



REQUEST FOR PROPOSALS

ORAL HEALTH ACCESS AND UTILIZATION

Proposals must be submitted via email by:

Wednesday, April 13, 2021 at 4:00 PM

to Emily Roberts at eroberts@smcgov.org AND Myra Cruz at ecruz@smcgov.org

Note regarding the Public Records Act:

Government Code Sections 6250 et seq., the California Public Record Act, defines a public record as any writing containing information relating to the conduct of the public business. The Public Record 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.

Be advised that any contract that eventually arises from this Request for Quotations is a public record in its entirety. Also, all information submitted in response to this Request for Quotations is itself a public record without exception. Submission of any materials in response to this Request for Quotations 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 the County if requested under the Public Records Act without further notice to you and (2) you agree to indemnify and hold harmless the County for release of such information.

This RFP and all its appendices are available online at:
https://first5sanmateo.org/partners/funding_opportunities/

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I. TIMELINE

Release of Request for Proposals	March 1
Proposer's Conference (<i>attendance strongly suggested</i>)	March 12 9 to 10:30 AM
Deadline for submitting Proposers' Questions	March 15, by 5 PM
Answers to Proposers' Questions Posted by F5SMC	March 18, by midnight
Letters of Intent Due (<i>mandatory</i>)	March 22, by 5 PM
Proposals Due	April 13, 4 PM
Review of Proposals and Possible Follow-Up Interviews	Week of April 19-20 (date/time TBD)*
Announcement of Recommendations and Approval to Execute Contracts at F5SMC Commission Meeting	April 26, 4-6 pm
Appeal Deadline	May 2, midnight
Agreement Negotiations	May 3 - 14*
Agreement Execution	By May 30
Anticipated Contract Start Date	May 10 - July 1, 2021

* Proposers must be available on these dates

II. PREFACE

A. GENERAL PROVISIONS

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.

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.

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
- Carole Groom, 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

- Ryan Teh, Youth Commissioner

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 RFP is a public record in its entirety. Also, all information submitted in response to this RFP is itself a public record without exception. Submission of any materials in response to this RFP 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 a maximum timeframe of 14 months beginning May 2021 through June 30, 2022. Entering into an Agreement related to this RFP does not guarantee funding beyond June 30, 2022. 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 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 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. Please see Attachment E, F5SMC Supplantation Policy, for more detail.

III. INTRODUCTION

A. REQUEST FOR PROPOSALS OVERVIEW

A Request for Proposals (RFP) process allows qualified agencies and individuals to propose a strategy for funding that meets the purpose and areas of interest outlined in this RFP document while allowing for the proposer to design the specific strategies of the service or project to be delivered. Agencies can apply alone or in partnership with proposed subcontractors.

F5SMC welcomes Proposals from all qualified service providers. F5SMC may, in its sole discretion, enter into contracts with multiple qualified providers.

Intent

The intent of this RFP is to solicit proposals from qualified agencies interested in implementing a service or strategy to support Oral Health Access and Utilization for children birth through age 5. A successful agency will be expected to implement their proposed approach expeditiously and economically, to encourage opportunities for partnership and collaboration when possible, to provide fiscal oversight of F5SMC's investment, and to provide staff time and resources to complete the tasks necessary for successful implementation.

F5SMC has approved up to \$250,000 for a maximum timeframe of 14 months beginning May 2021 through June 30, 2022 for oral health access and utilization. F5SMC reserves the right to retain full or partial funding for future investments if suitable proposals are not received in response to this RFP.

This RFP is intended to support strategies that (1) improve young children's utilization of preventive oral health care and (2) advocate for policies and practices that increase dental utilization for children on Medi-Cal.

For this round of funding, F5SMC is prioritizing short-term strategies to promote preventative oral health practices that can be implemented during the COVID-19 pandemic, acknowledging the fluid landscape and rapidly changing guidelines for providers and community partners. We envision the proposed strategies will capitalize on existing partnerships and models as well as new opportunities to pivot and innovate, thereby maximizing impact and resources, particularly in the areas of access, utilization, and continuity of care.

Also included within the purview of this RFP are strategies that support continued alignment with state and regional guidance for oral health service provision; as well as the guidance for integral partners, such as education and early learning providers, and primary care physicians.

Eligible Applicants

Eligible applicants may include local non-profit agencies with 501(c)(3) status, government agencies/ departments, clinics, institutes of higher education, coalitions, collaboratives, consultants, independent contractors, other local service providers.

Applications must be submitted by an identified lead applicant. A strong partnership structure with subcontracted applicants is welcomed. Potential applicants must submit a Letter of Intent using the attached LOI template (APPENDIX G) by March 22, 2021 to be eligible to submit a full application by the April 13, 2021 deadline. F5SMC reserves the right to contract directly with more than one applicant as desired.

B. 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.

F5SMC has established the following Core Values and Principles to guide the Strategic Plan:

Core Values

1. Support the whole child within the whole family: We understand that young children's social, emotional, physical, and cognitive development are interdependent, and that children grow and learn within their family relationships and the larger community.
2. Build connections between the many systems that serve young children and their parents and caregivers: We recognize the importance of smooth transitions for children and families as they grow from infancy through toddlerhood and preschool, and enter elementary school.
3. Embrace the importance of fathers and male role models in the healthy development of children: We expect intentional inclusion of fathers/male role models and consideration of their needs within the structure and delivery models of family services and supports.
4. Promote positive development in infants and toddlers, and focus on prevention and early intervention: We know that 75% of a child's brain develops before the third birthday, and that it is therefore critical to support pregnant women and to help mothers, fathers, and caregivers establish and maintain stable and loving relationships with their infants and toddlers.
5. Include children of diverse abilities: We support the right of all children to live, grow, and learn in their communities.
6. Respect and engage parents and families: We acknowledge the strength of individual familial structures and cultures, and respect the desire and ability of parents to nurture their children and act as their first teachers.
7. Honor cultural, ethnic, and linguistic diversity: We believe that all services should be delivered in a culturally and linguistically appropriate way.

8. Appreciate strengths: We build upon the positive qualities of children, families, and communities in the design and delivery of programs.
9. Enlarge community capacity: We invest in our community's understanding of and ability to support the healthy development of all children.

Guiding Principles

1. Create value: Invest in approaches that add social and economic value to the landscape of supports for all children and families; and build upon, integrate, and collaborate with existing services to improve quality and provide efficient service delivery.
2. Promote equity: Ensure that all children, regardless of circumstance, have the opportunity to reach their full potential, and include families as partners in decisions that affect their service provision.
3. Foster excellence: Expect excellence and allow for innovation in the development and implementation of initiatives and programs.
4. Demonstrate effectiveness: Consider the existing evidence of impact when designing and supporting activities, and evaluate our investments to monitor results and inform continuous quality improvement.
5. Achieve sustainable change: Use Commission investments to effect long-term policy, institutional, funding, and systemic changes that extend the reach and impact of F5SMC activities.

In recent years, many Commissions have been faced with the issue of declining revenues. While F5SMC 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.

C. CONTEXT, BACKGROUND RESEARCH AND PROJECT JUSTIFICATION

Tooth decay is the most common chronic condition for children in the United States.¹ In California, 58% of kindergarteners have had cavities and one third of children have untreated tooth decay.² Untreated decay can have negative implications for children's development, including problems with eating and speaking, as well as poor self-esteem. Additionally, dental problems are one of the leading causes of school absenteeism, which is associated with lower academic achievement.³ A study conducted in 2009 showed that California children missed 874,000 days of school annually due to dental problems.⁴ Children with poor oral health often miss more school and receive lower grades than children with good oral health.⁵ Preventive dental visits for children save 10 times the cost of more invasive dental treatment and help to avoid the negative physical, socio-emotional, and academic consequences of poor dental health.⁶

National data indicate that children between the ages of 5 and 19 from low-income households are twice as likely (25%) to have cavities, compared with children from higher-income families (11%).⁷ In California, latinx and poor children experience more decay overall and more untreated decay than other children. One-third of California children are low income and subsequently qualify for Denti-Cal. Children on Denti-Cal experience

¹ Research Brief. Chronic Health Conditions and Academic Achievement, 2017. Retrieved from https://www.cdc.gov/healthyschools/chronic_conditions/pdfs/2017_02_15-CHC-and-Academic-Achievement_Final_508.pdf

² Report. Status of Oral Health in California: Oral Disease Burden and Prevention 2017, April 2017. California Department of Public Health. Retrieved from https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/Status%20of%20Oral%20Health%20in%20California_FINAL_04.20.2017_ADA.pdf.

³ Research Brief. Chronic Health Conditions and Academic Achievement, 2017. Retrieved from https://www.cdc.gov/healthyschools/chronic_conditions/pdfs/2017_02_15-CHC-and-Academic-Achievement_Final_508.pdf

⁴ Pourat N and Nicholson G. Unaffordable Dental Care Is Linked to Frequent School Absences. Los Angeles, CA: UCLA Center for Health Policy Research, 2009. Available at: <http://healthpolicy.ucla.edu/publications/Documents/PDF/Unaffordable%20Dental%20Care%20Is%20Linked%20to%20Frequent%20School%20Absences.pdf>. Accessed February 23, 2015

⁵ Griffin SO, Wei L, Gooch BF, Weno K, Espinoza L. Vital Signs: Dental Sealant Use and Untreated Tooth Decay Among U.S. School-Aged Children. MMWR Morb Mortal Wkly Rep 2016;65:1141-1145. DOI: <http://dx.doi.org/10.15585/mmwr.mm6541e1>

⁶ Early Childhood Caries and the Impact of Current U.S. Medicaid Program: An Overview. March 2012 Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3312229/>

⁷ Dye BA, Xianfen L, Beltrán-Aguilar ED. *Selected Oral Health Indicators in the United States 2005–2008*. NCHS Data Brief, no. 96. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention; 2012.

inadequate access to dental care.⁸ In 2016, the Little Hoover Commission issued a scathing report detailing the reasons for the poor utilization rates, including dismal reimbursement rates and the lack of providers willing to accept the state insurance provision.⁹ According to 2017 data from the California Department of Health Care Services, only 41% of eligible children on Medi-Cal ages 1-20 in San Mateo County received an annual dental visit in the year prior. These rates differ significantly from those of children with private insurance.¹⁰ Denti-Cal reimbursement rates, administration of the Medi-Cal dental provision, and higher no-show rates are cited as significant barriers for dental providers to accept Medi-Cal patients.

COVID-19 and Oral Health Implications

Over the past year, the impacts of COVID-19 have created additional and significant barriers to oral health that are undoubtedly deepening already existing inequities. In March of 2020 with the onset of the COVID-19 epidemic in the U.S., the Center for Disease Control and Prevention recommended that all nonessential dental procedures be delayed. In response, dental clinics closed for months to children with the exception of emergency procedures. The abrupt closures have resulted in delays to time-sensitive care, worsening of existing dental disease, and an overburdening of the dental safety net. Additionally, the loss of employment and subsequently, dental insurance coverage has also contributed to the oral health burden.¹¹

While San Mateo County oral health providers have historically found success through innovative partnerships prioritizing the co-location of preventative oral health strategies in early learning, K-12 educational settings, and medical homes, the closures or strict limitations created by the pandemic have made it virtually impossible to continue these services in their original form, if at all, at these sites.

Children in families experiencing instability often find it difficult to maintain their child's oral health. With the additional uncertainty caused by COVID-19, it's reasonable to assume that families already strained due to socioeconomic hardship may face more challenges supporting positive oral health practices for their children.¹²

Oral Health Prevention and Intervention

⁸ Research Brief. Chronic Health Conditions and Academic Achievement, 2017. Retrieved from https://www.cdc.gov/healthyschools/chronic_conditions/pdfs/2017_02_15-CHC-and-Academic-Achievement_Final_508.pdf

⁹ Fixing Denti-Cal, Report #230, April 2016. Little Hoover Commission Retrieved from <https://lhc.ca.gov/sites/lhc.ca.gov/files/Reports/230/Report230.pdf>

¹⁰ <http://healthpolicy.ucla.edu>.

¹¹ Kalash D. A. (2020). How COVID-19 deepens child oral health inequities. *Journal of the American Dental Association (1939)*, 151(9), 643–645. <https://doi.org/10.1016/j.adaj.2020.05.015>

¹² Kalash D. A. (2020). How COVID-19 deepens child oral health inequities. *Journal of the American Dental Association (1939)*, 151(9), 643–645. <https://doi.org/10.1016/j.adaj.2020.05.015>

While tooth decay, or caries, is the most common disease in early childhood, it is also mostly preventable through adherence to the following recommended practices:

- Brush regularly with a toothbrush and fluoridated toothpaste twice a day for two minutes each time.
- Use fluoridated water to drink and brush.
- Limit or avoid sugary foods and junk food.
- Attend routine dental checkups from the time your child turns one year.
- Get connected to a “Dental Home”, or a dentist who can provide ongoing, high-quality professional care to help keep dental health on track.¹³
- Apply fluoride varnish. Fluoride varnish can prevent about one-third (33%) of cavities in the primary (baby) teeth.¹⁴
- Keep pediatric medical appointments. Pediatricians can advise on oral health care, apply fluoride varnish to protect teeth, and refer and connect children to a dental provider for routine care.
- Apply dental sealants for children as they get older to prevent cavities for many years. Applying dental sealants to the chewing surfaces of the back teeth prevent 80% of cavities.¹⁵

D. PURPOSE AND AREAS OF INTEREST

Purpose

The purpose of this RFP is to support strategies that: (1) improve young children’s utilization of preventive oral health care; and (2) advocate for policies and practices that increase dental utilization for children on Medi-Cal.

¹³ American Academy of Pediatrics Section on Oral Health (Copyright © 2020) Retrieved from <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Oral-Health-During-the-Pandemic.aspx>

¹⁴ Marinho VCC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. *Cochrane Database of Systematic Reviews*. 2013; Issue 7. Art. No.: CD002279. DOI: 10.1002/14651858.CD002279.pub2.

¹⁵ Ahovuo-Saloranta A, Forss H, Walsh T, Hiiri A, Nordblad A, Mäkelä M, Worthington HV. Sealants for preventing dental decay in the permanent teeth. *Cochrane Database of Systematic Reviews*. 2013; Issue 3. Art. No.: CD001830. DOI: 10.1002/14651858.CD001830.pub4.

For this round of funding, F5SMC is prioritizing short-term strategies to promote preventative oral health practices that can be implemented during the COVID-19 pandemic, acknowledging the fluid landscape and rapidly changing guidelines for providers and community partners. We envision the proposed strategies will capitalize on existing partnerships and models as well as new opportunities to pivot and innovate, thereby maximizing impact and resources, particularly in the areas of access, utilization, and continuity of care.

Also included within the purview of this RFP are strategies that support continued alignment with state and regional guidance for oral health service provision; as well as the guidance for integral partners, such as education and early learning providers, and primary care physicians.

Areas of Interest

Specifically, First 5 SMC encourages proposals for strategies that:

1. Address Priority Issues:
 - a. *COVID-19*: Needs created or exacerbated by the COVID-19 pandemic
 - b. *Equity*: Center equity and address the disproportionate oral health burden shouldered by children of color and those who are low-income
 - c. *Persistent Barriers*: Such as access to care and provider shortages
2. Elevate Family-Centered Partnerships to Leverage Impact:
 - o Include partnership or collaboration with other sectors that serve young children and families (such as early learning, education, and primary care)
 - o Reach families in familiar settings and/or through familiar modalities
3. Promote Awareness and Alignment:
 - a. Advocate for child-friendly oral health policies
 - b. Support continued alignment with state and local policies, guidelines, and promising practices
 - c. Elevate awareness of oral health as a key issue for children among the general public and with policy makers
4. Build Toward Sustainability:
 - a. Are time-limited in nature or show potential for economic sustainability beyond June of 2022
 - b. Utilize resources efficiently and/or leverage other funding streams to increase the impact First 5 SMC's investment.

*Please note that proposals are not expected to address all of the criteria listed above.

Funding is NOT intended to support:

- Oral health strategies that cannot be implemented during the COVID-19 pandemic based on current guidelines for oral health providers and other sectors where children receive care or co-located services,
- Strategies that target those that reside outside of San Mateo County, or populations other than children 0-5 years of age,
- Strategies that will likely require more than three months of planning to implement,
- Direct services that have the potential to leverage other public funding streams or are otherwise covered by insurance,
- Hiring of new staff positions. Portions of current staff salaries and hiring of new staff into already existing roles due to turnover or increased capacity will be considered.

Target Populations

Given the disproportionate prevalence of dental disease for some and the mandate of First 5 SMC to concentrate on children prenatal through age five, we are prioritizing strategies that focus on the following populations:

- Children ages 5 and under, including those with special needs,
- Children of color,
- Medi-Cal-eligible and underinsured children,
- Parents and caregivers of children age 5 and under,

Proposed strategies may also include interventions that target policy makers and child- and family-serving providers in various sectors with an ultimate goal of changing outcomes for the populations noted above.

E. DESIRED OUTCOMES

Successful proposals in response to this RFP will demonstrate that their proposed program activities will help F5SMC achieve the relevant Desired Outcomes listed in F5SMC Strategic Plan and below:

- Children have access to and are utilizing appropriate health care services to meet their health and developmental needs;
- Families feel connected to and supported by their community and able to nurture their children's health and development;
- Communities provide a safe and healthy environment for young children; and
- San Mateo County will give priority to young children and their families.

In service of these larger strategic outcomes, F5SMC anticipates that funding this strategy will positively impact population- and participant-level indicators, such as:

- The number or capacity of dental providers who serve children on public insurance
- The percentage of children ages 1-5 who have seen the dentist for a routine checkup in the past year

- The percentage of parents reporting that they are able to access the services their family needs.

F. FUNDING AMOUNT AND AVAILABLE TERM

F5SMC has allocated a maximum of \$250,000 for a maximum of 14 months beginning May 2021 through June 30, 2022 to meet the goals and objectives detailed in this RFP. The Oral Health Access and Utilization 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 address the immediate needs amplified by the COVID-19 pandemic, F5SMC is inviting proposals for short-term projects only. Future funding opportunities may be available for FY 22-23 and beyond.

G. INVITATION TO SUBMIT

F5SMC welcomes proposals from all qualified entities. Qualified applicants may include local non-profit agencies with 501(c)(3) status, government agencies/ departments, clinics, institutes of higher education, coalitions, collaboratives, consultants, independent contractors, other local service providers. F5SMC 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.

V. Proposal

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 specifically labeled.

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

Section	Title	
1	Cover Sheet	
2	Table of Contents	
3	Project Narrative	
4	Attachments:	
	4a	Scope of Work Form(s)
	4b	Budget Request and Budget Narrative Form(s)
	4c	Resumes of All Key Staff
	4d	Job Descriptions
	4e	Proof of Insurance
	4f	CEO or Board Authorization

	4g	Reference List
	4h	Letter(s) of Commitment
	4i	Miscellaneous

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 name of the lead agency 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. The Cover Sheet should also include the names of any partner agency applicants.
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 12 doubled-spaced pages with 1-inch margins and utilizing 12-point Arial font. The narrative should address all of the requirements listed below in the same sequence and using the same headings and numbering. Additional content areas are permitted; however, they must remain within the 12-page limit for the narrative. Please refer to the review 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 3d:

3a. Executive Summary (1-page limit)

Please provide a brief summary of the goals of the proposed strategy, the specific areas of interest you propose to address, how the proposed strategies promise to impact the target populations identified, the results for children, families, and/or communities that you expect the project to achieve, and the role of the lead agency and any partners/subcontractors in implementing the project. Proposers should view this summary as a high-level overview that can quickly provide the reader an understanding of your project. The Executive Summary of the successful proposal(s) 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 (2-page limit)

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 ability to respond flexibly and nimbly to adapt to the changing landscape and resources.
- Describe how the project will be culturally/linguistically responsive for the population(s) served and the process for soliciting input from families and other interested members of the community.

3c. Project Description and Program Model(s) (7-page limit)

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

- i. 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, families, and/or providers to be served by your project
 - The geographic area(s)/communities to be covered by the proposed project.
 - Demographic information, including economic or insurance status, and any other information about the target population that is relevant.
 - Explain how the population(s) your project seeks to serve will be identified, engaged, and maintained.

*For strategies that do not include a direct service component, please include a description of how the proposed project indirectly supports improved oral health outcomes for the target population(s) identified.

- ii. Project Strategies and Activities: Describe the strategies and specific activities to be used to meet the outcomes and objectives of your project. If warranted, please justify any ramp-up time the service will require. Due to the short-term nature of this RFP, ramp-up activities should be limited to no more than three months. Ramp-up activities should also be inserted in the appropriate sections of the Scope of Work attachment.
 - Provide a narrative description of the project you intend to implement with funding from F5SMC.
 - Indicate which of the Areas of Interest the proposed project will include from the list on pages 15 and 16. Explain what activities will be undertaken to ensure that the proposed project will be effective in achieving the expected results.

- Identify if your project is an existing project, a pivot or revised approach to a current strategy, or a new or innovative strategy. Please note any evidence-based, evidence-informed, or promising practices.
 - Describe how you plan to monitor/assess the implementation of your program strategies/activities, and the methods and tools you will use to evaluate their effectiveness at achieving results for your target service population(s).
- iii. Outcomes: Identify the measurable results and outcomes you expect to achieve for the target population(s) of your project.
 - iv. Partnerships and Collaboration: Describe the qualifications and capacity of the organizations or agencies, if any, that you will be partnering with to achieve your project goals and why each partner was selected. Identify whether these are new or existing partnerships, and whether they are formal (i.e., with a fully executed MOU) or informal.
 - v. Equity: Please describe how your proposed strategy centers equity and how you intend to ensure this focus is woven throughout the program activities and maintained for the duration of the project.
 - vi. Staffing: In addition to providing details about staffing in the Budget Request Form and Budget Narrative Form, please provide narrative that covers the following elements of staffing:
 - Describe the experience and unique skills of the staff for the positions listed in the project budget.
 - Salary ranges and FTEs.
 - Explain if positions are new hires or existing staff. If existing, describe previous funding sources. Address the Supplantation Policy (APPENDIX E).
 - Attach job descriptions/resumes (does not count toward the 12-page limit).
 - Identify any consultants and subcontractors, if relevant, 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.

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

3d. Financial Summary (2-page limit)

Please provide a brief description that describes your agency's overall budget, including a summary of 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. Agencies may choose to implement beginning in May 2021 or to start their work at the beginning of the fiscal year on July 1, 2021. If beginning work before July 1, 2021, agencies will need to provide one synopsis for the work done at the end of FY 20-21 and another for all of FY 21-22. Detailed financial information for each year of the project 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:** The Commission does not intend to fund projects that will become fully dependent on its funds for continuation in future years. This RFP also intentionally prioritizes short-term strategies for funding. Please describe how the project will be either phased out at the end of the funding term or sustained beyond the funding term.
 - 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

For each entity (lead and any funded partners) 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. Each agency should complete separate templates and submit a Scope of Work for one or two fiscal years: One if your project runs for 12 months (from July 1, 2021 through June 30, 2022), a second if your project begins earlier, in May or June of 2021, for the remainder of FY 20-21. For the tabs labeled either "Lead" or "Partner", applicants should complete only those relevant to their applicant status in addition to the project component tabs.

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

Applicants are required to submit a Scope of Work Form for *each* fiscal year 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 enter the Name of the lead or subcontractor/partner applicant agency, the Name of the Program (whatever name the proposer assigns to the proposal), the fiscal year, the number of the Component Strategy and brief descriptor of the strategy, i.e., “PC #1: Outreach”. 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 outreach 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 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

Applicants need not complete the bottom two lines of the unduplicated table.

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 by Lead agency and Partner agency(s).

The standard SOW tabs are summarized below:

1. Standard Activities

- a. Distribute the First 5 Kit for New Parents to your clients as appropriate
- b. Participate in F5SMC Grantee convenings, trainings, and other collaborative efforts, including the Human-Centered Design training in FY 20/21.
- c. Place F5SMC Tobacco-Free Premises placard in a prominent area where services take place
- d. Make tobacco education and cessation resources provided by F5SMC readily available to those served by the agency and to staff at the agency via the 1-800-NO-BUTTS hotline and on your website. www.nobutts.org
- e. Report on this grant using Persimmony, the F5SMC online grant-management system.
- f. Upload a PDF of your final F5SMC SOW/Workplan for the current contract year

2. F5SMC Standard Communications

- a. Distribute F5SMC materials to project clients and at community events
- b. Put out a press release using template provided by F5SMC announcing receipt of F5SMC funding for your program/agency
- c. 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, presentations and papers on work funded (wholly or in part) by F5SMC.
- d. Place a placard announcing project funding by F5SMC in a prominent area where services take place.
- e. Attend F5SMC Communications trainings and TA sessions to ensure Grantee-level communications efforts regarding F5SMC-funded projects align with F5SMC’s communications approach/plan.
- f. Participate as able in relevant social media advocacy and resource sharing.

3. F5SMC Standard Evaluation

- a. Collect and enter/upload in Persimmony individual-level client data and individual-level service data on all project activities as required
- b. Administer F5SMC data collection and evaluation tools on clients served as required
- c. Participate in the F5SMC Systems Change Evaluation as required
- d. Participate in data collection and evaluation activities such as planning meetings and trainings as required by F5SMC
- e. Participate in data-sharing and data-linking conversations and projects within San Mateo County as requested

4b. Budget Requests and Budget Narrative Forms

Using the templates in APPENDIX D, provide Budget Request and Budget Narrative Forms for the lead agency detailing information about how this initiative will be staffed, financed and operated during the agreement period. A Budget Request and Budget Narrative form must be completed for each fiscal year (FY 21-22 and FY 20-21 only if the project begins in May or June of 2021). Narratives must include calculations for each line item. Lead agencies must note each subcontractor/partner agency total budget amount as a Subcontractor in the Lead applicant budget regardless of annual amount requested.

Separate Budget Request and Budget Narrative forms must be completed for any subcontractor/partner agency whose annual budget exceeds \$25,000. For those subcontractor/partner agencies with annual budget amounts less than \$25,000, the lead applicant should list these in the master Budget Request and Budget Narrative submitted by the lead applicant.

- 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 subcontractors or partner agencies 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. Resumes of All Key Staff

4d. Job Descriptions

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

4e. 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.

4f. 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, please note 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.

4g. Reference List

Include a list of three references (agencies or individuals) familiar with the quality and reliability of the lead agency's recent work. Include the name; mailing address, contact person, email address and phone number for each reference and one sentence about the nature of your relationship/partnership with each entity.

4h. Letter(s) of Commitment

Please attach a Letter of Commitment for each subcontractor/partner, signed by both lead and partner applicants. The Letter of Commitment should indicate the specific responsibilities and services to be provided by the partner agency (does not count toward the 12-page limit).

4i. 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

Lead and partner entities must agree to track process and outcome measures for their specific project. The Lead Agency will be responsible for ensuring that partner agencies fulfill these requirements. 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 may 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.

Grantees will be expected to comply with the evaluation and data requirements for additional funding streams that F5SMC and the initiative are able to access in the course of the funding cycle. Partner Agencies will report data to the Lead Agency. The Lead Agency will report to F5SMC and F5SMC will submit reports to funders.

VII. PROPOSAL FORMAT & SUBMISSION INSTRUCTIONS

A. *FORMAT GUIDELINES*

Proposals must be submitted electronically and received by the filing deadline.

Proposals 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 12 double-spaced pages. Please label any exhibits, charts, or other attachments included.

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 List 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 an electronic copy of the proposal and the proposal attachments. No hard copies, facsimile, or telephone proposals will be accepted.

Proposal Filing Deadline: 4:00 p.m. on Wednesday April 13, 2021

Submit proposals to:

Emily Roberts at eroberts@smcgov.org AND Myra Cruz at ecruz@smcgov.org

***PLEASE NOTE:** If you are unable to send the proposal files due to the large file size, you may alternatively create a Drop Box file and send the link to the above addresses prior to the filing deadline noted above.

VIII. Proposal SOLICITATION Process

A. RFP RELEASED

Monday, March 1, 2021

B. PROPOSER'S CONFERENCE

Attendance at the Proposer's Conference is not mandatory, though its strongly suggested for potential applicants. F5SMC will attempt to post a recording of the Proposer's Conference but cannot promise this as an option.

The Proposer's Conference will cover 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 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.

**March 12, 2021
9 - 10:30 a.m.**

Join Zoom Meeting

<https://smcgov.zoom.us/j/91294684360?pwd=V1pKMUV0Y1NBbUNNeTV5SE5LS3V5UT09>

Meeting ID: 912 9468 4360

Passcode: 528860

Phone: 1-669-900-6833

C. POSTING OF ANSWERS TO PROPOSER'S CONFERENCE & WRITTEN QUESTIONS BY F5SMC

F5SMC will accept written questions regarding this RFP through **March 15, 2021 at 5 pm**, sent via email to eroberts@smcgov.org AND ecruz@smcgov.org. All questions and answers, whether posed during Proposer's Conference or afterward in writing, will be posted to the F5SMC website by **March 18, 2021 at midnight**. F5SMC, at its sole discretion, may choose to provide additional information following receipt of the questions.

D. LETTERS OF INTENT (LOI) DUE

Monday, March 22, 2021 by 5 pm. The LOI template is APPENDIX G. Letters of Intent are mandatory but not binding for lead applicants. Letters of Intent must be emailed to both Emily Roberts at eroberts@smcgov.org and Myra Cruz at ecruz@smcgov.org.

E. 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.

H. PROPOSER INTERVIEWS

F5SMC may conduct phone interviews as needed with proposers **sometime during the week of April 19th**. The specific date and time frame for these interviews will be determined once proposals are received and communicated to applicants. Proposers should ensure that appropriate program, fiscal and management staff are available to participate in the interview during the predetermined time.

IX. PROPOSAL SELECTION PROCESS AND REVIEW CRITERIA

A. FINAL FILING DATE

Proposal must be received by email by **4:00 p.m. on Wednesday, April 13th**.

B. LATE PROPOSALS

Any proposals received **AFTER 4:00 p.m. on Wednesday, April 13th** may be rejected by F5SMC as not meeting the requirements of this RFP.

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/or Family Support and Engagement. The review panel will be selected by F5SMC staff. 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 rating 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 factors that facilitate their overall success. 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 be strategic, coordinated and positioned to achieve measurable outcomes.

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 ability of the agency to respond flexibly and nimbly to adapt to the fluid landscape
 - The ability of the organization to provide culturally/ linguistically responsive services and to gauge and respond to community input
 - The level of experience and skills of staff related to the issues being addressed.
3. Target Population
 - The degree to which the applicant organization demonstrates knowledge about the population(s) to be served and the strength of the proposed strategy to reach them
4. Project Strategies and Activities
 - 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 project model and strategies that make them likely to achieve the outcomes and results being sought.
 - Whether- and to what degree- the applicant addresses the pursuit of equity as part of their proposal
5. Sustainability

- The level of clarity and detail regarding how the project will be concluded or sustained without the guarantee of F5SMC funding after the term of the project.
6. 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
 7. Project Budget and Budget Narrative
 - The level of clarity, accuracy, and specificity of the Budget Narrative
 - How closely the Budget Narrative reflects a thoroughly planned project and correlates to the Financial Summary
 - Degree to which the budget justifications, administrative costs, and staffing patterns seem reasonable

G. NOTIFICATION

Notification of the announcement of recommendation may be done by 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 recommended for funding will be sent by Monday April 26, 2021, to the contact person identified on the RFP Cover Sheet.

A Proposer must submit a written appeal via email by midnight, May 2, 2021 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 and copied to: Emily Roberts, Health & Development Specialist at eroberts@smcgov.org; and Myra Cruz, Administrative Secretary, at ecruz@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: 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