



## COMMUNITY SERVICES BLOCK GRANT 2024 REQUEST FOR PROPOSALS

Funding for services to Yuba County low-income residents

**Mission:** To identify the needs of the low-income population, assess the effectiveness of the agencies that strive to meet said needs, and to deploy resources to achieve our shared goal of reducing poverty

**Vision:** To combat poverty by empowering local agencies that serve the needs of the low-income residents

**Request for Proposals are due Tuesday, October 31, 2023 no later than 3:00 pm**

**Return proposals to:  
Yuba County Community Services Commission  
Attn: Jackie Slade  
950 Tharp Road, Suite 1303  
Yuba City, CA 95993**

Questions and correspondence regarding this solicitation shall be directed to Jackie Slade at:  
(530) 751-8555 Fax (530) 751-8515 Email: [jslade@ysedc.org](mailto:jslade@ysedc.org)

### **PURPOSE**

The purpose of the Request for Proposals (RFP) is to solicit and award an annual contract to agencies that will serve Yuba County low-income residents with services that will address the priorities set forth by Yuba County Community Services Commission's (YCCSC) 2024-2025 Community Action Plan (see page 2).

Total funding available is approximately \$240,000. Funding requests can range from \$5,000 to \$240,000 per applicant and should address how it will improve the lives of low-income residents. Services to be provided from January 1 through December 31, 2024.

Qualified 501(c)3 nonprofit organizations, faith-based organizations, and public agencies capable of operating programs that provide services to Yuba County's low-income population, whose household income is at or below 125% of the federal poverty guidelines (see page 2), are eligible to apply. Agencies must have an intake process that screens for income eligibility.

Proposals which are incomplete, or which do not follow stated instructions may be rejected. **Applicants will be required to attend a proposal presentation session on November 8 between 2pm-5pm.** Applicants should be prepared to do a five-minute presentation on their proposal and answer questions. Presentations will be specifically scheduled after October 31. Applicants may also be required to provide proof of liability insurance, current audited financial statements, or other documents deemed necessary to assist YCCSC in developing funding recommendations.

**BACKGROUND**

YCCSC allocates funding to nonprofit, faith-based and public agencies that provide services to support, assist, and empower low-income people and improve their quality of life. YCCSC is a commission of the Yuba County Board of Supervisors governed by a volunteer board of directors representing the private, public, and low-income sectors of the local community.

YCCSC receives funding from the Community Services Block Grant through the State Department of Community Services and Development (CSD). The goal of CSBG is the reduction of poverty, the revitalization of low-income communities and the empowerment of low-income families and individuals to become fully self-sufficient.

Every two years, YCCSC conducts a community needs assessment. The assessment identifies and assesses poverty related needs and resources in the community and establishes a detailed plan, goals and priorities that are incorporated into a two-year plan called the Community Action Plan. The top three community priorities gathered from this process drive the types of services that will be considered for funding through an RFP process.

**DESCRIPTION OF SERVICES**

Proposed programs and services must promote self-sufficiency and/or improve the conditions of Yuba County low-income residents living at or below 125% of the federal poverty guidelines. (see chart below) Once 2024 income guidelines are released in January, they will be provided to funded agencies.

<b>2023 Annual Poverty Guidelines 125% of poverty level</b>		
<b>Persons in family/household</b>	<b>Household Annual Income</b>	<b>Household Monthly Income</b>
1	\$18,225	\$1,519
2	\$24,650	\$2,054
3	\$31,075	\$2,590
4	\$37,500	\$3,125
5	\$43,925	\$3,660
6	\$50,350	\$4,196
7	\$56,775	\$4,731
8	\$63,200	\$5,267
9	\$69,625	\$5,803
10	\$76,050	\$6,339

**SOURCE:** *Federal Register, Department of Health and Human Services January 2023*

Proposed programs and services should specifically relate to one or more of the following top three countywide service priorities as identified in YCCSC’s 2024-2025 Community Action Plan:

- 1) Access to Health Services (including mental, behavioral, physical, locational and alcohol/substance abuse)**
- 2) Homelessness prevention and reduction**
- 3) Food Security**

Services are expected to be performed by the selected service providers from January 1, 2024 through December 31, 2024.

**APPLICATION**

**Complete the attached application, including certifications, requested narrative and budget.** Applications must be signed by a duly authorized representative of the applying organization. Applications must be submitted in PDF format via email to [jslade@ysedc.org](mailto:jslade@ysedc.org) or delivered to YCCSC at 950 Tharp Road, Ste. 1303, Yuba City, CA 95993 by Tuesday, October 31, 2023 at 3:00pm. Any questions, should be directed to Jackie Slade at [jslade@ysedc.org](mailto:jslade@ysedc.org).

**EVALUATION OF REQUESTS**

The YCCSC Board will review and consider each completed application through evaluation, score, and alignment with YCCSC’s Mission, Vision and 2024-2025 CAP priorities.

At the time applications are reviewed, each request for funds will be checked for the presence or absence of the required content and applicant’s demonstrated capacity to provide quality services. Applications will be evaluated and ranked by score. The board will evaluate submitted applications on a 100-point scale using the criteria set forth in the table below. Although some categories are weighted more than others, all are considered necessary, and an application must be technically acceptable in each area to be eligible for an award. The evaluation categories, maximum possible points for each category, and evaluation criteria for each category are set forth below:

CRITERION	MAXIMUM POINTS
Qualifications/Capacity	10
Project/Program Description, Outcomes/Community Impact	50
Program Tracking and Evaluation	20
Budget/Budget Narrative	20

All awards are at the discretion of the YCCSC board and are not solely based on ranking. Estimated notification of funding selections will be December 6, 2023. Funding decisions are final and non-grievable.

YCCSC will execute individual contracts with each service agency. It is possible for more than one agency to provide services for the same service priority. It is also possible for one agency to provide services matching multiple service priorities; however regional service capacity will determine funding amounts.

**CONTRACT REQUIREMENTS (if awarded)**

**If your agency is awarded a contract the following documents will be required to ensure programs and services are delivered in accordance with the CSBG grant guidelines and deliverables:**

- Signed contract
- 425 CSBG Contract Budget Summary and narrative for amount awarded
- Module 4 Projections (641B) with projected clients to serve and verification documents to be used
- CSD 641 Annual Work Plan
- W-9
- \$1,000,000 liability insurance, YCCSC listed as additionally insured
- Workers Compensation insurance
- Fidelity Bond in amount of 25 percent of grant award
- Drug Free Workplace Certification (form provided)
- Lobbying Certification (form provided)
- Copy of client Appeal Policy and Procedures (grievance)
- Copy of Confidentiality policy

- Copies of contracts/MOUs held with other agencies
- Copy of Child Support Policy and Procedures
- Copy of client satisfaction survey tools used by your agency
- Copy of client intake form that asks for and documents CSBG income eligibility of below 125% of the poverty guidelines and demographic data.

**To be completed/submitted during the year (deliverables)**

- Bi-monthly reimbursement request forms with backup to show expenses incurred
- Semi-annual report showing clients served, client demographics, etc.
- Pre-site visit questionnaire in preparation for an annual site visit
- Participation in annual site visit
- Single Audit or IRS Tax Form 990 AND Compilation Financial Statement
- Summation of client satisfaction survey results with proof that data was presented to your board
- CSBG 641 Annual Report Modules 2-4 showing clients served during the contract term, client demographics, volunteers, partnerships, etc. (including partnership chart)
- CSD 090 CSBG Program Accomplishments and Coordination of Funds form

Go to <https://www.yubacares.org/> (nonprofit resources, CSBG Agency Forms) to view: Module 4 Projections (641B), CSD 641 Annual Work Plan, CSBG 641 Annual Report Modules 2-4, CSD 090 CSBG Program Accomplishments and Bi-monthly reimbursement request form.

## Yuba County Community Services Commission

### Request for Proposal Application for Community Services Block Grant 2024

Please respond to request no later than: **October 31, 2023**

Requesting Agency: \_\_\_\_\_  Nonprofit  Public Agency  Faith-based

Unique Entity ID (UEI) formerly Duns #: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Funding Request: \_\_\_\_\_ Program Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

**Which of the top three countywide needs will your agency address with CSBG funds? Check ALL that apply**

- Access to Health Services (including mental, behavioral, physical and alcohol/substance abuse)  
 Homelessness prevention and reduction     Food Security     Not addressing the top needs

**Indicate which CSBG Objective your agency primarily feels it is meeting with CSBG funding: (check no more than 2)**

- Employment                                     Education                                     Income Management  
 Housing     Linkages                                     Agency Capacity Building  
 Services supporting multiple domains     Health & social/behavioral development (includes nutrition)  
 Other (ex. Emergency manag./disaster relief) \_\_\_\_\_

#### Certifications

If recommended for funding, will your organization agree to and adhere to CSBG grant guidelines and deliverables, including only using the funds to serve individuals with incomes at or below 125% of the current Federal Poverty Level or the level determined by CSD.  Yes  No

I attest that I am an official officer representing my firm and authorized with signatory authority to present this proposal package.

I hereby certify that all information in this Request for Proposal is correct. I understand that I may need to submit additional documentation or information before any funds are awarded. I realize that submittal of this Request for Proposal does not constitute a contract or assurance of funding between my organization and the Yuba County Community Services Commission.

Authorized Persons Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Persons Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Narrative**

Organizations requesting funds must provide a narrative (max 5 pages) incorporating the following information:

**Description of Applicant**

- Describe your organizations history, ability, and capacity to provide services in alignment with YCCSC's Mission and Vision (provided on page 1)
- Organization's mission statement, general goals and objectives
- Summary of programs currently or previously administered

**Problem Statement**

- Problem (s) the proposed project will address, and why you believe it is important to meet this need?

**Description of the Project/Program**

- Describe plans for implementation with a general timeline for outreach, marketing, and recruitment of program participants.
- How will low-income status be verified?
- How will programs/services assist the low-income remove obstacles, attain economic security and/or self-sufficiency?
- How many low-income residents do you expect to serve? What outcomes to you expect to achieve?
- List all of the program's geographic locations and populations served
- Indicate how your agency ensures delivery of services to low-income individuals while avoiding duplication of services with other agencies.

**Project/Program Evaluation**

- How the success of your services will be measured? (types of measurement tools, frequency of data collection, etc.)
- Describe your agencies process for maintaining high standards of program and fiscal performance and maintaining the integrity of the CSBG program
- Describe your agency's process to track all client and program information needed to complete CSBG program reports (clients served, services provided, outcomes achieved, client demographics, agency partnerships, agency volunteer hours, etc.)

**Fiscal**

- How will funds be coordinated with other resources
- Describe your agency's contingency plan for potential funding reductions (not just provide less services)

**OTHER REQUIRED ATTACHMENTS TO APPLICATION:**

- Completed CSD 425 S Budget Form. Please complete 425.1.1, 425.S, 425.1.2, 425.1.3 and 425.1.4. (attached)
- Board Resolution—Original resolution authorizing submission of proposal and acceptance of funding (if selected)
- Proof of 501(c)3 nonprofit status, including EIN# (if applicable)

### CSBG CONTRACT BUDGET SUMMARY

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

#### SECTION 10: ADMINISTRATIVE COSTS

Line Item	Line Item	CSBG Funds (round to the nearest dollar)
1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses	
4	Equipment	
5	Out-of-State Travel	
6	Contract/Consultant Services	
7	Other Costs	
8	Disaster	
<b>Subtotal Section 10: Administrative Costs (cannot exceed 12% of the total operating budget in Section 80)</b>		

#### SECTION 20: PROGRAM COSTS

Line Item	Line Item	CSBG Funds (round to the nearest dollar)
1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses	
4	Equipment	
5	Out-of-State Travel	
6	Subcontractor/Consultant Services	
7	Other Costs	
8	Disaster	
<b>Subtotal Section 20: Program Costs</b>		

<b>SECTION 40: Total CSBG Budget Amount (Sum of Subtotal Sections 10 and 20) <span style="color: red;">Note: Total cannot exceed allocation amount.</span></b>	
<b>SECTION 70: Enter Other Agency Operating Funds Used to Support CSBG</b>	
<b>SECTION 80: Agency Total Operating Budget (Sum of Sections 40 and 70)</b>	
<b>SECTION 90: CSBG Funds Administrative Percent (Section 10 divided by Section 80)</b>	

**CSBG BUDGET SUPPORT -- PERSONNEL COSTS**

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

**Section 10 -- ADMINISTRATIVE COSTS -- SALARIES AND WAGES**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
No. of Positions	Position Title	Total Salary for each position	Percent (%) of CSBG time allocated for each position	Number of CSBG months allocated for each position	Total CSBG Funds budgeted for each position

**Total (must match Section 10: Administrative Costs line item 1 on the CSD 425.S Budget Summary form)**

**SECTION 20 -- PROGRAM COSTS -- SALARIES AND WAGES**


**Total (must match Section 20: Program Costs line item 1 on the CSD 425.S Budget Summary form)**

**FRINGE BENEFITS**

Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp. Etc.)	Percentage	Section 10 Administrative Costs <small>List CSBG funds Budgeted Line 2</small>	Section 20 Program Costs <small>List CSBG funds Budgeted Line 2</small>

**TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 425.S (BUDGET SUMMARY)**



**CSBG BUDGET SUPPORT -- NON PERSONNEL COSTS**

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

*Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.*

LIST EACH LINE ITEM Totals must match CSD 425.S Budget Summary form Attach additional sheet(s) if necessary	CSBG	
	Section 10: Administrative Costs	Section 20: Program Costs
List all Operating Expenses	3 sum should equal total on line item 3 of CSD 425.S Budget Summary form	3 sum should equal total on line item 3 of CSD 425.S Budget Summary form
List all Equipment Purchases	4 sum should equal total on line item 4 of CSD 425.S Budget Summary form	4 sum should equal total on line item 4 of CSD 425.S Budget Summary form
List all Out-of-State Travel: Name of conference; Specify location; Cost per trip	5 sum should equal total on line item 5 of CSD 425.S Budget Summary form	5 sum should equal total on line item 5 of CSD 425.S Budget Summary form
List all Contract/Consultant Services	6 sum should equal total on line item 6 of CSD 425.S Budget Summary form	
List all Subcontractor/Consultant Services		6 sum should equal total on line item 6 of CSD 425.S Budget Summary form
<b>Other Costs - List each line item (i - iv): Any additional Other Costs (attach additional sheet if necessary):</b>	<b>Section 10: Administrative Costs</b>	<b>Section 20: Program Cost</b>
i		
ii		
iii		
iv		
<b>Total Other Costs (Sum of i, ii, iii, iv):</b>	7 sum should equal total on line item 7 of CSD 425.S Budget Summary form	7 sum should equal total on line item 7 of CSD 425.S Budget Summary form



