
31	Accessibility		ok
32	Staffing Plan		ok
33	Staffing Requirements		ok
34	Current Direct Service Provider/Indirect Staff Roster		ok
36	Client Characteristics Chart		ok

FINAL SUBMISSION

After completion of the application review and upon receiving notice of a contract award, funded agencies are required to submit the following application items (if nothing has changed from initial submission, redate and resubmit):

1	Proposal Summary Sheet		
12	Insurance Certificate		
25	IRS Form 990 For Non-Profit Agencies		
27	Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6-6H		
34	Current Direct Service Provider/Indirect Staff Roster		

Final submissions are due by 4:00 p.m. on August 1, 2015

Additional Comments: provided a set of budget sheets for each zone bid. Part 1, number 24 emergency management plan starts on page 73 (actual plan is numbered pages 1-50, located between pages 73 and 74). Budget pages (numbered 1-87) are located after page 127. Part 3, begins new page numbers starting with pp1. Notes on 29c and 29e are on an unnumbered page between pages pp6 and pp 7, designated [by DHHS] as 6A. No page pp 93. Appendices attached including CBBSG funding, senior housing and other community partners/outreach sites, letters of commitment, poverty statistics, SDC complaint brochure, SDC QA surveys

2015 PURCHASE OF SERVICE APPLICATION CONTENTS

Agency: UMOS Program: Energy / WHEAP
 Initial Screen Completed (Date): 3/30/2015
 Agency Request (Form 3): \$ 1,346,348.00
 Agency Contribution: \$ 0.01
 *2d Bonus Point (Agency Contribution is 12.5% of Program Cost): N2

INITIAL SUBMISSION - CONFIRM DOCUMENTS ARE SIGNED AND DATED

Enter "X" if the item is missing, submitted on an old form, is incomplete or not completed according to directions. Enter explanation in COMMENTS box.

Item #		x	COMMENTS
INTRODUCTION			
1	Proposal Summary Sheet		ok-for zones 3-4-5-6
	Proposal Contents		ok
2	Cover Letter		ok

Part 1 - AGENCY PROPOSAL

3	Authorization To File		3/12/2015
4	Agency Description and Assurances		ok
5	Board Of Directors, Owners, Stockholders Demographic Summary		ok
6	Ownership, Independence, and Governance		ok
7	Owners/Officers		ok
8	Mission Statement		ok
9	Agency Organizational Chart		ok
10	Agency Licenses and Certificates		ok
11	Indemnity, Data And Information, and HIPAA Compliance Statement		ok
13	Related Organization/Related Party Disclosure		ok
14	Employee Hours-Related Organization Disclosure (Form 2C)		plan filed: 2014-17 335 local/376 total employees
15	Conflict Of Interest & Prohibited Practices Certification		ok
16	Equal Employment Opportunity Certificate		ok
17	Equal Opportunity Policy		ok
18	Audit Fraud Hotline		ok
19	Certification Statement Regarding Debarment And Suspension		ok
20	Additional Disclosures		ok
21	Certification Regarding Compliance With Background Checks - Children & Youth		Signed/Dated 3-25-15
22	Certification Regarding Compliance With Background Checks - Caregiver		Signed/Dated 3-25-15
23	Promotion of Cultural Competence		ok
24	Emergency Management Plan	ok-DB	ok-8 pages printed on 5, can not find order of succession

Part 2 - BUDGET AND OTHER FINANCIAL INFORMATION

25	IRS Form 990 For Non-Profit Agencies		ok
26	Certified Audit/Board Approved Financial Statement		ok
27	Form 1 (Program Volume Data)		ok
	Form 2 and 2A		ok
	Form 2B		ok
	Form 3 and 3S (Anticipated Program Expenses)	ok-DB	entered full amount of request as revenue from non-dhhs source, having a request of \$0-corrected
	Form 4 and 4S (Anticipated Program Revenue)		ok
	Form 5 and 5A		ok
	Form 6-6H		ok

Part 3 - PROGRAM PROPOSAL

			COMMENTS
28	Program Organizational Chart		ok
29a	Program Logic Model		ok
29b	Program Narrative		ok
29c	Experience Assessment For Agency		n/a current DHHS contractor. Requested this form, other program is not similar to WHEAP
29d	Experience Assessment For Agency Leadership		n/a current DHHS contractor, Requested this form, other program is not similar to WHEAP
29e	Most Recent Program Evaluation (Current Contractors)		2014 Celebrating Families Eval
30	Provider Proposal Site Information		signed/dated -signed
31	Accessibility		ok
32	Staffing Plan		ok
33	Staffing Requirements		ok
34	Current Direct Service Provider/Indirect Staff Roster		ok
36	Client Characteristics Chart		ok

FINAL SUBMISSION

After completion of the application review and upon receiving notice of a contract award, funded agencies are required to submit the following application items (if nothing has changed from initial submission, redate and resubmit):

1	Proposal Summary Sheet		
12	Insurance Certificate		
25	IRS Form 990 For Non-Profit Agencies		
27	Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6-6H		
34	Current Direct Service Provider/Indirect Staff Roster		

Final submissions are due by 4:00 p.m. on August 1, 2015

Additional Comments: provided a set of budget sheets for each zone bid, note: page numbering is off starting at item 29d (listed page 274/actually page 275) resubmitted budget and experience papers 4-2-15.