**Request for Proposals #2024-03:**

**Community Investment Fund**

**Homelessness Prevention Grant**

***Keep People Housed – Solano***

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| **ATTACHMENT A - PROPOSAL** |
| **COUNTY OF SOLANO****County Administrator’s Office** | **ISSUE DATE** | **February 26, 2024** |
| **REQUEST FOR PROPOSALS** | **#2024-03** |
| RFP Coordinator: | Gene Ibe | **Submit Proposals to:****gmibe@solanocounty.com****Subject Line: RFP #2024-03 Proposal Submission**Proposals must be received no later than **April 9, 2024, 5 PM PST**Late Proposals will not be accepted. |
| E-mail Address: | gmibe@solanocounty.com |
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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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| **Solano Community Investment Fund** **Homelessness Prevention Grants Request for Proposal** |
| **RFP #2024-03**  |
| Proposer Organization: |
| Proposer Address/City/State/Zip: |
| Form of Business:**[ ]**  For-profit **[ ]**  Non-profit **[ ]**  Government Agency **[ ]**  Other:  |

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| **Solano Community Investment Fund** **Homelessness Prevention Grants Request for Proposal** |
| **RFP #2024-03**  |
| 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#2024-03;
* 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/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:** |  | **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** |
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| **SECTION 2** |  | **PROGRAM DESCRIPTION/LOGIC MODEL** |
| **A.** | **Program Summary:** Please provide a brief description of your proposed activities for homelessness prevention services. **(½ page maximum)** |
| **B.** | **Geography:** Please check the location where activities will be provided/targeted.* City (Please Specify):
* Regional (Please Specify):
* Countywide
 |
| **C.** | **Provide a description of the activities that you will provide. (3 pages maximum)**.Please include:* How your agency will provide the services required under this project, including: Wrap-Around Services, Legal Supports, Flexible Financial Payments, and Outreach and Referral
* How your agency will intake clients, track client data and releases of information, and how outcomes will be documented and evaluated
* How activities will integrate with other services at your agency, and within the community, including other housing stabilization service providers
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| **D. Logic Model****Instructions:**  Provide a brief logic model for your program, including your activities, service counts, and outcomes. Provide 1 logic model for each program year (Year 1: July 1-June 30 and Year 2: July 1-June 30). Please see each column for further instructions. **(2 page maximum per year)** |
| **Year \_\_** |
| **Activities/Outputs:** Please list your 1-3 main activities and tasks associated with those activities.  | **Service Counts:** # Served: Unduplicated clientsService Units/Length of Time: Counts of services (how often and 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 3: QUALIFICATIONS AND EXPERIENCE** |
| **A.** | **Describe the capacity of the organization to provide the activities in the homelessness prevention strategy area.** **(2 pages maximum)**. Please include:* Experience doing work in this strategy area
* Why your organization is best suited to implement the project
* Qualifications, training and experience of key personnel who will be implementing the project
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| **SECTION 4** |  | **BUDGET/BUDGET NARRATIVE**  |
| **A.** | **Provide an annual line item budget utilizing the following format. Provide a budget for each year of the Proposal (FY2024/25, FY2025/26)**For staffing, indicate title of position, such as Program Director. For operating expenses, indicate actual expense, such as Office Supplies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Line Item | FTE | Requested Funds under this RFP | Other Sources | Total |
| 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 |   |  |  |  |
| Program Supplies |  |  |  |  |
| Other |   |  |  |  |
| Other |  |  |  |  |
| Subtotal Operating Expenses  |   |  |  |  |
|  |  |  |  |  |
| Direct Financial Assistance |  |  |  |  |
| Subtotal Direct Financial Assistance |  |  |  |  |
|  |  |  |  |  |
| Indirect/Administration |   |  |  |  |
| Subtotal Indirect/Administration |   |  |  |  |
| Note: Indirect/Administration costs of more than 10% of total budget must be justified in budget narrative |   |  |  |  |
|  |  |  |  |  |
| 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. Explain differences between program years. 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.** | Describe other funds contributing to the project. These may be in-kind or cash match. Please note if the funding sources are secured, or unsecured/anticipated. **(1 page maximum)** |
| **E.** | 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) as a separate attachment and explain why the Proposer has no audited financial statements.**Note: If audited financial statements are available on the agency website, please indicate the links to access the financial statements. If financial statements are not available on the agency website, please attached them to the electronic submission.** |