

**ATTACHMENT A
[PROPOSAL RESPONSE TEMPLATE]**



PROPOSAL COVER PAGE

**CALIFORNIA EMERGENCY SOLUTIONS AND HOUSING (CESH) 2019
PROPOSAL**

Submitted by:

Organization Name:		
Mailing Address:		
City:	State:	Zip:
Phone # ()		FAX # ()
Organization Website:		
Email:		
Name:		Title:
Date:		
FEIN/ Tax ID:		
DUNS Number:		
Date of 501(c) Incorporation if applicable :		

Section A: Proposal Checklist

Instructions: This section must be completed and each item checked off to ensure all items requested by the County in this RFP have been submitted. Follow the instructions in each section of this RFP. Present all requested items/documentation in the sections ordered A through G as shown. Label each item presented and include additional items in your Table of Contents. All proposals must include a detailed description of each proposed service to be provided. Applicants that do not follow the instructions in the RFP may be found to be “non-responsive” and disqualified from the bid process.

Name of Organization: _____

Project Name: (Example: ABC Bridge Housing Program)

Proposal Submission Checklist

General Applicant Information

Please provide one copy of the following items in your proposal. Indicate the page number where the item is located.

SECTION	PAGE NUMBER
<input type="checkbox"/> Section A – Proposal Checklist (<i>this page</i>)	_____
<input type="checkbox"/> Section B – Certification	_____
<input type="checkbox"/> Section C – Organization Profile/ Experience	_____
<input type="checkbox"/> Section D – Acknowledgements	_____
<input type="checkbox"/> Section E – Scope of Service (If submitting more than one proposed project, label Section E1; Section E2, and so forth)	_____
<input type="checkbox"/> Section F – Applicant Attachment	_____
<input type="checkbox"/> Section G – CESH 2019 Proposal / Budget	_____

Any response that applicants find difficult to paste into the “Applicants Response” boxes in any section of the RFP, shall be pasted in Section G. When pasting attachments to Section G, label the attachments “Attachment 1”, “Attachment 2” and so forth. Enter the corresponding attachment number into the “Applicants Response” box with the words “See Section G.”

List all attachments included in this Section. Please use additional pages to list attachments if necessary.

Attachment Number	Document Title	Page Number
Attachment 1		
Attachment <u>2</u>		
Attachment 3		
Attachment 4		
Attachment 5		
Attachment 6		
Attachment 7		
Attachment 8		
Attachment 9		
Attachment 10		
Attachment 11		
Attachment 12		
Attachment 13		
Attachment 14		
Attachment 15		
Attachment 16		
Attachment 17		
Attachment 18		
Attachment 19		
Attachment 20		

Section B: Certification

I, _____, a duly authorized agent of
Printed Name of Agent/Officer

_____, hereby certify that
Name of Organization

_____ by submission of this
Name of Organization

proposal in response to this RFP are true and agree upon contract award to carry out the requirements specified and obligations set forth therein.

Signature _____ Date _____

Title of Agent/Officer _____

Section C: Organization Profile/ Experience

This section of the proposal is designed to establish the applicant as an entity with the ability and experience to operate the program as specified in the RFP. The Organization Profile should be concise and clear, and include descriptive information regarding service delivery. The following information must be provided:

1. **List Applicant's legal business name and legal business status (i.e. partnership, corporation, etc.):**

RESPONSE:

2. **Overview of organizational structure, services or activities performed, including:**

- a. Roster of Board of Directors, including officers (President, Vice President, etc.). Include name and affiliation.
- b. Organizational chart. The organizational chart shall clearly identify all staff members and their position that will provide services under this contract.
- c. The number of years in business under the present business name, as well as prior business names, and the number of years of experience providing the proposed, equivalent or related services
- d. Organization size - number of staff
- e. Location of the office(s) from which the work under this contract will be provided and the staff allocation at that office.

RESPONSE:

3. **Provide your organization's mission statement.**

RESPONSE:

4. **Grant & Contract Award History for All Applicants**

Provide a list detailing all the grants/contracts that your Organization has been awarded during the last three years (from 2016 to 2019), specifying the following:

- a. Project Name & Contract Term: start year and end year
- b. Funding Agency/Contracting Agency: contact name, email, and phone number
- c. Contract Amount: total contract dollar amount

- d. Summary of Contracted Services: list of general services, total service units and/or clients, target population, and location of services

RESPONSE:

Project Name	Contract Term	Funding/Contracting Agency Contact	Contract Amount	Summary of Contracted Services
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- 5. **This Request for Proposal is funded by federal and/or state grants.** Applicants shall go to the Federal Exclusion List- System for Award Management (SAM) website and submit with their proposals verification that their organizations are not listed as being debarred by the following registries: <https://www.sam.gov>
 - a. Central Contractor Registry (CCR)
 - b. Federal Agency Registration (FedReg)
 - c. Online Representations and Certifications Application (ORCA)
 - d. Excluded Parties List System (EPLS)

The System for Award Management (SAM) is the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. If awarded a contract, awarded vendor must notify the County immediately if debarred at any time during the contract period.

RESPONSE:

Section D: Acknowledgements

1. Clarifications, Exceptions, or Deviations

All applicant(s) shall describe any exception or deviation from the requirements of the RFP. Each clarification, exceptions, or deviation must be clearly identified. If the vendor has no clarification, exceptions, or deviation, a statement to that effect shall be included in this section.

The following contractual terms are **non-negotiable**.

- Indemnification
- All insurance terms
- Termination
- Ownership/Use of Contract Materials and Products
- Disputes
- Governing Law
- Confidentiality
- Subcontractors
- Reporting Requirements

Do you have any other exceptions/deviations? If so, please provide an explanation:

RESPONSE:

2. Evidence of Insurability/Business Licenses

All Applicants shall submit evidence of all required insurance. An ACORD cover page will suffice and if awarded the contract the Applicant has ten (10) calendar days to produce the required insurances including a certified endorsement naming the County as additionally insured. The Applicant shall certify to the possession of any and all current required licenses or certifications. The Applicant is not required to purchase additional insurance until this bid has been awarded. Provide a copy of current business license or other applicable licenses. _____ (applicant's initials)

3. Provide Applicant's proof of non-profit status, if applicable:

RESPONSE:

Section E: Scope of Services

Applicants requesting funding for different project type components are required to submit separate scope of service for each project type. Example of this include:

- Housing Program that includes homeless prevention services and rental assistance. These are separate projects.

Applicants are required to address all sections listed in the Scope of Services by providing a complete and concise response within a ***maximum narrative of 10 pages***.

I. Project Type

Indicate all the projects you are submitting in this proposal by checking the box that applies. You are required to submit a separate Scope of Service for each.

- 1. Project Type: Services**
 - Rental Assistance, Housing Relocation and Stabilization Services***
 - Operating Support for Emergency Housing Interventions***
 - Systems Support (e.g., CES, HMIS or other CoC infrastructure and capacity-building programs)***

II. Project Activity

A. Program Design (20 points)

Provide an overall description of your services and administration of your project. Describe how your project will prepare for, and respond to individuals and families who are experiencing or are at risk of homelessness, and how your program will support additional homeless assistance and homeless prevention activities.

B. Applicant Experience (20 points)

Provide sufficient details to determine experience implementing activities similar to those in the proposed eligible activities. Considered in the rating, in this area, will be a review of the proposed detailed budget requested in Section H. At a minimum, specify the following:

- Provide a description of experience (history) working with the homeless population and those at risk of homelessness.

- Describe the program's client intake and participation selection/assessment process. Explain how persons are accommodated on evenings and weekends (e.g. 24-hour staffing at shelter, phone, monitoring, referral, etc).
- In the last 12 months, what is the number of all clients who have exited your Program successfully and have moved into permanent, transitional, or sober living? How does your agency determine success?

C. Impact, Ability and Effectiveness (35 points):

Describe how the proposed project meets the need of the target community and how funds will be utilized.

- What is the impact of your agency's work within the community? Number of persons placed and total persons served will need to be addressed.
- How many clients are proposed to be served per year?
- How many paid staff members will be involved in providing services? How many volunteers will be involved in providing services?
- What communities will services be offered in and/or implemented?
- The Notice of Funding Availability requires that none of the funds provided may be used to require people experiencing homelessness to receive treatment or perform any prerequisite activities as a condition of receiving shelter. Does your agency provide a Housing First approach in assisting clients for Rental Assistance, Housing Relocation, and Stabilization Services or Operating Support for Emergency Housing Interventions?
- Describe the client intake process, client eligibility requirements for each service and the current record keeping process to ensure protection of the clients's sensitive information.
- Describe the case management that is provided while clients are in the program and after clients are no longer in your program. Do you have follow-up with the these clients? If so, how often and for how long after the clients are no longer in the program?

D. Utilization, Expenditure, Reporting and Quality Control Funds (20 points)

Discuss how the CESH funds will be utilized, spent and reported. Describe the ability of the applicant to readily utilize and expend the CESH funds.

At a minimum, describe your anticipated performance in the measures listed below. You may also include additional performance measures as appropriate.

Anticipated Performance Measures

- Describe your plan for measuring the performance of your project, including

readiness to utilize funding, data collection, reporting, analysis and quality control.

- Describe the types of internal procedures in place to adequately monitor program expenditures. Discuss how often the expenditures are monitored and who completes the quality control review of expenditures and documentation supporting expenditures?

E. HMIS (5 points)

- HMIS is a required reporting system unless authorized to use a similar reporting system based on being a part of special population. Does your organization utilize HMIS? If your answer is No, identify what type of reporting and tracking system your organization utilizes and if your agency plans to obtain HMIS.
- HMIS agency data sharing is required unless part of special population. Do you agree to data sharing?

III. Service Area

Indicate the service area for your project. Proposals must align with a city/unincorporated area of the county where a shelter crisis has been declared for projects seeking support for rental assistance or subsidies and capital improvement eligible activity projects physically located within jurisdictional boundaries.

RESPONSE: Select all that apply.

- | | | | | |
|-------------------------------------|---|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Andrade | <input type="checkbox"/> Bard | <input type="checkbox"/> Bombay
Beach | <input type="checkbox"/> Brawley | <input type="checkbox"/> Calexico |
| <input type="checkbox"/> Calipatria | <input type="checkbox"/> Desert
Shores | <input type="checkbox"/> El Centro | <input type="checkbox"/> Heber | <input type="checkbox"/> Holtville |
| <input type="checkbox"/> Imperial | <input type="checkbox"/> Niland | <input type="checkbox"/> Ocotillo | <input type="checkbox"/> Palo Verde | <input type="checkbox"/> Salton City |
| <input type="checkbox"/> Seeley | <input type="checkbox"/> Thermal | <input type="checkbox"/> Westmorland | <input type="checkbox"/> Winterhaven | |

Section F: Applicant Attachment

For responses that Applicants are unable to paste into the “Applicants Response” boxes in any section of the RFP, Applicants shall paste those responses in Section G. When pasting attachments to Section G, label the attachments “Attachment 1”, Attachment 2” and so forth. Enter the corresponding “Attachment Number” into the “Applicants Response” box as shown in the example below:

Example:

Section C Organization Profile and Experience

This section of the proposal is designed to establish the Applicant as an entity with the ability and experience to operate the program as specified in the RFP. The Organization Profile should be concise and clear, and include descriptive information regarding service delivery. The following information must be provided as follows:

1. Business name and legal business status (i.e. partnership, corporation, etc.)

RESPONSE: Located in “Attachment 1”

2. Proof of non-profit status, if applicable

RESPONSE: Located in “Attachment 2”

Section G: Cost Proposal

In this section, please complete and include the Cost Proposal Sheet, and Budget Narrative. The County reserves the right to negotiate final fees with the selected Contractor(s). Proposals must fully describe all costs for the entire term of the service/project. Expenses not included in the Line Item Budget will not be reimbursed. Applicants may also include any other documents as information to further explain the proposed costs. **In addition to the other documents provided, please attach a detailed budget with line item details.** Note: Administrative costs are not eligible for direct cost funding unless it is directly related to carrying out a service for the purposes of this funding.

Submit a different budget and narrative for each different Scope of Service / Project.

BUDGET CATEGORIES	DESCRIPTION OF SERVICES (PROPOSED)	AMOUNT REQUESTED
Rental Assistance, Housing Relocation, and Stabilization Services		\$
Operating Support for Emergency Housing Interventions		\$
Systems Support		\$
TOTAL		\$

Since CESH funds are limited, selected applications may not receive full awards. If you were not to receive all funds requested, would you still be able to implement the program or project proposed? Yes No

Budget Narrative

In the space below, applicants shall provide the budget narrative that includes a detail of the proposed services to be provided, including a calculation for the amount requested. Applicants requesting cash advance payment as an option instead of reimbursement of claims should explain the need for their request in this section

RESPONSE: