



2022 REQUEST FOR PROPOSALS

Sutter County Community Action Agency is inviting proposals from qualified private 501(c)3 nonprofit or public organizations capable of operating programs that provide services to Sutter County's low-income population under the Community Services Block Grant (CSBG) program. The amount available for this proposal is approximately \$240,000. Proposals may range from \$10,000 to \$240,000. Services to be provided from January 1 through December 31, 2022.

This Request for Proposal does not commit Sutter County Community Action Agency (SCCAA) to award a contract nor to pay any costs incurred in preparing a proposal. SCCAA reserves the right to accept or reject any or all proposals. Items that may be negotiated include type and scope of services and activities, administrative and program structure, and the budget. This is a process to select service providers with whom the SCCAA may subsequently enter into a written contract. SCCAA reserves the right to deviate from this Request for Proposal.

Upon recommendation from SCCAA, qualified contractors will be selected to provide services within Sutter County during the period of January 1 through December 31, 2022. Funding decisions are final and non-grievable.

Proposals which are incomplete or which do not follow stated instructions may be rejected. The Community Action Agency will evaluate proposals. **Applicants will be required to attend a proposal presentation session on November 10 between 2pm-4pm.** You should be prepared to do a five-minute presentation on your proposal and answer questions. Presentations will be specifically scheduled after October 29. Applicants may also be required to provide proof of liability insurance, current audited financial statements, or other documents deemed necessary to assist SCCAA in developing funding recommendations.

Change for the 2022 funding year is that CSBG funds can be used to serve low-income clients that are up to 125% of the poverty level. (not 100%) See chart on page 4.

Proposals are due Friday, October 29, 2021 no later than 3:00 pm

**Sutter County Community Action Agency
950 Tharp Road, Suite 1303
Yuba City, CA 95993
(530) 751-8555**

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INTENT

Sutter County Community Action Agency, hereinafter referred to as “SCCAA”, is soliciting proposals from qualified 501(c)3 organizations and public agencies, hereinafter referred to as “CONTRACTOR”, to administer and/or operate community-based programs designed to reduce poverty, revitalize low-income communities, and empower low-income families and individuals within Sutter County to achieve self-sufficiency.

This solicitation is not intended to create an exclusive service AGREEMENT and multiple agreement awards may be made depending on funds available. SCCAA retains the ability, at its sole discretion, to add qualified CONTRACTORS at any time.

BACKGROUND AND SCOPE OF SERVICES

SCCAA oversees an anti-poverty program that allocates funding to nonprofit and public agencies that provide services to support, assist, and empower low-income people and improve their quality of life. SCCAA is a non-profit 501(c)3 organization governed by a volunteer board of directors representing the private, public and low-income sectors of the local community.

SCCAA receives funding from the Community Services Block Grant through the State Department of Community Services and Development. SCCAA strives to leverage funding from other resources to expand existing programs and to develop new services to meet identified needs in the community.

Every two years, SCCAA conducts a community needs assessment and public hearing. Comments and public needs are gathered and incorporated into a two-year plan called the Community Action Plan. The top four community priorities gathered from this process drive the types of services that will be considered for funding through a service provider process.

TIMELINE FOR PROCESS

| | |
|-------------------------------------|--|
| Issue RFP | September 20, 2021 |
| Proposal Submittal Deadline | October 29, 2021, 3:00 p.m. |
| Agency Proposal Presentations | Wednesday, November 10 2:00-4:00pm (agency exact date/time of presentation TBD) |
| Estimated Notification of Selection | December 1, 2021 |
| Estimated Agreement Date | January 1, 2022 |

This schedule is subject to change as necessary.

POINT OF CONTACT

Questions and correspondence regarding this solicitation shall be directed to:

Jackie Slade, Sutter County Community Action Agency
950 Tharp Road, Suite 1303
Yuba City, CA 95993
Tel (530) 751-8555 Fax (530) 751-8515 Email jslade@ysedc.org

SCOPE OF WORK

The SCOPE OF WORK includes but is not limited to the following:

The specifications of this RFP are based on the 2022-2023 Community Action Plan. Services must specifically relate to one or more of the identified top four countywide service priorities and proposals must include a Statement of Work that describes how contracting services match one or more of these priorities of the 2022-2023 Community Action Plan. If the agency plans to use this funding for administrative costs that will leverage other agency funds used for direct service, the agency must specify the funding amounts, funding sources, direct services and programs that will be provided to the community and how it relates to one or more of the top four countywide service priorities.

The services and needs identified as the Top Four Countywide Service Priorities in SCCAA’s 2022-2023 Community Action Plan in rank order are:

- 1) Homelessness prevention and reduction
- 2) Creation of Affordable Housing
- 3) Food Insecurity
- 4) Access to mental, behavioral and substance abuse programs and counseling

SCCAA is particularly interested in receiving proposals that will provide services in these priority areas, that foster interagency coordination of activities and that eliminate duplication of services. More than one proposal may be submitted, but the proposal must be for different programs and different priority areas of service.

SCCAA has outlined the following criteria for allocating funds:

- Funding will be allocated based on the priority level of the service in the Community Action Plan and the CONTRACTOR’S projected service capacity to Sutter County residents living in poverty (125% or below the poverty level).
- SCCAA will execute individual contracts with each service agency. It is possible for more than one agency to provide services for the same service priority. It is also possible for one agency to provide services matching multiple service priorities; however regional service capacity will determine funding amounts.

Funding Allocation

Estimated total funds available for this RFP are \$240,000. The percentage of funds allocated to each agency is based on the numerical ranking of the service priority being served, how many service priorities are being served and the agency capacity. Poverty is defined as individuals living in families (including single persons) with income at or below 125% of the federal poverty level. See below – Federal Poverty Guidelines.

| 2021 Poverty Guidelines 125% of poverty level | | |
|--|-------------------------|--------------------------|
| Persons in family/household | Household Annual Income | Household Monthly Income |
| 1 | \$16,100 | \$1,341 |
| 2 | \$21,775 | \$1,814 |
| 3 | \$27,450 | \$2,287 |
| 4 | \$33,125 | \$2,760 |
| 5 | \$38,800 | \$3,233 |
| 6 | \$44,475 | \$3,706 |
| 7 | \$50,150 | \$4,179 |
| 8 | \$55,825 | \$4,652 |
| 9 | \$61,500 | \$5,125 |
| 10 | \$67,175 | \$5,597 |

SOURCE: *Federal Register, Department of Health and Human Services January 2021*

Eligible CSBG beneficiaries are all individuals living in households whose income is at or below 125% of the poverty level

Funding increases or decreases within awarded contract agreements will be made on a case-by-case basis with regard to emergent needs within the county, the service priorities identified in the 2022-2023 Community Action Plan, and input from SCCAA.

Program Outcomes

- Outcome measurements for individual agencies contracted will be based on the proposed/projected service counts submitted on the Module 4, Section A: Individual and Family National Performance Indicators (NPIs) - Data Entry Form. CONTRACTORS will maintain records of services provided and report data annually using the CSBG Module

4 form- Section A, Section B and Section C as well as Module 2-CSBG Eligible Entity Capacity Building Form and CSD 090 CSBG Program Accomplishments and Coordination of Funds form (forms are viewable at www.suttercares.org)

- Agencies will be required to participate in an annual site visit conducted by SCCAA staff and/or board members. Agencies may also be asked to participate in a site visit conducted by the State Department of Community Services and Development (CSD) as mandated by the current CSBG contract between SCCAA and CSD. Site visits will focus on the agency's fiscal integrity, customer service, business management, and service delivery projections.
- In order to ensure quality customer service, agencies must utilize a customer satisfaction survey tool. The summation of the survey results will need to be submitted near the end of the contract term to SCCAA.

PROPOSAL PACKAGE REQUIREMENTS -CONTENT AND LAYOUT

CONTRACTOR shall provide the information as requested and as applicable to the proposed goods and services. The proposal package shall be organized as per the checklist below; headings utilized in the proposal package shall be the same as those identified in the Narrative Section below. Proposal packages shall include at a minimum, but not limited to, the following information in the format indicated below.

Use forms where provided. NO additional material may be submitted. Proposals that deviate from this format will not be considered for funding.

- Submit only 1 copy of the entire application packet
- Cover Page** Using form titled "APPLICATION COVER PAGE" (Attachment A), provide all information including organization name, address, telephone number, program contact person, priority area of service and original signature, signed in blue ink, of agency official authorized by board resolution to submit proposal.
- Narrative**
Submit a maximum of five pages (not including the cover page), addressing the following points, identifying each by corresponding heading:

Qualifications

- Describe your organization and its primary purpose, including your mission/vision statement.
- Describe your agency's qualifications to operate in the priority area you are proposing.
- Describe policy that requires or encourages low-income individuals to participate on your boards, committees, etc., if applicable

Problem Statement

- Describe the community need (s) the proposed project/program will address.

Description of the Project/Program

- What are the proposed programs/services/activities that will be funded by CSBG? How do they address the Top Four Countywide Service Priorities?
- Describe plans for implementation with a general timeline for outreach, marketing, and recruitment of program participants.
- How will programs/services assist the low-income remove obstacles, attain economic security and/or self-sufficiency?
- How many low-income residents do you expect to serve? What outcomes to you expect to achieve?
- Describe staffing plans for proposed program.
- If other organizations within your geographical area provide these services, how will linkages be developed to fill identified gaps in service or coordinate funding?

Data Collection/Reporting/Tracking

- Are client files maintained for each person served?
- Describe your client intake process
- How is client income eligibility verified?
- Describe your agency's process to track all client and program information needed to complete CSBG program reports (clients served, services provided, outcomes achieved, client demographics, agency partnerships, agency volunteer hours, etc)
- Do you input data into the Homeless Management Information System (HMIS) system?

Program Outcomes and Evaluation

- Describe agency's capacity to measure and track program outcomes. Explain the data collection methods and follow-up frequency that will be used, such as pre-post surveys, computer software, and interviews with clients.
- Describe your agency's method for evaluating the effectiveness of programs and services. (types of measurement tools, frequency of data collection, etc.)

Phase Out Plan

CSBG is intended to be short term funding. SCCAA is interested in funding organizations that will use the CSBG as seed money, gradually phasing out these funds or at least incrementally reducing dependency on the CSBG to a minimum.

- Describe your agency's contingency plan for potential funding reductions (CSBG and other funding).

Accessibility

- Give the location(s) of where the proposed services will be provided.
- Is this location(s) easily accessible to persons with disabilities and/or lack of transportation?
- Describe the plan/guidance to address the needs of individuals with limited or no English language skills.

Partnerships

- Indicate the types of programs and entities your agency coordinates services with and how you ensure that funds are not used to duplicate services.
- Indicate agencies who you already have formal contracts/MOU's with. (If awarded, you will be required to provide copies of contracts/MOU's held with other agencies.)
- Describe if and how your agency partners with the Coordinated Entry programs (at Life Building Center and Hands of Hope).

- CSBG Fiscal Data/CSD 425 S Budget Form (Attachment B)**- Clearly list expenditures by line item for CSBG funds requesting. Please complete all sections.
- Board Resolution**—Original Board Resolution authorizing submission of proposal and acceptance of funding (if selected) must be attached.
- Private non-profits must submit evidence of 501(c)3 status, including EIN#.**
- Organizational chart**

| SCORING CRITERIA | NO | YES |
|---|-----------|------------|
| 100 POINTS POSSIBLE | | |
| PROGRAM INFORMATION | | |
| 1. Qualifications | | |
| The agency demonstrates prior experience in service delivery. | 0 | 5 |
| Agency has policy that requires or encourages low-income individuals participate on their boards, committees, etc. | 0 | 5 |
| 2. Project/Program | | |
| The program description is clear and the service delivery method is easy to understand. | 0 | 5 |
| Services fit the description of one or more of SCCAA's <u>Top Four Countywide Service Priorities</u> . | 0 | 10 |
| Agency programs empower low-income families and individuals within Sutter County to <u>achieve self-sufficiency</u> . | 0 | 5 |
| Projection of clients served and outcomes to achieve are provided. | 0 | 5 |
| The outcome measures for program success are clear and achievable. | 0 | 5 |
| 3. Data Collection/Reporting/Tracking | | |
| Agency keeps a file for each client and verifies income eligibility | 0 | 5 |
| Agency has capacity to track all client and program information needed to complete CSBG program reports | 0 | 5 |
| Agency inputs client data into HMIS system. | 0 | 5 |
| 4. Program Outcome/Evaluation: | | |
| Agency has methods for evaluating programs/services like client satisfaction surveys | 0 | 5 |
| Agency has capacity to accurately collect, document and report outcomes. | 0 | 5 |
| 5. Phase out Plan: Agency demonstrates fiscal stability. | 0 | 5 |
| 6. Accessibility: Facility is accessible to all residents. | 0 | 5 |
| 7. Partnerships: Agency has formal contracts/MOU's in place. | 0 | 5 |
| Agency partners with Coordinated Entry program. | 0 | 5 |
| BUDGET/RESOURCES | | |
| 9. The proposed budget is complete, clear and reasonable for the program goals. | 0 | 5 |
| 10. The agency demonstrates other funds are used to support/leverage the program. | 0 | 5 |
| 11. Overall, the application is well constructed and the agency has the expertise to implement the program they propose. | 0 | 5 |

***A minimum of 55 points must be earned for the application to be considered.**

SELECTION CRITERIA

The selection of CONTRACTOR and subsequent contract award(s) will be based on the criteria contained in this Solicitation, as demonstrated in the submitted proposal. CONTRACTOR should submit information sufficient for SCCAA to easily evaluate proposals with respect to the selection criteria. The absence of required information may cause the Proposal to be deemed non-responsive and may be cause for rejection.

To the extent of personnel and equipment to be provided under this agreement, CONTRACTOR, if so requested, shall afford SCCAA an opportunity to inspect CONTRACTOR'S equipment prior to award of the agreement.

The award(s) resulting from this RFP will be made to the CONTRACTOR(s) that submit a response that, in the sole opinion of SCCAA, best serves the overall interest of the County.

CONTRACT AWARDS

SCCAA does not guarantee a minimum or maximum dollar value for any AGREEMENT or AGREEMENTS resulting from this solicitation.

SCCAA requires the contractor to give a brief presentation to the committee before a contract is awarded. The costs of the presentation are the CONTRACTOR'S responsibility.

SCCAA is not liable for any cost incurred by CONTRACTOR in response to this solicitation.

All CONTRACTORS who have submitted a Proposal will be notified of the final decision as soon as it has been determined.

CONTRACT REQUIREMENTS (if awarded)

If your agency is awarded a contract the following documents will also be required:

- Signed contract
- 425 CSBG Contract Budget Summary for amount awarded
- Module 4, Section A form with projected clients to serve
- W-9
- \$1,000,000 liability insurance, SCCAA listed as additionally insured
- Workers Compensation insurance
- Fidelity Bond in amount of 25 percent of grant award
- Drug Free Workplace Certification (form provided)
- Lobbying Certification (form provided)
- Copy of client Appeal Policy and Procedures
- Copy of Confidentiality policy
- Copies of contracts/MOU's held with other agencies
- Copy of Child Support Policy and Procedures
- Copy of client satisfaction survey tools used by your agency
- Copy of client intake form that verifies and documents CSBG income eligibility of below 125% of the poverty guidelines

To be completed/submitted during the year

- Bi-monthly reimbursement request forms with backup to show expenses incurred
- Semi-annual report
- Pre-site visit questionnaire
- Single Audit or IRS Tax Form 990 AND Compilation Financial Statement
- Summation of client satisfaction survey results with proof that data was presented to your board
- CSBG 641 Annual Report Modules 2-4 showing clients served during the contract term, client demographics, volunteers, partnerships, etc. (including partnership chart)
- CSD 090 CSBG Program Accomplishments and Coordination of Funds form

ATTACHMENT A – APPLICATION COVER PAGE

Sutter County Community Action Agency – Community Services Block Grant
RFP NUMBER: SCCAA - CSBG 2022

MAILING ADDRESS:

Sutter County Community Action Agency
950 Tharp Road, Suite 1303, Yuba City, CA 95993

This Signature Page (signed in blue ink) must be included with your submittal in order to validate your proposal. **Proposals submitted without this page will be deemed non-responsive.**

CONTRACTOR MUST COMPLETE THE FOLLOWING TO VALIDATE PROPOSAL

I hereby agree to furnish the articles and/or services stipulated in my proposal at the price quoted, subject to the instructions and conditions in the Request for Proposal package. I further attest that I am an official officer representing my firm and authorized with signatory authority to present this proposal package.

Requesting Agency: _____

DUNS #: _____ Federal Tax ID# _____ Nonprofit Public Agency

Funding Request: _____ Program Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

Phone: () _____ Fax: () _____

Email: _____

Program Contact Person: _____

Authorized Persons Signature: _____ Date: _____

Printed Authorized Persons Name: _____

Which of the top four countywide needs will your agency address with CSBG funds? Check ALL that apply

- Homelessness prevention and reduction
- Creation of Affordable housing
- Food Insecurity
- Access to mental, behavioral health and substance abuse programs and counseling
- Not addressing any of the above

Which of the following CSBG Domains do you feel your agency will predominantly address with CSBG funds – Check ONLY one

- Employment
- Education and Cognitive Development
- Income, Infrastructure and Asset Building
- Housing
- Health and Social/Behavioral Development (includes nutrition)
- Other (ex. Emergency management/disaster relief) _____

ATTACHMENT B – CSBG FISCAL DATA (CSD 425 S Budget Form)

Please make sure to complete all tabs on the 425 S Budget Form (425.S, 425.1.1, 425.1.2, 425.1.3, 425.1.4)

On 425.1.3 please provide a detailed list of ALL revenue source(s) and amounts funded by each source and used to support your programs.

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 | |
| 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 | |
| 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) | |
|--|--|

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 | <i>sum should equal total on line item 3 of CSD 425.S Budget Summary form</i> | 3 | <i>sum should equal total on line item 3 of CSD 425.S Budget Summary form</i> |
| List all Equipment Purchases | 4 | <i>sum should equal total on line item 4 of CSD 425.S Budget Summary form</i> | 4 | <i>sum should equal total on line item 4 of CSD 425.S Budget Summary form</i> |
| List all Out-of-State Travel: <i>Name of conference; Specify location; Cost per trip</i> | 5 | <i>sum should equal total on line item 5 of CSD 425.S Budget Summary form</i> | 5 | <i>sum should equal total on line item 5 of CSD 425.S Budget Summary form</i> |
| List all Contract/Consultant Services | 6 | <i>sum should equal total on line item 6 of CSD 425.S Budget Summary form</i> | | |
| List all Subcontractor/Consultant Services | | | 6 | <i>sum should equal total on line item 6 of CSD 425.S Budget Summary form</i> |
| 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 | <i>sum should equal total on line item 7 of CSD 425.S Budget Summary form</i> | 7 | <i>sum should equal total on line item 7 of CSD 425.S Budget Summary form</i> |

CSBG CONTRACT BUDGET NARRATIVE

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

Budget Narrative

| |
|--|
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|--|