Community Action Partnership of Solano, Joint Powers Authority

Community Services Block Grant

2016 Targeted Initiative Allocation

Request for Proposal

**SUBMISSION DEADLINES:**

**Request for Proposal Release: 09/26/16**

**Mandatory Notice of Intent to Apply: 10/04/16 at 5pm**

**Proposal Deadline: 10/11/16 at 12:00pm**

**Submit Mandatory Notice of Intent & Proposal by email to:**[**solanocsbg@homebaseccc.org**](mailto:solanocsbg@homebaseccc.org)

**\*No late submissions will be considered**

If you have any questions, please contact the RFP Coordinator:

Carolyn Wylie

415-788-7961 x309

[solanocsbg@homebaseccc.org](mailto:solanocsbg@homebaseccc.org)

This RFP document is available electronically on CAP Solano JPA’s website at <http://www.capsolanojpa.org/>

**OVERVIEW**

Community Action Partnership of Solano, Joint Powers Authority (CAP Solano JPA) is the entity responsible for administering Solano County’s allocation of funding for a Targeted Initiative to the 2016 Community Services Block Grant (CSBG) funded by the U.S. Department of Health & Human Services. CSBG is designed to provide a range of services to assist low-income families and individuals in attaining the skills, knowledge, and motivation necessary to achieve self-sufficiency. The Targeted Initiative focuses on increasing access to permanent housing.

CAP Solano JPA is releasing this Request For Proposals for eligible public agencies and 501(c)(3) non-profit agencies to submit applications for projects to be completed by May 31, 2017. A total of **$32,078** is available for allocation.

**1.**     **PROJECT REQUIREMENTS**

To be considered for this opportunity, the Applicant must submit a proposal that increases access to permanent housing, a priority Program Area identified by the 2015-2016 Community Action Plan and the Tripartite Advisory Board:

**a.**     **Increasing Access to Permanent Housing**

1.     **Financial Assistance:**Rental assistance, security deposit, utilities assistance, minor home repairs, shared housing projects, outreach, move-in costs, furniture, etc.

2.     **Housing Search Assistance:**Housing counseling, navigation, landlord outreach, credit repair, assistance with poor rental history, transportation services, outreach

3.     **Supportive Services for Housing:** Case management, mental health services, peer counseling, life skills classes (planning, goal setting, communication, interpersonal skills, conflict resolution, anger management, relationship counseling, parenting classes), transportation, childcare, food, financial literacy, outreach

**b.**     **Outcomes (See Appendix A)**

To be considered for this opportunity, the Applicant must submit a proposal that addresses at least one of the following priority Outcomes identified by the 2015-2016 Community Action Plan and the Tripartite Advisory Board:

**Note: The following outcomes are listed in order of National Performance Indicators, as opposed to order of priority, which corresponds with the Program Areas (1.A.) and the targets set by the JPA in the 2016-2017 Community Action Plan.[[1]](#footnote-1)**

1.     **Goal 1: Low-income people become more self-sufficient.**

a.     **Employment Supports:** Obtained safe and affordable housing (NPI 1.2.H)

2.     **Goal 2:** **The conditions in which low-income peoples’ lives are improved.**

a.     **Community Engagement:** Engage community members to work with CAP Solano JPA/partner agencies to improve conditions in the community (NPI 2.3)

3.     **Goal 6: Low-income people achieve their potential by strengthening family & other supportive environments.**

a.     **Independent Living:** Number of vulnerable individuals receiving services who maintain an independent living situation (NPI 6.1)

b.     **Emergency Assistance:** Number of Low income individuals provided with emergency assistance (NPI 6.2)

c.     **Family Supports:** Number of low income persons unable to work who have barriers to family stability reduced or eliminated (NPI 6.4)

d.     **Service Counts:**Number of services provided to low-income individuals and/or families (NPI 6.5)

**c.**     **Eligible Populations to be Served**

The population served by projects funded through this NOFA must meet the poverty income guidelines for the CSBG program. The State CSBG poverty income guidelines are one hundred percent (100%) of the Federal Poverty level (FPL) updated annually by the U.S. Department of Health and Human Services. Documentation of participant income eligibility must be collected and retained by the CSBG eligible entity. Below are the 2016 CSBG Poverty Guidelines updated by the U.S. Department of Health and Human Services. Please use and reference the 2016 CSBG Poverty Guidelines for this NOFA process.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2016 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES**  **AND THE DISTRICT OF COLUMBIA** | | | | | | | | |  |
|  |
| **HH Size** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  |
| **100% Limit** | $11,880 | $16,020 | $20,160 | $24,300 | $28,440 | $32,580 | $36,730 | $40,890 |  |
| **125% Limit** | $14,850 | $20,025 | $25,200 | $30,375 | $35,550 | $40,725 | $45,913 | $51,113 |  |
| **For families/households with more than 8 persons, add $4,780 for each additional person. Clients receiving income from TANF/CalWORKS must be eligible at 125% or below the Federal poverty level.** | | | | | | | | |  |

**d.**     **Eligible Applicants**

Applicants must be a non-profit agency or unit of local government. Multiple agencies may collaborate to submit an application for a single project.

**2.**     **AVAILABLE FUNDING**

**Total Available Funding: $32,078**

**Maximum Grant Request:** None. However, grants will be awarded with intent to achieve the objectives set forth in the 2016-2017 Community Action Plan.[[2]](#footnote-2)

**Minimum Grant Request:** $10,000

**Contract/Funding Term:** November 2016 TBD – 5/31/2017

**3.**     **RECIPIENT REQUIREMENTS**

a.     **Contract**

The contracting process will follow selection of the proposals. Funding recipients must certify their acceptance of standard CAP Solano JPA contract terms and conditions. This will include reporting, reimbursement, and monitoring requirements. Please see **Appendix D**for detailed requirements.

Reimbursement Policy: Please note that CSBG funding can only be disbursed once expenditures have been made. Applicants will receive funds after they submit reimbursement forms and receipts and these are approved by the Fiscal Agent; it may take up to several weeks to process reimbursement requests.

b.     **Tracking**

The Applicant agrees to complete CAP Solano JPA’s tracking forms and process on a monthly basis for the following information:

* Client income
* Client demographics
* Services provided
* Volunteer hours expended
* Client outcomes
* Expenditure reports

**4.**     **NOTICE OF INTENT TO APPLY**

All applicants must file a Notice of Intent to Apply by emailing [solanocsbg@homebaseccc.org](mailto:solanocsbg@homebaseccc.org) with the subject line “[Your Agency Name] – Intent to Apply” by October 4, 2016 at 12:00 pm

In the body of the email, please include:

* Agency Name(s)
* Brief Project Description (100 words or less)\*
* Amount of Request – (Include minimum and maximum request)\*

\*Note: The Project Description and Amount of Request stated in the Notice of Intent to Apply are not binding; the applicant may modify either for the final submission.

**5.**     **SCORING**

Applicants will be scored based on proposal content according to the Scoring Criteria, attached as Appendix B.

**6.**     **RFP TIMELINE**

September 26, 2016:             RFP Release

October 4, 2016 at 5pm:        Notice of Intent to Apply due to [solanocsbg@homebaseccc.org](mailto:solanocsbg@homebaseccc.org)

October 11, 2016 at 5pm:      RFP must be submitted to [solanocsbg@homebaseccc.org](mailto:solanocsbg@homebaseccc.org)

By November 4, 2016:            Awards Announcement

**APPLICATION**

**I.**                     **Project Identification**

|  |  |
| --- | --- |
| **Name of Agency** |  |
| **Contact Name** |  |
| **Contact Email Address** |  |
| **Contact Phone Number** |  |
| **Agency Address** |  |
| **Project Title** |  |
| **Amount of Funding Requested** |  |
| **Minimum and Maximum Amount Accepted**  \*\*These are the minimum and maximum levels at which the project can operate at the same cost per client. For example, if 20 clients can be served for $40,000, then 10 clients can be served for $20,000.    **Please note that applications lacking this information may be excluded from funding.** |  |
| **Project Category** (check one) | (  ) New Program  (  ) Expansion of Existing Program |
| **Brief Project Summary** (1-4 sentences) |  |

**II.**                   **Project Application**

***Instructions: Please respond to each question with 250 words or less (directly below the question). You are encouraged to use bulleted lists / outlines rather than a full narrative or paragraph format.***

**Section A – Project Description**

1. Provide a descriptive overview of the proposed project.
2. Describe how the project is either a new program OR an expansion of a new component to an existing program.
3. Provide the overall goal(s) and/or mission of the project.
4. Provide an overview of services and activities.
5. Describe the agency’s capacity to effectively administer, manage, and execute proposed project.

**Section B – Need for Assistance, Target Population, and Location**

1. Identify the geographical location(s) of the project, including the boundaries of the area(s) to be served.
2. Describe the demographics of the target population to be served.
3. Describe the need for the project and services in area by clearly identifying the physical, economic, social, financial and/or other problem(s) requiring a solution.
4. Explain how these needs were identified.
5. Describe how the goals of the project and services provided will address the identified needs.

**Section C – Project Objectives and Outcomes**

Objectives:

1. Clearly identify and define the project objectives. (i.e., measurable and tangible actions that support project goals.)
2. Explain how these objectives support the CSBG Goals listed in Section 1.b. of the RFP.
3. For each objective, describe the services that will be provided (or activities that will take place) in order for the stated objective to be achieved. Include a description of the targeted clients, number to be served, and client benefits.

Outcomes:

1. Clearly identify and define the project outcomes (i.e., measurable final products/end results).
2. Complete the outcomes document attached as Appendix A to demonstrate how these outcomes support the CSBG Goals and outcomes listed in Section 1.b. of the RFP.
3. Explain how the stated objectives and proposed services will generate these outcomes.
4. Describe how your agency will collect and record data, and verify and document the achievement of outcomes.
5. Describe how the outcomes will generate positive change in the lives of those clients served.

**Section D – Delivery Strategies**

1. Describe the delivery strategies to be utilized for the proposed project. Outline a plan of action demonstrating how the proposed work will be accomplished.
2. Explain your agency’s assessment and screening process of potential clients.
3. What direct services will your agency provide? What services if any will be subcontracted? (Note: this may exceed 300 words)
4. If applicable, list all organizations, cooperating entities, subcontractors or other key individuals who will work on the project.
5. If applicable, explain how referrals to partner agencies will be conducted and documented, and how outcomes will be recorded.
6. Describe the outreach efforts that will take place to inform potential clients of the available services.
7. Describe the client follow-up that will take place and its frequency.
8. Describe how you will incorporate low barrier (i.e. Housing First)[[3]](#footnote-3) principles and practices into your program (if applicable).

**Section E – Timeline**

Provide a timeline detailing how the project will be accomplished from start-up to completion of the contract term (November 2016 TBD to May 31, 2017). The timeline should include/identify start and completion dates for activities, significant milestones and project phases including planning, implementation, completion, and evaluation.

|  |  |
| --- | --- |
| Date | Activity / Significant Milestone / Project Phase |
|  |  |
|  |  |
| *(Add rows as needed)* |  |

**Section F – Agency Capacity**

1. Describe your agency’s experience with CSBG funding in the past. If your agency has not received CSBG funding, please describe your past experience managing grants or contracts from any funding source, including amount of funding received, proposals implemented, services provided, and outcomes achieved. If your agency has no grant or contract experience, please provide your agency’s current budget and describe your successful experience with financial management, fiscal accountability, and serving low-income persons in a cost-effective manner.
2. If you received CSBG funding for 2015 or 2016, the Fiscal Agent will provide your Final Outcomes Report directly to the decision-making committee for consideration.
3. Please attach your agency’s most recent financial audit.
4. Describe how your agency tracks outcomes, services provided, participant demographics, and client satisfaction feedback.

**Section G – Evaluation & Sustainability of the Project**

1. How will this grant be used to leverage other funding?
2. How will the success of the program participants’ outcome be sustained after the end of the grant?
3. How will the project and its results be evaluated? Include details on the evaluation criteria/methodology you will use and the data that will be collected to perform your evaluation.

**Section H – Project Budget**

Please use the **General Guide for CSBG Discretionary Budget Preparation**, attached as **Appendix C**, for guidance on the following budget categories.

1.     Administrative Costs (up to 10% total budget)

|  |  |
| --- | --- |
| **Line Item** | **Funding Requested** |
| Salaries & Wages |  |
| Fringe Benefits |  |
| Operating Expenses |  |
| Equipment |  |
| Travel |  |
| Contract/Consultant Services |  |
| Other Costs |  |
| Total |  |

2.     Program Costs

|  |  |
| --- | --- |
| **Line Item** | **Funding Requested** |
| Salaries & Wages |  |
| Fringe Benefits |  |
| Operating Expenses |  |
| Equipment |  |
| Out-of-State Travel |  |
| Contract/Consultant Services |  |
| Other Costs (Including Financial Assistance) |  |
| Total |  |

3.     Total Costs

|  |  |
| --- | --- |
| Total CSBG Funding Requested  (Admin + Program Costs) |  |
| Other Agency Operating Funds used to Support Project (Leverage) |  |
| Total Project Budget |  |

**Section H – Project Budget Detail**

1.     Personnel Costs

Administrative

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title** | **Annual Salary** | **% Time Allocated to Project** | **# of Months Allocated to Project** | **Total Project Funding Budgeted** |
|  |  |  |  |  |
|  |  |  |  |  |

Program

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title** | **Annual Salary** | **% Time Allocated to Project** | **# of Months Allocated to Project** | **Total Project Funding Budgeted** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Non-Personnel Costs

|  |  |  |
| --- | --- | --- |
| **Line Item** | **Administrative Costs** | **Program Costs** |
| List all Operating Expenses |  |  |
| List all Equipment Expenses |  |  |
| List all Out-of-State Travel  *(Name of Conference, location, cost/trip)* |  |  |
| List all Contract/Consultant Services |  | N/A |
| List all Subcontractor/Consultant Services: | N/A |  |

***I hereby certify that the information contained herein is true and accurate to the best of my knowledge.***

Signed by:                                                                                                       Date:

Executive Director

***I hereby certify that I have read Appendix D, and if awarded funding, the Applicant will comply with all standard CAP Solano JPA Contract Requirements outlined in Appendix D.***

Signed by:                                                                                                       Date:

Executive Director

1. See <https://nebula.wsimg.com/d674065e7978f5bc9c7a14e8d81efd2c?AccessKeyId=08DEA7BC4EB7238F9313&disposition=0&alloworigin=1>. [↑](#footnote-ref-1)
2. See <http://www.capsolanojpa.org/uploads/Solano_CAP_NPI_Projections_2016-2017.pdf>. [↑](#footnote-ref-2)
3. Low-barrier programs ensure that participants 1) are not screened out for reasons such as active or history of substance abuse, having criminal records (with exceptions for state-mandated restrictions), history of domestic violence, etc., and 2) are not terminated from programs for reasons such as failure to participate in supportive services, failure to make progress on a service plan, failure to improve income, being a victim of domestic violence, etc. [↑](#footnote-ref-3)