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**First 5 Solano Children and Families Commission**

**Request for Qualifications #2021-05:**

**Technical Assistance and**

**Capacity Building Services**

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| **ATTACHMENT A - PROPOSAL** | | | |
| **COUNTY OF SOLANO**  **County Administrator’s Office** | | **ISSUE DATE** | **April 5, 2021** |
| **REQUEST FOR PROPOSALS** | **#2021-05** |
| RFP Coordinator: | Lorraine Fernandez | **Submit Proposals to:**  [**lfernandez@solanocounty.com**](mailto:lfernandez@solanocounty.com)  **Subject Line: RFP #2021-05 Technical Assistance and Capacity Building Services Proposal Submission**  Proposals must be received no later than  **May 10, 2021, 5:00 PM PST**  Late Proposals will not be accepted. | |
| E-mail Address: | [lfernandez@solanocounty.com](mailto:lfernandez@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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| **Technical Assistance and**  **Capacity Building Services Request for Proposal** |
| **RFP #2021-05** |
| Proposer Organization: |
| Proposer Address/City/State/Zip: |
| Form of Business:  Individual Consultant For-profit  Non-profit  Government Agency  Other: |

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| **Technical Assistance and Capacity Building Services**  **Request for Proposal** | | | | | |
| **RFP #2021-05** | | | | | |
| 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 (no space limit in this section) | | | | | |
| The undersigned certifies and makes assurance of the Proposer’s compliance with:   * All requirements, terms, and conditions of RFP#2021-05; * 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.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. |
|  | **The signatory of this document certifies that they have the proper authority to bind the entity to all terms and conditions set forth in this Proposal.** | | | | |
| 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 CORRESPONDENCE 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 CORRESPONDENCE RELATED TO THIS PROPOSAL** | | | | | | | |
|  |  | | | | | | | |
| **C.** | **PERSON RESPONSIBLE FOR 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 CORRESPONDENCE RELATED TO THIS PROPOSAL** | | | | | | | |
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| **SECTION 2:** | |  | **QUALIFICATIONS AND EXPERIENCE** |
|  | Indicate which technical assistance capacity building areas can provided by the applicant:  **(*Hold cursor over checkbox and “click” to check the boxes that apply)***  Advancing Equity  Board Development  Fundraising  Grant Writing  Data/Evaluation  Implementing Trauma Informed Practices  Marketing/Outreach  Organizational Assessment  Organizational Changes  Strategic Development/Strategic Planning  Technology  Volunteer Management  Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Briefly describe your approaches and practices to support nonprofits and community partners for each area indicated above.**  **(200 word maximum for each area)** | | |
| **B.** | **Describe the capacity, qualifications and relevant experience that qualify you to provide services as outlined in this RFQ. (2 page maximum) Please include:**  Experience in the field of technical assistance and capacity building and a description of the types of technical assistance and capacity building services that are provided by your organization. | | |
| **C.** | **Qualifications and experience of key personnel who will be providing the consulting services. Please include:**   * One-page resume for each key staff member who could provide services. | | |
| **SECTION 3: REFERENCES** | | | |
| **A.** | **Client References: Provide list of three client references.**  **(1 page maximum) Please include:**   * Organization name. * Brief description of the project, including timeframe of project. * Contact person’s name, email address and telephone number. | | |
| **SECTION 4: FEE STRUCTURE** | | | |
| **A.** | **Please describe your fee structure for delivering the consulting services.**  **(1 page maximum) Please include:**   * What is the hourly rate for your services? * Are there any charges that are in addition to the hourly rate? | | |