



REQUEST FOR PROPOSALS

**RESILIENT FAMILIES - ADDENDUM**

**Issued January 28, 2020**

Proposals must be submitted to:

Karen Pisani  
FIRST 5 SAN MATEO COUNTY (F5SMC)  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402-3050  
(650) 372-9500

By 4:00 p.m.,  
**Tuesday, February 18, 2020**

This RFP and all its appendices are available online at:  
[https://first5sanmateo.org/partners/funding\\_opportunities/](https://first5sanmateo.org/partners/funding_opportunities/)

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## I. TIMELINE

1.	Release of RFP	January 7, 2020
2.	RSVP for Proposer's Conference	January 16, 2020
3.	Proposers' Conference (mandatory)	January 21, 2020 <sup>*</sup>
4.	Deadline for Proposers' Questions	January 24, 2020
5.	Answers to Proposers' Questions Posted by F5SMC	January 28, 2020
6.	Letters of Intent Due (mandatory)	February 4, 2020
7.	Proposals Due	February 18, 2020
8.	Review of Proposals	February 21-26, 2020
9.	Proposer Interviews (If needed)	February 27, 2020 <sup>*</sup>
10.	Announcement of Recommendation (at F5SMC Commission Meeting)	March 23, 2020
11.	Appeal Deadline	April 3, 2020
12.	Agreement Negotiations	April 6-10, 2020 <sup>*</sup>
13.	Agreement Approval (at F5SMC Commission Meeting)	April 27, 2020 <sup>**</sup>
14.	Agreement Execution	May 12-15, 2020 <sup>*</sup>
15.	Anticipated Start Date	July 1, 2020

<sup>\*</sup> Proposers must be available on these dates

<sup>\*\*</sup> Approval of SOW, Budget, Budget Narrative, and Exhibit A

## II. PREFACE

### A. GENERAL PROVISIONS

#### Proposal Submission Date:

Proposals must be submitted to:

Karen Pisani  
First 5 San Mateo County (F5SMC)  
1700 South El Camino Real, Suite 405  
San Mateo, California 94402-3050

By 4:00 p.m.,  
Tuesday, February 18, 2020

This Request for Proposals (RFP) is not a commitment or contract of any kind. First 5 San Mateo County (F5SMC/the Commission) reserves the right to pursue any and/or all ideas generated by this request. F5SMC reserves the right to reject any and all proposals and/or terminate the RFP process if deemed in the best interest of the Commission. Further, while every effort has been made to ensure the information presented in this RFP is accurate and thorough, F5SMC assumes no liability for any unintentional errors or omissions in this document. F5SMC reserves the right to waive or modify any requirements of this RFP when it determines that doing so is in the best interest of the Commission. Costs for developing the proposals are entirely the responsibility of the Proposers and shall not be reimbursed.

#### Authority:

Proposition 10 (Prop 10), the "California Children and Families Act of 1998", imposed an excise tax on tobacco products and authorized counties to establish commissions to allocate these funds at the local level. Ordinance #03889 was adopted by the San Mateo County Board of Supervisors on March 9, 1999, creating the nine-member Children and Families First Five Commission (now referred to as First 5 San Mateo County Commission). The Commission was authorized to develop a Strategic Plan and allocate funds accordingly. The most recent Strategic Plan was updated and approved in October 2018.

The F5SMC Commission consists of: (a) one member from the Board of Supervisors, (b) the Director of the County Health Department, (c) the Director of the County Human Services Agency, (d) the County Superintendent of Schools, and (e) five public members appointed by the Board of Supervisors. In addition, the F5SMC Commission recognizes the value of youth representation, and therefore invites up to two Youth Commissioners to serve as active members on the F5SMC Commission. The current Commission members are:

- ◆ Louise Rogers, Chief, San Mateo County Health, Commission Chair
- ◆ Sandra Phillips-Sved, Public Member, Commission Vice-Chair
- ◆ Nancy Magee, County Superintendent of Schools
- ◆ David J. Canepa, Board of Supervisors
- ◆ Ken Cole, Director, San Mateo County Human Services Agency
- ◆ Alexis Becerra, Public Member
- ◆ Rosanne Foust, Public Member
- ◆ Pam Frisella, Public Member
- ◆ Neel Patel, M.D., Public Member

**Public Nature of Proposals:**

Government Code Section 6550 *et. seq.*, the California Public Records Act, defines a public record as any writing containing information relating to the conduct of the public business. The California Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

F5SMC cannot represent or guarantee that any information submitted in response to this RFP will be confidential. Please be advised that any contract that eventually arises from this Request for Proposals is a public record in its entirety. Also, all information submitted in response to this Request for Proposals is itself a public record without exception. Submission of any materials in response to this Request for Proposals constitutes a waiver by the submitting party of any claim that the information is protected from disclosure. By submitting materials, (1) you are consenting to release of such materials by F5SMC if requested under the California Public Records Act without further notice to you and (2) you agree to indemnify and hold harmless F5SMC for release of such information.

All proposals submitted in response to this RFP shall become the exclusive property of F5SMC. At such time as F5SMC approves an Agreement, all proposals submitted in response to this RFP shall become a matter of public record and shall be regarded as public records.

**Communication with F5SMC:**

Please note that as of the issue date of this RFP and continuing through the Commission vote(s) to award grant(s), all F5SMC personnel, Commissioners, and Review Panel members have been specifically directed not to hold meetings, conferences, or technical discussions regarding this RFP with prospective Proposers/service providers unless otherwise indicated in the RFP timeline set forth in Section VIII Proposal Solicitation Process and Section IX Proposal Selection Process and Review Criteria.

**B. RIGHTS**

**Proposers' Rights Regarding Confidentiality of Proposals:**

If F5SMC receives a request for any portion of a document submitted in response to this RFP, it will not assert any privileges that may exist on behalf of the person or entity, and F5SMC reserves the right to disclose the requested materials without notice to the party who originally submitted the requested material. If a Proposer believes that a portion of its proposal is confidential and notifies F5SMC of such in writing, F5SMC may, as a courtesy, attempt to notify the Proposer of any request for the proposal. However, it would be the sole responsibility of that Proposer to assert any applicable privileges or reasons why the document should not be produced, and to obtain a court order prohibiting disclosure. The Proposer understands that F5SMC is not responsible, under any circumstances, for any harm caused by production of a confidential proposal.

**F5SMC's Rights Regarding Confidentiality of Proposals:**

To the extent consistent with applicable provisions of the California Public Records Act and applicable case law interpreting those provisions, F5SMC and/or its officers, agents, and employees retain the discretion to release or to withhold disclosure of any information submitted in response to this RFP. Submission of a proposal constitutes a complete waiver of any claims whatsoever against F5SMC and/or its officers, agents, or employees that F5SMC has violated a Proposer's right to privacy, disclosed trade secrets, or caused any damage by allowing the proposal to be inspected.

**F5SMC's Rights Regarding Funding Investments:**

F5SMC may, in its sole discretion, enter into one or multiple contracts with qualified

agencies/entities. F5SMC also reserves the right not to fund any proposals received through this solicitation.

**F5SMC's Right to Modify the RFP:**

F5SMC may modify the RFP prior to the fixed date for submission of proposals by issuance of an addendum to all parties who have received the RFP.

**F5SMC's Rights Regarding Lowest-Cost Proposals:**

F5SMC reserves the right to accept other than the lowest price when the best interests of F5SMC are served by doing so.

**F5SMC's Right Regarding Local Preference:**

F5SMC reserves the right to give preference to a San Mateo County-based service provider vendor if deemed in the best interest of F5SMC.

**C. AGREEMENTS**

**Proposers' Agreement to Contracting Terms:**

The Proposer must be able to agree to all of the terms of the F5SMC sample Agreement included in APPENDIX B. If the Proposer cannot agree to each term but still wishes to respond to the RFP, the Proposer must specifically identify in its proposal the terms with which it cannot comply.

**Proposers' Agreement to Funding Term and Renewal Language:**

The Funding Term will be for 36 months, from July 1, 2020 through June 30, 2023. Entering into an Agreement related to this RFP does not guarantee funding beyond June 30, 2023. Furthermore, all F5SMC agreements are subject to Agreement Terms and Termination provisions as stated in Paragraph 3 of the F5SMC Sample Agreement (APPENDIX B).

**Proposers' Agreement to Comply with Evaluation Requirements:**

All funded entities must agree to track process and outcome measures for their specific project. Additionally, funded projects will be expected to participate in a comprehensive evaluation of the effectiveness of efforts under Proposition 10, including but not limited to:

- Collecting, entering and or importing individual-level client data and individual-level service data on all project activities into a central database as determined by F5SMC;
- Administering F5SMC evaluation tools on clients served as required by the F5SMC evaluation design;
- Allocating staffing resources and time to comply with the evaluation requirements;
- Providing additional information as required by F5SMC, F5CA, or other funders.

**Proposers' Agreement to Comply with Contract Compliance:**

A F5SMC Program Specialist will be the direct liaison between F5SMC and the funded partner(s). The Program Specialist will provide technical assistance, monitor for contract compliance, and quality oversight.

The funded partner(s) will be expected to participate in other regularly scheduled or ad hoc meetings as requested by F5SMC staff and is expected to maintain regular communication with F5SMC staff.

**Proposers' Agreement to Non Supplantation:**

In accordance with the Proposition 10 statute, no Commission funds shall be granted or used for any existing project or program funded by state or local general funds unless the proponent demonstrates to the Commission's satisfaction that the Commission's funding will be used to improve the quality or quantity of an existing service, and not to supplant existing funding.

### III. INTRODUCTION

#### A. FIRST 5 SAN MATEO COUNTY 2015-2020 STRATEGIC PLAN

In October 2018, the Commission updated its Strategic Plan for the years 2020-2025. Commission investments will be in three core Focus Areas: Quality Care and Education, Healthy Children, and Resilient Families.

In recent years, many Commissions have been faced with the issue of declining revenues. While First 5 dollars were never able to meet all needs of children 0-5 and their families, the decrease in funding has resulted in F5SMC prioritizing partnerships with entities that are achieving both direct impact and positive systemic change. This approach fosters sustainable improvement within agencies and systems, and allows families beyond the direct service reach to benefit. As noted in the 2020- 2025 Strategic Plan, the Commission strives to strike the right balance between program investments and systems improvements; therefore, the Commission is particularly interested in proposals that address present needs as well as examine and improve the underlying systems. In addition, the Commission is interested in funding projects that maximize its investment through strong collaboration, service integration and continuity, and leveraging of multiple funding sources. The Commission will be seeking to support service projects that can achieve and demonstrate measurable, positive results for the children and families they serve.

For each Focus Area the Commission has identified specific strategies for investment and population- and participant-level indicators to help track progress towards the Commission's desired outcomes. Proposers should be familiar with the content of the F5SMC 2020-2025 Strategic Plan, APPENDIX F.

As an *Impact Investor*, the Commission will focus its investments on prevention and target interventions to children ages 0-5 with the very highest needs.

#### B. CONTEXT

##### Recent History

In preparation for the 2015-2020 investments in the Family Engagement Focus Area (now referred to as the Resilient Families Focus Area), First 5 San Mateo County contracted with Applied Survey Research (ASR) to conduct a literature review as well as a Family Engagement Strategic Assessment Project. The latter was designed to identify systemic opportunities, weaknesses, and service gaps. F5SMC's 2015-2020 funding cycle underwrote specific, intensive support service strategies revealed by the Family Engagement Strategic Assessment Project as well as strategies aimed at improving the child-serving system. These investments included, but were not limited to:

- Intensive support services, such as home visiting, case management, and therapeutic child development centers;
- Family engagement/parent partnership strategies including parent participatory preschools, community mobilization teams, and Parent Cafés;
- Systems improvement efforts via Friday Cafés, professional learning communities, and authentic family engagement trainings.

Through these and other investments F5SMC not only made significant progress in meeting the pressing needs of thousands of at-risk families, but also gained significant traction in establishing a family support professional network, which we hope will serve as a foundation and springboard for addressing larger systems-level issues.

During the summer of 2019, F5SMC conducted a follow-up survey (ATTACHMENT H: Family Engagement Sector Survey), the purpose of which was to ascertain progress to-date in addressing the needs of families, child-serving agencies, and the family-serving system. The results of ASR's work and F5SMC's Family Engagement Sector Survey are reflected here and throughout this RFP.

The Family Engagement Sector Survey identified current issues presenting the most challenges for families and family support providers, including but not limited to:

#### Related to families

- Insufficient high-quality, affordable child care
- Service gaps for infants and toddlers
- Difficulties due to immigration and other legal issues
- Insufficient access to mental health services
- Service gaps for needy families not eligible for Medi-Cal
- Difficulty understanding and navigating service systems

#### Related to providers

- Difficulty hiring and retaining qualified staff, especially bilingual providers
- Service wait lists averaging 9-10 months
- Inadequate training on authentic family engagement, trauma-informed care, and early childhood mental health

Despite F5SMC's progress, clearly much work remains to be done in order to truly meet the needs of young children and their families, as well as service providers. Through the upcoming funding cycle (2020-2025) F5SMC intends to capitalize on the progress made to-date to continue bolstering the family-serving system in San Mateo County, as well as continue supporting the most at-risk families via authentic family engagement strategies.

#### **The Family-Provider-System Intersection**

The work of renowned social scientist, Urie Bronfenbrenner, consists of an ecological theory that describes the importance of considering all systems in which children develop from proximal (family, school) to distal (culture, neighborhoods) and their bi-directional interactions. This ecological theory argues that optimal learning occurs when there are harmonious interactions between systems (e.g., school and family). In this approach, the child is at the center of what can be visualized as concentric circles including other systems and influences, such as family, community, and public policy (Bronfenbrenner 1997, 2005). Many of these systems and influences have been studied in research on social determinants of health, including physical environment, housing, employment opportunities, wages, education, community safety, and social connections. These factors influence the health, cognitive and social-emotional development, well-being, and long-term success of children and their caregivers. Each child's development and opportunity to thrive is thus shaped by the distribution of and access to resources and power.<sup>1</sup>

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<sup>1</sup> [www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

At the heart of authentic family engagement is the tenet that all families have intrinsic strengths and unique, valuable insights into their children. This gives families the power to promote the optimal development of their children setting them on a path of lifelong success. However, often times these same families face overwhelming, enduring challenges that can culminate in various forms of toxic stress - or even trauma - and impede the positive developmental trajectory of the children. Meanwhile, service providers have a strong desire to be better trained so that they can provide excellent, "in-tune" services to families. Families have a strong need for those services and to become valued partners in creating and implementing service plans for their children. Families also have a need to connect with additional formal and informal supports, especially those facing multiple challenges. At the same time, some members of the provider community are yearning to strengthen the family engagement system across the county to support themselves and the families they serve.

In 2014, The John W. Gardner Center for Youth and their Communities published a brief which reported findings from a needs assessment which called for systemic, integrated, and sustainable family engagement in San Mateo and Santa Clara counties. The report included findings from 800 families and 120 service providers across six communities. The assessment found that families are invested in their children's learning and development; however, they do not always know how to support their children's needs. In addition, parents reported a need for programs which enhance their relationships with their children such as playgroups or support groups. Parents voiced a strong desire for programs which taught them how to interact with their children through experiential activities, and requested that children be more involved in the programming they received. Providers who participated reported a need for professional development focused on strategies, theories, and approaches for successful family engagement. Providers are interested in developing capacity through hands-on workshops.

Providers have a desire to collaborate with families authentically; however, there is a lack of knowledge about how to successfully do so, as well as cultural barriers to effective family engagement. A key ingredient to authentic family engagement is the provision of services by someone of the family's own cultural background. However, attracting and retaining qualified, multi-cultural, bi-lingual staff has become increasingly difficult in the context of our county's rising housing costs and commute-to-work culture. Highly qualified candidates often go elsewhere. This hiring challenge often forces service providers to hire staff with less experience, bearing the burden of increased costs associated with even more training on both general child development/attachment principles as well as specialized trainings such as trauma-informed care.

Adding to this complexity is the difference in family needs, challenges, and assets across micro-regions of the county. For example, a recent focus group project conducted by VIVA Social Impact Partners called California Family Voices,<sup>2</sup> revealed that families in East Palo Alto were more likely to qualify for Medi-Cal as compared to families in Daly City, despite having the same level of need. This disparity exists because generally, the gross income of participating families in East Palo Alto was below the Medi-Cal income eligibility threshold, allowing them access to Medi-Cal services. Participating Daly City families, however, were deemed ineligible because their gross income was slightly higher than the eligibility threshold, disqualifying them. In a county where the cost of living is crippling for many struggling families, the difference of a few hundred dollars annually leaves certain vulnerable families without the public supports that their counterparts receive. Exacerbating this inequity is the fact that other public benefits piggy-back on the Medi-Cal income eligibility threshold; if a client qualifies for Medi-Cal then they also qualify for other public

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<sup>2</sup> <https://californiafamilyvoices.org/>

programs. This exponentially and negatively impacts struggling families and discourages them from seeking and maintaining employment.

The Community Collaboration for Children's Success (CCCS) briefs<sup>3</sup> point out that issues of structural/institutional racism create disparities for children of color making them less likely to access high-quality preschool and more likely to be involved in punitive correctional systems within the four CCCS communities studied (East Palo Alto, Ravenswood, Daly City, South San Francisco). According to the most recent data from the U.S. Department of Education,<sup>4</sup> 47 percent of the preschoolers who received suspensions or expulsions in the 2013-14 school year were African-American, even though they made up only 19 percent of preschool enrollment. Institutional racism pathologizes normal child behavior - even as early as preschool -- and contributes to toxic stress and trauma experienced by young children of color. Because public preschool is often a family's first interface with the family-provider-system intersection, the challenge of enacting social justice in those settings is particularly acute.

To help address trauma and improve providers' and the system's ability to appropriately respond to trauma in San Mateo County, F5SMC recently launched the Trauma- and Resiliency- Informed Systems Initiative (TRISI). The groundwork for the initiative included two landscape scans. The Trauma Informed Systems Landscape Scan<sup>5</sup> provides the following definition that may be helpful to applicants:

*The term trauma refers to the effects of a single event, a series of events, and/or ongoing circumstances that are experienced or perceived as physically or emotionally harmful and/or life threatening. Trauma can affect individuals, families, and communities immediately and over time, even generations. The adverse effects of trauma can be profound and long-lasting, resulting in diminished functioning and wellbeing, including mental, physical, social, emotional, and/or spiritual wellbeing (The Substance Abuse and Mental Health Services Administration Concept of Trauma and Guidance for a Trauma-Informed Approach).*

The landscape scan also notes that "When preschool and young children are exposed to trauma, they can experience feelings of helplessness, uncertainty about whether there is continued danger, and a general fear that extends beyond the traumatic event (National Child Traumatic Stress Network, 2013). These feelings can lead to loss of developmental skills, social isolation, sleep disturbances, and other negative outcomes from the traumatic event that can impact a child's ability to reach their greatest potential." Supporting families with multiple stressors diminishes the effects of trauma and promotes resilience and lifelong learning and success. Similarly, supporting providers and organizations whose mission it is to respond to trauma, strengthens not only that organization and its front-facing staff, but improves the quality of services provided to families.

It is important to note that societal norms often value fathers differently than mothers in terms of familial roles, expectations, and responsibilities. Intentional efforts should be put forth to include fathers and/or male role models in service provision. Fathers (or male family members) serve a unique and important role in school readiness and overall wellbeing for children. Having access to a loving and nurturing father figure has impacts on happiness, wellbeing, as well as social and

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<sup>3</sup> [www.GetHealthySMC.org/CCCS-data](http://www.GetHealthySMC.org/CCCS-data)

<sup>4</sup> <https://www2.ed.gov/about/offices/list/ocr/docs/2013-14-first-look.pdf>

<sup>5</sup> [https://first5sanmateo.org/wp-content/uploads/2018/07/F5SMC-TIS-Landscape-Scan\\_June-2018.pdf](https://first5sanmateo.org/wp-content/uploads/2018/07/F5SMC-TIS-Landscape-Scan_June-2018.pdf)

academic success for children (Rohner & Venziano, 2001). Researchers have noted that these impacts hold true for non-resident fathers who are deeply engaged (Fogarty & Evans, 2009).

Authentic family engagement includes recognition of diverse family structures, and should ensure equality, respect, and dignity for all parents and caregivers, regardless of their sexual orientation, gender identity, marital status, or gender expression. Families headed by people who identify as LGBTQ may face overt interpersonal and institutionalized bias and discrimination, such as being repeatedly misgendered, or having to explain the biological origins of their children. Too often LGBTQ-headed families are rendered invisible altogether, such as when enrollment forms ask for “Mother’s Name” and “Father’s Name”, or when program materials exclusively feature heterosexual couples.<sup>6</sup> In authentic family engagement it is critical to consider the intersectional identities of families. For example, LGBTQ families are more racially and ethnically diverse than families headed by married heterosexual couples, and children being raised in LGBTQ families of color are more likely to be living in poverty than children being raised in white LGBTQ families or children being raised by married heterosexual parents.<sup>7</sup> Additionally, LGBTQ people become parents in a variety of ways including adoption, foster parenting, donor insemination, surrogacy, and from previous heterosexual relationships. Therefore, LGBTQ families can face significant increased stressors due to legal proceedings that, if prolonged or complicated, can be experienced as toxic stress or even trauma.<sup>8</sup> Organizations serving families should aim to build their knowledge and capacity for creating welcoming and inclusive programs and policies for *all families*, and continually promote staff professionalism in order to engage all families equally.

While F5SMC’s 2020-2025 Strategic Plan addresses the three Resilient Families Strategies separately (Intensive Supports for Families with Multiple Risk Factors, Parent Connectivity, and Family Engagement Capacity Building), in practice there is a great degree of overlap between them. The quality and effect of parent partnerships are impacted both by the degree that parents are connected to formal or informal support networks and by the extent that service providers and early childhood programs have and act upon early childhood understanding (VIVA Strategy + Communications, Family Engagement Research Report).

Young children need support. Parents need support. Providers need support. The system needs support. There is a real need to holistically and synergistically address family engagement issues in San Mateo County.

### **C. PURPOSE, SERVICE STRATEGIES, AND AREAS OF SPECIAL INTEREST**

#### **Purpose**

Through this RFP the Commission intends to fund a blend of direct services and systems-improvement approaches in San Mateo County for children ages 0-5 and their families/caregivers. The F5SMC Commission is interested in proposals that capitalize on the intrinsic strengths of families by engaging them as equal partners in service delivery while promoting parent leadership opportunities. Proposed projects must be evidence-based, evidence-informed, or best/promising practices.

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<sup>6</sup> <http://www.returntooursenses.com/wp-content/uploads/2014/08/Do-No-Harm-Lee-Klinger-Lesser.pdf>;  
<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/lgbt-partnering.pdf>

<sup>7</sup> <https://www.lgbtmap.org/file/lgbt-families-of-color-facts-at-a-glance.pdf>

<sup>8</sup> <https://williamsinstitute.law.ucla.edu/wp-content/uploads/lgb-parent-families-july-2014.pdf>

Specifically, the Commission is interested in proposals that serve children 0-5 and/or their families who:

- Are experiencing multiple risk factors leaving them at significant risk of adverse childhood experiences, trauma, and poor outcomes;
- Are experiencing isolation, lack of informal supports, and struggling to become resilient.

In addition, the F5SMC Commission is interested in proposals that build capacity of the county's family-serving system by:

- Synthesizing and bolstering the family engagement system across the county
- Increasing culturally responsive practices, knowledge and capacity of service providers
- Easing the burden of service access/navigation experienced by families

We know that secure, stable, and supportive relationships with caring adults significantly contribute to a child's healthy brain development. A loving and caring environment within the parent-child relationship is associated with many positive outcomes including higher self-esteem, increased communication, and fewer psychological and behavioral problems. Furthermore, lower levels of parenting stress may serve as a protective factor of the social-emotional health of their children. However, families in greatest need of support, for example, parents with mental health or substance abuse problems, parents experiencing domestic violence or incarceration, and especially those dealing with more than one serious issue, benefit from focused services that are targeted to their particular source of stress. The cumulative effects of toxic stress can have a damaging effect on learning, behavior, and health across the lifespan. The Commission is interested in proposals targeting populations most at risk of poor outcomes.

Authentic family engagement is the shared responsibility of families, providers, and communities to all collaborate in meaningful ways to support children's optimal development and learning while respecting the family's unique cultural attributes as well as strengthening parents' and families' role as strong leaders and advocates for their children. Authentic family engagement promotes resiliency in parents/caregivers and provides opportunities for meaningful relational connections, minimizing social isolation. The barrier to authentic family engagement for service providers and early childhood educators is lack of knowledge and/or skills to effectively develop meaningful family engagement strategies. A key ingredient of effective family engagement is developing the capacity of providers through professional development. A focus should be placed on building capacity of staff and families in four key areas: Capabilities (skills and knowledge), Connections (networks), Cognition (beliefs and values), and Confidence (self-efficacy). The Commission is interested in proposals utilizing parent connectivity strategies within an authentic family engagement approach.

In addition, the Commission acknowledges that while there are established early childhood education and early childhood health networks in San Mateo County, the family engagement network is localized within certain geographic pockets. And according to Applied Survey Research's FE Strategic Assessment Project, both community-based organizations and county leadership expressed a need for a more systemic approach to family engagement. The Design Team for F5SMC's 2015 Family Engagement Initiative noted that the family-serving system can be confusing for families, especially for those unaccustomed to navigating complex systems and/or experiencing trauma. There is still work to be done to better connect health, early learning, and family support sectors. In addition, there is a need for providers to routinely come together to coalesce the family engagement system. The Commission is interested in proposals that partner with F5SMC to synthesize and bolster the family-serving system across the county while increasing the knowledge and capacity of service providers.

## Strategies

Through this RFP the Commission will roll out a total of \$3,180,000 of Resilient Families funding for the first three years of its five-year 2020-2025 Strategic Plan. This RFP addresses all three Strategies for Investment within the Resilient Families Focus Area with correlated three-year investment approximations as noted below. Applicants may propose projects that address one, two, or all three strategies; however, regardless of the number of strategies addressed, each proposal must include systems-improvement/change elements relevant to the proposed project.

### **Strategy 1) Intensive Support for Families with Multiple Risk Factors: \$1,908,000 over three years (\$636,000 per year)**

Provide ongoing, individualized, professional support to children and parents in families experiencing multiple challenges, such as: housing insecurity/homelessness, low income, domestic violence, incarceration, mental illness or substance abuse. Activities that will be considered for funding related to this strategy include, but are not limited to: home visiting, care coordination, case management, family needs assessments, social-emotional screening, and therapeutic services, as well as wrap-around services that are part of a best practice approach.

### **Strategy 2) Parent Connectivity: \$636,000 over three years (\$212,000 per year)**

Support informal or semi-formal social networks to promote parental resilience and reduce social isolation. Activities that will be considered for funding related to this strategy include, but are not limited to: mothers' or fathers' groups; paraprofessional or peer-led support groups; social media networking opportunities; father involvement efforts; Family Cafés, Father Cafés; developmental playgroups, and partnering with parents to identify parent leaders who understand and share knowledge about attachment and early child development among their peers.

### **Strategy 3) Family Engagement Capacity Building: \$636,000 over three years (\$212,000 per year)**

Increase the understanding of early brain development, the parent-child relationship and culturally responsive practices among service providers from sectors whose decisions affect family functioning, and promote the appropriate application of that knowledge within their work. Activities that will be considered for funding related to this strategy include, but are not limited to: training and learning communities (Friday Cafés) to create a culture of awareness, learning and sharing; building the capacity of both service sector leaders and direct service staff on early childhood development, adverse early childhood experiences, the 5 Protective Factors, and related subjects; systematized data sharing; and promotion of family-centric practices.

## Areas of Special Interest

Certain circumstances present exceptional difficulties for families in accessing needed services and warrant extra supports. At the same time, certain conditions allow for investments to have an exponentially positive impact that the Commission is eager to leverage. Therefore, the Commission is particularly interested in projects that incorporate the following:

### Related to Service Recipients

- The working poor, especially those with incomes just high enough to render them ineligible for Medi-Cal or CalFresh;

- Families struggling with immigration difficulties;
- Children ages 0-2;
- Fathers;
- Projects targeting dual language learners;
- Projects supporting alternative family structures including LGBTQ families.

#### Related to Service Strategies

- Service delivery venues easily accessible to families;
- Projects involving early childhood mental health;
- Projects employing a service “hub” approach;
- Projects incorporating Service/Care Coordination and/or case management
- Projects utilizing a collective impact model.

Please see Section IV Relevant Research of this RFP for a fuller discussion, additional context, and possible project applications.

#### **D. DEFINITIONS**

For the purposes of this RFP and the projects F5SMC seeks to fund, we are providing the following definitions:

##### Proposer/Applicant/Lead:

The terms Proposer and Applicant are used interchangeably and refer to the Lead agency/entity applying for Resilient Families funding. The designation of “Lead” or “Partner” becomes important if applications are collaborative in nature. In that case the “Lead” is the official Proposer/Applicant (and most likely will serve as the fiscal agent), while the “Partner(s)” are the agencies collaborating on the project but not directly applying for funding. (Partners may be engaged via an MOU or become subcontractors, depending on the construct of the proposal.)

##### Authentic Family Engagement:

Authentic family engagement is the shared responsibility of families, providers, and communities to all collaborate in meaningful ways to support children’s optimal development and learning while respecting the family’s unique cultural attributes as well as strengthening parents’ and families’ role as strong leaders and advocates for their children. Authentic family engagement is characterized by dynamic, culturally sensitive relationships between parents (caregivers), staff, and communities that promote the overall development of children.

##### Parent Partnerships:

A deliberate and sustained effort to work with parents as equal partners, establishing relationships that are inclusive, trusting, and strength-based, in which parents perceive service providers as “on their side.” These relationships harness the intrinsic power of parents and promote parent-directed and parent-leadership opportunities.

##### Parent Connectivity:

Efforts that bridge the gap between parents’ need for connection and the reality that parents often feel isolated, especially during the infant and toddler years. These efforts address the lack of practical support (not being able to count on anyone for help), the lack of social support (no one with whom to share experiences and challenges), and/or the lack of parenting support (no resource to help with in-the-moment implementation of positive parenting practices). In short, parent

connectivity is any activity that reduces parental isolation in their quest to raise their children successfully.

Training and Capacity Building:

Supporting service providers and the family engagement system through professional development and/or collaborative efforts that: increase service staff knowledge regarding early childhood development, including how to authentically involve parents; arm the leadership of child-involved organizations (including those that don't directly serve young children but whose decisions affect them) with early brain development knowledge, empowering them to make decisions that positively affect young children and their families; and/or establish a provider network to track and address training resources and needs which builds a community of learners among family engagement providers who share innovations and jointly solve problems.

Service Hub:

Synergistic localization, either physically or virtually, of family support information and/or services, promoting accessibility and equality. The existence of a Hub can support children, families, and/or service providers in accessing information and supports they would otherwise likely experience challenges receiving or even go without. A Hub expands on the "no wrong door" approach to accessing services, information, or even training opportunities for providers. A regional hub can provide coordinating efforts across agencies to create efficiencies and cost-effectiveness. A Hub can give families easy access to early childhood resources and information and/or provide education to providers, professionals and community members.

Trauma:

The effects of a single event, a series of events, and/or ongoing circumstances that are experienced or perceived as physically or emotionally harmful and/or life threatening. Trauma can affect individuals, families, and communities immediately and over time, even generations. The adverse effects of trauma can be profound and long-lasting, resulting in diminished functioning and wellbeing, including mental, physical, social, emotional, and/or spiritual wellbeing (Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma- Informed Approach).

Service Coordination:

The intentional organization of activities between two or more entities to facilitate, in partnership with the family, the delivery of the right services in the right setting at the right time. (Definition credit: First 5 California's Home Visiting Applied Research Collaborative.)

Collective Impact: A model for changing systems and improving community outcomes guided by five conditions: a common vision, a shared agenda, mutually reinforcing activities, continuous communication and "backbone" support. The backbone organization mobilizes, coordinates and facilitates the process of collective impact. Programs structured with collective impact approaches communicate with each other regularly, refer families to one another whenever indicated by the needs of the child and parents, and invest in shared system elements that enable them to work together toward collective goals and common outcomes.<sup>9</sup>

LGBTQ:

Acronym for lesbian, gay, bisexual, transgender, and queer.<sup>10</sup>

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<sup>9</sup> [www.collectiveimpactforum.org](http://www.collectiveimpactforum.org)

<sup>10</sup> <https://www.glaad.org/reference/lgbtq>

**E. DESIRED OUTCOMES**

Successful proposals in response to this RFP will demonstrate that their proposed program activities will help First 5 San Mateo County achieve the relevant Desired Outcomes listed in F5SMC Strategic

Plan and below:

- Families feel connected to and supported by their community and able to nurture their child’s health and development;
- Children have healthy attachments to their parents and caregivers; and
- San Mateo County will give priority to young children and their families.

In service of these larger strategic outcomes, First 5 anticipates that funded family engagement services will impact participant-level indicators, such as:

- Decrease in the number and/or severity of risk factors reported by parents, such as inadequate food, inadequate housing, depression, domestic violence, and substance abuse;
- Increase in percentage of parents reporting that they are able to access the services their family needs;
- Increase in percentage of parents who report feeling connected to a support network;
- Increase in percentage of parents reporting confidence in their ability to nurture their children and support their development;
- Increase in the percentage of parents who regularly read, sing, and/or count with their children ages 0-5.

**F. FUNDING AMOUNT AND AVAILABLE TERM**

F5SMC has allocated a maximum of \$3,180,000 for the fiscal years 2020-2021, 2021-2022, and 2022-2023 to meet the goals and objectives detailed in this RFP. The Resilient Families allocation for Fiscal Years 20-21 through 22-23 was established and approved by the Commission in October of 2018 as part of the Long Term Financial Plan. To support stability and effectiveness, F5SMC is inviting proposals for projects covering the 3-year term of July 1, 2020 through June 30, 2023. However, funding for years 2 and 3 of approved contracts is not guaranteed and will be contingent upon satisfactory project performance in the previous year.

The table below displays budget allocations by strategy area. Respondents to this RFP are welcome to apply for any amount needed to support the effectiveness of their project up to the yearly allocation and/or up to the total \$3,180,000 allocation. It is important to note that embedded within each Strategy allocation is funding for systemic improvements; therefore, F5SMC may reserve funding for future systems improvement work if needed.

Strategy	FY 20-21	FY 21-22	FY 22-23	Total
Intensive Supports	\$636,000	\$636,000	\$636,000	\$1,908,000
Parent Connectivity	\$212,000	\$212,000	\$212,000	\$ 636,000
FE Capacity Building	\$212,000	\$212,000	\$212,000	\$ 636,000
				\$3,180,000

## **G. INVITATION TO SUBMIT**

F5SMC welcomes proposals from all qualified entities. Qualified applicants may include community-based (501)(c)(3) organizations, coalitions, government agencies/departments, and collaboratives. The F5SMC Commission is interested in applicants who exhibit expertise in providing services to children prenatally through age five and their families, as well as applicants that serve culturally diverse communities.

## IV. RELEVANT RESEARCH

### A. RESEARCH ON EARLY BRAIN DEVELOPMENT AND FAMILIES WITH MULTIPLE RISK FACTORS

The science of early brain development has definitively shown that the basic architecture of the brain is constructed through an ongoing process that begins before birth. From the prenatal period through the first years of life, the brain undergoes its most rapid development, and early experiences determine whether its architecture is sturdy or fragile. During these early sensitive periods of development, the brain's circuitry is most open to the influence of external experiences (Center for the Developing Child, Harvard University).

Conversely, exposure to chronic or extreme adversity, such as poverty, abuse or neglect, or parental substance abuse, mental illness, or domestic violence, acts to disrupt the developing brain circuits. This toxic stress experienced early in life can have a cumulative toll on an individual's physical, emotional and mental health, and carry negative and costly consequences throughout the child's school years and later in life (ACES Study, Centers for Disease Control, 2013).

Child-caregiver relationships are the most important component of supportive social and cognitive environments. Stable, secure, nurturing relationships are a central feature of healthy human development and can help young children overcome many risk factors (National Research Council, 2000). Young children who have warm, supportive relationships with their mothers show greater academic competence in school and display better classroom conduct and work habits (Thompson, 2002). The reverse is also true: a disturbed relationship between the primary caregiver and the child is one of the most significant risk factors for later poor outcomes (Solchany & Barnard, 2001).

Families experiencing multiple risk factors are challenged to offer the type of nurturing interactions with their babies and children that foster optimal healthy child development. Even when they do not experience the more extreme levels of poverty, abuse, neglect, or mental illness, etc., their ability to provide the stable, caring relationship and attachment that the developing brain needs, is compromised. Even mild forms of maternal depression, for example, will impact the ability of both parents to provide the amount and type of positive interactions that help infants and young children thrive best.

Supporting families with multiple stressors can help diminish the effects of toxic stress and promote resilience by providing a more stable foundation for life-long learning and success. Families in the greatest need of support, for example parents with mental health or substance abuse problems and parents experiencing domestic violence or incarceration -- and especially those dealing with more than one serious issue -- benefit from focused services that are targeted to their particular source of stress (Project on Effective Interventions at Harvard University, 2007).

Brain research also shows that the earlier the interventions, the greatest potential for mitigating the negative effects of toxic stress and provide a greater return on investment. The brain's capacity for change decreases with age and is most flexible, or "plastic," early in life (Center for the Developing Child, Harvard University). For example, by the first year, the parts of the brain that differentiate sounds are becoming specialized to the language the baby has been exposed to; at the same time, the brain is already starting to lose the ability to recognize different sounds found in other languages. Although the "windows" for language-learning and other skills remain

open, these brain circuits become increasingly difficult to alter over time. Early plasticity means it's easier and more effective to influence a baby's developing brain architecture than to rewire parts of its circuitry in later years (Center for the Developing Child, Harvard University).

Effective interventions can buffer the cumulative burden of multiple risk factors and stressors that can lead to child abuse and neglect. Effective interventions can help parents understand their child's unique characteristics and provide guidance on how to build a mutually rewarding relationship, which facilitates the child's development and promotes the parent's sense of well-being (National Research Council, 2000). Effective interventions help parents and children form relationships that are warm, nurturing, individualized, responsive, reciprocal, and characterized by a "good fit" (National Research Council, 2000).

## **B. RESEARCH RELATED TO AUTHENTIC FAMILY ENGAGEMENT AND PARENT CONNECTIVITY**

The early childhood field has gained tremendous knowledge in the past fifteen years about the way in which families should be engaged regarding children's healthy development. Strength based approaches that authentically recognize and value the culture, language, and alternative family structures are largely accepted by the field as the best way to partner with families to achieve positive outcomes for children. The result is a movement away from parent involvement (opportunities for parents to participate within program activities) and towards authentic family engagement (strength-based approaches which authentically honor cultural and structural diversity in families).

Authentic family engagement is characterized by dynamic, culturally sensitive relationships between parents (caregivers), staff, and communities that promote the overall development of children. Family engagement is an ongoing, poignant effort by service providers and family members alike to engage in a shared responsibility for the success of children (U.S. Department of Health and Human Services, 2012). Successful family engagement requires a commitment from service providers and families to share the responsibility of promoting positive outcomes for children and in turn, the community. In addition, successful programs utilize an exchange of data, from provider to parent and parent to provider, to set goals, set policies, and assess outcomes for children. Factors associated with high levels of engagement by families include (but are not limited to): positive self-efficacy and self-esteem in parents, high levels of trust toward providers, and high levels of social support (Smith, Duffe, Steinke, Huang, & Larkin, 2008).

Increased parental engagement has been linked to programs that are family-centered, supportive, empowering, and culturally relevant (Brookes, et al., 2006; Green, McAllister, & Tarte, 2004; Reid, Webster-Stratton, & Hammond, 2007). There are a variety of ways to support parents' abilities to engage with their children at home as well as in early child education and school settings including encouraging parent partnerships and parent connectivity (See Definitions, Section III. D.) Research on family engagement has repeatedly demonstrated that the majority of parents want the best for their children; however, they may lack the knowledge and/or resources to promote development during critical years. Nationally, 42% of parents believe that involvement in their children's education is most critical between birth and preschool (W.K Kellogg Foundation, 2014). Research on family engagement identifies the home learning environments as key to children's long-term achievement. In fact, parent engagement in learning at home predicted greater academic achievement in children than any other form of parent involvement (Harris & Goodall, 2008). Other research has supported that a positive home learning environment can mediate the effects of other disadvantages children may experience in early years (Melhuish, et al, 2008). Each family functions as a home learning environment, regardless of the family structure, economic level, ethnic or

cultural background. Consequently, every family has the potential to support and improve the academic achievement of its children (Hoover-Dempsey & Sandler, 1993).

Researchers recognize that the models for engaging families in school age settings may not apply to the early childhood setting (Bay Area RTT Family Engagement Task Force: Family Engagement Literature Review). Furthermore, the research literature on family engagement emphasizes that children's learning can occur across a range of settings, and that programs and families should consider incorporating the community into children's learning experiences (Weiss et al. 2009).

Intentional efforts should be made to create a welcoming environment for parents of diverse family structures, and should ensure equality, respect, and dignity for all parents and caregivers, regardless of their sexual orientation, gender identity, marital status, or gender expression. Families headed by people who identify as LGBTQ may face overt interpersonal and institutionalized bias and discrimination, warranting even more effort on the part of service providers to authentically and warmly engage these parents.<sup>11</sup>

The Harvard Family Research Project (HRFP) suggests that essential elements of family engagement are:

- Shared responsibility to promote development of children among families, schools, and communities;
- Occur across multiple settings where children live and learn (i.e. schools, summer camps, digital media, libraries);
- Coordination and communication among various service providers;
- Continuous across a child's life;
- Engage parents by allowing them to gain mastery in the skill through practice and application;
- Dual capacity building (families *and* providers are able to develop skills through/for family engagement).

Similarly, the W.K. Kellogg Foundation has supported a transformational model of family engagement during the most critical years (birth to third grade). The Foundation has stressed the importance of family engagement that identifies parents as collaborators in their children's education rather than detractors. Families have inherent strengths that should be used to enhance services. In addition, the foundation emphasizes that family engagement is a shared responsibility among parents, teachers, and the community. Family engagement should be a dynamic, hands-on process that gives families the skills and confidence they need to promote development for their children as well as advocate for their children. Lastly, a successful family engagement system should be a systemic and integrated system which continually moves toward improvement for all members, and encourages families to plan, design and implement programs which meet their needs.

The impacts of family engagement can stretch well beyond services or programs. Efforts to promote family engagement at the micro level (i.e. early childcare setting, preschool, and community based organizations) can help parents feel more connected to and powerful at the macro level (i.e. the community at large). Tools and capacities learned through family engagement can be used within the family environment as well as the community. In addition, parents who feel engaged and empowered are more likely to continue engaging in positive practices beyond the scope of the

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<sup>11</sup> <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/lgbt-partnering.pdf>

program or service they have received (Center for the Study of Social Policy, 2010). The most effective family engagement strategies require buy-in, collaboration, and partnerships by a wide-range of stakeholders. While buy-in from parents is a necessary component, it is not sufficient. Collaboration among service providers that is seamless and continuous has been linked with increased competencies of parents.

Inherent in parent connectivity is the practice of family-serving agencies establishing effective parent partnerships. It is essential for service providers to move away from activities which involve random acts of involvement by parents towards continuous, ongoing engagement. One way for providers to give families opportunity beyond the scope of the program or intervention is by allowing parents to become mentors or peer supports to program participants. Several different settings (i.e. schools, community based organizations, early childcare settings) have implemented models to develop parents as leaders. Parents serve as effective mentors as they share similar background experiences with program participants and insight into important factors such as culture. Allowing parents to serve as mentors allows them to build capacity in leadership skills, such as leading a group, and communication skills as well as allows parents to gain deeper knowledge on important topics such as child development. This knowledge may lead to increased efficacy in their capacity to effectively understand and parent their child. Service providers may co-facilitate with parents to provide additional structure and leadership.

Research points to several reasons why Parent Connectivity, including parent partnership practices, are important:

Effective Parent Partnerships: The ability of parents to partner with the agencies providing early care and education to their children is a contributing factor towards the effectiveness of those agencies at meeting their core missions. In relation to goals such as improving early literacy and academic achievement, and children's social adjustment to early care and educational environments, research has shown that the most effective forms of parent involvement are those which engage parents in working directly with their children on learning activities at home<sup>12</sup>. Effective services combine formal facilitation and guidance by professionals with peer connections and on-going support. (Project on Effective Interventions, Pathways Mapping Initiative, 2007).

Families should feel welcomed into the program, and be treated as an important resource of knowledge on their children as well as the community. Providers who use a family systems approach which includes bi-directional communication as well as shared goal setting and decision-making are better situated to form positive relationships with families (Trivette, Dunst, & Hamby, 2010). In addition to encouraging participation within programs, it is important the families are given tools and resources to promote learning within their home environment and beyond the scope of the service. For some cultures, family may include extended family members, and it is key to welcome and honor the involvement of grandparents, aunts, uncles, as they may play a significant role in development. Similarly, organizations should recognize that some family structures may be unconventional, as compared to traditional standards, and service providers must be just as welcoming to those individuals.

Intentional efforts should be put forth to include fathers and/or male role models in service provision. Fathers (or male family members) serve a unique and important role in school readiness and overall wellbeing for children. Having access to a loving and nurturing father figure has impacts on happiness, wellbeing, as well as social and academic success for children (Rohner & Venziano, 2001). Researchers have noted that these impacts hold true for non-resident fathers who are deeply engaged (Fogarty & Evans, 2009). In addition to positive effects on children, father involvement also has positive impacts for men. Fathers who are actively involved with their children feel better

about themselves and find more meaning and enjoyment in life (Palkowitz, 2002). Several studies have shown that children are most likely to thrive when they have the opportunity for warm, close, and enduring relationships with both of their parents. (Susman-Stillman et. al, 2003; Chase-Lansdale & Pittman, 2002; Hilyard & Wolfe, 2002). Men typically are not staff or visitors of child care centers, so hiring male staff and engaging fathers and grandfathers in activities is characteristic of exemplary family-strengthening efforts. Staff should convey complete information to male and female parents and show children examples of men and women in nurturing roles. (Project on Effective Interventions, Pathways Mapping Initiative, 2007).

Programs should be culturally adaptable, flexible to the unique needs and structures of families, and operate from the notion that families have inherent strengths which can be used to build capacity. Barriers which may prevent family engagement (i.e. language, transportation, work schedules) should be considered, and a variety of opportunities for engagement should be offered. Priority should be given to programs which offer multiple delivery techniques (discussion, experiential activities, modeling, and lecture) that allow families to apply the knowledge they learned in their programs. Lastly, programs which offer multiple delivery techniques (discussion, experiential activities, modeling, and lecture) allow families to use the knowledge learned in the program.

Positive Parent Connectivity: Positive social connections strengthen the web of informal support that help parents cope effectively with the stresses of child rearing and their daily lives that are particularly prevalent in families that are economically disadvantaged. In particular, they give families extra access to important psychological and instrumental resources such as emotional support, material aid, needed information, job referrals, and help with childcare (PCAN, 2007). Connections to peers within the community has been linked with positive parenting practices as well as enhanced self-efficacy for parents (Suzuki, Holloway, Yamamoto, & Mindnich, 2009; Green, Furrer, McAllister, 2007).

A lack of social connections and low levels of contact with others (e.g., reduced interactions with kin, few adults in the household, etc.) are risk factors for child maltreatment and neglect. Social support networks, including formal and informal connections, help to build family strengths that lower the chance of child abuse and neglect. Social networks are associated with better parenting skills, greater knowledge of child development, and stronger family relationships. Mothers with large social networks are more likely than their counterparts to be involved in their children's lives, both at home and at school. Mothers who have social support are more likely to be responsive parents and to provide a stimulating home environment (Sheldon, 2002; Adamakos, et al., 1986; Burchinal, et al., 1996).

Until recently, there has been a dearth of research on the impact of engaging fathers as well as on effective ways to engage fathers. In recent years, there have been movements to establish programs which meet the needs of fathers as well as conduct research on programs. Research to support fathers' groups is limited; however, there are programs which show promise. When offering support groups to fathers, it is important for the leader/facilitator to also be a male who is similar in age and has similar life experiences. In addition, engagement should include open peer support groups that meet frequently so that fathers can build a social network and receive advice from experienced fathers.

The 2013 Silicon Valley Parent Project found that within San Mateo County and Santa Clara County, parents lacked social support.<sup>12</sup> Thirty-three percent of parents reported they could not count on a

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<sup>12</sup> <https://www.issuelab.org/resource/parent-story-project-perspectives-on-raising-children-in-silicon-valley.html>

neighbor for support. Similarly, 24 percent of high-needs families reported they did not have friends to help them in their role as parents. Mothers' or fathers' groups can help parents network with other parents from similar backgrounds. Effective parent support groups are led by individuals who have similar life experiences and have a deep understanding of the socio-cultural backgrounds of the group participants. In some instances it can be helpful to have two lead facilitators; one who has knowledge on the experiences of participants and one has expert knowledge on the topic area covered (i.e. nurses, counselors, social workers). Facilitators should have training on the topic areas focused on in the support group as well as skills required to effectively engage participants (communication, facilitation, leadership). Lastly, groups should include discussion, information sharing and experiences, and experiential activities and have specified rules to allow for open and honest dialogue among parents.

Parents who have warm, trusting, and reliable relationships within their communities (e.g. with peers, service providers, teachers) tend to have positive relationships with their children (The National Center on Parent, Family, and Community Engagement, 2013). The reverse is also true: a disturbed relationship between the primary caregiver and the child is one of the most significant risk factors for later poor outcomes (Solchany & Barnard, 2001).

### **C. RESEARCH RELATED TO FAMILY ENGAGEMENT CAPACITY BUILDING**

One barrier to family engagement for service providers and early childhood educators is a lack of knowledge and/or skills on how to effectively develop family engagement strategies. A key ingredient of effective family engagement is developing the capacity of providers through professional development (Mapp & Kurtner, 2013). A focus should be placed on building capacity of staff and families in four keys areas (Alvara & Kluge, 2015):

- Capabilities (skills and knowledge)
- Connections (networks)
- Cognition (beliefs, values)
- Confidence (self-efficacy)

The Family Engagement Capacity Building Investment Strategy is comprised of three elements: 1) professional development for service providers; 2) capacity building of service sector leaders; 3) Family Engagement systems integration/improvement work.

#### **1. Professional Development:**

Having a fundamental understanding of child development is key to positively impacting children. Without such knowledge and information, service providers will struggle to reach children in a positive light. (National Association for the Education of Young Children (NAEYC). Service providers who have the training and level of education necessary to implement best practices can have positive impacts for the community at-large as they can provide higher quality experiences for families with children. There has been limited direction offered to service providers with regard to establishing and maintaining effective engagement with families. Many providers have a desire to collaborate with families; however, there are cultural barriers as well as lack of knowledge about how to successfully collaborate.

#### **2. Capacity Building of Service Sector Leaders:**

As with professional development, service sector leaders (i.e. executive directors, supervisors, decision makers) must have a fundamental understanding of early brain development and the parent-child relationship, as well as an understanding of the

importance of family engagement for child development. This is critical to guard against decision makers implementing practices/approaches/policies that unwittingly burden families and/or the family-serving system. In addition, these leaders must have a baseline knowledge of effective strategies for engagement; resources to develop, manipulate and/or implement family engagement strategies; and tools to effectively evaluate family engagement strategies. In addition, service sector leaders should promote an integrated, systemic approach to family engagement which emphasizes strategies that meet the needs of diverse family structures and backgrounds. Lastly, leaders must highlight that family engagement is an integral part of their organization by providing pre-service training as well as professional development for all staff.

### 3. Family Engagement Systems Integration/Improvement Work

An integrated family engagement system should include:

- Integration of family engagement strategies among all health, social, and education servicers
- Fluid and bi-directional communication among service providers and agencies
- Analysis of data across agencies to have a clear understanding of what methods are most beneficial for families

In addition, decision makers should plan intentionally to allocate resources using accurate and meaningful estimates of need. Decisions about service provision and target populations should include consideration of traditionally “screened out families” (e.g., those that do not qualify for Medi-Cal), so that resources are distributed appropriately and based on accurate and solid data.

A strong, family-centric family engagement system can be a springboard for deeper systems coordination and improvement among and between sectors. For example, traditional child welfare approaches to maltreatment focus largely on physical injury, the relative risk of recurrent harm, and questions of child custody, however; the abuse or neglect of young children should be evaluated and treated as a matter of child health and development within the context of the family relationship (National Scientific Council on the Developing Child, 2004). Child abuse prevention strategies that emphasize both the developmental needs of children and the importance of community-based supports for families show how we can close the gap between science and practice for our most vulnerable young children (National Scientific Council on the Developing Child, 2004). Substance abuse treatment and mental illness services should minimize separation from the child during treatment and integrate parent education regarding child development into the program (Project on Effective Interventions, Pathways Mapping Initiative, 2007).

It is equally important that families have a clear understanding of services available within the community, the entry points to those services, and receive referrals that ensure discrete, focused, and tiered services. Connection to services should happen at key milestones (i.e. prenatal, birth, preschool). Lastly, families, once connected, should receive services in a timely manner. A successful family engagement system should be a systemic and integrated system which continually moves toward improvement for all members - service providers, parents, and children alike -- and encourages families to plan, design and implement programs which meet their needs.

## **D. RESEARCH ON KEY INGREDIENTS OF EFFECTIVE SERVICES**

Key Ingredients are the underlying elements that make certain services and supports effective. They reflect the fact that, how interventions are implemented and how services are provided are as important as whether they are provided (Project on Effective Interventions at Harvard University, 2007).

Effective family engagement strategies should:

- Be family-centered and family-driven
- Help families advocate for themselves
- Respect families and treat them as partners in service (not just recipients)
- Use innovative strategies to reach families
- Support service providers to do their best emotional and technical work

Key ingredients are important not only to achieving outcomes but to:

- Understand which elements are essential to success, so that program models are not diluted or distorted when they are expanded, scaled up or replicated.
- Determine the extent to which actions now in place or being designed are likely to succeed.
- Identify elements of current actions that need to be added or modified.

Respondents to this RFP should keep in mind the following key ingredients of effective services when designing and implementing their projects:

**Regarding outreach, enrollment, and retention of clients:**

- Outreach and enrollment procedures ensure that families can easily locate and reach needed services.
- Outreach occurs at times and locations convenient to families, including locations where high- risk individuals congregate or pass through.
- Program requirements are simple, streamlined, and results-oriented.

**Regarding services and supports:**

- Programs are driven by clear purposes and theory.
- Home visits are of sufficient duration, frequency, and intensity to respond effectively to family strengths, crises, and care-giving challenges (evaluations of home visiting services suggest that too broad a focus dilutes program effectiveness).
- Providers identify circumstances that prevent clients from using services and supports effectively and adopt practices that remove barriers (e.g., clients' transportation, mobility, language, and child care needs).
- The focus, duration, frequency, and intensity of interventions, services, and supports are carefully calibrated to the needs, resources, and risk factors of specific children and families.
- Services and supports are family-centered and respond to individuals in the context of their family and to families in the context of their community.
- Programs address the "whole child."
- Programs are characterized by mutually respectful interactions.
- Staff make involving families and caregivers in identifying needs and solutions a priority.

- Programs are sensitive to clients with diverse cultural backgrounds, values, languages, education, sexual orientation, and communities.
- Effectiveness is gauged by the results and outcomes experienced by children and families.
- Programs seek early, visible gains while working toward long-term goals.
- Regular program assessment and professional development efforts ensure continuous improvement.

#### **Regarding Service/Care Coordination**

- Programs take responsibility for forging connections to and across services and supports and have the capacity to link children and families with primary supports and services (e.g., housing, child care, jobs) and with specialized services.
- Staff communicate across programs and agencies, plan solutions jointly, agree on common objectives, and share responsibility for attaining goals.
- Staff from various agencies use coordinated case management in developing service plans for the same children and families which ensures that clients receive a more comprehensive and coordinated set of services and supports.

## V. PROPOSAL CONTENTS

### A. CONTENT AND SEQUENCE OF PROPOSAL

Proposers' shall adhere strictly to the format set forth below. Each of the required sections identified must be addressed and must be specifically labeled.

The content and sequence of the proposal submission should be as follows:

<i>Section</i>	<i>Title</i>
1.	Cover Sheet
2.	Table of Contents
3.	Project Narrative (including Financial Summary)
4.	Attachments:
	4a Scope of Work Form
	4b Budget Request and Budget Narrative Forms
	4c Organizational Chart
	4d Resumes of All Key Staff
	4e Job Descriptions
	4f Consultant Qualification Statement
	4g Proof of Insurance
	4h CEO or Board Authorization
	4i References (provide three)

Please refer to the following descriptions of the material that must be included in this proposal.

#### 1. COVER SHEET:

Proposer shall complete and append to the front of the submission the Cover Sheet, APPENDIX A. The Cover Sheet should identify the lead entity's/agency's name that will be responsible for providing the services offered in the proposal. The name, address, telephone number, and e-mail address of a principal contact for information regarding the proposal shall also be supplied.

#### 2. TABLE OF CONTENTS:

Immediately following the Cover Sheet, provide a comprehensive Table of Contents of the material included in the proposal. The Table of Contents must clearly identify the proposal sections and the applicable page numbers.

#### 3. PROJECT NARRATIVE:

A narrative description of the proposed project is required and is limited to 20 doubled- spaced pages with 1 inch margins and utilizing 12 point Arial font. The narrative should answer all of the questions below in the same sequence and using the same headings and numbering. Additional content areas are permitted; however, they must remain within the 20-page limit for the narrative. Please refer to the criteria of this RFP to ensure that adequate and complete responses to the project narrative questions are provided.

The project narrative should include the following content areas, 3a through 3e:

### 3a. Executive Summary

In one or two paragraphs, please briefly describe: the overall goal of your project, the target population and needs your project will address, the primary program model and/or interventions that you will use to meet those needs, and the results for children, families, and/or communities that you expect the project to achieve. You should view this summary as a form of “elevator speech” that can quickly provide the reader an understanding of your project. The Executive Summaries of successful proposals will be repurposed by F5SMC to inform the community, other practitioners and funders, and other interested parties about your project specifically and F5SMC’s portfolio generally.

### 3b. Organizational Capacity

Please describe how your organization is uniquely qualified to successfully implement the proposed project. Include in your description:

- Date the agency was established and its primary mission. Provide a brief overview of the services and programs currently being offered.
- Describe the agency’s capability and resources to manage the proposed project, including timely start-up and implementation.
- Describe the agency’s approach to professional development and performance management of its staff.
- Describe the experience and unique skills of the staff for the positions listed in the project budget.
- Describe how the project will be culturally/linguistically appropriate for the population(s) served.
- Indicate whether staff supported by these funds will be new hires or are in existing positions. If existing positions, please describe how these positions were previously funded and how those responsibilities will not conflict with this project if funded. Prop 10 funds CANNOT be used to supplant state and local general funds (please see Supplantation Policy in APPENDIX E).
- Identify and Include qualifications of any consultants who will be supported by F5SMC funds.

### 3c. Project Need

Describe the issue(s) and/or need(s) that your project will seek to address. In your response, be sure to address the following questions and points:

- Why are these issues or needs significant?
- How are they present in San Mateo County? Use and cite the source(s) of your information.
- Identify the existing landscape of services that are trying to address these issues or needs.
- Explain how your project will complement, integrate with, or fill gaps unaddressed by, similar services or efforts in these areas.

### 3d. Project Description and Program Model(s)

Please describe the proposed project for which you are seeking funding. Include the following information:

- i. Desired Outcomes: Identify which of the Desired Outcomes of the F5SMC Strategic Plan, listed in Section III E above, will be addressed by your project.
- ii. Target Populations: Please describe the target population(s) that will be served by the proposed project. In your description include:
  - The projected number of children and families to be served by your project
  - The geographic area(s)/communities to be covered by the proposed project.
  - Demographic information including economic status and any other information about the target population that you feel is relevant.
  - Explain how the population(s) your project will serve will be identified, engaged, and maintained in your services.
  - The specific risk factors that are impacting the population you plan to serve. In your description explain how these issues have manifested themselves in San Mateo County in the past and in the present.
- iii. Project Components and Activities: Describe the strategies and specific activities to be used to meet the outcomes and objectives of your project. If warranted, please explain the amount of ramp-up time the service will require. In general F5SMC allows 3 months during the first quarter of the project. Ramp-up activities should also be inserted in the appropriate sections of the Scope of Work attachment.
  - Explain why these strategies will be effective in achieving the expected results.
  - Identify any evidence-based practices or models that you will be utilizing, including citing the source of the model or practice. Also identify evidence-informed or best/promising practices.
  - Describe how you plan to monitor/assess the implementation of your program strategies/models, and the methods and tools you will use to evaluate their effectiveness at achieving results for your target service population(s).
- iv. Expected Results: Identify the measurable results and outcomes you expect to achieve for the target populations of your project.
- v. Partnerships and Collaboration: Describe the organizations or agencies, if any, that you will be partnering with to achieve your project goals. Identify whether this is a new or existing partnership arrangement, and whether it is formal (i.e., with a fully executed MOU) or informal.
- vi. Systems Change: Incorporating at least one systems-improvement or systems-change element is required. Identify any policy or practice system change component/s your project will address. Clearly identify the change you (and your

partners) are seeking to make, and how you will be able to document and measure that change.

- vii. Staffing: In addition to providing details about staffing in the Budget Request Form and Budget Narrative Form, please provide a paragraph that covers the following elements of staffing:
- Salary ranges and FTEs.
  - Explain if positions are new hires or existing staff.
  - If existing, describe previous funding sources.
  - Address the Supplantation Policy.
  - Attach job descriptions/resumes (does not count toward the 20-page limit).
  - Identify consultants and subcontractors and attach consultant qualifications statements and MOUs. MOUs should be provided for all subcontractors and major partners receiving less than \$25,000. For those receiving \$25,000 or more, the collaborative relationship must be formalized as a subcontract between the Lead Agency and the subcontracted entity.
  - Explain who will be responsible for reporting.
  - Explain how you will promote professional development.

NOTE: The project activities described above should directly tie to SOW Project Components & Activities (see Attachment section below for full instructions). The Narrative provides the full context, or the “story”; the SOW is the tool to track progress toward deliverables.

### 3e. Financial Summary

Please provide a brief description that describes your agency’s overall budget, including a delineation of amounts and types of receivables that constitute your agency’s annual income and expenditures.

- i. Project Financials: Provide a synopsis of the anticipated budget for each fiscal year of the project including the process used to determine budgetary needs. F5SMC’s Fiscal Year runs July 1 - June 30. Detailed financial information for each year of the project (FY 20-21, FY 21-22, and FY 22-23) will be included as attachments, using the Budget Request and Budget Narrative form in APPENDIX D and described below in Attachments Section 4b)
- ii. Project Sustainability: San Mateo County Proposition 10 funds are expected to decrease in future years. The Commission does not intend to fund projects that will become fully dependent on its funds for continuation in future years. Please describe how the project will be sustained beyond the availability of this level of funding.
- Describe how the proposed project will complete its intended objectives and move towards becoming more self-sustaining.
  - Explain how the proposed project activities may reduce costs elsewhere in the system.
  - If there is a need and/or opportunity to raise or leverage funds from other sources, explain how this will be accomplished. Be specific about the

funding sources (public and private) to be targeted and the fundraising or billing strategies to be utilized.

#### 4. ATTACHMENTS:

4a. **SCOPE OF WORK FORM:** Complete the template provided in APPENDIX C, including detailed deliverables that show how the proposed activities (described in the Narrative) will be implemented for the agreement period. **Please submit a Scope of Work for three fiscal years: July 1, 2020 through June 30, 2023 (one SOW form for each of the three fiscal years).**

##### Description of Scope of Work (SOW) Components and Instructions:

Applicants are required to submit a Scope of Work Form for each of the three years of the proposed project (see Excel workbook template, APPENDIX C: Scope of Work Form).

The Scope of Work should directly tie to the narrative of the project. The SOW form has 12 tabs: the first tab is an example tab of how to populate Program Component tabs; the next 5 tabs are blank Program Component tabs for applicants to complete in their entirety; the final 6 tabs are standard tabs with pre-set activities, applicants need only provide the missing information.

Program Component Example Tab: The first tab is an example of how to populate the Program Component tabs. Notice that service target numbers may be duplicated in the top portion of the form where the Activities are delineated, but must be unduplicated in the Unduplicated Target Numbers Table at the bottom of the tab.

Program Component Tabs (PC): The 5 tabs following the Program Component Example tab are Labeled "PC #1 Name", "PC #2 Name" etc. These tabs are blank and are to be individualized by the proposer.

At the top of each PC sheet provide the Name of the Applicant Agency, the Name of the Program, the fiscal year, the number of the Component Strategy and brief descriptor of the strategy, i.e., "PC #1: Home Visiting". Also, number and name the Excel tab at the bottom of the sheet.

The proposer is to group activities that the project intends to accomplish by program components, for example home visiting activities may go on one program component tab and care coordination on another. The applicant should copy and add additional program component tabs if more than 5 are needed. Conversely, if the project has less than 5 distinct program components the applicant can leave the unneeded program component tabs blank or delete them. Below the Program Component title applicants are to list the specific project activities associated with that program component. The SOW form is pre-populated with activity lines labeled A through D. Applicants should add more activity lines if needed.

Each activity will include the following information in the designated spaces of the Program Component tabs:

- Specific description of the Activities

- The Timeframe span of dates by quarter and/or specific dates that the activities are planned to take place
- Primary project person[s] Responsible for enacting the activity
- The Documentation method that will be employed to track/document the activities [i.e., sign in sheets, screening tools, etc.]
- Indication of Yes/No/NA - is used in lieu of client target numbers for activities that do not directly serve clients. For example, the Yes/No/NA designation would be used if the activity involved writing a handbook to be utilized during parent education sessions. There are no people being served by the actual writing of the handbook, but it is an integral part of the program and warrants being listed as an activity.
- The # Parents/Caregivers Served is the area to quantify how many parents and caregivers will be served on an annual basis. Applicants need only fill out the Annual Target box of this section.
- The # Other Family Members Served is the area to quantify how many family members who are not parents/primary caregivers will be served (i.e., grandparents, aunts, etc.). Applicants need only fill out the Annual Target box of this section.
- The # Children Served is the area to quantify how many children will be served. Applicants need only fill out the Annual Target box of this section.
- The # Providers Served is the area to quantify how many providers will be served. Applicants need only fill out the Annual Target box of this section.
- Notes is a space to provide any additional, critical information that does not fall within the other provided categories.

Each Program Component tab contains an Unduplicated Target Numbers Table at the bottom for indicating UNDUPLICATED target numbers.

Each unduplicated table is to be populated by filling out the first line across with the annual, unduplicated target number of all people served through the Program Component, without counting anyone twice. These numbers should be derived from the activity target numbers above, accounting for anyone who was counted more than once. The goal is to provide the actual, unique number of clients served by category according to:

- # Parents/Caregivers,
- # Other Family Members,
- # Children Ages 0-2,
- # Children ages 3-5,
- # Children Age Unknown,
- # of Providers.

The bottom two lines of the unduplicated table need not be completed by Applicants.

#### Standard Tabs:

The final 6 tabs of the SOW Form are tabs containing standard activities that all F5SMC grantees are required to perform. These tabs are prepopulated to an extent. Proposers are

not to delete information from the standard tabs. Proposers should add information to each standard tab as called for by the proposed project.

The standard activities are divided into three major areas: F5 Standard Activities; Standard Communications Activities, and Standard Evaluation Activities. These tabs are further organized to accommodate projects that are collaborative in nature and have a Lead organization and Partner organization(s) (either funded or unfunded). If your proposed project does not involve partners, only complete the standard tabs labeled "Lead". If your proposed project DOES involve partners, fill out the Lead tabs and in collaboration with your partners fill out the partner tabs. It is up to the primary applicant, or Lead, to negotiate with partners regarding which agency/staff will fulfill the requirements of the activities noted on the standard tabs.

The standard SOW tabs are summarized below:

1. F5 Standard Activities:

- Distribute the First 5 Kit for New Parents to clients;
- Participate in F5SMC grantee convenings, trainings, and other collaborative efforts;
- Place F5SMC Tobacco-Free Premises placard in a prominent area where services take place
- Make tobacco education and cessation resources provided by F5SMC readily available
- Report on this project using Persimmony, the F5SMC on-line grants-management system.

2. Standard Communications:

- Distribute F5SMC materials to project clients and at community events
- Put out press releases using template provided by F5SMC announcing receipt of F5SMC funding for your program/agency
- Recognize F5SMC by placing the F5SMC logo and/or the phrase "Funding provided by First 5 San Mateo County" in your agency's annual report, public education materials, outreach materials, website, media communications, and presentations and papers on work funded (wholly or in part) by F5SMC.
- Place a placard announcing project funding by F5SMC in a prominent area where services take place
- Participate in F5SMC Communications Workgroup and other communications activities as requested, and follow the recommendations of the Communications Workgroup regarding use of the F5SMC Style Guide
- Attend trainings on and utilize as appropriate the F5SMC Social Media Toolkit.

3. Standard Evaluation:

- Collect and enter/upload into Persimmony individual-level client data and individual-level service data on all project activities as required.
- Administer F5SMC data collection and evaluation tools on clients served as required.
- Participate in the F5SMC Systems Change Evaluation as required
- Participate in data collection and evaluation activities such as planning meetings and trainings as required by F5SMC

- Participate in data-sharing and data-linking conversations and projects within San Mateo County as required.

#### **4b. BUDGET REQUESTS AND BUDGET NARRATIVE FORMS**

Using the templates in APPENDIX D, provide Budget Request and Budget Narrative Forms detailing information about how this program will be staffed, financed and operated during the agreement period of July 1, 2020 through June 30, 2023. A Budget Request and Budget Narrative form must be completed for each of the three funding years (FY 20-21, FY 21-22, FY 22-23). Narratives must include calculations for each line item.

- Include personnel, operating, indirect costs, and other relevant expenditure categories.
- Include information on any other sources that will fund the proposed program; list them in the leveraged column.
- Identify and submit Budget Request and Budget Narrative Forms for any subcontractor(s) whose budgeted amount exceeds \$25,000.
- F5SMC allows a maximum amount for indirect costs of 12% of total direct costs (excluding subcontractor, consultant and capital costs).

#### **4c. ORGANIZATIONAL CHART**

#### **4d. RESUMES OF ALL KEY STAFF**

#### **4e. JOB DESCRIPTIONS**

Provide job descriptions containing the minimum qualification for all positions to be supported with F5SMC funds.

#### **4f. CONSULTANT QUALIFICATION STATEMENT**

For each consultant to be supported with F5SMC funds provide a statement of qualifications.

#### **4g. PROOF OF INSURANCE**

Attach current insurance certificates indicating liability insurance of a minimum of \$1,000,000 for each of the following: comprehensive general, motor vehicle, professional, and worker's compensation.

#### **4h. CEO OR BOARD AUTHORIZATION**

Private organizations must submit an original, signed statement from your chief executive officer (CEO) verifying support for your proposal. If the timing of your Board meeting is such that it is not possible to obtain a signature on the statement of support when submitting your proposal, explain that on the cover sheet and tell us when you expect to submit the executed Board Authorization Letter. If needed this item can be handled during contract negotiations.

#### **4i. REFERENCES**

Include three reference letters of agencies or individuals recently familiar with the quality and reliability of the Proposers' work. Include the name; mailing address, contact person, email address and phone number for each reference.

**4j. MOU(s)**

Include copies of all MOUs for partners receiving less than \$25,000 of funding.

**4k. Miscellaneous**

- For non-profit organizations, include a copy of the 501(c)3 Letter.
- Include a copy of your most recent audited financial statement.

## VI. F5SMC EVALUATION PROTOCOL AND POTENTIAL RESULTS

### A. EVALUATION PROTOCOL

As stated earlier in the RIGHTS section of this RFP, all funded entities must agree to track process and outcome measures for their specific project. Additionally, funded projects will be expected to participate in a comprehensive evaluation of the effectiveness of efforts under Proposition 10, including but not limited to:

- Collecting individual-level client data and individual-level service data on all project activities and providing this data to F5SMC either via data exports or direct data entry into a centralized data system determined by F5SMC.
- Administering F5SMC evaluation tools on clients served as required by the F5SMC evaluation design.
- Allocating staffing resources and time to comply with the evaluation requirements.
- Administering/using any and all survey instruments as directed by F5SMC, and/or any F5SMC Evaluation Consultant, including outcomes and satisfaction measurement instruments.

Successful proposers will be expected to comply with evaluation requirements as specified by F5SMC. Data collection activities will include:

- Obtaining informed consent from service recipients to share personally identified information with F5SMC for purposes of program evaluation, continuous quality improvement efforts, and needs assessments.
- Individual-level client data, including demographic information (e.g. age, race/ethnicity, language, income, educational attainment, zip code of residence); indicator data (e.g. child care arrangements, access to services, social support); and self-reported parenting behaviors and confidence (e.g. frequency of early literacy activities).
- Agency-level information, such as wait-list length; time spent by staff on activities relevant to the program's desired outcomes; referral protocols; or information-sharing practices.
- Systems-level information, such as the extent of cooperation and coordination amongst participating agencies; perceived quality and availability of relevant services within the County.

## VII. PROPOSAL FORMAT

### A. FORMAT GUIDELINES

Proposals must be submitted both electronically and in paper format. Both electronic and paper copies must be received by the filing deadline.

Paper copies must be typed in Microsoft Word, one-sided, double-spaced in no smaller than 12-point Arial font, have margins no less than 1" on any side, and have consecutively numbered pages. Project narratives are limited to 20 double-spaced pages.

The Cover Page and Table of Contents do not count towards the Project Narrative page limit. Similarly, the Scope of Work Form, Budget and Budget Narrative Forms, and Reference Letters are considered attachments and do not count toward the Project Narrative page limit. Any materials in excess of the limit shall not be considered.

### B. SUBMISSION INSTRUCTIONS

Proposers must submit both electronic copies and paper copies of the proposal and the proposal attachments. Submit electronic, non-PDF copies on a flash drive labeled with the Proposer organization's name (The name on the RFP Cover Sheet must match the name on the flash drive).

The original, paper copy of the proposal should be submitted unbound, along with eight copies securely bound by an industrial/heavy duty stapler in the upper left-hand corner. No facsimile or telephone proposals will be accepted.

**Proposal Filing Deadline:  
4:00 p.m. on Tuesday, February 18, 2020**

Submit electronic (flash drive) and paper proposals to:

Karen Pisani  
First 5 San Mateo County  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402-3050  
(650) 372-9500

## VIII. PROPOSAL SOLICITATION PROCESS

### A. RFP RELEASED

Tuesday, January 7, 2020.

### B. LETTERS OF INTENT (LOI) DUE

Tuesday, February 4, 2020 by 5:00 p.m. The LOI template is APPENDIX G. Letters of Intent are mandatory but not binding. Letters of Intent must be emailed to both Karen Pisani at [kpisani@smcgov.org](mailto:kpisani@smcgov.org) and Mai Le at [mle@smcgov.org](mailto:mle@smcgov.org).

### C. PROPOSERS' CONFERENCE

Attendance at the Proposers' Conference is mandatory for applicants. The Proposers' Conference will review the overall content of this RFP including the application process, available funding amount and term, and the purpose and service strategies. Applicants will also have an opportunity to ask questions about the RFP and the competitive funding process, as well as have time to converse with others in attendance (without F5SMC staff present) in order to initiate conversations regarding potential collaborations in response to this RFP.

F5SMC Building, Miller Ream Meeting Room (First floor)  
1700 South El Camino Real, San Mateo, CA 94402

Tuesday, January 21, 2020  
10:00 a.m. - 2:00 p.m.  
*Lunch will be provided*

PLEASE RSVP by Thursday, January 16, 2020, 5:00 p.m. to [kpisani@smcgov.org](mailto:kpisani@smcgov.org) AND [mle@smcgov.org](mailto:mle@smcgov.org).

### D. POSTING OF ANSWERS TO PROPOSERS' CONFERENCE & WRITTEN QUESTIONS

- i. F5SMC will accept Written Questions regarding this RFP through January 24, 2020, sent via email to [kpisani@smcgov.org](mailto:kpisani@smcgov.org) AND [mle@smcgov.org](mailto:mle@smcgov.org). All questions and answers - whether posed during the Proposers Conference or afterward in writing -- will be posted to the F5SMC website on January 28, 2020. F5SMC at its sole discretion may choose to provide additional information following receipt of the questions.
- ii. F5SMC is responsible only for what is expressly stated in this RFP and authorized written addenda thereto. F5SMC is not responsible for, and shall not be bound by, any non- authorized person acting or purporting to act on its behalf.

### E. PROPOSER INTERVIEWS

If F5SMC determines, in its sole discretion, that additional information is required or desirable beyond that provided in the proposal(s) of any of the Proposer(s), F5SMC may call the Proposer(s) for additional information or invite the Proposer(s) to make oral and/or written presentations to the Proposal Review Panel.

Proposers should ensure that appropriate program, fiscal and management staff are available to participate in a phone interview, and/or an in-person interview on February 27, 2020.

**F. SUBMISSION OF PROPOSAL**

All proposals submitted in response to this RFP shall become the exclusive property of F5SMC.

The proposal shall be used to determine the Proposers' ability to render the services to be provided. The failure of a Proposer to comply fully with the instructions in this RFP may eliminate its proposal from further evaluation as determined at the sole discretion of F5SMC. F5SMC reserves the sole right to evaluate the contents of proposals submitted in response to this RFP and to select a successful contractor, if any.

All proposals must remain valid for a period of not less than one hundred twenty (120) days from the closing date for submission.

## IX. PROPOSAL SELECTION PROCESS AND REVIEW CRITERIA

### A. FINAL FILING DATE

Proposals, in hard copy (one unbound original, and eight stapled copies using industrial/heavy duty staples in upper left-hand corner) and one electronic copy saved to a flash drive and labeled with the Proposer organization's name must be received at the F5SMC office by 4:00 p.m. on Tuesday, February 18, 2020. The office of First 5 San Mateo County is located at:

First 5 San Mateo County 1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402-3050  
(650) 372-9500

### B. LATE PROPOSALS

Any proposals received AFTER 4:00 p.m. on Tuesday, February 18, 2020 may be rejected by F5SMC as not meeting the requirements of this RFP. Emailed proposals will not be accepted.

### C. REJECTION OF PROPOSALS

1. F5SMC may reject any proposal not meeting the minimum requirements of this RFP.
2. F5SMC reserves the right to reject any and all proposals.
3. F5SMC reserves the right to waive any requirements of this RFP when it determines that waiving a requirement is in the best interest of F5SMC. F5SMC's waiver of an immaterial requirement shall not excuse the Proposer from full compliance with remaining requirements and the contents of its proposal in the event it is awarded the contract.

### D. ERRORS OR CHANGES IN THE PROPOSAL

If errors are found in a proposal, F5SMC may reject the proposal; however, F5SMC may, in its sole discretion, correct arithmetic and/or transposition errors. The Proposer will be informed of the errors and corrections.

If an item is described in the narrative and omitted from the cost data, the proposal will be interpreted to mean that the Proposer will provide the item at no cost. If this is a significant item, the Proposer will be notified.

Clarification of and changes to proposals prior to contract award are permissible provided that each Proposer is treated fairly and equally.

### E. PROPOSAL REVIEW PANEL

The evaluation of proposals will be made by a Proposal Review Panel comprised of F5SMC staff and outside experts in Early Learning, Child Health and Development, and Family Support and Engagement. The review panel will be selected by the Executive Director of First 5 San Mateo County. The Proposal Review Panel will objectively and fairly assess each proposal and the qualifications of Proposers submitting proposals. Their review will include their individual reading

and scoring of proposals, and participation in one or more meetings of reviewers designed to determine funding recommendations and amounts.

## F. PROPOSAL REVIEW CRITERIA

Proposals will be evaluated on their strength, relevance to F5SMC's goals, and the likelihood of their success. Proposed projects should be consistent with the Desired Outcomes detailed in the Commission's Strategic Plan.

Among the criteria that F5SMC will weigh in its selection of grantees will be the ability of the proposer to provide a clear and strong rationale that their activities will achieve measurable results, and their ability to show how they intend to document those results with objectively collected evidence.

The review panel will use the following criteria to weigh the relative benefits of the projects being proposed.

1. RFP Purpose and Areas of Interest
  - How closely the applicant responds to the purpose of the RFP
  - Whether -- and to what degree -- the applicant responds to/incorporates the Areas of Interest in their proposed project
2. Organizational Capacity
  - The degree to which the applicant demonstrates the organization's ability to manage the project
  - The level of experience and skills of staff related to the issues being addressed.
  - The ability of the organization to provide culturally competent services.
  - The ability of the organization to delivery services utilizing authentic family engagement strategies
3. Project Need
  - The degree to which the applicant demonstrates sufficient understanding of: the nature and scope of the issue(s) being addressed; the existing gaps in services; the population(s) to be served; and other resources and/or collaborative opportunities to address the issue.
4. Target Population
  - The degree to which the applicant organization demonstrates strong knowledge about the population to be served and the risk factors that will be addressed.
5. Project Description and Program Model
  - The degree to which the strategies proposed seem appropriate to the population(s) being served and the issues and needs to be addressed.
  - The strength of the evidence provided for the program model and strategies that make them likely to achieve the outcomes and results being sought.
6. Systems Improvement/Change Activities
  - The degree to which the proposed project will improve the child-serving system in San Mateo County

- The presence of a realistic and clear plan/approach for executing systems improvement/change activities.
7. Sustainability
    - The level of clarity and detail regarding how the project will be sustained without F5SMC funding after the term of the project.
  8. Scope of Work
    - The level of clarity and detail in the scope of work
    - The presence of measurable objectives and results with a concrete plan for documenting the results.
    - How closely the SOW correlates to and quantifies the Project Narrative
  9. Project Budget and Budget Narrative
    - Is the Budget Narrative clear, realistic and specific? Does the Budget Narrative demonstrate a thoroughly planned project?
    - Are budget justifications, including administrative costs, reasonable? Are staffing patterns adequate?

#### **G. NOTIFICATION**

Notification of the announcement of recommendation may be done by certified or registered mail, email, and/or phone.

#### **H. INABILITY TO NEGOTIATE AN AGREEMENT**

After a Proposer has been recommended for funding by the Proposal Review Panel and selected for funding by F5SMC, negotiations will commence to institute a contract. If a satisfactory contract cannot be negotiated, F5SMC may, in its sole discretion, defer the amount of funding to another date or award the funds to another Proposer.

#### **I. APPEAL PROCESS**

An email informing unsuccessful Proposers that their proposal has not been selected for funding will be sent on **Tuesday, March 24, 2020**, to the contact person identified on the RFP Cover Sheet.

A Proposer must submit a written appeal via email by midnight, **April 3, 2020** to the attention of the Executive Director of F5SMC and copied to the Program staff as indicated below. Appeals may be written in the body of the email itself or sent as an attachment to the email.

**Appeals shall be emailed to:** Kitty Lopez, Executive Director, F5SMC at [klopez@smcgov.org](mailto:klopez@smcgov.org) **and copied to:** Karen Pisani, Family Support Program Specialist at [kpisani@smcgov.org](mailto:kpisani@smcgov.org); and Mai Le, Program Associate at [mle@smcgov.org](mailto:mle@smcgov.org)

**Mailed or hand-delivered appeals will not be accepted.**

Appeals shall be submitted as stated above and shall be limited to the following grounds:

1. Any failure of F5SMC to follow RFP procedures as articulated in the RFP; and/or
2. The RFP review criteria were not appropriately applied to the proposal.

The Proposer must include a statement of explanation in the appeal letter describing the specific reasons that form the basis of the appeal.

The Executive Director of F5SMC will respond in writing to the appeal within 10 calendar days of the receipt of the written appeal. F5SMC staff may establish a meeting with the Proposer in order to discuss the concerns. The decision of the Executive Director of F5SMC is final.

**If the proposer fails to follow any of the instructions set forth in this RFP, Proposer will waive the right to file an appeal with the Commission.**

## X. APPENDICES

Appendices are available for download in the "Funding Opportunities" section of the F5SMC website: [first5sanmateo.org/partners/funding\\_opportunities/](https://first5sanmateo.org/partners/funding_opportunities/)

**Appendix A:** Cover Sheet

**Appendix B:** F5SMC Sample Agreement

**Appendix C:** Scope of Work Form

**Appendix D:** Budget Request and Budget Narrative Forms

**Appendix E:** F5SMC Supplantation Policy

**Appendix F:** F5SMC 2020-2025 Strategic Plan

**Appendix G:** Letter of Intent Form

**Appendix H:** Family Engagement Sector Survey Summary of Results