

Calaveras-Mariposa Community Action Agency



REQUEST FOR PROPOSAL
PROPOSALS TO PROVIDE COMMUNITY SERVICES BLOCK GRANT SERVICES

Questions may be submitted in written form no later than November 7, 2017 to:
Lucy@Lucy4uconsulting.com

RFP Contact Name Kristin Brinks, Interim Executive Director, Calaveras Mariposa

Contact Address 509 East St. Charles Street, San Andreas, CA 95249

<p>BIDDERS Workshop will be held on November 7, 2017 from 1pm to 3pm. Location: Fire/Ambulance Administration Building, 18440 Striker Court, Sonora, CA</p>
--

INTRODUCTION

Calaveras-Mariposa Community Action Agency (CMCAA) invites and welcomes Request for Proposals (RFP) to promote Community Services Block Grant (CSBG) project(s). Please take a moment to review and become familiar with the proposal requirements. All proposals submitted for consideration must be received by the time as specified under the "SUBMISSION DEADLINE."

Bidders should note that any and all work intended to be subcontracted as part of the bid submittal must be accompanied by background materials and reference materials for proposed subcontractor(s) - no exceptions.

PROJECT AND LOCATION

The bid proposal is being requested for Proposals to provide CSBG services, which are or shall be in Calaveras and/or Mariposa Counties, California.

PROJECT OBJECTIVE

The objective, goal and purpose of the RFP is to solicit, from qualified service providers, proposals designed to provide and promote services or activities as identified in the 2018-2019 CMCAA Community Action Plan and 2017-2022 CMCAA Strategic Plan, to ameliorate conditions of extreme poverty for low-income families residing in Calaveras and/or Mariposa counties. The CMCAA Community Action Plan addresses current needs and gaps in services identified through community needs assessments in both Calaveras and Mariposa counties.

During the strategic planning process, the CMCAA board identified the need for our communities to build increased capacity to provide effective, measurable, and sustainable services that promote self-sufficiency, reduce poverty, and enhance safety net services.

Capacity Building

CSBG funding can be requested to support internal capacity building efforts for your organization/entity to develop programs and services for Calaveras and/or Mariposa county low-income residents. Activities can include, but are not limited to the following:

- Integrated planning time
- Data tracking and planning
- Results Oriented Management & Accountability (R.O.M.A.)
- CSBG Best Practices & Leveraging
- Funding & Sustainability
- Organizational Development

PROJECT SCOPE AND SPECIFICATIONS

CMCAA is seeking proposals for funding to support projects that meet our Calaveras and Mariposa County community priorities. Services and activities solicited by the RFP must align to those services described in the 2018-2019 CMCAA's Community Action Plan (CAP) and 2017-2022 Strategic Plan.

The CMCAA CAP Plan and Strategic Plan can be found at:

The Mariposa Human Services website: <http://www.mariposacounty.org/index.aspx?nid=78>

The Calaveras Health & Human services website: <http://hhsa.calaverasgov.us/HHSA/CMCAA>

SCHEDULED TIMELINE

The following timeline has been established to ensure that CMCAA funding objective is achieved; however, the following project timeline shall be subject to change when deemed necessary by management.

<u>MILESTONE</u>	<u>DATE</u>
Proposal Due Date	November 27, 2017
Contract Award Date	December 5, 2017
Contract Period Start:	January 1, 2018
Contract Period Ends:	December 31, 2018

Request for Proposal (RFP) will be scored based on:

Project Concept & Scope-of-work –	15 points
Project Outcomes-	10 points
Financial and Budget Capability-	10 points
Sustainability Plan-	10 points
Bidder's Conference Attendance -	<u>5 points</u>

Total Points Possible: **50 Total**

PROPOSAL BIDDING REQUIREMENTS

PROJECT PROPOSAL EXPECTATIONS

CMCAA shall award contract(s) to the proposal(s) that best accommodate the various project requirements. CMCAA reserves the right to award the contract to more than one Bidder.

PROPOSAL SELECTION CRITERIA

Only completed proposals, received by the stated deadline will be considered. All proposals, submitted by the deadline, will be reviewed, and evaluated based upon information provided in the submitted proposal.

DEADLINE TO SUBMIT PROPOSAL

All proposals must be received by CMCAA, no later than 4:30PM on November 27, 2017, for consideration in the project proposal selection process.

CMCAA shall reserve the right to cancel, suspend, and/or discontinue any proposal at any time they deem necessary without obligation or notice to the proposing bidder/contractor.

PROPOSAL SUBMISSION FORMAT

RFP Narrative proposal must be submitted in 12-font, double-spaced and no more than 5 pages in length (does not include attachments required and included in RFP). Submissions will need to be emailed and submitted as one PDF document. Completed Request for Proposal submissions must be submitted via email to:
kbrinks@co.calaveras.ca.us

RFP CHECKLIST

The following is what should be included in the proposal submission:

- Cover Sheet
 - Documents required can be attached as Exhibit I
- Grant Narrative
- Budget Forms
 - Program Budget and Cost Allocation
 - Cost Allocation Plan
- Annual Service Projections
- Collaborative Partners Form
- Current Funding Sources
- Other Pending Applications
- Certification Regarding Lobbying

*Requirements prior to contract execution:

*Provide Licenses or bonds (if any) for proposed services that the bidder is providing for this project

*Certificates of Insurance of General Liability

Calaveras-Mariposa Community Action Agency
FY2018 CSBG RFP
COVER SHEET

Complete each section of the COVER SHEET by printing or typing the required information in the blanks provided. Take care to assure the original COVER SHEET and a corporate resolution or other valid instrument that certifies the authority of the signatory to negotiate and contractually bind the proposing agency, with original signatures of proposing organization's duly authorized representative(s), is part of the original proposal marked "ORIGINAL."

1. Proposing Organization

a) Name: _____

b) Site Address: _____

c) Mailing Address (if different): _____

d) Contact Person: _____

e) Contact Phone Number: _____

f) Contact E-mail Address: _____

g) Agency Status (check one only):

Community-Based Organization

Private Non-Profit

Public

Corporation or Partnership

Sole Proprietorship

3. Target Group(s): _____

4. Target Area(s): _____

5. Total CSBG Funds Requested: _____

COVER SHEET (cont.)

6. Summary of Bidder Background

- A) Date of Bidder organization/company formation: _____
- B) Description of Bidder’s organization/company size, range and types of services offered and clientele _____

C) Bidder’s Principal Officers (e.g. President, Chairman, Vice-President(s), Secretary, Chief of Operating Officer, Chief Financial Officer, General Managers) and length of time each officer has performed in this field of expertise.

Full Name	Position	Length of time

- D) Bidder’s Federal Employee Identification Number (FEIN): _____
- E) **ATTACH COPY:** Evidence of Legal authority to conduct business in California (e.g. business license number): _____
- F) **ATTACH COPY:** Evidence of established record of accomplishment for providing services and/or deliverables that are the subject of this proposal.
- G) **ATTACH COPY:** Organizational chart showing key personnel that would provide services to Calaveras Mariposa Community Action Agency funded programs

H) State whether the bidder or its parent company (if any) has ever filed for bankruptcy or any form of Reorganization under the Bankruptcy Code. YES <input type="checkbox"/> NO <input type="checkbox"/>
I) State whether the bidder or its parent company (if any) has ever received any sanctions or is currently under investigation by any regulatory or governmental body YES <input type="checkbox"/> NO <input type="checkbox"/>

If yes to questions (H) and/or (I), explain in the budget narrative and corrective action plan or current status.

COVER SHEET (cont.)

7. Assurance and Certification

I, (We), the undersigned, as the duly authorized representative(s) of the proposing agency, affirm that the information and statements contained within this proposal, to the best of my (our) knowledge, are truthful and accurate, and further, I (we) am (are) duly authorized to submit this proposal from the respondent agency to deliver services. A corporate resolution or other valid instrument is attached as "Exhibit 1" that certifies the authority expressed.

Print Name

Title

Signature

Date

Print Name

Title

Signature

Date

COMMUNITY SERVICES BLOCK GRANT
Grant Application Narrative

- 1) Describe Services provided to Calaveras and/or Mariposa low-income residents
 - a. Project concept & scope-of-work with timeline
 - i. Direct Services
 - ii. Capacity Building efforts to assist the organization/entity in delivering services or internal capacity to strengthen services for CSBG eligible clients
 - iii. Alignment to CSBG grant requirements, CMCAA CAP Plan and/or Strategic Plan.
 - b. Projected number of individuals and/or families served during the grant period
 - c. Proposed outcomes/results projected to achieve
 - i. Summary of timeline and work to be completed
 - ii. Outcome/Results achieved through project
 - iii. Projections of actual individuals/families served
 - iv. How will this data be tracked and reported

- 2) Budget (Attached forms must be completed)
 - a. Budget Narrative explaining cost proposal related to the project
 - b. If requesting equipment over \$5K in cost, it will require additional explanation

- 3) Sustainability Plan-should indicate how the proposing organization/entity intends to sustain services beyond the life of the grant, resource leveraging, and any technical assistance or training needed to assist in sustainability planning and design.
 - i. Planning for continued service delivery
 - ii. Training & Technical Assistance identified by the proposing organization/entity to support with capacity building and/or sustainability plan efforts

REQUIRED FORMS

PROGRAM BUDGET AND COST ALLOCATION PLAN

Proposing Organization:			
Address:			
			, CA Zip: _____
Program Contact: _____		Phone: _____	
Program Contact E-mail: _____			
Fiscal Contact: _____		Phone: _____	
Fiscal Contact E-mail: _____			
Activity:	£ _____	£ _____	£ _____
Budget Period: January 1, 2018 through December 31, 2018			

BUDGET SUMMARY	
1. Staff Salaries	
2. Staff Fringe Benefits (Employers Share)	
3. Contract Services	
4. Travel	
5. Space	
6. Equipment	
7. Other	
8. Other	
Total Costs	

COST ALLOCATION PLAN

Cost Item	<u>ACTUAL BASIS</u> which will be used to charge/allocate costs to this program (Use abbreviation below)
Staff Salaries & Fringe Benefits	
Contract Services	
Travel	
Space	
Equipment Costs	
Other Costs	

ABBREVIATIONS: (Some commonly used methods. If a method you use is not listed, add it on)

- DC = Direct Charge:** (Not a shared cost. All actual costs will be directly identified with and charged to this program)
- ST = Staff Time:** (Shared cost: Actual costs will be allocated to this program based upon the % of total actual staff time spent on this program)
- SF = Square Footage:** (Shared cost: Actual costs will be allocated to this program based upon the % of total actual square footage used by this program)
- SF/ST = Square Footage Combined with Time of Staff Using Space:** (Shared Cost. Actual costs will be allocated to this program based upon the % of total actual square footage and time used by the staff involved in this program)
- #S = Number Served:** (Shared Cost. Actual costs will be allocated to this program based upon the % of total actual participants served by this program)
- U = Usage:** (Shared Cost. Actual costs will be allocated to this program based upon the % of total actual usage by this program. The backup documentation for actual usage will be: _____)

Staff Salaries

Job Title	Hourly Wage	Number of Hours Devoted to Program in 2018	Total cost of Hours Devoted to Program in 2018	% to be funded by CSBG	FY 2018 CSBG Funded Salary
<i>(Example) Case Manager</i>	<i>\$15.00</i>	<i>1,000</i>	<i>\$15,000</i>	<i>50%</i>	<i>\$7,500</i>
Total 2018 CSBG funded Staff Salaries					

1. Staff Fringe Benefits (Employer's share)

Fringe Benefits Rate for Your Organization	%	Total Fringe Benefits costs for the Total Proposed 2018 CSBG Funded Staff Salaries Noted Above	

2. Contract Services

Type of Service Provided	Contract Cost	% to be Funded by CSBG	CSBG Funded Amount
Total 2018 CSBG Funded Contract Services Costs			

3. Travel

Type of Travel	Cost Information (cost/mile x number of miles =)	% Funded by CSBG	CSBG Funded Amount
Local Mileage			
Out of County-Reason			
Total 2018 CSBG Funded Travel Costs			

Space

R=Rent D=Depreciation L=Lease U=Use Allowance O=Owned		Full Cost Information	% to be Funded by CSBG	CSBG Funded Amount
↓	Address	From- To		
Total 2018 CSBG Funded Space Costs				

4. Other Equipment:

R=Rent D=Depreciation L=Lease U=Use Allowance O=Owned		Full Cost Information	% to be Funded by CSBG	CSBG Funded Amount
↓	Description of Item			
Total Other Equipment Costs				

5.	Item	Full Cost Information	% to be Funded by CSBG	CSBG Funded Amount
	Miscellaneous Office Costs			
	Utilities/Telephone			
	Office Supplies			
	Postage			
	Printing			
	General/Vehicle Liability			
	Excess Liability			
Total Other Costs				

6. Other

ANNUAL SERVICE PROJECTIONS

DIRECTIONS: Provide annual projections for program year of individuals who will be served/services provided. Proposing organizations must limit their annual projections to a single service category below.

Annual Projections Specify: Number of Individuals or Families	Number of Individuals Projected to serve
Other: (Describe)	
Total	

Annual Projections Services example: Bed Nights, Food Boxes etc.	Number of Services Projected to serve
Other: (Describe)	
Total	

Note: All entries in the table above should be absolute numbers (XX) and not ranges of number (XX-XXX)

CURRENT FUNDING SOURCES

Proposing Applicant _____

Date: _____

Funding Sources	Grant Period	Amount
Area 12 Agency on Aging		
CSBG		
CDBG		
CalWORKs		
Emergency Food & Shelter program		
Federal DOL		
Federal HHS		
Office of Criminal Justice		
Workforce Investment Act		
State Dept. of Health		
Federal (other)		
State (other)		
Other		
Other		
Other		
Other		

Other Pending Applications

Which will support or leverage CSBG funds

Proposing Applicant _____

Date: _____

8. PROGRAM OR PROJECT TITLE AND PURPOSE (Brief Summary)	FUNDING SOURCE	AMOUNT

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form- LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for sub-awards at all tiers (including subcontracts, sub-grants and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

Signature

Organization

Typed Name and Title of Authorized Signatory

Date