

Category	Question(s)	Response
NOFA Document Errors	<p>A) P 52 – “Agency Current Global Budget 2012”</p> <p>B) Pp. 39 & 54 – Proposed Services and Programs 1g: “...for the proposed approach will be collected, if any.”</p> <p>C) P. 16 – Evidence Based/Informed Parent Education Curriculum Frequency: “Intensive 4 Cycles per year”</p> <p>D) P. 30 Service Tier Table: Chinatown and Surrounding Area is listed as Comprehensive</p>	<p>A) Should read: “Agency Current Global Budget 2017”</p> <p>B) Please delete: “...for the proposed approach will be collected, if any.”</p> <p>C) Should read: “Intensive 3-4 Cycles per year”</p> <p>D) Chinatown and Surrounding Area should be listed in the INTENSIVE Category.</p>
Intake and Retention	Income verification	While you will be asking for income level information at intake, no income verification is required for participation in FRC Essential Services but individual agencies may elect to verify income in provision of barrier reduction strategies such as food pantry, transportation assistance and participant stipends
Form C	<p>A) Clarify unduplicated and duplicated for Items B8-12 (Intake and Retention).</p> <p>B) Do HOPE SF targets apply only to those FRCs in neighborhoods near existing sites? And can you provide more guidance on what might be more impactful versus less impactful on targeted outreach to HOPE SF Families.</p> <p>C) How should agency reflect proposed changes in services or targets from one year to the next (for instance, if a new location could result in program expansion).</p> <p>D) How should service enhancement planning be captured in the Form C and budget?</p>	<p>A) Targets set for items B9-B12 should be unduplicated within each category and are duplicated across the categories. Example: count Mary, pregnant and low-income HOPE SF resident, 4 times; once in B8, once in B9, once in B11, and once again in B12.</p> <p>B) Any FRC in any funding tier or type (neighborhood or population) may include targets in this category. If you do not believe you will serve HOPE SF residents for any reason, then do not include targets in this category. We are looking to your proposals as to what you believe to be the most impactful strategies for outreach to HOPE SF families based on your efforts and expertise. HOPE SF maintains a website http://hope-sf.org/ which may help you find more information.</p> <p>C) Please describe your proposed plan in the narrative section. However, your budget and Form C should reflect full program implementation.</p> <p>D) Planning should primarily be discussed in the corresponding question (Q4 in Proposed Services and Programs; pp. 40 &55). Form C would reflect this perhaps in different numbers of targets</p>

	<p>E) Are there specific target expectations for serving African Americans, or any of the other categories in the Intake and Retention section?</p> <p>F) What are the expectations regarding targets and procedures for staff performance evaluations, staff supervision meetings, staff meetings, and new FRC staff orientation?</p>	<p>from one quarter to the next. If there are budget ramifications, please place this in the budget narrative section.</p> <p>E) There have not been specific expectations set for these target groups. That is for you to propose.</p> <p>F) We have not set standard expectations for these items. Propose targets based on your understanding of the appropriate amounts of these items.</p> <p>Additional to note re: Form C “description” column: please limit to 1 incomplete sentence ONLY.</p>
<p>Specific Services</p>	<p>Case Management</p> <p>a) Home Visiting</p> <p>B) Will the Family Development Matrix continue to be utilized?</p>	<p>A) Home visits are those visits done outside of the FRC office setting in the participant’s home, school or other community based setting. Home visits, should be undertaken in a safe, culturally sensitive manner. When families in case management do not show for scheduled office visits, a home visit should be completed but this does not have to be “unannounced”.</p> <p>B) Please refer to the questions referenced in the Proposed Services and Evaluation section in Form A. Case management will have a standardized assessment tool going forward which has not been finalized yet.</p> <p>Additional to note re: case management/family advocacy: do not count Information and Referrals given to a participant during the course of case management services as separate I&R targets. These should be noted in the case management chart.</p>
	<p>Outreach and Partnership:</p> <p>A) What is the difference between Direct Outreach and Partnerships?</p> <p>B) Does staff time requirement include both direct and indirect?</p> <p>C) What is the definition of “formal referral partnerships?”</p>	<p>A) You may discuss any interrelatedness of these in your narrative but in Form C do not duplicate across these categories in terms of targets.</p> <p>B) Yes.</p> <p>C) See page 8 of the NOFA document.</p> <p>D) An MOU is not required for partners who are not receiving NOFA funds; but may be included as you deem pertinent to your proposal.</p>

	<p>D) Do referral partnerships require an MOU from each agency?</p> <p>E) What degree of collaboration warrants a letter of commitment from key partners?"</p> <p>F) Do partner agencies need to be 501c3s?</p> <p>G) Is it helpful in the proposals, if we identify and project what new populations or needs might evolve over the life cycle of the funding?</p>	<p>E) Key partners would be subcontracted agencies receiving NOFA funds to complete all or portions of Essential or discretionary services.</p> <p>F) No.</p> <p>G) This type of information may be given in any of the questions you believe it would be pertinent in.</p>
	<p>Is Information and Referral only for external referrals?</p>	<p>May pertain to internal referrals or referrals to outside services.</p>
	<p>My Board is made up primarily of parents. May I count that as my Parent Advisory Council?</p>	<p>This does not need to be separate from your board if the board primarily performs the activities described in the NOFA.</p>
	<p>Support Groups: Is the minimum # of open meetings per month for each group or for all groups?</p>	<p>A) Minimum is across all groups; keep in mind if the frequency of each groups proposed allows for the outcomes described. Monthly support groups or less often may not be likely to achieve these outcomes.</p>
	<p>PCI Groups:</p> <p>A) How to differentiate between summer camps, Field Trips, and PCI groups.</p> <p>B) Must PCI groups be separated out into the age groups or could age appropriate programming sometimes be offered in dual tracks at the same event?</p> <p>C) Can FRCs choose to do either a Toddler Group OR a Preschool group or must they do both?</p>	<p>A) The Field Trips listed in the Discretionary Category (p. 13) are those field trips that do not take place within the context of an on-going Parent-Child Interactive Group and are open to participants not enrolled in PCI activities. Field trips should not be the sole activity in a PCI group. You may elect to propose a "Summer Camp" as a PCI group if the camp achieves the outcomes described in the NOFA (p. 14-15).</p> <p>B) We are expecting a <u>minimum</u> of a weekly Infant Parent Group <u>and</u> a Toddler or Preschool PCI group for all funding tiers (so, 2 playgroups per week). You may propose to do these in formats that best fit the needs of your neighborhood or population while achieving the outcomes described within the document.</p> <p>C) You are not required to do both a toddler and preschool PCI group. You may propose different age ranges within the category. Example: For infant (0-18 months), you could instead propose a Infant (6-12 month) group.</p>

	<p>Drop In Child Watch: A) Are there specific requirements such as staff qualifications, ratios etc?</p>	<p>A) Only as described in the NOFA document. You may have your own requirements based on insurance, or other concern.</p>
	<p>Workshops: A) Are there any guidelines for health and wellness workshops? B) Can we offer a single session or series in the Perinatal workshop?</p>	<p>A) Please refer to the description on p. 12. B) Yes, you may propose both single session model(s) or a series model(s).</p>
	<p>Focus on 0-8 years: A) Is First 5 looking for new FRC activities for pregnant women/new mothers or is it focused on enhancements of our existing services to these populations? B) Is there equal or lesser emphasis on services targeted to teenagers or families with older children?</p>	<p>A) We are looking to do either. See also Perinatal Supports on P. 16. B) There is a lesser focus on services targeted to teens or families with older children. We are working with our funding partners to ensure linkage to other appropriate services for these families and especially those families who do not also have young siblings. See also page 7 of the NOFA document.</p>
	<p>Enhanced Visitation: A) What expectations do you have around extended hours and/or weekend hours offered? B) Is there a model for extended hours that seems more or less successful? Are there improvements to the current systems you would like to see? C) Will efforts be made to match client referrals with appropriate providers? D) Are one-on-one and group structures allowed?</p>	<p>A) We expect that FRCs are available to provide services during days and times that are accessible to families. This also applies to Enhanced Visitation when school, work or other aspects of a child or families' life may indicate after hours or weekend visitation. B) We do not have a specific model identified. Please see A in terms of improvements we would like to see. C) The current practice is that all EV referrals are triaged through First Stop to the FRCs. The Enhanced Visitation workgroup provides First Stop with support in making accurate referrals. D) Most EV is done one-on-one. Group structures are as permitted by the social worker.</p>

	<p>Differential Response: A) Will the ASQ continue to be a requirement of Differential Response?</p>	A) Yes
<p>Funding Tiers & Budget</p>	<p>A) Where there are different target requirements between tiers, is the higher level inclusive of the ones below or additional?</p> <p>B) Is there an opportunity for organizations providing related services beyond the scope described in the NOFA to request funding in excess of the service tier limits?</p> <p>C) What level of detail should the Global Budget 16-17 include?</p> <p>D) Is there a funding cap for Tier 3?</p> <p>E) Can we submit a proposal that is for either one funding tier or another (ie. Propose to be either a basic or comprehensive)?</p> <p>F) Should we separate out DR and MediCal FTE in our budget lines as we do now?</p> <p>G) What distinguishes “Intensive” from “Comprehensive”?</p>	<p>A) Inclusive. Example: If Intensive requires 2 workshops and Comprehensive requires 1, then the minimum required would be 2, not 3.</p> <p>B) Yes; but points are primarily awarded based on ability to provide the services described within the NOFA document.</p> <p>C) This should be a “high level” budget that includes Revenues (and sources), Expenses, and Net Income and any major subcategories that you feel pertinent.</p> <p>D) There is none specified.</p> <p>E) You may only submit one application in each category. Select the tier that best fits the level of service you are proposing to do. Example: You may submit separate applications for 2 different neighborhoods but you may only apply for a single tier within each neighborhood.</p> <p>F) You should specify the staff delineated to do HSA specific services such as DR and EV. This can be delineated as HSA-DR or HSA-EV. You do not need to specify HSA-Medical as of right now as that is not part of the NOFA.</p> <p>G) This is discussed in the Determination of Funding Section on P. 30 and 44.</p>
<p>Leveraged Funding</p>	<p>A) How to note when leveraging other funding sources</p> <p>B) Can services be counted if funded separately (example: referral partnerships)</p>	<p>A & B) Include this information in Q2 of the Budget and Leverage section (p. 56). Only include targets directly funded through the NOFA in Form C. Describe as needed in the narrative section.</p> <p>C) Yes this is the only description. You may also want to check out the material on partnerships in the NOFA document.</p> <p>D) It should come after the Budget.</p>

	<p>C) Is p.41/p.56 the only description of the Budget/Leveraged Resources Narrative and can you provide more details?</p> <p>D) Should the Leveraged Budget Narrative come after the Program Narrative or after the Budget/Budget narrative?</p>	
<p>Proposal: Clarification of Questions and Format</p>	<p>A) Do we have to stay within the 6 allotted pages in the Proposed Services Section?</p> <p>B) What resumes are needed?</p> <p>C) P29 – Does “do not include oversized objects” include Form C?</p> <p>D) Will you accept electronic copies of any of the documents?</p> <p>E) Can tables and charts be single spaced?</p> <p>F) Do footnotes also need to be 12 point?</p> <p>G) P39 & 54 Question 1C: Would you like 1 total number or would you like broken down by age category? Should we use the ones included in the table or in Form C?</p> <p>H) In the table on p. 39 & 54, what does dosage mean?</p>	<p>A) Yes. There may be other questions in other sections that could include some of the information you seek to include beyond the 6 pages.</p> <p>B) We are seeking resumes for Supervisors and key staff responsible for provision of Core Essential Services. There is not a page limit but please be concise in job descriptions.</p> <p>C) Form C is the only document which may be printed outside of the required size. It may be printed out on letter or legal sized paper only.</p> <p>D) No.</p> <p>E) Yes.</p> <p>F) No, but keep in mind readability and page limitations.</p> <p>G) Break down by age category if appropriate for that service; no need to include all categories for every service in the narrative. For the table, use the Form C categories unless the service calls for different categorization. However, do not alter the age categorizations in Form C; just do your best to answer in both areas – narrative and Form C.</p> <p>H) Dosage is the length of time intended to be spent in the activity – specify whether this is per session or whether it’s over multiple sessions. Example: 2 hours per session x 10 sessions = a dosage of 20 hours</p>

<p>Other</p>	<p>A) Is the Standards of Quality Self-assessment expected in the first year or just at some point in the contract cycle?</p> <p>B) Must lead or subcontracted agencies be based in SF to receive funding?</p> <p>C) What does qualification and expertise mean?</p> <p>D) Do you have electronic copies of the proposals submitted for the FY 12-17 cycle?</p> <p>E) Are there any key evaluation measures or processes the joint funders will look at more closely this funding cycle?</p> <p>F) We would like to incorporate more mindfulness practice within our proposed client programs and in our staff development. Should we elaborate in the grant narrative on this aspect?</p>	<p>A) In the Form C it is stated as “once per funding cycle”. If you do not plan on doing this in FY 17-18 leave this as zero.</p> <p>B) No; but all work must be done in SF and participants must be SF residents who are parents, guardians, or caregivers of children 0-17 years of age.</p> <p>C) We are not sure of what this question refers to.</p> <p>D) No; they were submitted hard copy only (as will these). It is recommended that agencies retain copies of their submitted work.</p> <p>E) We are looking at both global measures of impact of FRC services as well as impacts of the individual services. Please use the NOFA document as your guide in answering the questions.</p> <p>F) Sure.</p>
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Bidder's Conference Notes – January 18, 2017

Category	Question(s)	Response
<p>Corrections</p>	<p>We have significantly changed our response regarding funding levels available for Population FRC proposals. Applications at the Intensive funding level will be accepted for Population FRC services. The FRC Funders continue to maintain the right to make awards at a funding level different than the amount requested in the proposal and negotiate a scope of work expected for the grant award.</p> <p>A global budget for FY16-17 is requested as an attachment to the original proposal for Population and Neighborhood proposals.</p> <p>Applications at the Intensive funding level will be accepted for the Chinatown and surrounding area neighborhood. The FRC Funders continue to maintain the right to make awards at a funding level different than the amount requested in the proposal and negotiate a scope of work expected for the grant award.</p> <p>Intensive level funded FRCs should expect to implement 3 -4 cycles of parent education a year.</p>	
<p>Funding Levels</p>	<p>A) Are populations based FRCs being funded at the Comprehensive level?</p> <p>B) If an agency applies for intensive level and is denied would FRC be considered for Comprehensive funding?</p> <p>C) Treasure Island is not a selected neighborhood – do you have to be in the neighborhoods listed to be considered for funding?</p> <p>D) For population FRC applications, will you fund more than one agency/proposal per population area?</p>	<p>A) Proposals for Population FRCs will be accepted at the Intensive, Comprehensive and Basic funding levels.</p> <p>B) Yes, this is possible. Additional FRCs funded based on funding availability and need.</p> <p>C) Yes, the listed neighborhoods have been prioritized for funding through the NOFA.</p> <p>D) Yes, this is a possibility. After a single award, additional grants will be made based on funding availability.</p>

	<p>E) Is there any priority given to underserved neighborhoods?</p> <p>F) Has the \$12.4 million been allocated between the current 25 FRCs?</p> <p>G) First 5 announced release of CODB last week, with the additional funding our Comprehensive FRC budget is over \$550K. Can we ask for funding at the same level or do we need to adhere to the \$550K level.</p> <p>H) What is the difference between “up to \$550” for Comprehensive and “above \$550K for Intensive” FRC services? Is there a limit to Intensive?</p> <p>I) If we are moving from Basic to Comprehensive, will we be required to serve the same number of clients in the same categories as our last grant cycle? Can we start over with a new plan that meets the requirements of a Comprehensive program?</p>	<p>E) A needs assessment was done to prioritize and identify the named neighborhoods in the NOFA.</p> <p>F) No the funds are not currently allocated. In a new funding cycle, previous and new applicants are competing for the funds allocated to the initiative.</p> <p>G) Funding allocations and proposals will be made according the funding / tier model described in the NOFA. Prior CODB and add backs are part of the \$12.4 million funding to be distributed through grants awarded to this NOFA process.</p> <p>H) There is not a large difference at the boundary between to two funding tiers. There are greater expectations for service activities for higher funded grants. There is not a limit for individual grant requests. Please keep in mind that the total allocated to the initiative is \$12.4 million.</p> <p>I) Your application should describe the scope of work you propose to do with the funding requested.</p>
<p>Narrative Response Clarifications</p>	<p>A) What are you hoping to get from “what is the role of your FRC services... pg 38 #3.</p> <p>B) Would you like applicants to complete the table for every one of the services we provide or only for our more significant services?</p>	<p>A) You can respond generally as to how FRC services address the challenges facing families or specifically to your FRC’s contribution.</p> <p>B) You can use the table for describing your services if you believe it will provide clarity and understanding of your proposed services – it is only a suggested tool. You should describe your proposed services to be funded by the NOFA in the most complete way possible and within the page limit.</p>

<p>Proposed Services not named in NOFA</p>	<p>A) Section II If we have activities and programs for parents of older children that we've been told may be grandfathered in, should we list them here.</p> <p>B) Are the possibilities for discretionary services limited to the categories listed in the NOFA?</p> <p>C) Are fathers included in pre-natal and newborn services? Does target prenatal population include expecting fathers?</p>	<p>A) Activities funded by this grant should be described in the appropriate narrative section and on Form C.</p> <p>B) No you are not limited to the listed discretionary services, alternatives using grant funds should be described in narrative and Form C. Keep in mind priority is provided to services listed in the NOFA.</p> <p>C) Yes, absolutely prenatal and newborn services should be inclusive of fathers.</p>
<p>Scope of work: Intake & Assessment</p>	<p>A) What will standardized intake include?</p> <p>B) Will we have to modify our agency intake database?</p> <p>C) What do we need to ask re: income?</p> <p>D) If an FRC is using an existing standardized family assessment, can they utilize it rather than the FRC assessment? Which clients will require an assessment and will outcomes reports be required to submit?</p> <p>E) What assessments are currently approved by FRCs in San Francisco? Are there additional assessments being used that are</p>	<p>A) We have not finalized a standardized intake yet. Expect to include demographics as well as survey questions focusing on the 5 Protective Factors.</p> <p>B) Yes, agencies may modify their intake databases or find an alternative way to provide requested information to First 5.</p> <p>C) Agencies will be asked to determine if families qualify as low-income participants. Agencies will not be required to verify income, except for screening/enrolling families into income based benefits.</p> <p>D) There is a difference between intake and assessment. All agencies will be required to provide the intake data requested for all enrolled participants. Assessment is done primarily in case management and in Differential Response. There will be a standardized set of assessment questions/topics and a related database for staff to utilize in development of service plans for all case management and DR enrolled participants.</p> <p>E) First 5 San Francisco currently supports use of the ASQ as a developmental screening tool. Children identified at elevated risk may require referral for further assessment. Additionally, the</p>

	<p>not approved yet have been found to be beneficial?</p> <p>F) Regarding the standardized intake, will this be provided by First 5? And if so, how can we plan to describe our intake process in the NOFA without this information?</p> <p>G) Which families will require the standardized assessment beyond DR?</p> <p>I) Will intake and basic case management require the assessment?</p>	<p>FRCs currently utilize the Family Development Matrix or similar for case management assessments</p> <p>F) Yes First 5 San Francisco will provide the intake. Applicants should describe their intake process in the NOFA with the understanding, that the data points First 5 will request will need to be included.</p> <p>G) The standard initiative intake should be done with all enrolling families. The standardized assessment will be done with all case management and DR families.</p> <p>I) Assessment will need to be done for case management / DR case management families.</p>
<p>Scope of work: Community Connection</p>	<p>A) Parent Leadership Development – Is it required?</p> <p>B) Field trips – page 13 – Field trips are approved by First 5 staff. Explain</p> <p>C) Funded agencies will be required new or additional outreach to African Americans – please explain expectations.</p> <p>D) Does this mean summer and weekend activities cannot take place out of SF?</p>	<p>A) Yes, per the specification for the funding level.</p> <p>B) Agencies using grant funds for field trips should seek approval prior to implementation to assure reimbursement.</p> <p>C) NOFA describes outreach activities please use this as guidance in addition to innovative practice you may have developed or implemented. If this requirement appears not applicable to your application, you may omit.</p> <p>D) No, summer and weekend activities may be outside SF, but must be approved as field trips.</p>

<p>Scope of Work: Parent Capacity Building</p>	<p>A) Can counseling/mental health services be categorized included in parent/caregiver capacity building?</p> <p>B) To meet minimum 3 support group sessions per month, can group A meet 2 times and Group B meet 1 time a month for a total of 3 to meet target?</p> <p>C) For drop in child watch services, do we need to put child/parent targets?</p>	<p>A) Counseling / mental health services are a discretionary service in the Coordinated Formal Support service activity area.</p> <p>B) Yes.</p> <p>C) Yes.</p>
<p>Scope of Work: Formal Supports</p>	<p>A) Are there specific mandatory targets for coordinated formal support services? Is there a minimum target for enhanced visitation referrals and services? Can you clarify what Comprehensive population based FRCs will be expected to provide at a minimum (ie. DR, EV)? What is the FRC wide volume for EV?</p> <p>B) If applying as “comprehensive” do we need to provide all of the services listed under “coordinated formal supports.”</p> <p>C) We are in a neighborhood that is in an “intensive” category, however, we do not provide DR, etc. Is this possible?</p>	<p>A) There are not minimums but FRCs funded at the Comprehensive and Intensive levels need to provide EV, DR case management and CFT targets. These may be subject to further negotiations upon grant award.</p> <p>B) No, but agency should be prepared to provide some level of case management, differential response and child family team meetings.</p> <p>C) Proposals will be accepted for the Comprehensive and Basic funding levels in neighborhoods designated “Intensive”. Comprehensive and Intensive levels of funding have expectation for delivery of DR and EV services.</p>

Evaluation	<p>A) #2 page 41 requests description of documented outcomes clients have achieved in the program. How extensive does this have to be?</p> <p>B) What are the “minimum standards of quality” referred to on page 23? Are assessing these standards mandatory?</p> <p>C) Can you disclose a range of dosage for EV that current FRCs offer?</p>	<p>A) Agencies should describe the data and evaluation findings they have on hand to respond to this question.</p> <p>B) Yes, agencies funded by this grant will be required to participate in assessments and activities related to the minimum standards of quality described on page 23. These assessments and activities are part of the training and technical assistance efforts supporting funded agencies.</p> <p>C)The Courts order the dosage of EV for clients. This information is publicly available.</p>
Other	<p>A) Can we provide letters of support from individual agencies other than our NOFA partners?</p> <p>B)How detailed does the organizational chart have to be?</p> <p>C) Do we need to have office space within HOPE SF site to be considered providing services to this population?</p> <p>D) Is the target to fund 25 FRCs again or this number change?</p> <p>E) Are English learners = Immigrant populations?</p> <p>F) Who will be the readers/ evaluators of these proposals? What’s their background? Will they be decision makers or is there other factors?</p>	<p>A) We are not looking for letters of recommendation – only letters of commitment from agencies that will receive funds from the NOFA.</p> <p>B) The chart should show the FRC staff and structure and the context of FRC within a larger organization, if it sits within one.</p> <p>C) No.</p> <p>D) We don’t have a specific intention to fund 25 FRCs again. The number funded will be determined by the funding allocation structure described in the NOFA and availability of funds.</p> <p>E) Generally yes, please describe your population and the NOFA’s relevance to their needs, challenges and strengths.</p> <p>F) The proposal evaluation process is described on page 28.</p>