



## **CITY OF SALINAS**

### **PREVENTION AND WELLNESS GRANT PROGRAM**

**GRANT PROJECT PERIOD: JANUARY 1, 2025 – DECEMBER 31, 2025**

### **REQUEST FOR PROPOSALS**

**RFP RELEASE DATE:** September 30, 2024

**PROPOSALS DUE:** October 28, 2024, by 5:00 p.m.

#### **GRANT PROGRAM DESCRIPTION**

The City of Salinas has approved \$300,000 of funding to enhance and create new community prevention and intervention services or programs that contribute to a healthier and safer Salinas, including, but not limited to, education, recreation, social work, public health, public safety, mental health, youth development, and community building.

It is the intent of the grant program to fund multiple new program or services, expand existing programs or services or to enhance current programs with a focus on community-based organizations which are established or grassroots.

The grant agreement term will be January 1, 2025, through December 31, 2025.

#### **ELIGIBILITY REQUIREMENTS**

Any non-governmental, non-profit, or grass roots agency which provides direct services in the City of Salinas, which is established as a non-profit recognized by the Internal Revenue Service as a 501(c)(3) organization and is in good standing with the California Secretary of State.

Applicants not established with the IRS are ineligible unless partnered with an IRS recognized non-profit.

Applicants shall be required to provide the following, in addition to the above:

1. Proof of registration with the California Secretary of State
2. Employer Identification Number
3. Valid City of Salinas business license
4. A physical address in the city of Salinas

5. Any other licenses or certifications required to provide services outlined in proposal, as applicable.

**Funding:** Applicants may apply for any amount up to \$60,000. Applications should show cost-effective projects that meet a significant and timely community need and/or impact a substantial number of individuals. This is a reimbursement grant. All invoices for reimbursement to the City of Salinas shall include supporting documentation showing proof of the expenditure. For example, if reimbursement is for an employee salary, then a copy of the employee's check shall be included as supporting documentation. If supplies or equipment are purchased for a program, then a copy of the receipt shall be provided.

**Reporting Requirements:** Applicants will be required to submit quarterly reports, which would include, but is not limited to, descriptions of special events, significant activities, major accomplishments, and quantitative information on the number of service hours, participants served, participants completing or exiting the program, or other information requested. **A final report will be due to the City no later than January 31, 2026.**

**Insurance.** The City of Salinas requires that individuals and firms that contract with the City for services provide a certificate of insurance, to include all necessary endorsements or waivers, prior to the execution of the contract agreement. See attached Exhibit A – Insurance Requirements.

**Proposal Due Date.** The proposal shall be submitted to the City of Salinas by 5:00 p.m. (PST) on October 28, 2024. Completed Proposals shall be emailed to [vickys@ci.salinas.ca.us](mailto:vickys@ci.salinas.ca.us) and [julian@ci.salinas.ca.us](mailto:julian@ci.salinas.ca.us). The email subject line should read Prevention & Wellness Grant Proposal for FY 2024/2025, (Name of Organization).

**PROPOSALS WILL NOT BE ACCEPTED AFTER THE DEADLINE.**

Corrections to the submitted proposal will not be accepted. The first proposal provided will be the only one considered by the committee.

## SELECTION PROCESS

Selection will be done through an open and competitive process. Submittal of a proposal through this process is not a binding agreement or a guarantee for funding. A grant selection committee of, but not limited to, City staff, community and social service professionals, and residents will review applications and make the final selections based on the average score each applicant receives. A scoring rubric will be used to rate each applicant.

Proposals will be rated on the following criteria:

<b>Criteria</b>	<b>Maximum Points</b>
<b>Demonstrated project need and target population:</b> 1.) Shows alignment with the Community Alliance for Safety and Peace Strategic Plan <a href="#">CASP Strategic Plan by TMD Creative - Issuu</a> or other local strategic planning document. 2.) Identifies target population and 3.) provides expanded capacity or <b>new</b> programming to serve our community or enhances current programs with a focus on community-based organizations which are established or grassroots.	35
<b>Uses the Principals of Evidence based practices:</b> 1.) there is evidence or data to suggest strategy will work, 2. there is a way to monitor quality control of the intervention, and 3.) there is a plan to collect data.	15
<b>Organization and staff experience and capabilities:</b> 1.) The program and staffing design have shown previous success in Salinas or another jurisdiction, 2.) there is an ability to adhere to Financial and Programmatic Management, and 3.) an ability to adhere to the requirements of the Request for Proposal, including insurance requirements.	35
<b>Cost-effectiveness and funding match:</b> 1.) The budget is clear and 2.) identifies adequate funds to successfully administer the project/program.	15
<b>Total</b>	100

## PROPOSAL REQUIREMENTS

Proposals are limited to three (3) single-spaced pages with 1" margins and 12-point fonts. Budget information and the cover sheet are excluded from the page limit. The proposal should include the following sections:

### I. Cover Sheet (not subject to the page limitations)

Include a cover sheet with the name and address of the organization along with the point of contact name, address, phone number, and email address with the name of the proposed program, and a summary of the program.

### II. Background

Provide a Statement of the problem to be addressed, explaining why the proposed project is needed, what problem(s) it addresses, and who the target population will be. Explain why this problem (or problems) and target population have been chosen. State the Goals and Objectives for the proposed project.

### III. Proposed Activities:

Describe, in detail, the activities, project, or practice to be supported by the grant funding. Proposed programs and practices should be evidence-based, with their effectiveness demonstrated by causal evidence. **Provide references for such evidence.** Include information on the **annual number to be served, number of events to be held**, etc. **Include a brief timeline.**

### IV. Organizational Experience

Describe the organization and its experience relevant to the proposed project. Include information on the organization's ties to the community and work with community residents, other Community Based Organizations (CBOs), and city and/or county agencies relevant to the proposed project. Explain capabilities in meeting the reporting requirements of the grant. Provide information on staff (position, experience) who will run the proposed program.

V. Budget (not subject to the page limitations)

Provide a detailed budget, using the categories in the table below. Report amounts in whole dollars. Provide a breakdown of how the cost were calculated.

	Line Item	City funds	Other funds	In-kind Match (if applicable)	Total
1	Salaries and benefits				
2	Services and supplies				
3	Equipment				
4	Other				
	Total				

Provide sufficient detail in each category to explain how grant funds will be used to implement and operate the proposed project. This detail should itemize costs, including a brief narrative explaining how funds will be used and why they are needed for the proposed project.

- 1.) Salaries: Provide the positions to be funded, the estimated amount of time each position will spend on the project including the pay rate of the position. Benefits: Provide detailed information on the benefits received by each position funded and how they are calculated (e.g., FICA at 6.2% of salary).
- 2.) Services and supplies: Itemize all services and supplies, such as office supplies, workshop materials, phone costs, printing, and mailing, etc.
- 3.) Equipment: Itemize all computers, furniture, and other equipment needed to perform the project activities.
- 4.) Other: List other costs that do not fit into one of the above line items, such as rent, training, etc.

VI. Proof of Non-Profit Status (not subject to the page limitations)

Failure to provide proof of non-profit status or alignment with an established non-profit will disqualify the proposal and it will not be considered.

## **OTHER REQUIREMENTS**

**Disqualification.** Factors such as, but not limited to, any of the following may be considered just cause to disqualify a response to the RFP without further consideration:

- A. Evidence of collusion, directly or indirectly, among Respondents in regard to the amount, terms, or conditions of this proposal;
- B. Any attempt to improperly influence any member of the ad-hoc committee reviewing proposals;
- C. Existence of any lawsuit, unresolved contractual claim or dispute between Applicant and the City;
- D. Evidence of incorrect information submitted as part of the RFP;
- E. Evidence of Respondent's inability to successfully complete the responsibilities and obligations of the proposed scope of work; and
- F. Respondent's default under any agreement, which results in termination of the Agreement.

**Non-Discrimination / Non-Preferential Treatment.** Program recipients shall not discriminate, in any way, against any person based on race, sex, color, age, religion, sexual orientation, actual or perceived gender identity, disability, ethnicity, national origin, or any other protected classification in connection with or related to the performance of this program.

**Prohibition of Gifts.** City officials are subject to several legal and policy limitations regarding receipt of gifts from persons, firms, or corporations either engaged in business with the City, or proposing to do business with the City. The offering of any illegal gift shall be grounds to disqualify a proposed recipient. To avoid even the appearance of impropriety, Applicants should not offer any gifts or souvenirs, even of minimal value, to City officers or employees.

## **QUESTIONS / CLARIFICATIONS**

All clarifications made by the City of Salinas will be in writing and will be provided to all applicants. Questions concerning the RFP must be submitted by Friday, October 18, 2024 by email to:

Prevention and Wellness Grant Staff

Email: [vickys@ci.salinas.ca.us](mailto:vickys@ci.salinas.ca.us) and [julian@ci.salinas.ca.us](mailto:julian@ci.salinas.ca.us)

Subject: P&W Grant, (Name of Organization)



## **PREVENTION AND WELLNESS GRANT**

### **FISCAL YEAR 2024-2025 APPLICATION**

#### **COVER SHEET**

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Name of individual or organization submitting application

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Point of Contact Name

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Address, City, Zip

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Email address

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Phone

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Phone

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Fax

**Name of Proposed Program:**

**Summary of the Program:**

**Amount requested: \$** \_\_\_\_\_

The following pages may be used as a template, or you may create your using a similar format. Proposals are limited to three (3) single-spaced pages with 1" margins and 12-point fonts. Budget information and the cover sheet are excluded from the page limit.

## **PROPOSAL**

### **II. Background**

Statement of the problem(s) to be addressed:

Why is your proposed project needed?

Who is your target population?

Why have you chosen this problem or problems and this target population?

What are the Goals and Objectives of your proposed project?



### **III. Proposed Activities**

Describe, in detail, the activities, project, or practice to be supported by the grant funding:

Provide references for your evidence-based programs and practices:

Annual Number to be served:

Number of events to be held, if applicable:

Timeline:

Any additional program information

#### **IV. Organizational Experience:**

Describe the organization and its experience relevant to the proposed project. Include information on the organization's ties to the community and work with community residents, other Community Based Organizations (CBOs), and city and/or county agencies relevant to the proposed project.

Explain capabilities in meeting the reporting requirements of the grant.

Provide information on staff (position, experience) who will run the proposed program.

**Provide Budget and Non-profit status as noted on page 5.**

## Exhibit A- Insurance Requirements

### Insurance Requirements

Consultant shall procure and maintain for the duration of the Agreement insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Consultant, his agents, representatives, employees, or subcontractors. With respect to General Liability and Professional Liability, coverage should be maintained for a minimum of five (5) years after Agreement completion.

#### MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

- (A) **Commercial General Liability** (“CGL”): Insurance Services Office Form (“ISO”) CG 00 01 covering CGL on an occurrence basis, including products and completed operations, property damage, bodily injury, and personal & advertising injury with limits no less than **\$1,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
- (B) **Automobile Liability**: ISO Form CA 0001 covering any auto, or if Consultant has no owned autos, hired and non-owned, with limits no less than **\$1,000,000** per accident for bodily injury and property damage.
- (C) **Workers’ Compensation** insurance as required by the State of California, with Statutory Limits, and Employer’s Liability Insurance with a limit of no less than **\$1,000,000** per accident for bodily injury or disease.
- (D) **Professional Liability** (also known as Errors and Omissions) insurance appropriate to the work being performed, with limits no less than **\$1,000,000** per occurrence or claim, **\$2,000,000** aggregate per policy period of one year.
- (E) **Sexual Abuse or Molestation (SAM) Liability**: If the work will include contact with minors, and the CGL policy referenced above is not endorsed to include affirmative coverage for sexual abuse or molestation, Consultant shall obtain and maintain a policy covering Sexual Abuse and Molestation with a limit no less than **\$1,000,000** per occurrence or claim.

If the Consultant maintains broader coverage and/or higher limits than the minimums shown above, the City of Salinas requires and shall be entitled to the broader coverage and/or higher limits maintained by the Consultant. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

#### OTHER INSURANCE PROVISIONS

**The insurance policies are to contain, or be endorsed to contain, the following provisions:**

##### *Additional Insured Status*

**The City of Salinas, its officers, officials, employees, and volunteers are to be covered as additional insureds** on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Consultant including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form

of an endorsement to the Consultant's insurance (at least as broad as ISO Form CG 20 10, CG 11 85, or **both** CG 20 10, CG 20 26, CG 20 33, or CG 20 38; **and** CG 20 37 forms if later revisions used).

### ***Primary Coverage***

For any claims related to this Agreement or the project described within this Agreement, the **Consultant's insurance coverage shall be primary coverage** at least as broad as ISO Form CG 20 01 04 13 as respects the City, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees, or volunteers shall be excess of the Consultant's insurance and shall not contribute with it.

### ***Notice of Cancellation***

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the City.

### ***Waiver of Subrogation***

Consultant hereby grants to City a waiver of any right to subrogation which any insurer of said Consultant may acquire against the City by virtue of the payment of any loss under such insurance. Consultant agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City has received a waiver of subrogation endorsement from the insurer.

The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City of Salinas for all work performed by the Consultant, its employees, agents, and subcontractors.

### ***Self-Insured Retentions***

Self-insured retentions must be declared by Consultant to and approved by the City. At the option of the City, Consultant shall provide coverage to reduce or eliminate such self-insured retentions as respects the City, its officers, officials, employees, and volunteers; or the consultant shall provide evidence satisfactory to the City guaranteeing payment of losses and related investigations, claim administrations, and defense expenses. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or City.

### ***Acceptability of Insurers***

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the City.

### ***Claims Made Policies***

If any of the required policies provide coverage on a claims-made basis:

1. The Retroactive Date must be shown and must be before the date of this Agreement or the beginning of Agreement work.
2. Insurance must be maintained and evidence of insurance must be provided ***for at least five (5) years after completion of the Agreement of work.***
3. If coverage is canceled or non-renewed, and not ***replaced with another claims-made policy form with a Retroactive Date*** prior to the Agreement effective date, the Consultant must purchase "extended reporting" coverage for a minimum of ***five (5) years*** after completion of Agreement work.
4. A copy of the claims reporting requirements must be submitted to the City for review.

***Verification of Coverage***

Consultant shall furnish the City with original certificates and amendatory endorsements or copies of the applicable insurance language effecting coverage required by this Agreement. All certificates and endorsements are to be received and approved by the City before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Consultant's obligation to provide them. The City reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

***Subcontractors***

Consultant shall require and verify that all sub-consultants and/or subcontractors maintain insurance meeting all the requirements stated herein, and Consultant shall ensure that Entity is an additional insured on insurance required from such sub-consultants and/or subcontractors.

***Special Risks or Circumstances***

City reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

***Maintenance of Insurance***

Maintenance of insurance by Consultant as specified shall in no way be interpreted as relieving Consultant of its indemnification obligations or any responsibility whatsoever and the Consultant may carry, at its own expense, such additional insurance as it deems necessary.