

FORM A –COVERSHEET

Help Me Grow Early Care and Education Initiative RFQ

Complete the Proposal Cover Sheet

**This will serve as the front cover of your proposal.
An official authorized to bind the entity must sign it.**

Name of Agency/Organization	
Agency Address	
Program Contact/Title	Telephone Number: Email:
Alternate Contact/Title	Telephone Number Email:
Amount of Grant Application Request	\$
Name of Agency Director	
Signature of Agency Director	
Name of the President of the Board of Directors	
Signature of President of the Board of Directors	
Respondent's City Vendor <i>Note: Possession of this number serves as partial verification that the Respondent has completed the City's administrative requirements.</i>	

***Application Deadline:
April 16, 2018
at
First 5 San Francisco
1390 Market Street, Ste. 318
San Francisco, CA 94102***

FORM B: CHECK LIST

Help Me Grow Early Care and Education Initiative RFQ

Submit one (1) original and three (3) copies of the following:

FORMS

_____ Form A: Cover Sheet

_____ Form B: Check List

_____ Form C: Program Narrative

_____ Form D: Budget

ATTACHMENTS TO ALL COPIES OF PROPOSAL

_____ Agency Organization Chart

_____ Resumes of key staff and consultants and position descriptions of positions to be hired

_____ A minimum of two (2) references recently familiar with the quality and reliability of the proposer's work

ATTACHMENTS TO ORIGINAL

All requested attachments are related to the lead organization. You need only provide one copy of each requested attachment as part of the original application.

_____ IRS determination letter of 501(c)(3) status, if applicable

_____ Most recent financial statement (audited, if available)

_____ Current Agency Global Budget

Do not include any materials or attachments other than those listed above. Additional materials will be discarded, and they will not be provided to the proposal review panel.

OTHER MINIMUM REQUIREMENTS: RESPONDENT CERTIFICATION

Please check all that apply - the Respondent certifies that:

- A) **RFQ Attachments**
Respondent has completed the requirements and submitted the forms described in RFQ Form B Checklist and Proposal Components and Instructions as part of its response, as applicable.
 Yes

- B) **Proposal Forms and Attachments Meet Format and Page Limit Requirements**
 Yes

- C) **Respondent is not on red flag or elevated concern status with the Office of the Controller**
 Yes

- D) **Respondent does not have any city contracts withdrawn or terminated within the last 24 months**
 Yes

- E) **Respondent is currently an approved City Vendor and compliant with City's insurance requirements or is willing to complete City Vendor approval process within 45 days of award notice.**
 Yes

FORM C: PROGRAM NARRATIVE

Help Me Grow Early Care and Education Initiative RFQ

Please provide the following information in narrative format. Your response will be read and scored by outside reviewers, so please be clear and concise in your answers. In order to make your proposal easier to read and score, your narrative should follow the structure outlined on the following pages, and each section should include the titles listed below in bold. Be sure to stay within the page limits listed for each section. *Narrative should not exceed 10 pages with specific section page limits specified below.*

A. Agency Qualifications – Service Delivery (4 page limit, 35 Points)

In this section please describe the following:

A.1. Mission and Values

Directions: Describe the mission and core values/operating principles of your agency as well as key services provided. Please specifically describe your agency’s philosophy and approach to early intervention.

A.2. Agency Experience and Expertise

Directions: Describe your agency’s special expertise as it relates to the RFQ. Include general description of any past experience with the Help Me Grow framework or other similar early intervention initiatives as well as experience providing training, coaching and technical assistance to early childhood professionals with demonstrated positive outcomes. Include a description of specific experience with the direct services described in this RFQ: 1) Developmental Screening and Results Consultation; 2) Early Care and Education Program and Family Engagement and Education; 3) Coordinated Response to Identified Concerns; 4) Systems Navigation and Family Support for Higher-risk Developmental Concerns. Describe any other agency programming, experience, and resources that would leverage funded services in this RFQ.

B. Agency Qualifications – Systems Building (4 page limit, 30 Points)

In this section please describe your agency’s experience with the following:

B.1. Community Partnerships

Directions: Describe your experience working collaboratively with community organizations in the delivery of services to young children and their families. Describe the key partnerships your agency maintains, and their main value, that are needed for successful implementation of the services and activities included in this RFQ; include how your agency ensures the success of these partnerships and any collaborative or leadership roles your agency has taken on with similar initiatives seeking to bring about changes in broader service delivery systems. Describe any new partnerships your agency will seek out in order to meet the goals and deliverables in this RFQ.

B.2. Knowledge of Community Resources

Directions: Describe your agency’s referral system, knowledge of community resources and supports for young children with developmental concerns, their families, and the providers who work with them as well as how you will link with partners and resources to best serve families.

B.3. Evaluation Capacity

Directions: Describe your agency's experience with, and capacity to manage, evaluation and measurement tasks such as: survey administration and other data collection efforts, database oversight and maintenance (Contract Management System, Efforts to outcomes, Salesforce, etc...), data analysis, and sharing/reporting out of evaluation results. Describe how data and information is used to inform daily practice, identify areas for program improvement, and shape future program activities. Specifically include how parents/caregivers and other stakeholders are included in the evaluation, reflection, and program improvement cycle. Affirm your agency's commitment and readiness to participate in measuring the service targets and outcomes identified in this RFQ.

C. Staffing Structure and Qualifications (2 page limit, 15 Points)

C.1. Staffing

Directions: Identify the current or planned staff responsible for management and implementation of the services and activities described in this RFQ; include the relevant experience of key staff and their specific role in implementation of the requested scope of work. Please tie actual or intended staffing to the specific positions identified in this RFQ.

C.2. Cultural Competency

Please describe how your agency will ensure that all key staff, consultants, and specialists will work competently and respectfully with diverse populations of children and families, and within San Francisco's culturally and linguistically diverse early care and education settings including family child care homes.

C.3. Governance Structure

Directions: Describe the leadership and governance structure of your agency and describe how this project will fit into your overall organization. Describe your agency approach to supervision and development of staff implementing core services. Attach agency organizational chart to application.

FORM D: BUDGET AND BUDGET NARRATIVE INSTRUCTION SHEET

Completed Form D (See Attached Spreadsheet, 20 Points)

Help Me Grow Early Care and Education Initiative RFQ

Form D should be utilized to represent an annual budget for the Help Me Grow Early Care and Education Initiative. Please provide the amount being requested from the funding agencies in the amount requested column. If there is other funding being leveraged for a budget line, report that amount in the “Other – Cash” column. If there are other resources being leveraged for a budget line, report the value of those resources in the “Other – In-Kind” column. Provide a total of the resources committed to the project in the “Total” column.

This contract will be cost-reimbursable, meaning it is based on actual expenditures. Grantees are required to maintain documentation of all program expenses billed to the activities funded through this RFQ, and you will be asked to produce receipts, cancelled checks and supporting documents during the fiscal site visit.

- A. Personnel:** List the position titles, percentage full-time equivalent (FTE, e.g., 100 for 1FTE, 50% for .5FTE) for the entire program personnel, and/or the hourly pay rate for all staff members. The FTE amount should correspond to the “Request” amount. The FTE amount listed should be in compliance with San Francisco’s Minimum Compensation Ordinance. The text of the Minimum Compensation Ordinance can be found online at <http://www.sfgov.org/oca/lwlh.htm>.
- B. Fringe Benefits/Taxes:** List the fringe benefit/tax considerations and rate, as well as the calculated amount based on each salary.
- C. Professionals/Consultants:** This category should include payments made to individuals who provide special services in order to help you operate your program, but who are not employees, such as consultants, trainers or evaluators.
- D. Subcontractors:** This refers to subcontractor agencies who provide services to help enhance your program. Subcontractors are usually other nonprofit, community-based organizations. The total listed here should only reflect the subcontractor’s program expenses; the subcontractor’s administrative expenses should be listed on a separate line in the Administrative Expenses portion of the budget spreadsheet.
- E. Program Materials and Supplies:** List all materials and supplies used by your program. This includes paper and pencils, books, and other program –related supplies. This category should also include reproduction costs for program materials.
- F. Other Program Expenses:** This category is for items that do not fit into any of the above categories. For example, costs for criminal screening and fingerprinting can be shown here. Other examples include parent stipends, program incentives, family events, mileage, MUNI fast passes, and food for participants. Please break out your program’s other expenses, and do not include a line item titled “Other Program Expenses” with a lump sum amount. Please also note that both parent stipends and program incentives will need further detail and justification in formal budget negotiations such as job descriptions and protocols.
- G. Administrative or Indirect Costs:** The total administrative and indirect costs may not exceed 15% of the total grant budget.

Indirect Costs:

Allowed prorated indirect costs include audit, insurance, bookkeepers, accounting services, payroll, the executive director's salary and other administrative support salaries. In addition, this category includes the prorated cost of administrative postage, rent, equipment lease, utilities, pagers, phone bills, cellular phone bills, janitorial services, insurance, Internet lines, etc.

Administrative Costs:

List the position titles, percentage full-time equivalent (FTE, e.g., 100 for 1FTE, 50% for 5FTE) for administrative personnel charged to this grant, and/or the hourly pay rate for all staff members. All funded programs should be in compliance with San Francisco's Minimum Compensation Ordinance. The text of the Minimum Compensation Ordinance can be found online at <http://www.sfgov.org/oca/lwlh.htm>. Also list any other administrative non-personnel items.