



# **2026/2027 CSBG REQUEST FOR PROPOSALS OFFEROR'S CONFERENCE**



# GENERAL INFORMATION AND GUIDELINES

- **Introduction and welcome**
  - Please put your name, agency, phone, and email in the chat window.
- **Twelve-month funding cycle**, renewable for an additional twelve months
- **Plan Year (PY) is January 1-December 31**
- **Two types of programs available: Family Self-Sufficiency** (case-managed) **and Safety-Net** (limited-time support services)
- **Questions? Please put in chat window**

# **CRITICAL DATES FROM THE FUNDING** **CALENDAR**

<b>August 20, 2025</b>	Prequalification requirements deadline
<b>September 5, 2025</b>	PROPOSALS DUE
<b>October 31, 2025</b>	Staff recommendations released
<b>November 12, 2025</b>	CAB meeting on CSBG funding recommendations
<b>November 26, 2025</b>	Written protest submission deadline
<b>December 4, 2025</b>	SETA Governing Board meeting; final funding decisions made on CSBG applications
<b>January 1, 2026</b>	Plan Year 2026 CSBG program start date

## **HIGH POVERTY AREAS IN SACRAMENTO COUNTY**

**Priority to agencies in good standing who propose to serve customers from the following areas:**

Lemon Hill

Arden-Arcade

Old North Sacramento

Del Paso Heights

North Highlands

Parkway

Foothill Farms

Oak Park

South Sacramento

Rosemont

Florin

# STRENGTHENING FAMILIES APPROACH

## 5 PROTECTIVE FACTORS:

**Parental Resilience:** functioning well in the face of adversity

**Social Connections:** forming positive, supportive relationships

**Knowledge of Parenting and Child Development:** support healthy interpersonal development

**Concrete Support in Times of Need:** provide emotional and financial support during periods of crisis

**Social and Emotional Competence of Children:** interactions that foster positive relationships among all age groups

# **ALLOWABLE ACTIVITIES:** **FAMILY SELF-SUFFICIENCY (FSS) AND FSS-SPECIAL** **PROJECTS**

**FSS and Special Projects Program Goal: Stabilize in-crisis and vulnerable families or individuals through case management and the use of support services**

- Proposals include emergency support services equal to at least 15% of requested CSBG funding;
- Minimum elements of case management required, as described on page 9 of RFP;
- Anticipated results must adhere to the activities listed on page 32-34 of RFP.

# MINIMUM ELEMENTS OF CASE MANAGEMENT

P. 9, RFP

- Identified case manager;
- Thorough presenting assessment;
- Program goals and benchmarks mutually agreed upon by both the household and case manager;
- Record of support services justifications;
- Referrals and case manager follow-up results;
- Regular progress notes;
- Written plan of action.

# **CATEGORIES OF FUNDING: FSS PROGRAMS**

**SEE PAGES 11 AND PAGES 32-34 OF THE RFP**

**Employment Programs** to get people back to work who are unemployed or underemployed;

**Housing Programs** to help at-risk families attain and/or maintain housing (long-term or long-term temporary housing);

**Programs for At-Risk Youth (including Special Projects)** to establish healthy futures without a recidivating event, or that support mental/behavioral health and well-being;

**Programs promoting independent living** for older adults and people with disabilities to maintain independent living in their housing of choice;



## CATEGORIES OF FUNDING: FSS PROGRAMS (cont.)

**Education-based programs** to support children learning positive approaches to learning, improving academic/social/school success skills, or individuals who obtain an educational/vocational credential;

**Domestic Violence Prevention Programs** to promote increased safety in the home or to otherwise secure emergency protection from physical/ emotional abuse.



## FSS - SPECIAL PROJECTS

Distinguished from the general FSS projects by the greater vulnerability of the population.

Focus is on mentoring programs promoting healthy lifestyles and a future focus for at-risk youth, particularly but not exclusively youth of color.

## ALLOWABLE ACTIVITIES: SAFETY-NET (SN) PROGRAMS

**Program Goal:** Provide one-time or limited-time assistance to families experiencing a crisis; intended to mitigate the client's presenting conditions or barriers.

**THE NEXT SLIDE HAS A COMPLETE LIST OF ACTIVITIES WHICH MAY BE USED AS STAND-ALONE SERVICES FOR SAFETY-NET PROGRAMS. THIS IS ALSO THE LIST OF ALLOWABLE ACTIVITIES OR SUPPORT SERVICES IN A FAMILY SELF-SUFFICIENCY PROGRAM.**

# **ALLOWABLE ACTIVITIES: SAFETY-NET PROGRAMS (cont.)**

**p. 14, RFP**

## **Allowable services:**

- vocational training
- job readiness training
- workshops
- pre-employment physicals
- background checks
- school supplies
- before and after school activities
- rent payments
- utility payments
- temporary housing such as motel stays and shelter
- transitional housing
- permanent housing
- wellness classes (stress reduction, medication management, mindfulness, etc.)
- domestic violence programs and/or group meetings
- transportation assistance (bus passes, support for minor auto repair, gas cards)
- help with driver's license and car registration fees (note fines and late fees are not included)
- criminal record expungements
- emergency clothing (including diapers)
- hygiene kits
- incentives.

## SAFETY-NET PROGRAMS (Cont.)

- SETA gift card policy must be followed
- SN services funded by CSBG available to any eligible Sacramento County resident, regardless of where in the County they reside.
- Minimum 70% of award expected for Direct Participant Costs
- Limits set for each service category, per client



# PROPOSAL DEADLINE & SUBMITTAL PROCEDURE

- Prior to submission, check SETA website for updates
- Proposals must be submitted electronically
- Submit one copy with all attachments
- Deadline for submission: Proposals must be received by 4:00 p.m. on Friday, September 5, 2025.
- No exceptions or appeals accepted for late proposals.



# EXPECTATIONS OF PROGRAMS RECEIVING SETA CSBG FUNDS

- Standard delegate agreement; contracts may be modified
- Statistical and eligibility information
- CSBG grievance policy
- Monthly report
- Case files
- Fiscal & program audits
- Annual delegate agency CSBG presentation

## SECTION II: PREQUALIFICATION REQUIREMENTS

- Mandatory requirement;
- Contract time frame: January 1, 2026 through December 31, 2026;
- Wednesday, August 20, 2025 4:30 p.m. deadline;
- Failure to meet deadline disqualifies the proposing organization for this RFP.

Corey Lagbao, Prequalification Requirements  
[corey.lagbao@seta.net](mailto:corey.lagbao@seta.net)





## SECTION II: INSURANCE REQUIREMENTS

SETA's insurance email is [insurance@seta.net](mailto:insurance@seta.net)

Questions? SETA's insurance contact person:

Linda Thao, [linda.thao@seta.net](mailto:linda.thao@seta.net)



## CSBG ELIGIBILITY

- **RESIDENCY:** Sacramento County resident, or homeless seeking services in Sacramento County;
- **INCOME:** Gross income under 200% of the Federal Poverty Income Guidelines\*

\* Subject to change

# INSTRUCTIONS FOR COMPLETING THE PROPOSAL

(P.19 OF RFP)

## **Proposal Format:**

- Keep order and basic format the same as in RFP
- Proposals, with all attachments, complete at time of submission deadline.
- All pages except Forms & Exhibits consecutively numbered
- Page limit – 1 page per Response Section (Responses 1, 2, 4-6); Response 3, limit 2 pages

# **PROPOSAL COMPONENTS ASSEMBLY ORDER**

- **FORM 1** (Cover Sheet Forms)
- **EXHIBIT 1** (Corporate Resolution)
- **TABLE OF CONTENTS**
- **PROPOSAL SUMMARY**
- **RESPONSES 1-6** (In numerical order; 1-page limit except Response 3 which is a 2-page limit)
- **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**

# **PROPOSAL SUMMARY**

**From Instructions for Completing Proposal, p. 20, provide a summary, not to exceed one page in length, which clearly describes the following:**

1. A description of the program being proposed;
2. Services and/or resources intended for program participants,;
3. How the proposed services fit into your agency's mission and goals;
4. How the proposed services fit in with the priorities outlined in this RFP; and
5. Anticipated participant or household outcomes.

**Evaluation of this and other sections of the proposal are based on:**

1. All aspects of the individual response section are clearly answered;
2. The proposed program is reasonable in scope and design;
3. The section is within the page limit set by the RFP (All responses 1 page in length except Response 3, which can be 2 pages).

## **RESPONSE 1: STATEMENT OF NEED**

**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 the proposer intends to serve. Not to exceed one page in length.

- Cite all sources and unsupported conclusions

## RESPONSE 2: LINKING PROGRAM GOALS WITH ACTIVITIES & 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 the proposer's rationale or experience demonstrating their connection to reaching stated goals. Not to exceed one page in length.

## **RESPONSE 3: SERVICE DELIVERY SYSTEM** **(FSS PROGRAMS)**

### **All FSS proposals include:**

- Appropriate services and supports (minimum 15% of total request);
- Timeline for household stabilization;
- Identified Sacramento Works Job Center (SWJC), if employment-related;
- FSS employment program proposals also include:
  - Assessment process for employability;
  - Services to help participants maintain employment.
- Two-page limit for this response.



## RESPONSE 3 (CONT.)

# SAFETY NET PROGRAMS

**SN program proposals include:**

- Outreach process;
- Indicators used to determine need;
- Time in work days for service delivery;
- Referral process, if needed;
- Weekly schedule for service access and delivery.

## RESPONSE 4: EXPERIENCE

**Provide a description of proposing organization's history** that includes a chronology of programs implemented during the past 5 years & examples of interventions and programming that have supported participants from the same target group in reaching identical/similar program goals to those proposed in Response 2. Not to exceed one page in length.

## RESPONSE 5: CULTURAL AWARENESS

**Describe your agency's current efforts to ensure that all of your clients feel welcome, supported, and able to receive the help your agency can offer.** Describe specific practices and activities implemented by your agency to ensure all of your agency's clients feel valued and heard, and describe how these efforts would fit into the proposed program design and delivery. This can include linguistic as well as cultural awareness and practices among others. Not to exceed one page in length.

## **RESPONSE 6: 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.
- **Include minimum award needed to run proposed program.**
- Not to exceed one page in length.

## BUDGET FORMS

Form 2; p. 32 of the RFP)

Karen Mora, Fiscal Dept.

[Karen.Mora@seta.net](mailto:Karen.Mora@seta.net)

# **FORM 2:** **CSBG BUDGET AND** **COST ALLOCATION** **PLAN**

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

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

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

- ☐Safety-Net
- ☐Family Self-Sufficiency
- ☐Special Project

City \_\_\_\_\_, CA \_\_\_\_\_

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

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

**BUDGET PERIOD:** From 1/1/2026 through 12/31/2026

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	

# FORM 2 (cont.)

## 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 or cost category based upon the % of ACTUAL space used for the budget or cost category.

SF/ST = Square Footage Combined with Time of Staff Using Space: Shared cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL space and time 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: \_\_\_\_\_.

# FORM 2 (cont.)

A. PERSONNEL COSTS		Salary x Months x CSBG % = Funded Amt.			
Job Title	Dates	Full Monthly Salary	# Of Months	CSBG %	Total CSE Funded Amt
	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				



# FORM 2 (cont.)

C. <u>OTHER COSTS</u>	Full Cost Information	Costs For This Program	
1. Direct Costs		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

# FORM 2 (cont.)

D. <u>DIRECT PARTICIPANT COSTS</u>			Total x CSBG % = CSBG Funded Amt.		
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					

# **CONSIDERATIONS WHEN COMPLETING BUDGET FORMS**

## **Personnel Costs:**

- What positions would actually be working on the CSBG program being proposed?

## **Direct Participant Costs:**

- Do you have an established arrangement with a specific motel, grocery store, gas station, or clothing store for service delivery directly to the client?
- Will your agency be able to provide local, recent receipts for food, gas or other specific service for items pre-purchased with cash or client's bank/credit card, identifying item(s) purchased and eligible for reimbursement?

## **% for Direct Participant Costs:**

- FSS programs: Proposal includes at least 15% for Direct Participant Costs
- SN programs: proposal includes at least 70% for Direct Participant Cost

**Double-check your math!**

## ADDITIONAL FORMS & EXHIBITS

- Form 1:** Cover Sheet Forms
- Form 3:** Projections; Completed by FSS only
- Form 4A/4B:** Monitoring/Evaluation  
*Completed by FSS or SN programs, resp.*
- Form 5:** Collaborative Partners
- Form 6:** References (only if new to SETA)
- Exhibit 2:** Organizational Chart
- Exhibit 3:** Job Descriptions

# FORM 3 - PROJECTIONS: FSS PROGRAMS ONLY

- Projections are cumulative
- List the number of households to be enrolled, including carryovers, for each year of the contract.
- **Benchmarks are counted only once:** List the number of households projected to meet the benchmark in the current year of the contract.

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

# PROGRAM DEFINITIONS

## (P. 39 OF RFP)

- Collaborative Partner
- CSBG
- Delegate Agency
- Household
- Outcomes
- Proposing Organization

# CONCLUSION

Questions?

Questions and answers posted by the end of this week

## **Contact Information:**

- Pam Moore, WD Program Officer, SETA  
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- Julie Davis-Jaffe, Workforce Development Manager, SETA  
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