

Sacramento Employment and Training Agency

925 Del Paso Boulevard, Suite 100
Sacramento, CA 95815

www.seta.net

REQUEST FOR PROPOSALS

for the

2020 CARES Act CSBG Supplemental Funding

COMMUNITY SERVICES BLOCK GRANT PROGRAM

Release Date

Friday – September 4, 2020
1:00 p.m.

Offeror's Conference

Thursday – September 10, 2020
10:00 a.m.

Pre-Qualification Deadline

Friday – September 18, 2020
4:30 p.m.

Submittal Deadline

Friday – October 2, 2020
5:00 p.m.

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SACRAMENTO EMPLOYMENT AND TRAINING AGENCY
COMMUNITY SERVICES BLOCK GRANT
CARES ACT SUPPLEMENTAL FUNDING CALENDAR

<u>DATE</u>	<u>EVENT</u>
Friday, September 4, 2020 1:00 p.m.	Issuance of Request for Proposals
Thursday, September 10, 2020 10:00 a.m.	Offeror's Conference Presented in Zoom meeting format
Friday, September 18, 2020 4:30 p.m.	Pre-qualification requirements submission deadline
Friday, October 2, 2020 5:00 p.m. Deadline	<u>PROPOSALS DUE BY 5:00 p.m.</u> (Submissions accepted only in electronic format)
Friday, October 23, 2020 3:30 p.m.	Staff Recommendations Released Copies will be available on the SETA website www.seta.net
Monday, October 26, 2020 10:00 a.m.	Community Action Board (CAB) special meeting for the development and approval of CARES Act CSBG Supplemental Funding recommendations.
Tuesday, October 27, 2020 4:30 p.m. Deadline	Written protest submission deadline (Protests accepted only in electronic format)
Thursday, October 29, 2020 10:00 a.m.	SETA Governing Board Meeting Final funding decisions
Monday, November 2, 2020	CARES Act CSBG Supplemental Funding Program Start Date

**PLEASE NOTE THAT ALL DATES AND TIMES ARE SUBJECT TO CHANGE. MEETINGS
WILL TAKE PLACE VIA ZOOM; ACCESS INFORMATION WILL BE PUBLISHED ON
SETA WEBSITE AND INVITATIONS SENT TO ALL INTERESTED PARTIES**

SECTION I
GENERAL INFORMATION AND GUIDELINES

1. BACKGROUND

This Request for Proposals (RFP) was developed in response to key findings and recommendations identified in the 2020-2021 Community Action Plan (www.seta.net), research conducted and information compiled on conditions relating to the COVID-19 pandemic local response, and the Community Services Block Grant Act.

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

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

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

2. SOLICITATION

The purpose of this RFP is to solicit from qualified applicant agencies, proposals responding to the adverse socioeconomic effects of COVID-19 on Sacramento County, by mitigating root causes of poverty and ameliorating conditions of extreme poverty, for low-income Sacramento County households.

3. QUALIFIED APPLICANT AGENCIES

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

4. AVAILABLE FUNDS

It is estimated that the CSBG funds available for allocation under this RFP will total up to \$1,251,744 contingent upon funds being made available to the State Department of Community Services and Development by the United States Government for the purposes of this program. Once available funds are appropriated, the anticipated allocation may be amended due to budget revisions at the federal or state level.

Funding for the CSBG program is based on priorities for services and activities as outlined in the SETA 2020-2021 Community Action Plan (CAP) as supplemented by the 2020-2022 Local Plan for CARES Act Supplemental Funding. The funds available for allocation are currently estimated to be:

A. FAMILY SELF-SUFFICIENCY SERVICES	\$ 625,872	50%
B. SAFETY-NET SERVICES	\$ 625,872	50%
TOTAL	\$1,251,744	100%

To help inform proposers in developing their proposal, in recent CSBG procurement processes, awards for Family Self-Sufficiency programs averaged \$46,000 and ranged between \$16,500 and \$65,000; awards for Safety-Net programs averaged \$28,500 and ranged between \$8,800 and \$61,000. Proposers should expect that awards for the CARES Act CSBG Supplemental Funding will be comparable.

Final funding decisions will be made by the SETA Governing Board. Funding to each service area may be eliminated, reduced or increased and final funding may be allocated to one or more of these service areas in such amounts as the SETA Governing Board ultimately determines in its sole and exclusive discretion.

5. COMMUNITY ACTION BOARD and LOCAL PLAN PRIORITY AREAS

As the advisory body for SETA’s CSBG program, the Community Action Board (CAB) is responsible for providing direction, guidance and perspective on the CSBG program to SETA. In conjunction with the Local Plan for CARES Act 2020 Supplemental Funding, the CAB has identified the following priority areas:

- **Exacerbated Housing Issues:** Renters and homeowners are facing many months of no/reduced income due to job loss and furloughs, leading to questions of how to pay rents/mortgages. While the City and County of Sacramento have both placed moratoria on evictions to renters who can document lost income due to COVID-19, eventually the back rent will need to be paid. In addition, Sacramento County was experiencing a housing shortage at all levels of the rental and sale markets long before COVID-19 struck the community. Rent is a significant concern to the people of Sacramento County and is likely to become more of a concern as the eviction moratoria are lifted.
- **Basic Necessities are Harder to Meet:** In addition to rent, utilities and other basic necessities of living have all become of paramount concern for people who are working intermittently or not at all. Local food banks have reported that they are seeing record numbers of people, many of whom have always worked and are seeking services for the first time. One reason for this is that children are at home due to school closures, and they are not getting school meals. While schools are offering meals to go, the parents have to get there and that may not be possible. While there is currently a moratorium on SMUD shut-offs, eventually back payments on utilities and rent will need to be paid. All aspects of daily finances become more of a challenge without a regular paycheck, including but not limited to food, shelter, transportation, hygiene items, medical/dental/eye care, diapers, and personal protective equipment to keep healthy during the pandemic.
- **Educational Impacts:** The social and educational impacts resulting from the closure of schools cannot be understated. Children who may face chaotic or even abusive home lives do not have an outside adult to advocate for them. As an educational model, distance learning may require an engaged adult present who might otherwise be working outside the home. Peer contacts have greatly lessened, and primarily occur via social media or other online venues.

- **Digital Literacy/Access:** Because many services are offered remotely during the pandemic, activities which could formerly be done in person must now be done online. This is particularly difficult for people without laptops, internet connection, or the knowledge base to use them. Online activities include a heavy emphasis on job search and application, distance learning in education, and some social services benefits. Due to the closure or limited availability of public resources such as libraries and job centers, people are more heavily reliant on their own devices to conduct such online activities. These devices, and the ability or internet connection to use them, may or may not be adequate.

Children may or may not have regular access to laptops or Chromebooks for school. If they do, they may not have reliable internet connections, and the family may not know how to effectively use the laptops or Chromebooks. With multiple children, families are even more challenged in helping children with distance learning.

- **Low/No-Wage Workers:** Child care workers and other “essential” workers who are able to obtain/retain employment are at higher risk of becoming infected with COVID-19 themselves. Many direct-care, “essential” workplaces such as pre-schools, retail stores and hospitality businesses have shut down completely during the shelter-in-place order. Staff from impacted job sectors may have had their hours reduced or lost their jobs completely.

Unemployment in Sacramento County has gone from a low of 3.2% in December, 2019 to 14.1% in May, 2020. As often happens in an economic downturn, the people at the lower end of the pay scale have been most hurt by the requirement to shelter in place and the resultant recession. The wide range of closures as a result of the pandemic has included places of work, educational institutions, retail stores and entertainment venues. While many people are able to work from home, low-income workers often do not have that option. Many businesses have been required to suspend services, and their workers lost their jobs. Sacramento County residents need help in getting back to work, in safe work environments that provide a living wage.

The impact has been felt by some communities more than others. A July, 2020, CapRadio study titled “Coronavirus-Related Income Loss Higher in Sacramento-Area Communities of Color” found that 62% of people who identified as Black or Latino said their income has declined somewhat or significantly as a result of the pandemic, compared to 39% and 53% of people who identify as white or Asian/Other.

- **Caregivers of School-Age Children, and of Children at All Ages:** The necessary and desired close contact with young children in a child care environment has increased the need for personal protective equipment among child care workers. This field has been hit hard by layoffs in the wider community, which has meant fewer children coming to child care. The ability of (in-home) child care facilities to continue operation may be affected by the providers’ inability to pay the rent. With distance learning as the only school option, those child care providers working with school-age children may be asked to provide additional guidance on schoolwork. Parents who relied on school-sponsored after-school care cannot do so at this time and must seek the shrinking number of spots in other child care settings.
- **Behavioral Health Resources, Especially Those Affecting the Social and Behavioral Health of Low-income Sacramento County Residents:** The invisible threat of COVID-19 is ever-present and is dictating most aspects of our lives. The closure of workplaces and schools has given domestic and child abusers additional cover, thus making abuse harder to detect. The social movement in response to recent manifestations of systemic racism has been a powerful reminder of the need to “move the needle” in the right direction.

People of color have been particularly affected by the pandemic. A July, 2020 COVID-19 Resilience Poll conducted by Valley Vision cited feelings of depression or hopelessness in 86% and 83% of Black and Hispanic respondents, respectively, compared to 61% and 60% of Asian/Other and White respondents, respectively. Similarly higher rates of concern were cited regarding the physical/emotional well-being of young household members, and about substance abuse rates of self or household members.

As of July 24, 2020, Sacramento County had identified 8,554 cases of COVID-19 with 103 deaths. The identified infection rate has risen dramatically over the past month. The highest number of infections were found among people aged 18-49 (5,265), meaning people in the working population. Females are more likely to be infected in Sacramento County than males (4,566 vs. 3,982), suggesting infection among the large percentage of direct-service positions held by females. There are also definite patterns in the infection rates among racial/ethnic populations. The highest percent of infections are among people identifying as Hispanic (37.2%) and White (34.2%), followed by people identifying as Black (14.5%) and Asian (11.5%). These numbers could be viewed differently through the proportion of the racial/ethnic breakdown in the population: Whites constitute 62.8% of the Sacramento County population, Hispanics 23.6%, Blacks 10.9%, and Asians 17%). Hispanics/Latinos and Blacks are disproportionately being infected.

Generally, low-income residents are disproportionately being infected by COVID-19. South Sacramento has identified a large number of cases; between zip codes 95823, and 95828 alone, 1,025 cases have been identified. The town of Galt has an infection rate at 297 identified cases, which is disproportionately high for this small town of 25,536 people.

6. ALLOWABLE SERVICES AND ACTIVITIES

Services and activities solicited by this RFP adhere to those services and recommendations described in the SETA 2020-2021 Community Action Plan (CAP), approved by the SETA Governing Board on June 6, 2019, As supplemented by the Local Plan for CARES Act CSBG Supplemental Funding, approved by the SETA Governing Board on August 6, 2020. Copies of the approved plans are available on the SETA web site at www.seta.net. Target activities that reflect the goals and recommendations of the plans and the CAB Priority Areas will be given the highest consideration for funding.

Expectations of Programs Receiving CSBG Funds:

All programs receiving funds from SETA's Community Services Block Grant program are expected to adhere to the following requirements:

1. **Obtain and retain statistical data from each household enrolled**, including demographic data on family members, household characteristics, and income, to determine eligibility.
2. **Require and retain verification of household income from each household enrolled**, such as CalWorks or SSI award letters, or pay stubs.
3. **Share the CSBG grievance policy with all participants.**
4. **Submit a monthly CSBG report to SETA**, as described in the Reporter Training conducted shortly after funding awards are made.
5. **Maintain case files on all case managed participants**, including the minimum standards of case management described on page 11 of this RFP.

6. **Submit to program and financial audits each calendar year.**
7. **Present agency's CSBG program, and its progress serving the community, to the Community Action Board** at least once during the period of the grant.

For the purposes of this RFP, services will be categorized under two service areas: **Family Self-Sufficiency** and **Safety-Net** services. Final allocation of funding among these two service areas shall be made by the Governing Board in its sole and exclusive discretion.

1. ALLOWABLE ACTIVITIES

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

Family self-sufficiency services are intended for households that struggle to attain or maintain self-sufficiency as a result of the COVID-19 pandemic. In general, proposals funded under this category will describe a process for stabilizing in-crisis and vulnerable families through case management and the use of support services to mitigate the adverse effects of the economic, social and emotional stresses which have arisen as a result of the pandemic. **Successful proposals will include emergency support services equal to at least 15% of the requested funding**, or a description of how the proposer will provide for the same level of emergency support services through other funding sources.

Sacramento County has experienced the loss of low-wage jobs due to the pandemic and resultant shelter-in-place regulations. Proposers with an employment focus are required to partner and coordinate services leading to unsubsidized employment with one or more Sacramento Works America's Job Centers (SWAJCs) to ensure client access to all available career and training activities, and to provide for ongoing case management and support services through 90 and 180 days of unsubsidized employment. Success measures under this service area will include the number of households securing unsubsidized employment, maintaining employment for 90 days, and maintaining employment for 180 days.

As a result of COVID-19, and as described above, Sacramento County residents have experienced challenges to self-sufficiency affecting many areas of their lives. Proposers may choose to focus on challenges which are not directly related to employment. They may include the following case-managed programs:

- Services for youth or adults that support behavioral health and help prevent the stressors/traumas that can become overwhelming during this period of extended crisis. The focus for such programs may include the prevention of risky behaviors, mental health support, increased understanding and ability in the role of parenting during COVID-19, demonstrated improvement in physical health and well-being, and provision of educational support.
- Child care providers of school-age youth aged 5-12 who experience the need to provide more educational guidance due to remote school activities, and who are able to demonstrate improved positive approaches to learning or improved attention among their charges. Alternatively, child care providers for pre-school children aged 3-5 who can demonstrate improved school readiness or emergent literacy skills through directed learning programs.
- Services to assist senior and disabled senior households in maintaining their health and housing of choice in the face of shelter-in-place and in the absence of traditional social support systems, including practical assistance as well as the social/emotional support for living in greater isolation.
- Services which promote the attainment and maintenance of housing for at-risk families,

including guidance in finding long-term temporary or permanent housing as well as financial and social support in maintaining permanent housing.

- Services which promote the safety and well-being of health-care workers and their families, particularly those at the entry level, which demonstrate improved long-term physical or behavioral health and well-being.

The minimum elements of case management required under this funding category include an identified case manager, a thorough assessment, program goals and benchmarks mutually agreed upon by both the household and case manager, a record of support services justifications, referrals and case manager follow-up results, periodic progress notes and a written plan of action with roles for both staff and appropriate household members. Documentation of the above noted activities and services, in a case file format common to the proposing organization, is required.

Fifty percent (50%) of available CSBG funds (\$625,872) is allocated to the provision of Family Self-Sufficiency services.

B. Safety-Net Services (SN)

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

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

Proposers in good standing proposing to offer the broadest array of available CSBG Safety-Net services, which have the greatest potential for positive impact on challenges to families and individuals created by COVID-19, and with sites or demonstrated mobile unit service capability in high-poverty target areas identified in the SETA 2020-2021 Community Action Plan, will receive the highest priority for funding in the Safety-Net category. Identified high-poverty target areas include Arden Arcade, Florin, Foothill Farms, Galt, La Riviera, Lemon Hill, North Highlands, North Sacramento and Parkway.

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

Fifty percent (50%) of available CSBG funds (\$625,872) is allocated to the provision of Safety-Net services.

7. PREQUALIFICATION REQUIREMENTS SUBMITTAL DEADLINE

This is a mandatory requirement that must be met by all organizations proposing CSBG services under this RFP. A copy of SETA's Pre-qualification Requirements is included in Section II of this RFP.

Please note that the deadline for submission of all pre-qualification documents to the SETA Contracts Unit is 4:30 P.M. Friday, September 18, 2020. 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 Corey Lagbao, Workforce Development Analyst III, at (916) 263-3838 by 4:30 P.M. Friday, September 18, 2020 to advise SETA of its intent to respond to this RFP based upon documentation already on file with the SETA Contracts Unit.

FAILURE OF A PROPOSING ORGANIZATION TO SUBMIT COMPLETE PRE-QUALIFICATION DOCUMENTS OR TO NOTIFY WORKFORCE DEVELOPMENT ANALYST III, COREY LAGBAO, OF ITS INTENT TO RELY ON PREVIOUSLY SUBMITTED DOCUMENTS BY 4:30 P.M. FRIDAY, SEPTEMBER 18, 2020, WILL DISQUALIFY SUCH PROPOSING ORGANIZATION FROM ANY FURTHER FUNDING CONSIDERATION FOR THE FUNDING PERIOD COVERED BY THIS RFP.

Within 48 hours (2 working days) of the pre-qualification deadline, 4:30 P.M., Friday, September 18, 2020, SETA staff will review all submitted or referenced pre-qualification documents and contact, via telephone, those respondents who, at the discretion of the SETA Contracts Unit, need to submit clarifying information or documents.

Requested clarifying information or documents must be received by SETA in a format designated by the SETA Contracts Unit by 4:30 P.M. Friday, September 25, 2020. Failure to provide the SETA Contracts Unit with the requested clarifying information or documents by the 4:30 P.M. Friday, September 25, 2020 deadline will disqualify such proposing organization(s) from any further funding consideration for the period covered by this RFP. Postmarks and other proofs of mailing will not be accepted.

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

8. RFP OFFEROR'S CONFERENCE; RFP UPDATES

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

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

Date: Thursday, September 10, 2020

Time: 10:00 A.M.

Place: This meeting will be held electronically, via Zoom; announcements will be sent to interested parties and posted on the SETA website

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, that may modify or clarify information contained in this RFP. Updates will be posted on the website no later than 24 hours before the submittal deadline. Proposing organizations should check the

website or contact SETA for update information prior to final submittal. Proposers that attend the CSBG Offeror's Conference noted above and provide SETA staff with their names and e-mail addresses will be provided with any RFP updates by e-mail, as they occur.

9. PROPOSAL DEADLINE AND SUBMITTAL PROCEDURE

SETA must receive all proposals no later than 5:00 p.m., P.D.T., Friday, October 2, 2020. Proposals must be e-mailed to Julie Davis-Jaffe, at julie.jaffe@seta.net.

In accordance with the policy of the SETA Governing Board, proposals received after 5:00 p.m., P.D.T., Friday, October 2, 2020 will not be accepted. Proposals **must be received** via email by the deadline, rather than e-mailed by the deadline. It is advisable that proposers not wait until the last minute to e-mail the proposal, as sometimes e-mail is slow to deliver. **NO EXCEPTIONS. NO APPEALS WILL BE ACCEPTED FOR LATE PROPOSALS.**

To be considered for funding, agencies must submit ONE complete reproducible copy of their proposal developed in response to this RFP.

Be advised that signatures, including electronic and scanned/faxed signatures, reflected in the proposal and prequalification documents submitted in response to this RFP are binding and may be treated as original signatures for all purposes. All executed counterparts together shall constitute one and the same document, and any signature pages, including facsimile or electronic copies thereof, may be assembled to form a single original document.

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

The following process will apply to all proposals submitted:

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

10. TERM OF AGREEMENT

CSBG funded Safety-Net and Family Self-Sufficiency agreements will be awarded for up to a seventeen-month (17-month) period, from November 2, 2020 to March 31, 2022.

11. MODIFICATION OF AGREEMENTS

SETA may, in its sole discretion, implement a unilateral modification which may provide for

changes in a delegate's performance in order to comply with applicable federal, state and/or SETA regulations, directives or policies.

12. SELECTION PROCEDURES

Staff recommendations will be made available for public review on the SETA web site (www.seta.net) after 3:30 P.M. on October 23, 2020.

The Community Action Board (CAB) will hold a special public meeting on Monday, October 26, 2020, to review SETA staff recommendations and to develop CAB recommendations. The CAB will then submit its recommendations to the SETA Governing Board for its review and final approval. Final allocations to proposing organizations and among the two major service areas shall be made by the Governing Board in its sole and exclusive discretion.

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

13. PROTEST PROCEDURES TO RESOLVE PROCUREMENT DISPUTES

All protests to resolve disputes concerning this RFP shall be written, must specify in detail the grounds of the protest, the facts and evidence in support thereof and the remedy sought. The written protest must be delivered electronically to the Clerk of the Boards (Nancy.Hogan@seta.net) at SETA by Wednesday, October 27, 2020, before 4:30 P.M. In the absence of a timely and properly submitted written protest, no party responding to this RFP shall be eligible for any remedy.

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

14. FORMAL AGREEMENT

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

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

15. PROPOSAL EVALUATION CRITERIA

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

- a) The 2020 CARES Act CSBG Supplemental Funding is intended for the purpose of mitigating problems specifically created or aggravated by the COVID-19 pandemic. Poverty in and of itself creates many problems; as discussed above, the low-income population of Sacramento County has been

disproportionately affected by the pandemic and it is expected that this population will be the focus of all CARES Act CSBG proposals. However, successful proposals for this funding must describe programs and services that address issues directly created or aggravated by COVID-19 and that are able to document the connection in service records. The response categories below will be evaluated in this light.

- b) 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 Thursday, October 23, 2020, and will be based upon an evaluation of proposals submitted, funding priorities for target groups and areas identified in Section 6 “Allowable Services and Activities” above, and upon the proposing organization's past program performance and fiscal accountability, if applicable. Proposing organizations with no recent record of past performance with SETA will provide multiple references of previous funders to be contacted and interviewed by SETA staff.

EVALUATION CRITERIA FOR CSBG PROPOSALS

I. COVID-19 RESPONSE PROPOSAL SUMMARY

The summary of the proposed program:

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

II. COVID-19 RESPONSE PROPOSAL RESPONSES

RESPONSE 1. STATEMENT OF NEED AND DESCRIPTION OF TARGET GROUP AND AREA: The description of the target group and target area was complete, in-depth and demonstrated extensive experience working with this proposed target group or in the proposed target area. Proposer included a description of all the conditions they hope to ameliorate. The response demonstrates an awareness of other organizations serving the same target group/communities. Sources of all numerical data presented (*e.g. census, public agency*) or unsupported general statements defining strategies or target groups/target areas (*e.g. reports, experts*) were identified. Does not exceed one page in length.

RESPONSE 2. LINKING PROGRAM GOALS WITH ACTIVITIES AND SERVICES: Proposer described its program goals and listed all the proposed services and activities intended to achieve the stated goals. The services and activities listed are reasonably linked to proposer achieving the described goals. Family Self-Sufficiency proposers not requesting support services have provided a reasonable description of how support services will be provided to vulnerable and in-crisis households, when indicated. All activities and services described are consistent with the ALLOWABLE ACTIVITIES AND SERVICES component beginning on Page 6 of this RFP section. The program goals and activities can be identified as responses to the effects of the COVID-19 pandemic on Sacramento County’s low-income community. Does not exceed one page in length.

RESPONSE 3. SERVICE DELIVERY SYSTEM

A. FAMILY SELF-SUFFICIENCY: For Family Self-Sufficiency Proposals Only!

For employment-based programs: The proposer presented a timeline of how participant households will be stabilized and prepared to undertake employment services through a Sacramento Works America's Job Center of California (SWAJCC) and unsubsidized employment, including:

- (1) the assessment process and tools it will use for evaluating a participant's employability and suitability for job training leading to employment;
- (2) the process for establishing that each participant's need for services is connected to the impact of COVID-19, and the connection is documented;**
- (3) any workshops or training topics intended for program participants;
- (4) the intended frequency of case manager/participant contacts and meetings;
- (5) services intended to help participants maintain the unsubsidized employment they have secured, for 90 and 180 days;
- (6) the manner in which the agency will provide services to protect the health of both its staff and the people served, in light of the additional constraints imposed by the pandemic;
- (7) the name of the primary SWAJCC site proposer will partner with to provide access to all career and training services available through the SWAJCC;
- (8) Proposal section does not exceed one page in length.

For wellness-, housing- and education-based programs: The proposer presented a timeline and the process by which participant households will meet goals of stability, independence, or social/emotional health, including:

- (1) the assessment process and tools it will use for evaluating a participant's goals and suitability for the program;
- (2) the process for establishing that each participant's need for services is connected to the impact of COVID-19, and the connection is documented;**
- (3) the intended structure and frequency of contact in a COVID-19 environment;

(4) the manner in which the agency will provide services to protect the health of both its staff and the people served, in light of the additional constraints imposed by the pandemic;

(5) Proposal section does not exceed one page in length.

B. SAFETY-NET: For Safety-Net Proposals only! The proposing organization described:

(1) its process for letting residents of proposer's target community know that the proposed services are available at their site;

(2) indicator(s) that the proposing agency will rely on to determine that an emergency need exists, for each Safety-Net service proposed, and that a connection to COVID-19 will be documented;

(3) a reasonable length of time in work days, from customer request to service delivery, for each Safety-Net service proposed that is sufficiently brief to effectively mitigate the household emergency;

(4) its process for connecting clients to other agencies for similar or longer-term services not available at proposer's site, including a list of typical entities to whom clients will be referred for longer-term family self-sufficiency, employment or other services indicated during the assessment, including any follow-up actions to be undertaken;

(5) a weekly schedule that reasonably meets the needs of community members and the working poor to have direct access to agency staff, in-person or by phone;

(6) the manner in which the agency will provide services to protect the health of both its staff and the people served, in light of the additional constraints imposed by the pandemic;

(7) food banks have provided a description of the availability of fresh fruits and vegetables to participants and a description of their process for meeting participant dietary needs, and non-food bank agencies preparing nutritious meals to be consumed on-site or nutritious single-meal brownbag lunches for off-site distribution, have provided an example of typical menus or brown-bag contents; and

(8) Proposal section does not exceed one page in length.

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

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

RESPONSE 6. CULTURAL AWARENESS: The proposer described an awareness of the impact of inequalities resulting from institutional and societal bias which have compromised the target population's ability to achieve self-sufficiency. The agency has established strategies to address and counteract this bias and its effect on the target population.

III. PROPOSAL FORMS, EXHIBITS AND FORMAT

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

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

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

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

FORMAT: All forms and exhibits were assembled in the proposal order noted on page 22, under **PROPOSAL COMPONENTS ASSEMBLY ORDER.**

IV. PAST PERFORMANCE/REFERENCES

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

16. LIMITATION

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

17. MODIFICATION OF AGREEMENTS

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

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

18. TARGETED GROUPS AND NEIGHBORHOODS

Proposers are strongly encouraged to review the 2020-2021 SETA Community Action Plan and the CARES Act 2020 CSBG Supplemental Funding Local Plan to help identify target groups and neighborhoods with the greatest need for the proposed services.

19. CSBG ELIGIBILITY REQUIREMENTS UNDER THE CARES ACT 2020 SUPPLEMENTAL FUNDING:

Any Sacramento County household, or person(s) homeless in Sacramento County, are determined eligible for CSBG services if the total combined annual pre-tax income of all household members falls at or below the Federal Poverty Income Guidelines listed below. Households are determined eligible for CSBG services if the total combined annual pre-tax income of all household members falls at or below 100% of the Federal Poverty Income Guidelines listed below. All providers funded through CSBG are responsible for the determination and documentation of eligibility for all households served. Current Federal Poverty Income Guidelines are as follows:

Sacramento County Household or Homeless Household in Sacramento County

<u>Size of Family Unit</u>	<u>Annual Poverty Guidelines</u>
<u>1</u>	<u>\$12,760</u>
<u>2</u>	<u>\$17,240</u>
<u>3</u>	<u>\$21,720</u>
<u>4</u>	<u>\$26,200</u>
<u>5</u>	<u>\$30,680</u>
<u>6</u>	<u>\$35,160</u>
<u>7</u>	<u>\$39,640</u>
<u>8</u>	<u>\$44,120</u>

For family units with more than 8 members, add \$4,480 for each additional person.

20. RESIDENCY REQUIREMENTS

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

SECTION II

INSTRUCTIONS FOR COMPLETING THE PROPOSAL

INSTRUCTIONS FOR COMPLETING THE PROPOSAL

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

Proposal responses should be given the same index labels (Response 1; Response 2; etc.) and organized in the same order as they are requested in this RFP. Each response must be independent and complete. Required forms attached to this RFP may not be altered in any way except to include all requested information.

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

PROPOSAL FORMAT

- ◆ Proposals will be accepted in electronic format only.
- ◆ Single sided 8 ½ x 11 inch white background pages with 1-inch margins and standard black type (Times New Roman or Ariel, 12 pitch, recommended)
- ◆ A proposal emailed to julie.jaffe@seta.net by the proposal submittal deadline must be reproducible and complete, including all required signatures, exhibits and forms. Incomplete proposals will be deemed non-responsive.
- ◆ A complete table-of-contents should follow EXHIBIT 1 in the proposal
- ◆ All pages in the proposal **except for FORMS and EXHIBITS** shall be consecutively numbered
- ◆ Responses 1-6 shall each be no more than one (1) page in length.

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 2-6 (In numerical order)

EXHIBIT 2 (Organizational chart)

EXHIBIT 3 (Job descriptions for all proposed program staff)

PLEASE DO NOT INCLUDE ANY FURTHER ATTACHMENTS OR LETTERS

I. COVID-19 RESPONSE PROPOSAL SUMMARY

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

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

II. COVID-19 RESPONSE PROPOSAL RESPONSES

The 2020 CARES Act CSBG Supplemental Funding is intended for the purpose of mitigating problems specifically created or aggravated by the COVID-19 pandemic. Poverty in and of itself creates many problems; as discussed above, the low-income population of Sacramento County has been disproportionately affected by the pandemic and it is expected that this population will be the focus of all CARES Act CSBG proposals. However, successful proposals for this funding must describe programs and services that address issues directly created or aggravated by COVID-19. Programs must be able to document that connection in service records. The response categories below will be evaluated in this light.

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

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

(Sources for all data and unsupported conclusions should be noted. It is understood that the presence of detailed data may be difficult to obtain, given the sudden onset of the pandemic.)

RESPONSE 2. LINKING PROGRAM GOALS WITH ACTIVITIES AND SERVICES:

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

RESPONSE 3. SERVICE DELIVERY SYSTEM

B. FAMILY SELF-SUFFICIENCY SERVICE DELIVERY: For Family Self-Sufficiency Proposals Only! In each of the sections below, please include any information about the manner in which services will be delivered in light of COVID-19, shelter-in-place orders, and the dual priority of maintaining safety for staff and participants.

(1) Employment-Based: Describe the timeline of how participant households will be stabilized and prepared to undertake employment services through a Sacramento Works America's Job Center of California (SWAJCC) and unsubsidized employment, including:

- i.** services and resources intended to help participants maintain the unsubsidized employment they have secured, for 90 and 180 days;
- ii.** the name of the primary SWAJCC site proposer will partner with to provide access to all career and training services available through the SWAJCC;
- iii.** the assessment process and tools utilized for evaluating a participant's employability and suitability for job training leading to employment;
- iv. how the need for services is connected to the impact of COVID-19 and how this connection is documented;**
- v.** any workshops or training topics intended for program participants; and
- vi.** the intended frequency of case manager/participant contacts and meetings.

(2) Wellness-, Housing- and Education-Based: Describe the timeline of how participant households will be stabilized, including:

- i.** the assessment process used to evaluate a participant's suitability for proposed services;
- ii.** any workshops or training topics intended for program participants, and the intended format for workshops;
- iii.** the intended frequency of case manager/participant contacts and meetings, and the way in which these interactions will occur;
- iv. how the need for services is connected to the impact of COVID-19 and how this connection is documented;**
- v.** how a determination of participant outcomes will be determined and recorded, and
- vi.** the process for participant advocacy and assisting participants in accessing other services not available from proposer's program, including any referral follow-up actions to be undertaken.

C. SAFETY-NET SERVICE DELIVERY: For Safety-Net Proposals Only! Describe the following aspects of the intended service deliveries. In each of the sections below, please include any information about the manner in which services will be delivered in light of COVID-19, shelter-in-place orders, and the dual priority of maintaining safety for staff and participants.

- (1) The intended process for informing new community members that the proposed services and resources are available at the proposer's service delivery site;
- (2) The indicators used to determine that an emergency need exists, for each Safety-Net service proposed;
- (3) The time in work days, from customer request to service delivery, for each safety-net service proposed;
- (4) The process for connecting clients to other agencies for similar or longer-term services not available at proposer's site, including a list of typical entities to whom clients will be referred for longer-term family self-sufficiency, employment or other services indicated during the assessment, including any follow-up actions to be undertaken;
- (5) A weekly schedule of when community members and the working poor can have direct access to agency staff, in-person or by phone;
- (6) How the connection to COVID-19 will be documented;
- (7) Food banks proposing to provide nutritious foodstuffs must provide a description of the availability of fresh fruits and vegetables to participants and how customer choice and dietary needs determine package contents. Non-food bank proposers preparing nutritious meals to be consumed on-site, or single-meal brownbag lunches for off-site distribution, must provide an example of typical menu or bag contents.

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

In the interest of addressing the multiple needs identified in the CAP needs assessment, the CARES Act Local Plan, and the priorities identified by SETA's Community Action Board (CAB), the SETA grants team makes every effort to allocate funding based on a complex formula, which includes individual scores for each proposal balanced against the percentage of funding for each category. Because need consistently outweighs funding, we are unable to fund all applications, wholly or in part, even though with unlimited funding more of the

proposals would be fully funded. In light of this, you are asked to **include a brief explanation about the minimum award your agency would be willing to accept and still be able to run the program.** If you choose not to respond to this request, SETA will assume that you are prepared to work with whatever amount you are awarded.

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

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

RESPONSE 6. Society has systematically imposed obstacles to its people based on racial or ethnic group, gender, age, mental or physical disability, sexual orientation, gender identity, and other characteristics which are historically linked to discrimination or exclusion. Describe your agency's efforts to move our communities forward in reducing social inequalities, and how such efforts would fit into the proposed program.

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

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

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

FORM 3. SERVICE PROJECTIONS: Family Self-Sufficiency proposers will provide enrollment projections for the program period and key program goals. Safety-Net proposers will **not** complete FORM 3.

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

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

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

IV. PROPOSAL EXHIBITS

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

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

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

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

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

SECTION III

PROPOSING ORGANIZATION FORMS LIBRARY

COVER SHEET

BUDGET AND COST ALLOCATION PLAN

ANNUAL FSS & YSS SERVICE PROJECTIONS

INTERNAL EVALUATION AND STANDARDS A&B

COLLABORATIVE PARTNERS

REFERENCES

PROGRAM DEFINITIONS

FORM 1

COVER SHEET

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

1. Proposing Organization

a) Name: _____

b) Site Address: _____

c) Mailing Address (if different): _____

d) Contact Person and Title: _____

e) Contact Phone Number and Email Address: _____

f) Agency Status (check one only):

Community-Based Organization Private Non-Profit Public

2. Service Category (check one only):

Safety-Net Self-Sufficiency

3. Target Group(s): _____

4. Target Area(s): _____

5. Total CSBG Funds Requested:

6. Projected number of unduplicated households to be enrolled: _____
NOTE: This entry should be an absolute number (XX) and not a range of numbers (XX – XX).

7. Program cost per participant, based on CSBG funds requested in this proposal: _____

COVER SHEET (cont.)

8. 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

FORM 1

FORM 2

COMMUNITY SERVICES BLOCK GRANT (CARES ACT)

BUDGET AND COST ALLOCATION PLAN

Agency Name _____ Agreement #: _____

Street Address _____ Original or Mod #: _____

Safety-Net
 Family Self-Sufficiency

City _____, CA _____

Program Contact _____ Phone _____ E-mail _____

Fiscal Contact _____ Phone _____ E-mail _____

BUDGET PERIOD: From 11/2/2020 through 3/31/2022

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

COST ALLOCATION PLAN

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

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

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

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

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

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

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

*Attach copy of approval letter from cognizant agency

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

FORM 2

FORM 3

2020 Family Self-Sufficiency Program Projections

(For Family Self-Sufficiency Proposals Only!)

Projected number of households to be enrolled	Projected number of households securing unsubsidized employment	Projected number of employed households maintaining employment for 90 days	Projected number of employed households maintaining employment for 180 days

Projected number of households to be enrolled	Projected number of households securing permanent housing	Projected number of employed households maintaining housing for 90 days	Projected number of employed households maintaining housing for 180 days

Projected number of households to be enrolled (specify adults, youth, health care workers)	Projected number of households demonstrating improved physical/behavioral health (please specify)

Projected number of children to be enrolled (specify children aged 3-5 or 5-12)	Projected number of children demonstrating educational and cognitive improvements

Projected number of seniors to be enrolled	Projected number of seniors maintaining independence and housing of choice

Projected number of parents to be enrolled	Projected number of parents demonstrating increased parenting skills

FORM 3

FORM 4-A

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

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

FORM 4-A

FORM 4-B

SAFETY-NET INTERNAL EVALUATION and STANDARDS

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

FORM 4-B

FORM 5

COLLABORATIVE PARTNERS

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

FORM 5

FORM 6

REFERENCES

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

FORM 6

PROGRAM DEFINITIONS

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

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

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

Delegate Agency – A community-based organization, private non-profit agency or public agency selected through the SETA procurement process, with which SETA has contracted to undertake a limited, defined role in implementing one or more components of the SETA 2020-2021 Community Action Plan (available on the SETA web site at www.seta.net).

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

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

Proposing Organization – Any community-based, private non-profit or public entity submitting a proposal in response to this RFP for the purpose of performing a component of the 2020-2021 SETA Community Action Plan.

SECTION IV

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 Corey Lagbao, Workforce Development Analyst III, at (916) 263-3838 or Corey.Lagbao@seta.net.

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 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 Applicants)

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

C. ADMINISTRATIVE PREQUALIFICATION REQUIREMENTS

1. **FOR PUBLIC AGENCIES**

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

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

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

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

2. **FOR NON-PROFIT ENTITIES**

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

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

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

- (b) Current Statement of Information filed with Secretary of State

- (c) 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.

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

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

- (e) 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.

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

- (g) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant.

3. **FOR PRIVATE FOR-PROFIT ENTITIES**

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

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.

D. FOR ALL PRIVATE APPLICANTS PROPOSING POSTSECONDARY AND/OR VOCATIONAL EDUCATION CLASSROOM TRAINING

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

-OR-

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

-AND-

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

E. FOR ALL APPLICANTS PROPOSING ADULT SECONDARY EDUCATION (ADULT BASIC SKILLS, HIGH SCHOOL COMPLETION OR EQUIVALENCY)

1. Documentation of authority to provide Adult Basic Education (ABE), high school completion or equivalency in instruction in California.

CONTRACT POLICY

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

A. Audit

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

B. Insurance

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

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

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

C. Resolution

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

Resolutions are not required for sole proprietorships, partnerships, or private-for-profit LLCs.

D. Prohibitions

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

- (a) The term "member of the immediate family" includes: wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, father-in-law, mother-in-law, grandfather, grandmother, grandchild, aunt, uncle, niece, nephew, step-parent, and step-child.

- (b) The term "administrative capacity" refers to positions involving overall administrative responsibility for a program, including members of SETA's Governing Board and any of its affiliated Boards or Councils and members of the governing body or board of directors of funded agency, or where that individual would be the supervisor of an individual paid with funds provided through the award of any grant or performing duties under the grant award.

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

COMPLIANCE WITH CALIFORNIA GOVERNMENT CODE SECTION 84308

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

Government Code Section 84308

PARTICIPANT DISCLOSURE FORM

Information Sheet

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

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

Important Notice

Basic Provisions of Section 84308

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

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

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

ATTACHMENT #1

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

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

AND

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

ATTACHMENT #1

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

This notice summarizes the major requirements of Government Code Section 84308 of the Political Reform Act and 2 Cal. Adm. Code Sections 18438.1 - 18438.8. For more information, contact Corey Lagbao, Workforce Development Analyst III, at (916) 263-3838 or Corey.Lagbao@seta.net, or contact 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.

Participant Disclosure Form
AGENCY

SACRAMENTO EMPLOYMENT AND TRAINING

Participant's Name: _____

Participant's Address: _____
(Street)

(City)

(State) (Zip) (Phone)

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

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

Name of Board Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount: _____

Name of Board Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount: _____

Name of Board Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount: _____

(Use additional sheet, if necessary)

No contributions made.

DATE: _____

(Signature of Participant and/or Agent)

Government Code Section 84308

PARTY DISCLOSURE FORM

Information Sheet

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

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

Important Notice

Basic Provisions of Section 84308

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

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

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

ATTACHMENT #1

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

This notice summarizes the major requirements of Government Code Section 84308 of the Political Reform Act and 2 Cal. Adm. Code Sections 18438.1 - 18438.8. For more information, contact Corey Lagbao, Workforce Development Analyst III, at (916) 263-3838 or Corey.Lagbao@seta.net, 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:

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

Name of Board Member: _____

Name of Contributor (if other than Party): _____

Date(s): _____

Amount: _____

Name of Board Member: _____

Name of Contributor (if other than Party): _____

Date(s): _____

Amount: _____

Name of Board Member: _____

Name of Contributor (if other than Party): _____

Date(s): _____

Amount: _____

(Use additional sheet, if necessary)

No contributions made.

DATE: _____

(Signature of Party and/or Agent)

SACRAMENTO EMPLOYMENT & TRAINING AGENCY
Governing Board

Chair

Supervisor Don Nottoli

County of Sacramento
700 "H" Street
Sacramento, CA 95814
(916) 874-5465 (Letitia Oliver)
FAX: (916) 874-7593
e-mail: nottolid@saccounty.net

Vice Chair

Sophia Scherman

Public Representative
925 Del Paso Blvd., Suite 100
Sacramento, CA 95815
(916) 263-3800
e-mail: scherman@sophia-elkgrove.com

Councilmember Larry Carr

City of Sacramento
915 "I" Street, 5th Floor
Sacramento, CA 95814
808-7008 (Jaime Cervanes)
FAX: (916) 808-7680
e-mail: lcarr@cityofsacramento.org

Supervisor Patrick Kennedy

County of Sacramento
700 "H" Street, Suite 2450
Sacramento, CA 95814
(916) 874-5481 (Maria DeAnda)
FAX: (916) 874-7593
e-mail: supervisorkennedy@saccounty.net

Councilman Jay Schenirer

City of Sacramento
915 "I" Street, 5th Floor
Sacramento, CA 95814
(916) 808-7197 (Ulisses Arzola)
FAX: (916) 808-7680
e-mail: jschenirer@cityofsacramento.org

Current as of July 31, 2020

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

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

Name and Title of Authorized Representative

Signature Date

Instructions for Certification

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

CERTIFICATION REGARDING LOBBYINGCertification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

Signature

Typed Name and Title of Authorized Signatory

Organization

Date

DISCLOSURE OF LOBBYING ACTIVITIES

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

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change</p> <p>For Material Change Only: year _____ quarter _____ date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee</p> <p style="padding-left: 40px;">Tier _____, if known:</p> <p>Congressional District, if known:</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, if known:</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known: \$ _____</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p> <p style="text-align: right;">b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</p> <p style="text-align: center;"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>		
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____</p> <p><input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</p> <p><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No. _____ Date _____</p>	
<p>Federal Use Only:</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

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 REQUIREMENTSCertification 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 AUTHORIZATION

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

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)

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

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:

2. The business organization known as _____

is a _____
(General partnership or joint venture)

3. 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)

INSURANCE REQUIREMENTS

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

INSURANCE REQUIREMENTS

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

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

GENERAL REQUIREMENTS

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

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

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

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

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

4. SELF-INSURANCE

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

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

A sample letter will be provided upon request.

5. DEDUCTIBLES AND SELF-INSURED RETENTIONS

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

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

6. ADDITIONAL INSURANCE COVERAGE

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

7. COPIES OF POLICIES

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

8. INSURANCE CARRIER REQUIREMENTS

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

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

9. EXPIRING INSURANCE REPLACEMENT COVERAGE

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

REQUIRED COVERAGES

1. FIDELITY AND DEPOSITORS' FORGERY COVERAGES

A. Required Limits:

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

B. Required Endorsements:

1. Loss Payee Endorsement
2. Notice of Cancellation Endorsement

2. PROPERTY COVERAGE

A. Required Coverage:

Insurance which is at least as broad as the current ISO Special Form Causes of Loss (CP 1030) policy, formerly known as "all risks," as well as insurance covering boiler and machinery and compliance with ordinances or laws, if appropriate, for the full 100% insurable replacement cost of the property. Such insurance shall name SETA as an additional insured as its interests in the property may appear and shall include a waiver of subrogation in favor of SETA.

B. Required Endorsement:

1. Notice of Cancellation Endorsement.

3. GENERAL LIABILITY COVERAGE

A. Type of Policy/Coverage:

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

SEXUAL ABUSE LIABILITY COVERAGE

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

Claims-made policies are not acceptable.

B. Required Limits:

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

C. Required Endorsements:

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

4. VEHICLE LIABILITY COVERAGE

A. Required of all Insureds

B. Required Coverage:

Coverage must include all of the following:

- a. Non-Owned Auto Liability
- b. Hired Auto Liability
- c. Owned Auto Liability (If the Insured owns autos)

C. Required Limits:

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

D. Required Endorsements:

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

5. PROFESSIONAL LIABILITY COVERAGE

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

B. Required Limits:

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

C. Required Endorsement:

1. Notice of Cancellation Endorsement

6. WORKERS' COMPENSATION

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

B. Required Endorsement:

1. Notice of Cancellation Endorsement

7. EMPLOYMENT PRACTICES LIABILITY

A. Required of all Insureds

B. Required Coverage:

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

C. Required Limits:

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

ATTACHMENT #10

D Required Endorsement:

1. Notice of Cancellation Endorsement

DEVIATIONS FROM REQUIREMENTS

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

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

For additional information or assistance please contact:

Linda Thao

925 Del Paso Blvd., Suite 100

Sacramento, CA 95815

Phone: 916-263-4072

Fax: 916-263-4618

Linda.Thao@seta.net