

**REQUEST FOR PROPOSAL
CONTRACT FOR CHAPLAIN'S SERVICES
FOR THE FAYETTE COUNTY PRISON
RFP # 10-03
COUNTY OF FAYETTE**

Sealed proposals will be received in the Office of the County Controller, Courthouse, Uniontown, Fayette County, Pennsylvania, until 3:00 PM, Thursday, December 30, 2010 for Chaplain's services for the Fayette county Prison for the County of Fayette.

Forms and specifications may be obtained from the County Manager of Fayette County, Courthouse, Uniontown, Pennsylvania, 15401 or call 724-430-1200 extension 212.

All proposals submitted pursuant to this advertisement must be clearly marked on the outside of the envelope **RFP NO. 10-03 and SEAL WITH CLEAR TAPE.**

The County Commissioners reserve the right to reject any part of or all proposals and make an award in the best interest of the County of Fayette.

Submit **one original proposal (clearly marked) and five (5) copies** of the completed proposal to the Office of the Controller, Courthouse, 61 East Main Street, Uniontown, PA 15401.

Any and all questions should be forwarded to Warren Hughes, County Manager at 724-430-1200 extension 212.

Specifications

The requested service is to provide for the spiritual needs of the inmates and staff of the Fayette County Prison. This agreement will be for one year with the Fayette County Prison Board right to approve an additional year with a 30 day notice.

The following responsibilities will be required:

1. Coordinate and work with up to thirty (30) volunteers.
2. Provide weekly church services and bible study.
3. Coordinate weekly NA (Narcotics' Anonymous) and AA (Alcohol Anonymous) meetings.
4. Provide the day to day operations of the spiritual needs for the inmates and staff.
5. Coordination of clergy visitations.
6. Schedule the Community pick-up of inmate library.

With the attached Bid Form please provide a brief history of pertinent information concerning your abilities to provide the above specifications particularly working with the prison inmate population.

**BID FORM
RFP NUMBER 10-03
CHAPLAIN'S SERVICES**

PLEASE COMPLETE THE FOLLOWING WITH YOUR PROPOSAL

INFORMATION

Name _____

Address _____ Phone _____

_____ Fax _____

Contact Person _____

Liability Insurance Yes () No () Amount _____

Cost per month \$ _____

Advertisement

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