**Request for Proposals #2024-02:**

**Community Investment Fund - Annual Grants**

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| **ATTACHMENT A – PROPOSAL FORM** |
| **COUNTY OF SOLANO****County Administrator’s Office** | **ISSUE DATE** | January 29, 2024 |
| **RFP Coordinator:** | Gene Ibegmibe@solanocounty.com |
| **Submit Proposals to:****gmibe@solanocounty.com****Subject Line: C**IF **RFP #2024-02 Annual Grants Proposal Submission**Proposals must be received no later than**March 11, 2024, 5:00 PM PST**Late Proposals will not be accepted. |
| **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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| **Solano Community Investment Fund Annual Grants RFP #2024-02** |
| Proposer Organization: |
| Proposer Address: |
| Form of Business: **[ ]**  For-profit **[ ]**  Non-profit **[ ]**  Government Agency **[ ]**  Other:  |
| CIF Priority Area: (select highest priority) **[ ]**  Mental Health **[ ]**  Housing **[ ]**  Homelessness **[ ]**  Early Education **[ ]**  Youth Development **[ ]**  Safe and Stable Environments for Children |
| Program Summary: Provide a brief summary of your project (100 words maximum) |
| Total Amount of Funding Requested: **[ ]**  Tier 1 (Up to $75,000) – Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_ **[ ]**  Tier 2 (Up to $25,000) – Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Solano Community Investment Fund Annual Grants RFP #2024-02** |
| 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: |
| The undersigned certifies and makes assurance of the Proposer’s compliance with:* All requirements, terms, and conditions of RFP#2023-01;
* 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.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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| **Solano Community Investment Fund Annual Grants RFP #2024-02** |
| **PERSON RESPONSIBLE FOR PREPARATION OF PROPOSAL** |
|  |  |
| **NAME** | **TITLE** |
|  |
| **ADDRESS** |
|  |  |  |
| **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** |
|  |
| **SIGNATORY ON PAGE 2**  |
| [ ] [ ]  Same as Section A above. |
|  |  |
| **NAME** | **TITLE** |
|  |
| **ADDRESS** |
|  |  |  |
| **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** |
|  |
| **PERSON RESPONSIBLE FOR PROGRAM AND CONTRACT MANAGEMENT** |
| [ ] [ ]  Same as Section A above.[ ] [ ]  Same as Section B above. |
|  |  |
| **NAME** | **TITLE** |
|  |
| **ADDRESS** |
|  |  |  |
| **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 1: PROGRAM DESCRIPTION** |
| **A. Program Activities: (2 pages maximum):** Provide a description of the program that you are proposing.Please include:* Which of the six top community needs are you addressing (Mental Health, Housing Affordability, Homelessness, Early Education, Youth Development, Safe & Stable Environments for Children)
* What are the strategies and activities proposed to address the need(s)
* If you are targeting a specific geographic location within Solano County
* Expected results, and how you will evaluate the results
* How you will ensure activities are completed within the 1-year timeframe, including any necessary start-up activities
* How activities will be integrated within your agency and with other community efforts
* How you will ensure your activities are equitable and inclusive
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| **B. Logic Model:** Provide a brief logic model for your program, including your activities, service counts, and results/outcomes. Be specific and include numbers served and percent of population served that will improve after services. Please see each column for further instructions. **(2 pages maximum)** |
| **Activities/Outputs:** Please list up to 3 main activities and tasks associated with those activities. 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 | **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? |
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| **SECTION 2: QUALIFICATIONS AND EXPERIENCE** |
| **A. Describe the capacity of the organization** to provide the activities as outlined in your priority area and proposed strategy **(2 pages maximum).** Please include:* Experience doing work in the selected strategy area
* Why your organization is best suited to implement the project
* Qualifications and experience of key personnel who will be implementing the project
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| **SECTION 3: BUDGET/BUDGET NARRATIVE**  |
| **A. Provide a line-item budget utilizing the following format.** For staffing, indicate title of position, such as Program Director, Case Manager, etc. For operating expenses, indicate actual expense, such as Office Supplies, Telephone, etc.

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| --- | --- | --- | --- |
| Item | Solano County | Other Funds contributing to the project (identify source in narrative) | Total Budget |
| Personnel |  |  |  |
| Staff Member 1 |  |  |  |
| Staff Member 2 |  |  |  |
| Staff Member 3 |  |  |  |
| Staff Member 4 |  |  |  |
| Staff Member 5 |  |  |  |
| Staff Member 6 |  |  |  |
| Benefits |  |  |  |
| Subtotal Personnel  |  |  |  |
|  |  |  |  |
| Operating Expenses |  |  |  |
| Rent/Utilities |  |  |  |
| Travel/Training |  |  |  |
| IT/Phone |  |  |  |
| Office Supplies  |  |  |  |
| Client Support |  |  |  |
| Program Supplies |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Subtotal Operating Expenses |  |  |  |
| Indirect/Administration (no more than 15% of total budget) |  |  |  |
| Subtotal Indirect/Administration |  |  |  |
| Grand Total Expenses: |  |  |  |

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| **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.  |
| **C. Provide audited financial statements for the last two full years issued** (including Management Letters, if issued). If financial statements are on a publicly available website, please provide a link directly to the financial statements. Otherwise, please provide financial statements as documents attachment to the submission email. If Proposer does not have audited financial statements, provide unaudited statements of revenue and expenditures (and balance sheet if applicable) as a separate attachment and explain why the Proposer has no audited financial statements. |