**Request for Proposals #2023-01:**

**Help Me Grow Solano**

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| **ATTACHMENT A - PROPOSAL** | | | |
| **COUNTY OF SOLANO**  **First 5 Solano Children and Families Commission** | | **ISSUE DATE** | **January 9, 2023** |
| **REQUEST FOR PROPOSALS** | **#2023-01** |
| RFP Coordinator: | Juanita Morales | Return your Proposal in a sealed envelope, clearly marked:  **First 5 Solano**  **Help Me Grow**  **RFP #2023-05**  **3375 Sonoma Blvd. Suite 30**  **Vallejo, CA 94590**  Proposals must be received no later than  **February 24, 2023, 5 PM PST**  Late Proposals will not be accepted. | |
| E-mail Address: | jsmorales@solanocounty.com |
| Address: | First 5 Solano  3375 Sonoma Blvd. Ste. 30  Vallejo, CA 94590 |
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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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| **First 5 Solano Help Me Grow Solano Request for Proposal** |
| **RFP #2023-01** |
| Proposer Organization: |
| Proposer Address/City/State/Zip: |
| Form of Business:  For-profit  Non-profit  Government Agency  Other: |

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| **First 5 Solano Help Me Grow Solano Request for Proposal** | | | | | |
| **RFP #2023-01** | | | | | |
| 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#2023-05; * 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** | | | | | |
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| 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:** | |  | **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** | | | | | | | |
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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 CORRESPONDANCE RELATED TO THIS PROPOSAL** | | | | | | | |
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| **C.** | **PERSON RESPONSIBLE FOR PROGRAM AND CONTRACT MANAGEMENT** | | | | | | | |
|  | Same as Section A above.  Same as Section B above. | | | | | | | |
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|  | **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** | | | | | | | |
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| **SECTION 2:** | |  | **PROGRAM DESCRIPTION** |
| **A.** | **Instructions: Provide a description of how your program supports the HMG system and aligns with First 5 Solano’s mission. Please include:** | | |
| **Statement:**   * Describe how your organization supports the core components and structural requirements of the HMG model * Identify how your program aligns with the Commission’s Strategic Plan, at the Priority, Goals, and Results levels * Provide data, information, and/or community indicators that show how your organization reflects this | | |
| **B.** | **Solution:**  Please include:   * Your target population * Describe how your organization will promote cross-sector collaboration to build an eﬃcient and eﬀective early childhood continuum of care | | |
| **C.** | **Provide a description of the activities that you will provide. (2 pages maximum)**.  Please include:   * 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 | | |

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| **D.** | Logic Model  Instructions:   * Provide a brief logic model for your program, including your activities, short term outcomes, and long term or community outcomes. Be specific and include numbers served and percent of population served that will improve after services. Please see each column for further instructions. (1-page maximum) | | |
| Activities/Outputs: Please list your 1-3 main activities related to the selected priority area(s) and strategies. | | Short Term Results/Outcomes: What outcomes relating to this activity will be achieved by the end of the contract period? | Long Term or Community Outcomes: What longer term outcomes or community impacts will your program contribute to as a result of the activity? |
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| **SECTION 3: QUALIFICATIONS AND EXPERIENCE** | |
| **A.** | **Describe the capacity of the organization to provide the activities as outlined in your proposal.** **(2 pages maximum)**.  Please include:   * Experience doing work in the selected priority area * Why your organization is best suited to implement the program * Past accomplishment or current projects that relate to the type of work required * Qualifications and experience of key personnel who will be implementing the program |

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| **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 | Other Funds | Total Budget | | **Personnel** |  |  |  | | Staff Member 1: Title |  |  |  | | Staff Member 2: Title |  |  |  | | Benefits |  |  |  | | **Operating Expenses** |  |  |  | | Rent/Utilities |  |  |  | | Training/Travel |  |  |  | | IT/Phone |  |  |  | | Office Supplies |  |  |  | | Client Support |  |  |  | | Program Supplies |  |  |  | | Other |  |  |  | | **Indirect/Administration** |  |  |  | | **Grand Total Expenses** |  |  |  | | | |
| **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. 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. | | |