**Request for Proposals #2020-06:**

**Community Investment Fund**

**Mental Health First Aid**

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| **ATTACHMENT A - PROPOSAL** | | | |
| **COUNTY OF SOLANO**  **County Administrator’s Office** | | **ISSUE DATE** | **May 13, 2020** |
| **REQUEST FOR PROPOSALS** | **#2020-06** |
| RFP Coordinator: | Megan Richards | Proposals must be emailed to [merichards@solanocounty.com](mailto:merichards@solanocounty.com) with the subject line as **RFP #2020-06 Proposal Submission** and must be received by **5:00 PM PST on Wednesday, June 17, 2020** in accordance with section 2.5 of the RFP**.**  Late Proposals will not be accepted. | |
| E-mail Address: | merichards@solanocounty.com |
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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 Community Investment Fund**  **Mental Health First Aid Request for Proposal** |
| **RFP #2020-06** |
| Proposer Organization: |
| Proposer Address/City/State/Zip: |
| Form of Business:  For-profit  Non-profit  Government Agency  Other: |

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| **Solano Community Investment Fund**  **Mental Health First Aid Request for Proposal** | | | | | |
| **RFP #2020-06** | | | | | |
| The undersigned acknowledges that the County’s Standard Contract (Attachment B) 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#2020-06; * 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.hhs.gov/civil-rights/for-individuals/special-topics/needy-families/civil-rights-requirements/index.html>; * Title IX of the federal Education Amendments Act of 1972 <https://www.justice.gov/crt/overview-title-ix-education-amendments-1972-20-usc-1681-et-seq>; * The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government <https://www.eeoc.gov/policy/laws.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 The County of 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 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** | | | **E-MAIL ADDRESS** | | **CELL PHONE NUMBER (OPTIONAL)** | | |
|  | **PRIMARY CONTACT RELATED TO THIS PROPOSAL**  **INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS PROPOSAL** | | | | | | | |
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| **B.** | **SIGNATORY ON PAGE 1 (if different than 1.A. above)** | | | | | | | |
|  |  | | | |  | | | |
|  | **NAME** | | | | **TITLE** | | | |
|  |  | | | | |  |  |  |
|  | **ADDRESS** | | | | | **FLOOR** | **SUITE** | **ROOM** |
|  |  | | | | |  |  | |
|  | **CITY** | | | | | **STATE** | **ZIP CODE** | |
|  |  | | |  | |  | | |
|  | **PHONE NUMBER** | | | **E-MAIL ADDRESS** | | **CELL PHONE NUMBER (OPTIONAL)** | | |
|  | **PRIMARY CONTACT RELATED TO THIS PROPOSAL**  **INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS PROPOSAL** | | | | | | | |
|  |  | | | | | | | |
| **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** | | | **E-MAIL ADDRESS** | | **CELL PHONE NUMBER (OPTIONAL)** | | |
|  | **PRIMARY CONTACT RELATED TO THIS PROPOSAL**  **INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS PROPOSAL** | | | | | | | |
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| **SECTION 2** | |  | **PROGRAM DESCRIPTION** |
|  | **Instructions:** Please complete the following program description. | | |
| **A.** | **Geography:** Please check the location where activities will be provided/targeted.   * City (Please Specify): * Regional (Please Specify): * Countywide   Provide a brief justification (1 paragraph) for the geography to be served and the proportional amount applied for. | | |
| **B.** | Provide a description of how you will implement Mental Health First Aid training. (3 pages maximum)  Please include:   * Target audience * Start up plan to get instructors trained * Training plan * Outreach plan * If you are interested in coordinating Mental Health First Aid training across providers and your plan for coordination. | | |

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| **C. Service Counts**  **Instructions:**  Provide complete the following table. Please see each column for further instructions. | | | | |
|  | **Number of Trainings**  (How many trainings will you offer annually by year. If you have specific target audiences, specify how many trainings per audience.) | **Average Number of Participants per Training**  (How many people you expect in each training. If this differs by target audience, please specify.) | **Total Number of Participants Trained**  (Number of trainings x average number of participants per training) | **Cost per Participant**  (Budget/total number of participants) |
| **FY2020/21** |  |  |  |  |
| **FY2021/22** |  |  |  |  |
| **FY2022/23** |  |  |  |  |

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| **SECTION 3: QUALIFICATIONS AND EXPERIENCE** | | |
| **A.** | **Describe the capacity of the organization to provide Mental Health First Aid training.** **(2 pages maximum)**.  Please include:   * Experience doing work in the Mental Health and/or provider training. * Why your organization is best suited to implement the project. * Qualifications and experience of key personnel who will be implementing the project and providing training. |

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| **SECTION 4** | |  | **BUDGET/BUDGET NARRATIVE** |
| **A.** | **Provide an annual line item budget utilizing the following format. Provide a budget for each year of the Proposal (FY2020/21, FY2021/22, FY2022/23).**  For staffing, indicate title of position, such as Program Director. For operating expenses, indicate actual expense, such as Office Supplies. Add rows as necessary.   |  |  |  |  | | --- | --- | --- | --- | | FY20\_\_/\_\_ | | | | | Item | Solano County | Other Funds contributing to the project (identify source in narrative) | Total Budget | | Staffing |  |  |  | | Operating Expenses |  |  |  | | Overhead expenses (no more than 15% of total budget) |  |  |  | | Other (describe) |  |  |  | | Total: |  |  |  | | | |
| **B.** | **Provide a budget narrative explaining your costs (2 pages maximum).** 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. If you are requesting funds for Mental Health First Aid training coordination, please specify the approximate amount of funds that will be dedicated to the coordination function.  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: If audited financial statements are available on the agency website, please indicate the links to access the financial statements. If financial statements are not available on the agency website, please attached them to the electronic submission.** | | |