# **ATTACHMENT A**

# **[PROPOSAL RESPONSE TEMPLATE]**

# Image result for imperial county seal

# **PROPOSAL COVER PAGE**

**LOCAL HOMELESS EMERGENCY AID PROGRAM (HEAP)**

**PROPOSAL**

Submitted by:

|  |
| --- |
| Organization Name:       |
| Mailing Address:       |
| City:       State:    Zip:       |
| Phone # (    )      FAX # (    )      |
| Organization Website:       |
| Email:        |
| Name:       Title:       |
| Date:       |

**Section A: Proposal Checklist**

***Instructions:*** This section must be filled in 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 I 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)**

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**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.*

**Page Number**

[ ]  Section A – Proposal Checklist *(this page)*

[ ]  Section B – Certification

[ ]  Section C – Organization Profile/ Experience

[ ]  Section D – Acknowledgements

[ ]  Section E – Scope of Service………………………………………………..

**(If submitting more than one proposed project, label Section E1; Section E2, and so forth)**

[ ]  Section F – References

[ ]  Section G – Applicant Attachment

[ ]  Section H – 2018-19 Proposed Project Budget/Budget Narrative……….

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 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 |       |       |

**Cost and Financials**

*Sections I should only be included in the Original Proposal.*

[ ]  Section I – Financial Statement

**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.):**

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| RESPONSE:        |

* + 1. **Overview of organizational structure, services or activities performed, including:**
1. Roster of Board of Directors, including officers (President, Vice President, etc.). Include name and affiliation.
2. Organizational chart. The organizational chart shall clearly identify all staff members and their position that will provide services under this contract.
3. 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
4. Organization size - number of staff
5. Location of the office(s) from which the work under this contract will be provided and the staff allocation at that office.

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| RESPONSE:       |

* + 1. **Provide your organization’s mission statement.**

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| ***RESPONSE:***       |

* + 1. **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:

* 1. Project Name & Contract Term: start year and end year
	2. Funding Agency/Contracting Agency: contact name, email, and phone number
	3. Contract Amount: total contract dollar amount
	4. Summary of Contracted Services: list of general services, total service units and/or clients, target population, and location of services

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| RESPONSE:

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| --- | --- | --- | --- | --- |
| 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>

1. Central Contractor Registry (CCR)
2. Federal Agency Registration (FedReg)
3. Online Representations and Certifications Application
4. 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.

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| 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 sample agreement is attached as Attachment C and incorporated herein by this reference.

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

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| 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:**

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| 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. Examples of this include:

* For capital improvement projects that are located in different geographic areas (i.e. El Centro and Calexico). These are separate projects.
* 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***.

1. **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*** *(e.g., emergency aid, eviction prevention, crisis resolution, etc.)*
		- ***Diversion Services*** *(e.g., Criminal Justice diversion, etc.)*
		- ***Crisis Stabilization services*** *(Mental Health, Substance Use Treatment, medical mobile clinic, etc.)*
		- ***Supportive Services*** *(case management, street outreach, navigation, training & employment services, mental health and medical mobile clinic, criminal justice diversion services, etc.)*

*[ ]* **2. Project Type: Capital Improvement** *(e.g. new construction, expansion, renovation/rehabilitation or replacement project for an existing facility or facilities, improvements to current structure, etc.)*

*[ ]* **3. Project Type:** **Rental assistance or subsidies**

* + - ***Housing*** *(e.g., Permanent Supportive Housing, Rapid Rehousing, Rental Assistance (tenant-based or project-based), Flexible Housing Subsidies, etc.)*
		- ***Emergency Housing*** *(e.g., mass shelter, motel vouchers, etc.)*

***[ ]* 4. Project Type: Homeless / At-risk Youth Services** (programs serving homeless youth and young adults (ages 18 to 24) e.g. homelessness prevention and intervention services, education surrounding tenant-landlord laws/independent living skills, criminal justice diversion services, etc.)

**[ ]  5. Project Type: Other**: *(Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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1. **Program Design (30 points)**
2. Provide an overall description of your services and administration of your project. Describe how your project will provide emergency assistance and/or supportive services to people experiencing homelessness or at risk of homelessness. At a minimum, specify the following within your description:
* Is this a new project or an existing/expansion project?
* Describe and provide the following: number of clients to be served; type of facility; total number of units/beds (max. capacity); number of new units/beds created.
* Indicate the service area for your project. For housing assistance programs, proposals must align with a city/unincorporated area of the County where a shelter crisis has been declared. Indicate if you obtained and have attached a letter of support from the municipality (city or the county for unincorporated areas) that declared a shelter crisis located within their funded jurisdictional boundaries, although not required.
* Describe the proposed population/subpopulation to be served.
* Are services to be directly provided by agency staff and/or subcontracted? Describe subcontracted services and subcontracted agencies.
* If the project is expected to continue beyond the grant term, describe project sustainability. If the project will be time-limited describe how you will manage the temporary hiring of staff and closing of the program services at the end of the grant term.
* Describe the case management approach and activities to assess housing needs, arrange/coordinate/monitor the delivery of individualized services.
* Describe how the proposed project will connect program participants to mainstream benefits, including healthcare options through the Affordable Care Act, social and employment programs, educational programs for children under the McKinney-Vento Act, and any other federally and state assured benefit for which the program participant may qualify.
* If applicable, describe how the project will assist the participant’s access to resources and support networks to retain housing after exiting the program.
* If you are applying for housing assistance, describe how they will assist homeless persons achieve housing stability and financial stability.
1. Description of Capital Improvement Projects:

Provide sufficient details to determine project readiness within 60 days of contract award and the plan to expend funds by June 30, 2021. Any long-term projects that require payment after that date are not an appropriate use of HEAP funds. At a minimum, specify the following:

* Provide an overall description of your project and how it will provide assistance to people experiencing homelessness or at risk of homelessness.
* Is this project for new construction, expansion, renovation/rehabilitation or replacement project for an existing facility or facilities, improvements to current structure?
* In which shelter crisis city is the project located? Provide the project’s physical address.
* Does your project have a letter of support from the local governmental agency where the project is located? (not required)
* Does your agency have site control at the time of application? Furnish evidence of site control with your application, per 24 CFR 578.25(a)-(c). If not, provide a timeline for obtaining site control.
* Does your agency have a zoning permit or conditional use permit issued that allows your proposed activity? Furnish evidence that your project is approved by the Planning Commission/ Department of the local governmental agency (city or county) where your project will be located. If not, provide timeline for securing permit.
* Describe the other funding sources secured and leveraged for the project.
* At which stage (Planning, City Council endorsement, Construction design & Engineering approval, Construction ready/ “shovel ready”, Construction is in progress, etc.) is the project now in?
* Provide the timeline for your project from conceptual planning through disposal of facility. Projects must ensure a minimum of 15 year useful life to serve the homeless population.
* Describe all employees/subcontractors responsible for administering or providing the proposed services including Position Title, Responsibilities and Qualifications/Experiences.
1. **Budget, Need and Cost Effectiveness (20 points):**

Describe how the proposed project meets the need of the target community and how funds will be utilized. Need should be supported with data and analysis. Projects targeting specific subpopulations must provide a detailed explanation on the need to serve this subpopulation. Note: The applicant is eligible to use up to five percent of its HEAP allocation for the purposes of administering the grant (refer to pg. 4 of RFP for more information).

* Applicants should provide a budget in Section H detailing the costs for the activity and any leverage of other funding sources. Proposals must fully describe all costs for the entire term of the service/project. Applicants may also include any other documents as information to further explain the proposed costs.
* Capital Improvements projects: must reflect State Prevailing Wage and cost estimates ‐ describe how the cost estimates were determined.
1. **Impact and Effectiveness (20 points)**

Describe your plan for measuring the performance of your project, including data collection, analysis and quality improvement. At a minimum, describe your anticipated performance in the measures listed below. You may also include additional performance measures as appropriate.

Anticipated Performance Measures

* Number of homeless persons served
* Number of unsheltered homeless persons served, and the average length of time spent as homeless before entry into the project
* Number of homeless persons exiting the project to permanent housing
* Number of persons that return to homelessness after exiting the project
1. **Imperial Valley Continuum of Care Council (IVCCC) Requirements (10 points)**
* Describe how the proposed project meets the Board of Governance’s funding principles (Refer Part I. Overview, Section C.2 of the RFP on page 3).
* Describe how the proposed project is aligned with the IVCCC vision and mission.
* Describe how the proposed project will adhere to the principles and practices of California’s Housing First Policy.
* Describe how the proposed project will participate and comply with the IVCCC’s Coordinated Entry System (CES) requirements for assessment, prioritization and referrals to housing.
* Describe how the proposed project will participate and contribute client–level data to the Homeless Management Information System (HMIS) and demonstrate adequate capacity for data collection and reporting. Identify staff who will be responsible for data entry and ensuring data quality – completeness, accuracy and timeliness. To learn more about HMIS, go to http://www.cociv.org/hmis.html
1. **Experience and Capacity (10 points)**
* Describe applicant’s expertise in serving homeless.
* Describe applicant’s capacity to implement the HEAP funding requirements.
* Describe applicant’s experience working with other agencies/organizations in the service area to expand the scope of services.
* Describe applicant’s experience in working with federal and/or state grants.
1. **Implementation Timeliness (10 points):** Submit a Project Timeline (with key activities, benchmarks, and target dates) to demonstrate applicant’s ability to deliver services or start capital improvement activities within 60 days of contract award.

**VIII. 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.***

[ ] Andrade [ ] Bard [ ] Bombay Beach [ ] Brawley [ ] Calexico [ ] Calipatria [ ] Desert Shores [ ] El Centro [ ] Heber [ ] Holtville [ ] Imperial [ ] Niland [ ] Ocotillo [ ] Palo Verde [ ] Salton City [ ] Seeley [ ] Thermal [ ] Westmorland [ ] Winterhaven

**Section F: References (Capital Improvement Projects Only)**

1. **Contact Information for References**

All applicants must include a minimum of three (3) references of recent similar projects. References cannot include Imperial County Elected Officials or their staff, or any ICDSS employee. However, references can include other county agencies that are not participating in this RFP. Applicant shall verify that all reference information is correct.

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| --- |
| **Reference 1**  |
| Organization name: |       |
| Address: |       |
| Contact person: |       |
| Email address: |       |
| Telephone: |       |
| Project name: |       |
| Dates worked performed: |       |
| Summary of scope of services: |       |
| Project cost: |       |

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| **Reference 2**  |
| Organization name: |       |
| Address: |       |
| Contact person: |       |
| Email address: |       |
| Telephone: |       |
| Project name: |       |
| Dates worked performed: |       |
| Summary of scope of services: |       |
| Project cost: |       |

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| **Reference 3**  |
| Organization name: |       |
| Address: |       |
| Contact person: |       |
| Email address: |       |
| Telephone: |       |
| Project name: |       |
| Dates worked performed: |       |
| Summary of scope of services: |       |
| Project cost: |       |

**Section G: 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:

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

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| --- |
| ***RESPONSE:*** Located in “Attachment 1” |

Proof of non-profit status, if applicable

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| ***RESPONSE:*** Located in “Attachment 2” |

**Section H: 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. Note: Administrative costs are not eligible for funding unless it is directly related to carrying out a service for the purposes of this funding (refer to pg. 4 of RFP for more information).

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

|  |  |  |
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| **BUDGET CATEGORIES** | **DESCRIPTION OF SERVICES** | **AMOUNT REQUESTED** |
| Supportive Services  | (List of proposed Supportive Services) | $ |
| Rental Assistance, Flexible Housing Subsidies, Homeless Prevention Emergency Assistance | (Include proposed # of clients to be served) | $ |
| Capital Improvements |  | $ |
| Direct Service Delivery Staff  |  | $ |
| Direct Service Delivery Operating Cost |  | $ |
| **TOTAL** |  | **$** |

Since HEAP 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

**H-2 Budget Narrative**

In the space below, applicants shall provide the budget narrative that includes a detail of the line items requested on the Applicants’ budgets, 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

|  |
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| **RESPONSE:** |