

Solano County Board of Supervisors
County Administrator's Office



**SOLANO
COUNTY**

Request for Proposals #2021-01: Community Investment Fund Transition Age Youth Homeless Grant

ATTACHMENT A - PROPOSAL

COUNTY OF SOLANO County Administrator's Office	ISSUE DATE	February 1, 2021
	REQUEST FOR PROPOSALS	#2021-01
RFP Coordinator: Megan Richards E-mail Address: MERichards@solanocounty.com	Submit Proposals to: MERichards@solanocounty.com Subject Line: Subject Line: RFP #2021-01 TAY Homeless Grant Proposal Submission Proposals must be received no later than March 15, 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 Transition Age Youth Homeless Grant Request for Proposal

RFP #2021-01

Proposer Organization:

Proposer Address/City/State/Zip:

Form of Business:

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

Solano Community Investment Fund Transition Age Youth Homeless Grant Request for Proposal

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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#2021-01;
- 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.	Program Summary: (200-word maximum) Please provide a brief description of your proposed program.
B.	Target Population: (200-word maximum) Please describe the population you hope to serve, including: <ul style="list-style-type: none"> • The location where activities will be provided/targeted (city, regional, or countywide) • If you will be targeting or limiting services to one or more specific subpopulations (e.g. youth in or exiting probation, former foster youth, or LGBTQIA+,)
C.	Provide a description of your program. (3 pages maximum). Please include: <ul style="list-style-type: none"> • A clear description of the temporary housing and/or permanent housing with supportive services that you will provide • How your agency will outreach and accept referrals • How your agency will intake clients, track client data and releases of information • What are your expected outcomes and how will they be documented and evaluated • How activities will integrate with other services at your agency, and within the community, including other homeless service providers • How your agency will sustain the activities and outcomes achieved through the program following the end of the grant period, including applying for and securing state and federal grants

D. Logic Model (2-page maximum per year)

Instructions: Provide a brief logic model for your program, including your activities, service counts, and outcomes. Provide 1 logic model for each program year (Year 1: Aprox June 1, 2021-June 30, 2022; Year 2: July 1, 2022-June 30, 2023). Please include start up activities in Year 1. Please see each column for further instructions.

Year __

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?

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 strategy area.• Why your organization is best suited to implement the project.• Qualifications, training and experience of key personnel who will be implementing the project.

SECTION 4 BUDGET/BUDGET NARRATIVE

Provide an annual line item budget utilizing the following format. Provide a budget for each year of the Proposal (Year 1: aprox June 1, 2021-June 30, 2022; Year 2 July 1, 2022-June 30, 2023):.

For staffing, indicate title of position, such as Program Director. For operating expenses, indicate actual expense, such as Office Supplies. Add rows as necessary.

Year _____			
Item	Solano County	Other Funds contributing to the project (identify source C below)	Total Budget
Staffing			
Operating Expenses			
Overhead expenses (no more than 15% of total budget)			
Other (describe)			
Total:			

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. Explain differences between program years. 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.

Describe other funds contributing to the project. These may be in-kind or cash match. Please note if the funding sources are secured, or unsecured/anticipated. **(1-page maximum)**

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 as a separate attachment.