SUTTER COUNTY
COMMUNITY ACTION AGENCY

REQUEST FOR PROPOSALS
COMMUNITY SERVICES BLOCK GRANT (CSBG) – 2027

PURPOSE

Sutter County Community Action Agency (SCCAA) is seeking qualified organizations to serve as CSBG subgrantees to implement eligible services for low-income Sutter County residents that address the priorities identified in SCCAA's 2026–2027 Community Action Plan (CAP):

- Increase homelessness prevention and reduction services, including financial literacy and rent/deposit assistance.
- Improve access to food and basic needs.
- Expand access to health services, including mental, behavioral, physical, and alcohol/substance abuse services.

Approximately $240,000 is available. Requests may range from $5,000 to $240,000 per applicant. Available funds are expected to be distributed among multiple sub-grantees. Services are to be provided January 1–December 31, 2027.

BACKGROUND & ELIGIBILITY

SCCAA receives CSBG funding through the California Department of Community Services and Development (CSD). CSBG supports reduction of poverty, revitalization of low-income communities, and empowerment of low-income families and individuals toward self-sufficiency.

SCCAA conducts a Community Needs Assessment (CNA) at least every three years, as required by CSD, and uses the results to develop its biennial Community Action Plan (CAP). Proposed programs must align with the priorities identified in SCCAA's 2026–2027 Community Action Plan. Proposed programs must assist Sutter County residents with incomes at or below 200% of the Federal Poverty Guidelines, or the eligibility level established by CSD. Applicants must have an intake process that documents income eligibility.

The 2026 200% poverty guidelines used for this RFP are included below. Updated 2027 guidelines will be provided to funded agencies when released by CSD. *Source: Federal Register, U.S. Department of Health and Human Services, January 2026*

Household Size	Annual Income	Monthly Income
1	31,920	2,660
2	43,280	3,606
3	54,640	4,553
4	66,000	5,500
5	77,360	6,446
6	88,720	7,393
7	100,080	8,340
8	111,440	9,286

APPLICATION

Submit applications in PDF format by email to jslade@ysedc.org or deliver to:
Sutter County Community Action Agency
Attn: Jackie Slade
950 Tharp Road, Suite 1303, Yuba City, CA 95993.
Submission does not guarantee funding or availability of funds.
Applications are due by Friday, October 16, 2026, no later than 12:00 noon.

QUESTIONS, PRESENTATION & SELECTION

Questions regarding this solicitation: Jackie Slade, (530) 751-8555, jslade@ysedc.org. Applicants with complete proposals will be required to make a five-minute verbal presentation on Thursday, October 29th, 2026 (time TBD); PowerPoint presentations cannot be used, however material can be distributed. SCCAA may request additional documentation, including proof of liability insurance or financial statements. Anticipated funding notification is December 4, 2026. Funding decisions are made at the discretion of the SCCAA Board and are not subject to an applicant appeal process, except as otherwise required by applicable law or funding requirements.

EVALUATION/RFP SCORING

Awards are at the discretion of the SCCAA Board. Scores will be used as one factor in the funding recommendation process. SCCAA may consider available funding, geographic/community coverage, duplication of services, organizational capacity, past performance, identified community needs, and other applicable CSBG or CSD requirements when determining awards.

Criterion	Maximum Points
Required sections/documents	10
Applicant qualifications & capacity	10
Community need & alignment with 2026-27 CAP	15
Program design & service delivery	25
ROMA outcomes & performance measures	30
Budget & cost efficiency	10
TOTAL	**100**

POST-AWARD REQUIREMENTS AND SUBGRANTEE RESPONSIBLITIES

CSBG funds awarded through this solicitation constitute a federal subaward. Selected organizations will be required to enter into a written CSBG subaward agreement with SCCAA and comply with applicable federal, state, CSD, and SCCAA requirements. Post-award requirements include the CSD 425 S budget, Module 4/641B projections, CSD 641 Annual Work Plan, W-9, insurance and fidelity bond documentation, required certifications, client grievance and confidentiality policies, coordination documentation, client satisfaction tools, income-eligibility/client intake documentation, reimbursement requests, semi-annual and annual reports, site visits, tax returns/audits, CSBG 641 Annual Report Modules 2–4, and CSD 090. Required forms and examples are available at suttercares.org under Nonprofit Resources/CSBG Agency Forms.

SUBMITTAL CHECKLIST

☐ Application cover page and signed certifications

☐ Program narrative, including ROMA Outcomes & Performance Measures table – no more than 5 pages

☐ Completed CSD 425 S Budget Form (tabs 425.1.1, 425.S, 425.1.2, 425.1.3 and 425.1.4)

- Tab 425 1.3, identify other resources that will be leveraged to run the proposed program
- Tab 425 1.4, Budget Narrative section, explain how CSBG funds will be used and how the proposed costs are reasonable and support the stated activities and outcomes.

☐ Board resolution or other documentation demonstrating authorization to apply and accept funding, if awarded, as approved by the applicant's governing body

☐ Documentation verifying nonprofit, public agency or faith-based organization status, as applicable

Applications that do not include all required submittal items will not be considered for funding.

SUTTER COUNTY COMMUNITY ACTION AGENCY APPLICATION COVER PAGE 2027

Applicant Agency: _____ ☐ Nonprofit ☐ Public Agency ☐ Faith-based

UEI: _____ Federal Tax ID/EIN: _____

Funding Request: $_____ Program Title: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

Phone: _____ Email: _____

Program Contact Person: _____

Which 2026-27 SCCAA CAP priority will the program address? Check all that apply:

☐ Homelessness prevention/reduction, including financial literacy or rent/deposit assistance
☐ Food and basic needs
☐ Health services, including mental, behavioral, physical, or alcohol/substance abuse

Which CSBG objective(s) will the program primarily address? Check no more than two:

☐ Employment ☐ Civic Engagement & Community Development ☐ Income & Asset Building ☐ Housing
☐ Education & Cognitive Development ☐ Health & Social/Behavioral Development (including nutrition)
☐ Other: _____

Primary proposed CSBG outcome: _____

Brief measurable outcome statement: _____

CERTIFICATIONS

If recommended for funding, will your organization agree to and adhere to CSBG grant guidelines and deliverables, including serving individuals with incomes at or below 200% of the current Federal Poverty Level or the level determined by CSD? ☐ Yes ☐ No

I certify that I am an authorized representative of the applicant and that the information submitted is accurate. I understand that additional information may be required before funds are awarded and that submission does not constitute a contract or assurance of funding.

Authorized Representative Signature: _____ Date: _____

Printed Name: _____ Title: _____

PROGRAM NARRATIVE – MAXIMUM 5 PAGES

Use the five headers below in the order listed. Keep responses concise and specific.

1. Applicant Qualifications & Capacity

- Briefly describe your organization's relevant experience, staffing, and capacity to provide the proposed services.
- Describe experience serving the proposed target population.
- Describe the organization's experience administering grant-funded programs and meeting reporting and compliance requirements.

2. Community Need & CSBG Alignment

- Describe the community need/problem the program will address, including relevant local data.
- Describe existing services and how the program complements, expands, or fills gaps in those services
- Explain how the program addresses one or more SCCAA CAP priorities and helps low-income residents overcome barriers and/or achieve greater stability or self-sufficiency.

3. Program Description & Service Delivery

- Describe the proposed services, target population, geographic area, outreach, intake/service-delivery process and estimated number of individuals/households to be served.
- Explain how CSBG income eligibility will be verified and documented.

4. Coordination, Resources & Reduced Award

- Identify key community partners and how services will be coordinated.
- Identify other resources supporting the program.
- If SCCAA awards less than requested, identify affected services and the minimum funding needed for the program to remain viable.

5. ROMA Outcomes & Performance Measures

Copy and paste the Results Oriented Management & Accountability (ROMA) table below into your narrative and complete it for the program you're requesting CSBG funds for. Expand sections as needed.

ROMA Element	Question to address	Applicant Response
Need/Problem	What problem will the program address?	
Activities	What services will CSBG funds support/pay for?	
Output	How many individuals/households do you expect to serve during the grant period?	
Outcome	What specific change do you expect participants to experience?	
Performance Measure	What will you measure to determine whether the outcome occurred?	
Target	What result do you expect to achieve during the grant period?	
Data Collection/ Source	What will you use to prove the outcome is achieved? How and how often will data be collected?	
CSBG Reporting	Can your agency provide participant demographics, services and outcome information required for CSBG?	

Example-Housing

Activity: Provide rental/deposit assistance and financial coaching.

Output: 40 households receive assistance/served

Outcome: Participants maintain stable housing.

Performance measure: Number/percentage of assisted households remaining housed at follow-up.

Target: 80% remain housed at three-month follow-up.

Data source: Client records and follow-up survey.

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSBG Contract Budget Summary
CSD 425.S (Rev.10/19)

CSBG CONTRACT BUDGET SUMMARY

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

SECTION 10: ADMINISTRATIVE COSTS

	Line Item	CSBG Funds (round to the nearest dollar)
1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses	
4	Equipment	
5	Out-of-State Travel	
6	Contract/Consultant Services	
7	Other Costs	
8	Disaster	
Subtotal Section 10: Administrative Costs (cannot exceed 12% of the total operating budget in Section 80)		

SECTION 20: PROGRAM COSTS

	Line Item	CSBG Funds (round to the nearest dollar)
1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses	
4	Equipment	
5	Out-of-State Travel	
6	Subcontractor/Consultant Services	
7	Other Costs	
8	Disaster	
	Subtotal Section 20: Program Costs	
SECTION 40: Total CSBG Budget Amount (Sum of Subtotal Sections 10 and 20) Note: Total cannot exceed allocation amount.		
SECTION 70: Enter Other Agency Operating Funds Used to Support CSBG		
SECTION 80: Agency Total Operating Budget (Sum of Sections 40 and 70)		
SECTION 90: CSBG Funds Administrative Percent (Section 10 divided by Section 80)		

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSBG Budget Support -- Personnel Costs
CSD 425.1.1 (Rev. 10/19)

CSBG BUDGET SUPPORT -- PERSONNEL COSTS

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Section 10 -- ADMINISTRATIVE COSTS -- SALARIES AND WAGES

A No. of Positions	B Position Title	C Total Salary for each position	D Percent (%) of CSBG time allocated for each position	E Number of CSBG months allocated for each position	F Total CSBG Funds budgeted for each position
Total (must match Section 10: Administrative Costs line item 1 on the CSD 425.S Budget Summary form)					

SECTION 20 -- PROGRAM COSTS -- SALARIES AND WAGES

Total (must match Section 20: Program Costs line item 1 on the CSD 425.S Budget Summary form)					

FRINGE BENEFITS

Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp. Etc.)	Percentage	Section 10 Administrative Costs List CSBG funds Budgeted Line 2	Section 20 Program Costs List CSBG funds Budgeted Line 2
TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 425.S (BUDGET SUMMARY)			

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSBG Budget Support -- Non Personnel Costs
CSD 425.1.2 (Rev. 10/19)

CSBG BUDGET SUPPORT -- NON PERSONNEL COSTS

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.

LIST EACH LINE ITEM Totals must match CSD 425.S Budget Summary form Attach additional sheet(s) if necessary	**CSBG**	
	Section 10: Administrative Costs	**Section 20: Program Costs**
List all Operating Expenses	3 *sum should equal total on line item 3 of CSD 425.S Budget Summary form*	3 *sum should equal total on line item 3 of CSD 425.S Budget Summary form*
List all Equipment Purchases	4 *sum should equal total on line item 4 of CSD 425.S Budget Summary form*	4 *sum should equal total on line item 4 of CSD 425.S Budget Summary form*
List all Out-of-State Travel: *Name of conference; Specify location; Cost per trip*	5 *sum should equal total on line item 5 of CSD 425.S Budget Summary form*	5 *sum should equal total on line item 5 of CSD 425.S Budget Summary form*
List all Contract/Consultant Services	6 *sum should equal total on line item 6 of CSD 425.S Budget Summary form*	
List all Subcontractor/Consultant Services		6 *sum should equal total on line item 6 of CSD 425.S Budget Summary form*
Other Costs - List each line item (i - iv): *Any additional Other Costs (attach additional sheet if necessary):*	**Section 10: Administrative Costs**	**Section 20: Program Cost**
i		
ii		
iii		
iv		
Total Other Costs (Sum of i, ii, iii, iv):	7 *sum should equal total on line item 7 of CSD 425.S Budget Summary form*	7 *sum should equal total on line item 7 of CSD 425.S Budget Summary form*

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSBG Budget Support -- Other Agency Operating Funds
CSD 425 1.3 (10/19)

CSBG Budget Support -- Other Agency Operating Funds

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Funding Source (DO NOT ABBREVIATE)	**Funding Type** Federal, State, Local, Private, Other	**Funding Amount**
Total Other Agency Operating Funds to Support CSBG *(Total should match total on CSD 425 S form, Section 70)*		

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSBG Contract Budget Narrative
CSD 425 1.4 (Rev. 10/19)

CSBG Contract Budget Narrative

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Budget Narrative