**First 5 Solano Children and Families Commission**

**Request for Applications #2018-05:**

**Annual Grants Program**

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| **ATTACHMENT A-ANNUAL GRANTS APPLICATION** |
| **COUNTY OF SOLANO****FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION** | **ISSUE DATE** | **April 16, 2018** |
| **REQUEST FOR APPLICATIONS** | **#2018-05** |
| RFA Coordinator: | Megan Richards | Return your Application in a sealed envelope, clearly marked:**First 5 Solano****RFA #2018-05****601 Texas Street, Suite 210** **Fairfield, CA 94533**Applications must be received no later than **May 16, 2018, 5 PM PST**Late Applications will not be accepted. |
| E-mail Address: | merichards@solanocounty.com |
| Address:  | First 5 Solano601 Texas Street, Suite 210 Fairfield, CA 94533 |
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| **Application Instructions:** Applicant must fully complete this Application form, responding to every question. Applicant must fill in desired check boxes and adhere to page limits where indicated.  |

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| **First 5 Solano Annual Grants Program -** **Section 1: Applicant Information** |
| **RFA #2018-05** |
| Applicant Organization: |
| Applicant Contact Name & Phone Number: |
| Applicant Address/City/State/Zip: |
| Form of Business:**[ ]**  For-profit **[ ]**  Non-profit **[ ]**  Government Agency **[ ]**  Other:  |

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| **SECTION 1: APPLICANT INFORMATION (con’t)** |
| The undersigned acknowledges that the County’s Standard Contract (Attachment B to this RFA) has been reviewed and that, if awarded, all terms and conditions are accepted.[ ] [ ]  YES [ ] [ ]  NO If NO, Qualifications to Funding Agreement (no space limit in this section): |
| The undersigned certifies and makes assurance of the Proposer’s compliance with:* All requirements, terms, and conditions of RFA#2018-05;
* The laws of the County of Solano <http://www.solanocounty.com/countycode.asp>;
* Title VI of the federal Civil Rights Act of 1964 <http://www.usdoj.gov/crt/cor/coord/titlevi.htm>l;
* Title IX of the federal Education Amendments Act of 1972 <http://www.usdoj.gov/crt/cor/coord/titleix.htm>l;
* The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government <http://www.usdoj.gov/jmd/ps/4-1.html>;
* The Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government <http://www.ada.gov/pubs/ada.htm>l;
* All contract employees performing services and/or work as a result of this solicitation must have documented legal authority to work in the United States of America;
* The condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and
* The condition that no amount shall be paid directly or indirectly to an employee or official of First 5 Solano as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Proposer in connection with the Procurement under this RFA.

[ ] [ ]  YES [ ] [ ]  NO A NO response shall disqualify this Proposal. |
| **FAILURE TO SIGN THIS SECTION MAY DISQUALIFY YOUR RESPONSE** |
|  |  |  |
| ORGANIZATION |  |  |  |  |
|  |  |  |  |  |
| SIGNATURE |  | DATED |  | FED EMPLOYER ID NO.  |
|  | If signature is other than “Executive Director”, **evidence showing authority to bind the organization must be attached**.  |
| PRINTED NAME |  |
|  |  |
| TITLE |  |

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| **SECTION 1:** |  | **APPLICANT INFORMATION (con’t)** |
| **A.** | **PERSON RESPONSIBLE FOR PREPARATION OF APPLICATION** |
|  |  |  |
|  | **NAME** | **TITLE** |
|  |  |  |  |  |
|  | **ADDRESS** | **FLOOR** | **SUITE** | **ROOM** |
|  |  |  |  |
|  | **CITY** | **STATE** | **ZIP CODE** |
|  |  |  |  |
|  | **PHONE NUMBER** | **FACSIMILE NUMBER** | **CELL PHONE NUMBER (OPTIONAL)** |
|  |  |
|  | **E-MAIL ADDRESS** |
| **B.** | **SIGNATORY ON PAGE 1 (if different than 1.A. above)**  |
|  |  |  |
|  | **NAME** | **TITLE** |
|  |  |  |  |  |
|  | **ADDRESS** | **FLOOR** | **SUITE** | **ROOM** |
|  |  |  |  |
|  | **CITY** | **STATE** | **ZIP CODE** |
|  |  |  |  |
|  | **PHONE NUMBER** | **FACSIMILE NUMBER** | **CELL PHONE NUMBER (OPTIONAL)** |
|  |  |
|  | **E-MAIL ADDRESS** |
| **C.** | **PERSON RESPONSIBLE FOR PROGRAM AND CONTRACT MANAGEMENT** |
|  | [ ] [ ]  Same as Section A above.[ ] [ ]  Same as Section B above. |
|  |  |  |
|  | **NAME** | **TITLE** |
|  |  |  |  |  |
|  | **ADDRESS** | **FLOOR** | **SUITE** | **ROOM** |
|  |  |  |  |
|  | **CITY** | **STATE** | **ZIP CODE** |
|  |  |  |  |
|  | **PHONE NUMBER** | **FACSIMILE NUMBER** | **CELL PHONE NUMBER (OPTIONAL)** |
|  |  |
|  | **E-MAIL ADDRESS** |

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| **SECTION 2** |  | **PROGRAM NARRATIVE (3 pages maximum for A-D)** |
| **A.** | **Project Description:** Please provide a brief description of the project you are proposing. **100 word maximum** |
| **B.** | **Problem Statement: Provide a description of the problem you are trying to solve**. Please include:* Community need you are trying to address or community gap you are trying to fill
* Data, information, and/or community indicators that supports that this is a need/gap
 |
| **C.** | **Solution: Describe the project you are proposing to solve the problem.** Please include:* Your target population
* The geography you intend to serve
* How the project aligns with the First 5 Solano Strategic Framework by Priority, Goal(s) and Result(s)
* If your project is innovative or a new solution, fills a time sensitive community need, and/or fills a community gap
 |
| **D.** | **Intended Outcome: Describe the outcome you hope to achieve.** Please include:* *Short term outcome*-what do you hope to achieve by the end of the project period? How you will measure it?
* *Long term outcome*-describe any long-term impacts you hope to achieve.
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| **SECTION 3** |  | **BUDGET/BUDGET NARRATIVE (2 pages maximum for A&B)** |
| **A.** | **What resources do you need to accomplish this project?** Provide a line item budget utilizing the following format. For staffing, indicate title of position, such as Program Director. For operating expenses, indicate actual expense, such as Office Supplies.Add rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | First 5 Solano Funds | Other Funds | Total Budget |
| Staffing |  |  |  |
| Program Supplies |  |  |  |
| Other (describe) |  |  |  |
| Overhead expenses (no more than 15% personnel and operating expenses) |  |  |  |
| Total: |  |  |  |

 |
| **B.** | **Why do you need the above resources?** Please include FTE or hours for staff assigned to the project, and calculations for operating expenses. Include enough detail to inform reviewers of the need for the expenses requested.  |

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| **SECTION 4:** |  | **QUALIFICATIONS AND EXPERIENCE (1 page maximum)** |
| **A.** | **Describe the qualifications and experience that makes your organization well positioned to implement the project as proposed in this Application.**  |