

**Nevada County Adult & Family Services Commission
as authorized by the
Nevada County Board of Supervisors**

**Request Proposals for
2024/2025 Community Service Block Grant Funding**

AFSC Mission

“To engage and empower our community to eliminate poverty, to create equity and prosperity, and assist people in achieving self-sufficiency through direct services, advocacy and community partnership”

Program Overview

The Nevada County Adult & Family Services Commission (AFSC) announces a Request for Proposal (RFP) for the Nevada County Community Services Block Grant Funding (CSBG). The purpose of this RFP is to solicit from qualified non-profit applicants, proposals designed to diminish the causes of poverty in Nevada County and 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 improve conditions of extreme poverty, for low-income Nevada County households. **Proposals from local non-profit agencies to provide services that directly assist with Improving Household Income as set forth by the Community Services Block Grant Community Action Plan (CSBG CAP) will be given priority.**

One CSBG award will be funded in the total amount of \$148,000, in support of the mission of the AFSC in order to improve the lives of low-income residents of Nevada County. the term of award April 1, 2024 – December 31, 2025, and will be disbursed in the amount of \$74,000 for calendar year 2024 and \$74,000 for calendar year 2025, based on the availability of funds.

CSBG Funding

Funding requests are for April 1, 2024 – December 31, 2025. The maximum funds available will be \$148,000, with funds distributed as outlined above. These funds are limited to program support and are subject to the Nevada County Board of Supervisors’ approval and fiscal resources. These funds are to provide direct program support with indirect costs not to exceed 10% of direct program expenses. These funds may not be used for the purchase of assets. Funding priorities will be aligned with activities as set forth by the Community Services Block Grant Community Action Plan (CSBG CAP). Funding priority will be given to those activities that directly assist with Improving Household Income of low income members of the community

CSBG funding must be targeted to very low-income residents as identified by the California Department of Community Services & Development, see ATTACHMENT F – 2021 CSBG Poverty Guidelines (income limits are subject to change). Proposals must meet the priority objective of **Improving Household Income** as outlined in the CSBG CAP. The CSBG CAP may found at https://www.nevadacountyca.gov/DocumentCenter/View/51617/CSBG-CNA-CAP-Nevada-County-2024-25-FINAL_062323 . Please note that CSBG defines Improving Household Income as those services which directly lead to increased income through job training and employment placement programs.

A downloadable copy of the proposal application will be available November 16, 2023, at:

<https://www.mynevadacounty.com/1434/Adults-Family-Services-Commission> For questions or additional information, contact rob.choate@nevadacountyca.gov

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

The Application Deadline is February 6, 2024, no later than 12:00 P.M.
Selection process will occur at the February 13, 2024, AFSC meeting
All applicants are encouraged to attend

The Application Deadline is February 6, 2024, 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, scheduled for February 13, 2024, at 1 pm at the Nevada County Department of Social Services in the Empire Mine Room. This will be a public meeting and a representative from all submitting organizations is strongly recommended to attend.

Applicant representatives in attendance should come prepared to give an overview of their proposed project (limited to 5 minutes) and participate in a short Q&A. Failure to appear in person may materially affect your applications score results.

4. Term of Agreement

CSBG funded agreements will be awarded for a two-year term beginning April 1, 2024 – December 31, 2025, and will be disbursed in the amount of \$74,000 for calendar year 2024 and \$74,000 for calendar year 2025, based on the availability of funds..

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 CSBG Funds:

All recipients receiving funds under the CSBG 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 reports to the County (data requirements will be reflective of CSBG reporting requirements) with invoicing.
5. Maintain case files on all case managed participants.
6. Submit to program and financial audits each calendar year.
7. Present the agency's CSBG program, and its progress serving the community, to the AFSC annually during the grant period on progress/results to date

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 with proposal materials.

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** – 2023 CSBG Poverty Guidelines are to be used to determine the targeted population (low-income) for the use of funding
- Attachment E** – Past Performance/References

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

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: CSBGF

Requested amount **MUST** not exceed \$148,000

Signature of Organization's Authorized Representative: _____

PROPOSAL NARRATIVE

This Proposal Narrative has two sections: 1) The Organization and 2) The Proposed Project. Attach a separate PDF or Word document to answer the following questions below. All answers must be submitted in 10-point or larger and may not exceed two (2) typed pages. Please include titles when responding to each section.

I. The Organization:

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

II. The Proposed Project:

A. Statement of Need

- Describe the target population
- Describe the target area
- Describe the conditions of poverty you hope to reduce
- Cite numerical data to support need, target group/areas
- Estimate the number of persons to be served

B. Program Activities & Services:

- 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/families; if not applicable, please state that in the narrative
- Describe the intended frequency of case manager and participant/family contacts; if not applicable, please state that in the narrative
- Describe the partners to service provision; if not applicable, please state that in the narrative

C. Service Delivery System:

- Provide a clear timeline of when and how proposed activities will mitigate the conditions of poverty targeted and improve quality of life
- Describe the process for letting residents know about proposed services available at your site

D. Program Results

- 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/family served, according to low-income guidelines in Attachment D?

ATTACHMENT A

(Required)

Agency and Project Budget

Directions: The Agency and Project/Program 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/program and amount of matching funds from the agency.

Project/Program Expenses	Amount Requested from CSBG Award	As applicable, show amount to be funded from other sources. List the amount and source.	Total Budget from all sources
Salaries and Wages (Program Only)		\$ from	
Benefits (Program Only)		\$ from	
Consultants and professional fees		\$ from	
Travel		\$ from	
Equipment		\$ from	
Supplies		\$ from	
In-kind expenses		\$ from	
Other (specify):		\$ from	
		\$ from	
		\$ from	
Total – may not exceed \$148,000			

ATTACHMENT B
(Required)

Proposed Project Budget Narrative

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

<p style="text-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 style="text-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 style="text-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 style="text-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 style="text-align: center;">Other (specify)</p>	
<p style="text-align: center;">Total</p> <p>The total is the sum of the requested amount.(not to exceed \$148,000)</p>	

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

ATTACHMENT D

**2023 Community Services Block Grant (CSBG)
Income Eligibility Chart**

Persons In Household	Annual Income
1	\$29,160.00
2	\$39,440.00
3	\$49,720.00
4	\$60,000.00
5	\$72,280.00
6	\$80,560.00
7	\$90,840.00
8	\$101,120.00
For families/households with more than 8 persons, add \$10,280.00 for each additional person.	

**ATTACHMENT E
(Required)**

Past Performance/References

If your organization has no recent record of past performance with the County, please provide multiple references of previous funders to be contacted by County staff below:

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-E
- Complete this checklist and complete section below by authorized representative
- E-mail a PDF version (1) copy of your Proposal Application. **The application must be received no later than 12:00 P.M. on December 29, 2023.**

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 Services Block Grant (CSBG) Application

Evaluation Criteria for CSBG Proposals 100 Total Possible Points

I. Proposal Narrative

The Organization (Possible points: 4)

- A. Organization's mission is stated. (1 point)
- B. Proposer effectively described organization's short- and long-term financial solvency. (3 points)

Proposed Project:

A. **Statement of Need and Description of Target Group and Area:** (Points possible: 25).

- The description of the target population was complete, in-depth, and demonstrated experience working with this proposed target group.
- The description of the target area was complete, in-depth, and demonstrated experience working with this proposed area.
- Proposer included a description of all the conditions of poverty they hope to reduce.
- 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.
- Estimated number of people served was identified.

B. **Linking Program Goals with Activities and Services:** (Points possible: 26)

- Proposer described its proposed services and activities.
- Proposer described its program goals and how the proposed services/activities will help meet those goals.
- Proposer described any workshops or training topics intended for participants, if applicable.
- Proposer described the frequency of staff/participant contacts, if applicable.
- Proposer described partners involved, if applicable.

C. **Service Delivery System** (Points possible: 10)

- Proposer provided a clear timeline of when and how proposed activities will reduce the conditions of poverty targeted. Answers may include a timeline of activities in chronological order or actual time in days/weeks/months/years. It should be clear that improvement in quality of life will be achieved.
- Proposer described its process for letting residents of proposer's target community know that the proposed services are available at their site.

D. **Program Results** (Points possible: 20)

- 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.
- Proposer described how the success of their project will be measured, what data will be collected to demonstrate success, and what formalized tools will be used, if any.
- Proposer described effectively how they will verify low-income status of each individual/family served.

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

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

III. Required Documentation and Adherence to RFP Instructions: (Points possible: 10)

Proposer has completed the Application Cover Sheet and Attachments A-E, have assembled them in the proposal order as noted on page 4 of the RFP, and has not exceeded any of the page limits specified.

*** Points will be based on the effectiveness of the response as outlined above. Failure to completely address any area may adversely affect an applicant's score. ***