

**FAMILY URGENT RESPONSE SYSTEM SERVICES**  
**RFP#FY2021-06**

**PROPONENT: F.A.C.E.S.**

	E1	E2	E3	E4	E5
<b>FORM D – ORGANIZATION EXPERIENCE (PART A)</b>					
Maximum Points Available 10					
Score	3	3	4	4	4
<b>Points Awarded</b>	<b>6.00</b>	<b>6.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>

<b>FORM D – ORGANIZATION EXPERIENCE (PART B)</b>					
Maximum Points Available 10					
Question 1	3	3	4	4	3
Question 2	3	2	3	3	3
Question 3	4	3	4	4	4
Question 4	3	3	4	4	3
Question 5	3	3	2	3	3
Question 6	3	3	3	4	4
Question 7	3	3	3	4	4
Question 8	3	3	4	4	3
Question 9	3	3	4	4	3
Question 10	1	2	1	1	1
Question 11	3	3	4	4	3
Question 12	3	3	4	4	3
Question 13	3	2	3	3	3
Question 14	3	3	3	4	4
<b>Total</b>	<b>41.00</b>	<b>39.00</b>	<b>46.00</b>	<b>50.00</b>	<b>44.00</b>
Average Score	2.93	2.79	3.29	3.57	3.14
<b>Points Awarded</b>	<b>5.86</b>	<b>5.58</b>	<b>6.58</b>	<b>7.14</b>	<b>6.28</b>

<b>FORM E - SERVICES TO BE PROVIDED</b>					
Maximum Points Available 30					
<b>PART A</b>					
Question 1	3	3	4	4	4
Question 2	3	3	3	3	3
Question 3	2	3	3	3	3
Question 4	3	3	4	4	4
Question 5	3	3	3	3	3
Question 6	4	3	4	4	4
Question 7	3	3	4	4	3
Question 8	2	2	3	3	3
Question 9	3	3	4	3	4
Question 10	3	3	4	4	3
<b>PART B</b>					
Question 11	3	3	3	3	3
Question 12	3	3	4	4	3
Question 13	4	5	5	5	4
<b>Total</b>	<b>39.00</b>	<b>40.00</b>	<b>48.00</b>	<b>47.00</b>	<b>44.00</b>
Average Score	3.00	3.08	3.69	3.62	3.38
<b>Points Awarded</b>	<b>18.00</b>	<b>18.48</b>	<b>22.14</b>	<b>21.72</b>	<b>20.28</b>

<b>Attachment F - STAFFING</b>					
Maximum Points Available: 20					
Score	3	3	3	3	3
<b>Points Awarded</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>

<b>Attachments G and H- Budget</b>					
Maximum Points Available 30					

**FAMILY URGENT RESPONSE SYSTEM SERVICES  
RFP#FY2021-06**

**PROPONENT: F.A.C.E.S.**

	<b>E1</b>	<b>E2</b>	<b>E3</b>	<b>E4</b>	<b>E5</b>
Score	3	3	4	3	3
<b>Points Awarded</b>	<b>18.00</b>	<b>18.00</b>	<b>24.00</b>	<b>18.00</b>	<b>18.00</b>

Total Points Awarded per Evaluator                    59.86      60.06      72.72      66.86      64.56

Total Combined Points Awarded by all Evaluators    324.06

**Average of All Points Awards - Final Proposal  
Score    64.81**

**FAMILY URGENT RESPONSE SYSTEM SERVICES**  
**RFP#FY2021-06**

**PROPONENT: Olive Crest**

	E1	E2	E3	E4	E5
<b>FORM D – ORGANIZATION EXPERIENCE (PART A)</b>					
Maximum Points Available 10					
Score	4	3	4	4	4
<b>Points Awarded</b>	<b>8.00</b>	<b>6.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>

	E1	E2	E3	E4	E5
<b>FORM D – ORGANIZATION EXPERIENCE (PART B)</b>					
Maximum Points Available 10					
Question 1	5	4	4	5	4
Question 2	4	4	5	5	4
Question 3	4	4	5	5	4
Question 4	5	4	5	5	4
Question 5	5	4	5	5	4
Question 6	5	4	5	5	4
Question 7	5	5	5	5	4
Question 8	4	4	4	4	3
Question 9	5	4	5	5	4
Question 10	3	3	4	4	3
Question 11	5	5	5	5	4
Question 12	3	4	4	4	3
Question 13	3	3	4	4	3
Question 14	0	0	0	0	0
<b>Total</b>	<b>56.00</b>	<b>52.00</b>	<b>60.00</b>	<b>61.00</b>	<b>48.00</b>
Average Score	4.00	3.71	4.29	4.36	3.43
<b>Points Awarded</b>	<b>8.00</b>	<b>7.42</b>	<b>8.58</b>	<b>8.72</b>	<b>6.86</b>

	E1	E2	E3	E4	E5
<b>FORM E - SERVICES TO BE PROVIDED</b>					
Maximum Points Available 30					
PART A					
Question 1	4	3	4	4	3
Question 2	3	3	3	4	3
Question 3	4	4	4	5	4
Question 4	5	4	5	5	4
Question 5	4	5	5	4	4
Question 6	3	3	4	4	4
Question 7	4	4	5	5	4
Question 8	4	4	5	5	4
Question 9	4	4	5	5	5
Question 10	5	4	5	5	4
PART B					
Question 11	3	3	4	4	3
Question 12	0	0	0	0	0
Question 13	3	3	4	4	3
<b>Total</b>	<b>46.00</b>	<b>44.00</b>	<b>53.00</b>	<b>54.00</b>	<b>45.00</b>
Average Score	3.54	3.38	4.08	4.15	3.46
<b>Points Awarded</b>	<b>21.24</b>	<b>20.28</b>	<b>24.48</b>	<b>24.90</b>	<b>20.76</b>

	E1	E2	E3	E4	E5
<b>Attachment F - STAFFING</b>					
Maximum Points Available: 20					
Score	4	4	5	5	4
<b>Points Awarded</b>	<b>16.00</b>	<b>16.00</b>	<b>20.00</b>	<b>20.00</b>	<b>16.00</b>

	E1	E2	E3	E4	E5
<b>Attachments G and H- Budget</b>					
Maximum Points Available 30					

**FAMILY URGENT RESPONSE SYSTEM SERVICES  
RFP#FY2021-06**

**PROPONENT: Olive Crest**

	<b>E1</b>	<b>E2</b>	<b>E3</b>	<b>E4</b>	<b>E5</b>
Score	4	3	4	4	3
<b>Points Awarded</b>	<b>24.00</b>	<b>18.00</b>	<b>24.00</b>	<b>24.00</b>	<b>18.00</b>

Total Points Awarded per Evaluator	77.24	67.70	85.06	85.62	69.62
Total Combined Points Awarded by all Evaluators	385.24				
<b>Average of All Points Awards - Final Proposal Score</b>	<b>77.05</b>				

**FAMILY URGENT RESPONSE SYSTEM SERVICES**  
**RFP#FY2021-06**

**PROPONENT: Seneca**

**E1 E2 E3 E4 E5**

<b>FORM D – ORGANIZATION EXPERIENCE (PART A)</b>					
Maximum Points Available 10					
Score	4	5	5	5	4
<b>Points Awarded</b>	<b>8.00</b>	<b>10.00</b>	<b>10.00</b>	<b>10.00</b>	<b>8.00</b>

<b>FORM D – ORGANIZATION EXPERIENCE (PART B)</b>					
Maximum Points Available 10					
Question 1	5	4	5	5	4
Question 2	4	4	4	5	4
Question 3	5	4	5	5	4
Question 4	5	5	5	5	5
Question 5	5	4	5	5	4
Question 6	5	4	4	5	4
Question 7	4	4	4	5	4
Question 8	5	4	5	5	4
Question 9	5	4	5	5	5
Question 10	4	4	5	5	4
Question 11	5	4	4	5	4
Question 12	4	4	5	5	4
Question 13	5	5	5	5	5
Question 14	4	4	5	5	5
<b>Total</b>	<b>65.00</b>	<b>58.00</b>	<b>66.00</b>	<b>70.00</b>	<b>60.00</b>
Average Score	4.64	4.14	4.71	5.00	4.29
<b>Points Awarded</b>	<b>9.28</b>	<b>8.28</b>	<b>9.42</b>	<b>10.00</b>	<b>8.58</b>

<b>FORM E - SERVICES TO BE PROVIDED</b>					
Maximum Points Available 30					
<b>PART A</b>					
Question 1	4	3	4	4	3
Question 2	4	5	5	4	4
Question 3	4	4	5	5	4
Question 4	5	4	4	5	4
Question 5	4	5	5	5	4
Question 6	4	5	5	5	4
Question 7	4	4	5	5	4
Question 8	5	4	5	5	4
Question 9	5	4	5	5	4
Question 10	5	4	5	5	4
<b>PART B</b>					
Question 11	4	4	4	5	4
Question 12	4	4	5	5	4
Question 13	4	5	5	5	5
<b>Total</b>	<b>56.00</b>	<b>55.00</b>	<b>62.00</b>	<b>63.00</b>	<b>52.00</b>
Average Score	4.31	4.23	4.77	4.85	4.00
<b>Points Awarded</b>	<b>25.86</b>	<b>25.38</b>	<b>28.62</b>	<b>29.10</b>	<b>24.00</b>

<b>Attachment F - STAFFING</b>					
Maximum Points Available: 20					
Score	5	4	5	5	4
<b>Points Awarded</b>	<b>20.00</b>	<b>16.00</b>	<b>20.00</b>	<b>20.00</b>	<b>16.00</b>

<b>Attachments G and H- Budget</b>					
Maximum Points Available 30					

**FAMILY URGENT RESPONSE SYSTEM SERVICES**  
**RFP#FY2021-06**

**PROPONENT: Seneca**

	E1	E2	E3	E4	E5
Score	4	4	4	4	3
<b>Points Awarded</b>	<b>24.00</b>	<b>24.00</b>	<b>24.00</b>	<b>24.00</b>	<b>18.00</b>

Total Points Awarded per Evaluator                                      87.14      83.66      92.04      93.10      74.58

Total Combined Points Awarded by all Evaluators                      430.52

**Average of All Points Awards - Final Proposal**  
**Score    86.10**

**FORM D – ORGANIZATION EXPERIENCE**

Name of Proponent: \_\_\_\_\_

**PART A**

**PART A INSTRUCTIONS:** In correlation with this RFP complete the following tables in the order presented. One (1) of the two (2) options under each table description must be checked. Begin with the most current experience. *Limit your response to this Part A of Form D to no more than three (3) pages utilizing the same table format. Pages that exceed the page limit will not be evaluated or scored.*

**Table One: Experience with the County of Orange**

Yes - See Below     No Experience with the County of Orange

Proponent must list all contracts and briefly describe services it has provided in the past five (5) years for the County of Orange. In particular, Proponent must describe experience in providing services that are the same as or similar to those services being requested in the RFP. Add additional tables as necessary.

	#1	#2	#3
Awarding Agency			
Name and <u>Brief</u> Description of Services			
Dollar Amount of Contract			
Service Beginning and End Dates			
Population Served			
Location of Services (City, County & State)			

**Table Two: Experience with other than the County of Orange**

Yes - See Below     No Experience with other than the County of Orange

Proponent must briefly describe all services provided in the past five (5) years, for entities other than County of Orange. In particular, Proponent must describe experience in providing services that are the same as or similar to those services being requested in the RFP. Add additional tables as necessary.

	#1	#2	#3
Awarding Agency			
Name and <u>Brief</u> Description of Services			
Service Beginning and End Dates			
Dollar Amount of Contract			
Population Served			
Location of Services (City, County & State)			

**Table Three: Failure to Complete Contracts**

Yes - See Below     No Failure to Complete Contracts

Proponent must state if it has failed or refused to complete a contract. If affirmative, Proponent must provide explanation for every instance. The definition of “*failure or refusal to complete a contract*” includes any contract that meets one (1) or more of the following criteria: (1) The contractor terminated the contract early; (2) The contracting agency terminated the contract with cause as defined in the terminated contract; and/or (3) Terms of the contract were not fulfilled in their entirety, including meeting all goals and/or deliverables as described in the contract, with the exception of any requirements waived by the contracting agency. Add additional tables as necessary.



	#1	#2	#3
Awarding Agency			
Name and <u>Brief</u> Description of Services			
Service Beginning and End Dates			
Dollar Amount of Contract			
Population Served			
Location of Services (City, County & State)			
Explanation			

## **PART B**

**PART B INSTRUCTIONS:** Proponent must answer all of the following questions regarding its experience. Answer all of the following questions in the order presented, restating the number and question before each response. If a question does not apply to your organization, answer with a full negative response rather than stating "Not Applicable." Begin with the most current experience. ***Limit your response to this Part B to no more than eight (8) pages. Pages that exceed page limit will not be evaluated or scored.***

1. In reference to services included above in Part A, describe your organization's experience in providing services that are the same or similar to services required in this RFP. Include experience in the following four (4) categories.
  - a. Development
  - b. Implementation
  - c. Management
  - d. Evaluation
2. Describe your organization's experience in providing evidence-based practices/services.
3. Describe how your organization monitored its performance related to previous contracts and/or services and how management addressed those concerns.
4. Describe your organization's experience in providing services to current and former foster children/youth ages zero (0) up to twenty-one (21) years and their caregivers.

5. Describe your organization's experience in providing services to current and former foster children/youth, youth dually involved within the child welfare and juvenile justice system, ages zero (0) up to twenty-one (21) years and/or their caregivers.
6. Describe successful strategies your organization has used to engage the target population in a cultural responsive way and meeting the needs of diverse populations. How has your organization tailored services to meet individualized needs, taking into consideration culture, ethnicity, race, etc.?
7. Describe how your organization addressed barriers and/or resistance to foster children/youth remaining in their current placement and keeping foster children/youth in placement when caretakers who want to evict them.
8. Describe your organization's experience and process in assessing and prioritizing the needs of clients served by your organization.
9. Describe your organization's experience in recruiting and retaining highly qualified staff.
10. Describe your organization's experience in Medi-Cal billing. If you are currently Medi-Cal certified, have you had any significant Medi-Cal findings? If so, please explain.
11. Describe your organization's experience in determining what formal and informal resources were available within Orange County for foster children/youth and their caregivers. Include how your organization built and maintained relationships with community resource providers.
12. Provide detail as to how the target population(s), as described in this RFP, were linked to formal and informal resources and what follow-up steps were in place to ensure linkages were successful.
13. Describe your organizations experience providing 24-hour seven-days a week mental health crisis hotline services.
14. Describe your organizations experience in providing mobile response mental health services during situations of emotional tension or interpersonal conflict between a Caregiver and a child/youth and techniques used to stabilize the situation.

## FORM E – SERVICES TO BE PROVIDED

Name of Proponent: \_\_\_\_\_

**INSTRUCTIONS:** Answer all of the following questions in the order presented, restating the number and question before each response. If a question does not apply to your organization, answer with a full negative response rather than stating "Not Applicable." *Limit your response to this Form E to no more than ten (10) pages. Pages that exceed page limit will not be evaluated or scored.*

### Part A – Direct Services to be Provided

**Responses to the following questions will be scored.**

1. Outcome Objectives [Attachment A (Scope of Work), Section 3]:
  - A. Describe your organization’s approach to meeting performance outcome objectives as required in Section 3, including, but not limited to, the following:
    - 1) Details of evaluation factors and processes.
    - 2) Frequency with which specific evaluation processes will occur.
    - 3) Who will be responsible for developing and executing an action plan if outcomes are off-target.
2. Hours of Operation [Attachment A (Scope of Work), Section 4]:
  - A. Describe how your organization will provide services twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, as required in Section 4.1.
3. Principles of Service Delivery [Attachment A (Scope of Work), Section 5]:
  - A. Describe your organization’s approach to specialized training in attachment theory, trauma of children or youth, and the foster care system on the mobile response and stabilization team, as required in Section 5.2.
  - B. Describe how your organization’s mobile response and stabilization team(s) will provide supportive services in the least-intrusive and most child/youth, and family-friendly manner, such that mobile response and stabilization teams do not trigger further trauma to the child/youth, as required in Section 5.3.
4. Service Requirements [Attachment A (Scope of Work), Section 6]:

- A. Describe your organization's process for responding to non-urgent requests on the same-day, within twenty-four (24) hours, when requested and scheduled by the youth and/or caregiver, as required in Section 6.2.2.
- B. Describe how your organization will implement response protocols for the child or youth in family-based and congregate care settings, based on guidelines developed by CDSS, in consultation with stakeholders, as required by Section 6.3.
- C. Describe your organization's criteria for determining responses when new information is known during or after the warm transfer from the State Hotline, as required in Section 6.4.
- D. Describe your organization's process to determine the composition of the Mobile Response Team members, including Peer Parent Partners and Youth Peer Partners, and members with specialized training in trauma of children/youth and the foster care system when possible, as required in Section 6.6.
- E. Describe your organization's efforts to include Peer Parent Partners and Youth Peer Partners, and specialized training in trauma of children or youth and the foster care system on the mobile response and stabilization team whenever possible, as required in Section 6.7.
- F. Describe your organization's current collaborative network or partnership with other County or community-based supports and services to ensure continuity of care including, but not limited to, linkage to additional trauma-informed and culturally and linguistically responsive family supportive services and Child/Youth and family wellness resources, as required in Section 6.7.7. The response must include the name of the agencies in your collaborative network or partnership, how long your organization has been a part of this network, and how your organization will collaborate with these agencies to improve outreach and services to the target population.
- G. Describe how your organization will prioritize and respond to multiple referrals within required timeframes, as required in Section 6.8.
- H. Describe how your organization will continue to interface with youth and caregiver for up to seventy-two (72) hours after the initial face-to-face response to determine if circumstances have changed and a revision of additional services and supports are needed, as required in Section 6.11.
- I. Describe how your organization will obtain interpreter services as required in Section 6.13. Will interpreting services be provided in-house or will your organization utilize subcontractors for these services?
- J. Describe your organization's process and/or system used for logging and document services provided, referrals made, and data collection consistent with CDSS guidelines as required in Section 6.14.

- K. This RFP requires Medi-Cal certification. Therefore, describe your organization's current status as a certified Medi-Cal provider. Attach documentation verifying your organization's status as a Medi-Cal provider or submit proof of application to become a certified Medi-Cal provider. If not a current certified Medi-Cal provider, include a timeline for obtaining Medi-Cal certification and indicate the estimated date your organization will become fully certified as required in Section 6.15.
5. Facilities [Attachment A (Scope of Work), Section 7]:
- A. Provide an address of the location your organization intends to provide administrative services.
6. Reporting Requirements [Attachment A (Scope of Work), Section 8]:
- A. Describe your organization's process/system for collecting data elements, as required in Section 8.
7. Budget [Attachment A (Scope of Work), Section 10]:
- A. Describe the approximate average anticipated number of monthly in-person response referrals your organization expects to receive, based upon your organization's proposed budget in Form G, Line Item Budget. Also describe your organization's plan to achieve the goal of serving a potentially larger than anticipated number of FURS referrals within your organization's proposed budget.
8. Staffing Requirements [Attachment A (Scope of Work), Section 11]:
- A. Describe how your organization will recruit individuals with specialized training in trauma of children or youth and the foster care system on the mobile response and stabilization team and what efforts will be made to include Peer Parent Partners and Peer Youth Partners on the response team, as required in Section 11.2.
- B. Describe how your organization will provide training to staff to maintain a competent, stable, and experienced workforce and fulfill service requirements, as required in Section 11.3.
- C. Describe how your organization will maintain trained personnel who are responsive to, and who understand, the diversity of cultures which can be found among the client population to be served, as required in Section 11.4.
- D. Describe how your organization will develop and maintain a Cultural Responsiveness Plan, as required in Section 11.6.
- E. Describe your organization's ability to hire bilingual and bicultural staff that reflects the culture, ethnicity, and language of the client population and provide translation services for languages reflective of the predominant bilingual and bicultural populations of Orange

County so that all caregivers and children/youth are provided services in their primary language, as required in Section 11.7.

- F. Describe your organization's ability to hire and train staff that meet the criteria listed in Section 11.9.
- G. Describe your organization's plan and timeline to ensure all proposed staff positions will be filled and ready to provide services by the effective date of the resulting contract, as required by Section 11.9.1.

9. Training [Attachment A (Scope of Work), Section 12]:

- A. Describe your organization's training plan and how you will provide mentoring support, individual supervision, group team meetings, and hands-on learning/simulation, as required in Section 12.1.
- B. Describe your organization's training plan including onboarding, ongoing staff trainings, and assistance to ensure that service deliverables are met, as required in Section 12.3.
- C. Describe how your organization will ensure staff receive an appropriate level of training that includes relevant training topics important to the program scope, as required in Section 12.4.
- D. Describe how your organization will ensure Peer Parent Partners are trained to support other Caregivers currently involved in the child welfare and/or juvenile justice system, as required in Section 12.5.
- E. Describe how your organization will ensure Peer Youth Partners are trained to support other Caregivers currently involved in the child welfare and/or juvenile justice system, as required in Section 12.6.
- F. Describe your organization's process and/or system for keeping a staff training log on file at the program site of staff that attend trainings including the subject, date, hours, and location of the courses, as required by Section 12.9.

10. Quality Assurance/Quality Control [Attachment A (Scope of Work), Section 13]:

Present a comprehensive Quality Control Plan to be utilized by your organization as a self-monitoring tool to ensure required services are provided, as specified in Section 13. The Quality Control Plan shall include, but not be limited to, the following:

- A. Activities to be monitored to ensure compliance with Attachment A (Scope of Work) requirements.
- B. Monitoring methods to be used.
- C. Frequency of monitoring.
- D. Title/level and qualifications of personnel performing monitoring functions.

E. Documentation of results.

**Part B – Management of Direct Services to be Provided**

**Responses to the following questions will be scored.**

11. Describe how your organization ensures effective management and administrative services of day-to-day operations. Include:
  - a. Description of the span of control for all management and supervisory positions to be involved in the delivery of services under the resulting contract.
  - b. Description of existing and/or proposed organizational structure within, and where applicable, outside Orange County.
  - c. Relationship between the existing or proposed Orange County organization and Proponent’s headquarters, if located outside of Orange County.
12. Describe the method(s) your organization will use to self-evaluate the management of services to be provided.
13. Identify all project start-up activities necessary to begin service delivery on the effective date of the resulting contract.

**FORM F – STAFFING**

Name of Proponent: \_\_\_\_\_

**Part A - Staff Summary**

INSTRUCTIONS: In the tables below, list all positions, already hired and/or to be hired, that your organization will use to deliver proposed services. Insert additional tables as necessary.

***Management Staff***

Position Title	Hourly Range <sup>(1)</sup>	Total FTE <sup>(2)</sup>
	\$ to \$	
Type: <input type="checkbox"/> Paid by Contract <input type="checkbox"/> In-Kind <input type="checkbox"/> Volunteer <input type="checkbox"/> Subcontracted		
Bilingual Capabilities: <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese    Other ( <i>specify</i> )		

***Non-Management Supervisory Staff***

Position Title	Hourly Range <sup>(1)</sup>	Total FTE <sup>(2)</sup>
	\$ to \$	
Type: <input type="checkbox"/> Paid by Contract <input type="checkbox"/> In-Kind <input type="checkbox"/> Volunteer <input type="checkbox"/> Subcontracted		
Bilingual Capabilities: <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese    Other ( <i>specify</i> )		

***Direct Services Staff***

Position Title	Hourly Range <sup>(1)</sup>	Total FTE <sup>(2)</sup>
	\$ to \$	
Type: <input type="checkbox"/> Paid by Contract <input type="checkbox"/> In-Kind <input type="checkbox"/> Volunteer <input type="checkbox"/> Subcontracted		
Bilingual Capabilities: <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese    Other ( <i>specify</i> )		

***Administrative/Support Staff***

Position Title	Hourly Range <sup>(1)</sup>	Total FTE <sup>(2)</sup>
	\$ to \$	
Type: <input type="checkbox"/> Paid by Contract <input type="checkbox"/> In-Kind <input type="checkbox"/> Volunteer <input type="checkbox"/> Subcontracted		
Bilingual Capabilities: <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese    Other ( <i>specify</i> )		



(1) Hourly range should span the pay rate from a newly recruited employee for a vacant position to the top hourly rate for an employee who has reached the top of the position's pay scale. Do not list only the current hourly rate of the incumbent.

(2) For hourly employees, Full-Time Equivalent (FTE) is defined as the amount of time (stated as a percentage) the position will be providing services under the terms of the resulting contract. This percentage is based upon a 40-hour work week. For salaried employees, FTE is defined as the amount of time (stated as a percentage) the position will be paid for under the terms of the resulting contract, regardless of the number of hours actually worked.

### **Part B - Details of Staff Already Hired**

INSTRUCTIONS: List all staff already hired who will provide services through the resulting contract. As applicable, copy and paste each table until all personnel are included. Group staff by category. For example, group all Management Staff together, followed by all Non-Management Supervisory Staff, etc.

For four (4) or more staff in an identical position, use a composite profile based on the average characteristics for years of experience/employment, education, training, etc. Specify, by language and in percentage format, staff with bilingual capabilities.

#### ***Management Staff***

Incumbent Name and Position Title	
Years of Experience in Previous or Current Contracts or Projects	
Years of Employment with Proponent	
Years in Current Position	
Education ( <i>use bullet format</i> )	•
Relevant Training ( <i>use bullet format</i> )	•
Required Bilingual Capability ( <i>state languages</i> )	<input type="checkbox"/> None
<u>Brief</u> Description of Role and Responsibilities in the Proposed Contract	
FTE ( <i>e.g., .25, .50, .75 or 1.00</i> )	
Minimum Qualifications required to fill the position in the event it becomes vacant ( <i>use bullet format</i> )	•

***Non-Management Supervisory Staff***

Incumbent Name and Position Title	
Years of Experience in Previous or Current Contracts or Projects	
Years of Employment with Proponent	
Years in Current Position	
Education ( <i>use bullet format</i> )	•
Relevant Training ( <i>use bullet format</i> )	•
Required Bilingual Capability ( <i>state languages</i> )	<input type="checkbox"/> None
<u>Brief</u> Description of Role and Responsibilities in the Proposed Contract	
FTE ( <i>e.g., .25, .50, .75 or 1.00</i> )	
Minimum Qualifications required to fill the position in the event it becomes vacant ( <i>use bullet format</i> )	•

***Direct Services Staff***

Incumbent Name and Position Title	
Years of Experience in Previous or Current Contracts or Projects	
Years of Employment with Proponent	
Years in Current Position	
Education ( <i>use bullet format</i> )	•
Relevant Training ( <i>use bullet format</i> )	•
Required Bilingual Capability ( <i>state languages</i> )	<input type="checkbox"/> None
<u>Brief</u> Description of Role and Responsibilities in the Proposed Contract	
FTE ( <i>e.g., .25, .50, .75 or 1.00</i> )	
Minimum Qualifications required to fill the position in the event it becomes vacant ( <i>use bullet format</i> )	•

***Administrative/Support Staff***

Incumbent Name and Position Title	
Years of Experience in Previous or Current Contracts or Projects	
Years of Employment with Proponent	
Years in Current Position	
Education ( <i>use bullet format</i> )	•
Relevant Training ( <i>use bullet format</i> )	•
Required Bilingual Capability ( <i>state languages</i> )	<input type="checkbox"/> None
<u>Brief</u> Description of Role and Responsibilities in the Proposed Contract	
FTE ( <i>e.g., .25, .50, .75 or 1.00</i> )	
Minimum Qualifications required to fill the position in the event it becomes vacant ( <i>use bullet format</i> )	•

### **Part C – Details of Staff to be Hired**

INSTRUCTIONS: List all positions to be filled with staff to be hired who will provide services through the resulting contract. Insert additional tables as required until all positions are included. Group staff by category. For example, group all Management Staff together, followed by all Non-Management Supervisory Staff, Direct Services Staff and then Administrative/Support Staff.

List each identical position once, and indicate the total FTEs for that position. Example: A proponent intends to hire four (4) part-time counselors who will each work twenty (20) hours per week. The FTE for each counselor is .50, and Total FTE is 2.00.

Positions requiring bilingual capability must be listed separately.

#### ***Management Staff***

Position Title	
Hourly Wage Range	\$            to            \$
Minimum Education ( <i>use bullet format</i> )	
Minimum Experience ( <i>use bullet format</i> )	
Bilingual Capability ( <i>state languages</i> )	<input type="checkbox"/> None
<u>Brief</u> Description of Role and Responsibilities in the Proposed Contract	
Total FTE ( <i>e.g., .25, .50, 1.00, 1.50, 2.00, etc.</i> )	

***Non-Management Supervisory Staff***

Position Title	
Hourly Wage Range	\$            to            \$
Minimum Education ( <i>use bullet format</i> )	
Minimum Experience ( <i>use bullet format</i> )	
Bilingual Capability ( <i>state languages</i> )	<input type="checkbox"/> None
Brief Description of Role and Responsibilities in the Proposed Contract	
Total FTE ( <i>e.g., .25, .50, 1.00, 1.50, 2.00, etc.</i> )	

***Direct Services Staff***

Position Title	
Hourly Wage Range	\$            to            \$
Minimum Education ( <i>use bullet format</i> )	
Minimum Experience ( <i>use bullet format</i> )	
Bilingual Capability ( <i>state languages</i> )	<input type="checkbox"/> None
Brief Description of Role and Responsibilities in the Proposed Contract	
Weekly Commitment ( <i>in hours</i> )	
Total FTE ( <i>e.g., .25, .50, 1.00, 1.50, 2.00, etc.</i> )	

***Administrative/Support Staff***

Position Title	
Hourly Wage Range	\$            to            \$
Minimum Education ( <i>use bullet format</i> )	
Minimum Experience ( <i>use bullet format</i> )	
Bilingual Capability ( <i>state languages</i> )	<input type="checkbox"/> None
Brief Description of Role and Responsibilities in the Proposed Contract	
Total FTE ( <i>e.g., .25, .50, 1.00, 1.50, 2.00, etc.</i> )	

**FORM G – LINE ITEM BUDGET**

Name of Proponent: \_\_\_\_\_

INSTRUCTIONS: Use the Excel file titled “Budget Forms” posted in the County’s online bidding system along with the RFP. The Excel file includes instructions to complete the Line Item Budget. The sample budget below is for illustration purposes only.

BUDGET FOR YEAR 1: **PERIOD OF 9/1/21 – 8/31/22**SALARIES:

Position Title/Incumbent's Name if Known	FTEs	Hours Per Week	Maximum Hourly Rate	Monthly Salary	Annual Budget
Counselor / John Doe	1.00	40	1.00	\$173.33	\$2,080
Counselor / Jane Doe - English/Spanish	1.00	40	1.50	\$173.33	\$3,120
<b>Subtotal Salaries</b>					<b>\$5,200</b>

BENEFITS:

Medical Insurance (Average)	\$500	
Dental Insurance	\$75	
Life Insurance	\$75	
Long Term/Short Term Disability	\$20	
Payroll Taxes	\$75	
401(k) Contributions	\$75	
Miscellaneous Benefits		
Other (Specify)		
<b>Subtotal Benefits</b>		<b>\$820</b>

**TOTAL ALL SALARIES AND BENEFITS** **\$6,020**

**Ratio of Benefits to Salaries (in percentage format)** 15.77%

SERVICES AND SUPPLIES

## 1) Services

Independent Audit	\$100	
Translation Services	\$100	
Other (Specify)		
<b>Subtotal Services</b>		<b>\$200</b>

## 2) Supplies

Office Expense	\$100
Program Expense	\$100
Telephone	\$100
Mileage	\$100
Other (Specify)	
<b>Subtotal Supplies</b>	<b>\$400</b>

**TOTAL SERVICES AND SUPPLIES      \$600.00**

## OPERATING EXPENSES

Facility Lease / Rental	\$1,180
Equipment Lease / Rental	\$50
Maintenance	\$50
Utilities	\$50
Insurance (Refer to General Terms and Conditions for Insurance Requirements)	\$50
Other	

**TOTAL OPERATING EXPENSES      \$1,380**

SUBCONTRACTS (*Itemize subcontracted services and/or staffing*)

Parent Education from Effective Parenting Group	\$500
Clinical Supervision from Counselors With Heart	\$500

**TOTAL SUBCONTRACTS      \$1,000**

INDIRECT COSTS (if applicable)	<b>\$1,000</b>
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PROFIT (if applicable)	<b>\$0</b>
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IN-KIND MATCH (if applicable)	<b>\$0</b>
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TOTAL ALL SALARIES AND BENEFITS, SERVICES AND SUPPLIES,  
OPERATING COSTS, SUBCONTRACTS, INDIRECT COSTS, AND PROFIT      **\$10,000**

MINUS MATCH            **\$0**

GRAND TOTAL            **\$10,000**

**FORM H – BUDGET NARRATIVE**

INSTRUCTIONS: The Budget Narrative is to be completed in conjunction with the Line Item Budget. Use the Excel file titled “Budget Forms” posted in the County’s online bidding system along with the RFP. The Excel file includes instructions to complete the Budget Narrative. The tables below are for illustration purposes only.

**1. Salaries**

Justification

Not required in this Form because justification is addressed in Form F (Staffing).

**2. Benefits\***

Justification


\*Exclude required payroll taxes

**3. Services and Supplies Detail**

Services

Justification


Supplies

Justification




**4. Operating Expenses - Non Facility\***

Item

Justification

Equipment:	
Maintenance:	
Utilities:	
Insurance:	
Other (Specify):	

\*Items shown for sample purposes. Replace or add items as needed.

**5. Operating Expenses - Facility**

Facilities Expense: In the space below, describe the basis for budgeting costs of program facilities and office space. Include leases, mortgages, and property tax, as applicable. If an allocation is made between the program applied for herein and another program, indicate the basis for this allocation. For example, if a program funded by Funder "X" occupies 1/3 of a leased space and the remaining space is occupied by the program applied for herein, an allocation of 2/3 of the lease cost may be indicated, based upon square footage.

	Total Facility	Proposed Allocation* for the Total Program Proposed
Gross Square Footage:		
Lease/Rent Expense:		
Mortgage Interest:		
Property Taxes:		
*% of \$ of Allocation Above		

**6. Indirect Costs**

a. Does your proposal include indirect cost?  Yes  No

If yes, answer the questions below.

b. Are you intending to use the 10% de minimis indirect cost rate?  Yes  No

If Yes, skip "c" and "d" below.

c. Does your organization have a current federally negotiated indirect cost rate:  Yes  No

If Yes, skip "d" below. Attach a copy of the indirect cost rate approval letter to this Form H.

d. If your organization does not intend to use the ten percent (10%) de minimis indirect cost rate and does not have a current federally negotiated indirect cost rate, which of the following Indirect Cost Allocation Methods is used by your organization:

Simplified Allocation Method  Yes  No

Direct Allocation Method  Yes  No

Multiple Allocation Method  Yes  No

e. Describe the base and formula you intend to use for calculating indirect costs (e.g., total salaries and benefits x 10%).

Response:

f. Specify what costs will be included in the indirect cost rate.

Response:

### 7. Program Income

Does your organization receive Program Income as defined in Title 45 CFR Section 92.25?

Yes  No

If yes, please describe.

Response:

### 8. In-Kind Match

Does the budget include an In-Kind Match?  Yes  No

If Yes, describe how in-kind match will be funded, including plans to fund for the entire length of the contract term, plus optional renewal terms.

Response:

### 9. Profit

Describe how profit amount was determined. If not applicable, enter N/A for Response.

Response:

**10. Revenue**

List all of your organization's current and projected sources and amounts of revenue, including the program for which you are submitting a proposal, for the period September 1, 2021, \_\_\_\_ through June 30, 2024 This information is required only for the first year on the contract. Data shown below is for sample purposes only and must be replaced by Proponent.

	Revenue Source	Revenue Expiration Date	Annual Budget
1.	General Contributions	On-going	75,000
2.	Fundraisers and Special Events	On-going	500,000
3.	Endowment Revenue	On-going	200,000
4.	DOL Grant – Transportation Services Contract	September 20, 20__	140,000
5.	Regional Center of Orange County – Independent Living Skills Program Contract	June 30, 20__	400,000
6.	Department of Rehabilitation – Supported Employment Services Contract	September 30, 20__	600,000
7.	County of Orange/SSA – Child Abuse Intervention Services Contract (proposal)	June 30, 20__	85,000

Total Revenue \$2,000,000.00

Allocate costs among all programs, using a ratio. Include the program for which you are submitting a proposal. Program and Ratios shown below are for sample purposes only and must be replaced by Proponent.

Program	Ratio
General Contributions	4%
Fundraisers and Special Events	24%

Endowment Revenue	9%
DOL Grant – Transportation Services	7%
Regional Center of Orange County – Independent Living Skills	24%
Department of Rehabilitation – Supported Employment Services	28%
County of Orange/SSA – Child Abuse Intervention Services (proposal)	4%
	100%

### 11. Budget Variances from Year-to-Year

Is the proposed budget identical for each period covered in the resulting contract?  Yes  No

If No, describe how the annual budgets vary from each other (i.e., how does Year 2 differ from Year 1, etc.) Address new line items, increases, decreases, and how budgetary changes may impact direct service to clients.

Response: