**First 5 Solano Children and Families Commission**

**Request for Applications #2023-04:**

**Annual Grants Program**

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| **ANNUAL GRANTS APPLICATION** |
| **COUNTY OF SOLANO****FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION** | **ISSUE DATE** | **January 17, 2023** |
| **REQUEST FOR APPLICATIONS** | **#2023-04** |
| RFA Coordinator: | Juanita Morales | Return your Application by e-mail to: cfcsolano@solanocounty.comApplications must be received no later than **March 6, 2023, 5 PM PST**Late Applications will not be accepted. |
| E-mail Address: | JSMorales@solanocounty.com |
| Address:  | First 5 Solano3375 Sonoma Blvd.Vallejo, CA 94590 |
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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 #2023-04** |
| 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 RFA#2022-04;
* 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.eeoc.gov/statutes/title-vii-civil-rights-act-1964> ;
* 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/federal-sector/statutes-and-regulations> ;
* 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 |  |

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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:* + - * What problem are you trying to solve and how does your proposed project solve that problem?
* Community need you are trying to address: a gap in services, community disparity or time sensitive need.
* 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 fills a gap, is this a new solution, or is it time-sensitive.
 |
| **D. Activities: Please list your main activity(ies) by quarter using the table below:**

|  |  |
| --- | --- |
| **Activities/Outputs:** Please list the activity(ies) per quarter. Please include any tasks that are necessary for start-up and the timeline for completion. | **Service Counts:** # Served: Unduplicated clientsService Units/Length of Time: How often/how long |
| **Quarter 1** |  |
| **Quarter 2** |  |
| **Quarter 3** |  |
| **Quarter 4** |  |

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| **E. Intended Outcome: Describe the outcome you hope to achieve.** Please include:* How you will ensure activities are completed within the 1-year timeframe, including any necessary start-up activities.
* What do you hope to achieve by the end of the project period? How you will measure it?
* Describe any long-term impacts you hope to achieve.

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| **F. 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.

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

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