**First 5 Solano Children and Families Commission**

**Request for Proposals #2025-02:**

**First 5 Center (F5C) Operator**

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| **ATTACHMENT A – PROPOSAL FORM** | | | |
| **COUNTY OF SOLANO**  **FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION** | | **ISSUE DATE** | **January 24, 2025** |
| **REQUEST FOR PROPOSALS** | **#2025-02** |
| RFP Coordinator: | Gene Ibe | **Submit Proposals to:**  [**gmibe@solanocounty.com**](mailto:gmibe@solanocounty.com)  **Subject Line: RFP #2025-02**  **First 5 Center Operator**  **Grant Proposal Submission**  Proposals must be received no later than  **March 10, 2025, 5 PM PST**  Late Proposals will not be accepted. | |
| E-mail Address: | gmibe@solanocounty.com |
| Address: | First 5 Solano  3375 Sonoma Blvd., Ste. 30  Vallejo, CA 94590 |
|  | |
| **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 F5C Operator Request for Proposal** |
| **RFP #2025-02** |
| 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) 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#2018-06; * The laws of the County of Solano <https://www.codepublishing.com/CA/SolanoCounty/> * Title VII 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/title-ix-education-amendments-1972> * 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** | | | | | |
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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 |  | | | | |
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| TITLE |  | | | | |

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| **SECTION 1:** | |  | **PROPOSER INFORMATION** | | | | | |
| **A.** | **PERSON RESPONSIBLE FOR PREPARATION OF PROPOSAL** | | | | | | | |
|  |  | | | |  | | | |
|  | **NAME** | | | | **TITLE** | | | |
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|  | **ADDRESS** | | | | | **FLOOR** | **SUITE** | **ROOM** |
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|  | **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)** | | | | | | | |
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|  | **NAME** | | | | **TITLE** | | | |
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|  | **ADDRESS** | | | | | **FLOOR** | **SUITE** | **ROOM** |
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|  | **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. | | | | | | | |
|  |  | | | |  | | | |
|  | **NAME** | | | | **TITLE** | | | |
|  |  | | | | |  |  |  |
|  | **ADDRESS** | | | | | **FLOOR** | **SUITE** | **ROOM** |
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|  | **CITY** | | | | | **STATE** | **ZIP CODE** | |
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|  | **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:** | |  | **QUALIFICATIONS AND EXPERIENCE** | |
| **A.** | | **Describe the capacity of the organization to provide services as outlined in this Request for Proposals.** **(2 page maximum)**. Please articulate:   * Experience in the field of early childhood health, early care and education, and family strengthening services. * Capacity of the organization to accomplish a program of like scope/scale. Provide specific examples of successfully delivered projects * Organizational infrastructure appropriate to support program, including infrastructure related to fiscal capacity and data collection. | | |
| **B** | | **Describe the organization’s experience developing and sustaining partnerships with community partners. Include experience with community partnerships specifically in Vallejo, if applicable. (1 page maximum)** | | |
| **C.** | | **Describe the qualifications and experience of key personnel who will oversee and deliver services in the F5C**. If specific personnel is not yet on board, provide a brief job description of the key personnel. **(1 page maximum)**. | | |

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| **SECTION 3** | |  | **DESCRIPTION OF SERVICES/SCOPE OF WORK** |
| **A.** | **Provide an overall description of the program design, including frequency and duration of individual programming, and an appropriate mix of curriculum to accomplish F5C goals (3 pages maximum).** | | |
| **B.** | **Provide a sample calendar of the activities at the F5C for a standard week (1 page maximum)** | | |
| **C.** | **Provide an outreach plan. (1 page maximum).** Please address:   * How you will recruit targeted families to ensure participation and ongoing engagement * How you will engage with the wider community | | |
| **D.** | **Describe what you know about the Vallejo community, its families in the downtown area, and your connection to the community or how you intend to quickly integrate and become connected to the community (1 page maximum)**. | | |
| **E.** | **The following pages align with the services described in Section 1.3 of the RFP. Review the yellow highlighted areas (there are 29 total) within the Scope of Work. Fill in the yellow highlighted areas with a proposed Service Count number and/or Percentage Outcome for each service.** | | |

## SCOPE OF WORK

## FY2025/26; FY2026/27; and FY2027/28

| **F5C Strategy** | **Activity** | **SERVICE COUNTS** | **OUTCOME** |
| --- | --- | --- | --- |
| 1. **Universal Child Development Screenings** | Provide Ages and Stages Questionnaires (ASQ) and Ages and Stages- Social Emotional Questionnaires (ASQ-SE2), and the Modified Checklist for Autism in Toddlers (M-CHAT, if appropriate) to new families at the time of registration.  Ongoing invitations for screenings will happen through playgroups, workshops, open play, sessions, and referrals.  A developmental screening facilitator will provide developmental information and guidance to families of children who are moderate risk to encourage typical development.  The developmental screening facilitator will track children of moderate risk and offer follow-up screenings at the next screening interval. | A total of \_\_\_ (#) screening sessions will be completed. Screening sessions may use the ASQ, ASQ-SE, or M-CHAT, as appropriate. Screening sessions will be new unduplicated children or at the next recommended interval based on the risks and the screening tool. | \_\_\_% of children who are screened “at risk” are referred for further follow up. |
| 1. **Universal Parental Screenings** | Provide mental health and resource need screenings for caregivers to be implemented as indicated.  Provide initial parenting survey to screen for post-partum depression, mental health, and substance use indications. Conduct additional screenings as appropriate to connect parents to services. | Every new family will be invited to complete assessments via an invitation letter attached to the registration form.  A total of \_\_\_ (#) screenings will be completed. | \_\_\_% of the primary caregivers will complete a short screening at time of registration.  \_\_\_% of parents who screen “at risk” are offered additional screening and connected to appropriate services |
| 1. **Parent/Child 6-Week Enrolled Classes** | Provide a variety of 6-week long themed classes for parents/caregivers & children ages 0-5 years to participate together.  Class structure will include open ended play, story time, music and opportunities for social emotional skills building while receiving exposure to subjects including art, math, science, sign language, gardening, friendship, diversity, self-identity, early cooking & physical activity, problem solving, recycling, health and wellness, and ASQ-based, etc. Early literacy skills will be incorporated into the majority of the classes.  Classes may be offered to a specific age group within children ages 0-5 (e.g. 2-3 year olds,3-5 year olds, etc.) or across the age spectrum of 0-5, ensuring that each session has classes available with age-appropriate curriculum for each age group.  Other targeted classes that would benefit the child and family, but are meant for parents only to attend (such as smoking cessation) may be scheduled at the F5C for partner agencies to offer onsite. Such offerings should not reduce the regular programming of the F5C. | \_\_\_ (#) 6-week classes over the year  Enrollment per class:  12 Adults  12 Children | \_\_\_% of parents will complete a post survey  \_\_\_% of parents completing a post-survey will indicate a positive outcome associated with the class |
| 1. **Parent/Child 6-Week Drop-In Classes** | Provide a variety of themed drop-in classes for parents/caregivers & children ages 0-5 years to participate together. Classes will be scheduled for 6 consecutive weeks but offered on a drop-in basis to accommodate new families who are engaging midway through an enrolled session and families who need more flexibility in programming.  Classes for the 6-weeks will follow a theme, but the curriculum will be designed for families to join at any time. | \_\_\_ (#) 6-week sessions, 1 hour per week  Average participation  8 Adults  8 Children | Surveys will be completed during week 3 and week 6 with participants during those weeks’ sessions  \_\_\_% of parents completing the surveys will report learning one new technique to implement that supports their child’s development or other positive outcome related to the class topic. |
| 1. **Triple P Parent Education** | **Level 2 Seminars**: Series of three “light-touch” parenting information workshops designed to give parents and caregivers useful approaches to try with their children and become confident in their parenting ability. Seminars consist of three topics each with 1.5 hours of instruction and discussion time. | \_\_\_ (#) seminars  Minimum of 6 families per one-time seminar    1.5 hours of instruction/discussion per session | Session participants complete Parent Satisfaction Survey |
| **Level 3 Primary Care (or Brief Intervention):** One-on-one sessions addressing minor behavior and skill development issues. Intervention consists of 3-4 sessions (15-30 minutes each) over a period of 4-6 weeks. Sessions are in-person, over the phone, or a combination of both. | \_\_\_ (#) families completing  (one-on-one) | % of participants reporting an increase in knowledge of effective parenting upon completion of pre/post Parenting Experience Survey tool (7-item) |
| **Level 4 Group:** Group sessions and exercises to manage child behavior and high-risk situations. Eight-week intervention includes five (2 hour) group sessions plus three (15-30 minute) mandatory individual telephone consultations. | \_\_\_ (#) groups  Minimum of 4 families per group; can accommodate up to 12 families | % of participants reporting an increase in knowledge of effective parenting upon completion of pre/post Parenting Scale tool (30-item)  Completion of additional clinically appropriate parenting tool |
| 1. **Social Engagement & Peer Support** | Playgroups will provide parents with tools to observe their child engaging with open-ended materials and other children and the opportunity to learn more about their child’s behavior and development. Playgroups will have a developmental focus and incorporate developmental screenings when possible. | \_\_\_ (#) 6-week sessions  1 hour playgroups  Enrollment per Session:  8 Adults  8 Children | \_\_\_% of parents will complete a post survey  \_\_\_% of parents completing the surveys will indicate a new understanding of their child’s abilities. |
| Provide support group opportunities for parents and other affinity groups which may be provided by in-house staff or community partners. Topics would cover self-care, positive discipline and engagement with children. | \_\_\_ (#) 6-week sessions  Enrollment per Session:  10 Adults | \_\_\_% of parents will complete a post survey  \_\_\_% of parents completing the surveys will indicate increased use of self-care strategies. |
| Provide monthly parent cafés for fathers, mothers, grandparents, and other affinity groups. Some parent cafes will target specific populations, others will be open to all participants. Experienced participants will train as facilitators and generate topics and conversation questions. | \_\_\_ (#) 2-hour sessions  5-12 participants per session | \_\_\_% of participants will show increased knowledge in parenting and child development, increased knowledge of support networks, and increased knowledge of strengths and protective factors, per post surveys. |
| 1. **Community Resource Information and Basic Needs Assistance** | Community Resource Specialist (CRS) will conduct one-on-one consultations with participants to provide information, referrals and warm hand-off to MOU partners and others, eligibility assessment and application assistance. | Ongoing over the year  \_\_\_ (#) consultations | \_\_\_% of participants will report that their informational or referral needs were met, per post survey. |
| The CRS will meet with families in crisis and provide supports such as diapers, strollers, bus passes, clothes, food, etc. Limited funding (no more than 5% of the total available contract amount) may be utilized to support families that are in crisis, to meet their immediate basic needs. | Ongoing over the year. Number of participants determined by available budget. Connect to CRS | \_\_\_% of participants requesting support will report that their basic needs were met, per post survey. |
| 1. **Parent Leadership** | Parent Advisory Council (“PAC”) will provide input for the First 5 Commission (“F5C”) on various community needs assessment topics. Will include meeting with local community leaders, organizers, and F5C staff to increase awareness of advocacy and civic engagement. | \_\_\_ (#) meetings/year  Average of 10 PAC members per meeting | Parents will have opportunities to provide input into local needs and engage with community leaders.  Provide narrative summary report to First 5 Solano re: parent recommendations. |
| 1. **Community Events/Socials & Community Outreach** | Host special events, celebrations, festivals, and community gatherings at the F5C. Can be in collaboration with other community agencies, to be offered within and outside the F5C. Events will alternate between larger ones and smaller “socials”. | \_\_\_ (#) events/socials year | Report total number of participants at each event/social.  Provide narrative describing successes |
| Participate in outreach activities, such as events hosted by various community partners (focusing on families with children 0-5 years old) to inform families of the F5C and its services. | \_\_\_ (#) community outreach events/year | Provide narrative describing successes |
| 1. **Drop-in Program Availability** | F5C staff person will oversee the play area, providing rotating open-ended play and art activities that allow child-led exploration, opportunities for parent/child engagement, and parent-to-parent connections. | \_\_\_ (#) days a week, there will be a curated activity available in the play area with staff oversight as needed.  One hour minimum | N/A |
| 1. **[Optional Contractor identified activity]** |  |  |  |

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| **SECTION 4** | |  | **F5C OPERATIONS** |
| **A.** | **Provide a plan which outlines the necessary steps for your organization to start-up the F5C (1 page maximum).** | | |
| **B.** | **Describe how you will ensure services are meeting the needs of the community on an on-going basis (1 page maximum).** | | |
| **C.** | **Provide an evaluation plan which reflects the outcomes in your scope of work (1 page maximum).** | | |

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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, Case Manager, etc. For operating expenses, indicate actual expense, such as Office Supplies, Telephone, etc.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Line Item | FTE | First 5 Solano Funds | Other Funds | 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 |  |  |  |  | | Client Support |  |  |  |  | | Program Supplies |  |  |  |  | | Other |  |  |  |  | | Other |  |  |  |  | | Subtotal Operating Expenses |  |  |  |  | |  |  |  |  |  | | Indirect/Administration (no more than 15% of total budget) |  |  |  |  | | Subtotal 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. | | |
| **C.** | 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) and explain why the Proposer has no audited financial statements.  **Note: This submittal is to be provided as a separate attachment from the sequentially numbered pages of the rest of the Proposal.** | | |