

**ATTACHMENT A  
[PROPOSAL RESPONSE TEMPLATE]**



**PROPOSAL COVER PAGE**

**EMERGENCY SOLUTIONS GRANT- CORONAVIRUS (ESG-CV)  
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 bid instructions found in the Request for Proposals “Part IV RFP Application Instructions, Section B General Proposal Submittal” 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.*

<b>SECTION</b>	<b>PAGE NUMBER</b>
<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 <b>(If submitting more than one proposed project, label Section E1; Section E2, and so forth)</b>	_____
<input type="checkbox"/> Section F – Applicant Attachment	_____
<input type="checkbox"/> Section G – ESG-CV Cost 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.

<b>Attachment Number</b>	<b>Document Title</b>	<b>Page Number</b>
Attachment 1	_____	_____
Attachment 2	_____	_____
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:**

<b>Project Name</b>	<b>Contract Term</b>	<b>Funding/Contracting Agency Contact</b>	<b>Contract Amount</b>	<b>Summary of Contracted Services</b>
---------------------	----------------------	---	------------------------	---------------------------------------

- 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.

### 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**
  - Homeless Prevention***
  - Emergency Shelter (immediate priority non-congregate shelter.)***
  - Rapid Rehousing***
  - Street Outreach.***
  - HMIS***

### **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 prevent, prepare for, and respond to coronavirus among individuals and families who are experiencing homelessness or receiving homeless assistance and how your program will support additional homeless assistance and homeless prevention activities to mitigate the impacts created by coronavirus. Any long term projects that require payment after that date that the project ends are not an appropriate use of ESG-CV funds. Funds need to be expended by August 31, 2022, however it is expected that these funds will be spent before that date as the coronavirus pandemic is a quickly evolving situation and assistance needs to be dispersed as quickly as possible to help the affected population. Please provide a detailed description of the program or activity proposed to be funded with ESG-CV funds. Be sure to address the critical factors listed as well as other program details:

- Impact of the coronavirus pandemic upon the applicant and the response to the critical needs of the community by providing services to prevent,



- prepare for, and respond to increased demand for services
- Impact of the coronavirus pandemic upon the applicant’s initial operating budget and subsequent adjustments.
- Years of experience assisting the community and qualifications of staff that will be assisting
- The number of persons served, and the level of service provided, since the June 1, 2020, known as COVID19 “impact date.”
- The proposed uses of the ESG-CV funds.

**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.
- How will experience allow the agency to transition to provide those services with the additional factor of the coronavirus?
- If applicant has received ESG funding in one of the last 3 years:  
  - Has HCD terminated grant funding?
  - Has there been any unresolved monitoring findings in ESG that pose a substantial risk to HCD?
  - Have annual reports been submitted in a timely manner for ESG grants?
- 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 has your agency assisted since the Imperial County coronavirus impact date of June 1, 2020? How many clients are proposed to be served per year?
- How many paid staff members will be involved in providing ESG-CV services? How many volunteers will be involved in providing ESG-CV services?

- Until ESG-CV reimbursement is received, will the agency's financial capacity allow the agency to provide the services?
- What communities will services be offered in and/or implemented?
- The Notice of Funding Availability requires that none of the ESG-CV funds provided under the CARES act 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 Emergency Shelter, Street Outreach, Homeless Prevention, Rapid rehousing?
- 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 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 of ESG-CV Funds ( 20 points)**

Discuss how the ESG-CV fund will be utilized, spent and reported. Describe the ability of the applicant to readily utilize and expend the ESG-CV 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<br>Beach | <input type="checkbox"/> Brawley     | <input type="checkbox"/> Calexico    |
| <input type="checkbox"/> Calipatria | <input type="checkbox"/> Desert<br>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.

<b>BUDGET CATEGORIES</b>	<b>DESCRIPTION OF SERVICES (PROPOSED)</b>	<b>AMOUNT REQUESTED</b>
Emergency Shelter		\$
Street Outreach		\$
Homeless Prevention		\$
Rapid Rehousing		\$
HMIS		\$
<b>TOTAL</b>		<b>\$</b>

Since ESG-CV 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:**