RFQ# 2627-104: Community Early Relations Health Hubs

Questions & Answers

QUESTION 1: What is the difference between the LOI deadline and the qualifications deadline?

ANSWER: The LOI (Letter of Intent) is a required preliminary submission and is due June 29, 2026. The Qualifications application is the Request for Qualifications submission due July 13, 2026.

The LOI allows applicants to identify:

- Organization overview
- Geographic and population focus
- Applicant track
- Service categories (if applicable)
- Confirmation that required qualifications are met

The Qualifications submission includes the full narrative responses, required attachments, planning work plan, budget, resumes, references, and other RFQ requirements.

QUESTION 2: Will the pre-proposal webinar be recorded and shared?

ANSWER: Yes, please find the recording on the First 5 Sonoma County website under the funding opportunity and linked at Pre-Proposal Webinar Recording

QUESTION 3: Would the Hubs need to be open to the public, or could we limit them to a certain population?

ANSWER: This RFQ identifies priority populations, including:

- Families with children 0–5 living in low-income or under-resourced communities
- Multilingual families and families whose home language is not English
- Families enrolled in Medi-Cal or uninsured

Applicants should design services that are aligned with the priority populations identified in the RFQ. If the hub has a specialty population of focus that is within these priority populations, that would be allowable (i.e. specifically Native families that have children under five and are enrolled in MediCal or uninsured; specifically, families with children

with special needs that are low-income and enrolled in MediCal; etc.). The expectation would be that the Lead and Service Providers have training and experience with the specialty population of focus.

QUESTION 4: Do lead agencies have to offer mental health services on site either themselves or through a contractor or are off-site mental health services allowed?

ANSWER: Hubs must provide mental health (early childhood mental health, perinatal mental health, family therapy) and caregiver support groups on site (either the Lead Agency or a qualified service provider that is a subcontractor). Of course, warm referrals to off-site mental health are also encouraged, but the intention is to also have on-site mental health and wellness services at the Hub.

QUESTION 5: Does First 5 plan to publish the findings from the Maternal Health Needs Assessment?

ANSWER: Yes, the Maternal Health Needs Assessment was presented at the June 22 Commission meeting, will be shared via the First 5 Newsletter, and the report is available on the First 5 Sonoma County website and directly here.

QUESTION 6: Does each hub need to provide every service listed? Or is there a minimum number of services that need to be offered?

ANSWER: Please see Appendix H. Hubs must provide the following services on site:

- Birth education and preparation
- Pediatric health care and Perinatal health care
- Dyadic care (dually assessing and supporting caregiver and child)
- Nutrition services (e.g., enrollment for food benefits, distribution of nutritious food especially for perinatal populations)
- Infant safety (trainings, workshops, car seat installation, infant CPR, safe sleep)
- Screenings and assessment for both children and parents (ASQ, ASQ-SE, SDOH/PEARLS, PHQ-9, GAD-7, Edinburgh, etc.)
- Basic Needs Provision (diapers, wipes, food, financial assistance)
- Lactation Education and Support
- Case Management & Referrals
- Caregiver Support Groups & Child Playgroups

- Parent Education
- Mental Health (Early childhood mental health, Perinatal mental health, family therapy)
- Transportation for clients to access services
- Programming that is facilitated/staffed by those that have lived experience that matches the target population of programming (peer-led programming, peer family support, peer family education, peer advocacy, peer service navigation)

QUESTION 7: For the content expertise of 5+ Years Experience, do we have to meet all that is listed or some of the listed?

ANSWER: For Service Provider applicants, the RFQ states: "Demonstrate at least 5 years of experience providing one or more of the following hub service categories." Therefore, applicants do not need to demonstrate 5+ years of experience in every category listed. They must demonstrate at least 5 years of experience in one or more of the service categories for which they are applying as a service provider.

QUESTION 8: Can a lead agency send families to a partner organization off-site for medical care?

ANSWER: The RFQ requires warm referrals and coordinated care, and Lead Agencies may leverage partnerships and referrals. But this RFQ also identifies on-site primary health care as part of the Hub model.

QUESTION 9: Does First 5 Sonoma County anticipate awarding a certain number of Lead Agency awards?

ANSWER: First 5 Sonoma County anticipates funding multiple contracts and intends to distribute funds across several agencies to support geographic diversity and culturally responsive programming. First 5 Sonoma County has discretion to determine the number of Lead Agencies in key geographies.

QUESTION 10: How many $25K planning grants to Lead Agencies will be awarded?

ANSWER: Those Lead Agencies that meet the qualification will be eligible for planning grants of up to $25,000.

QUESTION 11: Does the total amount of funding available described on page 11 encompass funding for both Lead Agencies and Pre-Qualified Service Providers?

ANSWER: Yes. The total allocation for Community Early Relational Health Hubs is $15.9 million. Contracts will be awarded through selected Lead Agencies which will then subcontract with pre-qualified Service Providers.

QUESTION 12: Can you be a service provider for multiple leads?

ANSWER: Yes. This RFQ specifically states:

"Service providers that can support at various place-based hub locations around the county may be selected and contracted by multiple Lead Agencies."

QUESTION 13: To what extent are Lead Agencies expected to have established, collaborative partnerships with Pre-Qualified Service Providers. And, to what extent should Lead Agencies develop an application process in partnership with Pre-Qualified Service Providers to solicit collaborative partners?

ANSWER: At this point in the Request for Qualifications, the requirement for Lead Agencies is to either be providing the following services in-house OR if not already providing these in-house, the lead applicant must have pre-existing relationships (e.g., partner agreements, service agreements, MOUs, or letters of partnership) with organizations that specialize in and are providing these services for them:

- Screenings and assessment for both children and their caregivers (e.g., developmental, behavioral, mental health)
- Basic Needs provision (e.g., diapers/wipes, car seats, food distribution, financial assistance)
- Case Management & Warm Referrals
- Caregiver Support Groups & Child Playgroups
- Parent Education & Infant Safety
- Lactation education and support

This Letter of Intent and Request for Qualifications is not a request for a full proposal for the Community Early Relational Health Hub. This is a Request for Qualifications to determine the pool of Lead Agencies and Service Provider Agencies.

Selected agencies through this process will then collaborate on designing a proposal for Community Early Relational Health Hub(s) between August 1-October 13 when full proposals will be due to First 5 Sonoma County.

Planning grants provided for the timeline of August 1 - November 30, allow Lead Agencies time and planning dollars to coordinate with subcontractors for the final proposals due October 13, 2026, and prepare the necessary infrastructure for implementation upon full contract execution.

First 5 Sonoma County will host an in-person Meet and Greet meeting on **August 19 at 1:00pm** to help facilitate connections between selected Lead Agencies and pre-qualified Service Providers. To facilitate this networking and connection building process, all selected applicants will provide a summary of their qualifications and Hub services in a one-page document that will be distributed to selected Lead Agencies and pre-qualified Service Providers.

QUESTION 14: If a lead agency has services not provided by this grant, do they have to provide those services in the satellite locations as well.

ANSWER: The RFQ states that co-located and coordinated services funded by the Early Relational Health Hubs funding should be made available consistently across each satellite location and that services should be consistent and comprehensive across locations.

QUESTION 15: Does First 5 Sonoma County anticipate awarding Lead Agency awards specific to geographic reach? For example, would a Lead Agency focused on a specific geographic area of Sonoma County who has existing partnerships with other Service Providers in that area be considered amongst other Lead Agencies serving other areas? Would you prefer to have 1 lead per area?
ANSWER: Place-based hubs that are located in rural and geographically isolated communities such as North County, Sonoma Valley, and West County as well as those located in communities with documented barriers such as neighborhoods with higher poverty rates and limited access to transportation will be given priority.
Lead Agencies may coordinate more than one physical location. If an agency has the capacity to support satellite hubs, the co-located and coordinated services should be made available consistently across each satellite location. For example, a Lead Agency operating a hub in North County could operate multiple satellite locations in Cloverdale,

Healdsburg, and Windsor, as long as the services are consistent and comprehensive across each location.

It is a preferred qualification for Lead Agencies that have history, relationships, and capacity to serve as the lead agency for multiple place-based satellite hub locations in rural or geographically isolated communities or in neighborhoods with higher poverty rates and limited access to transportation.

QUESTION 16: For service providers, will the funding and timeframe of funding be negotiated with the lead organization?

ANSWER: Yes. The RFQ states that contracts for Service Providers are dependent on subcontracting agreements with selected Lead Agencies and may occur anytime between December 1, 2026, and June 30, 2029.

QUESTION 17: As a service provider, do you have to provide the service at a Hub or can you do it off site?
ANSWER: The Early Relational Health Hub integrated service model is meant to be co-located and coordinated services. Service Providers that become subcontractors for a Lead Agency are required to provide services onsite at the Hub in order to ensure that the required components of care are available for families onsite at the trusted location of the Hub site.

QUESTION 18: Will there be a published list of service providers and lead agencies before the August meet and greet?
ANSWER: First 5 Sonoma County will host an in-person Meet and Greet meeting on August 19 at 1:00pm to help facilitate connections between selected Lead Agencies and pre-qualified Service Providers. To facilitate this networking and connection building process, all selected applicants will provide a summary of their qualifications and Hub services in a one-page document that will be distributed to selected Lead Agencies and pre-qualified Service Providers.
QUESTION 19: Does First 5 require all hub services to be physically co-located at a single site, or can a Lead Agency coordinate a hub model that includes services provided at partner locations within the same geographic area?
ANSWER: Lead Agencies may coordinate more than one physical location. If an agency has the capacity to support satellite hubs, the co-located and coordinated services should be made available consistently across each satellite location.

QUESTION 20: For Lead Agency applicants, would it be considered sufficient to partner with a Federally Qualified Health Center that provides regularly scheduled on-site mobile medical and dental services, rather than having permanent healthcare services operating within the facility?

ANSWER: Yes. Partnering with a Federally Qualified Health Center for regularly scheduled on-site mobile services aligns with the goal of providing an integrated, coordinated continuum of care.

QUESTION 21: Is there an expected minimum frequency for on-site healthcare services (e.g., weekly, biweekly, monthly), or will frequency be determined during the Intent to Negotiate process based on community need and partner capacity?

ANSWER: Lead Agencies may determine the frequency of services based on community need and include in their final implementation plan and scope of work.

QUESTION 22: If a Lead Agency partners with a licensed mental health provider that offers group mental health services on-site at the hub location and individual therapy sessions at a site nearby, does this satisfy the requirement related to mental health service provision and warm referrals?

ANSWER: If a Lead Agency partners with a pre-qualified service provider for mental health, together in the intent to negotiate process, they will determine the frequency and service model to implement. As long as some part of the model includes on-site mental health services and warm referrals to additional mental health service provision, then this would meet the requirement.

QUESTION 23: The RFQ lists lactation education and support as a required component. Would partnerships with external providers who offer scheduled on-site lactation support satisfy this requirement? Would monthly be an acceptable frequency?

ANSWER: Yes. Subcontracting with a service provider for lactation education to be provided on-site is allowable. Lead Agencies may determine the frequency of services based on their implementation plan.

QUESTION 24: For organizations applying as both a Lead Agency and a Service Provider, can the organization serve as both the hub coordinator and a direct service provider for components such as playgroups, caregiver support groups, parent leadership, and community engagement?

ANSWER: Yes. The RFQ expressly states that applicants may apply as:

- A Lead Agency,
- A Service Provider, or
- Both a Lead Agency and a Service Provider.

The RFQ also anticipates that Lead Agencies may directly provide some services and subcontract for services they do not provide directly.

QUESTION 25: How will First 5 evaluate applications from trusted community-based organizations that have strong family engagement infrastructure and partnerships but more limited physical space than traditional clinic or family resource center settings?

ANSWER: First 5 Sonoma County will evaluate all applicants against the criteria in Section XII, focusing on an organization's capacity to meet program goals rather than strictly on the size of their facility.

Key considerations for these organizations include:

- Family-Centered Design: Applicants are evaluated on their ability to create spaces—regardless of size—where families feel they belong, can connect with their children, and experience joy.
- Infrastructure: Evaluation focuses on the organization's administrative, fiscal, and data-sharing capacity, as well as their history of authentically engaging families to adapt or scale programming.
- Innovation: The RFQ allows for satellite hubs and mobile service integration, providing flexibility for organizations that may lack large, centralized facilities but have strong community reach.
- Partnership & Co-location: Organizations must demonstrate the ability to leverage local partnerships to secure key components of care for on-site programming and warm referrals.

QUESTION 26: If an organization is selected as a Service Provider, are subcontracted services expected to be delivered at the Lead Agency's hub location, or may services continue to be provided at the Service Provider's existing site as part of a coordinated Early Relational Health Hub network?

ANSWER: Subcontracted Service Providers will be required to provide their specific service on-site at the Hub location. Coordination and warm referrals to another location are encouraged, as long as services are also provided on-site at the Hub. This RFQ strongly emphasizes co-location and coordinated service delivery on Hub site, and Lead Agencies are responsible for ensuring seamless coordination and warm referrals among partners.

QUESTION 27: Would First 5 consider a model in which a trusted community-based organization serves as the Lead Agency and hosts regularly scheduled mobile medical, dental, mental health, and lactation services through partner organizations, rather than maintaining permanent healthcare staff on-site?

ANSWER: Coordinated partnerships and regularly scheduled co-located services are consistent with the intent of the Hub model. Services do not need to be permanently located at hub sites.

QUESTION 28: The RFQ lists eligible entity types including "community-based organizations." Can First 5 confirm that a California for-profit corporation (including an S-Corporation) that is community-based and has demonstrated experience serving children, families, and communities is eligible to serve as a lead applicant under this opportunity?

ANSWER: Eligible organization:

- Nonprofit organizations (501(c)(3))
- Community-based organizations
- Federally Qualified Health Centers
- School districts or other public agencies
- Tribal entities

Community-based organizations that can meet the mission-alignment criteria outlined in the RFQ are eligible to apply without 501c3 status. Please note that all services provided by the Hub must be provided to families at no charge.

QUESTION 29: Given the $25,000 planning grant ceiling, can you clarify which legal and compliance infrastructure expenses are allowable? Specifically, do a formal HIPAA compliance program, data sharing agreements between hub partners, and subcontractor agreement templates qualify as reimbursable planning activities?

ANSWER: Yes, this time establishing these agreements and this infrastructure is the purpose of the planning grant and are allowable expenses.

Allowable planning and readiness activities, including:

- Data security enhancements
- Data and/or technology infrastructure enhancements to support service coordination across the Hub Lead Agency and subcontracted Service Providers (including health care partners for HIPAA compliance)
- HIPAA training for project staff
- Staff time for facilitation of collaborative planning, MOU development, and collaborative budget preparation

QUESTION 30: Is First 5 envisioning Community Early Relational Health Hubs as physical locations that are regularly staffed and open to families, or can hubs operate through reoccurring place-based programming and scheduled services delivered at community sites such as parks, community centers, and schools?

ANSWER: Lead Agencies may coordinate more than one physical location. If an agency has the capacity to support satellite hubs, the co-located and coordinated services should be made available consistently across each satellite location. These place-based hubs are intended to offer families of young children integrated and coordinated care, bridging health care and social services

Community Early Relational Health Hubs are place-based locations that should be staffed and regularly open to provide coordinated services to families on-site. Hubs may be located at a community center or within a school.

This RFQ describes Hubs as:

- "Place-based hubs"
- Locations where services are "co-located and coordinated"
- Physical Hub locations that may include satellite locations
- Sites where mobile clinics and other services may co-locate

QUESTION 31: Would partnerships with organizations that provide Community Health Workers, family navigation, care coordination, and warm referrals satisfy the case management and referral expectations outlined in the RFQ?

ANSWER: Hubs must provide case management and referrals on-site. These services may be delivered by the Lead Agency or a Pre-Qualified Service Provider.

QUESTION 32: To what extent are lead applicants expected to directly provide health, primary care, and intensive case management services internally, versus coordinating access through formal partnerships, integrated referral networks, visiting providers, mobile clinics, and nursing program rotations?
ANSWER: Hubs must provide pediatric health care, perinatal health care, case management and referrals on-site. Community Early Relational Health Hubs will be made up of a Lead Agency and Service Providers that are contracted to provide services on-site at the Hub. Some service providers will be funded by the Lead Agency contract, and some service providers may already be funded by First 5 Sonoma County (mobile clinics) and can have an agreement to provide services on site at the Hub. Lead Agencies are not required to directly provide every service themselves; they can subcontract with service providers.

QUESTION 33: Could First 5 clarify the fiscal and budget-tracking expectations for these collaborative partnerships? Specifically, if a Lead Applicant partners with an organization from the *Pre-Qualified Service Provider Pool* to deliver Community Health Worker (CHW) referral and case management services on-site at the hub, is the Lead Applicant expected to carry and administer those partner staffing costs directly within their own lead agency budget, or will First 5 structure these as separate, parallel contract awards directly to the service providers, similar to independent mobile health clinic allocations?

ANSWER: Selected Lead Agencies will enter into an Intent to Negotiate process for Community Early Relational Health Hub contracts. Selected lead agencies will identify key service partners from a pool of qualified service providers for services they do not provide directly and then submit a comprehensive proposal with a complete scope of work and budget. First 5 Sonoma County will not be making contracts directly with Pre-Qualified Service Providers, only with selected Lead Agencies. Lead Agencies are expected to manage subcontractors. Lead Agencies are responsible for subcontractor budgets, scopes of work, data sharing agreements, reporting expectations, and coordinated service delivery. Contracts for Service Providers are dependent upon subcontracting agreements with selected Lead Agencies.

First 5 Sonoma County is funding additional 0-5 services including case management and parent education at Family Resource Centers, early learning playgroups, mental health workforce development, mobile clinics, and early identification and intervention partners through separate allocations and contracts. These First 5 funded partners may coordinate as a subcontractor for the Hubs to co-locate already funded services and are also eligible to submit qualifications to become a funded service provider to expand or provide additional services but should not supplant existing funding.

QUESTION 34: The RFQ establishes a 'Pre-Qualified Service Provider Pool' for organizations interested in potential subcontracting opportunities. If a Lead Applicant applies with a fully formed, pre-integrated network of established community partners explicitly named in the proposal, will those partners be required to independently apply for and join the Pre-Qualified Service Provider Pool to receive sub-awarded funding, or does approval of the Lead Applicant's proposal inherently approve the named subcontractor network?

ANSWER: Please note - this Letter of Intent and Request for Qualifications is not a request for a full proposal for the Community Early Relational Health Hub. This is a Request for Qualifications to determine the pool of Lead Agencies and Service Provider Agencies. Selected agencies through this process will then collaborate on designing a proposal for Community Early Relational Health Hub(s) between August 1-October 13 when full proposals will be due to First 5 Sonoma County. Lead Agencies will select subcontractors from the pre-qualified Service Provider Pool for services that they do not provide directly. To ensure your network is eligible for sub-awarded funding, every partner organization you intend to include must submit their own qualifications to join the Service Provider Pool during this current request for qualifications application. First 5 funded partners may coordinate as a subcontractor for the Hubs to co-locate already funded services without an application and are also eligible to submit qualifications to become a funded service provider to expand or provide additional services but should not supplant existing funding.

QUESTION 35: Are fiscally sponsored entities eligible to apply?

ANSWER: Yes, if the fiscal sponsor meets the organizational eligibility requirements:

- Nonprofit organizations (501(c)(3))

- Community-based organizations
- Federally Qualified Health Centers
- School districts or other public agencies
- Tribal entities

QUESTION 36: Does the lead agency need to already have an existing space for the hub, or can a new space be identified and included in the budget?

ANSWER: The RFQ does not require a Lead Agency to have an existing space secured at the time of application. However, applicants are expected to:

- Demonstrate their capacity to ensure a family-centered and play-based environment at the Hub location site.
- Include costs in their planning budget for "materials and equipment for ensuring a family-centered and play-based environment at the Hub location site".
- Work during the Planning Phase (August 1, 2026 – November 30, 2026) to prepare the necessary infrastructure for implementation.

If you are identifying a new space, you should ensure your Planning Phase work plan details how you will secure and prepare that location in time for launch of the components of care by January 1, 2027.

Please note that office space and utilities are considered indirect costs per the First 5 Sonoma County Indirect Cost Guidance. In specific and unique situations, direct costs related to building rentals and utilities that fit the criteria of Uniform Guidance (2CFR 200), may be eligible as a direct operating expense.

Purchasing of office space is not an allowable expense.

QUESTION 37: At the end of three years, how does First 5 envision the HUB and its success?

ANSWER: The Community Early Relational Health Hubs are a strategy under First 5 Sonoma County's Priority Area for Healthy Children in its Strategic Plan. Namely that children's physical, emotional, and developmental needs are met starting prenatally to promote a healthy start in life. That families have expanded access to an integrated and coordinated system of culturally concordant, community based and clinical pediatric care and perinatal mental health services, including screening, assessment, referral, and treatment. First 5 Sonoma County seeks to strengthen service coordination, and expand dyadic, wraparound care in support of children's health.

First 5 Sonoma County envisions Community Early Relational Health Hubs as creating a coordinated and integrated continuum of care for children prenatal to age five and their caregivers. Success would include families being able to access trusted, culturally responsive supports closer to where they live, work, and play; stronger collaboration and warm referral pathways between health care and social service providers; and reduced barriers to accessing services. Ultimately, the goal is to improve the health, wellbeing, and secure attachment of young children and their caregivers through place-based, family-centered systems of support.

QUESTION 38: Can funds be used for direct client support (e.g. rental assistance)?

ANSWER: Yes, funds can be used for direct support, as the RFQ lists "financial assistance" under the category of Basic Needs provision. Specifically, these components are identified as services to be provided in-house or through service provider organizations within the Community Early Relational Health Hubs.

QUESTION 39: What is the Lead's role regarding fund distribution and reporting?

ANSWER: As a Lead Agency, the organization is responsible for the following roles regarding fund distribution and reporting:

- Fiscal Management: Lead Agencies must responsibly manage public funds, which includes managing budgets and invoices for multiple subcontractors.
- Subcontractor Oversight: Lead Agencies are responsible for agreeing upon budgets and scopes of work with their subcontractors.
- Data Collection & Reporting: Lead Agencies must establish a reporting schedule to collect, clean, and report data for First 5's quarterly and annual requirements.
- System Integration: They must implement a system for entry and sharing of data between all subcontractors to ensure the coordination of care.
- Compliance: Lead Agencies must ensure that all services provided within the hub are documented, and that data reported is consistent with First 5 California Annual Report requirements.

QUESTION 40: If a CBO and FQHC have adjacent facilities: If the Lead Agency is a CBO with services at its location, could an FQHC be treated as a satellite hub, offering coordinated services? Or if the Lead Agency is the FQHC, could a CBO be a satellite hub?

ANSWER: Lead Agencies may coordinate more than one physical location. If an agency has the capacity to support satellite hubs, the co-located and coordinated services should be made available consistently across each satellite location. Please see Appendix H for the full list of services to be provided on-site at a Hub location. Healthcare and social services are both meant to be provided on-site at the Hub and its satellite locations.

QUESTION 41: What is the scope of services for the mobile clinic initiative that First 5 Sonoma County is funding through another allocation? Is the expectation that these mobile clinics are going to meet the need for required onsite pediatric and perinatal care? Could health care services be provided inside a Lead Agency's facility? What is your expectation of the Lead Agency for supporting and coordinating access to care at FQHCs?

ANSWER: First 5 Sonoma County is launching the Perinatal & Pediatric Mobile Health Clinic Initiative to expand access to child health, developmental, behavioral, and perinatal services for children ages 0–5 and their families across Sonoma County via partnership with selected Federally Qualified Health Centers that already are or could pivot an existing mobile unit to service perinatal and pediatric patients within the next three months. Final implementation priorities and service delivery strategies are being refined in July, but services will include

- Pediatric well-child visits
- Developmental and behavioral screenings
- Pediatric Immunizations
- Perinatal mental health screenings
- Perinatal Addiction Medicine Treatment
- Lactation Support
- Parent education
- Referrals and care coordination
- Bilingual outreach and community engagement
- Mobile clinic deployment at trusted community locations or via home visit in rural communities

These mobile clinics will be expected to partner with Early Relational Health Hubs for mobile clinic access at the Hub.

First 5 Sonoma County is also working with a Latine focused mobile clinic to provide a maternal health approach that supports the whole family and centers culture and community care as essential to the well-being of mothers, babies, and families. Perinatal and pediatric health care is a core component of care to be provided on-site and can be provided inside the Hub location as well as via mobile clinic.
The role of a Lead Agency is to coordinate service delivery, defined as ensuring that all services provided within the hub by subcontractors are documented and shared between entities and for families including eligibility, schedule, and contact information for warm referrals and integrated care; liaison between subcontractors to establish

warm referral protocol so that to families entering the hub they receive a seamless continuum of care for all services. The Hub also includes case management and warm referrals to help families navigate to outside health care services with partners like Federally Qualified Health Centers.

QUESTION 42: What happens after three years? Are there additional rounds of funding planned?

ANSWER: First 5 Sonoma County has made a five-year strategic plan but is only procuring and contracting for the first three years (FY 26/27, FY 27/28, FY 28/29). Hub contracts will be made for three years, and applicants should design programs and budgets that sustain service delivery across that full term. Leveraging programming with other private and public funding streams is encouraged. These three-year contracts may be eligible for extension for the last two years of the strategic plan, contingent upon meeting deliverables and fiscal compliance.

QUESTION 43: If you make it to the planning stage, is that a commitment to funding?

ANSWER: Selection for the planning phase allows a Lead Agency to enter into an Intent to Negotiate process. An Intent to Negotiate (ITN) is a collaborative process that allows multiple agencies (a lead and subcontractors) to develop a joint collaborative proposal.

After Lead Agencies and Service Provider Pool participants are selected through this RFQ, First 5 Sonoma County will conduct an Intent to Negotiate process with selected Lead Agencies. During this process, each selected Lead Agency will develop a proposed Hub implementation plan, scope of work, staffing plan, subcontractor structure, budget, data and reporting approach, and implementation timeline. Contracts for Hub Lead Agencies will be awarded up to $3.2 million for the period of December 1, 2026 - June 30, 2029.

Final contracts for the up to $3.2 million implementation grants are subject to:

- Successful negotiation of the scope of work, budget, and required documentation.
- First 5 Sonoma County Commission approval.
- First 5 Sonoma County's right to discontinue negotiations if an agreement cannot be reached.

QUESTION 44: What is the criteria for the $25k planning grant?

ANSWER: Lead Agency applicants must submit:

- A Planning & Readiness Work Plan

- A Planning & Readiness Budget (not to exceed $25,000)

The Planning Grant scoring criteria evaluates whether the: "Plan and budget specifically outline a strategy to both build internal capacity and infrastructure in alignment with the requirements of a Hub Lead Agency but also engagement of families in the geographic community of focus and coordination and co-design with subcontractors in preparation of launch."

Allowable planning activities are outlined in Section V and include collaborative planning, MOU development, data infrastructure, HIPAA-related readiness, community engagement, hiring activities, and family-centered environment preparation.

QUESTION 45: Do all organizations apply to be a service provider by the 29th (LOI), and submit a full proposal by the 13th?

ANSWER: If an organization is applying to become a Service Provider, the Letter of Intent is due June 29th, and the Qualifications Application is due July 13 in the Foundant system. Those Service Providers selected for the Pre-Qualified Pool will be notified August 3 and invited to the In-Person Meet and Greet August 19th. Selection into the Service Provider Pool does not guarantee a subcontract, funding, or participation in a Hub.

QUESTION 46: How many service providers can a Lead Agency contract with (min or max?)

ANSWER: The RFQ does not specify a minimum or maximum number of service providers that a Lead Agency may contract with. The Lead Agency should contract with the necessary service providers to meet the required service components at the Hub site (see Appendix H) and meet the goals of their implementation plan.

QUESTION 47: Can you add more service providers after the proposal is due? Or only service providers that applied and were approved?

ANSWER: Lead Agencies will select subcontractors from the pre-qualified Service Provider Pool for services that they do not provide directly. During the intent to negotiate process, each selected Lead Agency will develop a proposed Hub implementation plan, scope of work, staffing plan, subcontractor structure, budget, data and reporting approach, and implementation timeline to be submitted by October 13, 2026. Service providers chosen as subcontractors should be included in the budget and scope of work and other components of the implementation plan at that time.

QUESTION 48: If the indirect cost is a maximum of 15%, does that mean if a Lead Agency is awarded the max of $3,200,000, -the funds they would receive to do the work as a hub, is capped at $480,000?

ANSWER: Indirect costs refer to administrative costs and/or other allowable expenses that cannot be readily assigned to one specific program, line item within a program, or expenses that are purely administrative functions. Unless the Lead Agency has a federally negotiated indirect cost rate, contractors may not charge First 5 Sonoma County for indirect costs more than 15% of the total direct program costs (excluding capital expenditures and equipment). See the First 5 Sonoma County Indirect Policy Guidance.

QUESTION 49: If Lead Agency needs to hire a person to act as a Lead Program/ Project Manager and coordinate between service providers, data collection, reporting etc., is the salary for that person included in the total indirect costs, or is that be a programmatic expense and excluded from the calculation of indirect cost?

ANSWER: Project Manager or Program Lead dedicated to the implementation of the Hub would be a Personnel cost in the Lead Agency's budget.

QUESTION 50: If a subcontracted service provider needs to invest additional capital in equipment, such as a mobile unit for example, is the indirect cost allowed still the 15% of the total, or 15% of the new total reduced by the cost of the mobile unit?

ANSWER: Per First 5 Sonoma County's Indirect Cost Policy, capital expenditures and equipment are excluded from the direct costs against which the indirect rate is charged. Please see the policy here.

QUESTION 51: A qualification for a Lead Agency is "Data Capacity". What does that mean?

ANSWER: Data Capacity refers to having the staff, systems, processes, and infrastructure necessary to collect, manage, share, analyze, and report program data across all participating Hub partners.

QUESTION 52: Does the Lead Agency get to select their subcontractors?

ANSWER: Yes. The RFQ states that selected Lead Agencies will identify key service partners from the pool of pre-qualified Service Providers. First 5 Sonoma County reserves the right to approve or reject proposed subcontractors during negotiations.

QUESTION 53: Can you subcontract other service providers if applying as a Lead Agency that are not applying for the service providers portion of the RFQ?

ANSWER: First 5 Sonoma County will require Lead Agencies to select subcontractors from the pre-qualified Service Provider Pool for services that they do not provide directly. Please send the desired service provider partners the RFQ to complete.

Please also note the Collaboration with First 5 Funded Partners section for eligible subcontractors that are already receiving funding from First 5 and can co-locate services including case management, parent education, early learning playgroups, mobile clinics, and early identification and intervention partners.