**Request for Proposals #2019-EE01:**

**CalWORKS Housing Support Program –**

**Housing Navigator Specialist**

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| **ATTACHMENT A - PROPOSAL** |
| **COUNTY OF SOLANO****Health & Social Services Department,** **Employment and Eligibility Division** | **ISSUE DATE** | **September 9, 2019** |
| **REQUEST FOR PROPOSALS** | **#2019-EE01** |
| RFP Coordinator: | Charlene P. Noveras | Return your Proposal in a sealed envelope, clearly marked:**Health and Social Services Department****c/o Charlene P. Noveras****RFP #2019-EE01****275 Beck Avenue, MS 5-150****Fairfield, CA 94533**Proposals must be received no later than **Wednesday, October 16, 2019** **5 PM PST**Late Proposals will not be accepted. |
| E-mail Address: | cnoveras@solanocounty.com |
| Address:  | Health and Social Services Department275 Beck Avenue, MS 5-150Fairfield, CA 94533 |
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| **Proposal Instructions:** Proposers must fully complete this Proposal form (Attachment A), responding to every question, and attach all necessary requested documents. Proposers must fill in desired check boxes and adhere to page limits where indicated.  |

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| **Solano County Employment and Eligibility Services Division** **Request for Proposal** |
| **CalWORKs Housing Support Program – Housing Navigator Specialist RFP #2019-EE01** |
| Proposer Organization: |
| Proposer Contact Name & Phone Number: |
| Proposer Address/City/State/Zip: |
| Form of Business:**[ ]**  For-profit **[ ]**  Non-profit **[ ]**  Government Agency **[ ]**  Other:  |

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| The undersigned acknowledges that the County’s Standard Contract (Attachment C) has been reviewed and that, if awarded, all contract terms and conditions are accepted.[ ] [ ]  YES [ ] [ ]  NO If NO, Qualifications to Funding Agreement (add additional pages as needed): |
| The undersigned certifies and makes assurance of the Proposer’s compliance with:* All requirements, terms, and conditions of RFP#2019-EE01;
* All requirement, terms, and conditions of the Privacy and Security Agreement as referenced in the Solano County Standard Exhibit D <http://www.cdss.ca.gov/Portals/9/ACL/2019/19-56_ES.pdf> and <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL/2019/19-16.pdf>;
* The laws of the County of Solano <https://www.codepublishing.com/CA/SolanoCounty/>;
* Title VI of the federal Civil Rights Act of 1964 <https://www.dol.gov/agencies/oasam/regulatory/statutes/title-vi-civil-rights-act-of-1964>;
* Title IX of the federal Education Amendments Act of 1972

<https://www.justice.gov/crt/title-ix-education-amendments-1972>; * The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government <https://www.dol.gov/ofccp/regs/statutes/eo11246.htm>;
* The Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government <https://www.ada.gov/pubs/ada.htm>;
* 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 Employment and Eligibility Services Division 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 RFP.

[ ] [ ]  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:** |  | **PROPOSER INFORMATION** |
| **A.** | **PERSON RESPONSIBLE FOR PREPARATION OF PROPOSAL** |
|  |  |  |
|  | **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: QUALIFICATIONS AND EXPERIENCE****Four (4) pages maximum, excluding attachments on resume & list of contracts** |
| **A.** | **Describe how you meet the minimum and desired qualifications as described in section 1 – Scope of Services of the RFP. Provide specific examples that will illustrate your experience.**A.1 Minimum qualifications:* Must have existing 2-3 years of established relationship history with landlords and property managers.
* Minimum of 2 years real estate experience, including but not limited, to property management and real estate sales for individual applicants.
* Minimum of 2 years’ experience working with rental properties for low income population.

A.2 Desired qualifications:* Minimum of 3 years’ experience working with disenfranchised and low-income populations.
* Knowledge of the geography, demographics, and social characteristics of Solano County and its immediate county neighbors.
* Existing network with real estate companies/agencies.
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| **B.** | **Describe your capacity and experience to provide the services as outlined in this Request for Proposals.** B.1 Experience: Describe your experience performing work in the goals and activities outlined in Section 1.3 of this Request for Proposals. * Why you are the best suited Proposer to implement these services?
* Describe your knowledge of the various housing programs at the Federal, State and local level and your experience in placing tenants in these types of housing.

 B.2 Capacity - Describe your capacity in developing and sustaining partnerships.* What experience do you have working with governmental agencies? In your response please include length of time, size of agency, and services provided.
* What experience do you have working with the homeless or low-income population and in what role?
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| **C** | **Please attached the following if applicable (not included in the section 2 page requirements):*** Resumes of the 3 key personnel who will oversee the work, to show qualifications and experience. 3 pages maximum for each resume.
* List ofcontracts you currently have or had with Solano County or other county agencies in the last 3 years. Have you maintained contract compliance for any of these contracts? Have you met your deliverables on these contracts? Please describe. 3 pages maximum.
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| **SECTION 3: DESCRIPTION OF SERVICES****Four (4) pages maximum, excluding scope of work logic model format** |
| **A.** | **Provide a clear description of each target deliverables and performance measures that you are proposing to provide based on the goals and suggested activities on 1.3 of this Request for Proposals.**A.1 Networking and recruitment* Provide a networking/outreach plan to reach the target landlords and property managers.

What strategies would you use to recruit targeted landlords and property managers to ensure participation and engagement?Explain your role in developing and sustaining partnerships with landlords, property managers and/or other agencies connected to the housing industry.A.2 Strategies to coordinated entry and retention services * Your strategy/strategies to locate and match eligible homeless families with available rental properties within thirty (30) business days of receiving referral from the HSP Social Worker.
* Describe how you will ensure supportive services for coordinated entry and housing retention are provided as stated on Goal 2, page 5 of this Request for Proposals.

A. 3 Database* Provide a description of the database you will develop, including the data you will collect which you think should be monitored by the program.
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| **B.**  | **Complete the Scope of Work Logic Model Format on the next page.**  |

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| **D. SCOPE OF WORK LOGIC MODEL FORMAT** |
| **Goal 1:** **Establish new partnerships with landlords and property managers**  |
| **Outcome: Please provide your suggested Outcome for Goal 1** |
| **Activity**  | **Target Deliverables**  | **Measurable Tools** |
| 1) Conduct research to identify and locate new units and/or new landlords who can participate in the CalWORKs Housing Support Program within Solano County and neighboring counties. | *Example: Identify 3 potential landlords/property managers per month* | *Example: x number of new landlords willing to work with HSP* |
| 2) Recruit and establish new relationships with landlords and property managers. |  |  |
| 3) Identify new available rental properties from current and new landlords and property managers. |  |  |
| 4) Locate available housing to at least 35 eligible homeless families within thirty (30) business days of referral for the first 5 months of the contract.  |  |  |
| 5) Locate available housing to at least 80% of the new homeless families referred by the program social workers for the remaining 12 months of the contract.  |  |  |
| **Goal 2: Provide support for coordinated entry and housing retention services**  |
| **Outcome: Please provide your suggested Outcome for Goal 2** |
| **Activity**  | **Target Deliverables**  | **Performance Measures** |
| 1)Conduct initial site visits/inspections at prospective new properties to ensure that the units meet guidelines for habitability using the U.S. Department of Housing and Urban Development Inspection Form. |  |  |
| 2) Coordinate with landlords and property managers, and tenants to complete the necessary procedures to certify unit habitability, facilitate negotiations to enter into a lease agreement. |  |  |
| 3) Meet with homeless families and attend case conferences to help determine suitable housing placements for each homeless family in the priority list.  |  |  |
| 4)Assist social worker and eligible homeless families in making moving arrangements, completing required documents such as paperwork, background check, identification documents, to expedite housing placements |  |  |
| 5)Negotiate and arrange mediation with landlords and property management in conflict with current or former tenants to retain housing. Negotiation include but not limited to rental payments, incentives, and allowable repairs. |  |  |
| 6)Provide necessary capacity building or training to eligible homeless families or current tenants to prevent housing issues in the future that will lead to cancelation of contracts and re-entry to homelessness.  |  |  |
| **Goal 3: Develop HSP database on landlords and property managers** |
| **Outcome: Please provide your suggested Outcome for Goal 3** |
| **Activity**  | **Target Deliverables**  | **Performance Measures** |
| 1)Develop and manage a simple and functional database to monitor partnerships with landlords, unit owners, and property managers; available and filled units; housing placements; new unit’s capacity; unit habitability; and all other categories and indicators needed by the program to fulfill its goals.  |  |  |

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| **SECTION 4: BUDGET/BUDGET NARRATIVE****Two (2) pages maximum for budget narrative** |
| **A.** | **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 | CalWORKs Housing Support Program | Other Sources of Funds | Total Budget |
| Staffing  |  |  |  |
| Operating Expenses  |  |  |  |
| Overhead expenses (no more than 15% of total budget) |  |  |  |
| Other (describe) |  |  |  |
| Total: |  |  |  |

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| **B.** | **Provide a budget narrative explaining your costs** 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. Generally, Solano County pays by line item in arrears. If you are requesting a different payment methodology due to the nature of your proposal or organization, please indicate that here with a justification of why a different methodology is needed. *Note: Alternate payment methodologies are not guaranteed and will be discussed during contract negotiations.*  |
| **C.** | Provide audited financial statements for the last two full years (including Management Letter(s) if issued); or if Proposer does not have audited financial statements, provide unaudited statements of revenue and expenditures (and balance sheet if applicable) and explain why the Proposer has no audited financial statements.*Note: This submittal is to be provided as a separate attachment, clasped separately, from the sequentially numbered pages of the rest of the Proposal. Audited financial statements are not included in the maximum page requirements.*  |