

Solano County Board of Supervisors
County Administrator's Office



**SOLANO
COUNTY**

Request for Proposals #2021-02: Community Investment Fund - Annual Grants

ATTACHMENT A - PROPOSAL

COUNTY OF SOLANO County Administrator's Office	ISSUE DATE	February 1, 2021
	REQUEST FOR PROPOSALS	#2021-02
RFP Coordinator: Megan Richards E-mail Address: merichards@solanocounty.com	Submit Proposals to: MERichards@solanocounty.com Subject Line: RFP #2021-02 Annual Grant Proposal Submission Proposals must be received no later than March 16, 2021, 5:00 PM PST <u>Late Proposals will not be accepted.</u>	
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.		

Solano Community Investment Fund Annual Grants Request for Proposal

RFP #2021-02

Proposer Organization:

Proposer Address/City/State/Zip:

Form of Business:

☐ For-profit ☐ Non-profit ☐ Government Agency ☐ Other:

Solano Community Investment Fund Annual Grants Request for Proposal

RFP #2020-02

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#2021-02;
- 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/title-ix-education-amendments-1972>
- The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government <https://www.eeoc.gov/statutes/laws-enforced-eeoc>
- The Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government <http://www.ada.gov/pubs/ada.html>;
- 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. _____

PRINTED NAME _____

TITLE _____

If signature is other than "Executive Director", **evidence showing authority to bind the organization must be attached.**

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)		
<input type="checkbox"/> PRIMARY CONTACT RELATED TO THIS PROPOSAL <input type="checkbox"/> INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS PROPOSAL						
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)		
<input type="checkbox"/> PRIMARY CONTACT RELATED TO THIS PROPOSAL <input type="checkbox"/> INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS PROPOSAL						
C. PERSON RESPONSIBLE FOR PROGRAM AND CONTRACT MANAGEMENT						
<input type="checkbox"/> Same as Section A above. <input type="checkbox"/> Same as Section B above.						
NAME			TITLE			
ADDRESS			FLOOR	SUITE	ROOM	
CITY			STATE	ZIP CODE		
PHONE NUMBER		E-MAIL ADDRESS		CELL PHONE NUMBER (OPTIONAL)		
<input type="checkbox"/> PRIMARY CONTACT RELATED TO THIS PROPOSAL <input type="checkbox"/> INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS PROPOSAL						

SECTION 2 PROGRAM DESCRIPTION	
A.	Instructions: Please check the priority area(s) you are applying for in this proposal. And provide a brief summary of your project (200 words maximum)
	<input type="checkbox"/> Mental Health <input type="checkbox"/> Housing <input type="checkbox"/> Homelessness <input type="checkbox"/> Early Education <input type="checkbox"/> Youth Development <input type="checkbox"/> Safe and Stable Environments for Children
B.	Geography: Please check the location where activities will be provided/targeted. <input type="checkbox"/> City (Please Specify): <input type="checkbox"/> Regional (Please Specify): <input type="checkbox"/> Countywide
C.	Provide a description of the activities that you will provide. (2 pages maximum). Please include: <ul style="list-style-type: none"> • The specific priority you are trying to address and your program strategy to address it. • Description of how activities will be implemented, your expected results, and how you will evaluate your results. • How activities will be integrated within your agency and within other community efforts. • How you will ensure your activities are equitable and inclusive.

D. Logic Model

Instructions: Provide a brief logic model for your program, including your activities, service counts, and results/outcomes. Be specific and include numbers served and percent of population served that will improve after services. Please see each column for further instructions. **(2 pages maximum)**

Activities/Outputs: Please list your 1-3 main activities and tasks associated with those activities.

Service Counts: # Served:
Unduplicated clients & Service
Units/Length of Time: Counts of
services (how often; how long)

Results/Outcomes: What outcomes relating to this activity will be achieved by the end of the services/year? What percent of clients will be better off and how will you measure it?

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SECTION 3: QUALIFICATIONS AND EXPERIENCE	
A.	<p>Describe the capacity of the organization to provide the activities as outlined in your priority area and proposed strategy. (2 pages maximum).</p> <p>Please include:</p> <ul style="list-style-type: none">• Experience doing work in the selected priority area.• Why your organization is best suited to implement the project.• Qualifications and experience of key personnel who will be implementing the project.

SECTION 4 BUDGET/BUDGET NARRATIVE

A.	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: center;">Item</th><th style="width: 25%; text-align: center;">Solano County</th><th style="width: 25%; text-align: center;">Other Funds contributing to the project (identify source in narrative)</th><th style="width: 15%; text-align: center;">Total Budget</th></tr> </thead> <tbody> <tr> <td>Staffing</td><td></td><td></td><td></td></tr> <tr> <td>Operating Expenses</td><td></td><td></td><td></td></tr> <tr> <td>Overhead expenses (no more than 15% of total budget)</td><td></td><td></td><td></td></tr> <tr> <td>Other (describe)</td><td></td><td></td><td></td></tr> <tr> <td style="text-align: right;">Total:</td><td></td><td></td><td></td></tr> </tbody> </table>				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:			
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Other (describe)																												
Total:																												
B.	<p>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. 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.</p>																											
C.	<p>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.</p> <p>Note: Only two copies of the audited financial statements are required. This submittal is to be provided as a separate attachment, clasped separately, from the sequentially numbered pages of the rest of the Proposal.</p>																											