

Nevada County Board of Supervisors
Nevada County Adult & Family Services Commission
Community Initiative Funding (CIF) FY 2022/2023
Request for Proposals

1. Background

The Nevada County Board of Supervisors, through the AFSC, anticipates the authorization of funding to facilitate projects in support of programs that alleviate the causes of poverty in Nevada County through the issuance of Community Initiative Funds (CIF).

Respondents should be aware that CIF activities, as well as those of any CIF grantee, are subject to any modifications required by Federal, State or County legislation and their regulations. CIF funding will be contingent upon the Nevada County Board of Supervisors' approval and fiscal resources.

2. Solicitation

The purpose of this RFP is to solicit from qualified non-profit applicants, proposals designed to promote Family Self-Sufficiency through Projects that support educational and cognitive development; income and asset building; nutrition; housing, and/or; health and social/behavioral development. Projects must support programs that mitigate root causes of poverty and ameliorate conditions of extreme poverty, for low-income Nevada County households.

3. Available Funds

It is estimated that the Community Initiative Funding (CIF) available under this RFP will total \$30,000. Funds will be allocated on a one-time only basis to two separate projects at an amount not to exceed \$15,000 each; the term of award is July 1, 2022-June 30, 2023. Eligible applicants include non-profit organizations. CIF funds are NOT intended to provide long-term support for a Project and **may not be used to pay for administrative overhead costs**, which includes staff and operating costs of the non-profit, or to supplant other funding sources.

CIF funding must be targeted to low-income residents.

The AFSC has identified and prioritized the Need for “**Improving Household Income**” in their review of community Needs as set forth by the 2022-2023 Community Services Block Grant Community Action Plan (CSBG CAP). Proposal that align with this Need may receive priority through the scoring process. All proposals should address and clearly identify how Family Self-Sufficiency will be improved. The CSBG CAP may found at <https://mynevadacounty.com/DocumentCenter/View/42653/CAP-2022-2023- Nevada-County Final>.

A downloadable copy of the proposal application will be available March 8, 2022 at:

<https://mynevadacounty.com/2633/28493/Adult-Family-Services-Commission>. For questions or additional information, contact rob.choate@co.nevada.ca.us or by phone at (530) 265-1645.

Nevada County Department of Social Services
950 Maidu Avenue, Nevada City, CA 95959
Phone: (530) 265-1645
rob.choate@co.nevada.ca.us

The Application Deadline is April 5, 2022, no later than 12:00 P.M.

Proposals will be reviewed and scored by the AFSC Commission or their designees at the April AFSC meeting. This will be a public meeting and all applicants are encouraged to attend.

4. Term of Agreement

All CIF funded agreements will be awarded for a one-year term beginning July 1, 2022-June 30, 2023.

5. Formal Agreement

All successful proposing organizations will be required to enter into a standard form delegate agreement with Nevada County Health & Human Services. A copy of the most recent form of this delegate agreement is available for review at Nevada County Health & Human Services. Delegate agreements entered into under this RFP will be similar in form and subject to modification required by recent amendments under Nevada County and its regulations. Proposing organizations are advised that, in order to assist the efforts of Nevada County Health & Human Services in targeting its programs, the Adult & Family Services Commission has implemented a policy requiring that all recipients of funds from Nevada County are required to acknowledge publicly that the program it operates is funded, in whole or in part, by Nevada County in all public documents or any form of media outreach or advertising. All delegate agreements will contain a provision requiring the delegate to abide by this policy.

Expectations of Projects Receiving CIF Funds:

All recipients receiving funds under the CIF award are expected to adhere to the following requirements:

1. Obtain and retain statistical data from each household enrolled, including demographic data on family members, household characteristics, and income, to determine eligibility
2. Require and retain verification of household income from each household enrolled, such as CalWORKs or SSI award letters, pay stubs or self-certification.
3. Adhere to the Nevada County grievance policy with all participants
4. Submit quarterly reports to the County (data requirements will be reflective of CSBG reporting requirements)
5. Maintain case files on all case managed participants
6. Submit to program and financial audits each calendar year
7. Present the agency's CIF program, and its progress serving the community, to the AFSC at least once each Fiscal year

6. Proposal Evaluation Criteria

The selection of proposing organizations under this RFP is the responsibility of the AFSC. In order to assist the AFSC in making funding decisions, County staff may evaluate each proposal and provide the AFSC with the results of their evaluation in the form of staff recommendations. Staff recommendations will be available to proposing organizations upon request and will be based upon an evaluation of proposals submitted, funding priorities for target groups and areas identified and upon the proposing organization's past program performance and fiscal accountability, if applicable. Proposing organizations with no recent record of past performance with the County will provide multiple references of previous funders to be contacted by County staff.

Proposal Application Instructions

The proposal application consists of the following:

- Cover Sheet (not to exceed one (1) page)
 - A Proposal Narrative that has two sections: The Organization and the Proposed Project (not to exceed two (2) pages)
 - Attachments – required attachments
 - Attachments A and B are required and may not to exceed one (1) page each
 - Attachments C and D are required
 - Attachment E is required for proposals of services that are aligned with other agencies
- Documents or materials not specifically requested will NOT be reviewed.
- No font smaller than 10 point.
- Incomplete applications will result in proposals not being considered for funding. All required attachments must be submitted as part of the application.

E-mail one (1) PDF version of your Proposal Application. The proposal must include the signature of the Authorized Representative for the agency submitting the application.

- **E-Mailed PDF applications must be received by April 5, 2022, no later than 12:00 P.M.**
- Any applications other than e-mailed versions will **not be accepted.**
- Any applications received after the due date will **not be accepted.**
- Submit applications to rob.choate@co.nevada.ca.us

Nevada County Department of Social Services
950 Maidu Avenue, Nevada City, CA 95959
Phone: (530) 265-1645
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Cover Sheet

I. Applicant Information:

Submitting Organization Phone Number

Physical Address City State Zip

Mailing Address City State Zip

Contact Person Phone Fax

Job Title E-mail address

DUNs Number

Authorized Agency Representative, if different from Contact Person:

II. Project Information:

Project Title

Type of Funding Requested: CIF

Requested amount **MUST** equal \$15,000

Listed below are the required attachments to the project application. Proposals will not be considered if the following attachments are not included with the application in the order prescribed:

- Attachment A** - Itemized Agency and Proposed Project Budget
- Attachment B** - Proposed Project Budget Narrative (one page maximum)
- Attachment C** - Attach your 501 (C) (3) status verification and/or related documentation (*current* IRS tax-exempt status classification letter)
- Attachment D** - 2020 CSBG Poverty Guidelines are to be used to determine the targeted population (low-income) for the use of funding
- Attachment E** – Past performance with the County of Nevada, or a list of references for proposing organizations with no recent record of past performance

If awarded, your agency will be required to enter into a County Funding Agreement and must comply with all of the following requirements:

- Insurance Documents (proof of):
 - Up-to-date Commercial General Liability, minimum of one million dollars coverage (certification and additional insured endorsement with matching policy numbers)
 - Up-to-date Auto Commercial, minimum of one million dollars coverage (certification and endorsement with matching policy numbers)
 - Workers' Compensation certification (indicate if not applicable)
 - Errors and Omissions Insurance or Professional Liability insurance certification, minimum of one million dollars coverage
- One of the following Financial Statements:
 - Professionally prepared audit, if available
 - Self-prepared /contracted audit, if available
 - Fiscal Year to Date- Profit and Loss statement
 - Fiscal Year to Date- Balance Sheet
 - Copy of most recently submitted tax return

PROPOSAL NARRATIVE

This Proposal Narrative has two sections: 1) The Organization and 2) The Proposed Project. Please read the instructions on the left-hand side of the chart and type your responses in the corresponding box to the right. The boxes will expand as you type. Please remember that the total Proposal Narrative **cannot exceed two (2) typed pages**.

I. The Organization (Please use 10-point font or larger)

State your organization's mission	
Describe your organization's short- and long-term financial solvency	

II. The Proposed Project (Please use 10-point font or larger)

<u>Statement of Need:</u>	
<ul style="list-style-type: none"> • Describe the target population • Describe the target area • Describe the conditions of poverty you hope to ameliorate • Cite numerical data to support need, target group/areas • Estimate the number of persons to be served 	
<u>Program Activities & Services:</u>	
<ul style="list-style-type: none"> • Detail the specific service(s)/activities that will be provided • Describe program goals and how the proposed services/activities will help meet those goals • Describe any workshops or training topics intended for participants • Describe the intended frequency of case manager/participant contacts • Describe the partners to service provision 	
<u>Service Delivery System:</u>	
<ul style="list-style-type: none"> • Provide a timeline of how participants will be encouraged to establish self sufficiency • Describe the process for letting residents know about proposed 	

<p>services available at your site</p>	
<p><u>Project Results:</u></p> <ul style="list-style-type: none"> ● Describe your history of successful outcomes serving the target population ● Describe how success will be measured? List any formalized tools you will use, if any. ● How will you verify the low-income status of each individual served (Refer to ATTACHMENT E) 	

CHECKLIST – Before you submit your proposed project application, did you remember to:

- Complete the one (1) page Cover Sheet
- Authorized Representative has signed the Cover Sheet
- Ensure the Proposal Narrative does not exceed two (2) typed pages
- Complete and submit required Attachments A-F
- E-mail a PDF version (1) copy of your Proposal Application. **The application must be received no later than 12 P.M. on April 5, 2022.**

Signature of Authorized Representative:

I hereby certify that information in this application is true and correct and reflects our agency's intended use of funds.

Name and Title:

Signature: _____ **Date:** _____

Community Initiative Funding (CIF) Application

Evaluation Criteria for CIF Proposals 100 Total Possible Points

I. **Proposal Summary** (Points possible-10)

The summary of the proposed program:

- A. Clearly describes an overview of the proposed program,
- B. Describes the services and resources intended for program participants,
- C. Describes the anticipated participant/family outcomes,
- D. Is reasonable in its scope and design, and
- E. Does not exceed two pages in length

II. **Proposal Responses**

1. Statement of Need and Description of Target Group and Area: (Points possible - 15) The description of the target group and target area was complete, in-depth and demonstrated extensive experience working with this proposed target group or in the proposed target area. Proposer included a description of all the conditions they hope to ameliorate. The response demonstrates an awareness of other organizations serving the same target group/communities. Sources of all numerical data presented (e.g. census, public agency) or unsupported general statements defining strategies or target groups/target areas (e.g. reports, experts) were identified.

2. Linking Program Goals with Activities and Services: (Points possible - 15) Proposer described its program goals and listed all the proposed services and activities intended to achieve the stated goals. The services and activities listed are reasonably linked to proposer achieving the described goals. Proposers not requesting support services have provided a reasonable description of how support services will be provided to vulnerable and in-crisis households, when indicated.

3. Service Delivery System (Points possible - 15) The proposer presented a timeline of how participant households will be stabilized and encouraged to improve household income in order to establish self-sufficiency. Many factors contribute to a household's ability to provide for oneself and one's family. In addition to employment, measures to improve household income in order to achieve self-sufficiency may include seeking and maintaining housing, or the ability to maintain a healthy, stable and independent life. Appropriate services and supports are available to individuals with these needs. Proposer described its process for letting residents of proposer's target community know that the proposed services are available at their site.

III. **Budget Item Justifications, Accounting System and Fiscal Control:** (Points possible – 5)

The proposer described the necessity and purpose of each of the proposed CIF funded Personnel Costs, other costs or direct participants costs as noted on Attachments A & B.

IV. **Experience:** (Points possible – 10)

The proposer described a history of successful outcomes operating similar programs for the same target groups and in the same geographic areas targeted in the proposal, or convincingly described its ability to do so.

V. **Required Documentation:** (Points possible – 20)

Proposer has completed the Application Cover Sheet and Attachments A-F and have assembled them in the proposal order as noted on page 5 of the RFP.

VI. **Past Performance/References:** (Points possible – 10)

Past performance with Nevada County, or the required qualifying references for proposing organizations with no recent record of past performance.

ATTACHMENT A

(Required)

Agency and Project Budget

Directions: The Agency and Project Budget should not exceed one page and should follow the format below. Please indicate the dates covered by your annual Agency Budget as different fiscal calendars use different time frames (i.e., some fiscal calendars start January 1st, some start July 1st and others start October 1st).

Annual revenue to the Agency for the time period starting _____ and ending on _____:
(month/year) (month/year)

Agency Revenue Source	Amount
Government grants	
Foundations	
Corporations	
United Way	
Individual contributions	
Fundraising events and products	
Membership income	
Investment Income	
Other (specify):	
Total Revenues	

Annual expenses for the Agency for the time period starting _____ and ending on _____:
(month/year) (month/year)

Agency Expenses	Amount
Salaries and Wages	
Benefits	
Consultants and professional fees	
Travel	
Equipment	
Supplies	
Rent and Utilities	
In-kind expenses	
Other (specify):	
Total	

Please provide a budget for the proposed project and amount of matching funds from the agency.

Project Expenses	Amount Requested from CIF Award	As applicable, show amount to be funded from other sources. List the amount and source.	Total Budget from all sources
Salaries and Wages (Project Only)		\$ from	
Benefits (Project Only)		\$ from	
Consultants and professional fees		\$ from	
Travel		\$ from	
Equipment		\$ from	
Supplies		\$ from	
In-kind expenses		\$ from	
Other (specify):		\$ from	
		\$ from	
		\$ from	
Total - Must equal \$15,000			

ATTACHMENT B
(Required)

Proposed Project Budget Narrative

Directions: The Budget Narrative should not exceed one page and should follow the format below.

<p align="center">Consultants and Professional Fees</p> <p>For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.</p>	
<p align="center">Travel</p> <p>Itemized travel expenses of project personnel by purpose (i.e., staff to training, home visits, community outreach, etc).</p>	
<p align="center">Equipment</p> <p>List non-expendable items that are to be purchased. Explain how the equipment is necessary for the success of the project.</p>	
<p align="center">Supplies</p> <p>List items by type (office supplies, postage, training material, copying paper, and other expendable items) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.</p>	
<p align="center">Other (specify)</p>	
<p align="center">Total</p> <p>The total is the sum of the requested amount.(must equal \$15,000)</p>	

ATTACHMENT C
(501 (C) 3 Status)
(Required)

ATTACHMENT D

**2021 Community Services Block Grant (CSBG)
Income Eligibility Chart**

Persons In Household	Annual Income
1	\$25,760.00
2	\$34,840.00
3	\$43,920.00
4	\$53,000.00
5	\$62,080.00
6	\$71,160.00
7	\$80,240.00
8	\$89,320.00
For families/households with more than 8 persons, add \$9,080 for each additional person.	