**Solano County**

**American Rescue Plan Act (ARPA)**

**Request for Qualifications (RFP)**

**ARPA RFQ 2024-01**

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| **ATTACHMENT A – APPLICATION FORM** |
| **COUNTY OF SOLANO****County Administrator’s Office** | **ISSUE DATE** | June 28,2024 |
| **NOFA Coordinator:** | Megan Richardsmerichards@solanocounty.com |
| **Submit Applications to:****MERichards@solanocounty.com****Subject Line: Subject Line: ARPA RFQ 2024-01**Applications must be received no later than**August 14, 2024 5:00 PM PST**Late Applications will not be accepted. |
| **Application Instructions:** Applicants must fully complete this Application form (Attachment A), responding to every question, and attach all necessary requested documents. Applicants must fill in desired check boxes and adhere to page limits where indicated.  |

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| **ARPA RFQ 2024-01** |
| Applicant Organization: |
| Type of Applicant: \_\_501(c)3  |
| Applicant Address: |
| Program Summary: Provide a brief summary of your project (100 words maximum) |
| Is the request for (select only one) : [ ] [ ]  One-time funds [ ] [ ]  Program/services |
| Total Amount of Funding Requested: |
| Qualifying Treasury Category (select only one) : [ ] [ ]  Public Health [ ] [ ]  Negative Economic Impacts [ ] [ ]  Emergency Relief from Natural Disasters [ ] [ ]  Title I Projects |

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| **ARPA Emergency Bridge Funding NOFA 2022-03** |
| 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: |
| The undersigned certifies and makes assurance of the Applicant’s compliance with:* All requirements, terms, and conditions of RFQ 2024-01;
* 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 Application 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 Applicant in connection with the Procurement under this RFQ.

[ ] [ ]  YES [ ] [ ]  NO A NO response shall disqualify this Application. |
| **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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| **ARPA RFQ 2024-01** |
| **PERSON RESPONSIBLE FOR PREPARATION OF APPLICATION** |
|  |  |
| **NAME** | **TITLE** |
|  |
| **ADDRESS** |
|  |  |  |
| **CITY** | **STATE** | **ZIP CODE** |
|  |  |  |
| **PHONE NUMBER** | **E-MAIL ADDRESS**  | **CELL PHONE NUMBER (OPTIONAL)** |
|  **PRIMARY CONTACT RELATED TO THIS APPLICATION** **INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS APPLICATION** |
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| **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 APPLICATION** **INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS APPLICATION** |
|  |
| **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 APPLICATION** **INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS APPLICATION** |
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| **SECTION 1: DESCRIPTION OF ACTIVITIES/SCOPE OF SERVICES** |
| **A. Activities: (3 pages maximum):** Please include:* Description of need, including impact of the COVID-19 pandemic.
* If requesting one-time funds, description of the project the funds will support and why the funding needed is one-time in nature.
* If requesting programs/services funding, description of the activities. Be specific and include numbers served, types of services, frequency of services, etc.
* Specific outcome/results you will achieve.
* 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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| **B. ARPA Eligibility: (1 pages maximum):** Please include:* How the activities qualify under the selected qualifying Treasury Category.
* How you will ensure activities are completed no later than September 2026.
* How the activity is proportionate to the need.
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| **SECTION 2: QUALIFICATIONS AND SUSTAINABILITY** |
| **A. Describe the capacity of the organization** to provide the activities proposed **(2 pages maximum).** Please include:* Experience doing the activities described.
* Qualifications and experience of key personnel who will be implementing the activities.
* Capacity of the organization to manage federal ARPA funds.
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| **B. Provide a sustainability plan** for the activities **(1 page maximum)**. Please include:* How you intend to sustain the activities after the ARPA funding ends.
* How/if you would manage the funds if only partial funding is awarded.
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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. Add rows as necessary. For one-time funding requests, please use the same format, but list the one-time expenses, such as construction or specific purchase.

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| Item | Solano County | Other Funds contributing to the project (identify source in narrative) | Total Budget |
| Staffing  |  |  |  |
| Operating Expenses  |  |  |  |
| Overhead expenses (no more than 10% of total budget) |  |  |  |
| Other (describe-be specific) |  |  |  |
| Total: |  |  |  |

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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 Application 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 Applicant 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 Applicant has no audited financial statements. |