# ATTACHMENT A: PROPOSAL FORM

# SECTION 1: PROPOSAL COVER SHEET

Please submit your proposal using this link: [Community Economic Resilience Fund Facilitation Services Proposal Submission Form (smartsheet.com)](https://app.smartsheet.com/b/form/2c9dae0d6e05421d9c097e4c13263de6)

by **August 24, 2023** at **5:00 p.m.** PST

**PART 1: PROPOSER INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Name |  | | | | | | | |
| Contact Person |  | | | | | | | |
| Title |  | | | | | | | |
| Mailing Address |  | | | | | | | |
| City |  | State | |  | | Zip Code | |  |
| Phone Number |  | Email Address | | |  | | | |
| Proposer Status | Private Non-Profit  Public Agency Other: | | | | | | | |
| Date of Incorporation |  | | Amount Requesting | | | |  | |

**PART 2. CERTIFICATION AND SIGNATURE**

I hereby certify that I am an authorized representative of the above Proposer/agency and to the best of my knowledge and belief that:

* The information in this Proposal is true and accurate.
* The governing body has duly authorized this document.
* The Proposer/agency will be able to meet all of the requirements as specified in this RFP.
* The Proposer/agency will comply with the necessary certifications and assurances if a contract is awarded.
* The Proposer/agency will use the funds as described in this Proposal.

## Authorized Representative

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name |  | Title |  |
| Signature |  | Date |  |

**SECTION 2: NARRATIVE**

**QUALIFICATIONS AND EXPERIENCE**

|  |  |
| --- | --- |
| A. | Describe the capacity of the Proposer to provide services as outlined in this Request for Proposals (2 pages maximum). Please articulate:   * Experience with facilitation. * Capacity of the organization to accomplish a service of like scope/scale. Provide specific examples of successfully delivered projects * Organizational infrastructure appropriate to support service delivery |
| B | Describe the Proposer’s experience facilitating multiple planning tables across multiple counties. Include experience with diverse community partnerships, specifically with equity-centered projects and/or economic development planning or other relevant experience (1 page maximum). |
| C. | Describe staffing and the qualifications and experience of key personnel who will oversee and deliver services. (2 pages maximum).  If specific personnel are not yet on board, provide a brief description of duties of the key personnel. |

**FACILITATION DESCRIPTION**

|  |  |
| --- | --- |
| A. | Provide an overall description of the facilitation plan to manage multiple planning tables across a four-county region (Del Norte, Humboldt, Lake and Mendocino Counties) that includes diverse grass-roots community members, economic development partners and local leaders. Include timeline, frequency and duration of interactions with the various groups (2 page maximum). |
| B. | Provide a detailed description of how facilitators will support individuals to share their ideas for economic development projects, help the various groups in making decisions and ensure that equity is prioritized and reflected in the projects that are put forward for the Redwood Coast Region (2 page maximum). |
| C. | Describe your facilitation style and approach and explain how it is conducive to the goals of this project (1 page maximum). |

**ATTACHMENT B: BUDGET FORM**

**SECTION 1: BUDGET AND BUDGET NARRATIVE**

Provide a line item budget utilizing the following format. For staffing, indicate title of position, such as Program Director. For operating expenses, indicate actual expenses, such as Office Supplies. Add rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **FY 23/24** | **FY 24/25** | **Narrative** |
| **I. Personnel** |  |  |  |
| (1) Agency Staff Title 1 | $ | $ |  |
| (2) Agency Staff Title 2 | $ | $ |  |
| (3) Agency Staff Title 3 | $ | $ |  |
| (4) Agency Staff Title 4 | $ | $ |  |
| (5) Agency Staff Title 5 | $ | $ |  |
| (6) Agency Staff Title 6 | $ | $ |  |
| (7) Agency Staff Title 7 | $ | $ |  |
| (8) Agency Staff Title 8 | $ | $ |  |
| (9) Agency Staff Title 9 | $ | $ |  |
| (10) Agency Staff Title 10 | $ | $ |  |
| (11) Payroll Taxes and Benefits | $ | $ |  |
| **Total Personnel** | $ | $ |  |
| **II. Other Expenses** |  |  |  |
| (12) Facilities | $ | $ |  |
| (13) Program Supplies | $ | $ |  |
| (14) Equipment (>$5,000) | $ | $ |  |
| (15) Equipment (<$5,000) / Maintenance | $ | $ |  |
| (16) Travel | $ | $ |  |
| (17) Consulting / Professional Services | $ | $ |  |
| Subcontracts (List) |  |  |  |
| (18) Subcontractor 1 | $ | $ |  |
| (19) Subcontractor 2 | $ | $ |  |
| (20) Subcontractor 3 | $ | $ |  |
| Miscellaneous (List) |  |  |  |
| (21) Miscellaneous Item 1 | $ | $ |  |
| (22) Miscellaneous Item 2 | $ | $ |  |
| (23) Miscellaneous Item 3 | $ | $ |  |
| Administrative Overhead | $ | $ |  |
| **Total Other Expenses** | $ | $ |  |
| **Total Proposal Expenses** | $ | $ |  |
|  |  |  |  |
| **Grand Total** | $ | $ |  |

1Please include in-kind - non-cash contributions (which directly benefit a project) by the grantee or another party other than the funder (volunteer services, equipment use, facilities use, staff time or other resources, as distinguishable from a monetary grant) - and cash - monetary grants from third party funders.