



REQUEST FOR PROPOSAL

The California Governor's Office of Emergency Services (Cal OES), Victim Services (VS) Branch, is soliciting proposals for the following program:

DOMESTIC VIOLENCE MOBILE HEALTH CARE SERVICES (FO) PROGRAM

Release Date: October 28, 2022

This Request for Proposal (RFP) provides detailed information and forms necessary to prepare a proposal for Cal OES grant funds. The terms and conditions of this RFP supersede previous RFPs and conflicting provisions stated in the [Subrecipient Handbook \(SRH\)](#).

PROGRAM SYNOPSIS

Description:

The purpose of the Program is to provide domestic violence victims/survivors and their children access to COVID-19 testing, vaccines, and primary health care through weekly mobile health care visits. To ensure all areas of California are reached, Cal OES is allocating funding to the forty-eight counties not currently served through the Program (identified on Attachment A).

Eligibility:

Applicants must be an organization that focuses on providing services to domestic violence victims/survivors and their children in California. Applicants may be governmental or non-governmental as long as they meet the requirements outlined in Part I, Subpart D.

Grant Subaward Performance Period:

April 01, 2023 – July 31, 2025

Available Funding:

Individual Applicants may apply for one or more county and request up to the amount indicated on Attachment A.

Submission Deadline:

December 23, 2022



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[CalOES Website](#)

DOMESTIC VIOLENCE MOBILE HEALTH CARE SERVICES (FO) PROGRAM RFP

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PART I – OVERVIEW

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A. PUBLIC RECORDS ACT NOTICE

Proposals are subject to the California Public Records Act, Government Code Section 6250, *et seq.* Do not put any personally identifiable information or private information on this proposal. If you believe that any of the information you are putting on this proposal is exempt from the Public Records Act, please indicate what portions of the proposal and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

B. CONTACT INFORMATION

Questions concerning this RFP, the proposal process, or programmatic issues must be submitted in writing by email to:

John Kim , Program Specialist

John.Kim@caloes.ca.gov

Cal OES staff cannot assist the Applicant with the actual preparation of their proposal. Cal OES can only respond to technical questions about the RFP during the period of time between the publication date and completion of the RFP process.

C. SUBMISSION DEADLINE AND REQUIREMENTS

Proposals must be emailed to VSapplications@caloes.ca.gov and received by **11:59 pm on Friday, December 23, 2022**. Proposals must be attached as a single document (e.g., PDF) and contain the forms outlined in Part II - RFP Instructions. Emails should identify the name of the RFP in the Subject line.

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D. ELIGIBILITY

1. Eligibility to Compete for Funding

For a proposal to be eligible to compete for funding (i.e., read and rated) all the following conditions must be met:

- **Proposal must be for only one individual identified county.**
Applicants may submit one or more proposals. However, each proposal must be for only one identified county (i.e., Applicants may not submit one proposal combining two or more identified counties/allocations).
- Applicants must be an organization that focuses on providing services to domestic violence victims/survivors and their children in California. Applicants may be governmental or non-governmental.
- The Grant Subaward Programmatic Narrative (Cal OES 2-108) and Grant Subaward Budget Narrative (Cal OES 2-107) must be submitted **unaltered** and in accordance with the instruction in Part II – Section B. Cal OES cannot accept alternate or modified forms, without undermining its neutral competitive selection process.
- The proposal must be submitted per the instructions in Part I, Subpart C.
- Applicants must submit a letter, on organization letterhead, describing how they serve domestic violence victims and their children and clearly identify the county they plan to serve. Applicant's may submit proposals for more than one county; however, only one county may be identified per proposal.

Please Note: proposals that do not meet the above requirements will be disqualified (i.e., ineligible) and not read and rated.

2. Eligibility for Funding Consideration

For a proposal to be considered it must receive a minimum score of 50% of available points on the Rating Sheet (Part IV).

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3. Eligibility to Receive Funding

If selected, all of the following must be completed within 60 days of receiving the Intent to Fund letter to be eligible to receive funding. Applicants:

- Must have a Unique Entity Identifier (Unique Entity ID) registered in the federal System for Award Management (SAM). Applicants who do not currently have a Unique Entity ID will need to register at SAM.gov to obtain one.
- Must **not** have an exclusion record in the SAM by the beginning of the PU Program Grant Subaward performance period. An exclusion record in the SAM indicates that a contractor (agency) is listed in the (federal) government-wide system for debarment and suspension. An agency that is debarred or is excluded from activities involving federal financial and nonfinancial assistance and benefits. [Check SAM status](#).
- Must be registered with the California Department of Justice's Registry of Charitable Trusts with a "current," "exempt," or "pending" status (applies to non-governmental organizations only) [Check nonprofit status](#).

E. GRANT SUBAWARD PERFORMANCE PERIOD

The Grant Subaward performance period is April 1, 2023 – July 31, 2025. This is one-time funding and there will be no non-competitive reapplication.

F. FUNDING INFORMATION

There is \$20,062,228 available for the Program for the Grant Subaward performance period.

1. Funding Amount

Applicants may apply for up to the amount listed on Attachment A, for the 28-month Grant Subaward performance period.

Grant Subaward amounts are formula based utilizing a base of \$130,208. The remaining funds are distributed based on number of service providers (minimum of one) in the county and population.

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Subrecipients may use up to ten percent of the funds to support planning and coordination. Costs must be itemized per the requirements of the Grant Subaward Budget Pages, Part 11, Subpart B.

2. Funding Source(s)

The Program is supported through the Family Violence Prevention and Services Act (FVPSA) American Rescue Plan COVID-19 Testing, Vaccines, and Mobile Health Unit Supplemental Funding Program.

- The purpose of the funding is to prevent, prepare for, and respond to COVID-19 with an intentional focus on increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of the virus and increase supports for domestic violence victims/survivors.
- There is no match requirement.
- Cal OES's four-character code for this federal fund is FVCO. This code will be in the drop-down on the Grant Subaward Face Sheet (Cal OES Form 2-101).
- Allowable costs include but are not limited to:
 - Antibody and viral COVID-19 test kits
 - Staff time for planning and coordination
 - Training for staff on testing and vaccine procedures
 - Translation of materials
 - Transportation
 - Childcare
 - Contracts for license medical professionals
 - Vehicles
 - Interpreters
 - Supplies for testing, vaccines, and mobile health care services
- Direct payments to domestic violence victims/survivors are unallowable

G. PROGRAMMATIC INFORMATION

1. Background Information/Program Description

The American Rescue Plan Act of 2021 (ARP) provides funding to the Secretary of Health and Human Services (HHS) to detect, diagnose,

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trace, monitor and mitigate SARS-CoV-2 and COVID-19 infections, and related strategies to mitigate the spread of COVID-19.

The implementation of this supplemental funding aligns with the FVPSA definition of supportive services (45 CFR § 1370.2) and also aligns with medical advocacy and other services identified in FVPSA at 42 U.S.C. 10408(b)(1)(A)-(H).

The purpose of the Program is to provide domestic violence victims/survivors and their children access to COVID-19 testing, vaccines, and primary health care through weekly mobile health care visits. To ensure all areas of California are reached, Cal OES initially released the Program RFP utilizing a regional approach where one Subrecipient coordinates services for all domestic violence shelters and programs within the identified service area. The outcome of this approach resulted in 48 of the 58 counties statewide to remain unserved. This re-release of funding offers the Applicant the ability to apply for one or more county.

2. Programmatic Components

a. Coordination

Subrecipients must fund a full-time staff member to coordinate the services of the Program. This individual must:

- Identify all domestic violence shelters and programs (i.e., organizations that focus on providing services to domestic violence victims/survivors and their children) in the county. This list must be reported to Cal OES within the first three months of the Grant Subaward performance period.
- Facilitate at least one planning meeting, inviting all domestic violence shelters and programs, to determine how to best meet the needs of domestic violence victims/survivors with regard to this Program.
- Attend (virtual) quarterly meetings with Cal OES to discuss the planning and implementation of the Program.
- Coordinate the remaining Programmatic Components below.

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b. Mobile Health Care Services

Subrecipients must ensure, upon request, all domestic violence shelters and programs in the county receive weekly mobile health care services.

Subrecipients must establish and/or maintain contracts, or Second-Tier Subawards with hospitals, medical clinics, health centers, and public health nonprofit organizations for licensed medical professionals (i.e., doctors and/or nurses) to visit domestic violence shelters and program sites weekly, including those on tribal lands and in very rural communities.

Services provided by the licensed medical professionals must include:

- COVID-19 vaccines
- COVID-19 testing
- Primary health care (e.g., wellness checks, health exams, referrals)
- Post-acute COVID-19 care (e.g., education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection)

Services may include behavioral health services.

c. Outreach Materials

Subrecipients must ensure COVID-19 and domestic violence service outreach materials are created. Materials must be:

- Available in at least the three most commonly spoken languages in the county.
- Distributed to all domestic violence shelters and programs within the county.
- Distributed to domestic violence victims/survivors.

This can be accomplished directly by the Subrecipient or through Second-Tier Subawards with other domestic violence shelters or programs.

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d. Interpreter Services

Subrecipients must make interpretation services available upon request.

This can be accomplished directly by the Subrecipient or through Second-Tier Subawards with other domestic violence shelters or programs.

e. Transportation

Subrecipients must provide transportation to ensure domestic violence victims/survivors can access mobile health care services.

This can be accomplished directly by the Subrecipient or through Second-Tier Subawards with other domestic violence shelters or programs.

f. Childcare

Subrecipients must ensure childcare is available so the adult domestic violence victim/survivor can access mobile health services.

This can be accomplished directly by the Subrecipient or through Second-Tier Subawards with other domestic violence shelters or programs.

3. Reporting Requirements

Progress Reports serve as a record for the implementation of the Grant Subaward. Statistics for Progress Reports must be collected on a quarterly basis, even when reporting occurs less frequently.

There are five Progress Reports required for the Program. See the chart below for report periods and due dates.

| Report | Report Period | Due Date |
|------------------------|------------------------------------|-------------------|
| 1 st Report | April 1, 2023 – September 30, 2023 | October 31, 2023 |
| 2 nd Report | October 1, 2023 – March 31, 2024 | April 30, 2024 |
| 3 rd Report | April 1, 2024 – September 30, 2024 | October 31, 2024 |
| 4 th Report | October 1, 2024 – March 31, 2025 | April 30, 2025 |
| Final Report | April 1, 2025 – July 31, 2025 | September 1, 2025 |

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Subrecipients will be required to report on the number of:

- Shelter facilities in the county
- Non-shelter domestic violence program locations in the county
- COVID-19 vaccines administered
- COVID-19 tests administered
- Individuals that accessed health care services
- Health care visits (not unique individuals) provided
- Materials translated, including specific languages
- Times childcare was provided
- Times transportation (include mode) was provided
- COVID-19 self-tests distributed to domestic violence shelters and programs

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PART II – RFP INSTRUCTIONS

- A. SUBRECIPIENT HANDBOOK
 - B. PROPOSAL FORMS
 - C. ADDITIONAL DOCUMENTS
 - D. BUDGET POLICIES
 - E. ADMINISTRATIVE REQUIREMENTS
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A. SUBRECIPIENT HANDBOOK

Applicants are strongly encouraged to review the [SRH](#). The SRH outlines the terms and conditions that apply to Cal OES VS Branch Grant Subawards and provides helpful information for developing a proposal, including a Glossary of Terms.

B. PROPOSAL FORMS

Applicants must use the forms provided on our website. The forms must be printed on plain white 8½" x 11" paper and single sided. **Applicants may not alter the formatting of any forms, including the Grant Subaward Programmatic Narrative ([Cal OES Form 2-108](#)) – with a revision date of 4/2021 or later – and the Grant Subaward Budget Narrative ([Cal OES Form 2-107](#)) – with a revision date of 4/2021 or later. Using older versions of these forms may result in a reduction of points during the rating process.**

Additionally, tables and charts will be redacted, not read and rated, and will count against the total text that can be read. Including tables and charts may result in a reduction of points during the rating process.

If a space limitation is specified under the Programmatic Narrative section, strict adherence to the space limitation is required. **Information included beyond the space limitation and/or unrequested attachments will not be considered in the rating process.**

Applicants must complete and submit all required forms. **Required forms for this Program are identified on the Checklist in Part V.** All forms have written instructions. If a form requires a Grant Subaward number, leave this information blank. General information regarding each form is below.

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1. Grant Subaward Face Sheet (Cal OES Form 2-101)

This form is the title page of the Grant Subaward that is signed by the Official Designee (*SRH Section 3.030*) and the Cal OES Director (or designee). **This form is always required.**

2. Grant Subaward Contact Information (Cal OES Form 2-102)

This form provides Cal OES with contact information for all relevant Subrecipient personnel. Information for each individual should be direct contact information. **This form is always required.**

3. Grant Subaward Signature Authorization (Cal OES Form 2-103)

This form provides Cal OES with signatures of authorized signers and who they authorize to sign on their behalf for all Grant Subaward-related matters. **This form is always required.**

4. Grant Subaward Certification of Assurance of Compliance (Cal OES Form 2-104)

This form is a binding affirmation that the Subrecipient will comply with the following regulations and restrictions:

- State and federal civil rights laws
- Drug Free Workplace
- California Environmental Quality Act
- Federal grant fund requirements
- Lobbying restrictions
- Debarment and Suspension requirements
- Proof of Authority documentation from the city council/governing board

This form is always required.

5. Grant Subaward Budget Pages (Cal OES Form 2-106a-b)

These forms demonstrate how the Applicant will implement the proposed plan with the funds available through this Program. This is the basis for management, fiscal review, and audit. **Grant Subaward Budget Pages (Cal OES Form 2-106a-b) are subject to Cal OES modifications and approval.** Failure of the Applicant to include required items does not eliminate responsibility to comply with those

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requirements during the implementation of the Grant Subaward. **One of these forms is always required.**

The Grant Subaward Budget Pages (Cal OES Form 2-106a-b) automatically calculate the subtotal at the end of each budget category and provide the total of the three spreadsheets at the bottom of the Equipment Costs page. Applicants may add additional columns to the Grant Subaward Budget Pages (Cal OES Form 2-106a-b) when necessary.

Cal OES requires the Applicant to develop a line-item budget that includes a **calculation and justification in the left column for all costs.**

The Grant Subaward Budget Pages (Cal OES Form 2-106a-b) must:

- Cover the entire Grant Subaward performance period.
- Include costs related to the objectives and activities of the Grant Subaward.
- Strict adherence to required and prohibited expenses.
- Include costs in the correct category (i.e., Personnel Costs, Operating Costs, and Equipment Costs – see below).

Include **only** those items covered by Grant Subaward funds, including match funds, when applicable. Applicants may supplement Grant Subaward funds with funds from other sources. However, since approved line items are subject to audit, Applicants should not include matching funds (if applicable) in excess of the required match on the Grant Subaward Budget Pages (Cal OES Form 2-106a-b).

a. Personnel Costs – Salaries/Employee Benefits

1) Salaries

Personnel includes Grant Subaward services performed by Grant Subaward staff **directly employed by the Applicant** (not a contract or Participating Agency) and must be identified by position, cost and time spent on allowable activities for the Grant Subaward (e.g., Clerical Staff @ \$20/hour x 980 hours; or Victim Advocate @ \$1,500/month x

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12 months x .50 FTE). Personnel may be salaried or hourly, full-time or part-time positions. Sick leave, vacation, holidays, overtime, and shift differentials must also be allocated as a part of salaries. If the Applicant's personnel have accrued sick leave or vacation time prior to the approval of the Grant Subaward, they may not take time off using Grant Subaward funds.

2) Benefits

Employee benefits must be identified by type and include a calculation. The Applicant may use fixed percentages of salaries to calculate benefits. Allocated benefits cannot exceed those already established by the Applicant.

Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance, and/or pension plans are allowable. Benefits, such as uniforms or California Bar Association dues, are allowable if negotiated as a part of an employee benefit package.

A line item is required for each different position/classification, but not for each individual employee. If several people will be employed full-time or part-time in the same position/classification, provide the number of full-time equivalents (e.g., three half-time clerical personnel should be itemized as 1.5 FTE clerical positions).

Additional information on Personnel Expenses can be found in *SRH Part 3*.

b. Operating Costs

Operating costs are defined as necessary expenditures other than personnel salaries, benefits, and equipment. The costs must be Grant Subaward-related (i.e., to further the Program objectives as defined in the Grant Subaward) and be encumbered during the Grant Subaward performance period.

Examples of common operating costs include, but are not limited to:

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- Audit costs (SRH Section 14.035)
- Computers with an acquisition cost of \$4,999 or less
- Computer equipment rentals
- Consultant services (SRH Section 6.050)
- Equipment service and maintenance agreements
- Financial Assistance for clients (SRH Section 4.040)
- Furniture and office equipment (\$4,999 or less)
- Indirect costs (SRH Section 4.045)
- Insurance (e.g., vehicle, fire, bonding, theft, and liability)
- Internet access
- Office supplies
- Office rental space (SRH Section 4.055)
- Postage
- Printing
- Second-Tier Subawards (SRH Section 7.010)
- Software
- Training materials
- Travel and per diem (SRH Section 4.065)
- Utilities
- Vehicle maintenance

Additional information on Operating Expenses can be found in *SRH Part 4*.

c. Equipment Costs

Equipment is defined as nonexpendable tangible personal property having a useful life of more than one year and a cost of \$5,000 or more per unit (excluding tax).

A line item is required for different types of equipment, but not for each specific piece of equipment (e.g., three copy machines must be one line item, not three).

Additional information on Equipment Costs can be found in *SRH Part 5*.

6. Grant Subaward Budget Narrative (Cal OES Form 2-107) – Maximum Three Pages

This form should describe the following:

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- How the line items on the Grant Subaward Budget Pages (Cal OES Form 2-106a-b) support the objectives and activities.
- How funds are allocated to minimize administrative costs and support direct services.
- How shared costs are allocated.
- How Grant Subaward-funded staff duties and time commitments support the proposed objectives and activities.
- Need for mid-year salary range adjustments.

This form is always required.

7. Grant Subaward Programmatic Narrative (Cal OES Form 2-108)

This form is the main body of information describing the problem to be addressed, the plan to address the identified problem through appropriate and achievable objectives and activities, and the ability of the Applicant to implement the proposed plan. **This form is always required.**

a. Problem Statement – Maximum Three Pages

In narrative form, address the following:

- 1) Describe the county, including demographics and the approximate number of domestic violence shelters and programs.
- 2) Describe barriers to providing shelter and supportive services to domestic violence victims/survivors and their children in the county.
- 3) Describe the existing mobile health care services in the county for domestic violence victims/survivors and their children and the inadequacies of these services.
- 4) Describe the most vulnerable domestic violence victims/survivors in the county.
- 5) Identify the three most spoken languages (other than English) in the county and describe how this was determined.

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b. Plan – Maximum Five Pages

In narrative form, address the following:

- 1) Describe the Applicant's plan to identify existing domestic violence shelters and programs within the county.
- 2) Describe the Applicant's plan to facilitate a planning meeting, including the topics to be discussed.
- 3) Describe the Applicant's plan to provide weekly mobile health care services, including who will likely provide the services and how domestic violence shelters and programs will request services.
- 4) Describe the health care services that will be provided during weekly mobile health care visits.
- 5) Describe the outreach materials to be developed and/or translated.
- 6) Describe the Applicant's plan to ensure childcare is available during weekly mobile health care visits.
- 7) Describe the Applicant's plan to ensure domestic violence victims/survivors have transportation to mobile health care services.
- 8) Describe the Applicant's plan to provide interpreters to ensure domestic violence victims/survivors can access mobile health care services.

c. Capabilities – Maximum Two Pages

In narrative form, address the following:

- 1) Describe the organization's experience and ability to coordinate services to other domestic violence shelters and programs in the county.
- 2) Describe the organization's experience and ability to oversee contracts and/or Second-Tier Subawards.

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- 3) Describe the organization's ability to track and report statistics on activities.

8. Federal Fund Grant Subaward Assurances (Cal OES Forms 2-109a-g)

These forms list all the assurances and are a binding affirmation that Subrecipients will comply with the assurances to receive a federal fund source. Subrecipients may be asked to sign and submit one or more Federal Fund Grant Subaward Assurances (Cal OES Form 2-109a-g).

Every year, Cal OES updates the Federal Fund Grant Subaward Assurances (Cal OES Form 2-104a-g) to ensure that any new assurances placed upon the federal award are passed down to Subrecipients. Subrecipients will be notified if this change is needed.

This form is required for the applicable federal fund source(s) included in the Grant Subaward.

9. Petty Cash Victim Fund Certification (Cal OES Form 2-153)

A Petty Cash Victim Fund is a small amount of discretionary funds, in the form of cash, used for disbursements for unforeseen financial intervention paid directly to the victim. Subrecipients providing direct victim services may budget up to two percent of the total Grant Subaward cost for petty cash.

This form identifies the procedures to maintain safeguards and accountability of these funds. **This form is required only if the Applicant proposes to have a line item on their Grant Subaward Budget Pages (Cal OES Form 2-106a-b) that meets the definition of Petty Cash in SRH Section 4.040.**

10. Grant Subaward Service Area Information (Cal OES Form 2-154)

This form identifies the counties, cities, and congressional districts served by the Grant Subaward. **This form is always required.**

11. Volunteer Waiver Request (Cal OES Form 2-155)

This form provides information to support a request to waive a volunteer requirement per Part I of this RFA. **This form is only required if the Program requires volunteers, and the Applicant wants to request a waiver.**

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12. Non-Competitive Procurement Request (Cal OES Form 2-156)

A Non-competitive procurement transaction is a purchase of property/goods or services, where only a single source that can provide the services or goods is afforded the opportunity to offer a price for the specified services or goods. See *SRH Section 6.045* for additional information.

This form provides information to support a request for approval of a non-competitive procurement. **This form is only required if the Applicant proposes to have a line item on their Grant Subaward Budget Pages (Cal OES Form 2-106a or b) that meets the definition of a non-competitive procurement in SRH Section 6.045.**

13. Out-of-State Travel Request (Cal OES Form 2-158)

This form provides information to support a request for out-of-state travel. **This form is only required if the Applicant proposes to have a line item on their Grant Subaward Budget Pages (Cal OES Form 2-106a or b) for out-of-state travel.**

14. Match Waiver Request (Cal OES 2-159)

This form is required to waive a portion, or all, of the required match. See Part I, F., 1 for additional information. Match waiver requests are not considered during the Proposal Rating process. **This form is only required if the Program is supported with VOCA funds AND the Applicant wants to request to waive match.**

15. Independent Contractor/Consultant Rate Exemption Request (Cal OES Form 2-164)

The maximum rate for an independent contractor/consultant is \$650 per eight-hour day or \$81.25 per hour per *SRH Section 6.050*.

This form provides information to support a request for approval of an exemption to the maximum rate. **This form is only required if the Applicant proposes to have a line item on their Grant Subaward Budget Pages (Cal OES Form 2-106a or b) for an independent contractor above the maximum rate.**

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16. Lodging Rate Exemption Request (Cal OES Form 2-165)

This form provides information to support a request for approval of an exemption to the maximum lodging rate per SRH Section 4.070. **This form is only required if the Applicant proposes to have a line item on their Grant Subaward Budget Pages (Cal OES Form 2-106a or b) with lodging above the maximum rate.**

17. Subrecipient Grants Management Assessment

Per title 2 CFR § 200.331, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations, and terms and conditions posed by each Subrecipient of pass-through funding. The assessment is made in order to determine and provide an appropriate level of technical assistance, training, and oversight to Subrecipients. **This form is always required.**

18. Payee Data Record (STD 204)

This form provides information for income tax reporting and to ensure tax compliance with federal and state laws. **This form is only required if the Applicant has not previously received a Grant Subaward from Cal OES.**

C. ADDITIONAL DOCUMENTS

Applicants may be required to submit additional documents. **Required documents for this Program are identified on the Checklist in Part IV.**

General information regarding each document is below:

1. Indirect Cost Rate Agreement

The Indirect Cost Rate Agreement documents the agreed upon indirect cost rate negotiated between the federal government and an organization. Subrecipients with a negotiated indirect cost rate must provide a copy of the agreement with their proposal if indirect costs are included in the budget.

2. Letter of Certification

The Letter of Certification is written confirmation verifying information specific to the Applicant's organization. **This document may or may**

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not be required. If required information will be included in Part I, Subpart D.

3. Organizational Chart

The Organizational Chart should clearly depict the structure of the Applicant's organization and the specific unit within the organization responsible for the implementation of the Grant Subaward. This chart should also depict supporting units within the organization (e.g., the Accounting Unit) and the lines of authority within the organization. Job titles on the Organizational Chart must match those on the Grant Subaward Budget Pages (Cal OES Form 2-106a or b) and Grant Subaward Budget Narrative (Cal OES 2-107). **This document may or may not be required.**

4. Operational Agreements

An OA is a formal agreement, without the exchange of money, between an implementing agency and one or more participating agencies (*SRH Section 7.005*). **This document may or may not be required. If required, information will be included in Part I, Subpart G.**

D. BUDGET POLICIES

The following sections of the [SRH](#) may be helpful in developing the Grant Subaward Budget Pages (Cal OES 2-106a) and Grant Subaward Budget Narrative (Cal OES 2-107):

- Additional Rental Space (*SRH Section 4.055*)
- Audit Costs (*SRH Section 14.055*)
- Automobiles (*SRH Section 5.020*)
- Contracting and Procurements Requirements (*SRH Part 6*)
- Equipment and Equipment Costs Requirements (*SRH Part 5*)
- Expert Witness Fees (*SRH Section 6.050*)
- Independent Contractor/Consultant (*SRH Section 6.050*)
- Indirect Cost or Facilities and Administration (*SRH Section 4.045*)
- Match Requirements (*SRH Section 9.060*)
- Facility Rental (*SRH Section 4.055*)
- Prohibited Operating Costs (*SRH Section 4.070*)
- Grant Subaward and Other Income (*SRH Section 9.075*)
- Supplanting Prohibited (*SRH Section 1.065*)
- Travel (*SRH Section 4.065*)

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E. ADMINISTRATIVE REQUIREMENTS

Subrecipients must administer their Grant Subawards in accordance with all [SRH](#) requirements. Failure to comply with these requirements can result in the withholding or termination of the Grant Subaward. The following section may be helpful for developing a proposal and for planning purposes:

- Audit Requirements (*SRH Part 14*)
- Communication and Internet Access (*SRH Section 1.070*)
- Intellectual Property, Copyright, and Patent Requirements (*SRH Part 8*)
- Fidelity Bond/Certificate of Insurance (*SRH Section 2.015*)
- Monitoring (*SRH Part 13*)
- Report of Expenditures and Request for Funds (*SRH Section 9.025*)
- Records Requirements (*SRH Part 12*)

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PART III – SELECTION AND FINALIZING THE GRANT SUBAWARD

- A. SELECTION OF PROPOSAL FOR FUNDING
 - B. FINALIZING THE GRANT SUBAWARD
-

A. SELECTION OF PROPOSAL FOR FUNDING

1. Proposal Rating

Eligible proposals received by the deadline are generally evaluated by a three-member team. The rater scores are averaged and then ranked numerically. Proposals are only evaluated numerically; no notes are taken during the evaluation. The Rating Sheet used for this process is included in Part IV of this RFP and is for informational purposes only.

2. Funding Decision

A proposal must receive a minimum score of 50% of available points on the Rating Sheet to be considered for funding.

Final funding decisions are made by the Director of Cal OES. Funding decisions are based on the following:

- The ranked score of the proposal.
- Consideration of priorities or geographical distribution specific to this RFP.
- Prior negative administrative and programmatic performance, if applicable.

Subrecipients previously funded by Cal OES will be reviewed for poor past compliance, including fiscal management, progress and annual reports, audit reports, and other relevant documentation or information. This review may result in one or more of the following actions:

- The Subrecipient may not be selected for funding.
- The amount of funding may be reduced.
- Grant Subaward Conditions may be placed on the Grant Subaward.

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3. Notification Process

All Applicants will be notified in writing, via electronic communication, of the results of the rating process. The notification will be sent only to the Official Designee (the person authorized to sign the Grant Subaward Face Sheet).

Applicants will receive one of the following:

- Letter of Intent to Fund if selected for funding.
- Letter of Denial if not selected for funding, including the Applicant's scores and information regarding the appeal process.
- Letter of Ineligibility:
 - If the proposal did not meet Eligibility to Compete for Funding (Part 1, D.), including information regarding the appeal process; or
 - If the proposal scored less than the required 50% of points possible, including the Applicant's scores and information regarding the appeal process.

Cal OES can only respond to technical questions about the RFP during the period of time between the RFP release date and completion of the RFP process. Requests for records must be made through a Public Records Act request at PRA@caloes.ca.gov.

B. FINALIZING THE GRANT SUBAWARD

1. Grant Subaward Application

Once selected for funding, Cal OES may require revisions and/or additional documentation to finalize the Grant Subaward Application package. The Program Specialist identified in the Applicant's Intent to Fund Letter can provide technical assistance in completing these components.

2. Grant Subaward

A copy of the executed Grant Subaward and pertinent attachments will be sent to the Grant Subaward Director. The Applicant is not authorized to incur costs against the Grant Subaward until a copy of

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the fully executed Grant Subaward is received. When the executed Grant Subaward is received, a Report of Expenditures and Request for Funds (Cal OES Form 2-201) may be submitted for reimbursement.

a. Grant Subaward Conditions

Cal OES may add conditions to the Grant Subaward in order to execute the Grant Subaward. If conditions are added, these will be discussed with the Subrecipient, and a copy of the conditions will be sent to the Subrecipient when the conditions are made part of the Grant Subaward.

b. Grant Subaward Amounts

When the amount of funds available is limited, Cal OES may reduce the amount of the Grant Subaward from the amount requested by the Applicant. In addition, Cal OES reserves the right to negotiate budgetary changes with the Applicant prior to executing the Grant Subaward. If either of these actions is required, Cal OES will notify the Applicant prior to executing the Grant Subaward.

3. Standard Grant Subaward Funding Authority

Allocation of funds is contingent on the enactment of the State Budget.

Cal OES does not have the authority to disburse funds until the State Budget is passed, and the Grant Subaward is fully executed. Expenditures incurred prior to authorization are made at the Subrecipient's own risk and may be disallowed. Cal OES employees are not able to authorize an Applicant to incur expenses or financial obligations prior to the execution of a Grant Subaward. However, once the Grant Subaward is finalized the Subrecipient may claim reimbursement for expenses incurred on, or subsequent to, the start of the Grant Subaward performance period.

If, during the term of the Grant Subaward performance period, the state and/or federal funds appropriated for the purposes of the Grant Subaward are reduced or eliminated by the California Legislature or the United States Government, or in the event revenues are not collected at the level appropriated, Cal OES may immediately terminate or reduce the Grant Subaward by written notice to the Subrecipient.

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Cal OES Grant Subawards are subject to applicable restrictions, limitations, or conditions enacted by the California Legislature and/or the United States Government, subsequent to the execution of the Grant Subaward.

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PART IV – RATING SHEET

Control # _____

Rater # _____

Applicant _____

Funds Requested: _____

| <u>CATEGORY</u> | <u>TOTAL POINTS POSSIBLE</u> |
|-------------------------------|----------------------------------|
| A. PROBLEM STATEMENT | <u>100</u> |
| B. PLAN | <u>160</u> |
| C. CAPABILITIES | <u>60</u> |
| D. BUDGET PAGES AND NARRATIVE | <u>60</u> |
| E. COMPREHENSIVE ASSESSMENT | <u>20</u> |
| TOTAL | <u>400</u> |

Each of the above categories contain questions assigned a point value. The point scale is divided into five columns labeled **I, II, III, IV, and V**. The Applicant's response to each question is evaluated on the following criteria:

- A. **ABSENT:** The response does not address the specific question, or a response was not provided.
- B. **UNSATISFACTORY:** The response does not completely address the question. The information presented does not provide a good understanding of Applicant's intent, does not give the detailed information requested by the RFP, and/or does not adequately support the proposal or the intent of the Program.
- C. **SATISFACTORY:** The response addresses the question and provides a good understanding of the Applicant's intent. The response adequately supports the proposal and the intent of the Program.
- D. **ABOVE AVERAGE:** The response is above average and provides a clear and detailed understanding of the Applicant's intent. The response presents a persuasive argument that supports the proposal and the intent of the Program.
- E. **EXCELLENT:** The response is outstanding, with clear, detailed, and relevant information. The response presents a compelling argument that supports the proposal and the intent of the Program.

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| PROGRAMMATIC NARRATIVE | I | II | III | IV | V |
|---|----------|-----------|------------|-----------|-----------|
| <p>a. Problem Statement (Maximum Three Pages) How well does the proposal address the following and support the intent of the Program:</p> | 0 | 5 | 10 | 15 | 20 |
| 1) Describe the county, including demographics and the approximate number of domestic violence shelters and programs. | | | | | |
| 2) Describe barriers to providing shelter and supportive services to domestic violence victims/survivors and their children in the county. | | | | | |
| 3) Describe the existing mobile health care services in the county for domestic violence victims/survivors and their children and the inadequacies of these services. | | | | | |
| 4) Describe the most vulnerable domestic violence victims/survivors in the county. | | | | | |
| 5) Identify the three most spoken languages (other than English) in the county and describe how this was determined. | | | | | |
| <p>b. Plan (Maximum Five Pages) How well does the proposal address the following and support the intent of the Program:</p> | 0 | 5 | 10 | 15 | 20 |
| 1) Describe the Applicant's plan to identify existing domestic violence shelters and programs within the county. | | | | | |
| 2) Describe the Applicant's plan to facilitate a planning meeting, including the topics to be discussed. | | | | | |
| 3) Describe the Applicant's plan to provide weekly mobile health care services, including who will likely provide the services and how | | | | | |

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| PROGRAMMATIC NARRATIVE | I | II | III | IV | V |
|--|----------|-----------|------------|-----------|-----------|
| domestic violence shelters and programs will request services. | | | | | |
| 4) Describe the health care services that will be provided during weekly mobile health care visits. | | | | | |
| 5) Describe the outreach materials to be developed and/or translated. | | | | | |
| 6) Describe the Applicant's plan to ensure childcare is available during weekly mobile health care visits. | | | | | |
| 7) Describe the Applicant's plan to ensure domestic violence victims/survivors have transportation to mobile health care services. | | | | | |
| 8) Describe the Applicant's plan to provide interpreters to ensure domestic violence victims/survivors can access mobile health care services. | | | | | |
| c. Capabilities (Maximum Two Pages) How well does the proposal address the following and support the intent of the Program: | 0 | 5 | 10 | 15 | 20 |
| 1) Describe the organization's experience and ability to coordinate services to other domestic violence shelters and programs in the county. | | | | | |
| 2) Describe the organization's experience and ability to oversee contracts and/or Second-Tier Subawards. | | | | | |
| 3) Describe the organization's ability to track and report statistics on activities. | | | | | |
| BUDGET PAGES & NARRATIVE (Maximum Three Pages) | 0 | 5 | 10 | 15 | 20 |
| 1) How well do the proposed Budget Pages & Narrative support the objectives and activities? | | | | | |

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| PROGRAMMATIC NARRATIVE | I | II | III | IV | V |
|---|----------|-----------|------------|-----------|-----------|
| 2) How well are funds allocated to minimize administrative costs and support direct services? | | | | | |
| 3) How well do Grant Subaward-funded staff duties and time commitments support the proposed objectives and support direct services? | | | | | |
| COMPREHENSIVE ASSESSMENT | 0 | 5 | 10 | 15 | 20 |
| 1) How well does this proposal support the overall intent, goals, and purpose of the Program? | | | | | |

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PART V – CHECKLIST

This checklist is provided to ensure that a complete proposal is submitted to Cal OES. This also provides the order documents/forms should be organized.

- LETTER OF CERTIFICATION – See Part I, Subpart D
- GRANT SUBAWARD FACE SHEET ([Cal OES Form 2-101](#)) – Signed by the Official Designee authorized to enter into the Grant Subaward.
- GRANT SUBAWARD CONTACT INFORMATION ([Cal OES Form 2-102](#))
- GRANT SUBAWARD SIGNATURE AUTHORIZATION ([Cal OES Form 2-103](#))
- GRANT SUBAWARD CERTIFICATION OF ASSURANCE OF COMPLIANCE ([Cal OES Form 2-104](#)) – Signed by the Official Designee who signed the Grant Subaward Face Sheet and by the official delegating that authority
- FVPS-FVPA-FVCO-FVSA FEDERAL FUND GRANT SUBAWARD ASSURANCES ([Cal OES FORM 2-109f](#)) – Signed by the Official Designee who signed the Grant Subaward Face Sheet
- GRANT SUBAWARD BUDGET PAGES (EXCEL SPREADSHEET FORMAT) ([Cal OES Form 2-106b](#)) Pages with Single Fund Source
- UNALTERED** GRANT SUBAWARD BUDGET NARRATIVE ([Cal OES Form 2-107](#))
- UNALTERED** GRANT SUBAWARD PROGRAMMATIC NARRATIVE ([Cal OES Form 2-108](#))
 - PROBLEM STATEMENT
 - PLAN
 - CAPABILITIES
- GRANT SUBAWARD SERVICE AREA INFORMATION ([Cal OES Form 2-154](#))
- ORGANIZATIONAL CHART
- [SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT](#)
- ADDITIONAL FORMS AND DOCUMENTS, IF APPLICABLE
 - NON-COMPETITIVE PROCUREMENT REQUEST ([Cal OES Form 2-156](#))
 - OUT-OF-STATE TRAVEL REQUEST ([Cal OES Form 2-158](#))
 - INDEPENDENT CONTRACTOR/CONSULTANT RATE EXEMPTION REQUEST ([Cal OES Form 2-164](#))
 - LODGING RATE EXEMPTION REQUEST ([Cal OES Form 2-165](#))
 - PAYEE DATA RECORD – Please complete if Applicant has not previously received a Grant Subaward from Cal OES ([Std. 204](#))

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INDIRECT COST RATE AGREEMENT