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**OFFICE OF HUMAN SERVICES**

**COMMUNITY SERVICES DEPARTMENT**

**Request for Proposal (RFP) Number 186701 for Professional Services**

**Title: HUMAN SERVICES RESOURCE ALLOCATION PROCESS (HSRAP)**

**REQUEST FOR PROPOSALS (RFP) – FY2024-2025**

**INSTRUCTIONS AND PROPOSAL APPLICATION**

Pre-Proposal Meeting: TIME: 10AM (PST)

(Attendance Highly Recommended) DATE: Tuesday, December 13, 2022

 <https://cityofpaloalto.zoom.us/j/83378287339>

 Meeting ID: 833 7828 7339

Join by Phone: 1 (669) 900-6833

RFP Submittal Deadline: TIME: 3PM (PST)

 DATE: Thursday, January 26, 2023

Contract Administrator: Minka van der Zwaag, Manager of Human Services

 Minka.VanDerZwaag@cityofpaloalto.org

City of Palo Alto

Office of Human Services

Community Service Department

4000 Middlefield Road, T2

Palo Alto, CA 94303

(650) 463-4906

Table of Contents

Section 1 – General Proposal Information

 Introduction…............................................................2

 Goals and Philosophy….............................................2

 Terms of Agreement...................................................2

 Anticipated Funding Availability...............................2

 Timeline......................................................................3

 Pre-Proposal Meeting (Highly Recommended)..........3

 Questions About the Proposal.....................................3

 Priority of Needs FY24-25..........................................4

 Evaluation Process.......................................................5

 Review Process............................................................6

 Reporting Requirements..............................................6

 Review and Monitoring...............................................6

Submittal Information..................................................7

Section 2 – General Applicant Information

Section 3 – Program Narrative

Section 4 – Program Methods, Goals and Objectives

Section 5 – Budget

Section 6 – Proposed Program Positions/Staffing

Section 7 – Submittal & Required Signatures

 Addendum A – Terms and Conditions

 Addendum B – Sample Contract Documents

 Acknowledge Receipt of Information

 Certify Application Information

Section 1 – GENERAL PROPOSAL INFORMATION

Introduction:

The City of Palo Alto, Office of Human Services, Community Services Department is seeking proposals from organizations to provide professional services to meet human service needs in the community as described in the Fiscal Year (FY) 2024-2025 Priority of Needs.

This funding opportunity is provided through the Human Services Resource Allocation Process (HSRAP). The City provides many services directly to the community. Those services the City may not be able to provide due to expertise or economies of scale are contracted to local agencies through a competitive grant process called HSRAP. The selection of awardees and allocation of funding is a collaborative process with support of City staff and the Palo Alto Human Relations Commission (HRC) who review applications that provide support for identified needs in the community.

This is a competitive funding process. There is no guarantee that every applicant will receive funding. There is also no guarantee that the amount an organization has requested will be the amount granted. No proposals under $5,000 will be considered. Organizations applying for funding may propose either a new or existing program. Organizations submitting a joint proposal must select a lead organization that will act as the legal contractor with the City of Palo Alto.

Goals and Philosophy:

The primary goal of HSRAP is to meet the needs and improve the quality of life of low income and vulnerable populations while considering and addressing the financial, social, cultural, psychological, and physical barriers that prevent residents of the Palo Alto community from accessing the human services they need.

Term of Agreement:

Proposals are being accepted for the funding term of July 1, 2023 – June 30, 2025. Provided all terms and conditions are met through service agreements that are awarded for FY24, contracts may be renewable for an additional 12-month term, unless otherwise determined by the City of Palo Alto.

Anticipated Funding Availability:

The City will award funding to multiple organizations for a two-year period. Approximately $600,000 was allocated from the City’s General Fund to 16 organizations in FY23 and it is anticipated that two-year funding for FY24-25 will be similar, however, the final amount will not be known until the approval of the FY24 City operating budget in June of 2023.

Timeline:

|  |  |
| --- | --- |
| RFP Issued | Thursday, December 1, 2022 |
| Pre-Proposal Meeting | Tuesday, December 13, 2022, 10am |
| Deadline for questions, clarifications | Thursday, January 5, 2023, 3pm |
| Proposals Due | Thursday, January 26, 2023, 3pm (NO EXCEPTIONS) |
| Review by HSRAP Subcommittee | February, 2023 |
| Review by Human Relations Commission |  Thursday, March 9, 2023, 6pm |
| Proposers Interviews (if needed) | February/March 2023 |
| Proposer selection and contract | May/June 2023 |
| Contract awarded | June 2023 |
| Work commences | July 2023 |

Pre-Proposal Meeting (Highly Recommended):

All prospective proposers are highly recommended to attend the pre-proposal meeting held on Tuesday, **December 13, 2022, 10am (PST)**. The pre-proposal meeting will be held virtually via Zoom. The link for the virtual teleconference is as follows:

[**https://cityofpaloalto.zoom.us/j/83378287339**](https://cityofpaloalto.zoom.us/j/83378287339)

Meeting ID: 833 7828 7339 Join by Phone: 1 (669) 900-6833

An organization’s representative(s) may include staff, board members and/or volunteers. However, the attending representative(s) takes full responsibility to bring all RFP information back to the organization.

Questions about the Proposal:

Should discrepancies or omissions be found in this RFP or should there be a need to clarify this RFP, questions or comments regarding this RFP must be emailed to **HSRAP@cityofpaloalto.org** and received by the City **no later than Thursday, January 5, 2023, 3pm.**. Responses from the City will be “published” on the **HSRAP website at** [**www.cityofpaloalto.org//HSRAP**](https://www.cityofpaloalto.org/HSRAP) with a notification sent to the main RFP contact(s) identified by each organization that attended the pre-proposal meeting and on the bidder’s list. It is the responsibility of the applicant to check the HSRAP website for replies to applicant questions. Inquiries received after the date and time stated will not be accepted and will be returned to senders without a response. The City shall not be responsible for, nor be bound by, any oral instructions, interpretations or explanations issued by the City or its representatives.

Priority of Needs FY24-25:

The Priority of Needs indicate the funding priorities (allowable funding categories) for this application period. Services listed in the identified areas of needs will be considered for funding. Services listed under basic needs may be requested for any demographic.

**Basic Needs**

* Food/Nutrition
* Housing
* Mental Health
* Emergency Assistance
* Health Care (Physical and Dental Care)
* Transportation
* Digital Inclusion

**LGBTQ + issues including gender identity and expression**

**Homelessness**

* Outreach
* Day Services
* Case Management
* Social Services

**Seniors**

* Social Service
* Legal Assistance
* Elder Abuse Prevention

**Special Needs**

Children: Early InterventionRespite Care
 Recreational Activities

Adults: Day Programs
 Mentoring Programs
 Recreation Programs

**Children & Youth Programs & Services**

* Early Care & Education
* Youth Well-being
* Counseling
* Children/Youth Programs
* Tutoring

**Social Services Coordination**Encourage collaboration, coordination, and exchange of ideas among organizations.

Evaluation Process:

The evaluation of the proposals provided in response to this RFP will be based on the following criteria:

1. Proposal must be complete: Quality and completeness of the response to this RFP, all questions answered, and signatures obtained.
2. The proposed services effectively meet a service that has been identified as a Priority of Need for Fiscal Years 2024-2025.
3. Palo Alto residents are the beneficiaries: **Current** demographic or relevant data that demonstrate the proposed services would benefit Palo Alto residents.
4. The organization’s effectiveness of reaching out and serving vulnerable and underserved populations.
5. The organization demonstrates the ability to diversify its funding sources. A significant proportion of service funding must be from non-City of Palo Alto funds.
6. The organization’s process in place for evaluating the needs of the target population.
7. The organization’s process in place for evaluation of goals and objectives of the proposed services.
8. Demonstrated experience and effective methodology for performing the service.
9. Accessibility and affordability of services.
10. The organization’s administrative capacity; qualifications and experience of proposed program manager and key staff to provide consistent program coordination, communications and a high quality of service.
11. Demonstration of an efficient utilization of community resources through a community partnership and collaborative efforts with other agencies and community members as an approach to service provision.

**Ineligible Expenses** include but are not limited to the following:

1. Personal or business-related costs or expenses related to employee meals, catering, lodging, or political fundraising and non-program related transportation expenses.
2. Penalties, late charges or interest on any late payments.
3. Taxes or other amounts withheld from wages or salaries which have not actually been paid by Grantee during the term of this Agreement or which relate to periods before or after the term of this Agreement.
4. Depreciation of buildings or equipment.
5. Storage Fees.
6. Religious worship, instruction or proselytization.

PLEASE NOTE:

* The City of Palo Alto does not pay for services before it receives them. Therefore, do not propose contract terms that call for upfront payments or deposits.

Review Process:

The Review Committee will be comprised of members of a subcommittee of the Palo Alto Human Relations Commission, select community members and Office of Human Services staff.

The review process may include follow-up questions, clarification of material submitted, and/or an interview process or as deemed appropriate by the Review Committee.

Review Committee recommendations will be forwarded to the full Palo Alto Human Relations Commission in approximately March 2023. Recommendations are then forwarded to the Palo Alto City Council.

Applicant organizations are invited to attend the Human Relations Commission meeting(s) and may speak to this agenda item. It is anticipated that the meeting will be available to attend either in person or virtually. This meeting is open to the public and televised.

Award of contracts are contingent upon meeting all submittal requirements, addressing a Priority of Needs as outlined in this Request for Proposal, and proposal and award amount approval by the City of Palo Alto City Council upon adoption of the City’s annual budget.

The City of Palo Alto reserves the right to reject any and all proposals, to select more than one organization, and/or to accept a proposal(s) or a portion of proposal(s) that will, in its opinion, best serve the public interest.

Organizations whose proposals have been approved by the Council will be notified by the Office of Human Services and assisted through the final contracting process by Office of Human Services staff. Final contract Scope of Service will be determined by the awarded amount.

Reporting Requirements:

If awarded funding, the following reports must be submitted:

1. Quarterly Reimbursement Report (funding invoice)
2. Semi-Annual Program Report – Including qualitative/quantitative update on goals and objectives.

Review and Monitoring:

If awarded funding, the organization’s performance in all areas mentioned above, in addition to the services contracted for, will be monitored periodically by the Office of Human Services. Monitoring may take the form of site visits, program file review, and written and telephone communication.

Addendums:

Please review the following addendums by following the hyperlinks listed below. The addendums are also available to view at [**www.cityofpaloalto.org/HSRAP**](https://www.cityofpaloalto.org/HSRAP).

Addendum A: Terms & Conditions – Click [**HERE**](http://www.cityofpaloalto.org/files/assets/public/community-services/human-services/grant-programs/addendum-a-terms-conditions.pdf) to view

Addendum B: Sample Contract Documents – Click [**HERE**](http://www.cityofpaloalto.org/files/assets/public/community-services/human-services/grant-programs/addendum-b-sample-contract-insurance-w9.pdf) to view

Submittals:

All information requested to submit a complete proposal is included in the body of the proposal, no attachments with additional information are being requested or will be accepted.

Completed proposals are to be submitted as an attachment to an email and sent to **HSRAP@cityofpaloalto.org**. Converting the document to PDF is preferred. You will receive confirmation of receipt.

**Deadline to submit a completed proposal is Thursday, January 26, 2023, 3PM**

Do not wait until the last minute to submit the proposal, please aim to submit earlier than the deadline. This will allow you to troubleshoot any issues that come up.

**NO LATE applications will be accepted and those submitted after the deadline will be disqualified.** Failure to submit a complete application, or not complying with any of these procedures and requirements, will also disqualify the application for funding consideration.

PLEASE PROCEED TO THE PROPOSAL ON THE NEXT PAGE.

**HUMAN SERVICES RESOURCE ALLOCATION PROCESS FY24-25**

SECTION 2 – GENERAL APPLICANT INFORMATION

Name of Organization:

Address:

Phone:

Chief Executive Officer/Executive Director

Name:

 Phone:

 Email:

Contact Person for Application

Name:

 Phone:

 Email:

SECTION 3 – PROGRAM NARRATIVE

Please complete the proposal in the Question & Answer format as provided below. Do not combine questions. Every section is mandatory unless otherwise stated. Be specific and to the point (less fluff, more substance, less is more, etc.). If you have a current HSRAP grant, try to avoid a 100% cut-and-paste from the last application; update and fine-tune it. **There is a twelve (12) page limit for the responses to questions four (4) through eighteen (18). Responses should be single spaced with 12-point text font.**

1. Name of Program:

2. Funding Request:

3. Priority of Needs Category: check box(es), more than one can be selected.

  

  



4. Population Served (Please respond using anticipated numbers for the first year of the contract)

Total number of people served by this program:

Total number of Palo Alto residents served by this program:

Total number of unduplicated Palo Alto residents served by the Requested Funding Amount:

5. Describe your organization: Include a mission statement and purpose.

6. Provide a general overview of the demographics of the clients that you serve, as Palo Alto centric as possible. Please include those that you feel are applicable to the clients and/or the services that you provide (i.e. age, gender, ability, race, national origin, sexual orientation, gender identity, socio economic level, veteran status, etc.).

7. Statement of Need – Provide a concise and coherent statement, supported by quantitative and qualitative evidence, on why the program needs to be undertaken, including what underlying “problem” or issue(s) are you trying to solve, the target population, the community need that will be addressed, and the desired impact it will have.

8. In detail, describe in clear and concise language the program(s) and service(s) for which you are requesting funding.

9. Describe how your organization will accomplish the proposed services including addressing: Community partnerships, staffing levels (both administrative and programming), service hours, and your organization’s experience, knowledge and technical expertise in providing the proposed services and in grant administration.

10. As applicable to your services, what is your organization doing to reach out and serve vulnerable and underserved populations?

11. Please describe how your services are accessible and affordable to your target populations.

SECTION 4 – PROGRAM GOALS, OBJECTIVES & METHODS

12. Please provide a narrative regarding your proposed program goals and objectives.

13. Describe your organization’s plan and method for evaluating the degree to which program goals and objectives are being met? What indicators of success will you be using?

14. Describe your organization’s plan for evaluating the needs of the target population. Include any specific measurement tools to be used such as surveys and intake tools.

15. Please list the specific goals, objectives and methods related to the program(s) you are proposing. Applicants must utilize the SMART Goal approach (specific, measurable, actionable, relevant and time bound). **Using the template below, list each goal separately, followed by the specific objective(s) and methods(s) to reach that goal.** Please indicate if the service numbers included in the goal and objectives listed below are only for those to be covered by the grant or are organization total amounts for this service area.

Goal #1:

 Objective(s):

 Method(s):

Goal #2:

 Objective(s):

 Method(s):

*Note: Add more goals as needed.*

SECTION 5 – BUDGET

16. Describe specifically how the requested funding will be used. Indicate a unit cost per client served. If a unit cost cannot be developed, explain why the projected costs are reasonable.

17. Summarize how your organization plans to leverage the funding from the City and diversify funding for this program.

18. If your program is not funded or only partially funded, will you still be able to provide the program and if so, how?

19. Please answer the follow budget summary questions:

Total Organization Budget:

Total Organization Administrative Costs:

Total Organization Program Costs:

20. If there is a significant increase (more than 10%) between the FY2023 (awarded) and FY2024 proposed budget, please check all that apply. Leave blank if not applicable to your organization.

 

 

PROCEED TO NEXT PAGE FOR BUDGET WORKSHEETS

**Program Budget – One Year – FY24 (July 1, 2023 – June 30, 2024)**

Organization Name:

Priority of Needs Category:

Name of Program:

Funding Request ($/year):

If submitting a proposal for multiple programs, please use a separate Budget Form for each program. Two budget forms are included, if the second form is not needed, leave blank. If more forms are needed, copy and paste into a new page in this document or copy and paste from the original copy available at [**www.cityofpaloalto.org/HSRAP**](https://www.cityofpaloalto.org/HSRAP).

Complete the table below and round figures to the nearest dollar. By means of Table “A”, we want to see demonstrated EACH funding source utilized to fund the proposed program. If the amount in Column “C” below is still unknown, put “TBD”. Total in Table “A-Column D” must match total Program Expense Budget in Table “B”. You may add rows after “Other,” if needed.

TABLE A:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Funding Sources** | **A** | **B** | **C** | **D** |
| **FY22****Received** | **FY23****Requested** | **FY23** **Total Awarded to Date** | **FY24 Request** |
| City of Palo Alto |  |  |  |  |
| Other Cities |  |  |  |  |
| County |  |  |  |  |
| State |  |  |  |  |
| Federal |  |  |  |  |
| Fundraising |  |  |  |  |
| In-Kind Contributions |  |  |  |  |
| Fee for Services |  |  |  |  |
| Other (specify) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |  |  |  |

TABLE B:

|  |  |  |  |
| --- | --- | --- | --- |
| **FY2024** | **Total Program Expense Budget** | **Total Program Expense Budget Serving Palo Alto Residents** | **Total Program Expense Budget for** **Requested Funding** |
| Salaries |  |  |  |
| Program Operating Expenses |  |  |  |
| Non-Operating Expenses |  |  |  |
| List Other Expenses (if appropriate) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  |  |  |

**Program Budget – One Year – FY24 (July 1, 2023 – June 30, 2024) – Program #2**

(leave blank if not needed)

Organization Name:

Priority of Needs Category:

Name of Program:

Funding Request ($/year):

Note: Complete the table below and round figures to the nearest dollar. By means of Table “A”, we want to see demonstrated EACH funding source utilized to fund the proposed program. If the amount in Column “C” below is still unknown, put “TBD”. Total in Table “A-Column D” must match total Program Expense Budget in Table “B”. You may add rows after “Other,” if needed.

TABLE A:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Funding Sources** | **A** | **B** | **C** | **D** |
| **FY22****Received** | **FY23****Requested** | **FY23** **Total Awarded to Date** | **FY24 Request** |
| City of Palo Alto |  |  |  |  |
| Other Cities |  |  |  |  |
| County |  |  |  |  |
| State |  |  |  |  |
| Federal |  |  |  |  |
| Fundraising |  |  |  |  |
| In-Kind Contributions |  |  |  |  |
| Fee for Services |  |  |  |  |
| Other (specify) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |  |  |  |

TABLE B:

|  |  |  |  |
| --- | --- | --- | --- |
| FY24 | Total Program Expense Budget | Total Program Expense Budget Serving Palo Alto Residents | Total Program Expense Budget for Requested Funding |
| Salaries |  |  |  |
| Program Operating Expenses |  |  |  |
| Non-Operating Expenses |  |  |  |
| List Other Expenses (if appropriate) |  |  |  |
|  |  |  |  |
| Total |  |  |  |

Add additional program budget sheet(s) here, as needed.

SECTION 6 – PROPOSED PROGRAM POSITIONS/STAFFING

Complete the following proposed program position chart.

1. List each position for the proposed program(s)
2. Indicate the total number of hours each position is budgeted for at your organization
3. Indicate the percent/week each position will dedicate to the proposed program(s)
4. Indicate the annual salary that this position is budgeted for at your organization
5. Indicate the amount that will be charged to the City of Palo Alto

If you are **NOT** requesting funding for staffing, you may leave D & E blank

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A | B | C | D | E |
| Program or Administrative Position  | Total Hours per week Budgeted for this position  | % per Week Allocated to the Proposed Program  | Annual Salary Budgeted for this Position | Funding Request Amount  |
| Ex. Project Director | 40 | 12% | $50,000 | $6,000 |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL |  |  |  |  |

Note: The example is based on a full-time position

PROCEED TO NEXT PAGE FOR PROPOSAL SUBMITTAL SIGNATURES

SECTION 7 – SUBMITTAL

Before signing, please look back upon your proposal to ensure that each section is fully completed.

Required Signatures

You may type in your full name or supply an electronic signature.

[Addendum A](http://www.cityofpaloalto.org/files/assets/public/community-services/human-services/grant-programs/addendum-a-terms-conditions.pdf): Terms & Conditions

I understand and agree to the terms and conditions of this RFP, including Addendum A and any other addenda that may have been issued.

*Sign Here*:

[Addendum B](http://www.cityofpaloalto.org/files/assets/public/community-services/human-services/grant-programs/addendum-b-sample-contract-insurance-w9.pdf) – Sample Contract Documents

I have read and understand the terms of the Sample Contract in Addendum B. I understand and agree that the City reserves the right to amend the Sample Contract. Should the City award a grant under this program, Applicant will have an opportunity to review the proposed contract before executing it.

*Sign Here*:

I acknowledge that the application must be submitted via email by Thursday, January 26, 2023, 3pm to HSRAP@cityofpaloalto.org, and that late or incomplete applications will not be accepted. I understand and agree that this RFP is governed by any addenda that may have been issued after the release of the initial RFP materials. Such addenda can be found at [www.cityofpaloalto.org/HSRAP](file:///%5C%5Cstaff.copa%5Cfiles%5CShared%5CCSD%5CHS%5CHSRAP%5CHSRAP%20FY24-25%5CRFP%5Cwww.cityofpaloalto.org%5CHSRAP), and I declare that I have read and understand them (if any were issued).

*Sign Here*:

By signing below, the submission of a proposal shall be deemed a representation and certification by the Proposer that they have investigated all aspects of the RFP, that they are aware of the applicable facts pertaining to the RFP program, its procedures and requirements as included in the RFP, and they have read and understand the RFP. No request for modification of the proposal shall be considered after its submission on the grounds that the Proposer was not fully informed as to any fact, term or condition.

The undersigned also certifies the information contained in this proposal is true and accurate to the best of their knowledge and belief. The undersigned warrants that they have authority on behalf of the organization they represent to enter into this proposal, warrant its accuracy, and bind the organization to the applicable terms and conditions.

Name of Authorized Signer:

Title:

*Sign Here*:

Date:

End of Application