**First 5 Solano Children and Families Commission**

**Request for Proposals #2019-01:**

**First 5 Center (F5C) Operator**

|  |  |  |  |
| --- | --- | --- | --- |
| **ATTACHMENT A – PROPOSAL FORM** | | | |
| **COUNTY OF SOLANO**  **FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION** | | **ISSUE DATE** | **January 9, 2019** |
| **REQUEST FOR PROPOSALS** | **#2019-01** |
| RFP Coordinator: | Megan Richards | Return your Proposal in a sealed envelope, clearly marked:  **First 5 Solano**  **RFP #2019-01**  **601 Texas Street, Suite 210**  **Fairfield, CA 94533**  Proposals must be received no later than  **February 27, 2019, 5 PM PST**  Late Proposals will not be accepted. | |
| E-mail Address: | merichards@solanocounty.com |
| Address: | First 5 Solano  601 Texas Street, Suite 210 Fairfield, CA 94533 |
|  | |
| **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. | | | |

|  |
| --- |
| **First 5 Solano F5C Operator Request for Proposal** |
| **RFP #2019-01** |
| Proposer Organization: |
| Proposer Contact Name & Phone Number: |
| Proposer Address/City/State/Zip: |
| Form of Business:  For-profit  Non-profit  Government Agency  Other: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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#2018-06; * The laws of the County of Solano <http://www.solanocounty.com/countycode.asp>; * Title VI of the federal Civil Rights Act of 1964 <http://www.usdoj.gov/crt/cor/coord/titlevi.htm>l; * Title IX of the federal Education Amendments Act of 1972 <http://www.usdoj.gov/crt/cor/coord/titleix.htm>l; * The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government <http://www.usdoj.gov/jmd/ps/4-1.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 First 5 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 |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | |
|  |  | | | | | | | |
| **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** | | | | | | | |
|  |  | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 2:** | |  | **QUALIFICATIONS AND EXPERIENCE** | |
| **A.** | | **Describe the capacity of the organization to provide services as outlined in this Request for Proposals.** **(2 page maximum)**. Please articulate:   * Experience in the field of early childhood health, early care and education, and family strengthening services. * Capacity of the organization to accomplish a program of like scope/scale. Provide specific examples of successfully delivered projects * Organizational infrastructure appropriate to support program, including infrastructure related to fiscal capacity and data collection. | | |
| **B** | | **Describe the organization’s experience developing and sustaining partnerships with community partners. Include experience with community partnerships specifically in Vallejo, if applicable. (1 page maximum)** | | |
| **C.** | | **Describe the qualifications and experience of key personnel who will oversee and deliver services in the F5C**. If specific personnel is not yet on board, provide a brief job description of the key personnel. **(1 page maximum)**. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3** | |  | **DESCRIPTION OF SERVICES/SCOPE OF WORK** |
| **A.** | **Provide an overall description of the program design, including frequency and duration of individual programming, and an appropriate mix of curriculum to accomplish F5C goals (3 pages maximum).** | | |
| **B.** | **Provide a sample calendar of the activities at the F5C for a standard week (1 page maximum)** | | |
| **C.** | **Provide an outreach plan. (1 page maximum).** Please address:   * How you will recruit targeted families to ensure participation and ongoing engagement * How you will engage with the wider community | | |
| **D.** | **Describe what you know about the Vallejo community, its families in the downtown area, and your connection to the community or how you intend to quickly integrate and become connected to the community (1 page maximum)**. | | |
| **E.** | **Using the following pages, provide a separate scope of work/logic model for each section of services as described in section 1.3 of the RFP (2 page maximum for each priority; add lines/rows as necessary)**:   * Health & Well-Being * Early Learning and Development * Family Support and Parent Education * Community Connection and Resources   Ensure you provide a description of both the activity and the measurable outcomes. | | |

| **ANNUAL SCOPE OF WORK/LOGIC MODEL –JULY 1 -JUNE 30** | | | |
| --- | --- | --- | --- |
| **EXAMPLE** | | | |
| **F5C Strategy** | **Activity** | **SERVICE COUNTS** | **OUTCOME** |
| *What is the broad strategy you will be addressing?* | *What specific activities will you be providing? Include curriculum, target audience, length of the service, service delivery method, frequency, duration, etc.* | *The number and length of activities and the number of people who will be served (adults and/or children).* | *The percentage of people for whom the service will affect a desired change. Please indicate how the change will be measured.* |
| ***EXAMPLE:***  *Health Education Classes* | Provide weekly in-person Health Education Workshops on topics such as breastfeeding, prenatal health, newborn care etc. | 52 classes  260 unduplicated parents served | 90% parents will have improved knowledge in topic area as measured by pre/post survey |
| ***EXAMPLE:***  *Healthy Nutrition Classes* | Provide four 8-week Nutrition cohorts using the Eat, Play, Grow Curriculum. | Four 8-week cohorts of weekly 1 hour classes  20 parents and 20 children unduplicated parents served | 90% parents improved knowledge of healthy nutrition as measured by pre/post survey |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **HEALTH AND WELL-BEING**  **ANNUAL SCOPE OF WORK/LOGIC MODEL: JULY 1 - JUNE 30** | | | |
| --- | --- | --- | --- |
| **F5C Strategy** | **Activity** | **SERVICE COUNTS** | **OUTCOME** |
| *What is the broad strategy you will be addressing?* | *What specific activities will you be providing? Include curriculum, target audience, length of the service, service delivery method, frequency, duration, etc.* | *The number and length of activities and the number of people who will be served (adults and/or children).* | *The percentage of people for whom the service will affect a desired change. Please indicate how the change will be measured.* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **EARLY CHILDHOOD LEARNING AND DEVELOPMENT**  **ANNUAL SCOPE OF WORK/LOGIC MODEL: JULY 1 - JUNE 30** | | | |
| --- | --- | --- | --- |
| **F5C Priority** | **Activity** | **SERVICE COUNTS** | **OUTCOME** |
| *What is the broad strategy you will be addressing?* | *What specific activities will you be providing? Include curriculum, target audience, length of the service, service delivery method, frequency, duration, etc.* | *The number and length of activities and the number of people who will be served (adults and/or children).* | *The percentage of people for whom the service will affect a desired change. Please indicate how the change will be measured.* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **FAMILY SUPPORT AND PARENT EDUCATION**  **ANNUAL SCOPE OF WORK/LOGIC MODEL: JULY 1 - JUNE 30** | | | |
| --- | --- | --- | --- |
| **F5C Priority** | **Activity** | **SERVICE COUNTS** | **OUTCOME** |
| *What is the broad strategy you will be addressing?* | *What specific activities will you be providing? Include curriculum, target audience, length of the service, service delivery method, frequency, duration, etc.* | *The number and length of activities and the number of people who will be served (adults and/or children).* | *The percentage of people for whom the service will affect a desired change. Please indicate how the change will be measured.* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **COMMUNITY CONNECTION AND RESOURCES**  **ANNUAL SCOPE OF WORK/LOGIC MODEL: JULY 1 - JUNE 30** | | | |
| --- | --- | --- | --- |
| **F5C Priority** | **Activity** | **SERVICE COUNTS** | **OUTCOME** |
| *What is the broad strategy you will be addressing?* | *What specific activities will you be providing? Include curriculum, target audience, length of the service, service delivery method, frequency, duration, etc.* | *The number and length of activities and the number of people who will be served (adults and/or children).* | *The percentage of people for whom the service will affect a desired change. Please indicate how the change will be measured.* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 4** | |  | **F5C OPERATIONS** |
| **A.** | **Provide a plan which outlines the necessary steps for your organization to start-up the F5C (1 page maximum).** | | |
| **B.** | **Describe how you will ensure services are meeting the needs of the community on an on-going basis (1 page maximum).** | | |
| **C.** | **Provide an evaluation plan which reflects the outcomes in your scope of work (1 page maximum).** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 4** | |  | **BUDGET/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 | First 5 Solano Funds | Other Funds | 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 listing other funds that will contribute to the project, please detail the source of the other funds and if they are projected or secured. | | |
| **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.** | | |