

**Sacramento Employment and Training Agency**

925 Del Paso Boulevard, Suite 100

Sacramento, CA 95815

[www.seta.net](http://www.seta.net)

***REQUEST FOR PROPOSALS***

for the

2018 Program Year

**COMMUNITY SERVICES BLOCK GRANT  
PROGRAM**

**Release Date**

Friday – August 4, 2017

1:00 p.m.

**Offeror's Conference**

Monday – August 14, 2017

10:00 a.m.

**Pre-Qualification Deadline**

Wednesday – August 23, 2017

4:30 p.m.

**Submittal Deadline**

Thursday – September 14, 2017

5:00 p.m.

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1. **SACRAMENTO EMPLOYMENT AND TRAINING AGENCY  
COMMUNITY SERVICES BLOCK GRANT**

**FUNDING CALENDAR**

**Program Year 2018**

<b><u>DATE</u></b>	<b><u>EVENT</u></b>
Friday, August 4, 2017 1:00 p.m.	Issuance of Request for Proposals
Monday, August 14, 2017 10:00 a.m. - 12:00 p.m.	Offeror's Conference SETA Board Room
Wednesday, August 23, 2017 4:30 p.m.	Pre-qualification requirements submission deadline
<b>Thursday, September 14, 2017 5:00 p.m. Deadline</b>	<b><u>PROPOSALS DUE BY 5:00 p.m.</u></b>
Tuesday, October 31, 2017 3:30 p.m.	Staff Recommendations Released Copies will be available on the SETA website <a href="http://www.seta.net">www.seta.net</a> and at the SETA receptionist desk, 925 Del Paso Blvd., Suite 100, Sacramento, CA
Wednesday, November 8, 2017 10:00 a.m. – 12:00 p.m.	Community Action Board (CAB) meeting for the development and approval of PY 2018 CSBG funding recommendations.
Wednesday, November 22, 2017 4:30 p.m. Deadline	Written protest submission deadline
Thursday, December 7, 2017 10:00 a.m.	SETA Governing Board Meeting Final funding decisions made on Community Services Block Grant applications
January 1, 2018	PY 2018 CSBG Program Start Date

**PLEASE NOTE THAT ALL DATES AND TIMES ARE SUBJECT TO CHANGE  
MEETINGS WILL TAKE PLACE IN THE SETA BOARD ROOM, 925 DEL PASO  
BOULEVARD, SUITE 100, SACRAMENTO, CA 95815**

## 2. BACKGROUND

This Request for Proposals (RFP) was developed in response to key findings and recommendations identified in the 2018-2019 Community Action Plan ([www.seta.net](http://www.seta.net)), and the Community Services Block Grant Act.

The Sacramento Employment and Training Agency (SETA) is a Joint Powers Authority of the City and County of Sacramento that administers state and federally-funded human services programs throughout Sacramento County. Programs for economically disadvantaged persons include job training and employment assistance under the federal Workforce Innovation and Opportunity Act (WIOA), services to refugees under the Targeted Assistance and Refugee Social Services Grants, human services under the Community Services Block Grant, and educational programs under Head Start.

Under the federal policy on block grants, the State Department of Community Services and Development (CSD) is the recipient of the Community Services Block Grant (CSBG) for the allocation of funds, on a formula basis, to designated Community Action Agencies throughout California.

Respondents should be aware that SETA's activities, as well as those of any SETA contractor, are subject to any modifications required by CSBG, Federal or State legislation and their regulations, the State Department of Community Services and Development, and SETA's policies and procedures.

## 3. SOLICITATION

The purpose of this RFP is to solicit from qualified applicant agencies, proposals designed to promote the statewide priority of Family Self-Sufficiency identified in the SETA 2018-2019 Community Action Plan (CAP) by mitigating root causes of poverty and ameliorating conditions of extreme poverty, for low-income Sacramento County households.

## 4. QUALIFIED APPLICANT AGENCIES

- ✓ Community Based Organizations
- ✓ Private Non-Profit Agencies
- ✓ Public Agencies

## 5. AVAILABLE FUNDS

It is estimated that the CSBG funds available for allocation under this RFP will total \$800,000, contingent upon funds being made available to the State Department of Community Services and Development by the United States Government for the purposes of this program. Once available funds are appropriated, the anticipated allocation may be amended due to budget revisions at the federal or state level.

Funding for the CSBG program is based on priorities for services and activities as outlined in the SETA 2018-2019 Community Action Plan (CAP). SETA has adopted the statewide priority of Family Self-Sufficiency and has set allocations for the 2018 program year for programs promoting the following three service areas: family self-sufficiency; youth and senior support; and safety-net services. The funds available for allocation are currently estimated to be:

<b>A. FAMILY SELF-SUFFICIENCY SERVICES</b>	<b>\$320,000</b>	<b>40%</b>
<b>B. YOUTH AND SENIOR SUPPORT SERVICES</b> (Includes African-American Youth Arrest Rate Special Project)	<b>160,000</b>	<b>20%</b>
<b>C. SAFETY-NET SERVICES</b>	<b>320,000</b>	<b>40%</b>
<b>TOTAL AVAILABLE PROGRAM FUNDS:</b>	<b>\$800,000</b>	<b>(Estimated)</b>

Final allocation of funding within these service areas is subject to the determination of the SETA Governing Board. Funding to each service area may be completely eliminated, reduced or increased and final funding may be allocated to one or more of these service areas in such amounts as the SETA Governing Board ultimately determines in its sole and exclusive discretion.

## **6. ALLOWABLE SERVICES AND ACTIVITIES**

Services and activities solicited by this RFP adhere to those services and recommendations described in the SETA 2018-2019 Community Action Plan (CAP), approved by the SETA Governing Board on June 1, 2017. A copy of the approved plan is available on the SETA web site at [www.seta.net](http://www.seta.net). Target activities that reflect the goals and recommendations of the CAP will be given the highest consideration for funding.

For the purposes of this Request for Proposals, services will be categorized under three major service areas, **Family Self-Sufficiency, Youth and Senior Support, and Safety-Net** services. Final allocation of funding among these three major service areas shall be made by the Governing Board in its sole and exclusive discretion.

### **ALLOWABLE ACTIVITIES**

#### **A. Family Self-Sufficiency Services (FSS)**

Within the context of this procurement category, services are intended for households unable to seek or maintain full-time employment without the intervention of case managers and the provision of support services to stabilize family conditions and free employment-age adults to engage in employment-related activities. In general, proposals funded under the category of Family Self-Sufficiency will describe a process for stabilizing in-crisis and vulnerable families through case management and the use of support services to prepare households for employment related services through a collaborating Sacramento Works America's Job Center of California (SWAJCC) site.

Proposers are required to partner and coordinate services leading to unsubsidized employment with one or more SWAJCCs to ensure client access to all available career and training activities, and to provide for on-going case management and support services through 90 and 180 days of unsubsidized employment. Successful proposals will include emergency support services equal to at least 15% of requested 2018 CSBG funding, or a description of how the proposer will provide for the same level of emergency support services through other funding sources. Success measures under this service area will include the number of households securing unsubsidized employment, maintaining employment for 90 days, and maintaining employment for 180 days.

The minimum elements of case management required under this funding category include an identified case manager, a thorough assessment, program goals and benchmarks mutually agreed upon by both the household and case manager, a record of support services justifications, referrals and case manager follow-up results, periodic progress notes and a written plan of action with roles for both staff and appropriate household members. Documentation of the above noted activities and services, in a case file format common to the proposing organization, is required. All activities proposed and resources provided must be part of an overall household strategy that promotes functional and financial stability, employment, job training or on-the-job training in conjunction with a Sacramento Works America's Job Center of California site, and long-term self-sufficiency for the following target groups:

1. Low-Income Families – Examples of activities for case-managed families may include services that

help working age household members plan and prepare to receive job training if appropriate, employment services through a SWAJCC, information, referrals and referral follow-up, transportation to vital services, housing services, counseling, employment information, financial literacy training, nutrition services, education services, translation and interpretation, advocacy, life skills training, resources to mitigate economic household shortfalls, and frequent follow-up to identify barriers to reaching planned benchmarks and goals.

Examples of case-managed services for homeless, imminently homeless or formerly homeless families in transitional housing may also include permanent housing placement assistance, financial resources to enter permanent housing, housing counseling, transitional housing, prevention of homelessness, emergency shelter, follow-up for families placed in permanent housing, housing retention workshops for families, support system development and budget counseling, as part of a comprehensive plan leading to employment services through a SWAJCC.

2. Single-Parent Families with Children 0-5 (“Two-Generation Strategy”) - Services may include those identified for low-income families, above, training/workshops on the topics of financial literacy, stress reduction/management, child development and personal/child well-being. For example, activities for case-managed single-parent families with children 0-5 may include planning and preparation for the parent to receive job training and/or be employed while their child(ren) 0-5 are enrolled and engaged in high quality childcare that prepares them for primary school success.

Proposers in good standing proposing to serve the “Extreme Child 0-5 Poverty” target group residing within Arden Arcade will receive the highest priority for funding under the Self-Sufficiency category, followed in order by the target communities of North Highlands, Foothill Farms, Florin, Elk Grove, Carmichael, Rancho Cordova, Citrus Heights, and Galt.

Forty percent (40%) of available CSBG funds (\$320,000 projected) is allocated to services promoting Family Self-Sufficiency.

## **B. Youth and Senior Support Services (YSS)**

In general, proposals funded under the category of Youth and Senior Support Services need not include self-sufficiency as a goal. However, proposals should provide services for youth that modify gang/pre-gang, reckless or unlawful behavior, improve school attendance and improve family functioning or family safety. Proposals for seniors should include services to assist senior and disabled senior households in maintaining their housing-of-choice and avoid undesirable higher-level-of-care options, and services.

The minimum elements of case management required under this funding category include an identified case manager, a thorough assessment, program goals and benchmarks mutually agreed upon by both the household and case manager, a record of referrals and case manager follow-up results, periodic progress notes and a written plan of action with roles for both staff and appropriate household members. Documentation of the above noted activities and services, in a case file format common to the proposing organization, is required. All activities proposed must be part of an overall strategy that includes access to services and advocacy on behalf of enrolled clients from the following target groups:

1. Youth - Examples of activities for case-managed youth who are at risk of dropping out of school or who indicate reckless, unlawful or pre-gang behaviors, or participate in gang activities, include culturally and linguistically appropriate family counseling, life skills education, substance abuse education/counseling, information and support in accessing educational resources, tutoring,

literacy/financial literacy programs, safe-haven activities and youth employment information.

Services for foster youth, formerly incarcerated youth and pregnant or parenting teens may include those noted above, but must focus on the special needs of this population such as finding and maintaining a stable housing environment, communication/socialization skills training, high school completion or the equivalent, college enrollment, life planning, child development workshops for parenting youth, and services likely to prevent recidivism among incarcerated or formerly incarcerated youth.

Successful proposals for a special project to prevent or eliminate recidivism of felony or misdemeanor arrests in Sacramento County among African American youth 14-17, will be eligible to receive up to \$40,000 in special Community Action Board youth project funding under the Youth and Senior Support services category. Success measures under this service area will include the number of project participants without a recidivating event during 180 days of project participation.

Special project proposers will be given the option of subcontracting with persons or entities that possess the community experience, skill sets, and community relationships necessary to initiate behavioral change in the lives of project participants and prevent recidivating events. Proposers opting to subcontract for project activities will remain responsible for all project activities, including ensuring that all project records are available for review at proposer's site of record.

2. Seniors and Disabled Seniors 65+ Years - Examples of activities for case-managed seniors, and disabled seniors 65 years or older include transportation to vital services, culturally and linguistically appropriate in-home visits and telephone check-ins, independent living skills training, legal assistance, advocacy and mental health services and information.

Twenty percent (20%) of available CSBG funds (\$160,000 projected) is allocated for the provision of Youth and Senior Support services.

### **C. Safety-Net Services (SN)**

In general, proposals funded under the category of Safety-Net services provide emergency assistance on a one-time or limited-time basis to families in crisis, and referrals to other services intended to mitigate the client's presenting conditions or access barriers. Safety-Net services are intended for all CSBG-eligible Sacramento County residents and anyone experiencing homelessness in Sacramento County, if the emergency can be eliminated or mitigated by the provision of such services.

Examples of activities and emergency resources funded under the Safety-Net service category include: nutritious foodstuffs for food bank distribution, redeemable food vouchers, nutritious meals prepared on-site, resources to both maintain and reconnect household energy utilities, off-site shelter (motel) assistance, emergency on-site shelter, miscellaneous items required by an employer for a participant to accept or maintain employment, clothing items/diapers, hygiene items, transportation assistance, first month rental assistance, eviction avoidance assistance, and information and referrals.

Proposers in good standing proposing to offer the broadest array of available CSBG Safety-Net services, and with sites or demonstrated mobile unit service capability in high-poverty target areas identified in the SETA 2018-2019 Community Action Plan, will receive the highest priority for funding in the Safety-Net category. Identified high-poverty target areas include Arden Arcade, Florin, Foothill Farms, Galt, La Riviera, Lemon Hill, North Highlands, North Sacramento and Parkway.



**Note:** Available Safety-Net emergency resources funded wholly or in part with CSBG funding, will be made available by Safety-Net providers to any eligible Sacramento County resident without any consideration as to where in the county they reside.

Forty percent (40%) of available CSBG funds (\$320,000 projected) is allocated to the provision of Safety-Net services.

## **7. PREQUALIFICATION REQUIREMENTS SUBMITTAL DEADLINE**

**This is a mandatory requirement that must be met by all organizations proposing CSBG services under this RFP.** A copy of SETA's Pre-qualification Requirements is included in Section II of this RFP. Please note that the deadline for submission of all pre-qualification documents to the SETA Contracts Unit is 4:30 P.M. Wednesday, August 23, 2017. Postmarks and other proofs of mailing will not be accepted.

Any proposing organization that is a current provider for SETA or that has been a former contractor of SETA and has previously met pre-qualification requirements must contact Gricelda Ocegueda, Workforce Development Analyst III, at (916) 263-3838 by 4:30 P.M. Wednesday, August 23, 2017 to advise SETA of its intent to respond to this RFP based upon documentation already on file with the SETA Contracts Unit.

**FAILURE OF A PROPOSING ORGANIZATION TO SUBMIT COMPLETE PRE-QUALIFICATION DOCUMENTS OR TO NOTIFY WORKFORCE DEVELOPMENT ANALYST III, GRICELDA OCEGUEDA, OF ITS INTENT TO RELY ON PREVIOUSLY SUBMITTED DOCUMENTS BY 4:30 P.M. WEDNESDAY, AUGUST 23, 2017, WILL DISQUALIFY SUCH PROPOSING ORGANIZATION FROM ANY FURTHER FUNDING CONSIDERATION FOR THE FUNDING PERIOD COVERED BY THIS RFP.**

Within 48 hours (2 working days) of the pre-qualification deadline, 4:30 P.M., Wednesday, August 23, 2017, SETA staff will review all submitted or referenced pre-qualification documents and contact, via telephone, those respondents who, at the discretion of the SETA Contracts Unit, need to submit clarifying information or documents.

Requested clarifying information or documents must be received by SETA in a format designated by the SETA Contracts Unit by 4:30 P.M. Wednesday, August 30, 2017. Failure to provide the SETA Contracts Unit with the requested clarifying information or documents by the 4:30 P.M. Wednesday, August 30, 2017 deadline will disqualify such proposing organization(s) from any further funding consideration for the period covered by this RFP. Postmarks and other proofs of mailing will not be accepted.

**FAILURE TO MEET THESE REQUIREMENTS BY THE DEADLINES NOTED ABOVE WILL DISQUALIFY PROPOSING ORGANIZATIONS FROM ANY FURTHER FUNDING CONSIDERATION FOR THE FUNDING PERIOD COVERED BY THIS RFP.**

## **8. RFP OFFEROR'S CONFERENCE; RFP UPDATES**

The purpose of the Offeror's Conference is to explain the proposal process and provide proposing organizations with the opportunity to raise any questions about the development of their proposals. It is not the intent of this conference to offer individualized technical assistance, but rather to provide examples, clarify information or answer questions relevant to the RFP.

The Offeror's Conference, which will include a review of the RFP and a question and answer period, will be held on:

**Date:** Monday, August 14, 2017  
**Time:** 10:00 A.M. – 12:00 P.M.  
**Place:** Sacramento Employment and Training Agency - Board Room  
925 Del Paso Boulevard, Suite 100  
Sacramento, CA 95815

**RFP UPDATES:** The requirements for responding to this RFP may be modified or clarified through release of RFP updates. As a result of the Offeror's Conference, and/or based upon information that becomes available after the release of this Request for Proposals, SETA may post updates on its website, [www.seta.net](http://www.seta.net), that may modify or clarify information contained in this RFP. Updates will be posted on the website no later than 24 hours before the submittal deadline. Proposing organizations should check the website or contact SETA for update information prior to final submittal. Proposers that attend the CSBG Offeror's Conference noted above and provide SETA staff with their names and e-mail addresses will be provided with any RFP updates by e-mail, as they occur.

## **9. PROPOSAL DEADLINE AND SUBMITTAL PROCEDURE**

SETA must receive all proposals no later than 5:00 p.m., P.D.T., Thursday, September 14, 2017. Proposals may be e-mailed or delivered to:

Sacramento Employment and Training Agency  
925 Del Paso Blvd., Suite 100  
Sacramento, CA 95815  
Attention: Victor Bonanno  
Email: [victor.bonanno@seta.net](mailto:victor.bonanno@seta.net)

In accordance with the policy of the SETA Governing Board, proposals received after 5:00 p.m., P.D.T., September 14, 2017 will not be accepted - **NO EXCEPTIONS. NO APPEALS WILL BE ACCEPTED FOR LATE PROPOSALS.**

To be considered for funding, agencies must submit ONE complete reproducible copy of their proposal developed in response to this RFP. Proposals may be submitted electronically or as an original document.

The proposal must include the signature of an appropriate official who is authorized to submit the proposal for the responding agency. The proposal must also include documentation indicating by what authority (resolution) the person(s) is/are authorized to negotiate and contractually bind the responding agency, if selected.

The following process will apply to all proposals submitted:

- (a) No determination will be made on the responsiveness to the RFP at the time of submittal.
- (b) No proposal will be accepted from any person after the submittal deadline.
- (c) Staff will inform the Governing Board of any non-responsive proposals to the RFP and those wishing to address the above circumstances will be allowed to do so before the SETA Governing Board.
- (d) Testimony to the Governing Board will be given prior to funding hearings in order to allow for consideration of all eligible proposals at one time.

**10. TERM OF AGREEMENT**

All CSBG funded Safety-Net, Family Self-Sufficiency and Youth and Senior Support agreements will be awarded for a one-year term beginning January 1, 2018 and ending December 31, 2018.

**11. EXTENSION OF AGREEMENTS**

Every agreement will contain a provision permitting SETA, at any time prior to termination of the agreement, the sole option to extend the term of the agreement for an additional term, consistent with grant funding limitations, but in no event exceeding one (1) year on the same terms and conditions, except that the amount of funding may be less than or greater than the amount identified in the original agreement. In exercising the extension option, SETA will evaluate each delegate's ability to meet its contracted performance goals. The performance evaluation for an extension will cover the period January 1, 2018 through September 30, 2018. In addition, SETA may, in its sole discretion, implement a unilateral modification which may provide for changes in a delegate's performance in order to comply with applicable federal, state and/or SETA regulations, directives or policies.

**12. SELECTION PROCEDURES**

Staff recommendations will be made available for public review on the SETA web site ([www.seta.net](http://www.seta.net)) after 3:30 P.M. on Tuesday, October 31, 2017.

The Community Action Board (CAB) will hold a special public meeting on November 8, 2017, to review SETA staff recommendations and to develop CAB recommendations. The CAB will then submit its recommendations to the SETA Governing Board for its review and final approval. Final allocations to proposing organizations and among the three major service areas shall be made by the Governing Board in its sole and exclusive discretion.

SETA adheres to the provisions of Sections 54954.2 and 54954.3 of the California Government Code, generally known as the Brown Act. Members of the public may address the CAB and the SETA Governing Board on any matter under their jurisdiction.

**13. PROTEST PROCEDURES TO RESOLVE PROCUREMENT DISPUTES**

All protests to resolve disputes concerning this RFP shall be written, must specify in detail the grounds of the protest, the facts and evidence in support thereof and the remedy sought. The written protest must be delivered to the Clerk of the Boards at SETA no later than five (5) calendar days prior to the date of any funding determination by the Governing Board. The last opportunity to submit a protest will be on Wednesday, November 22, 2017, before 4:30 P.M. In the absence of a timely and properly submitted written protest, no party responding to this RFP shall be eligible for any remedy.

The SETA Governing Board will resolve any protest based upon the written protest and any oral or written response thereto provided by staff. Any SETA Governing Board resolution of the protest will be made prior to any funding determination under this RFP and such resolution by the SETA Governing Board will be deemed final.

#### **14. FORMAL AGREEMENT**

All successful proposing organizations will be required to enter into a standard form delegate agreement with SETA. A copy of the most recent form of this delegate agreement is available for review at SETA. Delegate agreements entered into under this RFP will be similar in form and subject to modification required by recent amendments under CSBG and its regulations.

Proposing organizations are advised that, in order to assist the efforts of SETA in targeting its programs, the SETA Governing Board has implemented a policy requiring that all recipients of funds from SETA are required to acknowledge publicly that the program it operates is funded, in whole or in part, by SETA in all public documents or any form of media outreach or advertising. All delegate agreements will contain a provision requiring the delegate to abide by this policy.

#### **15. PROPOSAL EVALUATION CRITERIA**

The selection of proposing organizations under this RFP is the responsibility of the SETA Governing Board, which bases its final decisions on the recommendations of the CAB.

- a) In order to assist the SETA Governing Board in making funding decisions, SETA staff will evaluate each proposal and provide the CAB with the results of their evaluation in the form of staff recommendations. Staff recommendations will be published and made available to proposing organizations after 3:30 P.M. on Tuesday, October 31, 2017, and will be based upon an evaluation of proposals submitted, funding priorities for target groups and areas identified in Section 6 “Allowable Services and Activities” above, and upon the proposing organization's past program performance and fiscal accountability, if applicable. Proposing organizations with no recent record of past performance with SETA will provide multiple references of previous funders to be contacted and interviewed by SETA staff.

## Evaluation Criteria for CSBG Proposals

### I. PROPOSAL SUMMARY (Points possible - 10)

The summary of the proposed program:

1. clearly describes an overview of the proposed program,
2. describes the services and resources intended for program participants,
3. describes the anticipated participant/family outcomes,
4. is reasonable in its scope and design, and
5. does not exceed one page in length.

### II. PROPOSAL RESPONSES

**RESPONSE 1. STATEMENT OF NEED AND DESCRIPTION OF TARGET GROUP AND AREA:** (Points possible - 15) The description of the target group and target area was complete, in-depth and demonstrated extensive experience working with this proposed target group or in the proposed target area. Proposer included a description of all the conditions they hope to ameliorate. The response demonstrates an awareness of other organizations serving the same target group/communities. Sources of all numerical data presented (*e.g. census, public agency*) or unsupported general statements defining strategies or target groups/target areas (*e.g. reports, experts*) were identified.

**RESPONSE 2. LINKING PROGRAM GOALS WITH ACTIVITIES AND SERVICES:** (Points possible - 15) Proposer described its program goals and listed all the proposed services and activities intended to achieve the stated goals. The services and activities listed are reasonably linked to proposer achieving the described goals. Family Self-Sufficiency proposers not requesting support services have provided a reasonable description of how support services will be provided to vulnerable and in-crisis households, when indicated. All activities and services described are consistent with the ALLOWABLE ACTIVITIES AND SERVICES component beginning on Page 6 of this RFP section.

**RESPONSE 3. SERVICE DELIVERY SYSTEM** (Points possible - 15)

**A. FAMILY SELF-SUFFICIENCY SERVICE DELIVERY: For Family Self-Sufficiency Proposals Only!** – The proposer presented a timeline of how participant households will be stabilized and prepared to undertake employment services through a Sacramento Works America’s Job Center of California (SWAJCC) and unsubsidized employment, including:

- (1) the assessment process and tools it will use for evaluating a participant’s employability and suitability for job training leading to employment,
- (2) any workshops or training topics intended for program participants,
- (3) the intended frequency of case manager/participant contacts and meetings,
- (4) services intended to help participants maintain the unsubsidized employment they have secured, for 90 and 180 days, and
- (5) the name of the primary SWAJCC site proposer will partner with to

provide access to all career and training services available through the SWAJCC.

**B. YOUTH AND SENIOR SUPPORT SERVICES: For Youth and Senior Support Proposals Only!** – The proposer described a timeline of how participant households will be provided with proposed services and resources, including:

- (1) the assessment process used to evaluate a participant’s suitability for proposed services,
- (2) any workshop or training topics intended for program participants,
- (3) the intended frequency of case manager/participant contacts and meetings,
- (4) how participant outcomes will be determined and recorded, and
- (5) the process for participant advocacy and assisting participants in accessing other services not available from the proposer’s program, including any follow-up actions to be undertaken.

**C. SAFETY-NET SERVICE DELIVERY: For Safety-Net Proposals only!**  
The proposing organization described:

- (1) its process for letting residents of proposer’s target community know that the proposed services are available at their site,
- (2) indicator(s) that the proposing agency will rely on to determine that an emergency need exists, for each Safety-Net service proposed,
- (3) a reasonable length of time in work days, from customer request to service delivery, for each Safety-Net service proposed that is sufficiently brief to effectively mitigate the household emergency,
- (4) its process for connecting clients to other agencies for similar or longer-term services not available at proposer’s site, including a list of typical entities to whom clients will be referred for longer-term family self-sufficiency, employment or other services indicated during the assessment, including any follow-up actions to be undertaken,
- (5) a weekly schedule that reasonably meets the needs of community members and the working poor to have direct access to agency staff, in-person or by phone, and
- (6) food banks have provided a description of the availability of fresh fruits and vegetables to participants and a description of their process for meeting participant dietary needs, and non-food bank agencies preparing nutritious meals to be consumed on-site or nutritious single-meal brownbag lunches for off-site distribution, have provided an example of typical menus or brown-bag contents.

**RESPONSE 4. BUDGET ITEM JUSTIFICATIONS, ACCOUNTING SYSTEM AND FISCAL CONTROLS: (Points possible - 5)** The proposer described the necessity and purpose of each of the proposed SETA-funded Personnel Costs, Other Costs or Direct Participant Costs noted on FORM 2, PROGRAM BUDGET AND COST ALLOCATION PLAN. Proposer described its organization's capacity to accept fiscal liability for any funds awarded under this RFP.

**RESPONSE 5. EXPERIENCE: (Points possible - 10)** The proposer described a history of successful outcomes operating similar programs for the same target groups and in the same geographic areas targeted in this proposal, or convincingly described its ability to do so.

**Youth and Senior Support Special Project** proposers opting to subcontract project facilitation or presentations have named and described the community experience, skill sets, community relationships and accomplishments of person(s) intended to provide direct services to project participants.

### **III. PROPOSAL FORMS, EXHIBITS AND FORMAT (Points possible - 10)**

**FORMS 1-6** All forms have been completed fully and accurately according to the instructions provided. Safety-Net proposers are not required to complete FORM 3.

**EXHIBIT 1** An original corporate resolution or other valid instrument that certifies the authority of the signatory to negotiate and contractually bind the agency was included and fully executed.

**EXHIBIT 2** An organizational chart of proposed staff positions is included showing lines of authority through to the Executive Director, including staff names if known, was included. Job classification titles on organizational charts and job descriptions match the job classification titles noted in the Proposal Summary, Program Budget and Cost Allocation Plan, Response 4 Budget Items Justification, and on the job descriptions provided in EXHIBIT 3.

**EXHIBIT 3** A job classification description is included for each position with an identified function in the proposed program.

**FORMAT:** All forms and exhibits were assembled in the proposal order noted on page 59, under PROPOSAL COMPONENTS ASSEMBLY ORDER.

### **IV. PAST PERFORMANCE/REFERENCES (Points possible - 15)**

Past performance with SETA, or the quality of references for proposing organizations with no recent record of past performance with SETA, will be evaluated for up to 15 additional points.

**16. LIMITATION**

SETA will not pay for any costs incurred by the proposing organization in the preparation of proposals in response to this request. Completion of pre-qualification requirements or a response to this Request for Proposals does not, in any way, commit SETA to award an agreement. SETA reserves the right to accept or reject any or all proposals received in response to this request, to negotiate with all qualified sources, or to cancel in part or in its entirety, this Request for Proposals if it is in the best interest of SETA to do so. If only one responsive proposal is received, SETA will deem this competition to have failed. In such an event, SETA may, in its sole discretion, proceed with sole source procurement or cancel this RFP and proceed with a new competitive procurement. SETA will require successful respondent agencies to participate in negotiations and to submit any programmatic, financial, or other revision of their proposal as may result from negotiations prior to any subgrant finalization. SETA reserves the right to terminate, with or without cause, any subgrant entered into as a result of this RFP process.

**17. MODIFICATION OF AGREEMENTS**

Any agreement funded pursuant to this RFP may be unilaterally modified by SETA upon written notice to the delegate under the following circumstances:

- A. The delegate fails to meet its performance standards in a timely manner as set forth in the agreement, or
- B. The federal or state government increases, reduces, or withdraws funds allocated to SETA under CSBG, or
- C. There is a change in federal or state law or regulations or the policies and procedures of the Governor or SETA are amended, revised or modified.

**18. TARGETED GROUPS AND NEIGHBORHOODS**

Proposers are strongly encouraged to review the 2018-2019 SETA Community Action Plan to help identify target groups and neighborhoods with the greatest need for the services they propose.

**19. CSBG ELIGIBILITY REQUIREMENTS**

Any Sacramento County household, or person(s) homeless in Sacramento County, are determined eligible for CSBG services if the total combined annual pre-tax income of all household members falls at or below the Federal Poverty Income Guidelines listed below. Households, wherein at least one member is a TANF recipient, are determined eligible for CSBG services if the total combined annual pre-tax income of all household members falls at or below 125% of the Federal Poverty Income Guidelines listed below. All providers funded through CSBG are responsible for the determination and documentation of eligibility for all households served. Current Federal Poverty Income Guidelines are as follows:



**Sacramento County Household or Homeless Household in Sacramento County**

<u>Size of Family Unit</u>	<u>Annual Poverty Guidelines</u>
<u>1</u>	<u>\$12,060</u>
<u>2</u>	<u>\$16,240</u>
<u>3</u>	<u>\$20,420</u>
<u>4</u>	<u>\$24,600</u>
<u>5</u>	<u>\$28,780</u>
<u>6</u>	<u>\$32,960</u>
<u>7</u>	<u>\$37,140</u>
<u>8</u>	<u>\$41,320</u>

For family units with more than 8 members, add \$4,160 for each additional person.

**Sacramento County Household or Homeless Household in Sacramento County  
Currently Receiving TANF**

<u>Size of TANF Family Unit</u>	<u>Annual Poverty Guidelines</u>
<u>1</u>	<u>\$15,075</u>
<u>2</u>	<u>\$20,300</u>
<u>3</u>	<u>\$25,525</u>
<u>4</u>	<u>\$30,750</u>
<u>5</u>	<u>\$35,975</u>
<u>6</u>	<u>\$41,200</u>
<u>7</u>	<u>\$46,425</u>
<u>8</u>	<u>\$51,650</u>

For family units with more than 8 members, add \$5,200 for each additional person.

**20. RESIDENCE REQUIREMENTS**

All recipients of CSBG funded services administered by SETA must be residents of Sacramento County or homeless while requesting CSBG services in Sacramento County.

**SECTION II**

**APPLICANT AGENCY PREQUALIFICATION REQUIREMENTS**

**INSURANCE REQUIREMENTS**

## **APPLICANT AGENCY PREQUALIFICATION REQUIREMENTS**

Each applicant agency must submit one complete copy of each item outlined below that applies to the applicant agency. Should the applicant be a joint venture or consortium, each party to such joint venture or consortium shall comply with the appropriate section in addition to submitting a copy of the "Declaration of Partnership or Joint Venture" (Attachment #9). SETA contracts staff will assist applicant agencies in meeting the prequalification requirements, but it is the applicant's ultimate responsibility to verify with SETA that current documents are on file. Verification can be obtained by contacting the SETA Contracts Unit at 263-3838.

**FAILURE TO SUBMIT AND/OR RESPOND TO THESE PREQUALIFICATION REQUIREMENTS NO LATER THAN THE DEADLINE NOTED IN SECTION I OF THE RFP WILL DISQUALIFY APPLICANT AGENCY FROM ANY FURTHER FUNDING CONSIDERATION.**

### **A. DISCLOSURE/CERTIFICATION FORMS PREQUALIFICATION REQUIREMENTS**

(Applicable to all Applicants)

All applicant agencies must submit the following four (4) attachments (Attachments #1 through #4). Each attachment must be signed (**original signature**) by an authorized representative(s) of the respondent agency.

1. **Attachment #1 - Fair Political Practices Commission Disclosure Forms**
2. **Attachment #2 - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**
3. **Attachment #3 - Certification Regarding Lobbying**
4. **Attachment #4 - Certification Regarding Drug-free Workplace Requirements**

**B. INSURANCE PREQUALIFICATION REQUIREMENTS** (Applicable to all new Applicants)

Applicant agencies that are not currently funded must submit Insurance Prequalification Attachments #5 and #6.

1. **Attachment #5 - Insurance Prequalification.** All new applicant agencies must submit an Insurance Prequalification form (Attachment #5). The attachment must be signed by an authorized representative(s) of the applicant agency.
2. **Attachment #6 - New Applicant Insurance Questionnaire.** Applicant agencies that are not currently funded by SETA must complete and submit the New Applicant Insurance Questionnaire (Attachment #6) stating the type of insurance and name of company they will use if funded.

**C. ADMINISTRATIVE PREQUALIFICATION REQUIREMENTS**

1. **FOR PUBLIC AGENCIES**

- (a) I.R.S. Employer Identification Number

Note: This is a nine-digit number beginning with 94 for most agencies.

- (b) Names and mailing addresses of current Governing Body

- (c) Certification of Accounting System (Attachment #7). To be completed and signed by applicant agency's chief financial officer. **MUST HAVE ORIGINAL SIGNATURE.**

2. **FOR NON-PROFIT CORPORATIONS**

- (a) Articles of Incorporation (include all amendments)

Note: Secretary of State registration stamp must be shown on original articles as filed and any amendments.

- (l) If incorporated in a state other than California, include State of California Certificate of Qualification allowing you to operate here or a current Certificate of Status.

- (b) Federal Tax Exempt Status Verification (to include final determination letter, if applicable)

Note: This is a letter granting tax exemption from the Internal Revenue Service. This exemption is separate from the State exemption and requires a separate filing with I.R.S. If newly incorporated, provide copy of application to include notice of I.R.S. receipt.

- (c) I.R.S. Employer Identification Number

Note: This is a nine-digit number beginning with 94 for most corporations.

- (d) State Tax Exempt Status Verification

Note: This is a letter granting tax exemption from the State of California Franchise Tax Board. This exemption requires a separate filing from the Federal since the state does not automatically recognize the Federal Determination.

- (e) Names and mailing addresses of current local Board of Directors.

- (f) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**

3. **FOR PRIVATE FOR-PROFIT CORPORATIONS**

- (a) Articles of Incorporation (include all amendments)  
Note: Secretary of State registration stamp must be shown on original articles as filed and any amendments.
  - (l) If incorporated in a state other than California, include State of California Certificate of Qualification allowing you to operate here or a current Certificate of Status.
- (b) I.R.S. Employer Identification Number  
Note: This is a nine-digit number beginning with 94 for most corporations.
- (c) Names and mailing addresses of current Board of Directors.
- (d) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**
- (e) If doing business in other than corporate name, provide a copy of current fictitious business name statement.

4. **FOR PRIVATE FOR-PROFIT PARTNERSHIP**

- (a) Declaration of Partnership or Joint Venture (Attachment #9).
- (b) If operating under a "doing business as" entity, provide a copy of current fictitious business name statement.
- (c) I.R.S. Employer Identification Number  
Note: This is a nine-digit number beginning with 94 for most organizations.
- (d) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**

5. **FOR PRIVATE FOR-PROFIT SOLE-PROPRIETORSHIP**

- (a) If doing business in other than sole-proprietorship name, provide a copy of current fictitious business name statement.
- (b) I.R.S. Employer Identification Number  
Note: This a nine-digit number beginning with 94 for most entities.
- (c) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**

**D. FOR ALL PRIVATE APPLICANTS PROPOSING POSTSECONDARY AND/OR VOCATIONAL EDUCATION CLASSROOM TRAINING (OCCUPATIONAL SKILLS)**

1. An Approval to Operate issued to the Private Postsecondary Educational Institution by the State of California, Department of Consumer Affairs, Bureau for Private Postsecondary Education.

-OR-

2. Proof of accreditation issued by the Western Association of Schools and Colleges or other proof of accreditation deemed acceptable by SETA, such as accreditation by one of the following:
  - (a) A degree-granting institution accredited by a national or regional accreditation agency recognized by the U.S. Department of Education or by the Committee of Bar Examiners for the State of California;
  - (b) A degree-granting institution, unaccredited and unapproved, authorized by filing of public disclosure information (May not issue diplomas under this authority);
  - (c) A licensed hospital, issuing diplomas in connection with the operation of the hospital;
  - (d) An institution accredited, approved, or licensed as a school by a state board, department or agency; or
  - (e) An institution or program (non-degree) accredited by a national or regional accreditation agency recognized by the U.S. Department of Education.

-AND-

3. School Catalog approved by the appropriate certifying or accrediting agency or proof that such approval is not granted by such agency.

**E. FOR ALL APPLICANTS PROPOSING GED**

1. Documentation of Authority to grant GED in California.

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**CONTRACT POLICY**

Should applicant's proposal be selected for funding, applicant agency must be able to comply with the following requirements:

A. Audit

Before any funds are issued under any subgrant/agreement, funded agency shall submit to SETA a copy of the reports generated in connection with the most recent audit of its financial systems. These reports shall be in a form that complies with the provisions of the "Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards (HHS Super Circular – 45 CFR Part 75).

B. Insurance

Prior to contract execution and commencement of program performance, SETA shall receive from each funded agency's insurer a certificate of insurance, and applicable endorsements issued by the funded agency's insurance carrier, indicating all of the coverage required by SETA's Insurance Requirements as they exist at the time of contract execution. Current requirements are outlined in Attachment #10.

SETA is very exacting with regard to the insurance requirements and will require necessary certificates and endorsements in compliance with those requirements in place at the time of contract execution. If an agency's insurance is not in place prior to the start of the program, the agency will not be allowed to start. If an agency's insurance expires during the course of the program and new certificates/endorsements are not received prior to the expiration date, payment will be suspended immediately. Performance will be suspended shortly thereafter if the agency's new insurance certificate(s) is/are not filed with the SETA Contracts Unit.

**Note:** Insurance endorsements must be requested from the insurance underwriter by your insurance agent/broker. This process may take up to two months, so proposers should plan accordingly.

C. Resolution

SETA has a standardized resolution that is required of all public agencies and incorporated entities. The applicant agency's Governing Body or Board of Directors will be required to adopt the appropriate resolution for the purpose of appointing specific individuals authorized to both sign and negotiate the contract. The resolution requires the original signature of the Governing Body's or Board of Director's secretary and the affixation of the corporate seal. Should incorporated entities not have a seal, it will be necessary to obtain one prior to contract execution.

D. Prohibitions

No member of the immediate family of any officer, director, executive or employee of funded agency or SETA shall receive favorable treatment for enrollment in services provided by, or employment with, funded agency, nor shall any individual be placed in a funded employment activity if a member of that individual's immediate family is directly supervised by or directly supervises that individual. In addition, neither funded agency nor any of funded agency's subcontractors shall hire, or cause or allow to be hired, a person into an administrative capacity, staff position or on-the-job training position funded through the award of any grant, if a member of that person's immediate family is employed in an administrative capacity for SETA, funded agency, or any employment contractor of funded agency. However, where an applicable federal, state or local statute regarding nepotism exists which is more restrictive than this provision, funded agency and funded agency's subcontractors shall follow the federal, state or local statute in lieu of this provision.

- (a) The term "member of the immediate family" includes: wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, father-in-law, mother-in-law, grandfather, grandmother, grandchild, aunt, uncle, niece, nephew, step-parent, and step-child.
- (b) The term "administrative capacity" refers to positions involving overall administrative responsibility for a program, including members of SETA's Governing Board and any of its affiliated Boards or Councils and members of the governing body or board of directors of funded agency, or where that individual would be the supervisor of an individual paid with funds provided

through the award of any grant or performing duties under the grant award.

- (c) The term "staff position" refers to all staff positions providing services through the award of any grant.



**COMPLIANCE WITH CALIFORNIA GOVERNMENT CODE SECTION 84308**

In order to comply with the provisions of California Government Code Section 84308 and the Regulations of the California Fair Political Practices Commission, each respondent must fully complete the "Party Disclosure Form." Additionally, all participants (as defined in the attached "Participant Disclosure Form") identified by the respondent in the proposal must file the "Participant Disclosure Form." If other individuals or entities become or are identified as parties or agents during the time the Workforce Investment Board or Sacramento Employment and Training Agency is considering a respondent's proposal, additional Party Disclosure Forms must be filed with the Sacramento Employment and Training Agency. Participants who are later identified will be requested to file a "Participant Disclosure Form."

Government Code Section 84308

**PARTICIPANT DISCLOSURE FORM**

Information Sheet

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

This form must be completed by participants in a proceeding involving a license, permit, or other entitlement for use, including a subgrant or contract, pending before the Sacramento Employment and Training Agency.

**Important Notice**

Basic Provisions of Section 84308

- I. You are prohibited from making a campaign contribution of \$250 or more to any Sacramento Works, Inc. (Local Workforce Development Board) or Sacramento Employment and Training Agency board member or any candidate for such a position. This prohibition starts on the date you begin to actively support or oppose an application of a license, permit, or other entitlement for use pending before Sacramento Works, Inc. or the Sacramento Employment and Training Agency, and continuing until three months after a final decision is rendered on the application or proceeding by Sacramento Works, Inc. or the Sacramento Employment and Training Agency.

No Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or candidate may solicit or receive a campaign contribution of \$250 or more from you and/or your agent during this period if the board member or candidate knows or has reason to know that you are a participant.

- II. The attached disclosure form must be filed if you or your agent have contributed \$250 or more to any Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or candidate for the Sacramento Works, Inc. Board or the Sacramento Employment and Training Agency Governing Board during the 12 month period preceding the beginning of your active support or opposition. It will assist the board members in complying with the law.
- III. If you or your agent have made a contribution of \$250 or more to any Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or candidate during the 12 months preceding the decision in the proceeding, that board member must disqualify himself or herself from the decision. However, disqualification is not required if the board member or candidate returns the campaign contribution within 30 days of learning about both the contribution and the fact that you are a participant to the proceeding.

This form should be completed and filed the first time that you lobby in person, testify in person before, or otherwise directly act to influence the vote of the members of the board of either Sacramento Works, Inc. or Sacramento Employment and Training Agency.

1. An individual or entity is a "participant" in a proceeding involving an application for a license, permit or other entitlement for use, including a subgrant or contract, if:
  - A. The individual or entity is not an actual party to the proceeding, but does have a significant financial interest in the decision of the proceeding before Sacramento Works, Inc. or Sacramento Employment and Training Agency.

AND

- B. The individual or entity, directly or through an agent, does any of the following:
  - (1) Communicates directly, either in person or in writing, with a member of the board of Sacramento Works, Inc. or Sacramento Employment and Training Agency for the purpose of influencing the member's vote on the application or proposal;
  - (2) Communicates with an employee of Sacramento Works, Inc. or the Sacramento Employment and Training Agency for the purpose of influencing a board member's vote on the application or proposal; or
  - (3) Testifies or makes an oral statement before the board of Sacramento Works, Inc. or Sacramento Employment and Training Agency during a proceeding on a license, permit or other entitlement for use for the purpose of influencing the decision of the board of Sacramento Works, Inc. or Sacramento Employment and Training Agency.
2. A proceeding involving "a license, permit or other entitlement for use" includes all business, professional, trade and land use licenses and permits and all other entitlements for use, including all entitlements for land use, all contracts (other than competitively bid, labor or personal employment) and all franchises.
3. Your "agent" is someone who represents you in connection with a proceeding involving a license, permit or other entitlement for use. If an agent is acting in his or her capacity as an employee or member of a law, architectural, engineering, consulting firm, or similar business entity or corporation, both the business entity or corporation and the individual are agents.

4. To determine whether a campaign contribution of \$250 or more has been made by a participant or his or her agent, campaign contributions made by the participant within the preceding 12 months must be aggregated with those made by the agent within the preceding 12 months or the period of the agency, whichever is shorter. Campaign contributions made to different Sacramento Works, Inc. or Sacramento Employment and Training Agency board members or candidates are not aggregated.

This notice summarizes the major requirements of Government Code Section 84308 of the Political Reform Act and 2 Cal. Adm. Code Sections 18438.1 - 18438.8. For more information, contact HEATHER LUKE, Workforce Development Analyst III, Sacramento Employment and Training Agency, 925 Del Paso Blvd., Sacramento, California, 95815-3608, (916) 263-4072, or the Fair Political Practices Commission, 428 J Street, Suite 620, Sacramento, California, 95814, (916) 322-5660.

**Participant Disclosure Form** SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Phone)

Title of Request for Proposals for which proposal is hereby submitted:

\_\_\_\_\_

Sacramento Works, Inc. or Sacramento Employment and Training Agency board member to whom you and/or your agent made campaign contributions in aggregation of \$250 or more and dates of contributions:

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Participant): \_\_\_\_\_

Date(s): \_\_\_\_\_

Amount: \_\_\_\_\_

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Participant): \_\_\_\_\_

Date(s): \_\_\_\_\_

Amount: \_\_\_\_\_

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Participant): \_\_\_\_\_

Date(s): \_\_\_\_\_

Amount: \_\_\_\_\_

(Use additional sheet, if necessary)

No contributions made.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Participant and/or Agent)

Government Code Section 84308

**PARTY DISCLOSURE FORM**

Information Sheet

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

This form must be completed by applicants for, or persons who are the subject of, any proceeding involving a license, permit, or other entitlement of use, including a subgrant or contract, pending before Sacramento Works, Inc. or the Sacramento Employment and Training Agency.

Important Notice

Basic Provisions of Section 84308

- I. You are prohibited from making a campaign contribution of \$250 or more to any Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or any candidate for such position. This prohibition begins on the date your proposal is filed or the proceeding is initiated, and the prohibition ends three months after a final decision is rendered by Sacramento Works, Inc. or the Sacramento Employment and Training Agency. In addition, no Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or candidate may solicit or accept a campaign contribution of \$250 or more from you during this period.

These prohibitions also apply to your agents, and, if you are a closely held corporation, to your majority shareholders, as well.

- II. You must file the attached disclosure form and disclose whether you or your agent(s) have in the aggregate contributed \$250 or more to any Sacramento Works, Inc. or Sacramento Employment and Training Agency board member, or any candidate for the position during the 12 month period preceding the filing of the application or the initiation of the proceeding.
- III. If you or your agent have made a contribution of \$250 or more to any Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or candidate during the 12 months preceding the decision on the application or proceeding, that board member must disqualify himself or herself from the decision. However, disqualification is not required if the board member or candidate returns the campaign contribution within 30 days of learning about both the contribution and the proceedings.

## ATTACHMENT #1

1. A proceeding involving "a license, permit, or other entitlement for use" includes all business, professional, trade and land use licenses and permits, and all other entitlements for use, including all entitlements for land use, all contracts (other than competitively bid, labor or personal employment) and all franchises.
2. Your "agent" is someone who represents you in connection with a proceeding involving a license, permit or other entitlement for use. If an agent is acting in his or her capacity as an employee or member of a law, architectural, engineering, consulting firm, or similar business entity or corporation, both the business entity or corporation and the individual are agents.
3. To determine whether a campaign contribution of \$250 or more has been made by you, campaign contributions made by you within the preceding 12 months must be aggregated with those made by your agent within the preceding 12 months or the period of the agency, whichever is shorter. Campaign contributions made to different Sacramento Works, Inc. or Sacramento Employment and Training Agency board members or candidates are not aggregated.

This notice summarizes the major requirements of Government Code Section 84308 of the Political Reform Act and 2 Cal. Adm. Code Sections 18438.1 - 18438.8. For more information, contact HEATHER LUKE, Workforce Development Analyst III, Sacramento Employment and Training Agency, 925 Del Paso Blvd., Sacramento, California, 95815-3608, (916) 263-4072, or the Fair Political Practices Commission, 428 J Street, Suite 620, Sacramento, California, 95814, (916) 322-5660.

**Party Disclosure Form**

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

Party's Name: \_\_\_\_\_

Party's Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip) (Phone)

Title of Request for Proposals for which proposal is hereby submitted:

\_\_\_\_\_

Sacramento Works, Inc. or Sacramento Employment and Training Agency board member to whom you and/or your agent made campaign contributions in aggregation of \$250 or more and dates of contributions:

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Party): \_\_\_\_\_

Date(s): \_\_\_\_\_

Amount: \_\_\_\_\_

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Party): \_\_\_\_\_

Date(s): \_\_\_\_\_

Amount: \_\_\_\_\_

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Party): \_\_\_\_\_

Date(s): \_\_\_\_\_

Amount: \_\_\_\_\_

(Use additional sheet, if necessary)

No contributions made.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Party and/or Agent)



SACRAMENTO EMPLOYMENT & TRAINING AGENCY

Governing Board

Chair

**Councilman Jay Schenirer**

City of Sacramento  
915 "I" Street, 5<sup>th</sup> Floor  
Sacramento, CA 95814  
808-7197 (Keilani)  
FAX: 808-7680

e-mail: [jschenirer@cityofsacramento.org](mailto:jschenirer@cityofsacramento.org)

Vice Chair

**Supervisor Patrick Kennedy**

County of Sacramento  
700 "H" Street, Suite 2450  
Sacramento, CA 95814  
874-5481 (Maria DeAnda)  
FAX: 874-7593

e-mail: [kennedy.supervisor@saccounty.net](mailto:kennedy.supervisor@saccounty.net)

**Councilmember Larry Carr**

City of Sacramento  
915 "I" Street, 5th Floor  
Sacramento, CA 95814  
(916) 808-7008 (Mai)  
FAX: (916) 264-7680

e-mail: [lcarr@cityofsacramento.org](mailto:lcarr@cityofsacramento.org)

**Supervisor Don Nottoli**

County of Sacramento  
700 "H" Street  
Sacramento, CA 95814  
874-5465 (Leticia)  
FAX: 874-7593

e-mail: [nottolid@saccounty.net](mailto:nottolid@saccounty.net)

**Sophia Scherman**

Public Representative  
8757 Rubystone Court  
Elk Grove, CA 95624  
685-3860

e-mail: [scherman@sophia-elkgrove.com](mailto:scherman@sophia-elkgrove.com)

*Current as of January 1, 2017*

**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (2) Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

---

Signature Date

## Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal* and *voluntarily excluded*, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective recipient of federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Procurement or Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or

voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING LOBBYING**

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name and Title of Authorized Signatory

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

DISCLOSURE OF LOBBYING ACTIVITIES

ATTACHMENT 2

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b>  <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee  Tier _____, if known:  <b>Congressional District, if known:</b>	<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>    <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable:	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Entity</b> <i>(if individual, last name, first name, MI):</i>  <b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>		
<b>11. Amount of Payment</b> <i>(check all that apply):</i>  \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment</b> <i>(check all that apply):</i> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
<b>12. Form of Payment</b> <i>(check all that apply):</i> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</b>     <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>16. Information requested through this form is authorized by title 31 U.S.C. section 1352.</b> This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	<b>Signature:</b> _____  <b>Print Name:</b> _____  <b>Title:</b> _____  <b>Telephone No.</b> _____ <b>Date</b> _____	
<b>Federal Use Only:</b>		<b>Authorized for Local Reproduction</b> <b>Standard Form - LLL</b>

**INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of a covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in item 1 (e.g., Request for Proposals (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered federal action.  
 (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

**ATTACHMENT #3**

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046





**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**Certification Regarding Drug-Free Workplace

The undersigned certifies that it will or will continue to provide a drug-free workplace by:

- (A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the subrecipient's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (B) Establishing an ongoing drug-free awareness program to inform employees about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The subrecipient's policy of maintaining a drug-free workplace;
  - (3) Any available counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (C) Making it a requirement that each employee to be engaged in the performance of any subgrant be given a copy of the statement required by paragraph (A);
- (D) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the subgrant, the employee will:
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer, in writing, of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction;
- (E) Notifying the Sacramento Employment and Training Agency (hereinafter referred to as the SETA), in writing, within ten (10) calendar days after receiving notice under paragraph (D)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every subgrant officer or other designee on whose subgrant activity the convicted employee was working, unless the SETA has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected subgrant;
- (F) Taking one of the following actions, within thirty (30) calendar days of receiving notice under paragraph (D)(2), with respect to any employee who is so convicted:
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
- (G) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E) and (F).

The subrecipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific subgrant:

Place of Performance (Street address, city, county, state, zip code)

---

---

---

Check if there are workplaces on file that are not identified here.

\_\_\_\_\_  
(Name of Organization)

BY: \_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Typed Name and Title)

\_\_\_\_\_  
(Date)

**INSTRUCTIONS FOR CERTIFICATION REGARDING  
DRUG-FREE WORKPLACE REQUIREMENTS**

1. By signing and/or submitting this application or subgrant agreement, the subrecipient is providing the certification required by 20 CFR §667.200(d) and 29 CFR Part 98.
2. The certification is a material representation of fact upon which reliance is placed when the Sacramento Employment and Training Agency (hereinafter referred to as the SETA) awards the subgrant. If it is later determined that the subrecipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the SETA, in addition to any other remedies available, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under subgrants, for subrecipients other than individuals, need not be identified on the certification. If known, they may be identified in the subgrant application. If the subrecipient does not identify the workplaces at the time of application, or upon award, if there is no application, the subrecipient must keep the identity of the workplace(s) on file in its office and make the information available for inspection. Failure to identify all known workplaces constitutes a violation of the subrecipient's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the subgrant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority while in operation, employees in each local office, etc.).
5. If the workplace identified to the agency changes during the performance of the subgrant, the subrecipient shall inform the SETA of the change(s), if it previously identified the workplaces in question (see paragraph 3).
6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Subrecipient's attention is called, in particular, to the following definitions from these rules:

*Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

*Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes;

*Criminal drug statute* means a federal or non-federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

*Employee* means the employee of a subrecipient directly engaged in the performance of work under a subgrant, including:

- ( i) All *direct charge* employees;
- ( ii) All *indirect charge* employees unless their impact or involvement is insignificant to the performance of the subgrant; and,
- (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the subgrant and who are on the subrecipient's payroll. This definition does not include workers not on the payroll of the subrecipient (e.g., volunteers, consultants or independent contractors not on the subrecipient's payroll).

INSURANCE PREQUALIFICATION

We do not presently have a contract with SETA.  
Our completed NEW APPLICANT INSURANCE QUESTIONNAIRE is attached.

IT IS ACKNOWLEDGED THAT IT IS OUR ORGANIZATION'S SOLE OBLIGATION TO PROCURE INSURANCE COVERAGE IN CONFORMANCE WITH SETA'S REQUIREMENTS.

AUTHORIZATION IS HEREBY GIVEN TO SETA TO CONTACT OUR ORGANIZATION'S INSURANCE AGENT(S) OR BROKER(S) AND/OR INSURANCE COMPANIES IN ORDER TO CONFIRM THAT OUR ORGANIZATION'S INSURANCE COVERAGE MEETS SETA'S REQUIREMENTS.

\_\_\_\_\_  
(Name of Corporation/Entity)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Typed Name and Title)

\_\_\_\_\_  
(Date)

**ALL NEW AGENCIES APPLYING FOR FUNDING MUST SUBMIT THIS DOCUMENT. IF THIS DOCUMENT IS NOT SUBMITTED, THE AGENCY WILL NOT BE CONSIDERED FOR FUNDING.**

NEW APPLICANT INSURANCE QUESTIONNAIRE

Name of Corporation/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

1. FIDELITY AND DEPOSITORS' FORGERY COVERAGES

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Bond Limit: \_\_\_\_\_

D. Deductible: \_\_\_\_\_

E. Expiration Date: \_\_\_\_\_

2. PROPERTY COVERAGE

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Property Limit: \_\_\_\_\_

D. Deductible: \_\_\_\_\_

E. Valuation:  Replacement Cost  Actual Cash Value

F. Expiration Date: \_\_\_\_\_

3. GENERAL LIABILITY COVERAGE

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Limit: \_\_\_\_\_

D. Deductible: \_\_\_\_\_

E. Coverage Form:  Occurrence Type  Claims Made Type

F. Expiration Date: \_\_\_\_\_

4. VEHICLE LIABILITY COVERAGE

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Limit: \_\_\_\_\_

D. Deductible: \_\_\_\_\_

E. Expiration Date: \_\_\_\_\_

5. PROFESSIONAL LIABILITY (IF ANY)

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Limit: \_\_\_\_\_

D. Expiration Date: \_\_\_\_\_

6. WORKERS' COMPENSATION

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Expiration Date: \_\_\_\_\_

7. INSURANCE BROKER OR AGENT

A. Name of Agency: \_\_\_\_\_

B. Address: \_\_\_\_\_

C. Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Ms. Kathy Kossick  
Executive Director  
Sacramento Employment and Training Agency  
925 Del Paso Blvd.  
Sacramento, CA 95815-3608

Dear Ms. Kossick:

I am the Chief Financial Officer of \_\_\_\_\_  
(name of applicant agency)  
\_\_\_\_\_ and, in this capacity, I will be responsible for providing financial services adequate to  
ensure the establishment and maintenance of an accounting system for \_\_\_\_\_  
(name of applicant agency)  
\_\_\_\_\_.

The accounting system and internal control procedures will be adequate to safeguard the assets of such  
agency, check the accuracy and reliability of accounting data, promote operating efficiency, and provide  
compliance with prescribed management policies of the agency.

\_\_\_\_\_  
(Signature of Financial Officer)

\_\_\_\_\_  
(Typed Name of Financial Officer)

\_\_\_\_\_  
(Title)

FOR USE BY: PRIVATE NON-PROFIT CORPORATIONS  
PRIVATE FOR-PROFIT CORPORATIONS  
PRIVATE FOR-PROFIT PARTNERSHIP  
PRIVATE FOR-PROFIT SOLE-PROPRIETORSHIP

**ATTACHMENT #8**

Date: \_\_\_\_\_

Ms. Kathy Kossick  
Executive Director  
Sacramento Employment and Training Agency  
925 Del Paso Blvd.  
Sacramento, CA 95815-3608

Dear Ms. Kossick:

I am a duly licensed or Certified Public Accountant and have been engaged to examine and report on the adequacy of the financial accounting system of \_\_\_\_\_  
(name of applicant agency)  
\_\_\_\_\_ which is a private \_\_\_\_\_ organization located in  
(non-profit/for-profit)  
\_\_\_\_\_.  
(name of city)

I have reviewed the accounting system that this organization has established and, in my opinion, it includes internal controls adequate to safeguard the assets of the organization, check the accuracy and reliability of accounting data, promote operating efficiency, and provide compliance with prescribed management policies of the agency.

\_\_\_\_\_  
(Signature of Accountant)

\_\_\_\_\_  
(Typed Name of Accountant)

\_\_\_\_\_  
(License Number and Expiration Date)

\_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
(Typed Name)



DECLARATION OF PARTNERSHIP OR JOINT VENTURE

The undersigned do hereby declare as follows:

1. The business organization known as \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

is a \_\_\_\_\_.  
(General partnership or joint venture)

2. The following represents a complete list and disclosure of all the individual \_\_\_\_\_  
\_\_\_\_\_  
(General partners or joint ventures)

Name Mailing Address (City, State, Zip)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Each of the undersigned does hereby declare under the penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

## INSURANCE REQUIREMENTS

**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY**  
**INSURANCE REQUIREMENTS**

**(Pursuant to SETA Governing Board Action on 7/06/2017)**

These requirements apply to all individuals and entities funded by SETA, including, but not limited to, program operators, sub-grantees, vendors and contractors (each an "Insured"). Prior to sub-grant or contract execution, commencement of program performance and/or disbursement of any funds, SETA shall receive from each Insured's insurer an original, computer-generated, or faxed policy declarations page, certificate of insurance and copies of required endorsements.

**GENERAL REQUIREMENTS**

1. **POLICY DECLARATIONS PAGE MUST INCLUDE:** All required insurance coverage in amounts not less than those specified in the required coverages provided herein.
2. **CERTIFICATES OF INSURANCE MUST INCLUDE:**
  - A. Insuring Company's Name;
  - B. Full Mailing Address of Insurance Company's Issuing Branch Office;
  - C. Policy Number(s);
  - D. Policy Effective and Expiration Date(s);
  - E. Policy Limits;
  - F. Deductible(s) or statement that "No deductible is applicable";
  - G. For General Liability Coverage, confirmation that "occurrence type" coverage rather than "claims made type" coverage is provided.
  - H. Certificates must include an original signature or an original stamp of the agent's signature;
  - I. Notice of Cancellation, stated in the following way:

"This insurance shall not be canceled, limited, or non-renewed until after thirty (30) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply."

**SHOULD ANY OF THESE ITEMS BE MISSING, THE CERTIFICATE IS UNACCEPTABLE**

3. **REQUIRED INSURANCE ENDORSEMENTS:** The insurance policy number must appear on all endorsements and required endorsements applicable to the Insured shall provide the following:
  - A. Additional Insured Endorsements must be stated in one of the following two ways: 1) an individual endorsement naming "the Sacramento Employment and Training Agency and its officers, employees and volunteers as additional insureds;" or 2) a blanket endorsement stating that any entity required by a written contract or written agreement with the Named Insured is included as an additional insured.

- B. Loss Payee Endorsements must be stated in the following way: “The Sacramento Employment and Training Agency is named as a loss payee as its interest may appear.”
- C. Notice of Cancellation Endorsements must be stated in the following way: “This insurance shall not be canceled, limited, or non-renewed until after thirty (30) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply.”
- D. Primary and Non-contributory Endorsements must be stated in the following way: “This insurance is primary and non-contributory as to any insurance and/or self-insurance maintained by the Sacramento Employment and Training Agency.”

#### 4. SELF-INSURANCE

If any coverage is provided by self-insurance, SETA requires a letter from the Insured, which will be incorporated into the contractual document as an Exhibit or Special Condition, stating that:

- A. It agrees to SETA’s insurance requirements as stated herein and SETA will be indemnified as if standard insurance coverage was in place;
- B. It will maintain a minimum reserve of the amount of self-insured retention over and above all known incurred claims filed against the self-insurance fund;
- C. The reserve is fully funded; and,
- D. No federal or SETA funds will be called upon to fund any losses resulting from any SETA-funded subgrant or contract.

A sample letter will be provided upon request.

#### 5. DEDUCTIBLES AND SELF-INSURED RETENTIONS

Any deductibles or self-insured retentions must be declared to and approved by SETA. In the sole discretion of SETA, SETA may require an Insured to reduce or eliminate such deductibles or self-insured retentions with respect to SETA, its officers, employees and volunteers.

**NO SETA FUNDS MAY BE USED TO FUND OR OTHERWISE PAY FOR ANY DEDUCTIBLES, SELF-INSURED RETENTIONS AND/OR SELF-INSURANCE.**

#### 6. ADDITIONAL INSURANCE COVERAGE

SETA reserves the right to require an Insured to obtain additional insurance coverage should the funded activities or services provided require additional coverage. This is especially true for multi-funded agencies. Additional coverage might include, but is not limited to, increased policy limits or coverages for professional liability and/or incidental malpractice. Increased policy limits might be addressed by increasing the general aggregate limits, obtaining excess coverage, and/or procuring a policy solely to insure SETA-funded activities or services.

## 7. COPIES OF POLICIES

SETA reserves the right to require an Insured to provide SETA with complete copies of all insurance policies.

## 8. INSURANCE CARRIER REQUIREMENTS

All coverages shall be procured through a carrier with an AM Best Rating of A-VIII or greater.\* If any coverage is canceled, revoked, reduced, or in any manner questioned or compromised, SETA shall not make any further disbursements to an Insured until SETA is satisfied that the coverage initially approved by SETA has been reinstated. Failure to provide timely evidence of continuing coverage shall result in suspension of all payments or reimbursements and/or suspension of performance. Additionally, should there be inadequate coverage or any lapse(s) in coverage, SETA shall not reimburse for any costs incurred during any period for which the required insurance coverage was not in effect.

\*(Coverage provided by State Compensation Insurance Fund is excepted from this requirement)

## 9. EXPIRING INSURANCE REPLACEMENT COVERAGE

In the event insurance coverages expire at any time or times during the term of the subgrant, contract and/or program performance, the Insured shall provide, at least thirty (30) calendar days prior to said expiration date, new evidence of insurance coverage(s) and endorsements as provided for herein for not less than the remainder of the term of the subgrant, contract or program performance.

## REQUIRED COVERAGES

### 1. FIDELITY AND DEPOSITORS' FORGERY COVERAGES

#### A. Required Limits:

Amount of grant or contract if less than \$25,000; or \$25,000 or twenty percent (20%) of the total amount of the grant or contract, whichever is greater.

#### B. Required Endorsements:

1. Loss Payee Endorsement; and,
2. Notice of Cancellation Endorsement.

### 2. PROPERTY COVERAGE

#### A. Required Coverage:

Insurance which is at least as broad as the current ISO Special Form Causes of Loss (CP 1030) policy, formerly known as "all risks," as well as insurance covering boiler and machinery and compliance with ordinances or laws, if appropriate, for the full 100% insurable replacement cost of the property.

Such insurance shall name SETA as an additional insured as its interests in the property may appear and shall include a waiver of subrogation in favor of SETA.

B. Required Endorsement:

1. Notice of Cancellation Endorsement.

3. GENERAL LIABILITY COVERAGE

A. Type of Policy/Coverage:

All policies must be written on an occurrence-type policy form which is at least as broad as the most current ISO Commercial General Liability (CG 0001) policy, insuring liability arising from premises; operations; independent contractors; incidental medical malpractice and garage keepers liability as appropriate given the nature of the Funded Agency's business; personal injury and advertising injury; products-completed operations; and liability assumed under an insured contract.

SEXUAL ABUSE LIABILITY COVERAGE

Insureds whose operations involve interaction with youth (ages to 18 years) must include "Sexual Abuse liability coverage" at limits not less than \$1,000,000 per occurrence. Such coverage can be written on a stand alone basis or made part of the Insured's Commercial General Liability Insurance.

Claims-made policies are not acceptable.

B. Required Limits:

\$1,000,000 per occurrence and \$2,000,000 general aggregate for bodily injury and property damage.

C. Required Endorsements:

1. Additional Insured Endorsement;
2. Primary and Non-contributory Endorsement; and,
3. Notice of Cancellation Endorsement.

4. VEHICLE LIABILITY COVERAGE

A. Required of all Insureds

B. Required Coverage:

Coverage must include all of the following:

- a. Non-Owned Auto Liability
- b. Hired Auto Liability

c. Owned Auto Liability (If the Insured owns autos)

C. Required Limits:

\$1,000,000 per occurrence and \$2,000,000 general aggregate for bodily injury and property damage.

D. Required Endorsements:

1. Additional Insured Endorsement;
2. Primary and Non-contributory Endorsement; and,
3. Notice of Cancellation.

5. PROFESSIONAL LIABILITY COVERAGE

A. Required of all Insureds that employ or retain professional staff (including, but not limited to, nurses, psychologists, health care professionals, accountants or attorneys) for SETA-funded operations.

B. Required Limits:

Not less than \$1,000,000 per occurrence.

C. Required Endorsement:

1. Notice of Cancellation Endorsement.

6. WORKERS' COMPENSATION

A. Must cover all employees and participants employed or enrolled under the grant who are currently eligible for coverage under existing workers' compensation laws and regulations. Where participants in a work activity are not covered under a state's workers' compensation law, they shall be provided with adequate accident medical insurance.

B. Required Endorsement:

1. Notice of Cancellation Endorsement.

7. EMPLOYMENT PRACTICES LIABILITY

A. Required of all Insureds

B. Required Coverage:

Policy must include Third-Party Liability coverage  
This policy may be written on a "claims-made" basis



C. Required Limits:

Not less than \$1,000,000 per claim.

D Required Endorsement:

1. Notice of Cancellation Endorsement.

DEVIATIONS FROM REQUIREMENTS

Any deviations from these requirements may be approved in advance by the Executive Director, or designee, provided that one or more of the following findings is made and documented in the contract file to which the deviation pertains:

- (1) The scope of work does not raise any risk that will be provided in certain coverages; or
- (2) The coverage or endorsement is not readily available in the marketplace.

**For additional information or assistance please contact:**

**Marianne Sphar  
925 Del Paso Blvd., Suite 100  
Sacramento, CA 95815  
Phone: 916-263-3762  
Fax: 916-263-3918  
Marrienne.Sphar@seta.net**

**SECTION III**

**INSTRUCTIONS FOR COMPLETING THE PROPOSAL**

## **INSTRUCTIONS FOR COMPLETING THE PROPOSAL**

Organizations proposing a separate program for any of the possible categories, Family Self-Sufficiency (FSS), Youth and Senior Support (YSS), or Safety-Net (SN), must submit a separate proposal for each. Organizations submitting a FSS or YSS proposal that includes support services as part of the overall program design may include those services in the proposal if they will be provided exclusively to the enrolled, case-managed clients described in the proposal.

Proposal responses should be given the same index labels (Response 1; Response 2; etc.) and organized in the same order as they were requested in this RFP. Each response must be independent and complete. No points will be given for a missing element of a response even if it exists elsewhere in the proposal. Required forms attached to this RFP may not be altered in any way except to include all requested information.

Each proposal response should be concise, specific and shall not exceed one (1) page in length, including all response components. Any portion of summary or response pages that exceed the one (1) page limit will be removed prior to evaluation, in the interest of fairness to all proposers. Proposing organizations may be requested to provide additional information or increased detail prior to the release of funding recommendations, or during the contracting phase for successful proposing organizations. To achieve the maximum points possible, proposal responses must be consistent with information provided on proposal exhibits and forms.

### **PROPOSAL FORMAT**

- ◆ No staples, bindings or tabbed section dividers allowed on hardcopy submissions
- ◆ Single sided 8 ½ x 11 inch white background pages with 1-inch margins and standard black type (Times New Roman or Ariel, 12 pitch, recommended)
- ◆ A proposal received at the offices of SETA or emailed to [victor.bonanno@seta.net](mailto:victor.bonanno@seta.net) by the proposal submittal deadline must be reproducible and complete, including all required signatures, exhibits and forms. Incomplete proposals will be deemed non-responsive.
- ◆ A complete table-of-contents should follow EXHIBIT 1 in the proposal
- ◆ All pages in the proposal **except for FORMS and EXHIBITS** shall be consecutively numbered

### **PROPOSAL COMPONENTS ASSEMBLY ORDER:**

FORM 1 (Cover Sheet Forms)

EXHIBIT 1 (Corporate Resolution)

TABLE OF CONTENTS

PROPOSAL SUMMARY

RESPONSES 1-5 (In numerical order)

FORMS 2-6 (In numerical order)

EXHIBIT 2 (Organizational chart)

EXHIBIT 3 (Job descriptions for all proposed program staff)

**PLEASE DO NOT INCLUDE ANY FURTHER ATTACHMENTS OR LETTERS**

## I. PROPOSAL SUMMARY

Provide a summary, not to exceed one page in length, which clearly describes the following three (3) program components:

1. A description of the program being proposed
2. Services and/or resources intended for program participants, and
3. Anticipated participant or household outcomes.

## II. PROPOSAL RESPONSES

### RESPONSE 1. **STATEMENT OF NEED AND DESCRIPTION OF TARGET GROUP AND AREA:**

Provide a complete description of the target group and geographic area proposer intends to serve, and participant barriers that typically need to be overcome to reach program goals. The description should demonstrate an in-depth understanding of the barriers faced by program participants in this target group and target area. List any other entities providing similar or complementary services to the same participants that proposer intends to serve.

(Sources for all data and unsupported conclusions should be noted.)

### RESPONSE 2. **LINKING PROGRAM GOALS WITH ACTIVITIES AND SERVICES:**

Provide a complete description of the proposer's goals for participants under this proposal. Include a list of all proposed services, resources and activities, and proposer's rationale or experience demonstrating their connection to reaching stated goals.

### RESPONSE 3. **SERVICE DELIVERY SYSTEM**

**A. FAMILY SELF-SUFFICIENCY SERVICE DELIVERY: For Family Self-Sufficiency Proposals Only!** – Describe the timeline of how participant households will be stabilized and prepared to undertake employment services through a Sacramento Works America's Job Center of California (SWAJCC) and unsubsidized employment, including:

- (1) the assessment process and tools utilized for evaluating a participant's employability and suitability for job training leading to employment,
- (2) any workshops or training topics intended for program participants,
- (3) the intended frequency of case manager/participant contacts and meetings,
- (4) services and resources intended to help participants maintain the unsubsidized employment they have secured, for 90 and 180 days, and
- (5) the name of the primary SWAJCC site proposer will partner with to provide access to all career and training services available through the SWAJCC.

**B. YOUTH AND SENIOR SUPPORT SERVICE DELIVERY: For Youth and Senior Support Proposals Only!** – Describe the timeline of how participant households will be provided with proposed services and resources, including:

- (1) the assessment process used to evaluate a participant’s suitability for proposed services,
- (2) any workshop or training topics intended for program participants,
- (3) the intended frequency of case manager/participant contacts and meetings,
- (4) how a determination of participant outcomes will be determined and recorded, and
- (5) the process for participant advocacy and assisting participants in accessing other services not available from proposer’s program, including any referral follow-up actions to be undertaken.

**C. SAFETY-NET SERVICE DELIVERY: For Safety-Net Proposals Only!**  
Describe the following:

- (1) The intended process for informing new community members that the proposed services and resources are available at the proposer’s service delivery site
- (2) The indicators used to determine that an emergency need exists, for each Safety-Net service proposed
- (3) The time in work days, from customer request to service delivery, for each safety-net service proposed
- (4) The process for connecting clients to other agencies for similar or longer-term services not available at proposer’s site, including a list of typical entities to whom clients will be referred for longer-term family self-sufficiency, employment or other services indicated during the assessment, including any follow-up actions to be undertaken
- (5) A weekly schedule of when community members and the working poor can have direct access to agency staff, in-person or by phone
- (6) Food banks proposing to provide nutritious foodstuffs must provide a description of the availability of fresh fruits and vegetables to participants and how customer choice and dietary needs determine package contents. Non-food bank proposers preparing nutritious meals to be consumed on-site, or single-meal brownbag lunches for off-site distribution, must provide an example of typical menu or bag contents.

**RESPONSE 4. BUDGET ITEM JUSTIFICATIONS AND RISK ASSESSMENT:** Describe the necessity and purpose of each proposed SETA-funded Personnel Cost, Other Cost or Direct Participant Cost noted on **FORM 2, PROGRAM BUDGET AND COST ALLOCATION PLAN**. Describe the organization's capacity to accept fiscal liability for any funds awarded under this RFP.

**RESPONSE 5. EXPERIENCE:** Provide a brief description of the proposing organization's history that includes a chronology of programs implemented during the past 5 years. Give examples of successful past interventions and programming that have supported participants from the same target group/area in reaching identical or similar program goals to those proposed in Response 2.

**Youth and Senior Support Special Project** proposers opting to subcontract for direct service provision to project participants will name and provide a description of the subcontractor's community experience, skill sets, community relationships and accomplishments in working directly with the same target group to reach proposed goals.

If this is a new venture or program strategy, include a description of the proposing organization's capacity to meet the proposed program goals and the rationale for implementing the proposed program strategy.

### **III. PROPOSAL FORMS – All forms can be found in the Proposing Organization Forms Library, Section IV**

**FORM 1. COVER SHEET:** On the first page of the **Cover Sheet** marked **FORM 1**, items 1 (a-g) and 2-5 must be filled out completely. On the second page of the Cover Sheet, enter the clearly printed name(s) and signature(s) of the proposing organization's duly authorized representative(s). The original Cover Sheet containing the original signatures noted above must be included in the original proposal document whether submitted electronically or as a hardcopy submission.

**FORM 2. PROGRAM BUDGET AND COST ALLOCATION PLAN:** Include all pages and sections of the form whether entries have been made on them or not. **Only use the budget forms included in the Forms Library section of this RFP**, and please do not alter their format in any way.

**FORM 3. ANNUAL SERVICE PROJECTIONS:** Family Self-Sufficiency and Youth and Senior Support proposers will provide annual projections for program year enrollments and key program goals. Safety-Net proposers will **not** complete FORM 3.

**FORM 4. INTERNAL EVALUATION MONITORING STANDARDS A & B:** Family Self-Sufficiency and Youth and Senior Support proposers shall complete Internal Evaluation Standards **Form 4-A**. Safety-Net proposers shall complete Internal Evaluation Standards **Form 4-B**.

**FORM 5. COLLABORATIVE PARTNERS:** List all collaborative partners with active roles in implementing the proposed program and describe how they will be linked with, coordinated with, and/or will financially leverage the proposed program.

**FORM 6. REFERENCES:** All proposals must include a completed **References** form. Proposing organizations that currently contract with SETA or have done so within the past 5 years may complete the form by typing or printing “SETA” as the first reference. No other entries are required. All other proposing organizations must provide reference information from funding entities with which they currently contract, or have contracted with, in the past 5 years.

#### **IV. PROPOSAL EXHIBITS**

**EXHIBIT 1. AUTHORITY TO NEGOTIATE AND CONTRACT:** An original corporate resolution or other valid instrument that certifies the authority of the signatory to negotiate and contractually bind the agency must be included with the submitted proposal.

**EXHIBIT 2. ORGANIZATIONAL CHART:** Proposals must include a program organizational chart that indicates all proposed staff positions and lines of authority through to the Executive Director. Existing staff designated for the proposed program should be named on the organizational chart. Proposed positions not yet filled should be designated as vacant. The organizational chart must be clearly marked “EXHIBIT 2” in the submitted proposal.

**NOTE:** Job titles on organizational charts must match the job titles noted in the Proposal Summary, Program Budget and Cost Allocation Plan, Response 4 Budget Item Justifications, on the job descriptions provided in EXHIBIT 3 and elsewhere in the narrative.

**EXHIBIT 3. JOB DESCRIPTIONS:** Provide complete job descriptions for all proposed program staff identified on the proposed program’s organizational chart, EXHIBIT 2. The job descriptions section must be clearly marked “EXHIBIT 3” in the submitted proposal.

**NOTE:** Job titles in the job descriptions (Exhibit 3), must match the job titles noted in the Proposal Summary, Program Budget and Cost Allocation Plan, Budget Item Justifications, EXHIBIT 2, and elsewhere in the narrative.

**SECTION IV**

**PROPOSING ORGANIZATION FORMS LIBRARY**

**COVER SHEET**

**BUDGET AND COST ALLOCATION PLAN**

**ANNUAL FSS & YSS SERVICE PROJECTIONS**

**INTERNAL EVALUATION AND STANDARDS A&B**

**COLLABORATIVE PARTNERS**

**REFERENCES**

**PROGRAM DEFINITIONS**



# FORM 1

## COVER SHEET

Complete each section of the COVER SHEET by printing or typing the required information in the blanks provided. Take care to assure the original COVER SHEET and an original corporate resolution or other valid instrument that certifies the authority of the signatory to negotiate and contractually bind the proposing agency, with original signatures of proposing organization's duly authorized representative(s), are part of the submitted proposal."

### 1. Proposing Organization

a) Name: \_\_\_\_\_

b) Site Address: \_\_\_\_\_

c) Mailing Address (if different): \_\_\_\_\_

d) Contact Person and Title: \_\_\_\_\_

e) Contact Phone Number: \_\_\_\_\_

f) Contact E-mail Address: \_\_\_\_\_

g) Agency Status (check one only):

Community-Based Organization     Private Non-Profit     Public

2. Service Category (check one only):

Safety-Net     Self-Sufficiency     Youth and Senior Supports     YSS Special Project

3. Target Group(s): \_\_\_\_\_

4. Target Area(s): \_\_\_\_\_

5. Total CSBG Funds Requested: \_\_\_\_\_

6. Projected number of unduplicated households to be enrolled: \_\_\_\_\_

*NOTE: This entry should be an absolute number (XX) and not a range of numbers (XX – XX).*

**COVER SHEET (cont.)**

7. Assurance and Certification

I, (We), the undersigned, as the duly authorized representative(s) of the proposing agency, affirm that the information and statements contained within this proposal, to the best of my (our) knowledge, are truthful and accurate, and further, I (we) am (are) duly authorized to submit this proposal from the respondent agency to deliver services. A corporate resolution or other valid instrument is attached as “Exhibit 1” that certifies the authority expressed.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FORM 2

### COMMUNITY SERVICES BLOCK GRANT BUDGET AND COST ALLOCATION PLAN

Agency Name \_\_\_\_\_ Agreement #: \_\_\_\_\_

Street Address \_\_\_\_\_  Original or  Mod #: \_\_\_\_\_

City \_\_\_\_\_, CA \_\_\_\_\_ Activity:  Safety-Net  
 Family Self-Sufficiency  
 Youth and Senior Support

Program Contact \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Fiscal Contact \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**BUDGET PERIOD:** From 1/1/2018 through 12/31/2018

<b>BUDGET SUMMARY - COST REIMBURSEMENT</b>	
<b>TYPE OF COST</b>	<b>TOTAL CSBG FUNDED AMOUNT</b>
A. Personnel Costs	
B. Equipment Costs	
C. Other Costs	
D. Direct Participant Costs	
<b>Total Cost</b>	

## **COST ALLOCATION PLAN**

ACTUAL METHODS (Do not give dollar amounts), which will be used to charge/allocate a FAIR SHARE of ACTUAL costs to this budget ("Budget" column) and to cost categories (administration and program) within the budget ("Cost Category").

<b>Cost Item</b>	<b>Please use abbreviations below</b>	
	<b>Budget</b>	<b>Cost Category</b>
A. Personnel Costs		
B. Equipment Costs		
C. Other Costs		
D. Direct Participant Costs		

**ABBREVIATIONS:** (Some commonly used methods. If a method you use is not listed, add it to the list)

- DC = Direct Charge: Not a shared cost. ACTUAL costs charged to a budget or cost category will be directly identified with the budget or cost category.
- ST = Staff time: Shared Cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL staff time spent on the budget or cost category.
- SF = Square Footage: Shared Cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of ACTUAL space used for the budget or cost category.
- SF/ST = Square Footage Combined with Time of Staff Using Space: Shared cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL space and the % of total ACTUAL staff time within the space used for the budget or cost category.
- #S = Number Served: Shared cost. ACTUAL costs will be allocated to a budget based upon the % of total ACTUAL participants served by the budget.
- U = Usage: Shared cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL usage for the budget or cost category. The backup documentation for ACTUAL usage will be: \_\_\_\_\_.

<b>A. PERSONNEL COSTS</b>		<i>Salary x Months x CSBG % = Funded Amt.</i>			
<b>Job Title</b>	<b>Dates</b>	<b>Full Monthly Salary</b>	<b># of Months</b>	<b>CSBG %</b>	<b>Total CSBG Funded Amount</b>
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
<b>Total Salaries</b>					
<b>Total Fringe Benefits:</b> (Employer Contribution Only) _____% of Salaries (Average)					
<b>Total Personnel Costs:</b> (Salaries plus Fringe Benefits)					

<b>B. EQUIPMENT COSTS</b>				
<b>L = Lease</b> <b>R = Rent</b> <b>D = Depreciation</b>	<b>Description of Item</b>	<b>Full Cost Information</b>	<b>CSBG %</b>	<b>Total CSBG Funded Amount</b>
<b>Total Equipment Costs</b>				

C. <u>OTHER COSTS</u> 1. Direct Costs	Full Cost Information	Costs For This Program	
		CSBG %	Total CSBG Funded Amount
Site Address:			
<b>Non-Owned:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Lease			
<b>Owned:</b> <input type="checkbox"/> Depreciation			
Utilities			
Telephone			
Office Supplies			
Duplication/Printing			
Other:			
<b>Insurance:</b> Fidelity/Depositors' Forgery			
Property			
General Liability			
Vehicle Liability			
Other:			
<b>Other Costs:</b>			
Other:			
Other:			
<b>Travel:</b>			
Local Mileage:			
Other:			
<b>Total Direct Costs</b>			
<b>2. *Indirect Cost - Approved Rate:           % x Direct Costs of \$</b>			
<b>Total Other Costs ( Direct + Indirect)</b>			

\*Attach copy of approval letter from cognizant agency

<b>D. <u>DIRECT PARTICIPANT COSTS</u></b>			<i>Total x CSBG % = CSBG Funded Amt.</i>		
<b>Safety-Net or Support Services</b>	<b>Avg. Cost/ Unduplicated Household</b>	<b>Number of Unduplicated Households To Be Served</b>	<b>Total</b>	<b>CSBG %</b>	<b>Total CSBG Funded Amount</b>
Food Bank Distribution					
Food (market gift cards or vouchers)					
Food (brown bags or meals prepared on-site)					
Transportation					
Bus Passes					
Gas Cards					
Utility Assistance and Reconnection					
Off-Site Shelter (motel, etc.)					
Eviction Avoidance					
First Month Rental Assistance					
Employment Supports					
Clothing					
Other (Describe)					
Other (Describe)					
Other (Describe)					
<b>Total Direct Participant Costs</b>					

## FORM 3

### 2018 Family Self-Sufficiency Program Projections

(For Family Self-Sufficiency Proposals, Only!)

Projected number of households to be enrolled (Please include any households projected to be carried over from the previous program year)	Projected number of households securing unsubsidized employment	Projected number of employed households maintaining employment for 90 days	Projected number of employed households maintaining employment for 180 days

### 2018 Youth and Senior Support Program Projections

(For Youth Services Proposals, Only!)

Projected number of youth to be enrolled (Please include any households projected to be carried over from the previous program year in this number)	Projected number of youth engaging in program services for at least 60 days	Projected number of youth engaging in program services or without a recidivating event for at least 90 days	Projected number of youth achieving program goals or without a recidivating event for at least 180 days

### 2018 Youth and Senior Support Program Projections

(For Senior Services Proposals, Only!)

Projected number of senior households to be enrolled (Please include any households projected to be carried over from the previous program year in this number)	Projected number of enrolled households maintaining residence in their housing-of-choice

## FORM 3



## FORM 4-A

### FAMILY SELF-SUFFICIENCY and YOUTH AND SENIOR SUPPORT INTERNAL EVALUATION and STANDARDS

Activities Evaluated <i>x</i> <u>Name of Staff Responsible</u>	Frequency of Review <i>(quarterly, monthly, weekly)</i>	Evaluation Guide
1) Outreach/Recruitment:  <i>x</i> _____		Will ensure that all staff implement the outreach and recruitment plan and target the geographic areas of high need, described in the agency's proposal to provide services.
2) Determination of Eligibility:  <i>x</i> _____		Will ensure that DA-4 Client Characteristics Intake Forms are complete and include required signatures and dates, and back-up documentation of income and eligibility.
3) Thorough Household Assessment:  <i>x</i> _____		Will ensure that assessments are thorough and go beyond presenting needs to include family structure, history, capacity to benefit from services/resources, past education/training, job skills, family functioning and employment status.
4) Delivery of Service:  <i>x</i> _____		Will ensure that household progress follows the timelines projected in the household's individual service plans and noted in their case file, and that action steps recorded for both the case manager and the client are being completed in a timely manner.
5) Information, Referral and Access to Community Resources:  <i>x</i> _____		Will ensure that households referred to another agency are provided with the times and hours the service may be requested and that the needed services are currently available to eligible households.
6) Case Manager Meetings and Case File Protocols:  <i>x</i> _____		Will ensure that all case activities are briefly but accurately recorded in the household's case file notes, and that case manager contacts with households are occurring at least monthly.
7) Fiscal/Program Reports:  <i>x</i> _____		Will ensure that required monthly programmatic and fiscal reports are accurately prepared and submitted in a timely manner.
8) Staff Development:  <i>x</i> _____		Will ensure that all staff performing CSBG services on behalf of SETA are periodically evaluated on their capacity to perform those services and are provided with adequate training or other staff-development resources to perform at an acceptable level.
9) General Program Performance:  <i>x</i> _____		Will ensure that overall CSBG program performance, including a comparison of projected service outcomes and actual service outcomes, will be reviewed by the agency.

**FORM 4-A**

# FORM 4-B

## SAFETY-NET INTERNAL EVALUATION and STANDARDS

Activities Evaluated <i>x Please Note Staff Responsible</i>	Frequency of Review <i>(quarterly, monthly, weekly)</i>	Evaluation Guide
1) Outreach/Recruitment:  <b>x</b> _____		Will ensure that all staff implement the outreach and recruitment plan and target the geographic areas of high need, described in the agency's proposal to provide services.
2) Determination of Eligibility:  <b>x</b> _____		Will ensure that DA-4 Client Characteristics Intake Forms are complete and include required signatures and dates, and that each DA-4 has back-up documentation of income and eligibility.
3) Thorough Household Assessment:  <b>x</b> _____		Will ensure that assessments are thorough and go beyond presenting needs to include family structure, history, capacity to benefit from services/resources, past education/training, job skills, family functioning and employment status.
4) Delivery of Service:  <b>x</b> _____		Will ensure that services and resources are delivered in a timely manner, that CSBG customers are treated with compassion and dignity, and that the emergency services process is not overly burdensome for a community member to request and receive services.
5) Information, Referral and Access to Community Resources:  <b>x</b> _____		Will ensure that households referred to another agency are provided with the times and hours the service may be requested and that the needed services are currently available to eligible households.
6) Projected Services and Outcomes:  <b>x</b> _____		Will ensure that the quarterly delivery of emergency services within the community approximates the quarterly projections of service delivery provided to SETA.
7) Fiscal/Program Reports:  <b>x</b> _____		Will ensure that required monthly programmatic and fiscal reports are accurately prepared and submitted in a timely manner.
8) Staff Development:  <b>x</b> _____		Will ensure that all staff performing CSBG services on behalf of SETA are periodically evaluated on their capacity to perform those services and are provided with adequate training or other staff-development resources to perform at an acceptable level.
9) General Program Performance:  <b>x</b> _____		Will ensure that overall CSBG program performance by the agency receives a periodic review.

# FORM 5

## COLLABORATIVE PARTNERS

<b><u>Collaborative Partner</u></b> (Family Self-Sufficiency proposals should include the SWAJCC with which they will be collaborating.)	<b>Describe how services will be coordinated, shared, linked and/or financially leveraged with collaborative partners.</b>

# FORM 5

# FORM 6

## REFERENCES

References (Agencies/Organizations)	Contact Person and Phone Number	Grant Period, type of service(s) provided, funding source and amount of grant

# FORM 6

## **PROGRAM DEFINITIONS**

**Collaborative Partner** – For the purposes of this RFP, a collaborative partner is any individual or entity that was a part of the planning of the proposed program, will assume a vital role in its implementation and has acknowledged its commitment to perform its role, as described by the proposing organization. A collaborative partner is not an agency or individual that merely refers prospective clients to the proposing agency.

**Note:** All Family Self-Sufficiency proposers should identify a Sacramento Works America’s Job Center of California they have arranged to work with as a collaborative partner.

**Community Services Block Grant (CSBG)** - The Community Services Block Grant remains one of the major efforts of the War on Poverty. The purpose of CSBG is to provide flexible dollars for communities to implement locally-determined service programs that promote self-sufficiency and lessen the causes and conditions of poverty when available community resources are inadequate or not accessible.

**Delegate Agency** – A community based organization, private non-profit agency or public agency selected through the SETA procurement process, with which SETA has contracted to undertake a limited, defined role in implementing one or more components of the SETA 2018-2019 Community Action Plan (available on the SETA web site at [www.seta.net](http://www.seta.net)).

**Household** – An individual or any group of individuals living together as a family economic unit.

**Outcomes** – Outcomes are the measurable physical, financial, behavioral and/or emotional changes brought about by participation in a program designed for that purpose and that remain with program participants after their exit from the program.

**Proposing Organization** – Any community-based, private non-profit or public entity submitting a proposal in response to this RFP for the purpose of performing a component of the 2018-2019 SETA Community Action Plan.