

CONTRA COSTA COUNTY
FY 2012-2013 MONUMENT COMMUNITY GRANT PROGRAM
REQUEST FOR PROPOSAL (RFP) INSTRUCTIONS

Submittal Deadline: March 21, 2012 by 5:00 PM

Submittal Address: Robert T. Calkins

Department of Conservation and Development

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PLEASE READ ALL INSTRUCTIONS CAREFULLY

All Proposals must be received by **5:00 p.m. on March 21, 2012**. The preferred method of submittal is by email – see email address above. Proposals received after this time and date will not be accepted. If mailing, postmarks will not be accepted as proof of receipt.

A. Proposals must comply fully with the requirements detailed in the application

Incomplete proposals, containing errors or inconsistencies in the budget, or other process errors or deficiencies, may constitute cause for rejection.

The County may request clarification or additional information from the applicant at any point during the application process. Successful applicants shall be required to enter into a written agreement with the County, provide liability insurance and, when applicable, proof of workers compensation insurance in order to receive funds.

This RFP is not in itself an offer of work nor does it commit the Contra Costa County Board of Supervisors (Board) to fund any proposals submitted. The County is not liable for any costs incurred in the preparation or research of proposals.

B. Instructions and Preparation of Proposal

The Proposal must be complete and free of ambiguities, alterations, and erasures. In the event of conflict between words and numerals, the word shall prevail.

Except for the attachments specified in the application, no other attachments should be included. Please label attachments according to the section to which they pertain.

C. Proposal Format and Content

Proposals must be accompanied by a cover letter signed by an official or agent who is legally authorized to commit the agency to carry out proposed projects.

The following format must be followed when arranging the application:

- Section I Program Overview
- Section II Budget Information
- Section III Financial Information
- Section IV Organization Information / Attachments

D. Timeline of Important Dates

Board of Supervisors meeting to consider RFP and allocation of funds	February 28, 2012
Announce and distribute RFP	February 29, 2012
Proposals due	March 21, 2012 by 5:00PM
Review applications, develop funding recommendations	March 22-30, 2012
Develop contracts	April 1-6, 2012
Agencies begin projects	April 9, 2012
End of program	June 30, 2013

E. The Need in the Monument Community

The Department of Labor projects there will be a 30.3% increase in the number of health care jobs between now and 2014, representing the largest job growth of any sector. The long term need for employees trained with specific skills in health care and child care, the local need for a more culturally competent care system, and the great demand for jobs

presents an opportunity to address major needs in child care and development, healthcare and wellness, and job training.

F. Request for Proposals – FY 2012-13

This RFP is to solicit proposal applications from organizations that provide services to families living in the Monument Community area of the city of Concord. The project areas to be funded are child care and development, healthcare and wellness, and job training. Examples of program areas for consideration might be those that provide job training and culturally specific programs related to child care, medical care sectors, and community health programs such as the prevention and eradication of bed bugs.

The County expects to fund up to three (3) individual programs. Agencies will receive up to \$95,000 for implementing their proposed Monument Community Grant Program.

G. Proposal Guidelines and Evaluation Criteria

Proposals will be assessed against the following guidelines, the degree to which the proposal addressed the following criteria:

A. Target population:

1. Provided a description of the demographics of Monument Community residents to be served by the program.
2. Provided information about the documented needs and wants of the target population living in the Monument Community.

B. Program Activities:

1. Provided a description of program activities and services to be provided to the target population living in Monument Community.
2. Indicated the total number of people to be served by the program and estimated the number of services to be provided participants to achieve successful results.
3. Provided description of staff expertise and capacity to effectively deliver the program.
4. Provided evidence that supports the efficacy of the proposed program in working with the client population living in the Monument Community.

H. Minimum standards to be met by all proposals

1. The organization is a 501(c)(3) non-profit.
2. The proposal was submitted before the closing time and date.
3. The organization is fiscally solvent.
4. Staff qualifications are consistent with proposed program requirements.
5. The organization has leveraged additional funding sources and will not be dependent solely on the Monument Community Grant Program.
6. The proposed costs for the program are justified and reasonable.
7. The proposed services are accessible to residents of the Monument Community.
8. The organization's Board of Directors has approved the program proposal.

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SECTION I. PROJECT OVERVIEW

A. APPLICANT INFORMATION AND PROJECT NAME

Applicant Name:

Applicant Address:

Address Where the Project Will Operate:

Submitted By:

Title:

Project Name:

Contact Person:

(Person most responsible for administering or implementing the project)

Title:

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Telephone Number:

FAX Number:

E-mail Address:

Amount of Monument Community Grant Program Funds Requested: \$

Total Project Cost: \$

B. PROJECT DESCRIPTION

The project description is the most important component of the application. The description should be complete and sufficient to be used as a stand-alone document. Overall project description should not exceed six (6) pages; please number each response to the following questions.

1. Executive Summary: In 25 words or less describe the proposed project. The summary should state who will be served; what program services and activities will be provided; and what results are to be achieved.
2. Target Population: Provide a detail description of the target population that includes a demographic description of the population to be served and documented evidence of their needs and wants.
3. Client Engagement: Describe how your agency will inform and motivate the target population living in the Monument Community to participate in the project.
4. Purpose: Describe the project's vision, mission, goals and objectives, and measurable results to be achieved.
5. Program Strategy: Provide a cohesive description of the proposed project services and activities; the number and mix of services to be provided to each participant; and the location where services will be delivered.
6. Describe how you will know if you are successful in achieving your program objectives. Tell us about your data collection methodology and evaluation approach for documenting achievement of program results.
7. Organizational Capacity: Describe your organization's expertise and ability to fully implement the proposed project. The description should include any existing documentation of your project's prior success as well as descriptions of existing staff expertise or experience in carrying out the project.

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8. Staff Resumes: Please include resumes for **all staff** that will be instrumental in implementing the project (**Attachment A**).

9. Collaboration and Partnerships: Identify and describe how you will work with other organizations providing services in the Monument Community. If your project relies on more than one agency, please describe what role each of the partners will play in the implementation of the project.

SECTION II. BUDGET INFORMATION

A. SOURCES AND DOCUMENTATION OF FUNDS

Complete the following table to show all funds that will be used to carry out the proposed project. You must show all funding sources including Monument Community Grant Program grant funds. These funding sources should total to your project budget.

List of Potential Funding Sources	Grant	Donation	In Kind	Loan	Status*	Amount \$	Date Available

* **Indicate** status as follows: P = proposed; R = requested application submitted; A = approved. This also includes documentation of your organization's funding commitment, including private donations, in kind, and volunteer hours.

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B. PROJECT BUDGET

Please provide a line item project specific budget for implementation of the project. The budget is for the proposed project only and should identify all funding sources and all uses of funds in addition to the "other" funds. Do not provide an agency-wide budget. Please include full-time equivalent information for each staff position. In the table below the line item expenses listed are for example only - please add or delete expense line items as appropriate.

SOURCES AND USES OF FUNDS					
SOURCE OF FUNDS	Monument Community Grant Program Funds	SOURCE:	SOURCE:	SOURCE:	
	Budget	Budget	Budget	Budget	Total Budget
ANTICIPATED REVENUE					
USE OF FUNDS					
<i>Staff Expenses</i>					
Program Manager					
Administrative Asst.					
Employee Benefits					
Employee Taxes					

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Subtotal					
<i>Operating Expenses</i>					
Rent					
Audit					
Insurance					
Office Supplies					
Publicity/Newsletter					
Bldg. Maintenance					
Telephone					
Utilities					
Client Transportation					
Program Supplies					
Travel					
Subtotal					
TOTAL					

SECTION III. FINANCIAL INFORMATION

The information provided will be used to evaluate the fiscal capacity of the organization and to determine the level of technical assistance that may be required if funded.

1. Please complete the questions below and provide:
 - A copy of the agency's most recent Audit (**Attachment B**)
 - Resume of fiscal officer (**Attachment C**)

2. Does the agency have a financial management system to maintain control over current operations, and ensure budgets are monitored and complied with?
 - ☐ Yes
 - ☐ No

3. Does the agency employ a full or part-time bookkeeper/accountant?
 - ☐ Yes
 - ☐ No

4. Briefly describe the agency's record keeping system such as hand written general ledger, use of a computer program, or/and time sheets/payroll registers, etc.

5. Please indicate at what frequency records are reconciled.
 - ☐ Monthly
 - ☐ Quarterly
 - ☐ Bi-annually
 - ☐ Annually

6. Are reconciliations written and reviewed by an independent person?

7. Does your agency perform an independent audit?

☐ Yearly

☐ Bi-annually

☐ Other If other, please describe procedure used.

SECTION IV. ORGANIZATION INFORMATION

Attachment D

Please provide a **brief** description on the purpose of the organization (mission statement), length of time the organization has been in operation, types of services provided, number and characteristics of clients served. Provide an Organizational Chart and indicate the proposed location of the Monument Community Grant Program in the organization's hierarchy.

Attachment E

Please provide the name, title, address, and telephone number of the individual(s) authorized to act on behalf of the organization and who has the ability to enter into contracts. This information may be included in the cover letter to this application.

Attachment F

Please provide a list of the Board of Directors; list must include name, address, phone number, occupation or affiliation, and principle officers.

Attachment G

Please provide minutes, resolutions, or other official action of your organization authorizing submittal of an application to request funds.