



**Request for Applications:
Home Visiting Services Planning Consultant**

Timeline

DATE	ACTIVITY
April 1, 2021	Release of the Request for Applications (RFA)
April 16, 2021	Applications due by 5:00 p.m.
by April 23, 2021	Review of Submissions by Home Visiting Services Working Group
April 30, 2021	Notification of Intent to Award
May 3, 2021	Home Visiting Services Planning Contract begins

Overview and Invitation to Submit Applications

The First 5 Mariposa County Commission hereafter referred to as the “Commission”, is issuing this Request for Applications (RFA) for a qualified firm or individual hereinafter referred to as “Consultant(s)” to serve as the Consultant to support the creation of a Home Visiting Service program (HVS) specific to Mariposa County. The Consultant will assess Mariposa County’s ability to create, implement and sustain HVS and help partners select an evidenced base program to implement. The Commission has authorized **up to \$40,000** for successful completion of this project. The contract will be executed on or around May 3, 2021 and remain in effect through June 30, 2022.

While every family with a young child may benefit from community and social support to help adjust to developmental stages and promote their child’s healthy development, for those with fewest assets, home visiting is a critical service to help families access supports and resources to help their child thrive. The Commission desires to approach Home Visiting Services (HVS) in a holistic, comprehensive, and coordinated manner for the purpose of creating a sustainable, unified system that supports families. Through a systems building strategy, the Commission desires Request for Applications to support and improve Mariposa County’s ability to draw down and maximize state and local

funding to serve more families with the services they need by coordination of an interconnected local early childhood system.

Overview of First 5 Mariposa

First 5 Mariposa County (the Mariposa Children and Families Commission) is a public organization that was created in 1998 when California voters passed **Proposition 10** (Prop 10), “The California Children and Families Act.” The Prop 10 initiative added a 50-cent-per-pack tax to cigarette sales to fund programs promoting optimal early childhood development, good health, and school readiness for children ages 0-to-5 and their families. The First 5 Mariposa Commission is responsible for local implementation of the stated goals of Prop 10: to ensure children are learning and ready for school; families are strong and self-sufficient; children are healthy; and systems and services are integrated and accessible.

Since its inception, First 5 Mariposa has invested over \$10 million in programs, services, and activities that benefit young children, families, and professionals serving young children. This investment has supported the implementation of evidence-based or evidence-informed practices in the areas of health, school readiness, family strengthening and service integration that have realized significant outcomes for children and families.

Scope of Work

The scope of work will include:

- A. Coordinate and convene partners with expertise in early childhood education, parenting home visitation curriculums, and case management to support the planning of a HVS framework;
- B. Ensure appropriate partner engagement, communication and documentation to successfully plan a HVS program;
- C. Identify financing and sustainability options, including in-kind resources
- D. Review evidence-based models, identify pros and cons of each, and recommend 1-2 models for consideration by F5 and its partners
- E. Other work as mutually agreed upon between First 5 Mariposa and the selected vendor.

Deliverables

Consultant will provide a report to partners and stakeholders with recommendations regarding the following questions:

- 1) Is there enough local support to implement a HVS program in Mariposa County?
- 2) Are there enough funding sources locally, statewide or federal to sustain a HVS program in Mariposa County?
- 3) If so, which evidence-based program would be recommended?

Summary of Desired Qualifications

- Experience with and knowledge of Home Visitation programs and systems that include components such as early childhood education, prenatal – 5 health, parenting education and support, the need and benefit for early screening and intervention
- Knowledge of Mariposa County
- Experience gathering information from cross-sector stakeholders, building consensus and identifying and achieving collaborative goals and objectives
- Experience with successful project design and implementation
- Experience collaborating with countywide agencies working in Home Visitation, social services, intervention and/or educational systems
- Experience working with agencies that develop programs/strategic investments to achieve a measurable impact
- Experience incorporating best practices for the development of partnerships, work plans and timelines
- Knowledge of and experience with the development and support of committees, advisory boards, coalitions or an equivalent entity
- Experience in successfully collaborating with countywide leaders and stakeholders
- Experience with the development of meeting agendas and facilitation
- Experience utilizing efficient communication tools to facilitate workflow, reporting and timely updates
- Experience meeting programmatic objectives on time within allocated budget
- Adequate staffing to effectively complete activities and deliverables outlined in the RFA
- Experience collecting/analyzing data and making recommendations to leadership

Application Instructions

This section describes the required application format and content. Failure to follow the prescribed format may result in rejection of the application.

A. Application Format

1. Use standard 8.5"x11" letter-sized paper with 1-inch margins for all documents.
2. Use 12 point font.
3. Number all pages of your submission.

B. Submission

Applicants must provide one (1) original application with signatures by an individual legally authorized to bind the applicant agency/organization. The application must be in

PDF format and submitted electronically to first5mariposa@yahoo.com. Applications are due **no later than 5pm on April 16, 2021**. Any questions regarding the RFA may also be sent to the email address above.

C. Outline of Application Content

The content and sequence of the application is as follows:

1. Application Cover Sheet (Attachment 1)
2. Detailed summary of qualifications and applicable experience
3. Narrative overview of how these services would be completed
4. Scope of Work (Attachment 2)
5. Proposed Deliverable Budget and Budget Justification
6. Conflict of Interest Statement (Attachment 3)

D. Application Instructions

1. **Application Cover Sheet and Certification Form:** Complete the Application Cover Sheet (Attachment 1). Original signatures must be from an individual legally authorized to bind the agency/organization.
2. **Detailed summary of qualifications and applicable experience:** Provide a brief history of the individual/agency, including number of years in operation, and demonstrate the applicant has the qualifications, capability, and experience to perform the requirements included in this RFA. Provide a description of the experience and qualifications of the proposed key staff members who will be assigned to this project, including function, level of education, and degree and/or license, if appropriate, and a detailed resume for each person.
3. **Narrative overview of how the applicant would complete these services:** Describe in detail how the applicant will meet the services and deliverables identified on page 2 of this RFA. Identify ways the applicant typically embraces equity in services performed and how equity and inclusiveness will factor into the activities required to research and develop the final report. Include activities and deliverables the applicant believes may be accomplished with the resources available. Identify all major tasks, activities and outputs and describe how they will be reached, including the timeframe required.
4. **Scope of Work, including timeline and tasks:** Complete the attached Scope of Work form (Attachment 2).
5. **Proposed Budget and Budget Justification:** Include and clearly detail all costs, payment schedules, line items, categories and/or other related costs associated with the services and deliverables. Please include a budget justification providing clear explanation of costs.
6. **Conflict of Interest Statement:** Complete and submit the Conflict of Interest Statement (Attachment 3).

Selection Process

First 5 Mariposa Executive Director and a stakeholder committee (Home Visiting Services Working Group) will review the applications prior to April 23, 2021; a notification of award will be made on April 30, 2021. The award will be based on the best interest of Mariposa County, rather than the lowest cost application. All funding decisions are final; there is no appeal process to the Commission.

Applicants that meet the minimum qualifications set out in this RFA may be asked to interview with the selection team. The interview will enable First 5 Mariposa to gather further information on any aspect of the application, to seek additional information and/or references, and to review work samples and other relevant materials.

Applicants will be notified in writing of their application status following completion of the review and interview.

**First 5 Mariposa
Home Visiting Service Program Consultant Application Coversheet**

Individual/Agency Name _____

Contact Person _____ **Title** _____

Address _____

Phone: _____ **E-mail:** _____

RFA Checklist:

_____ Detailed summary of your qualifications and applicable experience

_____ Narrative overview of how you would complete these services

_____ Scope of Work (Attachment 2)

_____ Proposed Budget and Budget Justification

Authorized Representative:

THE APPLICANT CERTIFIES THAT: To the best of my knowledge and belief, data in this application are true and correct. The document has been duly authorized by the governing board of the applying agency.

Name: _____ **Title:** _____
(please print)

Signature: _____ **Date:** _____

This page must be sent with your application.

**First 5 Mariposa
Home Visiting Service Program Consultant Services
Scope of Work Form**

May 3, 2021 – June 30, 2022

Agency Name: _____

Major Category/Task	Activities	Deliverables	Due Date

**First 5 Mariposa
Conflict of Interest Statement**

TO: First 5 Mariposa County Commission
PO Box 966
Mariposa, CA 95338

SUBJECT: Application in Response to RFA: Home Visiting Services Program Consulting Services

TYPE OF BUSINESS/AGENCY: (CHECK ONE)

- Public Corporation Private Nonprofit Private for Profit Individual Owner
- Partnership
- Other (specify) _____

Name of Applicant (Legal Entity)

Name of Parent Corporation (if applicable)

Address of Applicant (Street, City, State, Zip Code)

Applicant's Federal Tax Identification Number/Individual's SSN

Contact Person (Please Print) (Name, Title, Phone Number)

Name and Title of Person(s) Authorized to Sign for agency

APPLICANT'S STATEMENTS

1. Number of years prospective contractor has been in business under present business name, as well as prior or related business names: _____
2. Number of years prospective contractor has been licensed: _____
3. Number of years of experience prospective contractor has had in providing required, equivalent, or related services: _____
4. List contracts completed in last five years.

<u>Year</u>	<u>Contracting Agency</u>	<u>Type of Service</u>	<u>Location</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. List contracts, or other commitments (e.g. consulting arrangements), currently in force.

<u>Year</u>	<u>Contracting Agency</u>	<u>Type of Service</u>	<u>Location</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Provide details of any failure or refusal to complete a contract.

7. If not a governmental agency, complete the following:

a. Does the agency hold a controlling interest in any other organization?

Yes

No

If yes, list organizations _____

b. Is the agency owned or controlled by any other person or organization?

Yes

No

If yes, list person(s) or organization(s): _____

c. Financial interest in any other business: _____

d. Name of persons with whom the prospective contractor has been associated in business as partners or business associates in the last five years:

Name of Business Associate

Name of Business

8. Briefly describe any litigation involving the agency, or principal officers thereof, in connection with any contract.

9. Is all major equipment necessary to complete this project currently on hand?

Yes

No

If no, list all major equipment that needs to be purchased.

10. List any commitments or potential commitments which may impact assets, lines of credit, or guarantor letters, or otherwise affect the applicant's ability to perform the contract services.

Certification

I certify that all statements in this document, Applicant's Statements, are true. This certification constitutes a warranty, the falsity of which shall entitle the Commission to pursue any remedy authorized by law, which shall include the right, at the option of the Commission, of declaring any contract made as a result hereof to be void. I agree to provide the Commission with any other information the Commission determines is necessary for the accurate determination of the agency's qualification to provide services.

I certify that the _____ (agency's name) will comply with all requirements specified in the RFA and any contract resulting from this RFA process which are applicable to the services which we wish to provide. I agree to the right of the First 5 Mariposa County Commission, County, State, and Federal government(s) to audit the financial and other records of the agency named above.

Print Name of Applicant or Authorized Agent

Signature of Applicant or Authorized Agent

Title of Applicant or Authorized Agent

Date _____