**First 5 Solano Children and Families Commission**

**Request for Applications #2020-05:**

**Annual Grants Program**

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| **ANNUAL GRANTS APPLICATION** |
| **COUNTY OF SOLANO****FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION** | **ISSUE DATE** | **May 13, 2020** |
| **REQUEST FOR APPLICATIONS** | **#2020-05** |
| RFA Coordinator: | Juanita Morales | **Email your Application to:****cfcsolano@solanocounty.com**Applications must be received no later than **June 08, 2020, 5 PM PST**Late Applications will not be accepted. |
| E-mail Address: | JSMorales@solanocounty.com |
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| **Application Instructions:** Applicant must fully complete this Application form, responding to every question. Applicant must fill in desired check boxes and adhere to page limits where indicated.  |

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| **First 5 Solano Annual Grants Program - Request for Application** |
| **RFA #2020-05** |
| Proposer Organization: |
| Proposer Contact Name & Phone Number: |
| Proposer Address/City/State/Zip: |
| Form of Business:**[ ]**  For-profit **[ ]**  Non-profit **[ ]**  Government Agency **[ ]**  Other:  |

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| The undersigned acknowledges that the County’s Standard Contract (Attachment B to this RFA) has been reviewed and that, if awarded, all 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#2020-05;
* 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/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:** |  | **APPLICANT INFORMATION** |
| **A.** | **PERSON RESPONSIBLE FOR PREPARATION OF APPLICATION** |
|  |  |  |
|  | **NAME** | **TITLE** |
|  |  |  |  |  |
|  | **ADDRESS** | **FLOOR** | **SUITE** | **ROOM** |
|  |  |  |  |
|  | **CITY** | **STATE** | **ZIP CODE** |
|  |  |  |  |
|  | **PHONE NUMBER** | **FACSIMILE NUMBER** | **CELL PHONE NUMBER (OPTIONAL)** |
|  |  |
|  | **E-MAIL ADDRESS** |
| **B.** | **SIGNATORY ON PAGE 1 (if different than 1.A. above)**  |
|  |  |  |
|  | **NAME** | **TITLE** |
|  |  |  |  |  |
|  | **ADDRESS** | **FLOOR** | **SUITE** | **ROOM** |
|  |  |  |  |
|  | **CITY** | **STATE** | **ZIP CODE** |
|  |  |  |  |
|  | **PHONE NUMBER** | **FACSIMILE NUMBER** | **CELL PHONE NUMBER (OPTIONAL)** |
|  |  |
|  | **E-MAIL ADDRESS** |
| **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** | **FACSIMILE NUMBER** | **CELL PHONE NUMBER (OPTIONAL)** |
|  |  |
|  | **E-MAIL ADDRESS** |

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| **SECTION 2** |  | **PROGRAM NARRATIVE (3 pages maximum)** |
| **A.** | **Project Description:** Please provide a brief description of the project you are proposing. **100 word maximum** |
| **B.** | **Problem Statement: Provide a description of the problem you are trying to solve**. Please include:* Community need you are trying to address or community gap you are trying to fill
* Data, information, and/or community indicators that supports that this is a need/gap
 |
| **C.** | **Solution: Describe the project you are proposing to solve the problem.** Please include:* Your target population
* The geography you intend to serve
* How the project aligns with the First 5 Solano Strategic Framework by Priority, Goal(s) and Result(s)
* If your project is innovative or a new solution
 |
| **D.** | **Intended Outcome: Describe the outcome you hope to achieve.** Please include:* *Short term outcome*-what do you hope to achieve by the end of the project period? How you will measure it?
* *Long term outcome*-describe any long-term impacts you hope to achieve.
* What collaborations /coalitions /partnerships etc. are you actively involved in?
* How does this strengthen your program?
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| **E.**  | **Sustainability:** Describe how at least one component of the project will be sustained beyond the initial funding from First 5 Solano. |

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| **SECTION 3** |  | **BUDGET/BUDGET NARRATIVE (2 pages maximum)** |
| **A.** | **What resources do you need to accomplish this project?** 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.

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| --- | --- | --- | --- |
| Item | First 5 Solano Funds | Other Funds | Total Budget |
| Staffing |  |  |  |
| Program Supplies |  |  |  |
| Overhead expenses (no more than 15% of total budget) |  |  |  |
| Other (describe) |  |  |  |
| Total: |  |  |  |

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| **B.** | **Why do you need the above resources?** 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.  |
| **C.** | **What is your cost per participant?** Divide the amount of funding requested by the target number of participants (participants may be children, parents, or providers) (Example $20,000/50 children= $400/child) Cost per participant=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **SECTION 4:** |  | **QUALIFICATIONS AND EXPERIENCE (1 page maximum)** |
| **A.** | **Describe the qualifications and experience that makes your organization well positioned to implement the project as proposed in this Application.**  |

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| **B.**  | **What collaborations/coalitions/partnerships etc. are you actively involved** **in?** How do these strengthen your project?  |