



Request for Applications 07-65099

Adolescent Family Life Program

California Department of Health Services
Maternal, Child and Adolescent Health/Office of Family Planning Branch
1615 Capitol Avenue, MS 8300
P.O. Box 997420
Sacramento, CA 95899-7420

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Attachment #	Attachment Name
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A. Introduction and Background

1. Introduction

The California, Department of Health Services (CDHS), Primary Care and Family Health, Maternal, Child and Adolescent Health /Office of Family Planning Branch (MCAH/OFP), is pleased to announce the availability of funds and is soliciting applications from eligible organizations to administer an Adolescent Family Life Program (AFLP) in San Luis Obispo County. Applicant agencies must be able to comply with the funding use requirements outlined in the section entitled, "Scope of Work", Exhibits A2 and A3.

Selection of a Grantee for AFLP is based on the Applicant's ability to:

- Organize comprehensive networks of resources and services within local communities.
- Provide continuous case management for pregnant and/or parenting teenagers and their infants.
- Collect, maintain, and report data to evaluate the program.

MCAH/OFP intends to select a single agency to serve the County of San Luis Obispo.

2. Background

AFLP was originally established as a three-year demonstration project in 1985 to:

- Improve adolescent pregnancy outcomes,
- Delay subsequent births among adolescents,
- Assist adolescents with re-entry into/or continuation of school, and
- Educate adolescents to become effective and capable parents.

AFLP now operates in 38 counties, administered by 40 agencies in the following California counties:

Alameda, Butte, Contra Costa, Fresno, Glenn, Humboldt, Imperial, Kern, Kings, Lake, Los Angeles, Madera, Mendocino, Merced, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Tulare, Ventura, and Yolo. (Agency contact information can be found in the AFLP Directory located in Appendix 2.)

In 1988, the Governor signed legislation into law providing statutory authority for the program. AFLP currently serves nearly 18,000 eligible adolescents annually through agreements with 40 agencies. Cal-Learn, the California Department of Social Services mandatory case management program modeled after AFLP for pregnant and/or parenting adolescents receiving public assistance/cash aid, serves approximately another 16,000 adolescents annually statewide. Many agencies administer both AFLP and Cal-Learn. Clients may move between the programs based on eligibility and the individual's risk factors. Programs must work closely to ensure a seamless delivery of services for those clients who lose eligibility in one program and become eligible for transfer to the other program. Pregnant and/or parenting adolescents cannot be simultaneously enrolled in AFLP and Cal-Learn.

Anticipated funding statewide for AFLP for the 2006-07 fiscal year is approximately \$27,000,000 (twenty-seven million dollars) annually from three sources:

- \$11,944,000 State General Fund
- \$7,266,000, Title V federal Maternal Child Health Block grant
- \$7,800,000 Title XIX federal Medicaid (Medi-Cal in California) matching funds for activities qualifying as reimbursable activities.

1. Mission Statement

The mission of the California Adolescent Family Life Program (AFLP) is to:

- Use case management to enhance, through associations with families and community resources, the health, educational potential, economic opportunity, and self-sufficiency of adolescents during pregnancy and parenthood, and to promote healthy family relationships.
- Develop nurturing relationships in which case managers and adolescents served by the program can work together to prevent subsequent pregnancies and ameliorate the untoward effects of early pregnancy.
- Promote the development of collaborative, integrated systems of care to support the adolescents during pregnancy and parenthood, support their children and aid adolescents to make healthy lifestyle choices.
- Respect the unique, culturally defined needs of our various client populations and communities.

2. Authorizing Legislation and/or Governing Regulations

Authority Type	Applicable Citation
State statutes	Section 124175-124200 of California Health and Safety Code
Federal cost principles	State/Local Government - OMB Circular A-87 Nonprofit organizations - OMB Circular A-122 Educational institutions - OMB Circular A-21
Federal audit standards	State/Local Government - OMB Circular A-133 Nonprofit organizations - OMB Circular A-133 Educational institutions - OMB Circular A-133
Federal management standards	State/Local Government - Applicable Code of Federal Regulations and common Rules Nonprofit organizations - OMB Circular A-110 Educational institutions - OMB Circular A-110

B. Funding Purpose and Objectives

The MCAH/OFP Branch intends to make one award to an eligible and responsive organization that can best meet AFLP goals and objectives. The award will be made on a “competitive” basis to the eligible Applicant whose application best satisfies the application evaluation criteria and best demonstrates the Applicant’s ability to establish and operate AFLP in San Luis Obispo County.

The goals of AFLP are the following:

- Reduce the rate of adolescent pregnancy.
- Plan for the prevention of unintentional pregnancies.
- Reduce the incidence of poor pregnancy outcomes in women aged 18 and under.
- Improve health, education and employability of pregnant adolescents and school-age parents.
- Assure adequate health care for the children of adolescent parents.

The AFLP service system includes case management services and outreach to the highest risk pregnant and parenting adolescent women, adolescent fathers, and adolescent fathers-to-be. Services, program material, and activities must be conducted in a manner appropriate to the culture, literacy, developmental level, and age of the client(s) served.

The funding provided is correlated to months of service that consist of the total number of clients served each month of the fiscal year. Failure to meet the months of service may result in a reduction of program funding in the following fiscal year. Program funding is based on a funding level of \$1,697 per case managed family unit for twelve months. The funding unit is defined as a pregnant and/or parenting adolescent and child (children).

Most AFLP agencies obtain additional funding through performance of Medi-Cal reimbursable activities and receipt of corresponding Medi-Cal funds. Federal Financial Participation allows agencies to match agency or State funds with federal dollars for certain Medi-Cal related activities. See Appendix 14 for a full explanation of Federal Financial Participation and activities that may be matched with Federal funds.

Funding is provided to agencies to provide comprehensive case managed services for pregnant and parenting adolescents. Funds may be used for essential services such as childcare, transportation, etc. on a limited basis with prior approval from MCAH/OFP and only under the following conditions:

- Services are unavailable in the service area or are insufficient to meet the basic needs of the population, **AND**
- Services and comprehensive case management can **BOTH** be provided with the available funding; provided the quality of case management services is not compromised.

Agencies eligible to apply to administer AFLP and receive the corresponding funding **must** meet the following criteria:

- Be a private or public non-profit health or social service agency, community based organization, hospital, community clinic, university or school district.
- Demonstrate the ability to provide case management services in accordance with AFLP standards.
- Coordinate with the Cal-Learn Program in San Luis Obispo County to prevent enrolling and serving the same individual clients.

Selection of an agency to administer AFLP in San Luis Obispo County will be based on ability to:

- Organize comprehensive networks of resources and services with local communities.
- Provide continuous case management for pregnant adolescents, parenting adolescents and their infants.

- Collect, maintain and report data to evaluate the program.
- Demonstrate coordination/integration of available community resources that will result in an efficient and productive program.
- Serve communities with the highest teen birth rates.

MCAH/OFP will provide funding for the local agency to measurably accomplish the following major objectives:

- Reduce low birth weight babies among adolescents.
- Enroll pregnant or parenting adolescents through the age of 18 for females and age 19 for males.
- Provide case management services including assessment of adolescents' strengths and needs, and development of Individualized Service Plans.
- The case management ratio will be no more than 40 to 50 clients served each month per full time equivalent case manager per month. The Months of Service as reflected in the LodeStar months of service report should not exceed 50 for each FTE in any one month.
- Provide monthly client contact (refer to definition located in the glossary of AFLP Standards, Appendix 1) including home visits to assess and address client issues, support clients in establishing and reaching their personal and career goals, make healthy lifestyle choices and promote positive self-esteem.
- Promote health and safety practices through education and coaching.
- Assist adolescents and their children to access needed services.
- Help adolescents complete educational or vocational programs and become emotionally, socially, and economically self-sufficient.
- Promote healthy family relationships.
- Reduce the incidence of subsequent unplanned adolescent pregnancies.
- Promote the development of collaborative and integrated systems of care that support pregnant and parenting adolescents and their children.

Through this Request for Application, MCAH/OFP's AFLP intends to fund an Applicant that best demonstrates, in accordance with the defined criteria, its ability to create a sustainable, integrated system of community services to support pregnant and parenting adolescents.

C. Funding Availability

1. Funding Amount

- a. A funding amount of \$982,563 is available to fund the award resulting from this RFA. Funding is limited to the following amounts for the duration of this program:

- 1) \$327,521 for the budget period of 07/01/07 through 06/30/08.
- 2) \$327,521 for the budget period of 07/01/08 through 06/30/09.
- 3) \$327,521 for the budget period of 07/01/09 through 06/30/10.

The funds listed above (items 1, 2, and 3) are the base allocation amounts. These are comprised of \$202,390 in State General Funds and \$125,131 in Title V Federal Funds. This base allocation can be enhanced with Title XIX funds through Federal Financial Participation (see Appendix 14). Federal Financial Participation allows partial reimbursement with matching Agency or State General Funds expended for certain Medi-Cal related activities.

There are two core activities that will allow agencies to invoice for Title XIX funds. The first is to help eligible clients to enroll in Medi-Cal. The second activity is to assist clients

access Medi-Cal approved services and care. These activities must be done in the normal course of meeting the Scope of Work and the clients' comprehensive needs. See Appendix 14 for a full explanation of Federal Financial Participation and activities that may be eligible for reimbursement with Title XIX Federal funds.

- b. The annual funding amount is based on providing case management services to 193 clients each month of the fiscal year. This is equivalent to 2316 Months of Service. AFLP agencies receive \$1,697 per client per year to provide case management services and may obtain additional Medi-Cal funds by performing reimbursable activities and claiming Medi-Cal funds. (See above and Appendix 14) The only exception to meeting the 2316 months of service is during the start-up year. The funding amount received for the start-up year will be based on the 193 clients (multiplied by \$1,697) but months of service for the start up year will be 1086. This is based on bringing in 25 clients per month beginning in October 2007 (see Appendix 3 for the projected "Client Caseload Phase-In Plan"). The expectation for the first quarter of the grant period (7/1/07-9/31/07) is to establish the infrastructure, develop the Standards Implementation Document (see Appendix 4 for example), develop program forms, hire and train staff, establish quality assurance policies and implement any other internal systems. The agency is expected to begin enrolling clients in the first month of the second quarter (10/1/07).
- c. Funding for each state fiscal year is subject to an annual appropriation by the State Legislature and Congress. If full funding does not become available, CDHS will either cancel the resulting agreement or amend it to reflect reduced funding and reduced activities. Continuation of funding beyond the first state fiscal year is also subject to the Applicant's successful compliance with all agreement requirements. Without prior CDHS authorization, funds set aside for expenditure in one budget period may not be carried or rolled forward to cover expenses incurred in a subsequent budget period.

2. Number of Awards

MCAH/OFP Branch expects to make one award for a three year period to an eligible and qualified Applicant that will serve the target population in San Luis Obispo County. MCAH/OFP Branch reserves the right to determine the level of funding to be awarded within the available funding.

3. Use of Funds

The funds provided through this RFA are awarded for a specifically defined purpose and may not be used for any other purpose or program that is not delineated here or in the Scope of Work.

Funds may not be used to:

- a. Reimburse costs incurred prior to effective date of the agreement.
- b. Reimburse costs currently covered by another CDHS grant or contract.
- c. Reimburse costs that are not consistent or allowable according to local, state, and/or federal guidelines and regulations.
- d. Supplement state or local health department funds.
- e. Provide direct medical care.
- f. Purchase health insurance for clients.

- g. Reimburse membership dues.
- h. Reimburse subscriptions.
- i. Reimburse professional licensure.
- j. Reimburse malpractice insurance.

4. Matching Fund Requirements

MCAH/OFP funding of programs is not intended to provide reimbursement for a Grantee's total cost. MCAH/OFP funds **assist** local agencies/Grantees in delivering MCAH/OFP related services to promote optimal health of all mothers and children in California. Grantees are expected to contribute funds toward the total cost of the contracted program. Although there is no specific percentage identified in the application for the Grantee's contribution, the Applicant must identify in-kind support. Every Grantee is legally required to accomplish the Goals and Objectives as identified in the Start Up Scope of Work (Exhibit A2 for start up year [7/1/07-6/30/08] and Exhibit A3 for the remaining 2 years of the grant period) regardless of the proportion of actual cost provided by the state.

The budget (see Sample Budget, Appendix 12) forms the basis for grant management and fiscal accountability. All expenses shown on the budget must directly relate to accomplishment of the Goals and Objectives identified in the Scope of Work.

A budget justification narrative, which supports each line item contained in the budget and includes a summary of responsibilities for each budgeted position, must be submitted with the budget.

D. Program Restrictions

1. No grant funds may be expended for abortions, abortion referrals, or abortion counseling.
2. Funds shall NOT be used for religious, i.e., sectarian purposes. Non-profit corporations organized for non-sectarian purposes may be eligible Applicants, regardless of whether the organizing board members are part of religious organizations. However, interventions, strategies, and all educational materials in any medium (e.g., curricula, handouts, audiovisuals, etc.) proposed to be used as part of AFLP must comply with the mandates of the California Constitution (Article XVI, Section 5) which prohibit the use of public funds to or in aid of any religious sect, church, creed or sectarian purpose. Programs proposed or implemented shall not include sectarian beliefs and/or information related to the doctrines of any religious group or organization.
3. Funds shall not be used for already existing programs funded by other public or private sources. However, grant funds may be used to expand or enhance existing program efforts.
4. Funds shall not be used to fund staff positions not related to AFLP activities.

E. Eligibility Criteria

1. Eligible Applicants

The following entities and organizations may apply for funding:

- a. Units of local government agencies including, but not limited to cities, counties, and other government bodies or special districts.
- b. State/public colleges or universities also known as institutions of higher education.

- c. Public and/or private nonprofit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Code.

2. Ineligible Applicants

- a. Commercial businesses operating on a for-profit basis are not eligible to apply for funding made available through this RFA.
- b. Organizations that have been deemed ineligible for California contracts or grants by the Department of Fair Employment and Housing due to a failure to comply with California's nondiscrimination laws and reporting requirements.
- c. Organizations that have been debarred or decertified from contracting by the federal government.
- d. Organizations that support or promote sectarian beliefs related to the doctrine of any religious group.

F. Proposed Award Schedule

Below is the tentative award schedule for this funding announcement. All Applicants are advised of the following schedule and will be expected to adhere to the required dates and times.

Event	Date	Time (If applicable)
RFA Released	January 12, 2007	
Questions Due (email, mail, or fax)	February 13, 2007	by 4:00 p.m.
Voluntary Letter of Intent Due	February 13, 2007	by 4:00 p.m.
Applications Due	March 2, 2007	by 4:00 p.m.
Award Notices Posted/Issued	March 23, 2007	
Appeals Due	April 2, 2007	by 4:00 p.m.
Decisions on Appeals	April 13, 2007	
Proposed Agreement Start Date	July 1, 2007	

G. Agreement Term

The term of the resulting agreement is expected to be **36** months and is anticipated to be effective from July 1, 2007 through June 30, 2010. The agreement term may change if CDHS makes the award earlier than expected or if CDHS cannot execute the agreement in a timely manner due to unforeseen delays.

The resulting agreement will be of no force or effect until it is signed by both parties and approved by the Department of General Services, if such approval is required. The Grantee is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered.

H. Questions

Immediately notify CDHS if there is a need for clarification about the services sought or questions arise regarding the RFA instructions or requirements. Put all questions in writing and transmit them to CDHS as instructed below. At its discretion, CDHS reserves the right to contact an inquirer to seek clarification of any inquiry received. Applicants that fail to report a known or suspected problem with this RFA or fail to seek clarification and/or correction of this RFA shall submit an application at their own risk.

After the **Questions Due Date** (February 13, 2007) CDHS will summarize all general questions and issues sent in by mail, email, or fax. All questions and answers will be posted on our website, www.mch.dhs.ca.gov by February 16, 2007. If the response to an inquiry is determined to only be of value to the inquirer, CDHS will only transmit the question and response to that organization. To the extent practical, inquiries shall remain as submitted. However, CDHS may at its discretion, consolidate and/or paraphrase similar or related inquiries.

1. What to include in an inquiry

- a. Name of inquirer, name of organization and county being represented, mailing address, area code and telephone number, fax number, and email address (if applicable).
- b. A description of the subject or issue in question or RFA discrepancy found.
- c. RFA section, page number or other information useful in identifying the specific problem or issue in question.
- d. Remedy sought, if any.

2. Question deadline

There will be eight weeks to review and offer comments or ask questions regarding the content, process, contradictions and inconsistencies. Submit written inquiries about this RFA to Silvia Flores, MCAH/AFLP Program Consultant.

All inquiries must be received no later than **4:00 p.m. on February 13, 2007**.

Errors in the RFA or its instructions may be reported up to the application submission date.

3. How to submit questions

Submit inquiries in writing using one of the following methods:

Submit all inquiries by mail, email, or fax.

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
Questions - RFA 07-65099 California Department of Health Services Maternal, Child and Adolescent Health/ Office of Family Planning Branch Attention: Silvia Flores, M.S.W. MS 8306 1615 Capitol Avenue, Suite 560 P.O. Box 997420 Sacramento, CA, 95899-7420	Questions - RFA 07-65099 California Department of Health Services Maternal, Child and Adolescent Health/ Office of Family Planning Branch Silvia Flores, M.S.W. Fax: (916) 650-0304
Email: Sflores@dhs.ca.gov	
Insert "Questions - RFA 07-65099" in the subject line of each inquiry.	

Applicants submitting inquiries by fax or email are responsible for confirming the receipt of all materials transmitted to CDHS by the question deadline.

Call Silvia Flores at (916) 650-0378 to confirm faxed or email transmissions.

Applicant warning

CDHS' internal processing of U.S. mail may add 48 hours or more to the delivery time. If questions are mailed, consider using certified or registered mail and request a receipt upon delivery.

If choosing hand delivery, allow sufficient time to locate on-street metered parking and to sign in at the security desk. Be prepared to give security personnel the following telephone number; 650-0295 and this CDHS personnel contact name, Silvia Flores, if detained at the security desk.

4. Verbal questions

Verbal inquiries will not be accepted. All inquiries must be transmitted in written form according to above RFA instructions.

I. Pre-Application Conference

No Pre-Application Conference will be held for this procurement.

Carefully review this RFA to become familiar with the eligibility and competition requirements, Scope of Work, Program Standards, and application content requirements.

All questions and inquiries should be sent before the **Questions Due Date**. Refer to the RFA section entitled, "Applicant Questions" for instructions on how to submit questions and inquiries.

After the **Questions Due Date** CDHS will summarize all general questions and issues sent in by mail, email, or fax. All questions and answers will be posted on our website, ww.mch.dhs.ca.gov, by February 16, 2007

J. Reasonable Accommodations

For the visually impaired, the RFA will be posted on the MCAH website in a format that is compatible with the JAWS Reader.

K. Voluntary Letter of Intent

1. General information

Prospective Applicants are asked to voluntarily indicate their intention to submit an application. Failure to submit a Letter of Intent will not affect the acceptance of any application. The Letter of Intent is not binding and prospective Applicants are not required to submit an application merely because a Letter of Intent is submitted. **Use the Letter of Intent (Attachment 7) for this purpose.**

2. Submitting a Letter of Intent

Regardless of delivery method, the voluntary Letter of Intent must be received by **4:00 p.m. February 13, 2007.**

Submit the Letter of Intent using one of the following methods.

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
<p>Letter of Intent - RFA 07-65099 Department of Health Services Maternal, Child and Adolescent Health/ Office of Family Planning Branch Silvia Flores, M.S.W. MS 8306 1615 Capitol Avenue, Suite 560 P.O. Box 997420 Sacramento, CA, 95899-7420</p>	<p>Letter of Intent - RFA 07-65099 California Department of Health Services Maternal, Child and Adolescent Health/ Office of Family Planning Branch Silvia Flores, M.S.W.</p> <p>Fax: (916) 650-0304</p>
<p>Email: Sflores@dhs.ca.gov</p> <p>Insert "Letter of Intent - RFA 07-65099" in the subject line of email message.</p>	

Applicants transmitting a Letter of Intent by fax or email are responsible for confirming the receipt of the materials transmitted to CDHS by the stated deadline.

Call Silvia Flores at (916) 650-0378 to confirm faxed or email transmissions.

3. Applicant warning

CDHS' internal processing of U.S. mail may add 48 hours or more to the delivery time. If the Letter of Intent is mailed, consider using certified or registered mail and request a receipt upon delivery.

If hand delivery is chosen, allow sufficient time to locate on-street metered parking and to sign in at the security desk. Be prepared to give security personnel this telephone number, 650-0295 and this CDHS personnel contact name, Silvia Flores, if detained at the security desk.

L. Scope of Work / Program Description

The Scope of Work contains goals, objectives, activities and evaluation methods. A Scope of Work for the start-up year 2007-2008 (Exhibit A2) has been developed separately from the standardized Scope of Work (Exhibit A3) covering fiscal years 2008-2009 and 2009-2010.

AFLP agencies are required to perform the work described in the Scope of Work. AFLP agencies are also required by reference in the Scope of Work to meet all aspects of the AFLP Standards (Appendix 1). The standards provide the structure, process, and outcome necessary to meet each of the 10 AFLP Standards that define case management. Please note that AFLP requires that each client be assigned one case manager who will establish a trusting relationship with the client in order to assess and address their comprehensive needs. All agencies receiving AFLP funding are held to the AFLP Standards. The grant budget should be supportive of the Scope of Work and should reflect the fiscal year indicated. Terms used in the Scope of Work are defined in this RFA, the AFLP Standards glossary (Appendix 1) and the MCAH Policy & Procedure Manual (Appendix 5) located on the MCH website:

(<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalYear2005-2006.aspx>) Go to FY 2004-2005 Program and scroll to the bottom and find AFLP.

1. AFLP Policies/Guidelines and Criteria for Client Eligibility

a. Age of Eligible Clients

Pregnant adolescents and female adolescent parents, and their infants, are eligible for AFLP if they enter the program at age 18 or younger, males may enter at age 19 or younger. Depending on the client's circumstances relating to risk factors and continued need, females may continue to receive services up to age 20 and males up to age 21. Special needs, such as physical handicap or developmental disability, may be reasons for requesting an extension of service beyond age 20 for females and age 21 for males. State approval of the local agency's written request detailing the circumstances warranting the extension, identification of what will be accomplished during the extension, how the extension will benefit the client, amount of time requested, and the impact on the program is required for CDHS to consider the funding of services for clients beyond the age specified above. Female adolescents that turn 19 and males that turn 20 while on a waiting list for entry into AFLP are eligible for services if they meet the eligibility criteria outlined in A through E of this section.

2. Pregnancy/Parenting Guidelines

Pregnant adolescents who have made the decision to carry their pregnancy to full term are eligible to receive case management services during the term of the pregnancy, while they have custody of their biological child or are actively involved in her/his child's life.

3. School Status

Enrollment in a school program shall not be a requirement for AFLP eligibility.

4. Risk Criteria

Risk factors that go beyond eligibility criteria based on age and pregnancy status must be established to determine a client's acuity of need and to prioritize client entry into the program. Risk factors must be weighted and include but are not limited to the following:

- Adolescents 15 yrs. or under
- African American
- Chronic Health Condition
- Pregnant
- Sexually active
- Non-supportive Parents
- Unsafe/unstable home environment
- Housing issues
- Substance abuse/use
- Mental Health issues
- Physical Harm to Self or Others
- Problem Behavior
- Academic Failure
- No Prenatal care
- Late entry into care
- Gang involvement
- Juvenile Justice issues
- Language Barrier
- No Support System

AFLP agencies are directed to target the highest risk adolescents in their communities.

5. Medical Care Provider

All adolescents meeting the above eligibility criteria (based on pregnancy/parenting status, age, and risk criteria) are eligible to receive AFLP services, regardless of the source of their medical care.

6. Community Service Network

a. Definition

The community service network is composed of agencies, programs, and practitioners providing services to pregnant and parenting adolescents and with whom the AFLP agency interacts. The AFLP agency acts as facilitator, leader, and coordinator of these networks. The AFLP agency may enter an existing service coordination system as long as all the requirements of this section, Section 6, and the Community Service Network are met.

The AFLP agency involves collaborates with school districts as well as public and private health and social service agencies. Services targeted include pregnancy testing, education on parenthood, primary and preventive medical services, pediatric health care for infants and children of adolescent clients, nutrition assessment and

counseling, health education, psychosocial services, infant and child care placement, and vocational, academic, and educational counseling.

b. Functions of the Community Service Network

1. Serve as the main focal point for the organization of services to pregnant and parenting adolescents to ensure the most timely and effective utilization of those services.
2. Provide a forum for the identification of problems with service, accessibility, and gaps in services; the development of new program approaches and problem solving methods; and for monitoring the effectiveness of network linkages.
3. Meet periodically, at least quarterly, and maintain in agency files the following documentation: roster of network participants, meeting agendas (each meeting must address teen pregnancy and/or pregnancy prevention and/or related issues), and meeting minutes.
4. Share information and provide in-service training on topics relevant to adolescent pregnancy and parenting.

c. Services to be Available Through the Network

The services listed below may not be available or accessible in all AFLP areas. Identification of service gaps and efforts to resolve them should be an ongoing activity with progress in resolution specifically identified in reports to MCAH.

1. Health care services: Perinatal, child, and adolescent health, including immunization, California Children Services (CCS), Comprehensive Perinatal Services Program (CPSP) and acute care.
2. Psychosocial services: Assessment, referrals, counseling, and therapy for individuals, couples and families; group and mental health services as needed.
3. Drug and alcohol treatment services.
4. Nutrition services: Assessments, counseling and education, Supplemental Food Program for Women, Infants, and Children (WIC) and other food resources, counseling on infant, child and adolescent nutrition, pregnancy, and lactating nutrition.
5. Health education services: Preparation for childbirth, adolescent development, perinatal and child health, parenthood, child health and development, and reproductive health.
6. Academic and vocational services: Education assessment and counseling, academic support, secondary and post-secondary education, job training programs including Regional Occupational Programs, and Cal WORKS.
7. Early intervention services including high risk infant follow-up, infant development programs, developmental services, and CCS.
8. Child Abuse prevention services.
9. Infant and child care.
10. Parent training including attachment, infant behavior, child development, and parental responsibility.
11. Transportation.
12. Vocational counseling, referral, and placement.
13. Adoption counseling.
14. Legal services.

d. Network Member Agencies

Agencies included in the AFLP agency's network may include, but need not be limited to the following:

1. Regional perinatal health programs.
2. Local health departments, public health nursing services, WIC, MCAH/OFP programs, etc.
3. Private health care providers, including certified midwives and licensed mid-level providers.
4. Hospitals or alternative birth centers.
5. Schools, School Districts and/or County Departments of Education.
6. Cal-Safe programs within the local school districts.
7. Community health councils and social planning agencies.
8. Community free clinics.
9. Adoption agencies.
10. Secular and non-secular social service agencies.
11. Regional centers for the developmentally disabled.
12. Child welfare and child abuse prevention councils.
13. Department of Social Services.
14. Crisis intervention services.
15. Substance abuse prevention and treatment programs.
16. Shelters for victims of relationship violence.
17. Mental health service providers for children and adolescents.
18. Child care programs.
19. Vocational counseling agencies.
20. Volunteer bureaus.

e. Agency Representation on Networks

Whenever possible, agency representatives to the network should include agency administrators who may institute policy changes or influence decision-making processes to improve service delivery to adolescents.

f. Written Agreements

The AFLP agency is responsible for recruiting, developing, negotiating, and updating written agreements with network agencies that provide services to AFLP clients. These agencies must define reciprocal roles and responsibilities between the AFLP case management agency and the service provider and describe referral and follow-up procedures for obtaining these services. A statement must also be included to assure that an agency will abide by all mandated statutes for the protection of client confidentiality. Written agreements may be developed in the form of letters of support, memoranda of understanding, or formal interagency agreements. These agreements should be reviewed and renewed periodically to insure the level of support and processes remain reflective of the relationship and staffing of each agency. All agreements must reflect effective dates for the agreement (not to exceed 24 months). The development of these agreements is a process over time leading to more refined and comprehensive descriptions of the interaction of two agencies on behalf of pregnant and parenting adolescents.

7. Case Management

Case management services to be provided in AFLP must include all elements contained in the AFLP Standards (Appendix 1) and, are not limited to, the following:

- a. Outreach activities that will assure early identification of the highest risk adolescents eligible for services.
- b. Assignment of a continuous case manager to each family unit to insure the receipt of appropriate services as defined by the Standards Implementation Document (see Appendix 4 for example) from entry into the program to discharge. The case manager is responsible for establishing a trusting relationship and maintaining on-going contact with the client in order to remain aware of their emerging issues and needs.
- c. The duties of the case manager must include, but are not limited to:
 - Assessment of the clients' ongoing needs
 - Development of Individualized Service Plans (see Appendix 6 for example)
 - Problem solving
 - Service linkage
 - Case coordination
 - Counseling
 - Case monitoring and evaluation
 - Client advocacy
 - Completion of the Comprehensive Baseline Assessment
 - Annual comprehensive reassessment
- d. An intake process that provides information on services available through AFLP, and assessment of the client to determine service needs and identify resources.
- e. An Individualized Service Plan that includes service needs, service providers, arrangement for obtaining the services needed, timelines for achieving goals, and reflects a multi-disciplinary approach to the development of the service plan. At a minimum, the case manager and the client (and the family when appropriate) must be part of the development and planning process. Client assessments and Individualized Service Plans must be monitored on an on-going basis and updated at least quarterly. Each plan should be comprehensive and include goals and objectives that address but are not limited to the following client concerns, as appropriate:
 - Health
 - Psychosocial
 - Nutrition
 - Health education
 - Education/vocation
 - Child development (if applicable)
 - Parenting (if applicable)
 - Identification of specific activities in the Individualized Service Plan that facilitate access and coordination of needed community based services to the client.

f. Regular on-going case manager contact with clients that includes, at a minimum, monthly client contact **AND** quarterly home visits. A client contact is defined as a face-to-face visit, group visit, or telephone call, which provides one or more of the following services:

- Counseling
- Monitoring of Individual Service Plan
- Assessment
- Evaluation of effectiveness of services
- Crisis intervention

If a monthly contact is not possible, documentation of reasons (e.g. client hospitalization, incarceration, out-of-state), and attempts to locate must be included in the client's record.

g. Contact with collateral individual(s), i.e. significant person in client's life, such as a spouse, parent, guardian, family member, teacher, school counselor or other such person who has regular contact with the client, will be made as needed to remain up-to-date with Client progress and circumstances.

h. At a minimum quarterly monitoring of service delivery to the client.

i. Ongoing advocacy activities on behalf of client for unmet needs and barriers to service delivery.

j. An evaluation system that assesses the overall service delivery system. For example: agency specific quality assurance activities designed to assure access to services, continuity of care, accountability, efficiency of service delivery, quality assessment, etc.

k. Documentation of case management services provided will be included in the case file. The AFLP agency will maintain an up-to-date, centralized, case file for each client consisting, at a minimum, of the following:

- Factors identifying client eligibility determination (documentation of risk criteria used)
- A consent to participate form, signed and dated by the client
- Intake information
- Release of information, signed and dated by the client as applicable
- Current demographic information (i.e. age, ethnicity, gender etc.)
- Comprehensive Baseline Assessment (CBA) and annual reassessments (Appendix 8)
- Individual Service Plan(s)
- Service referrals
- Progress notes (refer to MCAH Policy & Procedure Manual 04-05 Appendix 5)

<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalYear2005-2006.aspx>

- LodeStar data forms (refer to Appendix 9)

For confidentiality purposes, all active case files must remain at the agency site, in a secure location, inaccessible to unauthorized persons.

8. Client Status

- a. Client ACTIVE status will be based on criteria listed below. A client will be considered ACTIVE when the following criteria are met:
 - Client eligibility requirements as defined above are met.
 - A consent for services form has been signed and dated by the client and whenever possible client's parent or guardian.
 - In the month the client enters the AFLP, the client will be considered ACTIVE when the consent and intake forms have been completed.
 - To maintain ACTIVE status beyond the first month, the following criteria must be met:
 - 1) a case manager is assigned
 - 2) appropriate assessments are completed
 - 3) an Individual Service Plan (ISP) is developed with the client
 - 4) a monthly client contact follow-up is documented in the client's record as defined above.
- b. A client who cannot be contacted for three consecutive months must be exited from the program and no longer considered ACTIVE. If client contact is reestablished according to above definition of client contact (7f) and intake and Comprehensive Baseline Assessment are current (within 6 months), the client can be re-entered on the caseload and months of service calculated from the month of reentry (a new consent must be signed upon re-entry).

9. Termination of Client Services

The termination of case management services to AFLP clients will occur under the following conditions only:

- a) The client moves out of the AFLP catchment area. A referral should be made, if appropriate, to an existing AFLP.
- b) The agency loses contact with the client and efforts to locate are unsuccessful, or the client is unresponsive to outreach efforts. Clients who cannot be contacted for three consecutive months and/or with whom a client contact (as defined above) cannot be made for three consecutive months must be terminated from AFLP.
- c) The client requests termination of services or voluntarily leaves the program.
- d) The client is no longer eligible for case management services as she/he has reached the maximum age.
- e) The client has successfully accomplished the mutually agreed upon goals and objectives and/or is no longer in need of AFLP services.
- f) The client's pregnant and/or parenting status changes through fetal death, adoption, etc.

For clients meeting the conditions of item d) or e), termination of service to the client should be accomplished within a three-month period prior to the client losing eligibility, allowing for a therapeutic transition to other appropriate agencies for follow-up as indicated. For those clients identified as at risk and having critical psychosocial issues that cannot be resolved within the time period allotted, MCAH/OFP will evaluate and approve, as appropriate, written requests to extend services to these clients on an individual basis for a limited time. Refer to section "L. 1.a. Age of Eligible Clients" above for extension request process.

10. Caseload

a. Policy

AFLP agencies will be required to enroll and maintain the caseload of clients specified in the current grant Scope of Work for the duration of that year. Agencies are required to maintain the documents listed below.

- 1) Client log.
- 2) Documentation of caseload compliance in meeting the contracted months of service will be required. Each AFLP will maintain a log of ACTIVE clients (refer to "Client Status", # 8 page 22). Each log must be updated monthly to include new admissions, discharges, and re-entries. The log must be maintained by the AFLP agency in a central location. AFLP agencies with subcontracts for case management must include the clients served by subcontractors on the central log.
- 3) Clients may be entered on the log for the month in which the intake and consent forms are completed, regardless of the time of the month this is completed. Similarly, clients are maintained on the log for the entire month in which they exit the program.
- 4) The AFLP Management Information System (MIS) called LodeStar provides the agency with the capacity of producing the client log provided the client information is entered into the system and kept up to date by the AFLP agency.

b. Method for Documenting Caseload Compliance

- 1) All AFLP agencies funded by MCAH/OFP are provided the MIS computer software program at no cost to the agency. Technical assistance for running the LodeStar MIS is currently provided through a contract with the Brannagh Information Group.
- 2) Each AFLP agency is required to use the State specified MIS and complete all forms within the required timeframes.
- 3) Caseload compliance will be assessed by determining months of service provided by the AFLP agency in relationship to the number of active clients for the fiscal year. Totals for annual months of service rather than numbers of clients served per year provide more flexible and accurate documentation.
- 4) Documentation of months of service:

Months of service required in a fiscal year are determined by multiplying the number of clients by the months in the fiscal year.

a) Example:

Number of clients x months in the FY= months of service.

100 clients X 12 months = 1200 months of service

- 5) Each AFLP agency is required to maintain a monthly client log which lists:
 - a) Client number (an identification number assigned by the AFLP agency)
 - b) Date of entry, re-entry
 - c) Date of exit
 - d) Months of service for fiscal year
 - e) Cumulative months in program
 - f) Total months of service delivered each month
 - g) Total year to date months of service provided
- 6) In addition to the program's central log, the AFLP agency has the option of running ad hoc reports of client caseload by case manager to facilitate monitoring of caseloads and for the assignment of new clients.
- 7) Although compliance will be assessed on an annual basis to provide for maximum caseload flexibility, the AFLP agency will be required to monitor monthly caseload and months of service status to prevent cumulative deficits in Months of Service and/or exceeding the client to case manager ratio.

M. Standards Implementation Document (Appendix 4)

1. The AFLP agency is responsible for developing and maintaining a Standards Implementation Document that is consistent with the current version of the AFLP Standards (revised July 2006, Appendix 1) and Scope of Work (Exhibit A3).
2. The Standards Implementation Document is the set of protocols/policies and procedures by which the agency administers their AFLP. Each AFLP agency is required to address how they will accomplish all aspects of each of the ten AFLP Standards and Scope of Work.
3. The agency must address the rationale, structure, process, and when appropriate, outcome criteria for each program standard. Each standard must address the who, what, where, when, and how each element within each standard will be met.
4. The Standards Implementation Document will reflect current operating practices of the agency and interventions in working with the target population. The Standards Implementation Document will describe the process by which a client enters the program, receives services, and exits the program. The document should detail the efforts of case managers to assess, plan, access, and evaluate health care, nutrition, psychosocial issues, health education, and school/vocational programs on behalf of their clients. Details include the criteria used to determine when a service is appropriate for a client, how referrals are made to participating network service providers, how to obtain information on the outcome of a referral or a care plan objective assigned to another service provider, and how services will be monitored.
5. AFLP agencies with client waiting lists shall include the process for moving clients to ACTIVE status. The description shall include triage or priority setting criteria for enrollment of waiting list clients.
6. The Standards Implementation Document must be submitted to MCAH/OFP for review and approval prior to program implementation. Throughout the startup year, the

Standards Implementation Document may require multiple revisions as changes occur. All Standards Implementation Document changes must be submitted to the Program Consultant for review and approval before implementation.

N. Competition Requirements

Failure to meet the following requirements will be grounds for CDHS to deem an Applicant non-responsive and/or ineligible for funding. Evaluators may choose not to thoroughly review or score applications that fail to meet these requirements. By submitting an application in response to this RFA, each Applicant acknowledges it meets the following requirements:

1. At least three consecutive years of experience that includes at a minimum three of the type(s) listed below. It is preferred that your organization's experience was gained within the past five years. It is possible to attain the experience types listed below during the same time period. Applicants must have experience:
 - a. Conducting outreach to pregnant and parenting adolescents.
 - b. Establishing and maintaining partnerships at the Local, County, and Statewide levels that focus on the unique needs of pregnant and parenting adolescents, their partners and families. These partnerships should include local health departments, community based organizations, state agencies, school districts and others.
 - c. Providing case management services that assess, address, and advocate for the needs/services of clients.
 - d. Delivering services that incorporate a Youth Development strength-based approach (see Appendix 10 for definition) to serving adolescents.
 - e. Assessing and evaluating three or more of the following areas for adolescents: health, perinatal issues, health education, nutrition, family planning, school status, substance abuse, parenting education, relationship violence, mental health, social service, and legal needs.
 - f. Establishing and maintaining effective working relationships with government entities, local community based organizations, and private nonprofit organizations.
 - g. Working with low income, ethnically diverse populations.
 - h. Working with the youth culture in addressing issues and challenges and familiarity with youth needs and trends.
 - i. Identifying and implementing developmentally and culturally appropriate interventions to low socioeconomic populations, and ethnically diverse populations.
2. Corporations must certify they are in good standing and qualified to conduct business in California.
3. Non-profit organizations must certify they are eligible to claim non-profit status.
4. Applicant is willing and able to comply with all terms and conditions outlined in the RFA section entitled "Contractual Terms and Conditions" and those appearing in the cited exhibits.

5. Applicants must demonstrate compliance with the following funding match requirements: MCAH/OFP funding of programs is not intended to provide reimbursement for an AFLP agency's total cost. MCAH/OFP funds assist local agencies/Grantees in delivering MCAH/OFP related services to promote the health of all mothers and children in California. AFLP agencies are expected to contribute funds toward the total cost of the program. Although the application does not specify a percentage each AFLP agency must contribute, the Applicant must identify in-kind support. Every AFLP agency is legally required to accomplish the Goals and Objectives as identified in the Scope of Work (Exhibit A3) regardless of the proportion of actual cost provided by the state.
6. Applicants must certify they are financially stable and solvent and have adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.
7. Applicants must agree to contain their indirect costs at a percentage rate not to exceed 10% of salaries, excluding benefits.

O. Application Format and Content Requirements

1. General instructions
 - a. Develop applications by following all RFA instructions and/or clarifications issued by CDHS in the form of question and answer notices, clarification notices, or RFA addenda.
 - b. Before submitting your application, seek timely written clarification of any requirements or instructions that you believe to be vague, unclear or that you do not fully understand.
 - c. Arrange for the timely delivery of your application package(s) to the address specified in this RFA. Do not wait until shortly before the deadline to submit your application.
2. Format requirements
 - a. Submit one (1) original application and three (3) copies or sets.
 - 1) Write "**Original**" on the original application.
 - 2) Each application set should be complete with a copy of all applicable attachments and documentation.
 - b. Format the narrative portion of the application as follows:
 - 1) Use one-inch (1") margins at the top, bottom, and both sides.
 - 2) Use a font size of not less than 12 points.
 - 3) Print pages single-sided on white paper.
 - 4) Sequentially paginate the pages in each application section, excluding the Forms Section and Appendix Section.
 - c. Bind or staple each application set in the upper left-hand corner in a way that enables easy page removal. Loose leaf or three-ring binders are acceptable.

- d. All RFA attachments that require a signature must be signed in ink, preferably in a color other than black.
 - 1) Have a person who is authorized to legally bind the Applicant sign each RFA attachment that requires a signature. Signature stamps are not acceptable.
 - 2) Place the originally signed attachments in the application set marked "Original".
 - 3) The RFA attachments and other documentation placed in the extra application sets may reflect photocopied signatures.

3 Application content

This section specifies the order and content of each application. Assemble the materials in each application set in the following order:

a. Application Cover Page

A person authorized to legally bind the Applicant must sign the Application Cover Page (Attachment 1). If the Applicant is a corporation, a person authorized by the Board of Directors to sign on behalf of the Board must sign the Application Cover Page.

b. Table of Contents

Properly identify each section and the contents therein. Paginate all items in each section with the exception of those items placed in the Forms Section and Appendix Section.

c. Abstract (3 page maximum)

The Abstract must not exceed three (3) pages in length. Evaluators may not review or evaluate excess pages.

In preparing the Abstract, do not simply restate or paraphrase information in this RFA. Describe or demonstrate, in your own words, the following information as it relates to your agency.

- 1) State the amount of funds your agency is requesting for the entire agreement term. If less funding than the maximum available is requested, explain the rationale for requesting less funding.
- 2) Target population information that includes:
 - Characteristics of adolescents at highest risk.
 - Geographic areas to be targeted (i.e., use of historical health indicators or benchmarks, demographic data, or statistical data and its source) and rationale for areas selected.
 - Locations within the community where outreach efforts will be focused to attract the target population (i.e., movie theaters, laundromats, etc.).
 - Identification of data sources used.
 - Identification of the target population.
- 3) The manner and methods of outreach to the target population that take into consideration the client's chronological and maturational age, ethnicity, primary language, developmental level and cultural influences.

- 4) Identify resources within the agency that may/will contribute to the program. Describe how the resources within the agency will contribute to the goals, objectives and activities of the program.
- 5) Describe how this program will be effectively integrated into the agency's current obligations and existing workload.
- 6) Describe the methodology that will be used to assure the provision of quality services.
- 7) Describe how organizations in the community may/will contribute to the program.
- 8) Describe your agency's relationship, familiarity, and work with the Cal-Learn program within the CalWORKS division of the San Luis Obispo County Department of Social Services.
- 9) Describe how your agency will secure additional funding in the event the funding allocated does not fully fund the program and how your agency will sustain the additional funding for each year of the grant.

d. Statement of Needs (3 page maximum)

The Statement of Needs must not exceed three (3) pages in length. Evaluators may not review or evaluate excess pages. Priority will be given to applicants who serve areas with the highest teen birth rates and adolescents at highest risk.

The application must describe the proposed service area and provide a description of the need for services in that area. The description should include, at a minimum:

- 1) The number of live births in San Luis Obispo County to adolescents age 18 and below for the most recent time period.
- 2) The school dropout rate in San Luis Obispo County among adolescents age 18 and under as available through local school districts or other reliable resources.
- 3) The existing services (school, social services, case management, health, etc.) in the proposed service areas and the specific services that are not available/insufficient for this population.
- 4) The "hot spots" (geographic areas identified as having the highest teen birth rate) in San Luis Obispo County.

Describe the results you are striving to achieve through this funding opportunity including:

- 1) Identify the service gaps that will be met or improved and describe how this will be done.
- 2) Describe the impact this program will have on the health resources in the areas targeted within the County.
- 3) Identify the health indicators that will improve as a result of providing AFLP services and how this will be done.

e. Agency Capability section (4 page maximum)

The Applicant Capability Section cannot exceed four (4) pages of narrative text. Evaluators may not review or evaluate excess pages. The organizational chart, Board of Directors roster and resumé documentation are excluded from the page limitation.

This section should describe the ability of the Applicant to successfully implement the proposed program.

- 1) Include a brief history of your organization, including:
 - a) Date of establishment. If applicable, explain any significant changes in your business history (i.e., name change, ownership, partnership arrangements, etc.) or organizational structure that will assist CDHS in determining your qualifications.
 - b) Include a list of the persons that comprise your organization's Board of Directors. Identify the Board President and provide a copy of each member's resume/curriculum vitae.
 - c) Explain how the above supports your organization's ability to implement the program.

- 2) Include the following information about your organization:
 - a) Your organization's mission and goals that are relevant, closely related, or will complement the services outlined in the Scope of Work.
 - b) Briefly describe your organization's greatest accomplishments that are related and/or relevant to the services outlined in the Scope of Work.
 - c) Describe relationships, such as partnerships, collaborations, or arrangements with other service providers in the community that your organization is engaged in to ensure effective delivery of services.
 - d) Describe your agency's organizational structure and submit an organizational chart(s) that identifies AFLP and its relation to other programs within the agency, the relationship of AFLP personnel to the overall agency structure and illustrates the relationship of each position within AFLP. Explain the rationale for the program's placement within the organization, and the program's relationship to the existing structure and how it complements the existing structure.
 - e) Describe the capability and resources to ensure timely start-up and implementation of the proposed program.

- 3) Describe the experience that qualifies your organization to undertake the services outlined in the Scope of Work. At a minimum, demonstrate your organization's possession of the experience types listed below. For each experience type, briefly explain the nature of your organization's experience, program evaluation findings or other indicators of success, number of clients served, duration and time period during which the experience occurred. Applicants should focus their descriptions on the following experience types:
 - a) Conducting outreach to pregnant and parenting adolescents.
 - b) Providing services to pregnant adolescents, adolescent parents and their infants within a comprehensive network of local service providers.

- c) Providing services to ethnically diverse, monolingual non-English speaking, and low socioeconomic populations.
 - d) Providing crisis intervention and services that is sensitive, relevant and responsive to the situational needs of adolescents.
 - e) Providing assessments and interventions that address health needs, psychosocial needs, parenting needs, child development issues, nutritional needs, abuse issues, educational/vocational needs, legal issues and health education needs.
 - f) Addressing the needs of high-risk adolescents. High-risk as defined in the 2004-05 MCAH AFLP Policy and Procedure Manual (Section 3.0) includes the following indicators:
 - Adolescents 15 yrs. or under
 - African American
 - Chronic health condition(s)
 - Pregnant
 - Sexually active
 - Non-supportive Parents
 - Unsafe/unstable home environment
 - Housing issues (unstable)
 - Substance abuse/use
 - Mental Health issues
 - Physical harm to self or others
 - Problem behavior
 - Academic failure
 - No Prenatal care
 - Late entry into care
 - Gang involvement
 - Juvenile Justice issues
 - Language barrier
 - No support system
 - g) Development of interventions that are appropriate for an individual's developmental level, health education needs and psychosocial functioning.
 - h) Providing services in a culturally, linguistically and developmentally appropriate way.
 - i) Collaborating and coordinating systems of care that support and assist pregnant and parenting adolescents, their children, and families. At a minimum, please include any experience with: Cal-Learn, Cal Safe, Office of Family Planning funded Teen Pregnancy Prevention programs and other programs focusing on adolescent health and adolescent pregnancy prevention.
 - j) Evaluating program effectiveness and compliance with program standards, goals and objectives.
 - k) Collecting data and monitoring data elements for program evaluation and quality assurance/integrity.
- 4) Briefly, describe the Programs (including contract and grant awards) begun or completed in the past three years that involved services similar in nature or closely related to the Scope of Work in this RFA and the correlation of those Programs to AFLP, its services, client characteristics and issues.

For each Program listed, include the following information:

- a) Name of agency, organization, or firm for whom services were performed.
 - b) Program length or duration.
 - c) Total cost or value of the Program.
 - d) Indicate if the account or Program is “active/open” or “closed/settled”.
 - e) Identify the type or nature of services your organization performed.
 - f) Identify the number of individuals served/reached.
- 5) Briefly describe any experience that demonstrates your organization’s ability to establish and maintain effective working relationships with government entities, local community based organizations, and/or private nonprofit organizations.
- 6) Describe how case management services will be organized and provided, the staffing pattern that will be used to provide services, and the structure of the proposed network to align with the AFLP Standards, MCAH/AFLP Policy and Procedure Manual and Scope of Work requirements.
- f. Work Plan section
- 1) Overview
 - a) The Work Plan format (Attachment 8) provided incorporates the standardized Scope of Work Applicants are to accomplish each fiscal year of the grant period. The individualized Work Plan your organization develops must address the steps, methods, strategies, structure, process, staffing and actions the Applicant will take to meet the AFLP goals, objectives, major functions, tasks and activities, and performance measures and/or deliverables as listed in the Scope of Work.
 - b) Complete the Work Plan by identifying start-up activities that will occur during the first year separate from those activities that will sustain what has been developed and implemented to meet on an on-going basis each of the major functions, tasks and activities in fulfillment of the AFLP Scope of Work goals and objectives. It is important to address Who, What, When, and Where for each activity. The work plan must clearly distinguish those activities that will take place during the start-up year separate from what will be done the subsequent years. When completing the Work Plan, create additional copies of the format and use as many pages as necessary to display your Work Plan.
 - c) CDHS is interested in applications that provide well organized, comprehensive, and technically sound business solutions. Vague explanations will undermine your organization’s credibility and may result in reduced application scores.
 - d) The Work Plan must include an in-depth discussion and description of the methods, approaches, and step-by-step actions that will be carried out to fulfill all Scope of Work requirements.
 - e) If, for any reason, the Work Plan does not wholly address each Scope of Work requirement, fully explain each omission.

2) Rejection or alteration of activities, tasks, or functions

- a) If full funding in the current or future years does not become available or is reduced, CDHS reserves the right to re-negotiate the agreement, cancel the agreement, or offer an amended agreement for reduced or alternate services.
- b) If the Work Plan contains proposed methods or approaches, functions, tasks, or activities known by CDHS to be ineffective or determined to be unacceptable, CDHS reserves the right to require the substitution of comparable or alternate items (e.g., methods or approaches, functions, tasks, or activities, etc.) that can be performed to accomplish the stated goals and objectives.

3) Work Plan content

Complete the Work Plan (Attachment 8). Make sure to respond separately to the start-up Work Plan (FY 2007-08) from the on-going program maintenance Work Plan (FYs 2008-09 and 2009-10) for each Major Function, Task and Activity. The goals, objectives, activities, performance measures and/or deliverables for AFLP have been established and are standardized for all agencies receiving funding from MCAH/OFP.

The Work Plan evaluation will be based on the depth and breadth of responses to each of the major functions, tasks and activities as well as the performance measures and/or deliverables contained in the Scope of Work for the Start-Up and subsequent years of the grant.

Priority will be given to Applicants who serve areas with the highest teen birth rates, target adolescents at highest risk, and employ staff with the necessary skills to assess and address the complex needs of these high-risk youth.

As indicated on the form, complete the following items:

- a) Goals
 - i. Do not add, delete, or modify the goals listed on the standardized AFLP Scope of Work. The goals, objectives and activities for AFLP have been established and are standardized for all agencies receiving funding from MCAH/OFP. **DO NOT make up new goals.**
 - ii. Start a new page for each goal.
- b) Major Objectives: Objectives or outcomes that will be employed to attain each goal.
 - i. Do not add, delete or modify the objectives listed on the standardized AFLP Scope of Work.
 - ii. The standardized AFLP Scope of Work specifies the objectives for each of the goals. What differs among agencies administering the

program are the resources and methods used to meet the Scope of Work requirements.

- c) Major functions, tasks, and activities: Specify the order in which the functions, tasks and activities are likely to occur to attain each objective. Include the following information for each function, task and activity in the work plan:
- i. Concisely explain and/or describe the overall approach(s) and/or methods that you will use to accomplish the Scope of Work functions, tasks, and activities during the start-up year separate from what will be done in subsequent years.
 - ii. Explain why you chose the particular approaches and methods that are proposed (e.g. proven success or past effectiveness, etc.).
 - iii. Indicate **who is responsible** for performing each major function, task, and activity.

If the responsible party's identity is known, identify a name and position title of key personnel, subcontractor(s), and/or consultant(s) that will perform the work.

If the responsible party's identity is not yet known, identify the position title and indicate "TBD" for "to be determined".

- iv. Include a **projected time line** for each major function, task, and activity. Where applicable, indicate the approximate start and end dates and where the activity will take place. If a function, task and activity will only occur in one budget period or year, indicate the beginning and ending month and year.

d) Performance Measures and/or Deliverables

- i. Identify all deliverables and explain/describe how you intend to accomplish and measure or prove successful completion of each major function, task, activity, performance measure, and/or deliverable.

Identify the key events or outcomes that will signify completion or identify deliverables that will result at the conclusion of the various functions, tasks, and activities. Indicate the anticipated date or time frame for submission of each deliverable (e.g., final report to be submitted within 30 days after the end of the fiscal year).

During the start-up period (FY 2007-08), the AFLP agency will be required to submit no less than quarterly to MCAH/OFP, status reports that specify progress made in meeting the activities. If timelines are not met, the AFLP agency will need to identify the obstacles that prevent meeting the timelines, describe the proposed activities that will be employed to resolve the obstacles and specify revised timelines. The Standards Implementation

Document will need to be developed and approved by MCAH/OFP prior to bringing clients into the program.

Once systems have been put in place, the AFLP agency is responsible for sustaining their capacity to meet the standardized objectives on an on-going basis according to the timeframe designated in the Scope of Work.

g. Management Plan section

- 1) Describe the quality control mechanisms or protocols that you will employ to ensure that all tasks, activities and functions are completed effectively and in a timely manner.
- 2) Describe how you will effectively coordinate, manage, and monitor the efforts of the assigned staff, including subcontractors or consultants, if any, to ensure that all tasks, activities, and functions are completed effectively and in a timely manner.
- 3) Describe the methodology that will be used to assure on-going provision of quality services.
- 4) Describe the fiscal accounting processes or budgetary controls you will use to ensure accurate invoicing and responsible use of grant funds. Include at a minimum, a brief description of all of the following:
 - a) How the costs incurred under this program will be appropriately accounted for so that only applicable expenses will be billed to CDHS (e.g., use of unique account/Program codes, time sheets, expense records, etc.).
 - b) Your fiscal reporting and monitoring capabilities (e.g., spread sheets, automated fiscal reports, quality controls, checks and balances, etc.) to ensure grant funds are responsibly managed.
 - c) Desired billing or invoicing frequency (not more frequently than once per month). Electronic billing is not possible.
 - d) Identify the documentation that your organization will maintain on file or submit to CDHS upon request to prove, support and/or substantiate the expenses invoiced to CDHS.
 - e) Describe matching fund sources or other available in-kind contributions that will be devoted to this Program.
- 5) If the agency intends to obtain Medi-Cal Title XIX matching funds, specify the method your agency will use to:
 - a) Have staff perform quarterly time studies.
 - b) Analyze time studies to determine the time chargeable to federal Medi-Cal Title XIX matching funds.
 - c) Ensure activities are appropriate for the codes reported.
 - d) Document charging of expenses to the appropriate fund source, i.e., State General Fund, Title V, and Medi-Cal Title XIX.

6) Identify the process used to ensure staff is allocating time proportionate to their responsibilities as identified in their duty statement, and for case managers, based on the number of clients on their caseload (not to exceed the monthly client to case manager ratio of 40-50 per FTE including opened and closed clients for the month).

7) Include financial statements. Instructions are explained in the Appendix section.
Place the financial statement in the Appendix section of your application.

h. Program Personnel section (2 page maximum)

The Program Personnel section must not exceed two (2) pages of narrative text. Evaluators may not review or evaluate excess pages. The duty statements and resumes are excluded from the page limitation. This section should substantiate that the proposed staffing and time allocated to the program can, at a minimum, meet if not exceed all requirements identified in the Scope of Work and AFLP Standards.

The ratio of supervisors to case managers is not set but rather depends on a number of variables. These variables include the case managers' education, work experiences, and knowledge of comprehensive case management. For example, a case manager with a Masters Degree in Social Work and case management experience would require less supervision than a case manager with a an Associate Arts degree (AA) and related experience. In the first instance, it is expected that the FTE allocated for the supervisor is less than the FTE for the second instance. The less educated and less experienced case manager requires more supervision and the supervisor must have advanced skills and knowledge. In evaluating the staffing plan proposed for the program, these elements will be considered:

Case managers

- Educational requirements
- Work experience requirements
- Case management experience requirements

Supervisors

- Educational requirements
- Work experience requirements
- Case management experience requirements

FTEs

- Ratio of Supervisors to case managers in relationship to the qualifications of each position.

Supervision is a critical aspect that ensures meeting the intent of AFLP. Consequently, the applicant that allocates the supervisor's FTE in proportion to the qualifications of staff, supervision and quality assurance activities will receive more favorable consideration.

More favorable consideration will be also given to applicants who staff the program with case managers with a broad skill set. In order to provide comprehensive case management to AFLP clients, knowledge and experience in the following areas is very important: child and adolescent growth and development, general health issues, pregnancy, parenting skills, psycho-social and mental health assessment, problem solving skills, nutrition, educational and vocational needs and resources, and available related local resources.

1) Staffing Plan discussion

- a) Identify program personnel and other organizational resources that will be committed to fulfilling responsibilities under the program. Submit duty statements that describe activities in fulfillment of the AFLP Scope of Work, specify the minimum qualifications for each classification identified on the budget. Include a brief discussion of how the following will be sufficient to accomplish all Scope of Work requirements in a successful and timely manner:
 - 1) number of projected personnel
 - 2) projected full time equivalents (FTE) for each classification and position
 - 3) minimum education and experience required of staff
 - 4) proposed duties and responsibilities
- b) Briefly describe how the agency will insure that case management staff have the knowledge, skills, abilities, and background to work effectively with adolescents, assess and address adolescents' needs and issues related to pregnancy and parenting and also assess and address their psychosocial, educational, vocational, developmental, and nutritional concerns/needs.
- c) Briefly describe how the agency will insure that supervisory staff has sufficient knowledge, skills, abilities, and background to direct staff in assessing and addressing the psychosocial, health, and administrative tasks that support staff in providing effective case management services.
- d) Briefly describe how the proposed FTE devoted to supervision is sufficient and takes into consideration the minimum requirements of case management staff.
- e) Briefly describe the agency's plan to insure the provision of culturally and linguistically competent services to adolescents and their families.
- f) Briefly describe the processes or procedures that you will use to ensure that all personnel vacancies, if any, are filled expeditiously and that the agency does not exceed the monthly client to case manager ratio maximum of 40 to 50 clients for each FTE case manager (this includes open, new and exited clients and clients in other programs served throughout the month).
- g) Briefly describe how the proposed client to case manager ratio will allow staff to develop and maintain a relationship with the client, address client needs on an on-going basis, monitor client progress, respond to crisis situations and, move the client forward in maximizing their personal and parental growth and development.
- h) Briefly describe the agency's capacity to find a candidate for the Program Director position that meets the minimum qualifications specified in the (FY 2004/05) MCAH/AFLP Policy & Procedure Manual (Refer to Appendix 5).
- i) If you propose to use subcontractors or consultants for performance under the resulting agreement, discuss the necessity for using each subcontractor/consultant and briefly explain what contributions their services and expertise will add to the Program.

2) Changes to Proposed Staffing

- a) Grantee personnel, subcontractors, subject matter experts and/or independent consultant relationships proposed in response to this RFA should not be changed during the procurement process or prior to grant execution.
- b) The pre-identification of personnel, subcontractors, subject matter experts, or independent consultants does not affect CDHS' right to approve personnel or staffing selections or changes made after awards are made.
- c) Subcontractors are subject to all applicable requirements, terms and conditions, and procedures described in the prime Grantee's agreement resulting from this RFA.

i. Budget Category Instructions

Applicants are to prepare their proposed budgets based upon the following instructions. A budget for each fiscal year of the grant period is required in the Application. See Appendix 12 for a sample of the Budget Template File.

- a) Attachments 9, 11, and 13, Excel files, (one file for each fiscal year; 2007/2008 2008/2009, 2009/2010) are provided for you to use in completing your agency's budget. Each fiscal year's Excel file contains three worksheets (three tabs in lower left corner of the Budget Template). The first worksheet (Budget Instructions) in each fiscal year's file contains instructions for completing the budget. The second worksheet (Budget Detail and Justification) is to be used when preparing the budget and the budget justification. Applicants will only enter information on this second worksheet. The third worksheet is the Budget Summary Page. The Budget Summary Page is protected/locked therefore no information can be entered on this worksheet. You will only enter information on the second worksheet, "Budget Detail and Justification Worksheet".
- b) A completed budget and completed budget justification are provided as samples for reference. See Appendix 12. These examples are guidelines intended to show the required format for reporting proposed budget expenses.
- c) On each of the three budget justification templates (one for each fiscal year), provide specific cost breakdowns for the budget line items listed on the following pages beginning with 'Personnel Costs' and project your agency's costs for each of the fiscal years in the grant period.
- d) All unit rates/costs, if any (i.e., square footage, salary rates/ranges, hourly rates, etc.), must be multiplied out and totaled for each budget period in the budget justification narrative.
- e) MCAH/OFP may provide Grantees with new or updated budget files during the grant period.

1) Budget Line Items

The five Budget line items are: Personnel, Operating Expenses, Capital Expenditures, Other Costs, (including Sub-Contracts, Excess Indirect, and Minor Equipment) and Indirect Costs. Each line item is explained in detail below.

CDHS classifies equipment as Major Equipment and Minor Equipment. (See definitions below)

- **Major Equipment** is defined as a tangible or intangible item with a base unit cost of \$5,000 or more and a life expectancy of one year or more that is purchased or reimbursed with agreement funds. Major equipment is budgeted in the Capital Expenditures line item.
- **Minor Equipment** is defined as a tangible item with a base unit cost of less than \$5,000, has a life expectancy of one year or more, is on CDHS' Minor Equipment List ([see Appendix 13](#)), and is purchased or reimbursed with agreement funds. Examples of equipment under \$5,000 include computers, printers, etc. Minor equipment is budgeted on the Other Costs line item.

2) Required Budget Detail

- a) On the Budget Detail and Justification worksheet for each fiscal year, provide specific cost breakdowns for the budget line items identified in each section.
- b) All unit rates/costs, if any (i.e., square footage, salary rates/ranges, hourly rates, etc.), must be multiplied out and totaled for each budget period and be proportionate to the size of the program.
- c) Please report costs using whole dollars only. Round fractional dollar amounts or cents to the nearest whole dollar amount.
- d) Identify how funding allocated for each line item directly supports the goals, objectives and activities specified in the Scope of Work.

3) Required Cost Justification/Documentation

Include the following narrative information under Description of Expense to explain the reasonableness and/or necessity of the proposed budgeted costs appearing on the Budget Attachments:

- a) Include wage and/or salary justifications, including but not limited to:
 - i. How salary rates or ranges were determined.

Note: The salaries paid to Grantee Personnel, that is, your agency's staff, should not exceed rates paid to State Civil Service personnel performing comparable work. CDHS reserves the right to limit salary reimbursement to levels that are comparable to those of Civil Service employees. (See link to Civil Service classifications and pay scales) Refer to www.dpa.ca.gov.
 - ii. Explain any cost of living, merit or other salary adjustments that are included in the personnel line item. Explain how the amount of each adjustment was determined and explain the frequency or interval at which the adjustment is to be granted. **This only applies if you included merit increases, cost of living, or other salary adjustments in the personnel expense line item.**

Note: The merit and cost of living adjustment paid to Grantee Personnel should not exceed rates paid to State Civil Service personnel performing comparable work. CDHS reserves the right to limit reimbursement of merit and cost of living adjustments to levels that are comparable to those of Civil Service employees.

- iii. Fringe benefit explanation. This requirement only applies if fringe benefit expenses are budgeted. Identify and/or explain the expenses that make up fringe benefit costs. Typical fringe benefit costs can include employer paid social security, worker's compensation insurance; unemployment insurance, health, dental, vision and/or life insurance, disability insurance, pension plan/retirement benefits; etc.
- iv. If applicable, identify any positions that do not earn fringe benefits and/or that receive different benefit levels.

4) Personnel costs (First Line Item)

- a) List each funded position title or classification.
- b) Indicate the full time equivalent (FTE) or annual percentage of time for each position (i.e., full time [40 hours a week] = 1.0, 1/2 time = .50, 3/4 time = .75, 1/4 time = .25).
- c) Identify the monthly salary rate or range for each position/classification. Remember to include anticipated merit and cost of living adjustments.
- d) Do not combine multiple personnel on the same line. Each position must be on a separate line.
- e) For the start-up year budget, base the annual salary on the monthly salary times the number of months employed during the start-up fiscal year e.g. Case Manager (CM) monthly salary of \$3,500 X 8 months = \$28,000 (reflects CM salary from November through June).

5) Fringe Benefits

Fringe benefits include, but are not limited to, employer paid social security, worker's compensation insurance, unemployment insurance, health, dental, vision and/or life insurance, disability insurance, pension plan/retirement benefits, etc.

Display fringe benefit costs **EITHER** as a percentage rate of total personnel costs **OR** as actual costs.

If you choose to use an average rate for total personnel costs, that rate can be added to the bottom of the personnel detail sheet of the Budget Detail and Justification Template. That will calculate fringe benefits on total Annual Salaries and be added to salaries that are exported to the Budget Summary Template.

Fringe benefits can be added individually for each staff as part of the Annual Salary. The fringe benefit rate for that staff must be included in the Budget Justification Narrative under Description of Expense if fringe benefits are added to an Annual Salary.

- **Combining the two fringe benefit options above IS NOT allowed.**

6) Operating Expenses (Second Line Item)

- a) **General Expenses:** This category includes all general costs of the operation of the Program not identified as equipment, travel, subcontractor, consultant, or other costs. Examples of such expenses are office supplies, equipment maintenance, computer software, telephone, postage, duplication and other consumable operating expenses. Furniture and office equipment with an acquisition cost of \$4,999 or less per unit (including tax, installation and freight) are general expense items.
- b) **Travel:** State rules for travel reimbursement are:
- i. The state reimbursement rate for use of a private automobile is 48.5 cents per mile. Travel reimbursement is on a per trip basis. The amount of the mileage reimbursement includes all costs of operating the vehicle.
 - ii. The agency must utilize the lowest available cost method of travel. See Exhibit G for additional information on reimbursable costs.
 - iii. Indicate the total cost for travel and per diem for program staff. The money budgeted for travel must be for expenses related to the administration of the program. The travel line item in the budget must include only the costs specifically related to the staff activities, such as travel to attend conferences and trainings.
 - iv. Applicants must include a sufficient travel and per diem allocation for program staff to attend trainings, regional meetings, etc. Directors are required to attend approximately 4 regional meetings per year and case management staff attend between 4 and 8 trainings depending on supervisor assessment, skills, and individual training costs and funding. Include costs for expenses such as airfare, mileage reimbursement, parking, toll bridge fees, taxicab fares, overnight lodging and meal expenses, etc. Mileage costs associated with staff attending a collaborative meeting or traveling to a school site to conduct a presentation would be reported under the sub-line for transportation, listed below.
 - v. The cost of driving to home visits, transporting clients, or other client related transportation is not included here, but under the sub-line for transportation, listed below.

This requirement only applies if travel expenses are budgeted.

- i. If you propose travel expenses in any budget period, itemize all major travel and per diem expenses. At a minimum, include an estimated number of trips, to and from destinations, length of travel per trip (i.e.,

number of days and nights), number of travelers and mode of transportation.

- ii. **Note:** Travel reimbursement generally may not exceed the current rates paid to non-represented State employees.
- c) **Training:** The training costs associated with AFLP sponsored and non-AFLP sponsored training. This line item includes registration fees for conferences and tuition for training.
- d) **Space Rent/Lease:** The cost of renting or leasing office space must designate the total square feet and the cost per square foot. Under state standards, it is permissible to reimburse up to a maximum of 100 square feet of office space per FTE.
- e) The cost for renting classroom or meeting space (e.g., at a community or youth center) is allowable but should be prorated to the time of actual use.
- f) **Printing:** Identify the costs of printing, duplication, and reproduction of materials used under AFLP. Costs of printing more than 10 percent of the total grant must be justified and reflected in the grant agreement.
- g) **Equipment Rental:** Rented or leased equipment must be budgeted as an operating expense. Lease-purchase agreements or options are prohibited and not a valid grant related expense.
- h) **Audit Costs:** The cost of the mandatory financial audit by an independent auditor at the end of each fiscal year must be included in the budget. Up to \$3,000 may be budgeted for the financial audit if the total annualized Is less than or equal to \$150,000. Up to two percent of the annual grant amount may be budgeted for the financial audit if the annual amount of the grant is greater than \$150,000.
- i) **Transportation.** Costs related directly to transporting program clients, making home visits, or conducting outreach activities, ect.
- j) **Software:** This software must be necessary and used toward fulfilling the terms of the grant. Examples of software include: Software license fees, software upgrades, etc.
 - Grantee must possess current software to allow for easy flow of communication between the Grantee and MCAH/OFP.
 - All software purchased with MCAH/OFP funds must meet or exceed the following standards established by CDHS. We strongly encourage Grantees to upgrade existing software to meet or exceed these standards.

C. SOFTWARE
Windows XP Pro
Microsoft Office Suite 2003 Pro SP2
Norton Anti Virus 10.0.02.2001
Microsoft Outlook 2003
Microsoft Internet Explorer 6.0 SP1
Adobe Acrobat Reader 7.X
WinZip 9.0

Total Operating Expenses

Indicate the total of all operating expenses.

7) Capital Expenditures (Third Line Item)

- a) Major equipment costs and explanation of purchasing system. This requirement only applies if major equipment purchases are budgeted. (see definition page 38)
- b) For each major equipment item listed in an annual Budget Spreadsheet, explain why the equipment item is needed and how it will be used to carry out the work. If applicable, explain why a lease is not preferable to a purchase.
- c) List each major equipment item you intend to purchase. Include the number of units and anticipated unit cost. Extend each unit cost to display applicable subtotals and show a total equipment cost.
- d) Describe briefly, your agency's purchasing system including how you will ensure that prices are competitive and how you will ensure that purchases are carried out responsibly.
- e) If the equipment item will be used by programs other than AFLP, provide cost allocation methodology for charging a proportionate share of cost to AFLP.
- f) Provide cost allocation methodology.
- g) CDHS may reimburse major equipment purchases under the resulting agreement if the applicant demonstrates the necessity of the equipment for administering the program and, necessary staffing to meet the intent of the program has been satisfied.

If applicable, enter \$0 if no major equipment expenses will be incurred

8) Other Costs (Fourth Line Item)

Subcontract Expenses. Subcontractor/independent consultant use and fees/rates and costs. **This requirement only applies if subcontractor (including independent consultant) costs are budgeted** Subcontract and consultant agreements are included in this line item. The **total cost only** is entered on this line.

- a) Discuss the necessity of using each subcontractor and/or independent consultant and explain why the agency is unable to provide the services being acquired. Explain what contributions their services and expertise will add to this Program.
- b) Provide a justification for the fees/wages budgeted for known/pre-identified subcontractors (including independent consultants). Include information, such as, but not limited to, the subcontractor's or consultant's current pay rate, past wage/salary/fee history, standard industry rates paid for comparable/similar services. Identify the amount of time in hours or FTE that the funding supports for each subcontract. If applicable, explain other factors you used to determine the proposed pay levels such as notoriety in a specific field, possession of expert credentials, etc. that explain the reasonableness of the proposed costs/fees or wage rates. Identify the primary responsibilities for the subcontractor.
- c) Projected cost for each activity/function to be out sourced.
- d) The Contractor must maintain records reflecting actual expenditures for each state fiscal year covered by the term of this agreement.
- e) If applicable, enter \$0 if no subcontract expenses will be incurred.

9) Other Costs

Other costs explanation. **This requirement only applies if "Other costs" are budgeted.**

- Itemize each expense item making up the "Other Costs" line item.
- Explain why each expense item is necessary. Also, explain how you determined the amount of each expense.
- If you offered any services or deliverables on a fixed price or lump sum or fixed-price basis, explain how you determined the price or cost.

a) Equipment Expenses

- Minor equipment is listed here. (See definition of Minor Equipment on Page 38). For examples of Minor Equipment see CDHS' Minor Equipment List (Appendix 13). Purchased equipment must be necessary and used toward fulfilling the terms of the grant. Examples of equipment under \$5,000 include computers, printers, etc.
- Minor equipment is budgeted on the Operating Expense Detail page in the section titled **OTHER CHARGES**.

State rules and definitions for reimbursement of equipment cost.

- All equipment purchased in whole or in part with state grant funds is the property of the State.
- Grant funds may not be used to reimburse the applicant for equipment purchased prior to the grant agreement.
- Lease-purchase agreements or options are prohibited and not a valid grant related expense.
- Equipment cannot be purchased without prior MCAH/OFP approval.

- Grantees may use their own purchasing system to obtain major equipment up to an annual limit of \$50,000. Unlimited purchase delegations exist for California State colleges, public universities, and other governmental entities.
- Grantee must possess current technology to allow for easy flow of communication between the Grantee and MCAH/OFP such as sending e-mails with large attachments. Grantee must have the ability to access, print and download website information such as files from the MCAH/OFP website.
- All computers purchased with MCAH/OFP funds must meet or exceed the following standards established by the CDHS. We strongly encourage Grantees to upgrade existing systems to meet or exceed these standards.

DESKTOPS MINIMUM CONFIGURATION	
Mini-Tower	
CPU	P4-3.0GHz
DDR RAM	1 GB
CD ROM or CDR	CDRW/DVD-ROM Drive
Hard Drive	80 GB
NIC	10/100/1000
O/S	Windows XP Pro
Warranty	4 Yr. On-Site P&L

If applicable, enter \$0 if no operating expenses will be incurred. However, an explanation must be included that describes how the operating needs of the program will be met.

Computers must be dedicated to the staff person(s) responsible for progress reports, data entry, and other program requirements.

- Indicate here any direct program expenses that do not clearly fit into the other budget line items. Such costs may include, but are not limited to costs for educational material development or other items unique to outreach and program development.
- If any service, product or deliverable will be provided on a fixed price or lump sum basis, name the items and/or deliverable and indicate "fixed price" or "lump sum" next to the item along with the price or fee.
- If applicable, enter \$0.

10) Indirect Costs (Fifth Line Item)

Indirect costs include costs that accrue in the normal course of business that can only be partially attributable to performance of a grant (e.g., administrative expenses such as payroll handling, accounting/personnel expenses, liability insurance coverage, janitorial expenses, security expenses, legal representation, equipment maintenance, Executive Director's time etc.).

- These are costs that a business would accrue even if they were not performing services for the State under a grant.

- b) Specify indirect costs as a percentage of the total personnel salary and wage costs, **before** fringe benefits, not to exceed 10%.
- c) Express your indirect costs as a percentage rate.
- d) **Agency indirect costs that are above the 10% reimbursed by state funds may be funded with agency money to draw down Medi-Cal Title XIX matching funds.**
- e) If applicable, enter \$0.

Include, at your option, any other information that will assist CDHS to understand how you determined your costs and why you believe your costs are reasonable, justified and/or competitive. Unless discussed elsewhere within this section, explain any unusually high or disproportionate cost elements appearing in any budget line item. For example if this grant is to fund a disproportionately high portion of your agency's indirect (overhead) costs, please provide a justification for the proposed allocation method.

1) Prohibited Expenses

- a) **Bonuses/Commissions.** Bonuses and commissions paid from grant funds are prohibited.
- b) **Purchase of Real Property.** Grant funds cannot be used to purchase real property.
- c) **Interest.** The cost of interest payments is not an allowable expenditure.
- d) **Lobbying.** Reimbursement is not allowed for lobbying activities.
- e) **Lease-Purchase Options.** It is prohibited to use grant funds to enter into a lease-purchase contract for the purchase of equipment or any other personal property, or for the purchase of real property.
- f) **Health Insurance Premiums for AFLP clients.**

j. Appendix section

Place the following documentation in the Appendix section of your application in the order shown below.

1) **Proof of Corporate status**

If the Applicant is a Corporation, submit a copy of your organization's most current Certificate of Status issued by State of California, Office of the Secretary of State or submit a downloaded copy of your firm's on-line status information from the California Business Portal website. Submit an explanation if you cannot submit this documentation. Unless otherwise specified, do not submit copies of your organization's Bylaws or Articles of Incorporation.

2) **Proof of Nonprofit status**

Nonprofit organizations must prove they are legally eligible to claim “nonprofit” and/or tax-exempt status by submitting a copy of an IRS determination letter indicating nonprofit or 501 (3)(c) tax-exempt status. Submit an explanation if you cannot supply this documentation.

3) **Financial statements**

Only audited financial statements will be accepted.

Audited statements are required. All noted audit exceptions must be fully explained. CDHS will only accept financial statements that have been reviewed by a professional certified auditing firm.

4) **Letters of Support**

Obtain and include three (3) Letters of Support. Each Letter of Support should be on letterhead of the agency writing the support letter and include an address, telephone number, fax number, contact person, name and title of letter’s author, and should address the following:

- a) Description of the capacity in which the supporting organization will work with the Applicant.
- b) Description of the nature or scope of support promised and the commitment of providing that support.
- c) If applicable, describe the length and nature of previous collaborations with the Applicant.
- d) For new collaborations, if applicable, explain how you will develop and maintain an effective partner relationship.

k. Forms section

When completing this section, do not:

- Alter the information supplied or the order of the RFA attachments.
- Add items that Applicants have been instructed to submit in a different part of the application response (i.e., Letter of Intent, Work Plans, etc.).

Complete, sign and include the forms/attachments listed below. When completing the attachments, follow the instructions in this section and any instructions appearing on the cited attachment. After completing and signing the applicable attachments, assemble them in the order shown below. Remember to place all originals in the application package marked “Original” and photocopies in other required application sets.

Attachment and/or Documentation	Instructions
Application Cover Page (Attachment 1)	1) Cover Page – include RFA name, RFA number, date and your agency’s name.

Attachment and/or Documentation	Instructions
Application Checklist (Attachment 2)	<p>2) Check each item with “Yes” or “N/A”, as applicable, and sign the form. If necessary, explain your responses.</p> <p>3) If an Applicant marks “Yes” or “N/A” and makes any notation on the checklist and/or attaches an explanation to the checklist to clarify their choice, CDHS considers this a “qualified response”. Any “qualified response”, determined by CDHS to be unsatisfactory or insufficient to meet a requirement, may cause an application to be deemed non-responsive or ineligible for funding.</p>
Business Information Sheet (Attachment 3)	Completion of the form is self-explanatory.
CCC 1005 - Certification (Attachment 4)	<p>Complete and sign this form indicating your willingness and ability to comply with the Contractor Certification Clauses appearing in this Attachment. The attachment supplied in this bid represents only a portion of the contractor information in this document. Visit this web site to view the entire document: http://www.ols.dgs.ca.gov/Standard+Language/default.htm.</p>
Payee Data Record (Attachment 5)	Complete and return this form, <u>only</u> if you have not previously entered into a contract with CDHS. If uncertain, complete and return the form.
RFA Clause Certification (Attachment 6)	Complete and sign this form indicating your willingness and ability to comply with the certification clauses appearing in the RFA section entitled, “Federal Certification Clauses”.
Voluntary Letter of Intent (Attachment 7)	Completion and return is voluntary.
Work Plan (Attachment 8)	Complete and return the Work Plan.
Budget Year 1 FY 2007-08 (Attachment 9)	Complete and return this form.
Subcontractor Budget Year 1 FY 2007-08 (Attachment 10)	Complete and return this form only if using a subcontractor and the total cost for the term of the contract is \$5,000 or more.
Budget Year 2 FY 2008-09 (Attachment 11)	Complete and return this form.
Subcontractor Budget Year 2 FY 2008-09 (Attachment 12)	Complete and return this form only if using a subcontractor and the total cost for the term of the contract is \$5,000 or more.
Budget Year 3 FY 2009-10 (Attachment 13)	Complete and return this form.
Subcontractor Budget Year 3 FY 2009-10 (Attachment 14)	Complete and return this form only if using a subcontractor and the total cost for the term of the contract is \$5,000 or more.

P. Application Submission

1. Submission Instructions

- a) Assemble an original and three (3) copies of your Application. Place the Application set marked "Original" on top, followed by the three (3) extra copies.
- b) Place all Application copies in a single envelope or package, if possible. Seal the envelope or package.
- c) If you submit more than one envelope or package, carefully label each one as instructed below and mark on the outside of each envelope or package "1 of X", "2 of X", etc.
- d) Mail or arrange for hand delivery of your application to the Department of Health Services, Maternal, Child and Adolescent Health/Office of Family Planning Branch. Applications may not be transmitted electronically by fax or email.
- e) The Maternal Child and Adolescent Health/Office of Family Planning Branch must receive your Application, regardless of postmark or method of delivery, by **4:00 p.m. on March 2, 2007.** Late applications will not be reviewed or scored.
- f) Label and submit your Application using one of the following methods.

Hand Delivery or Overnight Express:	U.S. Mail:
<p>Application - RFA 07-65099 California Department of Health Services Maternal, Child and Adolescent Health/ Office of Family Planning Branch Attention: Silvia Flores, M.S.W. 1615 Capitol Avenue, MS 8306 P. O. Box 997420 Sacramento, CA 95899-7420</p>	<p>Application - RFA 07-65099 California Department of Health Services Maternal, Child and Adolescent Health/ Office of Family Planning Branch Attention: Silvia Flores, M.S.W. 1615 Capitol Avenue, MS 8306 P. O. Box 997420 Sacramento, CA 95899-7420</p>

g) Applicant warning

CDHS' internal processing of U.S. mail may add 48 hours or more to the delivery time. If you mail your Application, consider using certified or registered mail and request a receipt upon delivery.

If you choose hand delivery, allow sufficient time to locate on street metered parking and to sign-in at the security desk. Be prepared to give security personnel this telephone number, 650-0378, and this CDHS personnel contact name, Silvia Flores if detained at the security desk.

2. Proof of timely receipt

- a. CDHS staff will log and attach a date/time stamped slip or receipt to each application package/envelope received. If an application envelope or package is hand delivered, CDHS staff will give a receipt to the hand carrier upon request.
- b. To be timely, CDHS' personnel must physically receive each application at the stated delivery address no later than **4:00 p.m.** on the application submission due date. Neither delivery to the department's mailroom or a U.S. postmark will serve as proof of timely delivery.
- c. CDHS will deem late applications non-responsive.

3. Applicant costs

Applicants are responsible for all costs of developing and submitting an application. Such costs cannot be charged to CDHS or included in any cost element of an Applicant's proposed budget.

Q. Evaluation and Selection

A multiple stage evaluation process will be used to review and/or score applications. CDHS may reject any application found to be non-responsive at any stage of evaluation.

1. Stage 1 – Application Checklist review

- a. Shortly after the application submission deadline, CDHS staff will convene to review each application for timeliness, completeness and initial responsiveness to the RFA requirements. This is a pass/fail evaluation.
- b. In this review stage, CDHS will compare the contents of each Application to the claims made by the Applicant on the Application Checklist to determine if the Applicant's claims appear to be accurate.
- c. If deemed necessary, CDHS may at its sole discretion, collect additional documentation (i.e., missing forms, missing data from RFA attachments, missing signatures, etc.) from an Applicant to confirm the claims made on the Application Checklist and to ensure that the Application is initially responsive to the RFA requirements.
- d. If an Applicant's claims on the Application Checklist cannot be proven or substantiated, the Application may be deemed non-responsive and rejected from further consideration.
- e. Applicants failing to pass stage 1 are not eligible for the appeal process.

2. Stage 2 – Application evaluation/scoring

- a. Applications that are timely and appear to meet basic format requirements, initial competition requirements and contain the required documentation, as evidenced by passing the Stage 1 review, will be submitted to a review committee.

Reviewers will individually and/or as a team review, evaluate and numerically score applications based on the Application's adequacy, thoroughness, and the degree to

which it complies with the RFA requirements and meets CDHS' program needs as described in the RFA.

In Stage 2, each application will undergo a detailed appraisal of its adequacy, thoroughness and the degree to which it complies with the RFA requirements of each section and the program as a whole.

- b. CDHS will use the following scoring system to assign points. Following this chart is a list of considerations that reviewers may take into account when assigning points to an application.

Points	Interpretation	General basis for point assignment
0	Inadequate	Application response (i.e., content and/or explanation offered) is inadequate or does not meet CDHS' needs/requirements or expectations. The omission(s) flaw(s), or defect(s) are significant and unacceptable.
2	Barely Adequate	Application response (i.e., content and/or explanation offered) is barely adequate or barely meets CDHS' needs/requirements or expectations. The omission(s) flaw(s), or defect(s) are inconsequential and acceptable.
4	Fully Adequate	Application response (i.e., content and/or explanation offered) is fully adequate or fully meets CDHS' needs/requirements or expectations. The omission(s) flaw(s), or defect(s), if any, are inconsequential and acceptable.
6	Excellent or Outstanding	Application response (i.e., content and/or explanation offered) is above average or exceeds CDHS' needs/requirements or expectations. Minimal weaknesses are acceptable. Applicant offers one or more enhancing features, solutions, methods or approaches that will enable performance to exceed CDHS' basic expectations.

- c. Evaluation of the application will be based on the extent to which the following elements are developed:

- 1) Contains thorough information with depth and breadth and provides significant facts and details, and
- 2) Reflects collaboration with proposed network agencies and community input, and,
- 3) Is fully developed, comprehensive and has few if any weaknesses, defects or deficiencies, and
- 4) Demonstrates that the Applicant understands CDHS' needs, the services sought, and/or the Grantee's responsibilities, and
- 5) Illustrates the Applicant's capability to perform all services and meet all Scope of Work requirements, and
- 6) Demonstrates the capability to provide culturally and linguistically appropriate services to the highest risk pregnant and/or parenting adolescents, and
- 7) Identifies strategies that are appropriate to the need of the target populations, and

- 8) Identifies activities and/or outcomes that can be measured and evaluated, and
- 9) Demonstrates the Applicant's administrative, fiscal and programmatic capability to implement the program design, and
- 10) If implemented, will contribute to the achievement of CDHS' goals and objectives, and
- 11) Demonstrates the Applicant's capacity, capability and commitment to exceed regular service needs (i.e., enhanced features, approaches, or methods, creative or innovative business solutions).

d. **Scoring the adequacy of an application**

There are seven major sections that must be addressed in this application. Each section has several criteria that must be addressed in the application. Each of the seven major sections of an application is assigned the following weights:

Abstract	5%
Statement of Needs	5%
Agency Capability	20%
Work Plan	25%
Management Plan	20%
Program Personnel	15%
Budget	<u>10%</u>
Total	100%

Within each section there are several criteria that must be satisfactorily addressed by the Applicant. When totaled, the combined score for all sections must be no less than 70% to be considered for funding. The Applicant with the highest total score will be recommended to receive funding.

e. Below are the point values and weight values for each rating category.

- 1) Applications will be scored on a scale of 0 to 6 as described above.

<u>Rating Category</u>	<u>Points</u>	<u>X</u>	<u>Weight</u>	<u>=</u>	<u>Total</u>
Abstract	60	X	0.05	=	3—
Statement of Needs	54	X	0.05	=	2.7
Agency Capability	120	X	.2	=	24
Work Plan	186	X	.25	=	46.5
Management Plan	60	X	.2	=	12
Program Personnel	60	X	.15	=	9
Budget	54	X	.1	=	5.4
Grand Total					<u>102.6</u>

- 2) CDHS will consider an Application technically deficient and non-responsive if the application earns a score that is less than 70% of the total 102.6 available points (71.8). Non-responsive Applications will not be funded. CDHS anticipates funding only one agency to serve the San Luis Obispo County area.

R. Application Rating Factors

Raters will use the following criteria to score each Application.

1. Abstract

Abstract Rating Factors	Points Possible	Points Earned
To what extent did the Applicant explain the rationale for requesting less funding than what is available? (If amount identified equals the amount of available funding, 6 points will be assigned based on the effectiveness of the Applicant's rationale for the funding available)?	6	
To what extent did the Applicant identify: the characteristics of the adolescents at highest risk, geographic areas targeted, locations within the community where outreach efforts will be focused, and identification of the target audience? To what extent did the applicant's response identify data sources used?	6	
To what extent were the manner and methods of outreach proposed by the Applicant appropriate for the target population taking into consideration the composition of the target population (i.e. maturational and chronological age, ethnicity, primary language, developmental level and cultural influences)?	6	
To what extent did the Applicant clearly identify the resources the agency will contribute to the program and how the resources will contribute to the goals, objectives and activities of the program?	6	
To what extent did the Applicant clearly describe the consequences if not funded?	6	
To what extent did the Applicant demonstrate that it will effectively integrate this program into its current obligations and existing workload?	6	
To what extent did the Applicant clearly describe how they will assure the provision of quality services?	6	
To what extent did the Applicant indicate how organizations in the community may/will contribute to the program?	6	
To what extent did the Applicant demonstrate their relationship, familiarity, and work with the Cal-Learn program within the CalWORKS division of the County Department of Social Services?	6	
To what extent did the Applicant describe how they will successfully secure any additional funding necessary to meet the program requirements and how the Applicant will sustain the additional funding for each year of the grant?	6	
Abstract Score	_____ Points earned X 0.05 = _____	

Possible Points = 60 X .05 = 3

2. Statement of Needs

Statement of Needs Rating Factors	Points Possible	Points Earned
To what extent does the Applicant propose targeting areas with the highest teen birth rates and adolescents at highest risk?	6	6
To what extent did the Applicant clearly describe the number of live births in San Luis Obispo County to adolescents age 18 and below?	6	6
To what extent did the Applicant clearly describe the high school dropout rate in San Luis Obispo County, among adolescents age 18 and under?	6	6
To what extent did the Applicant describe the existing services in the proposed service area(s) and, those services that are not available or insufficient for this population?	6	6
To what extent did the Applicant clearly describe the teen birth hotspots in San Luis Obispo County?	6	6
To what extent did the Applicant identify the service gaps that will be met or improved and describe how it will be done?	6	6
To what extent did the Applicant clearly describe the impact the program will have on the health resources in the areas targeted?	6	6
To what extent did the Applicant identify the health indicators that will be improved and how it will be done?	6	6
Applicants who propose serving communities with the highest teen birth rates and adolescents at highest risk will be given priority by the assignment of 6 points.	6	6
Statement of Needs Score		_____ Points earned X 0.05 =

Possible Points = 54 X .05 = 2.7

3. Agency Capability

Agency Capability Rating Factors	Points Possible	Points Earned
To what extent does the Applicant's history, years of experience, organizational structure and Board composition support their ability to implement the program?	6	
To what extent are the Applicant's mission and goals relevant, closely related, or will complement the services outlined in the Scope of Work?	6	
Upon reviewing the Applicant's description of its accomplishments, to what extent are those accomplishments related to and/or relevant to the services outlined in the Scope of Work?	6	
Upon reviewing the Applicant's description of its relationships, such as partnerships, collaborations, or arrangements with other service providers in the community, to what extent did the Applicant describe relationships that ensure effective delivery of services?	6	
Upon reviewing the Applicant's organizational structure and description of the placement of the Program within the organizational structure, to what extent will the proposed program fit into the Applicant's current structure and complement the existing structure?	6	

Agency Capability Rating Factors	Points Possible	Points Earned
From the information provided in the application, to what extent does the Applicant demonstrate the capability and resources that will ensure timely start-up and implementation of the program?	6	
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience in conducting outreach to pregnant and/or parenting adolescents?	6	
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience in providing services to pregnant and/or parenting adolescents and their infants within a comprehensive network of local service providers?	6	
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience in providing services to ethnically diverse, monolingual non-English speaking and low socioeconomic populations?	6	
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience in providing crisis intervention and services that are sensitive, relevant and responsive to the situational needs of adolescents?	6	
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience in providing assessments and interventions that address health needs, psychosocial needs, parenting needs, child development issues, nutritional needs, abuse issues, educational/vocational needs, legal issues and health education needs?	6	
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience in addressing the needs of high-risk adolescents? High risk as defined in the 2004-05 MCAH AFLP Policy and Procedure Manual (Section 3.0) includes the following indicators: Adolescents 15 yrs. or under, African American, Chronic Health Condition, Pregnant, Sexually Active, Non-supportive Parents, Unsafe/unstable Home Environment, Housing issues, Substance abuse/use, Mental Health issues, Physical Harm to Self or Others, Problem Behavior, Academic Failure, No Prenatal care, Late entry into care, Juvenile Justice issues, Gang Involvement, No Support System, Language Barrier.	6	
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience in the development of interventions appropriate to an individual's developmental level, health education needs and psychosocial functioning?	6	
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience in providing services in a culturally, linguistically and developmentally appropriate way?	6	
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience in collaborating and coordinating systems of care that support and assist pregnant/parenting adolescents, their children and families? And, to what extent does the Applicant demonstrate experience with Cal-Learn, Cal Safe, Office of Family Planning, and other programs focusing on adolescent health and adolescent pregnancy prevention?	6	

Agency Capability Rating Factors	Points Possible	Points Earned
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience in evaluating program effectiveness and compliance with program standards, goals, and objectives?	6	
From the experience described in the application, to what extent does the Applicant demonstrate applicable experience with data collection, monitoring data elements for program evaluation and quality assurance/integrity?	6	
Based on a review of the Applicant's information regarding services begun or completed by the Applicant in the past three years that involved services that were similar in nature or closely related to the Scope of Work in this RFA, to what extent does the description include the agency name, Program length or duration, total cost or value of the Program, whether it is active or closed, nature of the services performed and number of clients served for each Program identified? To what extent does the Applicant demonstrate a correlation to AFLP, its services, client characteristics and issues for each of the Programs identified?	6	
To what extent does the Applicant demonstrate experience establishing and maintaining effective working relationships with government entities, local community based organizations, and/or private nonprofit organizations?	6	
To what extent is the Applicant's proposed structure for case management, program staffing, and structure of the proposed network in alignment with the AFLP Standards, MCAH Policy and Procedure Manual, and Scope of Work requirements?	6	
Agency Capability Score	_____ Points earned X .2 = _____	

Possible points = 120 X.2 = 24

4. Work Plan

Work Plan Rating Factors (<i>*signifies in Start-Up Scope of Work only</i>)	Points Possible	Points Earned
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to establish participation in the development and integration of local and state initiatives that promote a seamless system of care for children and adolescents?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to establish formal and/or informal agreements with local Maternal, Child and Adolescent Health (MCAH), and other State and local agencies, to develop and maintain non-duplicative, comprehensive systems of care that facilitate service delivery?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to establish a provider network or participate in a local service provider network that focuses on the comprehensive needs and services of pregnant and parenting adolescents?	6*	

Work Plan Rating Factors (<i>*signifies in Start-Up Scope of Work only</i>)	Points Possible	Points Earned
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to participate in collaborative, community network activities that address the comprehensive needs and services of pregnant and parenting adolescents and their children?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to identify and promote provider participation to expand the local service provider network?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to identify and promote the availability, accessibility, and cultural appropriateness of adolescent services and resources and, describe service gaps, barriers and positive changes?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to work with existing providers to address service gaps and barriers and service quality?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to assure appropriate and eligible clients are referred to the program and, that the proposed activities are conducive to reaching the highest risk eligible youth?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to develop and maintain policies and criteria for program admission that incorporates weighted risk factors in addition to standardized eligibility criteria?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to ensure that clients and their children will be assigned a primary case manager who will provide comprehensive case management services tailored to the clients' specific needs and priorities? Case management includes, but is not limited to: intake, completion of the Comprehensive Baseline Assessment elements, ongoing assessment of client needs, priorities, and resources, annual comprehensive reassessment, development, implementation, monitoring, and revision of the Individual Service Plan (ISP) with the client at least quarterly and as needed, advocacy on behalf of client, monthly client contact, quarterly client contact in the home.	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to acquire the necessary computer hardware, software and staff to install and run the State supported Management Information System (MIS)?	6*	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) for utilizing the State supported MIS Data to track client count and calculate months of service?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to collect and input data elements contained in the State supported MIS Data each month to ensure that all current activity is reflected in the data sent to MCAH or designee?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) for developing a program specific Standards Implementation Document (SID) that reflects the operating practices of the program?	6*	

Work Plan Rating Factors (<i>*signifies in Start-Up Scope of Work only</i>)	Points Possible	Points Earned
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) for maintaining and revising the Standards Implementation Document to reflect the current operating practices of the program as changes occur?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) for making the Standards Implementation Document available to staff at all program sites and for all staff to be oriented to the Standards Implementation Document, its location and use?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) to maintain an updated personnel list, including name, position, and total full-time equivalent (FTE) percent for each staff member on the AFLP budget? (For AFLP staff also providing case management in Cal-Learn, the list will include total FTE percent for each program)	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) for notifying the MCAH program consultant and contract manager of personnel vacancies, resignation or change in the AFLP director and submittal of a plan for the interim oversight of the program	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) for submitting a written request for approval of the interim and/or permanent program director, along with the applicant's resume/vitae, prior to appointment of the program director?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) for maintaining a monthly ratio of no more than 40-50 clients per FTE case manager, this consists of all clients (open, new and exited clients) on the caseload throughout the month (This limit includes all clients served by the case manager each month, regardless of whether the client is in AFLP or Cal-Learn, as reported by the MIS)?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and or method(s) for designating a non-case management staff person to routinely enter required program data?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and/or method(s) for developing and, maintaining policies that will insure staff have the training and skills to provide case management services in accordance with AFLP Standards and MCAH/OFP Branch Policies and Procedures? How do the duty statements for each position listed on the AFLP budget and procedures for orientation of staff to AFLP Standards support this objective?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and or method(s) for providing appropriate and ongoing supervision and consultation to staff?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and or method(s) for identifying, providing and/or obtaining job related training and Technical Assistance for AFLP staff?	6	

Work Plan Rating Factors (<i>*signifies in Start-Up Scope of Work only</i>)	Points Possible	Points Earned
To what extent does the Applicant explain and/or describe their overall approach(es) and or method(s) for developing and implementing quality assurance activities consistent with the MCAH/OFP Branch Policies and Procedures?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and or method(s) for participating in scheduled AFLP Director and Regional meetings, and State sponsored Technical Assistance training sessions?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and or method(s) to promote primary and preventive health care utilization by pregnant and parenting adolescents and their children?	6	
To what extent does the Applicant explain and/or describe their overall approach (es) and/or methods to focus case manager activities on the promotion and prevention of; poor perinatal outcomes (low birth weight, birth defects, infant mortality, maternal mortality); sexually transmitted infections; unplanned repeat pregnancy; HIV/AIDS, substance abuse (alcohol, drugs, tobacco, including children's exposure to second hand smoke); violence; injury (intentional/unintentional); Promotion of: breastfeeding; general health; exercise and good nutrition; family planning; early and consistent prenatal care; well-child care; age-appropriate immunizations; school attendance when appropriate; educational achievement; healthy lifestyle choices; healthy parent-child and peer relationships?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and or method(s) to monitor, and collect immunization status information of adolescents and index children and promote and record age appropriate immunizations based on the current State Immunization Branch Guidelines? for clients and their children?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and or method(s) to assist in identifying and accessing a primary health care provider for each client and her/his children?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and or method(s) to assure that all the elements of the Comprehensive Baseline Assessment are completed and client needs are reassessed annually?	6	
Work Plan Score	_____ Points earned X .25 = _____	

Possible points = 186 X .25 = 46.5

5. Management Plan

Management Plan Rating Factors	Points Possible	Points Earned
To what extent has the Applicant demonstrated that it has adequate quality control measures in place to ensure that all tasks, activities, and functions are completed effectively and in a timely manner?	6	
To what extent does the Applicant describe how they will effectively coordinate, manage and monitor the efforts of the assigned staff, including subcontractors or consultants, if any, to ensure that all tasks, activities and functions are completed effectively and in a timely manner?	6	
To what extent does the Applicant describe the methodology that will be used to assure on-going provision of quality services?	6	
Upon reviewing a description of the fiscal accounting processes and budgetary controls, to what extent has the Applicant demonstrated that it will maintain appropriate documentation to prove, support or substantiate the expenses invoiced to CDHS?	6	
Upon reviewing a description of the Applicant's proposed matching funds and/or in-kind contributions, to what extent are these appropriate and acceptable?	6	
Upon reviewing the Applicant's organization chart in the Appendix Section, to what extent is the Applicant's organizational structure sound with distinct lines of authority and reporting relationships between management and all staff including subcontractors and independent consultants?	6	
Upon reviewing the Applicant's financial statements in the Appendix Section, to what extent is the Applicant financially stable and sound?	6	
Upon reviewing the Applicant's financial statements in the Appendix Section, to what extent does the Applicant have access to appropriate fiscal resources to carry State expenses for several months while awaiting reimbursement?	6	
To what extent has the Applicant demonstrated the capability to effectively coordinate, manage and monitor the efforts of assigned staff (including subcontractors and consultants) to ensure that work is effectively completed and timely?	6	
Upon reviewing a description of the fiscal accounting processes and budgetary controls, to what extent does the Applicant have appropriate fiscal reporting and fiscal monitoring capabilities to ensure grant funds are managed responsibly?	6	

Management Plan Score	Points earned X .2= _____	

Possible points = 60 X .2 = 12

6. Program Personnel

Program Personnel Rating Factors	Points Possible	Points Earned
Upon reviewing the Applicant's staffing plan, to what extent has the Applicant allocated a sufficient number of positions at appropriate position levels or classifications and FTE to perform the full range of services?	6	
To what extent does the Applicant demonstrate that the Case Management staff will have the knowledge, skills, abilities and background to work effectively with adolescents, assess and address the adolescents' needs and issues related to pregnancy and parenting, and also assess and address their psychosocial, educational, vocational, developmental and nutritional concerns?	6	
To what extent does the Applicant demonstrate that the supervisory staff will have sufficient knowledge, skills, abilities and background to direct staff in assessing and addressing the psychosocial, health and administrative tasks that support staff in providing effective case management services?	6	
To what extent does the Applicant allocate sufficient supervisory FTE based on the minimum requirements of Case Management staff they will supervise?	6	
To what extent does the Applicant demonstrate that they can provide culturally and linguistically competent services to adolescents and their families?	6	
To what extent does the Applicant explain and/or describe their overall approach(es) and or method(s) for ensuring that all personnel vacancies are filled expeditiously and that the agency does not exceed the client to case manager ratio maximum of 50 clients for each FTE case manager.	6	
Upon reviewing the Applicant's proposed personnel resources committed to fulfilling responsibilities under the program, to what extent does the Applicant adequately address how the proposed client to case manager ratio will allow staff to develop and maintain a relationship with the client, address client needs on an on-going basis, monitor client progress, respond to crisis situations and move the client forward in maximizing their personal and parental growth and development?	6	
To what extent does the Applicant describe their capacity to find a candidate for the Program Director position that meets the minimum qualifications specified in the FY 2004-05 MCAH AFLP Policy & Procedure Manual?	6	
Upon reviewing the Applicant's description of proposed use of subcontractors/consultants, to what extent has the Applicant adequately discussed the necessity for using each subcontractor and the contributions their services and expertise will add to the Program? If no subcontracting or use of consultants is proposed, 6 points will be assigned based on the effectiveness of the Applicant's allocation of tasks to in-house personnel.	6	
Applicant proposes to staff the program with case managers with a broad skill set as identified in the minimum qualifications contained in the duty statement.	6	
Program Personnel Score	Points earned X .15 =	

Possible points = 60 X .15 = 9

7. Budget

Budget Rating Factors	Points Possible	Points Earned
Upon reviewing the Budget forms, has the Applicant proposed good use of the grant funds that demonstrate an appropriate relationship to the objectives and activities in the Scope of Work, cost effectiveness and appropriateness of the budget to staff services?	6	
Upon reviewing the Budget forms, has the Applicant allocated sufficient funds to each budget line item in each budget period?	6	
Upon reviewing the Budget forms, has the Applicant allocated sufficient funds to support the major program objectives or elements?	6	
Upon reviewing the Budget forms, are the amounts allocated to the individual line items reasonable with none of the line item totals appearing excessive or out of proportion to the other line items?	6	
To what extent do the budget justifications and explanation supplied by the Applicant show that the costs are reasonable and/or appropriate?	6	
Upon reviewing the proposed salary/wage rates for in-house and subcontracted personnel, do the rates appear to be reasonable based on the assigned level of responsibility and/or comparability to civil service classifications?	6	
Is there an appropriate balance between the costs allocated for in-house staff versus subcontracted personnel?	6	
Does it appear that the Applicant's Total Operating costs are reasonable and have been kept to a minimum?	6	
To what extent are the proposed "Equipment" expenses reasonable (i.e., only necessary items are scheduled, the unit rates are reasonable when compared to known market prices, and the number of units are reasonable for the number of staff that will use the equipment)? Full points will be earned even if no equipment expenses will be incurred.	6	
Budget Section Score	_____ Points earned X .1 = _____	

Possible points = 54 X .1 = 5.4

S. Procurement Requirements and Information

1. Non-responsive applications

In addition to any condition previously indicated in this RFA, the following occurrences **may** cause CDHS to deem an application non-responsive.

a. Failure of the Applicant to:

- 1) Meet application format/content or submission requirements including, but not limited to, the sealing, labeling, packaging and/or timely and proper delivery of applications.
- 2) Pass the Application Checklist review (i.e., by not marking "Yes" to applicable items or by not appropriately justifying, to CDHS' satisfaction, all "N/A" designations).

- b. If an Applicant submits an application that is materially incomplete or contains material defects, alterations or irregularities of any kind.
- c. If an Applicant supplies false, inaccurate or misleading information or falsely certifies compliance on any RFA attachment.
- d. If CDHS discovers, at any stage of the selection process or upon grant award, that the Applicant is unwilling or unable to comply with the contractual terms, conditions and exhibits cited in this RFA or the resulting agreement.
- e. If other irregularities occur in an Application response that is not specifically addressed herein.

2. Withdrawal and/or Resubmission of Applications

- a. Withdrawal deadlines

An Applicant may withdraw an application at any time before the submission deadline.

- b. Submitting a withdrawal request

- 1) Submit a written withdrawal request, signed by an authorized representative of the Applicant.
- 2) Label and submit the withdrawal request using one of the following methods.

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
Withdrawal - RFA 07-65099 California Department of Health Services Maternal, Child and Adolescent Health/Office of Family Planning Branch Attention: Silvia Flores, M.S.W. 1615 Capitol Avenue, MS 8306 P. O. Box 997420 Sacramento, CA 95899-7420	Withdrawal - RFA 07-65099 California Department of Health Services Maternal, Child and Adolescent Health/Office of Family Planning Branch Attention: Silvia Flores, M.S.W. 1615 Capitol Avenue, MS 8306 P. O. Box 997420 Sacramento, CA 95899-7420 Fax: (916) 650-0304
Email: sflores@dhs.ca.gov Insert " Withdrawal - RFA 07-65099 " in the subject line of the email message.	

- 3) **For faxed withdrawal requests** Applicants must call (916) 650-0378 to confirm receipt of a faxed withdrawal request. Follow-up the faxed request by mailing or delivering the signed original withdrawal request within 48 hours after transmitting a request.

An originally signed withdrawal request is generally required before CDHS will return an application to an Applicant. CDHS may grant an exception if the Applicant

informs CDHS that a new or replacement application will immediately follow the withdrawal.

c. Resubmitting an application

After withdrawing an application, Applicants may resubmit a new application according to the application submission instructions. Replacement applications must be received at the stated place of delivery by the application due date and time.

3. Awards and appeals

a. Award

- 1) The Award, if made, will be to the responsive Applicant deemed most qualified and eligible for funding by CDHS.
- 2) CDHS expects to post/issue an Award Notice before the close of business on March 23, 2007. The award notice will be available for viewing at: www.mch.dhs.ca.gov.
- 3) All Applicants may view the Award Notice on the MCH website (www.mch.dhs.ca.gov) on the date specified above.
- 4) CDHS will confirm the award to the Applicant selected for funding after the appeal deadline or if no appeals are received. CDHS personnel may confirm an award verbally or via email.
- 5) Applicants not selected for funding will be notified of funding denial and may request to view or obtain copies of application materials (see below, 5. Inspecting or obtaining copies of applications).

b. Appeals

1) Who can appeal

Only non-funded Applicants that submit a timely application that complies with the RFA instructions may file an appeal.

2) Grounds for appeal

Appeals are limited to the grounds that CDHS failed to correctly apply the standards for reviewing applications in accordance with this RFA.

The funded Applicant may not appeal solely on the basis of funding level. There is no appeal process for late or substantially incomplete applications.

The receipt of an appeal by one Applicant shall not hinder or delay an award to another Applicant.

3) Appeal content

The written appeal must fully identify the issue(s) in dispute, the practice that the appellant believes CDHS has improperly applied in making its award decision(s), the legal authority or other basis for the appellant's position, and the remedy sought.

4) Submitting an appeal

Written letters appealing CDHS' final award selections must be received no later than **4:00 p.m. on April 2, 2007.**

Hand deliver, mail, or fax an appeal to the address below. Label, address, and submit a letter of appeal using one of the following methods.

U.S. Mail, Hand Delivery or Overnight Express:
Appeal to RFA 07-65099 California Department of Health Services Maternal, Child and Adolescent Health/Office of Family Planning Branch Attention: Tracey Lynch 1615 Capitol Avenue, MS 8305 P. O. Box 997420 Sacramento, CA 95899-7420
Fax: (916)-650-0309
Appeal to RFA 07-65099 California Department of Health Services Maternal Child and Adolescent Health/Office of Family Planning Branch Attention: Tracey Lynch Fax: (916) 650-0309

For faxed appeals

Dial the telephone number shown here to confirm receipt of the fax transmission:

Tracey Lynch

(916) 650-0353

5) Appeal process

Only timely and complete appeals that comply with the instructions herein may be considered. At its sole discretion, CDHS reserves the right to collect additional facts or information to aid in the resolution of any appeal.

Section Chief of the Program Policy Section, Maternal, Child and Adolescent Health/Office of Family Planning Branch shall review each timely and complete appeal and may resolve the appeal by considering the contents of the written appeal letter only. Hearings will not be held.

The decision of the hearing official shall be final and there will be no further administrative appeal.

Appellants will be notified of the decisions regarding their appeal in writing within ten (10) working days of receipt of the written appeal letter, if no hearing will be held.

4. Disposition of Applications

- a. All materials submitted in response to this RFA will become the property of the California Department of Health Services and, as such, are subject to the Public Records Act, Section 6250, et seq. of Government Code. CDHS will disregard any language purporting to render all or portions of any application confidential.
- b. Upon posting of Award Notices, all documents submitted in response to this RFA and all documents used in the selection process (e.g., review checklists, scoring sheets, letters of intent, etc.) will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public. However, application contents, Applicant correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Award Notice is issued and/or posted.

5. Inspecting or obtaining copies of applications

- a. Who can inspect or copy application materials:

Any person or member of the public can inspect or obtain copies of any application materials.

- b. What can be inspected / copied and when:

- 1) After CDHS releases the RFA, any existing List of Applicants (i.e., list of firms to whom the RFA is sent) is considered a public record and will be available for inspection or copying.
- 2) On or after the date CDHS posts/issues the Award Notice, all applications, letters of intent, checklists and/or scoring/evaluation sheets become public records. These records shall be available for review, inspection and copying during normal business hours for up to 10 days from the date awards are posted.

- c. Inspecting or obtaining copies of application materials

Persons wishing to view or inspect any application or award related materials must identify the items they wish to inspect and must make an inspection appointment by contacting Tracey Lynch at (916) 650-0353.

Persons wishing to obtain copies of application materials may visit CDHS or mail a written request to the CDHS office identified below. The requestor must identify the specific items they wish to have copied. Materials will not be released from State premises for the purposes of making copies.

Unless waived by CDHS, a check covering copying and/or mailing costs must accompany the request. Copying costs, when applicable, are charged at a rate of **ten**

cents per page. CDHS will fulfill all copy requests as promptly as possible. Submit copy requests as follows:

Request for Copies - RFA 07-65099

California Department of Health Services
Maternal, Child and Adolescent Health/Office of Family Planning Branch
Attention: Tracey Lynch
1615 Capitol Avenue, MS 8305
P. O. Box 997420
Sacramento, CA 95899-7420

6. Verification of Applicant information

By submitting an application, Applicants agree to authorize CDHS to verify any and all claims made by the Applicant including, but not limited to verification of prior experience and the possession of other competition requirements.

7. CDHS rights

In addition to the rights discussed elsewhere in this RFA, CDHS reserves the following rights:

a. RFA clarification / correction / alteration

- 1) CDHS reserves the right to do any of the following up to the application submission deadline:
 - a) Modify any date or deadline appearing in this RFA or the RFA Time Schedule.
 - b) Issue clarification notices, addenda, alternate RFA instructions, forms, etc.
 - c) Waive any RFA requirement or instruction for all Applicants if CDHS determines that a requirement or instruction was unnecessary, erroneous or unreasonable. If deemed necessary by CDHS, CDHS may also waive any RFA requirement or instruction after the application submission deadline.
 - d) Allow Applicants to submit questions about any RFA change, correction, or addenda. When CDHS allows such questions, specific instructions will appear in the cover letter accompanying the document.
- 2) **If** this RFA is corrected, clarified, or modified, CDHS intends to post all clarification notices and/or RFA addenda at the following Internet Web address:
www.mch.dhs.ca.gov

If CDHS decides, just before or on the submission due date, to extend the submission deadline, CDHS may in its sole discretion, choose to notify potential Applicants of the extension by fax, or email, or by telephone in addition to the Internet posting. CDHS will follow-up verbal notices in writing by mail, fax, or email.

b. Insufficient responsive applications / additional awards / altered awards

If in CDHS' opinion, the State's interests will be better served, CDHS reserves the right at its sole discretion to take any of the actions described below. These actions may be initiated at the onset of various events including but not limited to a determination that an insufficient number of applications are responsive, additional funding is identified,

anticipated funding decreases, geographic service coverage is insufficient, Applicant funding needs exceed available funding, etc..

- 1) Offer agreement modifications or amendments to funded organizations for increased or decreased services and/or increased/decreased funding following successful negotiations.
- 2) Re-evaluate assigned scores and/or CDHS' preset passing point and amend either or both to expand or reduce the number of funded organizations; Open an additional or consecutive application acceptance period to invite additional interested organizations to submit applications for funding.
- 3) Extend the application acceptance period beyond the date indicated in the RFA to invite additional interested organizations to submit applications for funding.
- 4) Conduct a focused RFA process to solicit additional applications.
- 5) Extend the term of any resulting agreement and alter the funding amount.
- 6) Negotiate budget alterations and/or changes to scopes of work or work plans and opt not to make an award if satisfactory agreement cannot be reached.

c. Collecting information from Applicants

- 1) If deemed necessary, CDHS may request an Applicant to submit additional documentation or clarifying information during or after the Application review and evaluation process. CDHS will advise the Applicants orally, by fax, in writing, or other method of the required documentation/information and the time line for submitting the documentation/information. CDHS will follow-up oral instructions in writing by fax, email, or regular mail. Failure to submit the required documentation/information by the date and time indicated may result in a decreased application score or cause CDHS to deem an application non-responsive.
- 2) CDHS, at its sole discretion, reserves the right to collect, by mail, fax, email, or other method; the following omitted documentation and/or additional information.
 - a) Signed copies of any form submitted without a signature.
 - b) Data or documentation omitted from any submitted RFA attachment/form.
 - c) Information/material needed to clarify or confirm certifications or claims made by an Applicant.
 - d) Information/material or form needed to correct or remedy an immaterial defect in an Application.
- 3) The collection/review of additional Applicant documentation may cause CDHS to extend the date for posting/issuing Award Notice(s). If CDHS changes the Award Notice posting/issuance date, CDHS will post or issue a notice as described in the CDHS Rights section, paragraph a 2.

d. Immaterial application defects

- 1) CDHS may waive any immaterial defect in any Application and allow the Applicant to remedy those defects. CDHS reserves the right to use its best judgment to determine what constitutes an immaterial deviation or defect.

- 2) CDHS' waiver of an immaterial defect in an Application shall in no way modify this RFA or excuse an Applicant from full compliance with all procurement requirements.
- e. Correction of clerical or mathematical errors
- 1) CDHS reserves the right, at its sole discretion, to overlook, correct or require an Applicant to remedy any obvious clerical or mathematical errors occurring in the narrative portion of an application or on a Budget Attachment or other form.
 - 2) If the correction of a mathematical error results in an increase or decrease in the total amount of funding sought, CDHS shall give the Applicant the option to accept the corrected amount or withdraw their application.
 - 3) Applicants may be required to initial corrections to costs and dollar figures on any Budget Attachment or form if the correction of an error results in an alteration of the annual costs or total funds sought.
 - 4) If a mathematical error occurs in a total or extended price and a unit price is present, CDHS will use the unit price to settle the discrepancy.
- f. Right to remedy errors
- CDHS reserves the right to remedy errors caused by:
- 1) CDHS office equipment malfunctions or negligence by agency staff.
 - 2) Natural disasters (i.e., floods, fires, earthquakes, etc.).
- g. No grant award or RFA cancellation
- The issuance of this RFA does not constitute a commitment by CDHS to make an award. CDHS reserves the right to reject all applications and to cancel this RFA if CDHS determines it is in the best interests of CDHS to do so.
- h. Agreement amendments after award
- CDHS reserves the right to amend any agreement resulting from this RFA. Amendments may include term extensions, Scope of Work modifications, budget or funding alterations, etc..
- i. Proposed use of subcontractors and/or independent consultants
- Specific subcontract relationships proposed in response to this RFA (i.e., identification of pre-identified subcontractors and independent consultants) shall not be changed during the procurement process or prior to agreement execution. The pre-identification of a subcontractor or independent consultant does not affect CDHS' right to approve personnel or staffing selections or changes made after the agreement is awarded.
- j. Staffing changes after award
- CDHS reserves the right to approve or disapprove changes in key personnel that occur after awards are made.

T. Federal Certification Clauses

1. Debarment and Suspension Certification

- a. The Grantee certifies to the best of its knowledge and belief, that it and its principals:
- 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
 - 2) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or grant under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph a.2) of this certification; and
 - 4) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
 - 5) It shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.
 - 6) It will include a clause entitled "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- b. If the Grantee is unable to certify to any of the statements in this certification, the Grantee shall submit an explanation to the program funding this grant.

2. Lobbying Restrictions and Disclosure

(This certification only applies if the resulting grant total will equal or exceed \$100,000 and the grant will be federally funded in part or whole.)

- a. The Grantee certifies, to the best of its knowledge and belief, that:
- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Grantee, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
 - 3) The Grantee shall require that the contents of this certification be collected from the recipients of all sub-awards, exceeding \$100,000, at all tiers (including subcontracts, sub-grants, etc.) and shall be maintained for three years following final payment/settlement of those agreements.
- b. This certification is a material representation of fact upon which reliance was placed when this grant was made and/or entered into. The making of the above certification is a prerequisite for making or entering into this grant pursuant to 31 U.S.C. 1352 (45 CFR 93). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
 - c. The Standard Form-LLL may be obtained from various federal agencies, federally sponsored World Wide Web Internet sites, CDHS upon request or may be copied from Exhibit D(F) entitled, Special Terms and Conditions. if Exhibit D(F) is used.

U. Contractual Terms and Conditions

Each funded Applicant must enter into a written agreement that may contain portions of the Applicant's application (i.e., Budget, Work Plan), Scope of Work, standard contractual provisions, a grant agreement and the exhibits identified below. Other exhibits, not identified herein, may also appear in the resulting agreement.

The exhibits identified in this section contain contractual terms that require strict adherence to various laws and contracting policies. An Applicant's unwillingness or inability to agree to the proposed terms and conditions shown below or contained in any exhibit identified in this RFA may cause CDHS to deem an Applicant non-responsible and ineligible for an award. Note, California State Universities and/or colleges will be offered alternate agreement terms that represent CDHS' traditional contractual language, which differs slightly from the agreement terms contained or referenced herein. CDHS reserves the right to substitute the latest version of any form or exhibit listed below in the resulting agreement if a newer version is available.

The exhibits identified below illustrate many of the terms and conditions that may appear in the final agreement between CDHS and the funded Applicants. Other terms and conditions, not specified in the exhibits identified below, may also appear in a resulting agreement. Some terms and conditions are conditional and may only appear in an agreement if certain conditions exist (i.e., agreement total exceeds a certain amount, federal funding is present, etc.).

In general, CDHS will not accept alterations to the General Terms and Conditions (GTC), CDHS' Special Terms and Conditions, the contents of other cited exhibits, or alternate language proposed or submitted by a prospective Grantee. As indicated above, the awarding program will substitute CDHS' standard California State University or University of California agreement model in place of the terms and exhibits identified below.

1. Sample contract forms / exhibits

Exhibit Label	Exhibit Name
a. Exhibit A1	Grant Agreement (1 page)
b. Exhibit A2	Start up Scope of Work (16 pages)
c. Exhibit A3	Scope of Work (15 pages)
d. Exhibit B	Budget Detail and Payment Provisions (4 pages)
e. Exhibit C - View on-line.	General Terms and Conditions (GTC 1005). View or download this exhibit at this Internet site: http://www.ols.dgs.ca.gov/Standard+Language/default.htm .
f. Exhibit D(F)	Special Terms and Conditions (26 pages)
g. Exhibit E	Additional Provisions (2 pages)
h. Exhibit F	Contractor's Release (1 page)
i. Exhibit G	Travel Reimbursement Information (2 pages)
j. Exhibit H	Contractor's Equipment Purchased with CDHS Funds (2 pages)
k. Exhibit I	Inventory/Disposition of CDHS Funded Equipment
l. Exhibit J	Health Insurance Portability and Accountability Act (6 pages)

2. Resolution of language conflicts (RFA vs. final agreement)

If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the final agreement.

V. Required Attachments

Attachment #	Attachment Name
Attachment 1	Application Cover Page
Attachment 2	Application Checklist
Attachment 3	Business Information Sheet
Attachment 4	CCC 1005 - Certification
Attachment 5	Payee Data Record

Attachment #	Attachment Name
Attachment 6	RFA Clause Certification
Attachment 7	Voluntary Letter of Intent
Attachment 8	Work Plan
Attachment 9	Budget (year 1) fiscal year 2007-2008
Attachment 10	Subcontractor Budget (year 1) fiscal year 2007-2008 (Only if using a Subcontractor and the contract is \$5,000 or more for the term of the contract)
Attachment 11	Budget (year 2) fiscal year 2008-2009
Attachment 12	Subcontractor Budget (year 2) fiscal year 2008-2009 (Only if using a Subcontractor and the contract is \$5,000 or more for the term of the contract)
Attachment 13	Budget (year 3) fiscal year 2009-2010
Attachment 14	Subcontractor Budget (year 3) fiscal year 2009-2010 (Only if using a Subcontractor and the contract is \$5,000 or more for the term of the contract)