

**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

2010 Fiscal Year

**COMMUNITY SERVICES BLOCK GRANT  
PROGRAM**

**Release Date**

Friday - September 4, 2009  
1:00 P.M.

**Mandatory Offeror's Conference**

Monday - September 14, 2009  
10:00 A.M.

**Pre-Qualification Deadline**

Wednesday - September 23, 2009  
4:00 P.M.

**Submittal Deadline**

Tuesday - October 6, 2009  
4:30 P.M.

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**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY**

**COMMUNITY SERVICES BLOCK GRANT**

**FUNDING CALENDAR**

**Fiscal Year 2010**

**DATE**

**EVENT**

Friday, September 4, 2009  
1:00 P.M.

Issuance of Request for Proposals  
Sacramento Employment and Training Agency  
925 Del Paso Boulevard, Suite 100  
Sacramento, CA 95815

Monday, September 14, 2009  
10:00 A.M. - 12:00 P.M.

**Mandatory Offeror's Conference**  
SETA Board Room

Wednesday, September 23, 2009  
4:00 P.M.

Pre-qualification requirements  
submission deadline

**Tuesday, October 6, 2009  
4:30 P.M. Deadline**

**PROPOSALS DUE BY 4:30 P.M.**

Tuesday, November 10, 2009  
3:30 P.M.

Staff Recommendations Released  
Copies will be available on the SETA website  
[www.seta.net](http://www.seta.net) and at the SETA receptionist desk,  
925 Del Paso Blvd., Suite 100, Sacramento, CA

Wednesday, November 18, 2009  
8:30 A.M. - 3:00 P.M.

Community Action Board (CAB) meeting  
for the development and approval of FY 2010  
CSBG funding recommendations.

Wednesday, November 25, 2009  
4:30 P.M. Deadline

Written protest submission deadline

Thursday, December 3, 2009  
10:00 A.M.

SETA Governing Board Meeting  
Final funding decisions made on Community  
Services Block Grant applications

January 1, 2010

FY 2010 CSBG Program Start Date

**PLEASE NOTE THAT ALL MEETINGS WILL TAKE PLACE AT THE SETA BOARD  
ROOM, 925 DEL PASO BOULEVARD, SUITE 100, SACRAMENTO, CA 95815**

## 2. **BACKGROUND**

This Request for Proposals (RFP) was developed on the basis of the FY 2010/2011 Community Action Plan, 2009 CSBG Recovery Act Local Plan, the Community Services Block Grant Act and the American Recovery and Reinvestment Act of 2009.

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 Investment Act (WIA), services to refugees under the Targeted Assistance and Refugee Employment 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, the Recovery Act, 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 provide services promoting family self-sufficiency and to ameliorate conditions of extreme poverty for low income families residing in Sacramento County.

## 4. **QUALIFIED APPLICANT AGENCIES**

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

## 5. **AVAILABLE FUNDS**

It is estimated that the available CSBG and ARRA FY '2010 funds for subcontracted program services will total \$900,000, contingent upon funds made available to the State Department of Community Services and Development by the United States Government for the purposes of this program. A portion (\$200,000) of the available funding is provided under the authority of the American Recovery and Reinvestment Act (ARRA) of 2009, to fund additional services. Recipients of any portion of ARRA funding will be required to provide for separate tracking and accounting of these funds apart from other CSBG funding awarded under this request for proposals. Furthermore, the contract period for the expenditure of any ARRA funds awarded shall be from January 1, 2010 through September 30, 2010, contingent upon final regulations received from the State Department of Community Services and Development. Once available funds are appropriated, the anticipated allocation may be amended due to budget revisions at the federal level.

Funding for the CSBG program is based on priorities for services and activities as outlined in the CSBG FY 2010-2011 Community Action Plan and CSBG Recovery Act Local Plan. SETA has adopted the statewide priority of **Family Self-Sufficiency** and has set allocations for the 2010 fiscal year for programs promoting

family self-sufficiency, safety-net and/or ARRA services. The available allocations are estimated to be:

|  |                              |
|--|------------------------------|
| <b>A. FAMILY SELF-SUFFICIENCY SERVICES</b> | <b>\$280,000</b>             |
| <b>B. SAFETY-NET SERVICES</b>              | <b>420,000</b>               |
| <b>C. ARRA SERVICES</b>                    | <b>200,000</b>               |
| <b>TOTAL AVAILABLE PROGRAM FUNDS:</b>      | <b>\$900,000 (projected)</b> |

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

Services and activities solicited by this RFP adhere to those services described in SETA's 2010-2011 CAP and CSBG Recovery Act Local Plan. The target activities that reflect the goals of the CAB will be given highest consideration for funding.

For the purposes of this Request for Proposals, services will be categorized under three major service areas, **Family Self-Sufficiency**, **Safety-Net** and **ARRA** services.

### **ALLOWABLE ACTIVITIES**

#### **A. Family Self-Sufficiency Services**

Proposals funded under the category of **Family Self-Sufficiency** are required to include minimum elements of case management including an identified case manager, a thorough assessment, establishing program goals, follow-up on referrals, periodic progress notes and developing a plan of action which identifies benchmarks and roles for both staff and appropriate family members. Programs funded under the category of **Family Self-Sufficiency** are required to document all the above noted activities and services in a case file format common to their organization. All activities proposed must be part of an overall strategy which promotes self-sufficiency to low-income families belonging to the following target groups:

1. Low-Income Families - Recommended activities for case-managed families include information, referrals and transportation to vital services, counseling, employment information, nutrition services, education services, translation and interpretation, advocacy, life skills training and follow-up to identify barriers to reaching planned benchmarks.
2. Youth - Recommended activities for case-managed youth who are at risk of dropping out of school or who are involved in pre-gang or 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 programs, and employment services. Services for foster youth and formerly incarcerated youth 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, college enrollment, life planning, and services likely to prevent recidivism among incarcerated or formerly incarcerated youth.
3. Seniors/Disabled - Recommended activities for case-managed seniors and disabled persons include transportation to vital services, culturally and linguistically appropriate in-home visits and telephone check-ins, independent living skills training, legal assistance, advocacy, mental health services, information, and emergency shelter.
4. Homeless - Recommended activities for case-managed homeless families include permanent housing placement, financial resources for permanent housing placement, housing counseling,

transitional housing, prevention of homelessness, emergency shelter provided with other case management components such as information and referrals, follow-up for families placed in permanent housing, workshops to assist families retain housing, budget assistance and counseling. Activities that promote a stable living environment can be provided to homeless families.

Forty percent (40%) of available CSBG formula funds (\$280,000 projected) is allocated to services promoting Family Self-Sufficiency. Proposals for Family Self-Sufficiency must be stated in terms of measurable outcomes that are now mandated by the CSBG Reauthorization Act of 1994. The CSBG Act requires "... a description of outcome measures to be used to monitor success in promoting self-sufficiency, family stability, and community revitalization." Proposals funded under Family Self-Sufficiency should, when describing expected outcomes for clients served, include in their narratives what effects or benefits will be derived as a result of the CSBG services they propose. A case management approach toward comprehensive assistance to ensure a client's/family's progress toward self-sufficiency must be described in detail.

Proposing organizations for Family Self-Sufficiency services must include a description of their collaboration(s) with governmental agencies, community-based organizations, educational institutions, Sacramento Works Career Centers, and/or community centers that will play a vital role in the implementation of their proposed programs under this RFP.

## **B. Safety-Net Services**

In general, proposals funded under the category **Safety-Net** services provide for emergency assistance on a one-time or limited-time basis to families in crisis and/or referral to other services intended to mitigate client's presenting conditions or access barriers. They are available to CSBG-eligible Sacramento County residents experiencing an emergency that can be eliminated or mitigated by the provision of Safety-Net services. Elements of case management are not required for these proposals.

Examples of activities funded under the **Safety-Net** service category include: emergency food assistance, utility shut-off avoidance or reconnection assistance, motel assistance, emergency on-site shelter or miscellaneous items in support of employment stability, limited health services, transportation assistance, re-housing assistance, eviction avoidance assistance, information and referrals, and crisis counseling.

Sixty percent (60%) of available formula CSBG funds (\$420,000 projected) is allocated to the provision of **Safety-Net** services.

Proposing organizations for **Safety-Net** services must include a proposed schedule of on-site service availability and a description of their collaborations with governmental agencies, community-based organizations, educational institutions, community centers and/or Sacramento Works Career Centers in their proposals to help demonstrate the comprehensiveness and overall efficiency of the services they propose.

## **C. ARRA Services**

Additional and separate funding in the amount of \$200,000 will be made available to serve clients that have been adversely affected by the current economic downturn with an emphasis on finding employment, job retention, and employment supports. Examples of activities funded under the **ARRA** service category include: emergency food assistance, utility shut-off avoidance or reconnection assistance, motel assistance, emergency on-site shelter or miscellaneous items in support of employment stability including employer mandated tools and clothing, limited health services, transportation assistance, re-housing assistance, eviction avoidance assistance, information and referrals, and crisis counseling. All tracking of program

services/outcomes, expenditures and cost reimbursement under this funding component must be accounted for separately from other components funded under this RFP. Any award under this component must be fully expended by September 30, 2010, contingent upon final regulations received by the State Department of Community Services and Development.

## **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 4:00 P.M. Wednesday, September 23, 2009. 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 Pattye Downing, Employment and Training Analyst III, at (916) 263-3838 by 4:00 P.M. Wednesday, September 23, 2009 to advise SETA of its intent to respond to this RFP based upon documentation already on file with the Contracts Unit.

**FAILURE OF A PROPOSING ORGANIZATION TO SUBMIT COMPLETE PRE-QUALIFICATION DOCUMENTS OR TO NOTIFY EMPLOYMENT AND TRAINING ANALYST III, PATTYE DOWNING, OF ITS INTENT TO RELY ON PREVIOUSLY SUBMITTED DOCUMENTS BY 4:00 P.M. WEDNESDAY, SEPTEMBER 23, 2009, WILL DISQUALIFY SUCH PROPOSING ORGANIZATION FROM ANY FURTHER FUNDING CONSIDERATION FOR THE FUNDING PERIOD COVERED BY THIS RFP.**

Within 48 hours (2 working days), SETA staff will review all documentation submitted or referenced by the pre-qualification deadline, 4:00 P.M. Wednesday, September 23, 2009 and contact, via telephone, those respondents who need to, at the discretion of the SETA Contracts Unit, 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 4:00 P.M. Wednesday, September 30, 2009. Failure to provide the SETA Contracts Unit with the requested clarifying information or documents by the 4:00 P.M. Wednesday, September 30, 2009 deadline will disqualify such proposing organization(s) from any further funding consideration for the funding 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. MANDATORY 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.

**PLEASE BE ADVISED THAT THE OFFEROR'S CONFERENCE IS MANDATORY AND THAT ONLY PROPOSALS FROM ORGANIZATIONS ATTENDING THE CONFERENCE WILL BE EVALUATED THROUGH THIS RFP.**



**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 Request for Proposals. 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 provide staff with their names and e-mail addresses will be provided with any RFP updates as they occur by e-mail. Entities may also receive RFP updates by contacting Victor Bonanno by phone, (916) 263-4364, or e-mail, [victor@delpaso.seta.net](mailto:victor@delpaso.seta.net).

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

**Date: Monday, September 14, 2009**  
**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**

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

All proposals must be in the SETA office and time-stamped by the SETA receptionist **no later than 4:30 P.M. (PST), Tuesday, October 6, 2009**. Proposals mailed to SETA must be received in the SETA office and time-stamped by the SETA receptionist **no later than 4:30 P.M. (PST), Tuesday, October 6, 2009. In accordance with the policy of the SETA Governing Board, proposals and documents delivered after 4:30 p.m. will not be accepted - NO EXCEPTIONS. NO APPEALS WILL BE ACCEPTED FOR LATE PROPOSALS.**

All proposals submitted on a timely basis will be placed in an envelope. No determination will be made on the responsiveness of the proposal to the RFP at the time of submittal. **No proposal will be accepted from any person after the submittal deadline.**

Staff will inform the Governing Board of any non-responsive proposals to the RFP. Those wishing to address the above circumstances will be allowed to do so before the SETA Governing Board.

To be considered for funding, all agencies must submit one (1) original proposal clearly marked "ORIGINAL" and seven (7) separate reproducible copies clearly marked "COPY" of the proposal developed in response to this RFP. The original proposal must bear the original signature of an appropriate official who is authorized to submit the proposal on behalf of the proposing organization. The proposal must also indicate by what authority, resolution, or other valid instruments the person(s) who is/are authorized to negotiate and contractually bind the proposing organization, if selected.

#### **10. TERM OF AGREEMENT**

All CSBG funded self-sufficiency and safety-net agreements will be awarded for a one-year term beginning January 1, 2010 and ending December 31, 2010. All ARRA funded agreements will be awarded for a 9-month term beginning January 1, 2010 and ending September 30, 2010, contingent upon regulations received from the State Department of Community Services and Development.

#### **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 will cover the period January 1, 2010 through September 30, 2010. In addition, SETA may, in its sole discretion, provide for 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 and policies.

## **12. SELECTION PROCEDURES**

The Community Action Board shall hold a public meeting on November 18, 2009 to review SETA staff recommendations and to develop CAB recommendations. The CAB shall then submit its recommendations to the SETA Governing Board for its review and final approval. Staff recommendations will be available for public distribution after 3:30 P.M. on Tuesday, November 10, 2009. Proposing organizations may review a copy of the staff recommendations prior to the CAB meeting on November 18, 2009. Staff recommendations will be available on the SETA web site or at the SETA Reception Desk, 925 Del Paso Blvd., Sacramento.

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 Community Action Board 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 proposing organization's last opportunity to submit a protest will be on Wednesday, November 25, 2009, 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 shall 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 shall be made prior to any funding determination under this Request for Proposals and such resolution by the SETA Governing Board shall 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 shall be 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, November 10, 2009, and will be based upon an evaluation of proposals submitted and of the proposing organization's past program performance if applicable. Proposing organizations with no recent record of past performance with SETA will supply references that will be contacted by SETA staff.

### Evaluation Criteria for CSBG Proposals

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

The summary of the proposed program is linked to the anticipated participant and/or community outcomes, is clearly written and mirrors the program described elsewhere in the proposal. The summary does not exceed one page in length.

#### **II. PROPOSAL RESPONSES (Points possible - 60)**

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

The description of the target group and/or target area was complete, the proposing organization made a compelling case for the need of proposed services and explained why barriers or gaps in currently available community services still exists. Sources for all target group/area data were noted.

##### **RESPONSE 2. PROGRAM GOALS, SERVICES, ACTIVITIES AND OUTCOMES:** Each service and activity proposed was individually listed within a table and the expected outcome was reasonably associated with the goal it was noted as supporting. All services and activities noted in the table were aligned with the ALLOWABLE ACTIVITIES AND SERVICES component beginning on Page 6 of this RFP section.

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

###### **A. FAMILY SELF-SUFFICIENCY SERVICE DELIVERY: For Family Self-Sufficiency Proposals Only! – The proposing organization described its case management system including:**

- (1) assessment tools used,
- (2) how short and long term goals will be developed and recorded,
- (3) the frequency of case manager/participant contacts, progress notes and meetings,
- (4) how a final determination of participant outcomes will be accomplished and recorded, and

- (5) the agency's process for client referral to other agencies for similar or other services not available from their agency, including any follow-up actions to be undertaken.

**B. SAFETY-NET SERVICE DELIVERY: For Safety-Net Proposals only!**

The proposing organization described:

- (1) How the community will be made aware of the Safety-Net services the proposing organization will offer,
- (2) how clients will request services,
- (3) a process for determining a client's eligibility is adequately described and reasonable,
- (4) a weekly schedule of when clients will be able to make service requests and receive services, and
- (5) the agency's process for client referral to other agencies for similar or other services not available from their agency, including any follow-up actions to be undertaken.

**C. ARRA SERVICE DELIVERY: For ARRA Proposals only! The proposing organization described:**

- (1) How the community will be made aware of the ARRA services the proposing organization will offer,
- (2) how clients will request services,
- (3) a process for determining a client's eligibility is adequately described and reasonable,
- (4) the proposing organization included a proposed weekly schedule of when clients will be able to make service requests and receive services, and
- (5) the agency's process for client referral to other agencies for similar or other services not available from their agency, including any follow-up actions to be undertaken.

**RESPONSE 4. BUDGET ITEM JUSTIFICATIONS, ACCOUNTING SYSTEM AND FISCAL CONTROLS:** The proposing organization justified each budget line item as being necessary, reasonable for its purpose and linked to the overall strategy proposed. The proposing organization's accounting system and appropriate fiscal controls are described. The organization's ability to accept fiscal liability for any funds awarded under this RFP is acknowledged. The proposing organization described attempts to secure alternative funding for the proposed program during the previous or current program year. The proposing organization described the impact on the program if

SETA funding is denied.

**RESPONSE 5. EXPERIENCE AND STAFFING:** The proposing organization described a history of operating similar programs for the same or similar groups, or in the same geographic areas targeted in this proposal. The proposing organization successfully administered this type of program to the same target group/target area or described its ability to do so. Outcome data from SETA and/or references indicates successful program operations. The proposed program staffing structure was clearly described at all levels through to the proposing organization's executive director. Staff persons described in the proposed program were identified by classification and name, or identified as vacant. The proposed staffing pattern clearly related to the activities proposed.

**NOTE:** Job classifications must match those noted in the Proposal Summary, Program Budget and Cost Allocation Plan (Form 2), on organizational charts and in job descriptions (EXHIBIT 2), and elsewhere in this narrative.

**RESPONSE 6. INTERNAL EVALUATION AND INFORMATION SYSTEMS:** The proposing organization provided a description and schedule of internal efforts to measure its program's operational effectiveness and client outcomes, and a description of how information collected during the proposed program is gathered, recorded, protected and stored. The proposing organization described its capacity to collect demographic data and make timely monthly reports on program services.

### **III. PROPOSAL FORMS, EXHIBITS AND FORMAT (Points possible - 20)**

**FORMS 1-7** All forms have been completed fully and accurately according to the instructions provided.

**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 showing lines of authority through to the executive director, including staff names if known, was included. Job classifications on organizational charts and job descriptions match the job classifications noted in the Proposal Summary, Program Budget and Cost Allocation Plan, in Response 5, and elsewhere in this narrative.

**FORMAT:** All forms and exhibits were assembled in the proposal order noted on page 54, under **PROPOSAL COMPONENTS ASSEMBLY ORDER.**

### **IV. PAST PERFORMANCE/REFERENCES (Points possible - 10)**

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 10 additional points.

### **16. LIMITATION**

SETA shall 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 NEIGHBORHOODS**

Statistical data indicate that certain low-income high-risk neighborhoods in Sacramento City and County are most challenged in terms of having the highest concentrations of risk factors such as poverty, public assistance recipients, single parent families, etc. Although CSBG services will be provided to all eligible persons residing in Sacramento County, these areas will receive priority for services:

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <b>North Central Sacramento</b> | <b>South Central Sacramento</b> |
| <b>Meadowview</b>               | <b>North Highlands</b>          |
| <b>South Sacramento County</b>  | <b>Rancho Cordova</b>           |

**19. CSBG ELIGIBILITY REQUIREMENTS**

A family is determined eligible for CSBG services if its total combined annual cash income before taxes falls at or below the Federal Poverty Income Guidelines listed below or if any family member is currently receiving or is eligible to receive TANF or SSI. All programs funded through CSBG are responsible for the determination and documentation of eligibility for all clients served. The current Federal Poverty Income Guidelines are as follows:

| <u>Size of Family Unit</u> | <u>Annual Poverty Guidelines</u> |
|----------------------------|----------------------------------|
| 1                          | \$10,830                         |

|   |          |
|---|----------|
| 2 | \$14,570 |
| 3 | \$18,310 |
| 4 | \$22,050 |
| 5 | \$25,790 |
| 6 | \$29,530 |
| 7 | \$33,270 |
| 8 | \$37,010 |

For family units with more than 8 members, add \$3,740 for each additional person.

**20. CSBG RECOVERY ACT ELIGIBILITY REQUIREMENTS**

A family is determined eligible for CSBG Recovery Act funded services if its total combined annual cash income before taxes falls at or below 200% of the Federal Poverty Income Guidelines, or if any family member is currently receiving or is eligible to receive TANF or SSI. The current guidelines for the CSBG Recovery Act are as follows:

| <u>Size of Family Unit</u> | <u>Annual Poverty Guidelines</u> |
|----------------------------|----------------------------------|
| 1                          | \$21,660                         |
| 2                          | \$29,140                         |
| 3                          | \$36,620                         |
| 4                          | \$44,100                         |
| 5                          | \$51,580                         |
| 6                          | \$59,060                         |
| 7                          | \$66,540                         |
| 8                          | \$74,020                         |

For family units with more than 8 members, add \$7,480 for each additional person.

**21. RESIDENCE REQUIREMENTS**

All recipients of CSBG and CSBG Recovery Act funded services administered by SETA must be residents of Sacramento County.

**REQUEST FOR PROPOSALS**

PY 2010-2011

**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 respondent 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.

- (I) 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.

(I) 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. Proof of execution of a currently operative Voluntary Agreement with the State of California, Department of Consumer Affairs pursuant to AB 1525 (Chapter 67) and SB 45 (Chapter 635) of the State of California Statutes of 2007.

-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 which complies with requirements of Office of Management and Budget (OMB) Circular A-133.

## 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 outlined in Attachment #10 consisting of 6 pages.

SETA is very exacting with regard to the insurance requirements. 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 which will be 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, 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 Workforce Investment 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 the Workforce Investment Board or Sacramento Employment and Training Agency, and continuing until three months after a final decision is rendered on the application or proceeding by the Workforce Investment Board or Sacramento Employment and Training Agency.

No Workforce Investment Board 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 has contributed \$250 or more to any Workforce Investment Board or Sacramento Employment and Training Agency board member or candidate for the Workforce Investment Board or Sacramento Employment and Training Agency 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 Workforce Investment Board 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 Workforce Investment Board 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 the Workforce Investment Board 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 Workforce Investment Board 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 the Workforce Investment Board or Sacramento Employment and Training Agency for the purpose of influencing a member's vote on the application or proposal; or
  - (3) Testifies or makes an oral statement before the Workforce Investment Board 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 Workforce Investment Board 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 Workforce Investment Board 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 PATTY DOWNING, Employment and Training Analyst III, Sacramento Employment and Training Agency, 925 Del Paso Blvd., Sacramento, California, 95815-3608, (916) 263-3838, 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:

\_\_\_\_\_

Workforce Investment Board 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 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 Workforce Investment Board 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 the Workforce Investment Board or Sacramento Employment and Training Agency. In addition, no Workforce Investment Board 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 Workforce Investment Board 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 Workforce Investment Board 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 Workforce Investment Board 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 PATTY DOWNING, Employment and Training Analyst III, Sacramento Employment and Training Agency, 925 Del Paso Blvd., Sacramento, California, 95815-3608, (916) 263-3838, or the Fair Political Practices Commission, 428 J Street, Suite 620, Sacramento, California, 95814, (916) 322-5660.

Prepared based upon the forms recommended by the Legal Division of the Fair Political Practices Commission 8/85.

**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:

\_\_\_\_\_

Workforce Investment Board 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**

**Supervisor Jimmie Yee**

County of Sacramento  
700 "H" Street  
Sacramento, CA 95814  
Phone: 874-5481  
Fax: 874-7593  
e-mail: [jyee@saccounty.net](mailto:jyee@saccounty.net)

**Council Member Bonnie Pannell**

City of Sacramento  
915 "I" Street, 5<sup>th</sup> Floor  
Sacramento, CA 95814  
Phone: 808-7008  
Fax: 808-7680  
e-mail: [bpannell@cityofsacramento.org](mailto:bpannell@cityofsacramento.org)

**Sophia Scherman**

Public Representative  
Elk Grove City Hall  
8400 Laguna Palms Way  
Elk Grove, CA 95758  
e-mail: [scherman@sophia-elkgrove.com](mailto:scherman@sophia-elkgrove.com)

**Supervisor Don Nottoli**

County of Sacramento  
700 "H" Street  
Sacramento, CA 95814  
Phone: 874-5465  
Fax: 874-7593  
e-mail: [nottolid@saccounty.net](mailto:nottolid@saccounty.net)

**Council Member Kevin McCarty**

City of Sacramento  
915 "I" Street, 5<sup>th</sup> Floor  
Sacramento, CA 95814  
Phone: 808-7006  
Fax: 808-7680  
e-mail: [kmccarty@cityofsacramento.org](mailto:kmccarty@cityofsacramento.org)

*Current as of February 1, 2009*

**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, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(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 of Labor (DOL) 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 DOL.
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 suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the DOL 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



**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.

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_ of

**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)

**ATTACHMENT #9 (cont.)**

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)

**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY**

**INSURANCE REQUIREMENTS**

**(Applicable to all SETA-funded programs)**

**(Pursuant to SETA Governing Board Action on 4/21/88)**

**(Revised 5/3/2007)**

Prior to contract execution, commencement of program performance and disbursement of any funds, SETA shall receive from each funded agency's insurer an ORIGINAL, computer-generated, or faxed certificate of insurance and copies of required endorsements.

**GENERAL REQUIREMENTS:**

**1. CERTIFICATES OF INSURANCE MUST INCLUDE:**

- A. Insuring Company's Name;
- B. Full Mailing Address of Insurance Company's Issuing Branch Office;  
(this item may be added to certificate by SETA staff)
- 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. As respects General Liability Coverage, statement 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:

When completing certificates of insurance, the following wording must be stricken from the standard statement:

"Should any of the above-described policies be canceled before the expiration date thereof, the issuing company will mail \_\_\_ days written notice to the certificate holder named to the left.

NOTE: Upon receipt of an acceptable certificate and endorsements, a cover letter will be sent to each insurance carrier indicating SETA's reliance on the certificate as evidence that insurance was indeed issued and is currently in force. A copy of the letter will be sent to both the broker/agent and the operator.

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

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

INSURANCE REQUIREMENTS

(Continued)

2. **REQUIRED INSURANCE ENDORSEMENTS: MUST HAVE POLICY NUMBER TYPED ON ENDORSEMENTS.**

3. 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 a funded agency to reduce or eliminate such deductibles or self-insured retentions as respects SETA, its officers, employees and volunteers.

**NOTE:** No SETA funds may be used to fund or otherwise pay for any deductibles, self-insured retentions and/or self-insurance.

4. SETA reserves the right to require funded agencies to obtain additional insurance coverage should the program activities provided require additional coverage. This is especially true for multi-funded agencies. Additional coverage might include increased policy limits or coverage's 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.

5. SETA reserves the right to require funded agencies to provide SETA with complete copies of all insurance policies including endorsements.

6. All coverage's shall be procured through a carrier satisfactory to SETA. If any coverage is canceled, revoked, reduced, or in any manner questioned or compromised, SETA shall not make any further disbursements to funded agency 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.

7. In the event insurance coverage's expire at any time or times during the term of the subgrant, the program operator agrees to provide, at least thirty (30) calendar days prior to said expiration date, a new certificate(s) of insurance evidencing insurance coverage(s) as provided for herein for not less than the remainder of the term of the subgrant. New certificates of insurance are subject to review for content and form by SETA.

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY  
INSURANCE REQUIREMENTS

(Continued)

REQUIRED COVERAGES

1. FIDELITY AND DEPOSITORS' FORGERY COVERAGES (Not applicable for WSP and/or LTPL applicants)

A. Required Limits:

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

B. Required Endorsements:

1. "The Sacramento Employment and Training Agency is named as a loss payee as its interest may appear"; and,
2. "This insurance shall not be canceled, limited, or non-renewed until after fifteen (15) 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".

2. PROPERTY COVERAGE (Not applicable for WSP and/or LTPL applicants)

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 Endorsements:

1. "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"; and,
2. "It is agreed that any insurance and/or self-insurance maintained by the Sacramento Employment and Training Agency shall apply in excess of and not contribute with insurance provided by this policy".



SACRAMENTO EMPLOYMENT AND TRAINING AGENCY  
INSURANCE REQUIREMENTS

(Continued)

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

Subcontractors 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 subcontractor's Commercial General Liability Insurance. SETA is to be named as an additional insured for this coverage.

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. "The Sacramento Employment and Training Agency and its officers, employees and volunteers are named as an additional insured";
2. "It is agreed that any insurance and/or self-insurance maintained by the Sacramento Employment and Training Agency shall apply in excess of and not contribute with insurance provided by this policy"; and,
3. "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".

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY  
INSURANCE REQUIREMENTS

(Continued)

4. VEHICLE LIABILITY COVERAGE

A. Required of all Program Operators

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 program operator 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. "The Sacramento Employment and Training Agency and its officers, employees and volunteers are named as an additional insured";
2. "It is agreed that any insurance and/or self-insurance maintained by the Sacramento Employment and Training Agency shall apply in excess of and not contribute with insurance provided by this policy"; and,
3. "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".

5. PROFESSIONAL LIABILITY COVERAGE (Not applicable for WSP and/or LTPL applicants)

A. Required of all program operators who 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.

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY  
INSURANCE REQUIREMENTS  
(Continued)

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 are not covered under a state's workers' compensation law, they shall be provided with adequate on-site medical and accident insurance.

B. Required Endorsement:

"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".

7. SELF-INSURANCE

If any coverage is provided by self-insurance, SETA requires a letter from the funded agency stating that:

A. It agrees to SETA's insurance requirements as stated above;

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 contract.

A sample letter will be provided.

**SECTION III**

**INSTRUCTIONS FOR COMPLETING A PROPOSAL**

## **INSTRUCTIONS FOR COMPLETING A PROPOSAL**

Organizations proposing a separate program for any of the 3 possible categories, Family Self-Sufficiency, Safety-Net or ARRA, must submit a separate proposal for each. Proposing organizations submitting a Family Self-Sufficiency proposal that includes support services, such as nutrition or transportation as part of the overall program design, may include those services in the proposal if they will be provided exclusively to enrolled, case managed clients.

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 should not exceed one (1) page in length. Where appropriate or deemed necessary, provide examples that clarify descriptions of proposed program operations or service activities. 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. Proposal responses inconsistent with information provided on proposal exhibits and forms may result in a loss of points.

### **PROPOSAL FORMAT**

- ◆ No staples, bindings or tabbed section dividers
- ◆ Single sided 8 ½ x 11 inch white paper with 1-inch margins and standard black type (Times New Roman, 12 pitch, recommended)
- ◆ The original proposal must contain original signatures and be clearly marked “ORIGINAL”
- ◆ Seven complete copies of the original proposal must accompany the original at the time of submission, each clearly marked “COPY”
- ◆ A complete table-of-contents should follow the COVER SHEET and EXHIBIT 1 in the proposal
- ◆ All pages in the proposal **except for FORMS, EXHIBITS and the TABLE OF CONTENTS** must be consecutively numbered

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

FORM 1 (Cover Sheet Forms)  
EXHIBIT 1 (Corporate Resolution)  
TABLE OF CONTENTS  
PROPOSAL SUMMARY  
RESPONSES 1-6 (In numerical order)  
FORMS 2- 7 (In numerical order)  
EXHIBIT 2 (Organizational chart and job descriptions for all funded staff proposed)

**NOTE: DO NOT INCLUDE ANY FURTHER ATTACHMENTS OR LETTERS**

## I. PROPOSAL SUMMARY

Provide a one page summary that clearly describes the program being proposed, services intended for program participants and anticipated community and/or participant outcomes.

## II. PROPOSAL RESPONSES

**RESPONSE 1. STATEMENT OF NEED AND DESCRIPTION OF TARGET GROUP/AREA:** Provide a complete description of the target group/area you intend to serve and explain why barriers or gaps in currently available community services for this group/area still exist. The facts presented here should make a compelling case for providing the services proposed. All data sources should be noted.

**RESPONSE 2. PROGRAM GOALS, SERVICES, ACTIVITIES AND OUTCOMES:** Provide a table, using the same format as in the example below, that lists each proposed service or activity intended for case managed clients.

### EXAMPLE:

| <b>Goals</b>  | <b>Service or Activity</b>                      | <b>Outcomes</b>  |
|---|---|--|
| Briefly describe the program goal supported by the service or activity noted. | Briefly describe a proposed service or activity | Briefly describe the benefits that will be receive from the described service or activity noted. |

### RESPONSE 3. SERVICE DELIVERY SYSTEM

- A. **FAMILY SELF-SUFFICIENCY SERVICE DELIVERY: For Family Self-Sufficiency Proposals Only!** – Describe the case management system the proposing organization intends to use including assessment tools used, how short and long term goals will be developed and recorded, the frequency of case manager/participant contacts, progress notes and meetings, how a final determination of participant outcomes will be accomplished and recorded, and your agency’s process for client referral to other agencies for similar or other services not available from your agency, including any follow-up actions to be undertaken.
- B. **SAFETY-NET SERVICE DELIVERY: For Safety-Net Proposals Only!** Describe the intended process for outreach, receiving service requests, determining eligibility, determining that an emergency exists, a timeline of service provision from request to delivery and your agency’s process for client referral to other agencies for similar or other services not available from your agency, including any follow-up actions to be undertaken. Also include a list of the days and hours when clients will have access to the service delivery site by phone and/or in-person.
- C. **ARRA SERVICE DELIVERY: For ARRA Proposals Only!** Describe the intended process for outreach, receiving service requests, determining eligibility,

determining the need for the service, a timeline of service provision from request to delivery and your agency's process for client referral to other agencies for similar or other services not available from your agency, including any follow-up actions to be undertaken. Also include a list of the days and hours when clients will have access to the service delivery site by phone and/or in-person.

**RESPONSE 4. BUDGET ITEM JUSTIFICATIONS, ACCOUNTING SYSTEM AND FISCAL CONTROLS:** Make a brief statement describing the necessity and/or use of each budget item noted on **FORM 2, PROGRAM BUDGET AND COST ALLOCATION PLAN**. Describe proposing organization's accounting system indicating appropriate fiscal controls and the organization's ability to accept fiscal liability for any funds awarded under this RFP. Include a description of any attempts to secure alternative funding for the proposed program during the previous or current program year and the impact on the proposed program if requested SETA funding is denied.

**RESPONSE 5. EXPERIENCE AND STAFFING:** Provide a brief description of proposing organization's history that includes a chronology of programs implemented during the last 5 years, the number of clients served during that period from the groups/areas targeted in this proposal and the resulting outcomes. If this is a new venture or program strategy, describe proposing organization's capacity to meet proposed program goals. Include a description of the proposed programs staffing structure through to the organization's Executive Director. Note the names of staff intended for each position, if known, or note the position as "vacant."

**NOTE: Job classifications noted in RESPONSE 5 must match the job classifications noted in the Proposal Summary, Program Budget and Cost Allocation Plan, on the organizational chart and in job descriptions (EXHIBIT 2), and elsewhere in this narrative.**

**RESPONSE 6. INTERNAL EVALUATION and INFORMATION SYSTEMS:** Describe proposing organization's intended schedule of internal efforts to measure operational effectiveness and client outcomes for the proposed program. Include a brief description of how information collected will be gathered, recorded, protected, and stored for a mandatory 3 years beyond the contract period. Describe proposing organization's capacity to collect demographic data and provide timely reports on a monthly basis.

### **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 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 clearly marked "ORIGINAL." Copies of the original Cover Sheet must be included in the seven (7) separate proposal documents clearly marked "COPY."

- FORM 2. PROGRAM BUDGET AND COST ALLOCATION PLAN:** Include all pages of the form whether you have made entries on them or not. Accurate math calculations will help insure the maximum point value for this portion of the proposal.
- FORM 3. ANNUAL PROJECTIONS:** Provide annual projections for program year enrollments/services provided. Proposing organizations submitting self-sufficiency proposals that include support services for their enrolled clients should NOT include those support services on this annual projection form.
- FORM 4. COLLABORATIVE PARTNERS:** List all collaborative partners on **FORM 4** and describe how their roles will be linked, coordinated and/or financially leveraged with your proposed program.
- FORM 5. REFERENCES:** All proposals must include a completed **References** form marked **FORM 5**. 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. All other proposing organizations must provide extensive reference information.
- FORM 6. CURRENT FUNDING SOURCES:** All proposals must include a complete listing of all current funding sources for proposing organization on the **Current Funding Sources** Form marked **FORM 6**. Use additional pages as necessary.
- FORM 7. OTHER PENDING APPLICATIONS:** All proposals must include a complete listing of all pending proposals or applications for funding on the **Other Pending Applications** Form marked **FORM 7**. Use additional pages as necessary.

#### **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 proposal marked “ORIGINAL” and clearly marked “EXHIBIT 1.” Copies of EXHIBIT 1 should be included in proposals marked “COPY.”
- EXHIBIT 2. ORGANIZATIONAL CHART:** Proposals must include an organizational chart that indicates all proposed staff and lines of authority through to the executive director. Existing staff designated for the proposed program should be named in the organizational chart. Proposed positions not yet filled should be designated as vacant. Include complete job descriptions for all proposed staff classifications. The organizational chart and job descriptions must be clearly marked “EXHIBIT 2.”

**NOTE:** Job titles on organizational charts and job descriptions must match the job titles noted in the Proposal Summary, Program Budget and Cost Allocation Plan, in RESPONSE 5, and elsewhere in this narrative.



**SECTION IV**

**PROPOSING ORGANIZATION FORMS LIBRARY**

**COVER SHEET**

**BUDGET AND COST ALLOCATION PLAN**

**ANNUAL SERVICE PROJECTIONS**

**COLLABORATIVE PARTNERS**

**REFERENCES**

**CURRENT FUNDING SOURCES**

**OTHER PENDING APPLICATIONS**

**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 a 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), is part of the original proposal marked "ORIGINAL".

### 1. Proposing Organization

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

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

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

d) Contact Person: \_\_\_\_\_

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):

Self-Sufficiency     Safety-Net     ARRA

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

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

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

5. Number of families to be enrolled: \_\_\_\_\_ (NOTE: An enrolled individual shall be counted as one family)

**FORM 1**  
**FORM 1**

**COVER SHEET (cont.)**

6. 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 1**

## FORM 2

### COMMUNITY SERVICES BLOCK GRANT AND CSBG RECOVERY ACT

#### PROGRAM BUDGET AND COST ALLOCATION PLAN

Proposing Organization: \_\_\_\_\_

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

\_\_\_\_\_, CA Zip: \_\_\_\_\_

Program Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Contact E-mail: \_\_\_\_\_

Fiscal Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fiscal Contact E-mail: \_\_\_\_\_

#### **Budget Periods:**

**Formula CSBG Funds - January 1, 2010 through December 31, 2010**

**ARRA – January 1, 2010 through September 30, 2010**

#### **BUDGET SUMMARY**

|  |  |
|--|--|
| 1. Staff Salaries                              |  |
| 2. Staff Fringe Benefits<br>(Employer's Share) |  |
| 3. Consultant & Contract<br>Services           |  |
| 4. Travel                                      |  |
| 5. Space                                       |  |
| 6. Equipment                                   |  |
| 7. Other                                       |  |
| 8. Safety-Net/Support Services                 |  |
| <b><u>Total Costs</u></b>                      |  |

#### **MONTHLY EXPENDITURES PLAN**

|           |  |
|-----------|--|
| January   |  |
| February  |  |
| March     |  |
| April     |  |
| May       |  |
| June      |  |
| July      |  |
| August    |  |
| September |  |
| October   |  |
| November  |  |
| December  |  |

**COST ALLOCATION PLAN**

| <i>Cost Item</i>                 | <b><u>ACTUAL BASIS</u> which will be used to charge/allocate costs to this program<br/>(Use Abbreviations Below)</b> |
|----------------------------------|--|
| Staff Salaries & Fringe Benefits | ST   |
|                                  |  |
| Consultant & Contract Services   |  |
|                                  |  |
| Travel                           |  |
|                                  |  |
| Space                            |  |
|                                  |  |
| Equipment Costs                  |  |
|                                  |  |
| Other Costs                      |  |
|                                  |  |
|                                  |  |

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

- DC = Direct Charge: (Not a shared cost. All actual costs will be directly identified with and charged to this program)
- ST = Staff Time: (Shared cost: Actual costs will be allocated to this program based upon the % of total actual staff time spent on this program)
- SF = Square Footage: (Shared cost: Actual costs will be allocated to this program based upon the % of total actual square footage used by this program)
- SF/ST = Square Footage Combined with Time of Staff Using Space: (Shared Cost. Actual costs will be allocated to this program based upon the % of total actual square footage and time used by the staff involved in this program)
- #S = Number Served: (Shared Cost. Actual costs will be allocated to this program based upon the % of total actual participants served by this program)
- U = Usage: (Shared Cost. Actual costs will be allocated to this program based upon the % of total actual usage by this program. The backup documentation for actual usage will be: \_\_\_\_\_)

### 1. Staff Salaries

| <u>Job Title</u>                             | <u>Hourly Wage</u> | <u>Hours Devoted to Program in 2010</u> | <u>Total 2010 Salary</u> | <b>% CSBG Funded</b> | <b>2010 CSBG Funded Salary</b> |
|--|--------------------|---|--------------------------|----------------------|--------------------------------|
|  |                    |   |                          |                      |                                |
|  |                    |   |                          |                      |                                |
|  |                    |   |                          |                      |                                |
|  |                    |   |                          |                      |                                |
|  |                    |   |                          |                      |                                |
|  |                    |   |                          |                      |                                |
|  |                    |   |                          |                      |                                |
|  |                    |   |                          |                      |                                |
| <i>Total 2010 CSBG Funded Staff Salaries</i> |                    |   |                          |                      |                                |

### 2. Staff Fringe Benefits (Employer's Share)

| <b>Fringe Benefits Rate for Your Organization</b> | <b>%</b> | <b>Total Fringe Benefits Costs for the Total Proposed 2010 CSBG Funded Staff Salaries Noted Above</b> |  |
|---|----------|---|--|
|   |          |   |  |

### 3. Consultant and Contract Services

| <b>Type of Service Provided</b>                                      | <b>Contract Cost</b> | <b>% CSBG Funded</b> | <b>CSBG Funded Amount</b> |
|--|----------------------|----------------------|---------------------------|
|  |                      |                      |                           |
|  |                      |                      |                           |
|  |                      |                      |                           |
| <i>Total 2010 CSBG Funded Consultant and Contract Services Costs</i> |                      |                      |                           |

### 4. Travel

| <b>Type of Travel</b>                      | <u>Cost Information</u><br>(charge/mile x number of miles =) | <b>% CSBG Funded</b> | <b>CSBG Funded Amount</b> |
|--|--|----------------------|---------------------------|
| Local Mileage                              |  |                      |                           |
| Out of County – Reason:                    |  |                      |                           |
|  |  |                      |                           |
| <i>Total 2010 CSBG Funded Travel Costs</i> |  |                      |                           |

**5. Space**

| <b>R = Rent</b><br><b>L = Lease</b><br>↓  | <b>D = Depreciation</b><br><b>U = Use Allowance</b> <b>O = Owned</b> |                  | <b>Full Cost</b><br><b>Information</b> | <b>%</b><br><b>CSBG</b><br><b>Funded</b> | <b>CSBG</b><br><b>Funded</b><br><b>Amount</b> |
|---|--|------------------|--|--|---|
|   | <b>Address</b>   | <b>From – To</b> |  |  |   |
|   |  |                  |  |  |   |
|   |  |                  |  |  |   |
|   |  |                  |  |  |   |
| <i>Total 2008 CSBG Funded Space Costs</i> |  |                  |  |  |   |

**6. Other Equipment:**

1. All computer hardware regardless of unit or acquisition cost not included above.
2. Expendable property of a sensitive nature (Subject to loss or theft due to its size such as typewriters, facsimile machines, photocopiers, televisions, and video cameras costing in excess of \$1,000.00 but less than \$5,000.00)
3. Other equipment costs (copier lease, etc.)

| <b>R = Rent</b><br><b>L = Lease</b><br>↓ | <b>D = Depreciation</b><br><b>U = Use Allowance</b> <b>O = Owned</b> |  | <b>Full Cost</b><br><b>Information</b> | <b>%</b><br><b>CSBG</b><br><b>Funded</b> | <b>CSBG</b><br><b>Funded</b><br><b>Amount</b> |
|--|--|--|--|--|---|
|  | <b>Description of Item</b>   |  |  |  |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
| <i>Total Other Equipment Costs</i>       |  |  |  |  |   |

**7. Other**

| <b>Item</b>                        | <b>Full Cost Information</b> | <b>% CSBG Funded</b> | <b>CSBG Funded Amount</b> |
|------------------------------------|------------------------------|----------------------|---------------------------|
| <b>Miscellaneous Office Costs:</b> |                              |                      |                           |
| Utilities/Telephone                |                              |                      |                           |
| Office Supplies                    |                              |                      |                           |
| Postage                            |                              |                      |                           |
| Printing                           |                              |                      |                           |
| Fidelity/Depositors' Forgery       |                              |                      |                           |
| Property                           |                              |                      |                           |
| General/Vehicle Liability          |                              |                      |                           |
| Excess Liability                   |                              |                      |                           |
| Other                              |                              |                      |                           |
| Other                              |                              |                      |                           |
| <b>Total Other Costs</b>           |                              |                      |                           |

### 8. Safety-Net/Support Services

| <b>Item</b>   | <b>Full Cost Information</b> | <b>% CSBG Funded</b> | <b>CSBG Funded Amount</b> |
|---|------------------------------|----------------------|---------------------------|
| <b>Food</b> (average cost/service x number of services projected)   |                              |                      |                           |
| <b>Transportation</b> (average cost/client x number of unduplicated clients projected)                              |                              |                      |                           |
| <b>Utility Assistance</b> (average cost/client x number of unduplicated clients projected)                          |                              |                      |                           |
| <b>Motel Assistance</b> (average cost/client x number of unduplicated clients projected)                            |                              |                      |                           |
| <b>Eviction Avoidance</b> (average cost/client x number of unduplicated clients projected)                          |                              |                      |                           |
| <b>Health Services</b> (average cost/client x number of unduplicated clients projected)                             |                              |                      |                           |
| <b>Other Employment Support Service</b> (Describe) (average cost/client x number of unduplicated clients projected) |                              |                      |                           |
| <b>Other</b> (Describe) (average cost/client x number of unduplicated clients projected)                            |                              |                      |                           |
| <b>Total Direct Safety-Net/ Support Service Costs</b>   |                              |                      |                           |

## FORM 2



# FORM 3

## ANNUAL SERVICE PROJECTIONS

**DIRECTIONS:** Provide annual projections for program year enrollments/services provided. Proposing organizations must limit their annual projections to a single service category below, Family Self-Sufficiency, Safety-Net or ARRA.

| <b>FAMILY SELF-SUFFICIENCY PROPOSALS ONLY</b>  | <b>Annual<br/>Projection</b> |
|--|------------------------------|
| <b>Youth</b><br><i>(Number of unduplicated youth provided with case managed services)</i>  |                              |
| <b>Seniors</b><br><i>(Number of unduplicated seniors provided with case managed, independence related services)</i>              |                              |
| <b>Disabled</b><br><i>(Number of unduplicated disabled persons provided with case managed self-sufficiency related services)</i> |                              |
| <b>Housing</b><br><i>(Number of unduplicated families provided with case managed, on-site shelter or housing)</i>                |                              |
| <b>Other</b> (Describe)  |                              |
| <b>Total</b>   |                              |

| <b>SAFETY-NET OR ARRA PROPOSALS</b>  | <b>Annual<br/>Projection</b> |
|--|------------------------------|
| <b>Emergency Food</b><br><i>(Number of times a family receives prepared meals or food supplies)</i>  |                              |
| <b>Emergency Shelter</b><br><i>(Number of unduplicated families provided with short-term emergency off-site housing)</i>   |                              |
| <b>Emergency Payments For Rental Housing</b><br><i>(Number of unduplicated households provided with eviction avoidance services or re-housing assistance)</i>            |                              |
| <b>Emergency Payments To Utilities</b><br><i>(Number of unduplicated households avoiding utility disconnection or reconnected to utility services)</i>                   |                              |
| <b>Housing</b><br><i>(Number of unduplicated families provided with on-site shelter)</i>   |                              |
| <b>Health Services</b><br><i>(Number of unduplicated families provided with limited health services)</i>   |                              |
| <b>Legal Assistance</b><br><i>(Number of unduplicated households provided with emergency legal advise in-person or by phone)</i>   |                              |
| <b>Transportation Assistance</b><br><i>(Number of unduplicated families provided with public transportation or fuel vouchers)</i>  |                              |
| <b>Employment Support Services</b><br><i>(Number of unduplicated families provided with Safety-Net services in support of clients seeking or maintaining employment)</i> |                              |
| <b>Other</b> (Describe)  |                              |
| <b>Total</b>   |                              |

**NOTE:** All entries in the table above should be absolute numbers (XX) and not ranges of numbers (XX – XX).

# FORM 3

# FORM 4

## COLLABORATIVE PARTNERS FORM

| <b>Collaborative Partner</b> | <b>Describe how services will be coordinated, shared, linked and/or financially leveraged.</b> |
|------------------------------|--|
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |

# FORM 4

# FORM 5

## REFERENCES FORM

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

# FORM 5

# FORM 6

## CURRENT FUNDING SOURCES

Proposing Agency: \_\_\_\_\_ Date: \_\_\_\_\_

| Funding Source                     | Grant Period | Amount |
|------------------------------------|--------------|--------|
| Area 4 Agency on Aging             |              |        |
| City Contrib. (General Fund)       |              |        |
| CSBG - SETA                        |              |        |
| CSBG - Other                       |              |        |
| County AOD Services                |              |        |
| County Mental Health               |              |        |
| Emergency Food and Shelter Program |              |        |
| Federal - DOL                      |              |        |
| Federal - HHS                      |              |        |
| CalWORKs                           |              |        |
| County - Other                     |              |        |
| Office of Criminal Justice         |              |        |
| RESS                               |              |        |
| Workforce Investment Act           |              |        |
| SETA Head Start                    |              |        |
| State Dept. of Health              |              |        |
| State CSD                          |              |        |
| Targeted Refugee Asst.             |              |        |
| United Way                         |              |        |
| Federal (Other)                    |              |        |
| State (Other)                      |              |        |
| Other                              |              |        |
| Other                              |              |        |
| Other                              |              |        |
| Other                              |              |        |

# FORM 6

# FORM 7

## OTHER PENDING APPLICATIONS

Proposing Agency: \_\_\_\_\_ Date: \_\_\_\_\_

| PROGRAM OR PROJECT TITLE AND PURPOSE<br>(Brief Summary) | FUNDING<br>SOURCE | AMOUNT |
|---|-------------------|--------|
|   |                   |        |

Specify funding source by name. The following list is provided for reference; however, it is not exhaustive and other sources not named should be identified.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>o Area 4 Agency on Aging</li> <li>o City Contributions (Gen. Fund)</li> <li>o Comm. Development Block Grant</li> <li>o CSBG - SETA</li> <li>o CSBG - Other</li> <li>o County AOD Services</li> <li>o County Mental Health</li> <li>o United Way</li> <li>o Fed. – DOL/ACF/HHS</li> <li>o Federal (Other)</li> <li>o Sierra Health Foundation</li> </ul> | <ul style="list-style-type: none"> <li>o SETA Head Start</li> <li>o State (Other)</li> <li>o State Dept. of Health</li> <li>o State CSD</li> <li>o Office of Criminal Justice</li> <li>o WIA</li> <li>o Targeted Refugee Asst./RESS</li> <li>o CalWORKs</li> <li>o The California Endowment</li> <li>o The Wellness Foundation</li> <li>o The Robert Wood Johnson Foundation</li> </ul> |
|--|---|

# FORM 7

## **PROGRAM DEFINITIONS**

**American Recovery and Reinvestment Act (ARRA)** – A separate and time limited source of funding for expanding and strengthening economic stimulus and poverty related programs and services implemented in part by the network of CSBG agencies throughout the nation.

**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 their commitment to perform as described by the proposing organization. **A collaborative partner is NOT an agency or individual that merely refers prospective clients to the proposing agency.**

**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 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 2010-2011 Community Action Plan or CSBG Recovery Act Local Plan (Available on the SETA web site at [www.seta.net](http://www.seta.net) ).

**Family** – An individual or any group of individuals living together as a family 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.

**Outcome Measures** – CSBG goals identified for Sacramento County are locally determined by the community, the SETA Community Action Board and the SETA Governing Board.

**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 2010-2011 SETA Community Action Plan and CSBG Recovery Act Local Plan.