



REQUEST FOR PROPOSALS (RFP)

Strategic Initiative: Early Relational Health RFP #2122-01



Our Vision

Children in Sonoma County from the prenatal stage to age five will develop to their fullest potential.

Our Mission

The mission of First 5 Sonoma County is to maximize the healthy development of all Sonoma County children from the prenatal stage through age five through support, education, and advocacy.

**PROPOSALS DUE:
Tuesday, February 16, 2021, 3:00 PM PST**

NOTE: Due to COVID-19 restrictions, proposals in response to this RFP must be submitted to the Commission electronically in the electronic format described in this RFP by the submission deadline. No hand deliveries will be accepted.

| <p style="text-align: center;">TIMELINE STRATEGIC INITIATIVE: Early Relational Health RFP #2122-01</p> <p>IMPORTANT NOTE: Items in yellow boxes are MANDATORY PROPOSER REQUIREMENTS and DEADLINES. Proposers who fail to meet these requirements will not be considered for funding.</p> | | |
|---|--|---|
| Date/Time | Event | Virtual Location |
| Friday December 11, 2020 3:00 pm | Request for Proposals (RFP) RELEASED | https://first5sonomacounty.org/funding-opportunities/ |
| Tuesday December 15, 2020 3:00 pm | DEADLINE to Register for Mandatory Pre-Proposal Webinar | https://us02web.zoom.us/webinar/register/WN_nj55TkKhRswi5_wW8mn8XQ |
| | DEADLINE to submit Proposer questions regarding the RFP via email | Submit questions regarding this RFP to funding@first5sonomacounty.org |
| Wednesday December 16, 2020 2:30-4:30 pm | MANDATORY Pre-Proposal Webinar | Zoom link provided upon registration |
| Friday December 18, 2020 3:00 pm | Answers to Questions regarding the RFP POSTED | https://first5sonomacounty.org/funding-opportunities/ |
| Monday December 21, 2020 3:00 pm | DEADLINE to submit Mandatory Letter of Intent (electronic submission ONLY) | Submit LOI as described in this RFP to First 5 Sonoma County's Grant Manager |
| Tuesday February 16, 2021 3:00 pm | DEADLINE to submit Proposals (electronic submission ONLY) | Application access will be granted after acceptance of the LOI |
| February-March 2021 | Proposal Review | N/A |
| March 15 – March 25, 2021 | Proposer Interviews (tentative) | TBD |
| By April 1, 2021 | Proposers notified of the Proposal Review Recommendations | Via email to proposers |
| Monday April 26, 2021 3:30 pm | Recommendations presented to First 5 Sonoma County Commission | TBD |
| On or about July 1, 2021 | Contracts Executed | N/A |

I. OVERVIEW OF FUNDING

A. Goals & Intent of Early Relational Health Strategic Initiative

The Commission recently adopted the agency Strategic Plan, created to determine goals, guide priorities, and establish population and fiscal strategies for fiscal years 2021-2025. Strategic Goal one was developed to address Early Relational Health.

Early relational health is a concept that focuses on the importance of the earliest experiences and interactions between infants and their caregivers in approximately the first 1000 days, from pregnancy through age two. These interactions and experiences build the foundation for health, learning, and social well-being. The concept builds on interdisciplinary research and practices from early childhood development, social-emotional development, infant health, parent-infant observations, neurodevelopment, interpersonal neurobiology, resilience, and trauma.

Early relational health has been defined as “the complex interpersonal interactions between young children from pregnancy through age two and their parents, extended family, and caregivers, which can have positive impact on a child’s healthy development.” The concept is meant to strengthen and support the emergent development of all early caregiver childhood relationships. Key elements include 1) maternal and family well-being; 2) positive, attuned, and nurturing caregiver-child relationships; 3) a focus on resiliency in the face of trauma; 4) an explicit effort to advance equity, family engagement, and social supports; and 5) a paradigm shift in early childhood to improve child and family health, development, and well-being through the focus on relationships.

The overarching goal of this funding allocation is to ensure children and their parents/caregivers access preventative and early relational and therapeutic supports to ensure positive birth outcomes, prevent ACEs and promote healthy development in the first two years.

Applicants are encouraged to collaborate with partners to improve the coordination and integration of the system of care, consider co-location, and joint services/appointments whenever beneficial for the client. Proposals that include a framework of integrated services should support the framework with research that links to their targeted outcomes.

All proposals must demonstrate understanding of culture in relation to services and the types of families to serve, include a targeted outreach plan, provide all materials in English and Spanish, and an evaluation plan demonstrating intended outcomes.

B. Amount of Funding Available and Contract Term

The Commission’s funding allocation to the Early Relational Health Goal Area is intended to leverage the declining Prop. 10 revenue to the maximum degree possible by partnering with other public agencies, FQHCs and other providers that are positioned to utilize Medicaid (Medi

Cal, Targeted Case Management, EPSDT), Prop. 63 (MHSA-PEI and MHSA-INN) and other funding streams to fund maternal and child health and mental health services. Expansion and sustainability of critical local programs and services is heavily dependent upon informed maximization of public funding streams that are specifically intended to support the health and well-being of infants, toddlers, pregnant women and new parents/caregivers.

The First 5 Sonoma County Commission has allocated a total of \$3,500,000 over the next four years to support programming and system enhancements in the Early Relational Health Goal Area. Initial allocations per fiscal year are shown in the table below. Allocations adopted in the strategic plan are subject to Commission change, based on program design, changing need and changes in revenue.

| Fiscal Year | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 |
|-------------------|-------------|-------------|-------------|-----------|
| Annual Allocation | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$500,000 |

NOTE: First 5 Sonoma County reserves the right to provide access to proposals in response to this RFP with prospective funding partners, such as Sonoma County Department of Health Services, to inform external funding decisions and secure additional revenue to leverage in support of achieving aligned Early Relational Health goals.

C. Priority Strategies:

Priority Strategies are programmatic and systems enhancement activities that have been identified through the First 5 Sonoma County Commission strategic planning process to be effective, culturally responsive, aligned with First 5 Sonoma County’s Foundational Principles and aligned with the statewide First 5 Network strategy. Proposers are encouraged to leverage these pre-vetted and prioritized strategies and to build on existing infrastructure and investments already in place in the community. Proposals may include individual strategies, or a combination of integrated strategies.

The Commission *will* consider funding strategies and approaches that are not listed as priority strategies, if other organizational and programmatic criteria for funding are clearly met, including alignment with early relational health goals, outcomes, and target population(s). The ideal proposal describes direct services and/or system improvement activities that support and/or contribute to an integrated system that supports optimal early developmental and social emotional well-being of infants and toddlers, and parental mental health and connectedness to resources through a dyadic, two-generation model or approach.

Home Visiting

Evidence-based, or evidence-informed home visiting approaches that provide intensive support to promote positive birth, early development and longer-term outcomes, prevent child maltreatment, and support caretaker and child mental health. Home visiting approaches may

also focus on early identification and intervention for Autism, and co-occurrence treatment with mental health, as Autism is the fastest growing developmental disability in Sonoma County. Home visiting models should show consideration and understanding of family systems, families' beliefs and cultural practices and challenges faced by families in poverty.

Help Me Grow

Through countywide systems improvement efforts, expand access, reduce disparities and improve practice, care coordination and integration of developmental/social emotional/ACEs screening, early intervention and early relational health.

Help Me Grow is a systems improvement model with four cooperative and interdependent core components including a *Centralized Access Point*, *Family and Community Outreach*, *Child Health Care Provider Outreach*, and *Data Collection and Analysis*.

A *Centralized Access Point* assists families and professionals in connecting children to the network of community resources that help them thrive.

Family and Community Outreach builds parent and provider understanding of healthy child development, supportive services available to families in the community, and how both are important to improving children's outcomes.

Child Health Care Provider Outreach supports early detection and intervention efforts, and connects medical providers to the network of community resources to best support families.

Data Collection and Analysis supports evaluation, helps identify systemic gaps, strengthens advocacy efforts, and guides quality improvement.

The Help Me Grow system model is typically facilitated and coordinated by a lead agency who may act as a fiscal agent for a collaborative involving multiple organizations.

System Navigation Support

Employ "warm-line", virtual and/or in-person supports to assist pregnant women and parents to navigate complex systems and access resources related to birthing, breastfeeding, parenting, perinatal mental health, infant and toddler development and early intervention services.

Positive Parenting Program

Support early relational health in Sonoma County's highest-risk families by providing the effective evidence-based parenting program, *Triple P – Positive Parenting Program*. Provide parenting support to parents individually, or in groups. Triple P helps foster early childhood social-emotional health with practical strategies to help parents build strong, healthy relationships, confidently manage their children's behavior and prevent problems from developing.

Maternal/Parental Mental Health

Identify and address maternal/parental mental health issues, substance use, and co-occurring mental health and substance use issues as early as possible with a trauma-informed and integrated relational model that informs a system of care to promote children's optimal development and learning. The strategy can include individual treatment, mother or caretaker-child dyadic models (such as *HealthySteps* or other evidence-based/informed dyadic models), peer support, social support for family, linkage to psychiatry/medication, advocacy for dyadic model Medi-Cal billing, and/or clinical resources. Within this strategy address cultural, emotional, and practical barriers to treatment (i.e. stigma, child care, transportation, limited time and competing interests).

D. Target Populations & Geographic Requirements:

The target populations for the *Early Relational Health* goal area are families with children, prenatal to age three, particularly Latino, Black and indigenous communities most impacted by multi-generational poverty, structural inequities and adverse community experiences, and families and children that have been impacted by Adverse Childhood Experiences.

The population for a proposal strategy may also include the workforce that serves these targeted populations with education and support to the workforce, teaching skills to increase the efficacy and empowerment of the professionals who work with the target populations within the priority strategies.

Geographic areas in Sonoma County that offer the greatest opportunity to make an impact on improving early relational health, child development, and school readiness include areas with high rates of Medi-Cal births and multiple other factors that impact early relational health. Census tracts with high rates of Medi-Cal births within Sonoma County can be found in the [2020 Early Childhood Landscape Scan](#). More specifically, specific geographic targets are school attendance areas listed on the *First 5 Sonoma Equity Index* list (see Appendix A) that are also aligned with high rates of Medi-Cal births. **Note: areas with lower Equity Index scores will be considered and scored as higher priority in the proposal review process.**

The Index employs a weighted composite of publicly available indicators that illustrate the diversity of access and experience for young children in Sonoma County: 1) Elementary enrollment eligible for FRMP and/or are ELL; 2) Household broadband adoption rate for school attendance area; 3) English language assessment at 3rd grade; and 4) Availability of high-quality ECE programs. Together, these indicators provide for comparable analysis of resource need at the elementary school attendance area level.

E. Priority Outcomes & Potential Indicators for Impact:

Priority Outcome 1A: Increase early detection of developmental and behavioral health concerns among infants and toddlers and improve access to early intervention services.

Priority Outcome 1B: Increase community awareness, access to screening and linkage to early intervention for perinatal mood disorders.

Priority Outcome 1C: Increase support for pregnant and new parents to strengthen their parenting capacity, especially those at-risk.

Potential Indicators for Impact

Potential indicators are examples of indicators that may be used for particular strategies. Proposal indicators are not limited to, and do not have to include the examples provided. First 5 Sonoma County will implement a Results Based Accountability (RBA) framework for program-level accountability and will work with funded agencies to develop performance measures.

Evaluation plans developed with First 5 Sonoma County for the proposed program or service will include program-level outcomes, agency-level outcomes, and population-level results. The three types of performance measures will include: 1.) *How much did we do?* 2.) *How well did we do it?* 3.) *Is anyone better off?*

Home Visiting:

- Improved birth outcomes
- Children are free of maltreatment and ACEs
- Primary or secondary caretaker shows improvement on a parental depressive measurement instrument

Help Me Grow:

- Children and families are connected to the network of resources
- Parents and providers understand healthy development, and available supportive services
- Medical providers are connected to the network of supportive resources, and participate in early intervention efforts

Systems Navigation:

- A warm-line is accessible to new parents to access resources and support related to birth, breastfeeding, parenting, and parental mental health

Triple P – Positive Parenting Program:

- Parents build a strong parent/child relationship
- Parents confidently manage their children’s behavior
- Parents are able to prevent problem behaviors from developing

Parental Mental Health:

- Children are free of maltreatment
- Measurements of parental depression are reduced
- Positive parent/child interactions increase

F. Special requirements for proposed program(s) and/or service(s):

Services and/or programs funded under the Early Relational Health allocation may be required to participate in a data sharing agreement with the Sonoma County Department of Health Services, Behavioral Health Division as a requirement of Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding. First 5 Sonoma County currently supports these efforts through coordination, evaluation, and training community partners through a collaborative funding agreement to maximize services within the community. If any applicable programs or services are funded through First 5 Sonoma County under this RFP, this collaborative effort will continue.

Additionally, the Early Relational Health allocation fund from First 5 Sonoma County cannot fund the delivery of services that are currently reimbursable by Medi-Cal.

II. PROPOSAL REQUIREMENTS

This section describes the required proposal format, required elements and order of elements. Failure to follow the prescribed format may result in rejection of the proposal.

Proposers will submit proposals through a web-based system, Foundant. Elements of the proposal will be a combination of 1) text and information entered directly into the system; and, 2) required uploads of PDF and Excel attachments.

A. Required Elements

1. RFP Checklist:

Complete the checklist that is located at the end of the application in the submittal system to indicate all required elements of the proposal are included.

2. Proposal Narrative

Complete the proposal narrative in the submittal system. The narrative should refer to specific information regarding the focus and strategic priorities related to this funding opportunity above in **Section I**, and address all applicable points in **Section XI** regarding the proposed project, services and/or program.

3. Work Plan (Attachment A)

Submit a completed Work Plan form for each year of the proposed project, service and/or program in the submittal system.

4. Budget Workbook (Attachment B)

Complete the line-item budget for year fiscal year, multi-year budget, leveraged funding worksheet and budget narrative in the required Excel form and submit in the proposal submittal system.

5. Appendices Section

Include the following documents as Appendices by submitting a single, combined PDF in the order they are listed below:

- a. Organizational chart for the proposing organization/agency (*provide the organizational chart for each agency, if submitting a proposal as a collaborative with a fiscal lead*).
- b. Resumes and job descriptions of key project/program staff (resume not required if position is not currently filled)
- c. Resumes of subcontractor(s), if applicable
- d. Letters of Commitment or Memorandums of Understanding, required from collaborative partners

6. Certifications and Supporting Documents Required

The following certification and documents must be submitted as uploads to the submittal system as a single PDF. If your agency is not able to include one of the items listed below, please state the reason on the appropriate attachment. If your agency is selected for funding, your agency will need to complete additional certifications prior to the execution of the contract.

a. Annual Non-Supplantation Certification Form (Attachment C)

The proposer must sign and submit this form to certify that they are in compliance with the Commission's Non-Supplantation policy. This form will be required annually for all contractors. Submit as a single, combined PDF with *Certification Regarding Debarment and Suspension*.

b. Certification Regarding Debarment and Suspension (Attachment D)

As a requirement of this RFP, the proposer is certifying that their organization has not been barred from receiving federal or state funding. This document must be signed and submitted with the proposal. The person signing the certification should have the authority to assure that the agreed upon policies are implemented and followed. *Submit as a single, combined PDF with Annual Non-Supplantation Certification Form.*

c. Audited Financial Statement

Proposers must provide a link to a web-based, electronic version of their audited financial statement OR submit a compressed document to funding@first5sonomacounty.org. All proposals must include the most recent and complete audited financial statement by an independent, certified public accountant, for a fiscal period not more than 18 months old.

The audited financial statement must show evidence of solvency and adequacy of accounting practices.

If an audited financial statement is not available, please submit a Federal Income Tax Return (Form 990). If the audit covers a parent firm, the parent firm shall be party to the contract. The Commission may require other information in lieu of the certified audit, if it is of equal value in determining the fiscal stability of the proposer.

d. Insurance

If selected for funding, your organization will be required to obtain and maintain insurance that fulfills Commission requirements. Failure to conform to insurance requirements shall constitute grounds for termination of the contract.

III. EVALUATION & DATA COLLECTION REQUIREMENTS

All agencies funded by First 5 Sonoma County must monitor their programs and will be required to participate in the Commission's evaluation and contract compliance activities. Providers will be required to report aggregate data for numbers of clients served, client demographics, service usage data, and selected outcomes and may be required to report de-identified client-level data, depending on the service. These data will be used in conjunction with a Results Based Accountability framework to evaluate outcomes ensure continuous learning and quality improvement. All funded programs will be required to participate in/perform the following:

1. Work with Commission staff and other funded partners to develop an evaluation plan that is based on Commission results, outcomes and indicators. The evaluation plan will document the type of data to be collected, the persons responsible for ensuring that the data are collected and a timeline of when the data will be collected and submitted.
2. Collect and report client and program level data as requested by the Commission, using the Commission's database system. Contractors shall be required to utilize the Commission's data collection tools. Use of this tool will require appropriate contractor staff training. Ongoing training and technical assistance will be available to all contractors.
3. Provide, at a minimum, quarterly contract progress reports.
4. Participate in periodic site visits.
5. Other evaluation activities as staff and/or evaluation consultant deems necessary.

IV. PROPOSAL SUBMISSION

A. Questions about the RFP

Questions regarding this RFP may be posed at the mandatory pre-proposal webinar and/or emailed directly to funding@first5sonomacounty.org by 3:00 pm December 16, 2020. Email subject must read: “RFP Question – Early Relational Health”. Questions received via email and during the Mandatory Pre-Proposal webinar will be posted with the corresponding answers on the First 5 Sonoma County website by 3:00 pm on Friday, December 18, 2020.

B. Mandatory Pre-Proposal Webinar

Organizations interested in submitting a proposal must have a representative from their agency register for and attend the Pre-Proposal Webinar as per the RFP Timeline. Attendance is mandatory and will be verified as part of a screening process once proposals are submitted. Although a recording of the webinar will be not be made available, the webinar PPT slides will be sent to registered participants after the webinar.

C. Mandatory Letter of Intent

Submit a *Letter of Intent* by Monday, December 21st, 3:00 pm to [First 5 Sonoma County's Grant Management system](#).

D. Submission

Proposals must be submitted electronically by February 16, 2021, 3:00pm, through First 5 Sonoma County's web-based system. Due to the impact of the COVID-19 pandemic, no hard copies will be required or accepted. Proposers that submit a Letter of Intent by the deadline specified in this RFP will receive a unique link to use for submitting their proposal.

NOTE: Proposers are strongly encouraged to allow adequate time to ensure submission of their proposal, if unfamiliar with the Foundant web-based proposal submission system.

V. PROPOSAL REVIEW AND AWARD PROCESS

Proposals will be reviewed by Commission staff and selected review committee members in a multiple step process.

Step 1: Proposal Elements Requirements Screening

Each proposal will be reviewed for the timely submission of required items, documentation, format, forms, *Letter of Intent* and attendance at the Pre-Proposal webinar, as specified in the RFP Checklist within the proposal. If an item on the Checklist is not checked, a reason must be provided for the absence of this item. The Checklist will

be used by Commission staff to verify that the submitted proposal is complete and has passed Step 1.

Step 2: Scoring and Review by Proposal Review Team

Proposals will be reviewed and scored by an ad hoc review team that will be comprised of Commissioners, staff and individuals with expertise and experience in areas related to the proposals. Members of review teams will be carefully selected to mitigate and minimize any real or perceived conflict of interest.

Reviewers will score each item and provide written comments regarding strengths and weaknesses. It is critical for proposers to provide complete, clear and specific information in the narrative text of the proposal that is consistent with other information contained in the proposal, such as the budget, budget narrative and staffing competencies. The point values are assigned for each criterion and weighted according to importance in the proposal.

The review team will discuss their individual scores for each proposal in a facilitated meeting where the strengths and weaknesses will be discussed and reviewers will have the opportunity to compare their perceptions and impressions. Individual reviewer scores alone will not determine whether a proposal is funded; reviewers will discuss proposals in the context of First 5 Sonoma County's overarching strategic vision and community context as part of a facilitated consensus-building process.

VI. PROPOSER INTERVIEWS

Reviewers and staff will have the option to recommend that proposers be contacted for an interview, either individually or as a panel of proposers, to explore specific issues related to the proposed strategies, budget, staffing, collaboration between partners, or other elements of implementation and potentially negotiate refinements to proposed work plan within the parameters described in the First 5 Sonoma County 2021-2025 Strategic Plan and this Request for Proposals.

VII. INITIAL AWARD RECOMMENDATION LETTER

An initial award recommendation letter will be sent to all applicants by April 1, 2021 notifying them of the Proposal Review Committee's recommendations.

VIII. APPEAL PROCESS

Applicants wishing to appeal the review committee's recommendation have three (3) working days from the date of the initial award recommendation letter to file an appeal in

writing. Letters of appeal must be sent electronically to: funding@first5sonomacounty.org and addressed to Angie Dillon-Shore, Executive Director.

Grounds for appeal are limited to a violation of a First 5 procedure, law, rule, or regulation regarding this RFP process. Appeals will not be accepted on any other grounds. Mere disagreement with the recommendation or decision is not grounds for an appeal.

Appeals will only be considered if received electronically by 5:00 PM on the third working day from the date of the initial award recommendation letter. The appeal letter will be reviewed by the Executive Director and a decision on the appeal will be electronically sent to the applicant. The decision on appeal is final.

IX. AWARDING OF CONTRACT

The First 5 Sonoma County Commission will award contracts. First 5 will enter into negotiations with the selected applicant(s) to secure a contract. The contracts resulting from this RFP will include, but will not be limited to, the following terms and conditions:

- Insurance requirements
- Payment structure

X. RESERVATIONS

- First 5 Sonoma County reserves the right to cancel the RFP process at any time for any reason, even after review of all the applications, and is not responsible for any expenses incurred by an applicant in developing an application.
- First 5 Sonoma County reserves the right to reduce, amend, and/or rescind this RFP at any time prior to final execution of the contract.
- First 5 Sonoma County reserves the right to negotiate work plan, budget, and costs with any successful applicant. If negotiations fail to culminate in a contract, First 5 Sonoma County may select another applicant.
- First 5 Sonoma County is under no obligation to award a contract to the applicant that presents the lowest cost or highest yield. Selection will be made based on overall evaluation of the application and the best interest of First 5 Sonoma County as determined by the review team, the Executive Director, and the Commission.
- First 5 Sonoma County reserves the right to request clarification from any applicant on their application.
- First 5 Sonoma County reserves the right to accept all or a portion of any application, to waive any minor irregularities in an application.

- First 5 Sonoma County reserves the right to contract with more than one agency/organization. All proposals become the property of First 5 Sonoma County.
- First 5 Sonoma County reserves the right to provide access to relevant proposal information to the County of Sonoma, Department of Health Services, for the purpose of securing leveraged funding.
- With the exception of above-mentioned access, applications will remain confidential until a contract is negotiated, however, because First 5 Sonoma County is a public entity, all applications can become public after all successful contract negotiations.

XI. PROPOSAL DEVELOPMENT AND SCORING

This section provides guidance for specific details to include in Proposal Narrative, Work Plan, Budget, Budget Narrative and Appendices. Weighted scoring for each component of the proposal is illustrated in the table below.

| Proposal Component | Possible Points |
|---------------------------|-----------------|
| Proposal Narrative | 100 |
| Work Plan | 30 |
| Budget & Budget Narrative | 40 |
| Appendices | 30 |
| TOTAL POSSIBLE | 200 |

A. Proposal Narrative (100 TOTAL POINTS)

Respond to the following items to complete the Proposal Narrative, the core component of the proposal. The proposal narrative is comprised of three main components:

Part 1: Executive Summary;

Part 2: Organizational Description;

Part 3: Description of Project/Program/Services.

Size requirements/restrictions are included in each section below.

Formatting and Size Limits

The Foundant system does not have formatting within the application entry system. Information can only be entered as plain text. Formatting such as: **BOLD**, *italics*, underlining, bullets, highlighting, etc. is not available.

If you are working in MS Word (or a similar platform) and using a copy/paste method to enter the information into the application, the pasted text will **not** include formatting, such as: **BOLD**, *italics*, underlining, bullets, highlighting, etc.

Size limits for each text section of the application include character counts. While typing into Foundant directly, the character count will show at the bottom of each section and update as the text is entered.

If you plan to work in MS Word and copy and paste the content into Foundant, the character count of a section in Word can be found by highlighting that section, clicking on **Review** in the menu bar, and clicking on **Word Count**. The statistic title “Characters (with spaces)” is the closest to the character count in Foundant, but may not be exact.

As an example, 2000 characters with spaces in Foundant is the equivalent to approximately one page double spaced, 12-point font. Because Foundant counts spaces as characters the page count estimates may vary greatly, due to paragraphs and spacing.

*Using the enter key to provide a space between paragraphs will only count as one character.

PROPOSAL NARRATIVE PART 1: Executive Summary (5 points)

Begin the narrative with a high-level summary of the items discussed in Parts 2 and 3. The Executive Summary should be no more than 2000 characters in length (approximately 1 page).

PROPOSAL NARRATIVE - PART 2: Organizational Description (30 points)

(5000 characters)

Provide a brief background of the proposing organization’s relevant experience and their role in implementing the proposed project, program and/or services. Please describe:

- a. The types of services the organization provides and to whom.
- b. The organization’s experience
 - o providing health care, mental health care, education, outreach services, specialized and/or social services, specifically for children, prenatal through age 3, and their families who are impacted by poverty and structural inequities;
 - o leading and/or collaborating on systems change & transformation.
- c. The organization’s demonstrated commitment to
 - o partnership and collaboration with parents and caregivers;

- partnership and collaboration with public and private entities, both within and across sectors, to support better outcomes for children and families;
- increasing organizational diversity, equity and inclusion (staff and Board composition, recruitment, management and supervision, training, etc.);
- integrating trauma-informed principles and practice into core operations (e.g. management and supervision, agency culture, etc.)
- capacity to rapidly adapt programming to support families and children in a disaster environment (wildfires, flood, PSPS events, pandemic)

PROPOSAL NARRATIVE - PART 3: Description of the Project, Program(s) and/or Service(s) (65 points)

This part of the Narrative should reflect a summary of the core information contained in the Work Plan form (Attachment A) and must address the following topics: target population(s), geographic parameters, outreach/engagement, collaborative partnerships, program structure, staffing.

Carefully review each bullet point that indicates specific details that should be addressed in the narrative.

a. Target Populations for Services:

(3000 characters)

- Describe who will be targeted by this project, program (include specific numbers of parents/caregivers, children, providers and/or other stakeholders you intend to reach each year).
- Describe where services will be provided (specific geographic areas, including neighborhoods, zip codes, school attendance areas, community-based sites) and demographic identifiers (i.e. ethnic/language)

b. Program Structure:

(20,000 characters, approximately 12 pages double spaced, or 6 pages single spaced, 12-point font)

- What evidence-based or evidence-informed practice(s) will the program use? Why will the program work for the target population?
- Describe how your program builds on existing program infrastructure OR Co-creates infrastructure using inclusive practices.
- Describe any inequities that exist for the target population and how the approach will reduce those inequities.

- Describe the core activities, including type, frequency, and dosage, where applicable, and include where these activities will take place.
- How will the program reduce barriers to access and increase utilization of services, particularly for under-served/isolated communities (e.g. hours of operation, culturally and linguistically responsive staff/practices, transportation, and other appropriate actions or activities).
- Describe how services are integrated or collaborative with other programs, services, or systems of care. How do the integrated services complement one another without duplication? Provide research that supports the reason for this integration or collaboration (e.g. better outcomes for a specific population or service when two particular services are co-located or provided together).
- The current COVID-19 pandemic has impacted families, organizations, and the way in which they can interact with each other. How will your program serve families while addressing COVID limitations? How will your organization conduct quality assurance activities based on these COVID limitations to monitor program progress and consistency across service delivery? If the proposed program is evidence-based or evidence-informed, how will the program operate with fidelity while adapting to COVID restrictions?
- How will your program gather parent/caregiver input to improve service design, delivery, and outcomes?
- Describe how your proposal improves and/or expands capacity and community access to systems of care.

c. Outreach:

(2000 characters, approximately 1 page double spaced)

- How will your program/project inform the target population and key stakeholders and increase the likelihood of participation?
- How will you engage secondary caretakers (other family members who play a critical role in caring for and nurturing the child's development)?
- How will you augment outreach strategies in response to COVID limitations, if needed?
- How might you employ First 5 California's evidence-informed "Talk, Read, Sing" messaging in outreach strategies for your project/program?

d. Staffing:

(4000 characters, approximately 2 pages double spaced)

Describe staffing patterns and competencies needed to support the oversight and implementation of the proposed program or project by addressing the following points:

- Identify staffing positions and structure, including estimated FTE for each staff person, titles, key role(s) and responsibilities, and a summary of the experience that is relevant/necessary for the position.
- Who will have primary responsibility for oversight and coordination? Discuss this person's experience in managing similar programs and experience working with or on behalf of the target population.
- How will your agency incorporate on-going mechanisms to increase the cultural responsiveness of staff and the services provided?

e. Collaborative Partners & Description of Subcontractors (if applicable):

(4000 characters, approximately 2 pages double spaced)

- *Collaborative partners are any partner organizations that will play a key, ongoing role in delivery of place-based services, that will require coordination and communication across agencies, but will not be compensated out of the proposed contract.*
- If collaborative partners are proposed, describe their relevant experience, strengths, and the contributions they bring to the proposed program.
- Provide information on the roles and responsibilities of the collaborating partners, how communication will flow and how decisions will be made across organizations.
- Include a *Letter of Commitment* from each collaborative partner involved in this effort in the Appendices, signed by the organization's authorized designee. Letters should describe tangible specific commitment for staffing, time and resources.
- Describe how the organization plans to coordinate and collaborate with existing services and systems of care? Support this framework with research and describe how this integration/coordination improves outcomes.

f. Description of Subcontractors (if applicable)

- Subcontractors are partner organizations, including consultants, who will be paid by the proposer out of this contract, is funded.
- Describe key staff qualifications of subcontractor(s). Place resumes or other data reflecting qualifications in the Appendices Section.
- Describe their relevant experience, strengths, and the contributions they bring to the proposed program. Provide information on the roles and responsibilities of the collaborating partners, how communication will flow and how decisions will be made across organizations.
- Include a *Memorandum of Understanding* from each subcontractor involved in this effort in the Appendices, signed by both organizations' authorized designee. MOU should describe tangible specific arrangement for staffing, time and resources.

g. Program Evaluation

(4000 characters)

- *The Commission will be implementing a Results Based Accountability evaluation plan. It is expected that contractors will collaborate with Commission staff and will participate in its evaluation to demonstrate outcomes, including entering data into a Commission approved data system.*
- Who will oversee program evaluation activities and what are the individual's relevant qualifications?
- What quality assurance measures will be taken to ensure clean data?
- Indicate if your organization has an existing mechanism for collecting and reporting data. What type of data does the system provide and how is it used?
- Describe all validated measurement instruments you plan to use, how the instrument is relevant to this program or service, and the ideal outcomes.

h. Leveraging Resources and Sustainability

(2000 characters)

- *In light of declining Prop. 10 revenue, contractors are expected to partner with First 5 to promote the sustainability of our community's capacity to support the optimal development of children, 0-5. Funded partners will be required to leverage a 10% cash or in-kind match for First 5 funding and are also expected*

to seek improved operational efficiencies, partnerships, and other sustaining strategies.

- Describe your organization's sustainability efforts over the past three years. Has your organization been able to leverage partnerships and funding, and if so in what amount?
- How does your organization intend to participate in the development and/or updating, monitoring, and reporting of a sustainability plan and sustainability activities over the FY 2021-25 period? Indicate which position or staff person will lead sustainability planning for your agency, their core duties, and the amount of time (FTE) to be dedicated to this effort.

B. Work Plan (30 points) (ATTACHMENT A)

Please complete the work plan chart for each fiscal year using the form in Attachment A to provide a snapshot of your proposed core activities and service targets.

This is a draft work plan to help you share the goals of your project and if selected, can be refined with First 5 Sonoma County staff. If you do not currently have a measurement instrument, but plan to use one, First 5 may be able to help develop the instrument with your organization.

C. Budget Workbook: Multi-Year Budget, Fiscal Year Budgets, Leveraged Funding and Budget Narrative (40 points) (ATTACHMENT B)

Proposers are required to submit a detailed Multi-Year Budget, Fiscal Year Budgets, Leveraged Funding and Budget Narrative for the proposing contractor, as well as for any and each subcontractor funded through the proposal. Budget information must be submitted on the Excel spreadsheet **Budget Workbook** in Attachment B to articulate all direct, indirect and sub-contractual costs to the project, program or service. Prior to submission, proposers should review and verify that the details included in individual worksheets in the Budget Workbook match and align exactly across worksheets. Each item in the budget and budget narrative must correlate to specific activities described in the body of the proposal. No costs should be included in the Budget and Budget Narrative that are not described in the proposal, and vice versa.

Agency Match

All proposers are required to leverage a minimum of 10% annual match, which can be any combination of external funding and/or in-kind contribution. Include all committed sources of external funding and/or in-kind contribution and value that the proposer has secured for the proposed project, program or service.

Indirect Costs

Indirect costs are shared costs across an organization whose benefit is not readily identifiable with a specific program or programs, but necessary to the general operation of the organization. Proposal budgets may include indirect costs calculated through one of two methods: 1) allocate shared costs individually by line item (e.g. "1. Audit", 2. Occupancy"); or 2) calculate overall indirect cost based on a federally or state negotiated indirect cost rate from the organization's cognizant agency. The methodology for calculating indirect costs should be explained in the Budget Narrative. If indirect costs are calculated through an overall percentage of direct costs, then individual indirect costs cannot be also listed as line items, and vice versa.

Costs to be considered "direct" for purposes of calculating indirect include: salaries, benefits, materials and supplies directly related to implementation of the proposed program or project, travel, services, and sub-contractual costs. Costs that are considered "indirect" are: liability insurance, purchase of equipment or capital expenditures, rent, mortgage, audit, executive and/or administrative personnel time that is not specifically and directly tied to the implementation of the proposed program or project. Regardless of method selected to calculate indirect cost, indirect costs cannot exceed 15% of direct costs.

Budget Narrative

In the Budget Narrative worksheet, explain how costs in the budget were estimated and justify the need for each cost. Use the template to break down each major cost category (i.e., salaries, fringe benefits, equipment, travel, supplies, other direct costs and indirect costs). Provide a brief description of each budget line item in the budget and show the calculations used to derive the costs.

For Personnel, list each job title separately and include employee name(s) (or TBD if position is vacant), gross annual salary, hourly wage, any anticipated salary increases (i.e. COLA, merit, labor union, etc.) that may occur during the funding period and role in the project. Refer to agency's benefit package and describe how fringe benefits are calculated in the budget.

Describe and justify equipment, including quantity, cost per unit, and identify the purpose and the individuals who will be using the equipment. For Postage, Supplies, Printing, Travel, and Training, provide a general description, quantity, unit cost (or monthly cost) and the number of months.

Costs related to program participants (incentives, food, events, child care, travel) should be tied to the work plan for the program or service and the method of calculating these costs should be explained. For employee mileage associated with the project, describe the

rate of reimbursement. The mileage rate should not exceed the GSA mileage reimbursement rate.

Describe the method chosen for budgeting indirect costs and how they are calculated (see above). If including indirect costs as individual line items, break out costs associated for space, occupancy, telephone and other shared costs used for the program and provide the methodology for determining what portion is allocated to this budget, such as footage prorated for staff allocated to project, cost per foot (rent/lease/mortgage), and number of months the space will be used.

If including indirect costs as a percentage of direct costs, describe any federal or state negotiated indirect rate and which costs are being considered as “direct” for purposes of calculating indirect cost for this proposal.

D. Appendices (30 points)

Please include the following documents, uploaded as directed in the web-based application system in PDF format:

- An organizational chart for the proposing organization/agency and any subcontractors. Org charts must clearly show how the project, program and/or service proposed is situated, staffed and overseen in the context of the larger organization.
- Resumes and job descriptions of key project/program staff and/or subcontractors should be up-to-date and clearly reflect the competencies and skill sets of the individuals responsible for the implementation of the proposed project, program or service. Resumes are not required for positions that are not currently filled.
- Letters of commitment from each collaborative partner (or MOUs from each subcontractor) involved in this effort must be signed by the organization’s authorized designee and include evidence of the tangible specific commitments for staffing, time, resources.

APPENDIX A: First 5 Sonoma County Equity Index

a framework for diversity, equity, belonging & anti-racism

Equity Index



| Region | School District | School Name | Student Population | Equity Index |
|---------|--------------------------------|---------------------------------------|--------------------|--------------|
| Central | Roseland | Roseland | 549 | 3 |
| Central | Bellevue Union Elementary | Meadow View | 414 | 3 |
| Central | Roseland | Roseland Creek | 367 | 4 |
| Central | Rincon Valley Union Elementary | Binkley Charter | 360 | 4 |
| Central | Roseland | Sheppard | 493 | 4 |
| Central | Bellevue Union Elementary | Taylor Mountain | 439 | 4 |
| Central | Santa Rosa Elementary | James Monroe | 402 | 4 |
| Central | Piner-Olivet Union Elementary | Morrice Shaefer Charter | 345 | 4 |
| Central | Santa Rosa Elementary | Steele Lane | 413 | 4 |
| Central | Santa Rosa Elementary | Cesar Chavez Language Academy | 368 | 4 |
| Central | Rincon Valley Union Elementary | Whited Charter | 406 | 4 |
| Central | Bellevue Union Elementary | Bellevue | 406 | 4 |
| Central | Wright Elementary | Wright Charter | 456 | 4 |
| Central | Santa Rosa Elementary | Luther Burbank | 315 | 4 |
| Central | Wright Elementary | Robert L. Stevens | 545 | 5 |
| Central | Santa Rosa Elementary | Abraham Lincoln | 284 | 5 |
| Central | Mark West Union Elementary | Mark West | 438 | 5 |
| Central | Santa Rosa Elementary | Brook Hill | 388 | 5 |
| Central | Piner-Olivet Union Elementary | Olivet Charter | 319 | 5 |
| Central | Santa Rosa Elementary | Helen M. Lehman | 508 | 5 |
| Central | Santa Rosa Elementary | Albert F. Beilla | 330 | 5 |
| Central | Piner-Olivet Union Elementary | Jack London | 279 | 5 |
| Central | Bellevue Union Elementary | Kawana Springs | 354 | 5 |
| Central | Wright Elementary | J.X. Wilson | 473 | 6 |
| Central | Santa Rosa Elementary | Kid Street Learning Center Charter | 116 | 6 |
| Central | Rincon Valley Union Elementary | Spring Creek Matanzas Charter | 533 | 6 |
| Central | Rincon Valley Union Elementary | Village Charter | 364 | 6 |
| East | Sonoma Valley Unified | Dunbar | 187 | 2 |
| East | Sonoma Valley Unified | Sassarini | 320 | 4 |
| East | Sonoma Valley Unified | El Verano | 363 | 4 |
| East | Sonoma Valley Unified | Flowery | 339 | 5 |
| North | Geyserville Unified | Geyserville | 107 | 3 |
| North | Cloverdale Unified | Jefferson | 536 | 3 |
| North | Healdsburg Unified | Healdsburg | 262 | 4 |
| North | Windsor Unified | Cali Calmecac Language Academy | 1138 | 8 |
| South | Petaluma City Elementary | McDowell | 251 | 4 |
| South | Two Rock Union | Two Rock | 154 | 5 |
| South | Old Adobe Union | Miwok Valley Language Academy Charter | 325 | 5 |
| South | Petaluma City Elementary | Valley Vista | 280 | 5 |
| South | Cinnabar Elementary | Cinnabar Charter | 240 | 5 |
| South | Old Adobe Union | Loma Vista Immersion Academy | 400 | 5 |
| South | Cotati-Rohnert Park Unified | Thomas Page Academy | 385 | 5 |
| South | Cotati-Rohnert Park Unified | University at La Fiesta | 204 | 5 |
| South | Cotati-Rohnert Park Unified | John Reed Primary | 425 | 7 |
| West | Kashia Elementary | Kashia | 15 | 2 |
| West | Horicon Elementary | Horicon | 68 | 2 |
| West | Monte Rio Union Elementary | Monte Rio | 84 | 3 |
| West | Sebastopol Union Elementary | Park Side | 261 | 5 |
| West | Guerneville Elementary | Guerneville | 242 | 7 |
| West | Fort Ross Elementary | Fort Ross | 21 | 8 |