



REQUEST FOR QUALIFICATIONS (RFQ):

Community Early Relational Health Hubs

- **Lead Agency Selection**
- **Service Provider Pre-Qualification Pool**

This RFQ includes a post-selection Intent to Negotiate process for selected Lead Agencies.

RFQ# 2627-104

Release Date: June 9, 2026

Proposal Due Date & Time: July 13, 2026 by 5:00pm

Our Vision

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

Our Mission

To maximize the healthy development of every child in Sonoma County from the prenatal stage through age five by providing equitable support, education, and advocacy.



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I. Opportunity Overview

Request For Qualifications & Intent to Negotiate (ITN): Community Early Relational Health Hub LEAD AGENCIES & SERVICE PROVIDERS

First 5 Sonoma County requests qualifications from qualified community-based organizations, federally qualified health centers, school districts, or other public agencies to collaboratively design and implement Community Early Relational Health Hubs for children from prenatal to age 5 and their primary caregivers, starting August 1, 2026 through June 30, 2029.

These hubs are intended to provide children 0-5 and their families holistic, coordinated, and family-centered care that meets unique family needs, creates greater accessibility, and minimizes the burden for families.

Through this RFQ, First 5 Sonoma County seeks to:

1. Select multiple qualified Lead Agencies to enter into an Intent to Negotiate process for Community Early Relational Health Hub contracts; and,
2. Establish a pool of pre-qualified Service Providers that may be considered for subcontracting opportunities with selected Lead Agencies.

Applicants may apply as a Lead Agency, a Service Provider, or Both.

Selection as a Lead Agency means First 5 Sonoma County intends to negotiate a contract with the selected Lead Agency, subject to successful negotiation of scope, budget, required documentation, and First 5 Sonoma County Commission approval.

Selection into the Service Provider Pool makes an organization eligible to be considered by approved Lead Agencies for subcontracting opportunities. Placement in the pool does not guarantee a subcontract, funding, or participation in a Hub.

Eligibility Requirements Across Applicant Tracks

Eligible organization types include:

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



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

Eligible applicants must:

- Be located in and serve families in Sonoma County
- Demonstrate 5+ years of experience providing services to young children (ages 0-5) and their families.
- Provide services in both English and Spanish, including having translated materials and communications with families
- Provide services in a geographically isolated or rural community or in a community with documented barriers such as higher poverty rates and limited access to transportation in Sonoma County
- Be in good standing with all applicable federal, state, and local regulatory requirements.
- For previous First 5 Sonoma County contractors: Be in good standing with First 5 Sonoma County prior to award. An organization is considered in good standing if prior grant obligations have been satisfactorily fulfilled, including required program deliverables, reporting requirements, and fiscal compliance. .

Lead Agency Applicants must also:

- Be able to demonstrate provision of warm referrals for on-site mental health and,
- 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.
 - I. Screenings and assessment for both children and their caregivers (e.g., developmental, behavioral, mental health)
 - II. Basic Needs provision (e.g., diapers/wipes, car seats, food distribution, financial assistance)
 - III. Case Management & Warm Referrals
 - IV. Caregiver Support Groups & Child Playgroups
 - V. Parent Education & Infant Safety
 - VI. Lactation education and support



Maximum Contract Budget

Up to \$3,200,000 inclusive of personnel including lead coordinating and data management staff, subcontracted service providers, materials, printing, travel, participant incentives and indirect costs, has been allocated for this project.

Any amendments will be determined by available funds and the needs of this project at the sole discretion of the First 5 Sonoma County Commission. Costs should be reasonable and well justified.

Note:

Selection as a Lead Agency means First 5 Sonoma County intends to negotiate a contract with the selected Lead Agency, subject to successful negotiation of scope, budget, required documentation, and First 5 Sonoma County Commission approval.

Selection into the Service Provider Pool does not guarantee a subcontract, funding, or participation in a Hub.

Contract Period

Hub Lead Agency Planning Phase: August 1, 2026 - November 30, 2026

Hub Lead Agency Contract Period: December 1, 2026 - June 30, 2029

Pre-Qualified Service Provider Pool: Contract is dependent on selection by and a subcontract with a Hub Lead Agency. Tentative Contract Period would be between December 1, 2026 - June 30, 2029



II. Qualification Submission Timeline

Request For Qualifications: Community Early Relational Health Hubs LEAD AGENCY SELECTION & SERVICE PROVIDER PRE-QUALIFICATION POOL All dates are subject to change at First 5 Sonoma County's discretion. Notice of any date changes will be posted on the First 5 Sonoma County website .	
Key Due Dates	Key Milestones
June 9, 2026	Request for Qualifications Released
June 11, 2026 at 2:00 pm	Pre-Proposal Webinar Register Here
June 18, 2026 By 5:00 pm	Deadline to Submit Applicant Questions to First 5 Sonoma County Email questions to funding@first5sonomacounty.org
June 23, 2026	Answers to questions regarding this RFQ will be posted on the First 5 Sonoma County website
June 29, 2026 By 5:00 pm	Required Letter of Intent (LOI) Due. Proposers must create an account in FOUNDANT and submit LOI via FOUNDANT.
July 13, 2026 By 5:00 pm	Qualifications Due
July 14 - July 31, 2026	Qualifications Review
August 3, 2026	Email Notification of Lead Agency Selection and Email notification of Selection for Pre-Qualified Service Provider Pool
August 5, 2026 12:00 pm - 1:00 pm	ITN Conference: Hub Lead Zoom Meeting Attendance Required for Selected Lead Agencies
August 10, 2026	Hub Lead Agency Planning Phase Contract execution and start date
August 19, 2026 1:00 pm - 3:30 pm	In-person Meet & Greet: Attendance Required for Selected Lead Agencies <i>Attendance Recommended for Pre-Qualified Service Provider Pool Participants</i>



III. Background

The First 5 Sonoma County Commission is an independent public entity created in 1998 by voter approval of California Proposition 10, tobacco tax revenue dedicated to strengthening systems and funding programs and services that support the optimal early development of children, from birth to five years of age. Over the past 25 years, First 5 Sonoma County has stewarded over \$120 million in Prop. 10 tobacco tax funding in the community, investing in early childhood programs, services and systems countywide. Over time, as tobacco tax revenues have declined, other funding streams have been increasingly leveraged and braided to sustain investments.

In November 2024, Measure I (the Sonoma County Child Care & Children's Health Initiative), a countywide sales tax, was approved by Sonoma County voters to establish a dedicated revenue source to increase access to child care and early learning opportunities through an array of system level and program investments, as well as a broad variety of supports for children's health and mental health. Closely aligned with the goals and intent of Prop. 10, Measure I is administered by First 5 Sonoma County and is estimated to raise \$30 million annually.

As per voter intent, the Commission's administration of both public funding streams is guided by the [First 5 Sonoma County Strategic Plan 2026-2031](#).

In addition, First 5 Sonoma County approaches the work of supporting the community's children and families through a framework that centers the importance of [Diversity, Equity, Belonging, and Anti-Racism](#) (DEBAR). This framework includes an intentional focus on place-based supports, healing and restoration, targeted universalism and designing to the margins, centering the whole child and whole family, as well as community engagement and power-sharing.

In Fiscal Year 2024-25, First 5 Sonoma County engaged in numerous data collection efforts to inform the 2026-2031 Strategic Plan. These included a [Community Needs Assessment](#) conducted by Equity First Consulting and health provider listening sessions conducted by VIVA Social Impact Partners. Then, in the fall of 2025, First 5 Sonoma County convened a countywide Early Relational Health Consortium of over 30 service providers, health care providers, and social service organizations to identify highest priorities for meeting early relational health needs of birthing people, children birth to age 3, and their caregivers. As a result of the Early Relational Health Consortium's priorities, First 5 Sonoma County engaged VIVA Social Impact partners to conduct an Early Identification and Intervention (EII) Community Visioning Session followed by [four family focus groups focused on EII](#). Finally, First 5 Sonoma County engaged KFH Strategic Impact to conduct a maternal mental health needs assessment for Sonoma County



that included a survey of over 600 birthing parents, 19 key informant interviews, and 8 focus groups of 47 birthing parents.

Across all of these community inputs, there were consistent findings around families' experiences and what families and service providers in Sonoma County think are of highest priority.

- a. **Families are having to tell their stories repeatedly to different providers, drive to multiple locations for different services, and many times only learn about resources by chance.** Reductions in service locations are increasing geographic barriers and transportation challenges which make asking for help and accessing that support with a young child feel insurmountable. Families are expressing a sense of information overload where they must make sense of their options, navigate a complex system of care, and advocate intensely to get the support they need.
- b. **Families and providers are asking for the expansion of spaces that are trusted and feel safe for families that are located within the ecosystem of where their family lives, works, and plays.** Families are seeking connection with other families and providers want parents to see other similar aged children play and hear from other parents that they are not alone. Families are asking to get support for themselves as a parent and for their children's health while having opportunities to engage, play, and experience joy in their relationship.
- c. **Families want choice in the supports they can access and how they are delivered and by whom.** There is a call for multiple types of support that are clinical and community based, that honor and encourage cultural practices and remedies, are provided both by those with clinical expertise and those with lived experience in the language that is desired by that family.
- d. **Providers are recognizing the importance of dyadic care – supporting the caregiver and child together for healthy attachment and greater physical and social emotional outcomes.** There is a desire for warmer coordination and an agreed upon infrastructure for collaboration between health care and social service to truly hold families.

Having centralized, coordinated, and integrated services where families already are not only minimizes the burden for families but is also a core principle of promoting early relational health for young children and their caregivers.¹ In fact, a recent publication on early relational health from the National Academies of Sciences, stated that *"opportunities for collaboration across sectors: high-*

¹ Li, J., & Ramirez, T. (2023). Early Relational Health: A Review of Research, Principles, and Perspectives. The Burke Foundation.



performing medical homes can be gateways that provide comprehensive, relational, and team-based care, meeting families where they are.”²

IV. Purpose of RFQ

First 5 Sonoma County has issued this RFQ in response to the increasing isolation amongst families and the harm that families are experiencing as they work to navigate the social services and health care system to obtain support for their family’s health and wellbeing.

Why Early Relational Health:

Early Relational Health (ERH) is the positive growth and development of both the caregiver and the child that is driven by the simple, routine, and daily interactions that happen starting at birth. These interactions, while often occurring between a caregiver and child, are significantly influenced by the environments, ecosystems, and structures in which they take place, such as in the family, the early learning setting, the health system, the neighborhood and community, and the structures of racism, poverty, and state-sanctioned harm.

Dyadic care treats the parent-child relationship as the unit of care rather than individuals separately. Early relational health focuses on the quality of caregiver-infant interactions as foundational to development. In Hubs, this means simultaneous services for parent and child, relationship-based screening tools, infant mental health consultation, and interventions that strengthen attachment and responsive caregiving.

Having centralized, coordinated, and integrated services where families already live, work and play not only minimizes the burden for families but is also a core principle of promoting early relational health for young children and their caregivers.³

With this RFQ, First 5 Sonoma County is seeking applications to:

1) determine multiple lead agencies to lead Community Early Relational Health Hubs and, 2) identify a pool of pre-qualified Service Providers that may be considered for subcontracting opportunities with selected Lead Agencies. Community Early Relational Health Hubs will be established in key geographies around Sonoma County and are expected to be collaborative with multiple agencies.

² National Academies of Sciences, Engineering, and Medicine. 2025. Early Relational Health: Building Foundations for Child, Family, and Community Well-Being. Washington, DC: The National Academies Press.

³ Li, J., & Ramirez, T. (2023). Early Relational Health: A Review of Research, Principles, and Perspectives. The Burke Foundation.



These place-based hubs are intended to offer families of young children integrated and coordinated care, bridging health care and social services.

Geographic Priorities:

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.

This integrated service model for co-located and coordinated services that support the early relational health of children and families in the pregnancy, postpartum, infancy, and early learning period seeks to include the following components of care:

- Early Identification Screenings & Assessments
- On site Primary Health Care
- On site Perinatal & Infant and Early Childhood Mental Health
- On site Infant Feeding Supports
- Basic Needs Provision
- Caregiver Support Groups
- Children's Playgroups
- Parent Education & Infant Safety
- Case Management & Warm Referrals

Specifically, priority populations of service should include:

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

This model seeks to leverage and coordinate the local assets and historical expertise of diverse social service providers, health care providers, schools, neighborhood and parent leaders, and trusted places of play in addition to the local trusted workforce and its built relationships including community health workers, promotoras, home visitors, lactation consultants, doulas, early intervention specialists, early learning educators, and family case managers that provides individualized culturally responsive care to families already.



The goal of the Community Early Relational Health Hubs is a coordinated and integrated continuum of care to support the health, wellbeing, and secure attachment of children prenatal to age 5 and their caregivers.

V. Funding and Contracting Structure

Funding Overview

The total allocation for Community Early Relational Health Hubs is **\$15.9 million** in Measure I funding from August 2026 through June 2029.

	FY 2026-2027	FY 2027-2028	FY 2028-2029	Total Allocation
Allocation	\$3,600,000	\$5,300,000	\$7,000,000	\$15,900,000

Lead Agency Only: Planning & Readiness Phase (Determined by this RFQ)

- August 1, 2026 - November 30, 2026
- Up to \$25,000 grants

Lead Agency & Service Provider: Implementation Phase (Determined via Intent to Negotiate)

- December 1, 2026 - June 30, 2029
- Up to \$3.2 million grants per Lead Agency

Multiple Lead Agencies: The First 5 Sonoma County Commission anticipates funding multiple contracts from each annual allocation. Funds are intended to be collaborative. Funds are intended to be collaborative. Funds will be distributed across several agencies rather than concentrated in one or two awards in order to support geographic diversity of place-based hubs and culturally responsive programming across Sonoma County. As a result, in the intent to negotiate process applicants may be recommended for less funding than requested, depending on proposal quality, scale of services proposed, and alignment with First 5 Sonoma County strategic priorities. 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 across each location.

First 5 Sonoma County has the discretion to determine the number of lead



agencies in key geographies in order to ensure implementation of place-based hubs around Sonoma County within the availability funding. Collaboration between entities is a key component to the success of this funding opportunity for increasing access and coordination for families.

Multi-Year Planning: As part of the Intent to Negotiate Process, the final contracts beginning December 1, 2026 will span multiple years. Funding is awarded for a three-year contract period, and applicants should design programs and budgets that sustain service delivery across the full term. Annual budgets will be reviewed and approved by First 5 Sonoma County and may be adjusted based on performance, reporting compliance, and availability of funds.

Leveraging Existing Resources: Some components of care may already be supported through First 5 Sonoma County funding or other public and private funding sources available to the Lead Agency and/or selected Service Providers. Funds awarded through this opportunity are intended to complement, not supplant, existing services and staffing. Applicants should demonstrate how existing resources will be leveraged to expand capacity, enhance service coordination, strengthen system integration, and improve access to comprehensive supports.

Planning Grants for Lead Agencies

As part of this RFQ, Lead Agencies will submit a work plan and budget for anticipated planning and readiness activities necessary for launching Hub services starting in December 2026. Proposed planning activities and readiness expenses are not to exceed \$25,000.

Examples of allowable planning and readiness activities and expenses include:

1. Staff time for facilitation of collaborative planning, MOU development, and collaborative budget preparation
2. Data security enhancements
3. 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)
4. Materials and equipment for ensuring a family-centered and play based environment at the Hub location site
5. HIPAA Training for project staff
6. Human Resource Staff Time for Hiring Necessary Roles
7. Community engagement costs for testing ideas and getting feedback from local parents via community forum, focus group, or survey on proposed plans for the Hub (e.g. stipends, food, childcare for in person session)

Planning grants will be provided to support ramp-up or infrastructure expenses



necessary to launch or expand coordinated programming with the expectation that after final contract execution for December 1, 2026, components of care will launch by January 2027.

Approved Lead Agency Planning Grants of up to \$25,000 will be paid with a 90% advance and upon receipt of report detailing activities completed agencies will receive the final 10%.

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 for the up to \$3.2 million grant. This is a Request for Qualifications to determine the pool of Lead Agencies and Service Provider Agencies. Selected agencies through this process will then be invited to complete comprehensive collaborative proposals to be negotiated with First 5 Sonoma County.

VI. Applicant Tracks

Applicants may apply as a 1) Lead Agency, 2) a Service Provider, or 3) Both a Lead Agency and a Service Provider.

Through this RFQ, First 5 Sonoma County is seeking qualifications from one or more organizations interested in fulfilling one or both of the following roles:

1. **Applicant Track 1: Lead Agency:** First 5 Sonoma County is looking to select one or more qualified agencies to serve as a Lead Agency of a Community Early Relational Health Hub. Selected Lead agencies will be expected to lead the design and coordination of hub programming and shared data collection across their own agency and amongst their contracted service provider partners.

Selected Lead Agencies will then 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.

Contracts for Hub Lead Agencies will be awarded up to \$3.2 million for the period of December 1, 2026 - June 30, 2029.

There will also be an up to \$25,000 contract awarded to selected Lead Agencies for planning and readiness activities between the period of August 1, 2026 - November 30, 2026.

2. **Applicant Track 2: Pre-Qualified Service Providers:** First 5 Sonoma



County is looking to establish a pool of pre-qualified Service Providers that may be considered for subcontracting opportunities with selected Lead Agencies.

3. Selection into the Service Provider Pool does not guarantee a subcontract, funding, or participation in a Hub.
4. Service providers can provide one or more of the following services:
 - Birth education and preparation
 - Perinatal health care and Pediatric 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)
 - Lactation education and support
 - Mental health (Early childhood mental health, Perinatal mental health, family therapy)
 - 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)
 - Case management & warm referrals
 - Caregiver support groups (perinatal, fathers, other caregiver affinity groups)
 - Child playgroups
 - Parent education (child development, managing challenging behaviors, advocacy at school, parents as their child's first teacher)
 - Pediatric dental education and intervention
 - 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)
 - Family law and immigration support

Contracts for Pre-Qualified Service Providers are dependent on subcontracting agreements with selected Hub Lead Agencies. Service providers that are subcontracted by a Lead Agency may be subcontracted for services anytime between December 1, 2026 - June 30, 2029. Service providers that can support at



various place-based hub locations around the county may be selected and contracted by multiple Lead Agencies.

Collaboration with First 5 Funded Partners:

First 5 Sonoma County is funding additional 0-5 services including case management and parent education at Family Resource Centers, early learning playgroups, and mental health workforce development. 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.

First 5 Sonoma County is investing in mobile clinics implemented by federally qualified health centers focused on pediatric and perinatal health care beginning August 1, 2026. Selected mobile clinics will be required to co-locate at Community Early Relational Health Hubs sites under their mobile clinic funded contracts. They can and should be noted as subcontractors on the final plan although they are being funded by another opportunity.

First 5 Sonoma County is investing in multiple community partners to provide early identification and intervention screenings and supports starting September 1, 2026. Co-location is highly encouraged under these contracts at Community Early Relational Health Hubs. They can and should be noted as subcontractors on the final plan although they are being funded by another opportunity.

VII. Request for Qualifications & Intent to Negotiate Timeline

Community Early Relational Health Hubs LEAD AGENCY SELECTION & SERVICE PROVIDER PRE-QUALIFICATION POOL All dates are subject to change at First 5 Sonoma County’s discretion. Notice of any date changes will be posted on the First 5 Sonoma County website .	
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August 10, 2026	Hub Lead Agency Planning Phase Contract execution and start date
August 19, 2026 1:00PM - 3:30PM	In-person Meet & Greet: Attendance Required for Selected Lead Agencies <i>Attendance Recommended for Pre-Qualified Service Provider Pool Participants</i>
October 13, 2026 by 5pm	Hub ITN Proposals due
October 13- November 13, 2026	Proposal Review and Agreement Negotiations
November 23, 2026	Recommendation for Contract Approval by the First 5 Sonoma County Commission
December 1, 2026	Contract execution and start date



VIII. Minimum Qualifications

Lead Agency Qualification Requirements

Lead Agency applicants must demonstrate the capacity to serve as the fiscal, administrative, partnership, and implementation lead for a Community Early Relational Health Hub. This includes the ability to manage subcontractors, coordinate service delivery, support shared data collection and reporting, engage families in design and continuous improvement, participate in First 5-led planning and coordination activities, and negotiate a final scope of work and budget.

- *Subcontractor Management:* agreeing upon contracts including budgets and scopes of work, agreeing upon data sharing and release of information between entities, setting a schedule and expectations for data reporting
- *Coordinate Service Delivery:* ensure 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
- *Support Data Collection and Reporting:* establish a system of data entry and shared data between subcontractors for coordination of care, establish a system and reporting schedule to collect and clean data for First 5 quarterly and annual reporting
- *Engage Families in Design and Continuous Improvement:* utilize available needs assessment data from First 5 and others, collect additional input from local families in the geographic area of the hub about needs and preferences for programming either via survey, focus group, or participation in advisory board etc., incorporate feedback throughout the year into hub programming to assess satisfaction and continued gaps in programming from local families
- *Participate in F5SC activities:* join First 5 Sonoma County and other hub leads in continued learning and improvement on the Hub model, participating in evaluation community of practice, and other peer learning opportunities as made available
- *Negotiate Final Scope and Budget:* 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. First 5 Sonoma County reserves the right to negotiate, request revisions, approve or reject proposed subcontractors, reduce or modify the proposed scope or budget, or discontinue negotiations if the parties cannot reach agreement.

Lead Agency applicants should also demonstrate experience coordinating or delivering services aligned with the *Preliminary Hub Model and Anticipated Services* described in Appendix H. 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.

If applying to be a Hub Lead, applicants are required to demonstrate the following qualifications:

Organizational Infrastructure:

- **Eligible Entity:** Be a legally recognized nonprofit organization, public agency, or other entity authorized to contract in California.
- **Organizational Alignment:** Commitment to advancing equity, cultural responsiveness, and inclusive practices that address disparities for children ages 0–5 and their families.
- **Subcontractor Management:** Demonstrate the administrative and programmatic capacity to manage the design of the continuum of programming to be offered including the management of subcontractors for coordinated service delivery and data collection and sharing among all subcontractors. This includes the ability to convene and effectively facilitate planning and quality improvement discussions with potential and contracted subcontractors.
- **Fiscal Management:** Demonstrate experience and the ability to responsibly manage public funds including budget and invoice management of multiple subcontractors, maintain sound fiscal systems (e.g., audited financials), and comply with state and local regulations.
- **Data Capacity:** Systems and staff capacity to collect and report service counts, demographic data, and narrative outcomes consistent with First 5 California Annual Report requirements (AR-1, AR-2, AR-3) from all collaborative partners and use data for continuous improvement and shared learning.



- **Confidentiality & Data Security:** Ability to securely handle participant information and comply with HIPAA, FERPA, or other confidentiality requirements as applicable.
- **Prior Performance:** Demonstrated history of satisfactorily completing previous contracts or grants with First 5 Sonoma County (if applicable) and other funders, including meeting deliverables on time, adhering to reporting requirements, and maintaining positive communication with staff.
- **Innovation and Sustainability:** Experience with public funding systems (Prop 10, CalWORKs, Medi-Cal, etc.) and the ability to adapt services to emerging needs, leverage technology to expand reach or streamline administration, and leverage other applicable funding streams including but not limited to Medi-Cal, Medi-Cal Dyadic Care, Medi-Cal CalAIM, Community Health Worker benefit, Doula benefit, Children and Youth Behavioral Health Initiative's fee schedule.
- **Experience in Sonoma County:** Knowledge of local Sonoma County context and stakeholders and key staff live in or within driving distance of Sonoma County.

Mission Alignment:

- **Experience in Family Strengthening:** At least 5 years of experience providing or funding family support services to children 0-5 and their caregivers using culturally and linguistically responsive approaches, including the provision of services in both English and Spanish.
- **Experience with Target Population & Geographies:** Demonstrated history supporting low-income or under-resourced families with 0-5 in rural or geographically isolated communities or in neighborhoods with higher poverty rates and limited access to transportation
- **Equity & Trauma Informed:** Staff trained in trauma-informed care, equity, and inclusive practices for supporting families of different languages, race/ethnicities, cultural background, abilities, and makeup.
- **Parent and Community Engagement:** History and ability to authentically engage parents, caregivers, and community members in program design, delivery, and continuous improvement, including opportunities for parent leadership development (recognizing and equipping parents as their child's first teacher, promotoras, peer mentors, peer navigators, peer-led wellness activities or support groups).



- **Provision of Warm Referrals:** Be able to demonstrate provision of warm referrals for Mental Health services for children 0-5 (early childhood mental health) and/or their caregivers (perinatal mental health, family therapy)
- **Experience with Collaborative Service Delivery:** History of collaboratively funded or co-located partnership and programming with health providers, schools, community-based organizations, mental health providers, early intervention specialists, cultural wellness providers, mobile clinics, and/or other systems partners.
- **Comprehensive Service Provision:** Either be providing the following services in-house OR if not already providing these in-house, the Lead Agency applicant must have pre-existing relationships through MOUs or partnership/service agreements with partner organizations that specialize in and are providing these services for clients:
 - A. Staff with training and experience administering standardized developmental and behavioral screenings and assessment for children as well as mental health assessments for their caregivers and connecting families to referral pathways (e.g., Regional Center, SELPA, mental health networks)
 - B. Basic Needs provision (e.g., diapers/wipes, car seats, food distribution, financial assistance)
 - C. Case Management & Warm Referrals: On-site staff with experience providing case management and navigation support as well as local relationships to make warm referrals to local services for families with children under five.
 - D. Caregiver Support Groups & Child Playgroups
 - E. Parent Education & Infant Safety
 - F. Lactation education and support

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.

Subcontracted Service Provider Pool Qualification Requirements

Service Provider applicants must identify the Hub service categories they are qualified to provide and demonstrate relevant experience, service capacity, cultural and linguistic responsiveness, and familiarity with Sonoma County families with children prenatal to age five.



Pre-qualified Service Providers may be invited by selected Lead Agencies to participate in Hub planning and may be proposed as subcontractors in a Lead Agency's final Hub proposal. Pre-qualified status is not an award of funds and does not obligate any Lead Agency or First 5 Sonoma County to enter into a subcontract or other agreement with the Service Provider.

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.

If applying to be a Subcontracted Service Provider, applicants are required to demonstrate the following qualifications:

Organizational Infrastructure:

- **Eligible Entity:** Be a legally recognized nonprofit organization, public agency, or other entity authorized to contract in California.
- **Organizational Alignment:** Commitment to advancing equity, cultural responsiveness, and inclusive practices that address disparities for children ages 0–5 and their families.
- **Experience in Sonoma County:** Knowledge of local Sonoma County context and stakeholders and key staff live in or within driving distance of Sonoma County.

Mission Alignment:

- **Experience in Family Strengthening:** At least 5 years of experience providing family support services to children 0-5 and their caregivers using culturally and linguistically responsive approaches
- **Experience with Target Population & Geographies:** Demonstrated history supporting low-income or under-resourced families with 0-5 in rural or geographically isolated communities or in neighborhoods with higher poverty rates and limited access to transportation
- **Equity & Trauma Informed:** On site staff with training in trauma-informed care, equity, and inclusive practices for supporting families of different languages, race/ethnicities, cultural background, abilities, and makeup.
- **Cultural and Linguistic Responsiveness:** On site Bilingual/bicultural staff (English and Spanish required) and experience designing services that are



accessible and inclusive for priority populations in Sonoma County (BIPOC, rural, low-income families).

- **Provision of Warm Referrals:** Demonstrate deep familiarity with services and resources for families prenatal to age 5 in Sonoma County and connections for warm referrals.

Content Expertise:

Demonstrate at least 5 years of experience providing one or more of the following hub service categories:

- Birth education and preparation
- Perinatal health care
- Pediatric 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)
- Lactation education and support
- Mental health (Early childhood mental health, Perinatal mental health, family therapy)
- 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)
- Case management & referrals
- Caregiver support groups (perinatal, fathers, other caregiver affinity groups)
- Child playgroups
- Parent education
- Pediatric dental education and intervention
- 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)
- Family law and immigration support

IX. Preferred Qualifications

Lead Agency Preferred Qualifications:



In addition to the above required qualifications, the following are *preferred* qualifications for Lead Agency Applicants:

- Prior work with First 5 County Commissions with a comparable scope and annual budget
- Understanding of early childhood systems and the local early childhood ecosystem of care
- 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
- Demonstrated connection to leverage county health and human services and resources for outreach, referral, and co-location (home visiting, WIC, mobile services van, etc.)
- Demonstrated connection to local health care partners (Federally Qualified Health Centers, local hospitals) to support timely coordination of co-location of services at the Hub.
- Cultural and Linguistic Responsiveness: Bilingual/bicultural staff (English and Spanish required) and experience designing services that are accessible and inclusive for priority populations in Sonoma County (BIPOC, rural, low-income families).
- Experience and capacity to directly provide any of the following services:
 - A. 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)
 - B. Birth preparation and education
 - C. Perinatal health care and Pediatric health care
 - D. Dyadic care (dually assessing and supporting caregiver and child)
 - E. Caregiver support groups (perinatal, dads, other affinity groups)
 - F. Nutrition services (e.g., enrollment for food benefits, provision of health food for perinatal families)
 - G. Infant safety education (trainings, workshops, car seat installation, infant CPR, safe sleep)
 - H. Child care and/or child care navigation
 - I. Transportation services or incentives



Service Provider Pool Preferred Qualifications:

In addition to the above required qualifications, the following are *preferred* qualifications for Service Provider Pool Applicants:

1. **Perinatal & Pediatric Health Expertise:** On site staff with training/certifications (e.g., IBCLC/CLC for lactation, certified doulas, community health workers, home visitors, licensed medical providers) to deliver prenatal, postpartum, breastfeeding support, as well as pediatric well-child visits, screenings, and immunizations.
2. **Perinatal Mental Health & Infant and Early Childhood Mental Health Expertise:** On site staff with appropriate clinical licensure and training to provide postpartum or perinatal therapy, mental health consultation, infant and early childhood mental health consultation, or related supports (e.g., Licensed Clinical Social Worker [LCSW], Licensed Marriage and Family Therapist [LMFT], Licensed Professional Clinical Counselor [LPCC], Licensed Psychologist). Demonstrated use of evidence-based, trauma-informed, and culturally responsive mental health practices.
3. **Developmental & Behavioral Screening & Referral Competence:** On site staff with training and experience administering standardized developmental and behavioral health screening tools (e.g., ASQ, ASQ:SE, PEARLS, etc.) and connecting families to appropriate referral pathways.

X. Reporting & Accountability Requirements

The selected applicant must adhere to First 5 Sonoma's data collection and reporting requirements (see Appendix D).

Specifically, contractors under this RFP must:

1. Meet with the First 5 Sonoma County Research and Evaluation Manager (REM) or the contracted First 5 Evaluator within one month of contract execution to finalize an evaluation plan for the funded project.
2. Submit Quarterly Progress Reports. Each quarter, the contractor will receive an email with a link to the report questionnaire.

Contractors funded under this program initiative may be required to participate in ongoing collaboration with the REM, First 5 Sonoma's evaluation consultant partner(s) and/or members of First 5 Sonoma's Program Team to ensure a robust evaluation of program impact. Support with data collection will be provided as



needed, as well as support for the collection and submission of supplemental evaluation data (e.g., surveys or assessments). See attachment D for more details.

First 5 Sonoma County staff will analyze and compile the submitted data. A summary of annual findings will be shared with each contractor approximately three months after the close of the fiscal year (September 30), starting in 2027.

Funding is contingent on compliance with reporting requirements. Please include time for these essential activities in your Budget and Work Plan.

Organizations funded under this proposal will have the following minimum data collection and reporting requirements (see Attachment D for more details).

- Report *unduplicated* people served, including demographic information and services provided
- Narrative responses about project progress, highlights, and challenges
- As additional evaluation frameworks for Measure I investments are built, additional opportunities for data collection around screenings may be discussed with Lead Agencies.

The required elements above must be submitted to First 5 Sonoma County quarterly.

XI. Qualification Application Instructions

A. Questions

Questions from prospective proposers regarding this RFQ are to be directed to funding@first5sonomacounty.org by 5pm on June 18, 2026. The email subject line must read: **Questions for Community Early Relational Health Hubs Lead Agency Selection & Service Provider Pre-Qualification Pool**. Questions received via email will be posted with the corresponding answers on the First 5 Sonoma County website before the deadline for submission.

B. Submission Format

Online Submission

Proposers will submit their Qualifications through a web-based system, Foundant. A required Letter of Intent (LOI) must be submitted via Foundant by 5:00pm on June 29, 2026. All qualification components including all attachments, must be uploaded and submitted electronically via Foundant, First 5 Sonoma County's web-based grants management system by 5:00pm on July 13, 2026. No hard copies will be required or accepted.

Elements of the application will be a combination of 1) text and information entered directly into the system; and 2) required uploads of documents.



The narrative section responses may be developed in Word or another application and then cut and pasted into the Foundant system prior to submission.

IMPORTANT: Character limits in Foundant may differ from document character counts in other applications, which may require the proposer to edit the narrative in Foundant to ensure submission was successful. It is strongly recommended that applicants enter the narrative into the Foundant system sufficiently in advance of the proposal deadline to allow time for editing directly in the system, or enter the information directly into the system. The system will save progress every 30 seconds, and allows the applicant to close and return at another time to complete the application.

C. Mandatory Letter of Intent

All proposers must submit a Letter of Intent by 5pm on June 29, 2026, in Foundant, First 5 Sonoma County's grants management system. If an applicant is new to the system, an agency profile must first be created, and then an individual applicant profile will need to be created under that agency. Instructions are available on the sign-in page of the system. [Letters of Intent have a 3,500 character limit]

Questions Included in the Online Letter of Intent

- One paragraph description of the organization including primary service populations, languages offered, and geographic service areas
- Description of geographic area of focus and population of focus
- Which applicant track the organization is submitting qualifications for: 1) Lead Agency, 2) Pre-qualified Service Provider Pool, OR 3) Both Lead Agency & Pre-qualified Service Provider Pool)
- If applying for Pre-Qualified Service Provider Pool, indicate which service categories you are applying for.
- Indicate that your organization meets all of the required qualifications (these are dependent on the applicant track of either Lead Agency, Service Provider Pool, or both)

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. Please see the timeline for the dates in August for a) collaborative Meet and Greet and b) time for planning proposals after selected Lead Agencies have been awarded a planning grant. Full collaborative proposals that include the detailed collaborative implementation plan, subcontractor budgets, subcontractor scopes of work, will be invited for submission after approval via this Request for Qualification.



First 5 Sonoma County reserves the right to negotiate, request revisions, approve or reject proposed subcontractors, reduce or modify the proposed scope or budget, or discontinue negotiations if the parties cannot reach agreement. Final contracts are subject to First 5 Sonoma County Commission approval.

D. Request for Qualification Application Requirements

If an agency chooses to submit qualifications for both applicant tracks: 1) Lead Agency, AND 2) Service Provider Pool, they must complete the following sections for BOTH sets of qualifications.

Applicants should address each item below in the appropriate narrative sections in Foundant:

Lead Agency: Organization Overview

1. Early Relational Health Hubs are meant to bridge social services, physical health services and mental health services for caregivers and children. Describe your vision for how you might bridge and coordinate services across these different sectors in your geographic area (e.g., supporting warm referrals, leveraging existing relationships, co-locating services). (2000 character limit)
2. Provide a brief description of the administrative capacity to manage the design of the continuum of programming to be offered as well as the management of subcontractors' coordinated service delivery and data collection. (2000 character limit)
3. Provide a brief description of organization's infrastructure, history, and capacity for (1) managing public funds, (2) maintaining sound fiscal systems, (3) securely handling participant data, and (4) providing accurate reporting. (2000 character limit)
4. Provide a brief description of the organization, including experience in family strengthening, supporting target populations in Sonoma County, authentically engaging families in program design, and history of local relationships for warm referrals and coordination. (2000 character limit)

Service Provider: Organization Overview

1. Provide a brief description of the organization, including areas of expertise, location of organization, geographic areas of service operation, any target populations served, languages provided, and how long the applicant has provided family-strengthening services in Sonoma County. (2000 character limit)



2. Provide a description of how the organization provides culturally responsive/culturally concordant services and care to children 0-5 and their families. (2000 character limit)
3. Describe your vision for coordinating with other providers and the Lead Agency to provide your designated service(s) for low-income and under-resourced families (0-5) at the Early Relational Health Hub. (2000 character limit)

Lead Agency: Relevant Experience & Mission Alignment

5. Describe the organization's experience providing or funding services within the target geographies (*rural, isolated, or neighborhoods with higher poverty rates and limited transportation*) and for the target population of families (*living in low-income or under-resourced communities, multilingual families, enrolled in MediCal or uninsured*). (2000 character limit)
6. Describe any experience with collaborative partnerships where the applicant's services were coordinated with another partner organization's services to provide wraparound, integrated, and/or co-located support for children and families. (2000 character limit)
7. Provide up to two examples of how the applicant organization has engaged families for the purpose of program design or quality improvement of programming. (2000 character limit)
8. Describe how your organization creates opportunities and spaces for connection, belonging, and joy for families in addition to the delivery of services. Please share examples of activities, practices, or approaches that help families build relationships, feel welcomed, and strengthen community.

Service Provider: Relevant Experience & Mission Alignment

9. Describe the applicant's experience providing the services outlined in the applicant track for children ages 0-5 and their families, including how long these services have been offered by the applicant organization. Services may include: warm referrals, case management and navigation, developmental and behavioral health screenings for children and caregivers, basic needs provision, caregiver support groups, child playgroups, parent education, lactation education and support, infant safety, etc. (2000 character limit)
10. Describe the organization's experience providing services within the target geographies (*rural, isolated, or neighborhoods with higher poverty rates and limited transportation*) and for the target population of families (*living in low-income or under-resourced communities, multilingual families, enrolled in MediCal or uninsured*).



11. Describe any experience with collaborative partnerships where the applicant's services were coordinated with another partner organization's services to provide wraparound, integrated, and/or co-located support for children and families. (2000 character limit)
12. Provide up to two examples of how the applicant organization has engaged families for the purpose of program design or quality improvement of programming. (2000 character limit)
13. Describe how your organization creates opportunities and spaces for connection, belonging, and joy for families in addition to the delivery of services. Please share examples of activities, practices, or approaches that help families build relationships, feel welcomed, and strengthen community.

Lead Agency: Staff Capacity & Qualifications

14. Describe the specific qualifications of the organization's staff that match the skills required for this project, and outline examples of experience where these staff have demonstrated these qualifications. This information should complement, not restate in detail, the submitted resumes. (2000 character limit)

Service Provider: Staff Capacity & Qualifications

15. Describe how the applicant ensures that all direct service staff have equity and trauma-informed care training. (2000 character limit)
16. Describe the specific qualifications of the organization's staff that match the skills required for this project, and outline examples of experience where these staff have demonstrated these qualifications. This information should complement, not restate in detail, the submitted resumes. (2000 character limit)
17. Provide a brief description of the organization's practice of warm referrals for services for families 0-5 in Sonoma County including methods, workflow, and accountability measures for staying updated on available resources, connecting with staff at other agencies, and confirming referrals are closed.

E. Lead Agencies: Planning & Readiness Application

Planning & Readiness Work Plan (10,000 character limit)

Complete a detailed Work Plan (Appendix B) that outlines the planning approach, readiness activities and deliverables anticipated for the planning phase to take place between August 1, 2026 - and November 30, 2026 (Not counted in character



limits). The planning phase activities should be strictly focused on readying the organization's infrastructure to be able to begin hub implementation starting December 1, 2026.

Planning & Readiness Budget

Complete and upload Appendix C: Planning Budget Template as an Excel spreadsheet to Foundant– do not convert to PDF.

- The submitted budget must be for the *planning phase* and *may not exceed the maximum amount* of \$25,000 as outlined in [Section V: Funding Overview](#).
- Staff costs may be based on an hourly rate, which must be clearly labeled, or the actual salary for the position.
- Proposers may NOT artificially inflate salaries to offset the indirect cost rate limit of 15%. Listed salaries must match the actual salaries listed staff.
- Budget Workbook Appendix C must include all direct, indirect and sub-contractual costs to the project.

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 planning budget and budget narrative must correlate to specific activities described in the planning work plan. No costs should be included in the Budget and Budget Narrative that are not described in the work plan, and vice versa.

Applicants may include costs to incentivize/compensate community members supporting the planning work that are not otherwise compensated for their time, as well as food, child care, translation, interpretation, and other costs related to engaging the community in a culturally responsive and linguistically accessible manner.

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. 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 project, and travel.



Indirect costs on the primary contract cannot exceed 15% of direct costs. See the [First 5 Sonoma County Indirect Cost Guidance](#) for details.

Budget Narrative

In the Budget Narrative tab in the Budget Workbook, 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/role separately and include name(s) (or TBD if position is vacant), gross annual salary, hourly wage, any anticipated salary increases (i.e. COLA, merit, etc.) that may occur during the funding period and role in the project. 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 and Travel, provide a general description, quantity and the number of months. For employee mileage associated with the project, describe the rate of reimbursement. The mileage rate should not exceed the Federal GSA mileage reimbursement rate. Describe the method chosen for budgeting indirect costs and how they are calculated.

F. Required Attachments (Both Tracks)

1. Letters of Reference

Provide a minimum of three (3) letters of reference from community partners for whom the applicant has collaborated with to provide related services to the qualifications for the appropriate applicant track. If applying for the Lead Agency track, this should include at least one (1) letter of reference from a mental health referral partner for Early Childhood Mental Health, Perinatal Mental Health, or family therapy.

Please ensure the following information is included for each letter of reference:

- Organization Name
- Contact Information: Name, title, email, phone
- Service/Collaboration Description: Include a brief description of the partnership arrangement, the services provided, and the collaborative date range.

Upload to Foundant as a single PDF file.



2. Resumes

Resumes/CV must be included for all key staff.

- Format resumes/CV to include the **month and year** of all key experiences listed. *This includes highlighted projects and employment terms.*
- **Specifically highlight certifications that match qualifications listed above and those that bring lived experience for peer support.**
- Resumes/CV must not exceed 2 pages per person.
- Upload to Foundant as a single PDF file.

3. Disclosure of Artificial Intelligence (AI) Tools

Upload a completed disclosure, Appendix G. If there are no tools to disclose, state “Nothing to disclose” and continue to upload it as a PDF.

4. Planning Phase Work Plan

Use the provided template, Appendix B, and follow the instructions in [Part XI Section E/Planning and Readiness Application](#).

5. Planning Phase Budget and Budget Narrative

Use the provided template, Appendix C, and follow the instructions in [Part XI Section E/Planning and Readiness Application](#).

6. Organizational Chart

Upload the organization chart to Foundant.

XII. Qualifications Scoring Criteria

First 5 Sonoma County will review qualifications for completeness, confirm *requirements* are met in [Section VIII & IX: Minimum & Preferred Qualifications](#). **Applications that meet these requirements will be evaluated** using the criteria below.

Applicant Track: Lead Agency Scoring Criteria

Criteria	Points Available	Description
Organizational Overview Alignment	35	Articulates a vision for a place-based hub that focuses on supporting the relationship between caregivers and children from prenatal to age 5 including physical, emotional, and social supports.

Criteria	Points Available	Description
		Demonstrates ability to leverage local partnerships in order to secure key components of care for coordinated on-site programming and warm referrals. Demonstrates capacity to co-design workflows and protocols for data entry, coordination, and warm referrals with multiple subcontractors. Demonstrates strong internal infrastructure for managing public funding and participant data. Outlines multiple years of experience providing or funding programming to support low-income and under-resourced families either in rural or isolated communities or in high poverty communities with limited transportation. The organization is dedicated to and has experience engaging families either in designing programming, facilitating peer-to-peer programming, or providing in depth and consistent review and feedback of programming.
Relevant Experience and Mission Alignment	25	Outlines multiple years of experience specifically designing and implementing services and supports for low-income or under-resourced families with children 0-5, especially multilingual families or families of color, in rural or isolated communities, and/or high-poverty neighborhoods. Provides clear examples of collaborative partnerships that includes contractual agreements or MOUs, co-design of programming, coordination and warm referrals for specifically supporting families with young children. Provides detailed examples of authentic engagement with families of young children to design, adapt, or scale programming for families. Demonstrates a dedication to family-centered design of programming and environment where families feel they belong, can connect with their children, and experience joy.
Staff Capacity and Qualifications	20	Across staff qualifications and resumes, demonstrates experience and capacity to meet the organizational requirements stated above for a Lead Agency especially in the areas of contract management, fiscal



Criteria	Points Available	Description
		management, data management, and programming experience specifically related to families strengthening for families 0-5.
Planning Grant Plan & Budget	10	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.
Letters of Reference	10	Letters are from diverse stakeholders, include a mental health provider, a physical health provider, and social service provider that focus on families 0-5 and demonstrate a history of partnership or strong plans for near future partnership. Letters speak to the strength and ease of coordination and collaboration and plans for co-location.
TOTAL	100	

Applicant Track: Pre-Qualified Service Provider Pool Scoring Criteria

Criteria	Points Available	Description
Organizational Overview Alignment	10	Outlines multiple years of experience providing or funding programming to support low-income and under-resourced families either in rural or isolated communities or in high poverty communities with limited transportation. Clearly articulates a strategy of bilingual programming designed with culture and language justice at its core. Describes dedication for cultural concordance as much as possible. Clearly demonstrates a core value of collaboration and coordination for the goal of a seamless experience of support for families. Demonstrates clear understanding and plan for co-location of coordinated services across components of care.



Criteria	Points Available	Description
Relevant Experience and Mission Alignment	40	Describes multiple years of experience implementing specific service(s) that match those identified as key components of care above. Specifically demonstrates service delivery for target populations and geographic priorities. Provides clear examples of collaborative partnership that included contractual agreements or MOUs, co-design of programming, coordination and warm referrals for specifically supporting families with young children. Provides detailed examples of authentic engagement with families of young children to design, adapt, or scale programming for families. Demonstrates a dedication to family-centered design of programming and environment where families feel they belong, can connect with their children, and experience joy.
Staff Capacity and Qualifications	40	Describes clear strategy for staff training and support to deliver equity and trauma-informed services to families. Staff qualifications and resumes demonstrate 5+ years of experience in programming specifically related to family strengthening for families 0-5 that are low-income, living in high-poverty neighborhoods or rural/isolated communities. Certifications that align with the desired qualifications are included and highlighted. Demonstrates a dedication and clear strategy for building relationships, staying connected with local partners, and having clear protocols for warm and closed referrals to ensure families get connected to care.
Letters of Reference	10	Letters are from diverse stakeholders, that focus on families 0-5 and speak directly to the organization's strong ability to provide culturally and linguistically responsive services to low-income and under-resourced children and caregivers 0-5. Speak to a history and continuation of coordination, collaboration, and warm referrals.
TOTAL	100	



An initial recommendation email will be sent to all applicants notifying them of the review team's recommendation.

XIII. Post-Selection Intent to Negotiate Process

Post-Selection Intent to Negotiate (ITN) 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.

Lead Agencies may identify proposed subcontractors from the pre-qualified Service Provider Pool. Selection into the Service Provider Pool does not guarantee selection by a Lead Agency, a subcontract, or funding.

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.

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.

Final ITN Proposals will include proposed Hub implementation plan, scope of work, staffing plan, subcontractor structure, budget, data and reporting approach, and implementation timeline. First 5 Sonoma County reserves the right to negotiate, request revisions, approve or reject proposed subcontractors, reduce or modify the proposed scope or budget, or discontinue negotiations if the parties cannot reach agreement. Final contracts are subject to First 5 Sonoma County Commission approval.

Multi-Year Planning: As part of the Intent to Negotiate Process, the final contracts beginning December 1, 2026 will span multiple years. Funding is awarded for a



three-year contract period, and applicants should design programs and budgets that sustain service delivery across the full term. Annual budgets will be reviewed and approved by First 5 Sonoma County and may be adjusted based on performance, reporting compliance, and availability of funds.

XIV. Administrative & Contracting Requirements

Appeals 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, CEO

Grounds for appeal are limited to a violation of a First 5 procedure, law, rule, or regulation regarding this RFQ 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.

Awarding of Contract

Planning Grant:

The First 5 Sonoma County Commission will select Qualified Lead Agencies, upon which First 5 staff will enter into negotiations with the selected applicant to execute a formal agreement for the planning grant. The contract resulting from this RFQ will include, but will not be limited to, the following terms and conditions:

- Insurance requirements
- Scope of work
- Payment structure

Implementation Grant:

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. First 5 Sonoma County reserves the right to negotiate, request revisions, approve or reject proposed subcontractors, reduce or modify the proposed scope or budget, or discontinue negotiations if the parties cannot reach agreement.

The contract resulting from the Intent to Negotiate will include, but will not be limited to, the following terms and conditions:

- Insurance requirements
- Scope of work
- Payment structure

Insurance

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

Reservations

- First 5 Sonoma County reserves the right to cancel the RFQ 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 RFQ at any time prior to final execution of the contract.
- First 5 Sonoma County reserves the right to negotiate scope of work, 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. Selection will be made based on overall evaluation of the application and the best interest of First 5 Sonoma County as recommended by the review team and the Executive Director, and approved by 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 organization. All applications become the property of First 5 Sonoma County.



- All 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.

XV. Appendices

- A. [First 5 Sonoma County Online Portal Instructions](#)
- B. [Lead Agency Planning Grant Work Plan Template](#) - download a copy to edit for upload in Foundant
- C. [Lead Agency Planning Grant Budget Workbook](#) - download a copy to edit for upload in Foundant
- D. [Evaluation & Data Collection Expectations](#)
- E. [Insurance Requirements](#)
- F. [Certification Regarding Debarment and Suspension](#)
- G. [Disclosure of Artificial Intelligence \(AI\) Tools](#)
- H. [Preliminary Hub Model and Anticipated Services](#)
- I. [Key Context for Community Early Relational Health Hubs](#)