

# FIRST 5 Modoc

Modoc County Children and Families Commission

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## FORMAL PROPOSAL EXHIBITS

Fiscal Year 2022/2023

The following list identifies all items that must be submitted in your proposal package. Use this checklist to ensure that you are submitting a complete proposal. Please do not submit this list to the Commission; it is for your use only. If you choose to complete these exhibits by hand, please print legibly in blue or black ink.

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- 1. RFP Cover Sheet and Certification**  
(Complete Exhibit A-1 and A-2 in this packet.)
  - 2. Proposal Narrative**  
(Make sure you address each of the questions listed in the Proposal Narrative section of the Formal Proposal guidelines (Section IV).)
  - 3. Budget**  
(Complete Exhibit B-1)
  - 4. Insurance Requirements**  
(Complete Exhibit C in this packet)
  - 5. Statement of Nondiscrimination Compliance**  
(Complete Exhibit D in this packet)
  - 6. Evaluation Plan**  
(See Exhibit E-1 & E-2)
  - 7. Nonprofit Organization Status (For Nonprofit Organizations Only)**  
(Nonprofit organizations must submit evidence of their tax exemption status as defined by the Internal Revenue Service and the Franchise Tax Board.)
  - 8. Articles of Incorporation (For Corporations Only)**  
(All corporations must show evidence of incorporation by the California Secretary of State.)
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Submit three original copies of your proposal that includes original signatures on all appropriate documents and includes all necessary components, as listed above, by mail or in-person. Staple copies of proposal and paperclip the original together. Do not use expensive paper and do not bind proposals. Additionally, you must submit an electronic PDF copy of the original proposal.

**Submit the (3) original and digital copy of your proposal to:**

FIRST 5 Modoc - Attention: RFP  
802 North East St. Room 103  
Alturas, CA 96101  
Email: first5modoc@gmail.com

**FORMAL PROPOSALS MUST BE RECEIVED AT THE ABOVE ADDRESS NO LATER THAN 3:00 P.M. ON, April 15, 2021. LATE PROPOSALS WILL NOT BE ACCEPTED. POSTMARKS WILL NOT BE ACCEPTED.**

# Proposal Cover Sheet

## Organization Information *please type or print clearly*

Name of Requesting Organization or Individual \_\_\_\_\_ Website \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Contact \_\_\_\_\_ Executive Director (if applicable) \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Fiscal Sponsor (if applicable) \_\_\_\_\_ Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

### Type of Business/Agency (check one):

- Individual                       Corporation                       Private Non-profit  
 Partnership                       Private For-profit                       Other (describe) \_\_\_\_\_

### Project Description

Descriptive Title of Project (6 words or less) \_\_\_\_\_

Summary of Proposed Project \_\_\_\_\_

### Indicate the general region(s) that your proposal will address (mark all that apply):

- County-Wide                       Adin                       Alturas                       Canby                       Likely                       Surprise Valley  
 Davis Creek                       New Pine Creek                       Lookout                       Newel                       Other \_\_\_\_\_

### Indicate which age group(s) your proposal targets (mark all that apply):

- Prenatal                       Birth – Age 3                       Age 3 – Age 5

### Indicate which Priority Area(s) your proposal targets (mark all that apply):

- Improved Child Health                       Improved Child Development  
 Improved Family Functioning                       Improved Systems of Care (REQUIRED AREA)

### Project Budget

\$ \_\_\_\_\_ \$ \_\_\_\_\_ to \_\_\_\_\_  
Amount Requested                      Total Project Budget                      Project Timetable

Organization Operating Budget (if applicable) \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(current year)                      (prior year)

### Project History

Has your project been funded by a previous FIRST 5 Modoc allocation?  Yes                       No

If so, how many grants has this project received from FIRST 5 Modoc? \_\_\_\_\_

If so, how much has been awarded? \$ \_\_\_\_\_ Date(s) of award(s) \_\_\_\_\_

## Certification

I certify that all statements in this Exhibit A-1, Proposal Cover Sheet, are true. This certification constitutes a warranty, the falsity of which shall entitle FIRST 5 Modoc pursue any remedy authorized by law which shall include the right, at the option of FIRST 5 Modoc, of declaring any contract made as a result hereof to be void. I agree to provide FIRST 5 Modoc with any other information FIRST 5 Modoc determines is necessary for the accurate determination of the person or agency's qualification to provide services.

I certify that \_\_\_\_\_ (your name or agency's name) will comply with all requirements specified in the RFP which are applicable to the services which we wish to provide.

I agree to the right of FIRST 5 Modoc to audit \_\_\_\_\_ (your name or agency's name) financial and other records.

\_\_\_\_\_  
Signature of proposer or authorized agent

\_\_\_\_\_  
Business tax ID # or Individual's Social Security Number

\_\_\_\_\_  
Date

## PROPOSED PROJECT BUDGET FORM

Complete this form and prepare a brief, separate narrative describing and explaining each budget item.  
*Please complete carefully.*

Applicant \_\_\_\_\_ Date \_\_\_\_\_

	Requested from Commission	Other Cash Funding Committed to Project	In-Kind Project Support	Other Funding Not Yet Committed to Project	Total Project Budget
<b>Personnel</b>					
Salaries (list positions and FTE)					
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
Payroll Taxes and Benefits	_____	_____	_____	_____	_____
<b>Total Personnel</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Other Expenses</b>					
Consultant Fees	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	_____	_____	_____	_____	_____
Postage	_____	_____	_____	_____	_____
Office Supplies	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
Printing / Duplicating	_____	_____	_____	_____	_____
Information / Materials	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Professional Services	_____	_____	_____	_____	_____
Rent	_____	_____	_____	_____	_____
Utilities	_____	_____	_____	_____	_____
Insurance	_____	_____	_____	_____	_____
Miscellaneous (list)	_____	_____	_____	_____	_____
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
<b>Total Other Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Program Focus (Priority Area)**

- \_\_\_\_\_ Improved Child Health
- \_\_\_\_\_ Improved Child Development
- \_\_\_\_\_ Improved Family Functioning
- \_\_\_\_\_ Improved Systems of Care (REQUIRED AREA)

## **Insurance**

The Grantee shall maintain a commercial general liability insurance policy in the amount of **one million dollars (\$1,000,000.00)**. Where the services to be provided under this Contract involve or require the use of any type of vehicle by the grantee in order to perform said services, the Grantee shall also provide comprehensive business or commercial automobile liability coverage including non-owned and hired automobile liability in the amount of \$300,000.00. Said policies shall remain in force through the life of this Contract and shall be payable on a “per occurrence” basis unless FIRST 5 Modoc specifically consents to a “claims made” basis. If FIRST 5 Modoc does not consent to “claims made” coverage, the Contractor shall purchase “tail” coverage in the event that the Contractor changes insurance carriers during the term of this Contract. Proof of such “tail” coverage shall be required at any time during the term of this Contract that the Contractor changes to a new carrier prior to receipt of any payments due. FIRST 5 Modoc shall be named as an additional insured on the commercial general liability policy. The insurer shall supply certificates of insurance and endorsements signed by the insurer evidencing such insurance to FIRST 5 Modoc prior to commencement of work, and said certificates and endorsements shall provide for a minimum ten (10) day advance notice to FIRST 5 Modoc of any termination or reduction in coverage.

**\_\_\_\_\_ By initialing in the space provided, the Contractor warrants that the services to be provided under this Contract do not require the use of any vehicle by the Contractor.**

Nothing herein shall be construed as a limitation of Grantee’s liability and the Grantee shall indemnify and hold the FIRST 5 Modoc harmless and defend FIRST 5 Modoc against any and all claims, damages, losses and expense that may arise by reason of the Grantee’s negligent actions or omissions. FIRST 5 Modoc agrees to timely notify Grantee of any negligent claim.

Failure to provide and maintain the insurance required by this Contract will constitute a material breach of the agreement. In addition to any other available remedies, FIRST 5 Modoc may suspend payment to the Contractor for any services provided during any time that insurance was not in effect and until such time as the Contractor provides adequate evidence that Contractor has obtained the required coverage.

# Nondiscrimination Statement of Compliance

\_\_\_\_\_ (herein referred to as "prospective contractor")  
(Individual or organization name)  
hereby certifies, unless specifically exempted, compliance with Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, in matters relating to the development, implementation, and maintenance of a nondiscrimination program. Prospective contractor agrees not to unlawfully discriminate against any employee or applications for employment because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sexual orientation, sex, or age (over forty).

I, \_\_\_\_\_, (name of official) hereby swear that I am duly authorized to legally bind the prospective contractor to the above-described certification. I am fully aware that this certification executed on \_\_\_\_\_ (date) in the county of \_\_\_\_\_ is made under the penalty of perjury under the laws of the state of California.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

# Evaluation Plan

**The evaluation component of this process is extremely important; it allows FIRST 5 Modoc to measure how our investments are making a difference in the lives of babies and young children. By statute, Proposition 10 dollars must be spent in a manner that achieves measurable results. You are part of those results!**

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If you are funded, you will be reporting your progress to FIRST 5 Modoc as required in your contract. This progress report will consist of a report on each of your indicators, as you list them on your Project Outcomes Chart (Exhibit E-2). In addition to possible quarterly reports, there will also be a Final Evaluation Report at the end of your project.

Your narrative should describe what you want to accomplish with this proposal. Your Project Outcomes Chart should give you the tools to show FIRST 5 Modoc if you have accomplished the goals you set for yourself. It should also allow you to identify problems or unforeseen barriers that may have hindered your proposal from achieving its full potential.

Exhibit E-2 is the Project Outcomes Chart. Please submit a completed copy of this chart as part of your Formal Proposal. Please refer to the First 5 Modoc 2020/2025 Strategic Plan for a list of current goals, objectives and related indicators. **FIRST 5 CALIFORNIA is requesting data input from county commissions and their grantees. FIRST 5 Modoc reserves the right to make reasonable data requests from grantee.**

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## Terms to understand when completing the Project Outcomes Chart:

- **Strategic Plan "Priority Areas" (Page 1 in Strategic Plan)**  
Your proposal must target Priority Areas in the Strategic Plan. FIRST 5 Modoc welcomes proposals that target any of the Priority Areas in the current Strategic Plan. It is understandable that your project may touch on a number of Focus Areas but please consider which of the Strategic Plan Focus Areas will be the specific focus **of your proposal**. List these Priority Areas at the top of your Project Outcomes Chart. (Next page)
  - **"Strategy" and/or "Activities"**  
What is the program, service or project you are proposing? What steps will you take to make it happen? It is reasonable to assume you will have more than one strategy and/or activity.
  - **"Output" and "Outcomes"**  
Expected output or outcomes are the measurable changes after a program activity is underway during the implementation period. Outputs or outcomes may include, but are not limited to: numbers, services, behavior, knowledge, skills, and status. The Strategic Plan Priority Areas include a list of possible indicators that may help guide you in the development of your output and outcomes.  
  
 Developing written outcomes requires careful thought about the expected impact of a strategy and/or activity.  
Who or what is expected to change or benefit? What/how much change or benefit is expected? Where will the change occur? When will the change occur?
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**In addition to the Project Outcomes Chart grantees will be monitored by submitting Quarterly Grantee Reporting documents, see exhibit E-3.**

# Project Outcomes Chart

Check your First 5 Modoc Strategic Plan Priority Area(s) and/or Area and the corresponding objective from the Strategic Plan:

- Priority Area 1: Improved Child Health      Objective  1.1 Objective  1.2
- Priority Area 2: Improved Development      Objective  2.1 Objective  2.2
- Priority Area 3: Improved Family Functioning      Objective  3.1
- Priority Area 4: Improved Systems of Care      Objective  4.1 Objective  4.2

Name of Requesting Organization				
Program Name				
Target Population				
Program Standard (1)				
Goal				
Training & Technical Assistance Needed to Support High-quality Implementation and Continuous Quality Improvement (2)				
Activities used to implement the funded program or strategy (3)	Expected Output or Outcome of Activity (4)	Responsible Parties (5)	Timeline (6)	Data Sources (7)
Local Service System Integration (8)				
Evaluation (9)				

- (1) Identify and describe the program standard from the following: Evidenced-based model/framework, promising practice model/framework, promising practice local model, or high quality local model.
- (2) In some cases training & technical support may be available through First 5 California as part of their work on continuous quality improvement. Funds requested for program specific training should be listed on your activities.
- (3) Please number your activities and/or strategies. You will need to correlate those to your expected output or outcome of activities as well as your data sources. It is reasonable to assume you will have more than one activity or strategy.
- (4) Expected output or outcomes are the measurable changes after a program activity is underway during the implementation period. Output or outcomes may include, but are not limited to: numbers, services, behavior, knowledge, skills, and status. The Strategic Plan Focus Areas include a list of possible indicators that may help guide you in the development of your output and outcomes. Please change the font color when reporting your progress and/or results.
- (5) Responsible parties are key players in carrying out the program or activity to ensure outcomes are met. Identify them by name or role including families, evaluators, and program staff.
- (6) Timelines are time intervals that create structure, measurability, and accountability within an action plan and may be stated as a specific date or a date range depending on the type of activity.
- (7) Data source is where you will find the information to report on each output or outcome.
- (8) Local Service System Integration addresses work with community partners and available state and/or federal programs to integrate service systems, develop new partnerships, and other activities to build a stronger system of services and support for children prenatal through age five. Please keep in mind we would like to see an expected output or outcome for this activity.
- (9) Describe evaluation activities and outcome measures to determine the effect of the First 5 Modoc investment.





# FY 22-23 Grantee Quarterly Report

## PROGRAM INFORMATION

Period:  1<sup>st</sup> Quarter (July-Sept)  2<sup>nd</sup> Quarter (Oct-Dec)  3<sup>rd</sup> Quarter (Jan-Mar)  4<sup>th</sup> Quarter (Apr-June)

Organization

Program Name

Reported By

Date Submitted

**\* OFFICIAL  
USE ONLY**

Date Reviewed: \_\_\_\_\_

Initial: \_\_\_\_\_ OTD

*Complete this form in WORD and email directly to [first5modoc@gmail.com](mailto:first5modoc@gmail.com) or hand deliver to First 5 Modoc.*

## REPORT NARRATIVE

**Provide a summary of all activities conducted during reporting period. Did this project meet the identified objectives per the Project Outcomes?**

Enter report narrative here.

## SYSTEMS CHANGE EFFORTS

**Describe outreach conducted to promote program services, collaboration with other agencies, expansion of services, and the benefits outreach has produced during this quarter.**

Enter systems change efforts narrative here.

## BARRIERS AND/OR CHALLENGES

**Describe any major barriers or challenges to program implementation, client participation, and/or community partnerships during this quarter.**

Enter barriers and/or challenges here.

## ADJUSTEMENTS

**Describe any program modifications made or planned to overcome barriers and challenges (above).**

Enter program adjustments here.

## CLIENT STORIES

**Provide at least ONE clients story and/or feedback of how this program affected a child, family and/or provider during this quarter. Photos are welcome and may be provided via email. NOTE: ALL photos must be accompanied with a consent for release, contact [first5modoc@gmail.com](mailto:first5modoc@gmail.com).**

Enter client story / feedback here.

## PROGRAM OUTCOME INDICATORS



FY 22-23 Grantee Quarterly Report

INDICATOR	QTR 1	QTR 2	QTR 3	QTR 4	YTD
1. Example: Enroll (12) clients.	0	0	0	0	0
2. Click here to enter text.	0	0	0	0	0
3. Click here to enter text.	0	0	0	0	0
4. Click here to enter text.	0	0	0	0	0
5. Click here to enter text.	0	0	0	0	0
6. Click here to enter text.	0	0	0	0	0

*Note: Indicators are drawn directly drawn from Project Outcomes (HQP/FIP).*





FY 22-23 Grantee Quarterly Report

Primary Language								
English	0	0	0	0	0	0	0	0
Spanish	0	0	0	0	0	0	0	0
Cantonese	0	0	0	0	0	0	0	0
Mandarin	0	0	0	0	0	0	0	0
Vietnamese	0	0	0	0	0	0	0	0
Korean	0	0	0	0	0	0	0	0
Other – Specify: Click here to enter text.	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**OTHER INFORMATION / REQUEST**

Use the space below to report additional information about this program or for requests (e.g., Evaluation Technical Assistance).

Enter other information / request(s) here.

**REPORTING REQUIREMENTS**

In addition to this Quarterly Performance Report be sure to include your Detailed Expenditure Report. Completed reports may be emailed to [first5modoc@gmail.com](mailto:first5modoc@gmail.com) or hand delivered to First 5 Modoc, 802 N. East Street, Room 103, Alturas, CA 96101.

**REPORTING DEADLINES**

**ALL Quarterly Performance and Detailed Expenditure Reports are DUE WITHIN 15 DAYS of the quarters' ending on September 30<sup>th</sup>, December 31<sup>st</sup>, January 31<sup>st</sup>, and June 30<sup>th</sup>; unless otherwise stated in contract.**