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**2019 Super NOFA**

**For Emergency Shelter**

**and**

**Rapid-Rehousing**

**Fillable Word Document**

**Please Use This Form**

**Tab A: Proposal Checklist**

***Instructions:*** This section must be filled in and each item checked off to ensure all items requested by the BCHCoC in this Super NOFA have been submitted. Follow the instructions in each section of this Super NOFA. Present all requested items in the index tabs ordered A through I as shown. Label each item presented and include additional items on your Table of Contents. All proposals must include a detailed description of each proposed service to be provided. Applicants that do not follow the bid instructions may be found to be “non-responsive” and disqualified from the NOFA process.

**Name of Organization:**      

**Project Name: (Example: ABC Bridge Housing Program)**      

**Proposal Submission Checklist**

**General Applicant Information**

*The following items need to be included in your proposal. Indicate the page number where the item is located.*

**Page Number**

Tab A – Proposal Checklist *(this page)*

Tab B – Cover Pages and Entity Certification (Attachment B &D)

Tab C – Organization Profile/ Experience & Completed Attachment E

Tab D – Acknowledgements

Tab E – Scope of Service…………………………………………..……………………

**(If submitting more than one proposed project, please submit separate applications)**

Tab F – References

Tab G – Applicant Attachment

Tab H – Cost Proposal …………………………………………..……………………

**(If submitting more than one proposed project, please submit separate applications)**

Tab I – Financial Statements

List all attachments included in this Section. Please use additional pages to list attachments if necessary.

|  |  |  |
| --- | --- | --- |
| **Attachment Number** | **Document Title** | **Page Number** |
| Attachment 1 |  |  |
| Attachment 2 |  |  |
| Attachment 3 |  |  |
| Attachment 4 |  |  |
| Attachment 5 |  |  |
| Attachment 6 |  |  |
| Attachment 7 |  |  |
| Attachment 8 |  |  |
| Attachment 9 |  |  |
| Attachment 10 |  |  |
| Attachment 11 |  |  |
| Attachment 12 |  |  |
| Attachment 13 |  |  |
| Attachment 14 |  |  |
| Attachment 15 |  |  |
| Attachment 16 |  |  |
| Attachment 17 |  |  |
| Attachment 18 |  |  |
| Attachment 19 |  |  |
| Attachment 20 |  |  |

**Cost and Financials**

Tab H –Proposed Project Budget/Budget Narrative – Budget sample sheet provided

Tab I – Financial Statements

Financial Statements Include:

* + - Page 1 and 2 (only) of Last 990 filed with the IRS, government entities excluded
      * If None, please explain
    - End of Last Fiscal Year Balance Sheet including preparer name
    - End of Last Fiscal Year Profit and Loss Statement
    - Current Fiscal Year to Date (May 31, 2019) Profit and Loss Statement

**Tab B: Proposal Cover Page**

This Proposal Cover Page must be signed by an authorized representative. Signature by an authorized representative of the Organization on the proposal cover page shall constitute a warranty, the falsity of which shall entitle the BCHCoC to pursue any remedy authorized by law, which shall include the right, at the option of the BCHCoC , of declaring any contract made as a result thereof, to be void.

**APPLICANT TO COMPLETE ALL APPLICABLE AREAS**

**Primary Applicant**

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| --- |
| Organization Name: |
| Mailing Address: |
| City:       State:    Zip: |
| Phone # (    )      FAX # (    ) |
| Organization Website: |
| Name:       Title: |
| Signature: Date: |
| Email: |

**Co-Applicant**

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| --- |
| Organization Name: |
| Mailing Address: |
| City:       State:    Zip: |
| Phone # (    )      FAX # (    ) |
| Organization’s Website: |
| Name:       Title: |
| Signature: Date: |
| Email: |

**Tab C: Organization Profile/ Experience**

This section of the proposal is designed to establish the applicant as an entity with the ability and experience to operate the program as specified in the Super NOFA. The Organization Profile should be concise and clear, and include descriptive information regarding service delivery.

* + 1. List applicant’s legal business name and legal business status (i.e. partnership, corporation, etc.):

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| APPLICANT’S RESPONSE: |

* + 1. Provide IRS Letter of Determination of non-profit status, if applicable:

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| APPLICANT’S RESPONSE: |

* + 1. Overview of organizational structure, services or activities performed, including:

1. Roster of Board of Directors, including officers (President, Vice President, etc.). Include name and affiliation.
2. Organizational chart. The organizational chart shall clearly identify all staff members and their position that will provide services under this contract.
3. The number of years in business under the present business name, as well as prior business names, and the number of years of experience providing the proposed, equivalent or related services
4. Organization size - number of staff (Paid vs Volunteer)
5. Location of the office(s) from which the work under this contract will be provided and the staff allocation at that office.

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| APPLICANT’S RESPONSE: |

* + 1. Provide your organization’s mission statement.

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| ***APPLICANT’S RESPONSE:*** |

* + 1. Provide names of persons with whom the applicant has been associated in business as partners or business associates in the last five years. Governmental agencies are exempt from this requirement.

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| APPLICANT’S RESPONSE: |

* + 1. Provide an explanation of any litigation involving the applicant or any principal officers thereof in connection with any contract. If none, that must be stated.

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| APPLICANT’S RESPONSE: |

* + 1. Applicants must conduct, at a minimum, a criminal background record check on all employees, subcontractors and volunteers should award be granted. Explain the applicant’s policy and procedures for conducting background check and background company utilized.

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| APPLICANT’S RESPONSE: |

8. This Request for Proposal is funded by federal and/or state grants. Applicants shall go to the Federal Exclusion List- System for Award Management (SAM)website and submit with their proposals verification that their organizations are not listed as being debarred by the following registries: <https://www.sam.gov>

1. Central Contractor Registry (CCR)
2. Federal Agency Registration (FedReg)
3. Online Representations and Certifications Application
4. Excluded Parties List System (EPLS)

The System for Award Management (SAM) is the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. If awarded a contract, awarded vendor must notify the BCHCoC immediately if debarred at any time during the contract period.

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| APPLICANT’S RESPONSE: |

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| **Threshold Questions** | **Scoring Criteria** |
| 1. Only applies if ESG is being requested in this proposal. Please declare your total match commitment for ESG:   In-kind: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Cash: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is match being used for eligible activities? (Please see Tables in Part 3: Budget for eligible activities costs)  Yes  No  *Match must equal 100% of the total grant request including admin costs. All match for ESG grants may be in-kind in nature. Supporting documentation of match commitments must be attached.* | Met or Unmet |
| 1. This project agrees to participate in the Coordinated Entry and HMIS, or comparable database as allowable by HUD. The standards for a comparable database are set forth in 24 CFR 580.25   Yes  No | Met or Unmet |
| Federal Education Requirements –  *Required for homeless children and youth per (*[*42 USC 11431*](https://www.law.cornell.edu/uscode/text/42/11431) *et seq).* | |
| 1. Are the proposed project policies and practices consistent with the laws related to providing education services to homeless children and youth?   Yes  No  Please attach a copy of relevant policies and practices for this project, with relevant sections highlighted. | Met or Unmet |
| 1. Does the project have a staff person to ensure that homeless children are enrolled in school and receive educational services as appropriate?   Yes  No  NA for capital projects only  Please attach a copy of relevant policies and practices for this project, with relevant sections highlighted. | Met or Unmet |

**Tab D: Acknowledgements**

**1. Clarifications, Exceptions, or Deviations**

All applicant(s) shall describe any exception or deviation from the requirements of the Super NOFA. Each clarification, exceptions, or deviation must be clearly identified. If the vendor has no clarification, exceptions, or deviation, a statement to that effect shall be included in this section.

The following contractual terms are **non-negotiable**.

* + Indemnification
  + All insurance terms prior to the start of the agreement
  + Termination
  + Ownership/Use of Contract Materials and Products
  + Disputes
  + Governing Law
  + Confidentiality
  + Subcontractors
  + Reporting Requirements

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| Do you have any other exceptions/deviations? If so, please provide an explanation:  APPLICANT’S RESPONSE: |

**Tab E: Scope of Services**

Applicants requesting funding for different project type components are required to submit separate APPLICATIONS for projects that will be operated separately. If appropriate, Applicants can also combine project type components under one umbrella, all included in a single Scope of Service if the components are operated together for a cohesive service delivery.

Applicants shall address all sections listed in the Scope of Services, providing a complete and concise response within a ***maximum of 10 pages*** of narrative.

1. **Project Type**

Indicate all the projects you are submitting in this proposal. You are required to submit a separate Scope of Service for each one that you check:

***Capital Improvement******for an Emergency Shelter****(e.g. new construction, expansion, renovation/rehabilitation or replacement project for an existing facility or facilities, improvements to current structure, etc.)*

***Housing*** *(Rapid Rehousing with Supportive Services)*

***Emergency Housing******in Greater Oroville Area*** *(Shelter with Supportive Services)*

***Emergency Housing in Greater Chico Area*** *(Shelter with Supportive Services)*

***Emergency Housing for Targeted Subpopulations*** *(Shelter with Supportive Services)*

**Tab F: References**

1. **Contact Information for Applicant’s References**

References cannot include Butte County or City Elected Officials or their staff, or any Board Member of your Organization. However, references can include other BCHCoC agencies that are not partaking in this Super NOFA. Applicant shall verify that all reference information is correct. References would be able to speak about your performance as a homeless service provider, and how the requested project is similar to activities currently or in the past have been done by your organization.

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| --- | --- |
| **Reference 1** | |
| Organization name: |  |
| Address: |  |
| Contact person: |  |
| Email address: |  |
| Telephone address: |  |
| Project name: |  |
| Dates worked performed: |  |
| Summary of scope of services: |  |
| Project cost: |  |

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| **Reference 2** | |
| Organization name: |  |
| Address: |  |
| Contact person: |  |
| Email address: |  |
| Telephone address: |  |
| Project name: |  |
| Dates worked performed: |  |
| Summary of scope of services: |  |
| Project cost: |  |

**Tab F: References**

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| **Reference 3** | |
| Organization name: |  |
| Address: |  |
| Contact person: |  |
| Email address: |  |
| Telephone address: |  |
| Project name: |  |
| Dates worked performed: |  |
| Summary of scope of services: |  |
| Project cost: |  |