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Municipality of Anchorage

Dave Bronson, Mayor
Purchasing Department

January 5, 2022

REQUEST FOR PROPOSAL

RFP 2022GP001

Alcohol Tax – Early Childhood Education and Prevention Grants

The Municipality of Anchorage is an equal opportunity employer.

Enclosed is pertinent information for use in preparing your proposal.

Pre Bid: **1:30 P.M. Local Time, January 13, 2022, (Call in number 907-343-6089, phone lines will be opened at 1:25 P.M.)**

Questions Due: **5:00 P.M. Local Time, January 18, 2022**

Proposals Due: **5:00 P.M. Local Time, February 1, 2022**

ONE SIGNED ORIGINAL, single sided, unbound, plus seven (7) complete copies of your proposal must be submitted. In addition to the copies, a CD or a flash-drive containing a PDF copy of the complete proposal, including attachments must also be provided.

FOR AUXILIARY AIDS, SERVICES, OR SPECIAL MODIFICATIONS TO PARTICIPATE PLEASE CONTACT THE PURCHASING DEPARTMENT TO REQUEST REASONABLE ACCOMMODATIONS AT 907-343-4590; FAX 907-343-4595; OR wwpur@muni.org

For further information contact Purchasing at (907) 343-4590 or fax (907) 343-4595 or email wwpur@muni.org. All correspondence should include the **RFP** number and title.

The Municipality of Anchorage reserves the right to reject any and all proposals and to waive any informalities in procedures.

Sincerely,

Joel Hayenga
Deputy Purchasing Officer

ALCOHOL TAX PREVENTION GRANTS
REQUEST FOR GRANT PROPOSALS

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1.0 General Information

1.1 Introduction

Anchorage is situated on a broad plain at the head of Cook Inlet in Southcentral Alaska. It has been inhabited by the Dena'ina Athabaskan people for thousands of years, who hunted, fished, and lived across the area. Explorers from Europe and Russia began to arrive in the 1700's and by the late 19th century, settlers from the United States began to migrate to the area. Today, Anchorage is a modern and progressive metropolitan city and the Dena'ina peoples continue to occupy and provide stewardship of Anchorage lands. At each Assembly meeting there is an acknowledgement that we gather on the traditional lands of the Dena'ina Athabaskan and it is with gratefulness and respect that we recognize the contributions, innovations, and contemporary perspectives of the upper Cook Inlet Dena'ina.

1.2 Purpose

The Municipality of Anchorage (MOA) and the Anchorage Health Department (AHD) are soliciting proposals from qualified organizations to develop and sustainably operate a project or service targeting early childhood education, and/or the prevention and mitigation of child maltreatment, domestic violence, and sexual assault. Funding for this Request for Grant Proposals (RFGP) is provided by the Municipal Alcohol Tax.

1.2.1 Period of Performance

The period of performance of will upon execution of the grant agreement through December 31, 2022.

1.2.2 Eligible Applicants

Community-based non-profit organizations, private non-profit corporations, community organizations established under Municipal Charter or Ordinance, institutions of higher education, or a combination of the aforementioned entities.

1.2.3 Eligibility Requirements

Provider Eligibility Requirements:

- Organizations are limited to one proposal.
- Proposals received without the requested budget narrative will be considered nonresponsive and will not move forward for review under any circumstances.
- The Provider must certify that it:
 - Has not within the last three years been indicted or convicted of a criminal offense or had a civil judgment rendered against it for commission of fraud in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract 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;
 - Has not within the last three years had one or more public transactions (Federal, State, or local) terminated for cause or default;

- Where the provider is unable to certify to any of the statements in this certification, the provider shall attach an explanation to this application.

1.3 Background

The Alcohol Tax, known as Proposition 13, was voted on and passed on April 7, 2020, by registered voters of the Municipality of Anchorage. This ballot measure authorized the Municipality to levy a five percent (5%) tax on all retail sales of alcohol beverages. One of the intended uses of the funding is to focus on early childhood education and/or combatting and addressing child abuse, sexual assault, and domestic violence, all of which are Adverse Childhood Experiences (or ACEs). For a full list, please read here: <https://www.cdc.gov/violenceprevention/aces/index.html>.

ACEs are potentially traumatic events that occur in childhood (0-17) that can lead to immediate and long-term negative health and life outcomes over a whole lifespan. Exposure to ACEs can result in a multitude of negative health and social outcomes such as chronic physical and mental health issues, mental illness, substance misuse, and even early death to name but a few. Children exposed to ACEs may engage in risky behaviors and struggle in school and, as adults, have difficulty with finances and maintaining employment. These risk factors also have a tremendous impact on future violence, victimization, and perpetration.

However, risk factors are not predictive factors, as protective and promotive factors can combat negative outcomes. There are several strategies proven to reduce the occurrence and impacts of ACEs including, prevention and intervention programs to strengthening supports for families. Evidence-based programs such as these ensure a strong start for children; promote social norms that protect against violence and adversity; and enhance skills to help parents and youths handle stress, manage emotions, and tackle everyday challenges while building resiliency. If ACEs have already occurred, intervention programming with embedded protective and promotive factors moderates the negative effects of risks for predicting negative outcomes. In fact, building protective and promotive factors not only increases resiliency, but can counteract the negative impacts of risk exposure, thus curbing long-term negative health outcomes.

Population-level health data about Anchorage residents indicates that there are significant inequities in educational attainment, socioeconomic, and health outcomes; some populations are disproportionately impacted by these negative outcomes, from involvement with Office of Children's Services (OCS), to early pregnancy and parenthood, to involvement in the homeless response system or youth and adult corrections systems. Many of the same populations are historically under-resourced or experience inequitable barriers to accessing available resources, including individual households, neighborhoods, and communities. Improving community-wide health outcomes requires focusing resources where these disparities and gaps exist and investing in closing the gaps.

According to the 2020 Alaska scorecard, compared to the national average, children in Alaska are 56% more likely to be abused. Alaska also has high rates of child maltreatment: one in every 12 births experience a first substantiated report to the Alaska Office of Children's Services (OCS) before age seven.

The Anchorage Health Department (AHD) and MOA engaged with community stakeholders to determine a framework to create change using the Theory of Change method to identify activities

and interventions that will lead to long-term changes in the safety and well-being of all citizens in the MOA. The Theory of Change that resulted from months of community research and discussion, provides the following Vision: “Improved Safety and Wellbeing for All in Anchorage.” The below foundational framework in the Theory of Change is key to AHD’s approach to the mitigation of ACEs.

- The Theory of Change focuses on:
 - Dismantling Systemic Racism
 - Healthy Babies, Kids, and Families
 - Healthy Relationships
 - Affordable Housing
 - Education and Career Prep
 - Good Jobs
 - Behavioral Health Issues
 - Thriving Neighborhoods
- Which will help us address:
 - Poverty
 - Partner and Family Violence
 - Homelessness
 - Unemployment
 - Mental Health Crisis
 - Substance Misuse
 - Perceptions of Safety
- Which will meaningfully reduce:
 - Frequent involvement with police or corrections
 - Domestic Violence, Sexual Assault
 - Child Maltreatment
 - Unsheltered Homelessness (camping)
 - Deaths of Despair (Suicide, overdose)

AHD used the above framework to choose a strategic focus for this RFGP of investing in early childhood education, and/or prevention and intervention projects related to child maltreatment, domestic violence, and sexual assault. Funding will also focus on projects with target populations who disproportionately experience higher ACEs scores and that use the Strengthening Families framework, a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five key Protective Factors.

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

For more information, please read here: <https://cssp.org/our-work/project/strengthening-families/>.

1.5 Questions

Any questions regarding this Request for Proposal are to be submitted in writing to:

Municipality of Anchorage

Purchasing Department

wwpur@muni.org

For ease of identification please identify the RFGP number in the subject line of any correspondence.

Purchasing Office hours of operation are: 8:00 a.m. to 5:00 p.m. local time Monday through Friday, excluding Municipal holidays. All questions regarding the scope of work should be received prior to the deadline indicated on the RFGP cover letter.

1.6 Preparation Costs

The Municipality shall not be responsible for proposal preparation costs, unless otherwise noted, nor for costs including attorney fees associated with any (administrative, judicial, or otherwise) challenge to the determination of the highest ranked Proposer and/or award of contract and/or rejection of proposal. By submitting a proposal each Proposer agrees to be bound in this respect and waives all claims to such costs and fees.

2.0 Rules Governing Competition

2.1 Examination of Proposals

Proposers should carefully examine the entire RFGP and any addenda thereto and all related materials and data referenced in the RFGP. Proposers should become fully aware of the nature of the work and the conditions likely to be encountered in performing the work.

Proposals are reviewed by committee and recommendations for award are sent to the Municipality of Anchorage Assembly for final review and approval. The successful Proposer will enter into a contract for the period of performance of upon execution of the grant agreement through December 31, 2022.

2.2 Proposal Acceptance Period

Award of this proposal is anticipated to be announced within 90 calendar days of the solicitation deadline, although all offers must be complete and irrevocable for 180 calendar days following the solicitation deadline.

2.3 Confidentiality

The content of all proposals will be kept confidential until the selection of the Contractor(s) is publicly announced. At that time the selected proposal is open for review. After the award of the Contract(s), all proposals will then become public information.

2.4 Signature Requirements

All proposals must be signed. A proposal shall be signed: by an officer or other agent of a corporate vendor, if authorized to sign contracts on its behalf; a member of a partnership; the owner of a

privately-owned vendor; or other agent if properly authorized by a power of attorney or equivalent document. Signature on the “Letter of Transmittal” (See Paragraph 2.4) will meet this requirement.

Failure to sign the Proposal is grounds for rejection. The name and title of the individual(s) signing the proposal must be clearly shown immediately below the signature.

2.5 Proposal Submission Requirements

- **ONE ORIGINAL, single sided unbound, plus seven (7) complete copies** of the proposal must be received by the Municipality prior to the date and time specified in the cover letter. Copies may be bound or enclosed in folders/binders.
- IN ADDITION to the copies required above, provide a flash drive containing a PDF copy of the complete proposal, including attachments.
- All copies of the proposals shall be submitted in a single sealed cover which shall be plainly marked as a Request for Proposal Response with the Number and Title prominently displayed on the outside of the package.
- Proposals must be delivered or mailed to:

Physical Address

Municipality of Anchorage
Purchasing Department
632 W. Sixth Avenue, Suite 520
Anchorage, AK 99501

Mailing Address

Municipality of Anchorage
Purchasing Department
P.O. Box 196650
Anchorage, AK 99519-6650

2.6 News Releases

News releases by or on the behalf of any Proposer pertaining to the award resulting from the RFGP shall not be made without prior written approval of the Municipal Purchasing Officer.

2.7 Disposition of Proposals

All materials submitted in response to this RFGP will become the property of the Municipality of Anchorage. One copy of the submitted material shall be retained for the official files of the Purchasing Department and will become public record after award of the Contract.

2.8 Oral Change or Interpretation

No oral change or interpretation of any provision contained in this RFGP is valid whether issued at a pre-proposal conference or otherwise. Written addenda will be issued when changes, clarifications, or amendments to proposal documents are deemed necessary by the Municipality.

2.9 Modification or Withdrawal of Proposal

A Proposer may withdraw a proposal at any time prior to the final submission date by sending written notification of its withdrawal, signed by an agent authorized to represent the agency. The Proposer may thereafter submit a new proposal prior to the final submission date; or submit written modification or addition to a proposal prior to the final submission date. Modifications offered in any other manner, oral or written will not be considered. A final proposal cannot be changed or withdrawn after the submission date, except for modifications requested by the Municipality after the date of receipt and following oral presentations.

2.10 Late Submissions

PROPOSALS NOT RECEIVED BY THE DATE AND TIME AND AT THE LOCATION SPECIFIED IN THE RFGP COVER LETTER WILL NOT BE CONSIDERED AND WILL BE RETURNED UNOPENED.

2.11 Rejection of Proposals

The Municipality of Anchorage reserves the right to reject any or all proposals if determined to be in the best interest of the Municipality.

2.12 Equal Employment Opportunity Contract Compliance

Every municipal contract shall include language substantially the same as the following: “The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, marital status, or physical or mental disability. The contractor will comply with all laws concerning the prohibition of discrimination including, but not limited to, Title 5 and Title 7 of the Anchorage Municipal Code.”

Every municipal contract shall state, in all solicitations or advertisements for employees to work under the contract, that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, marital status, or physical or mental disability.

3.0 Scope of Work

3.1 Project Description

This RFGPG focuses on early education and projects that address reducing and preventing child maltreatment, sexual assault, and domestic violence. All projects should include ACEs mitigation, specifically the Strengthening Families framework in alignment with the Six Guiding premises. Projects funded under this RFGPG must offer program services that build and expand on efforts to prevent and reduce the incidences and/or impact of ACEs. Proposals must provide a detailed description of the planned project/program services by using the following guidance and describe how these prevention efforts are trauma-informed, use the Strengthening Families framework, and are aligned to the Six Guiding Premises, specifically as it relates to equity and culturally resonant practices (further described in section 3.4).

3.1.1 Service Type

The project/program types will fall under one or both of these service types:

1. Direct Services or programs that *directly serve the target population* (see 3.2 for definition of “Target Population”). Examples of these programs include, but are not limited to:
 - a. Programs for at-risk babies and families
 - b. Early childhood supports and early-intervention programs such home visits, assessments, mental health and specialized therapies wraparound services, etc.
 - c. Programs for new parents at-risk of leaving high school

- d. Early education and literacy programs
 - e. Student writing, science, other learning programs
 - f. After-school and outside-of-school-hours activities
 - g. Youth and teen programs, e.g., mentoring, risk reduction, healthy relationships, behavioral health, etc.
 - h. Programs to decrease the incidences and impacts of interpersonal violence, sexual assault, and domestic violence
2. Workforce/Training providers that *target individuals who are direct providers of care for the target population* (see 3.2 for definition of “Target Population”). This may include parents, providers, educators, and caregivers with the goal of increasing skills and abilities of those who serve children and families as well as supports a more informed workforce:
- a. Education for credits or professional development opportunities focused on increasing knowledge of Strengthening Families framework, specifically when focused on the Six Guiding Premises
 - b. Training for parents/providers/caregivers that
 - 1. meet mandates for federal/state/local regulations
 - 2. support inclusion/minimize learning barriers by offering full tuition benefits, evening and/or on-line learning opportunities, classes in multiple languages, materials support (like laptops, cameras, etc.) for students who are in need, tutoring supports, etc.
 - 3. are culturally resonant, strengths-based, and focus on parenting skills.
 - c. Paid internships/learning opportunities that prioritize a diverse and trauma-informed workforce
 - d. Training/Credentialing programs that address
 - 1. prevention staff (Child Care)
 - 2. response staff (Substance Misuse/Behavioral Health)
 - 3. program participants/clients (youth and/or family participants)

3.1.2 Program Design: ACEs Mitigation Through the Strengthening Families Framework

The MOA supports prevention programming that follows the Strengthening Families framework as presented by the Center for the Study of Social Policy, of which there are four “big ideas” driving the work. Prevention programs should (1) focus on protective and promotive factors; (2) use the framework as an approach, not a scripted model; (3) examine the need for a paradigm shift as it relates to changing the relationships programs have with parents/families/participants (as can best be demonstrated by its use of the Six Guiding Premises described below); and (4) align to developmental science. At its core, Strengthening Families encourages increasing Protective and Promotive Factors and decreasing Risk Factors. Read here to learn more: <https://cssp.org/our-work/projects/protective-factors-framework/>.

Protective Factors are evidenced-based methods that have the capacity to “counteract” ACEs scores. There are five Protective Factors, pictured below.



Figure 1 The Center for the Study of Social Policy 2021
[Strengthening Families 101 - Center for the Study of Social Policy \(cssp.org\)](https://www.cssp.org/strengthening-families-101)

Here is some additional information on Risk and Protective Factors from Substance Abuse and Mental Health Service Administration (SAMSHA) [20190718-samhsa-risk-protective-factors.pdf](https://www.samhsa.gov/20190718-samhsa-risk-protective-factors.pdf). It states:

“Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events.

Some risk and protective factors are fixed: they don’t change over time. Other risk and protective factors are considered variable and can change over time. Variable risk factors include income level, peer group, adverse childhood experiences (ACEs), and employment status.”

3.2 Target Population and Outreach

The target population to be served by grant awards funded through this process are individuals who are more likely to have historically suffered from the inequalities built into the social determinants of health and/or are more likely to report higher ACEs scores. Additionally, these funds can be used to support providers/caregivers who serve program participants/clients within this target population.

The target population includes:

- Individuals who:
 - have already demonstrated negative health outcomes related to ACEs
 - need help to reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal ideations
 - have interacted with the Office of Children’s Services (OCS) and/or were involved in the homeless response system or youth and adult corrections systems

- have the closest interaction with children who have ACEs and who could help prevent them
- live in neighborhoods or communities within the MOA that:
 - may be financially or food insecure
 - need assistance promoting safe, stable, and nurturing relationships and environments where children live, play, and learn
 - could benefit from building resiliency to overcome childhood ACEs
 - display higher rates of child maltreatment, sexual assault, domestic violence, suicide, and/or early deaths
 - have historically suffered from negative health outcomes resulting from inequities in social determinants of health

3.3 Values-Based Programming: Six Guiding Premises and Continuous Quality Improvement (CQI).

The MOA values evidence-based frameworks as well as learning, adjusting, and improving programming to best meet community need. What we know is that when providers deliver compassionate care to themselves and to others that is client-centered, strengths-based, trauma-informed, and culturally resonant that there are better outcomes. Engagement increases, impacts are deepened, and long-term behavior change becomes codified. Therefore, programs awarded funds through this grant opportunity must be able to demonstrate alignment to two frameworks in addition to the Strengthening Families framework indicated above: specifically, (1) the Six Guiding Premises and (2) a definable Continuous Quality Improvement (CQI) process.

3.3.1 Six Guiding Premises

Premise 1 – Self-Awareness

- People are best supported by those who understand and recognize the importance of self-awareness and self-care in their own practice

Premise 3 – Relationships

- People are best supported by providers who understand that attachments, connections, and relationships are a primary source of growth and learning. It is in relationships and through our use of relationships that we learn and grow.

Premise 5 – Trauma-Informed

- People are best supported by service providers who understand the need to use trauma-informed

Premise 2 – Strength Based

- People are best supported by service providers who focus on asses and use strength-based, family, and youth driven approaches.

Premise 4 – Race, Privilege & Power

- People are best supported by providers who understand the role of race, racism, and bias, and the ways which race, their identities, privilege, and power shape families as well as service providers

Premise 6 – Culturally Responsive

- People are best supported by service providers who are culturally responsive and take into account their own culture

practice methods. Trauma response focuses on building resiliency.

and the culture of the families and communities they serve.

3.3.2 Continuous Quality Improvement (CQI)

The MOA is interested in how the grantee gathers, analyzes, and acts on information for continuous improvement. At the very least, a CQI process is about planning to deliver high quality programming, collecting, and analyzing data on how well that delivery goes, and adjusting as necessary for improvements. Many processes exist, though there is no specific process required. However, a description of the specific practices the grantee intends to employ should be evident in the application and will be required in on-going reporting on program output and outcomes.

High quality processes will consider the following: program activities and agency mission alignment; hiring/training practices; oversight and risk management procedures; client communication and engagement; as well as administration and policy and procedure review.

The MOA understand that these actions take staff time and effort and therefore expect to see the cost of these activities demonstrated in the budget and budget narratives.

3.4 Outcome Measures: Data Collection and Reporting

3.4.1 Outcome Measurement

AHD is in the process of identifying community-wide outcomes that address the social determinants of health and are aligned to prevention programming, namely programs that increase Protective and Promotive Factors as a strategy to decrease the likelihood of occurrence and impact of ACEs on individuals and on a community.

The proposal must demonstrate an understanding of the following requested data elements and will also be asked to describe the methods, systems, and tools that will be used to collect, analyze, and report out on data.

Requested data elements include:

- Demographic data elements:
 - race
 - ethnicity
 - languages spoken
 - tribal organization (if any)
 - gender/gender identity
 - age
 - disabling condition (if any)
 - income level
 - neighborhood
 - size of family
- “How much” program was delivered
 - Number of program participants

- Number and percent of program participants/clients who complete the program
 - Define what “program completion” means for program participants.
- Quantify duration of programming, i.e., number of classes, interactions, total hours, etc.
- “How well” program was delivered
 - Include at least one generic evaluation from program participants/clients of the program, e.g., was this program useful or meaningful; did you find it effective; what would you improve, etc.
 - At least two and up to four “success stories” from the program
 - Quantifiable way grantee has attempted to increase the competency of caregivers/providers as outlined in the Six Guiding Premises
 - How many protective/promotive factors have been employed in program delivery

The MOA understand that these actions take staff time and effort and therefore expect to see the cost of these activities demonstrated in the budget and budget narratives.

3.4.2 Types of Data Collection Tools

Data is both quantitative and qualitative and therefore requires collection tools in various formats. Some examples include but are not limited to:

- Registration forms
- External partners who have regulated eligibility criteria that, while not shared directly, can thus be “assumed” (for example, a student who qualifies through the school district for free or reduced lunch could be assumed to be in a food insecure household and/or from a low to very low-income category)
- Focus groups
- Parent filling out survey about the child
- Child/adolescent filling out the survey about self
- Teacher/Educator filling out survey/evaluation/assessment about child
- Adult filling out survey about education received and benefits
- Organization filling out survey about themselves (Continuous Quality Improvement, assessments conducted normally by the organization)
- Organizations/Program Participants/Clients filling out surveys about quality of service
- Organizations’ post-assessment about change(s) as a result of participation
- Other types of survey/questionnaires as deemed appropriate by the organization/program

3.5.1 Budget

The budget must be reasonable and practicable and account for the expenditure of all amounts intended for use during the period of performance. Budget costs for this project are expected to fall into the following categories, however, does not include all possible categories. The “other” category may be used if the cost does not fit into one of the categories listed.

- Personnel
- Fringe
- Outreach and Marketing
- Contractual
- Supplies
- Travel
- Equipment
- Administration/Indirect
- Other

The Indirect rate should be no more than 10% of your total grant budget unless you can show proof of your other negotiated rate. If you have an “Other” category, please be very detailed in your budget and narrative to identify what types of costs these are. For example, if you include rent, please specify a percentage of rent that is reasonable to be included in this request based on the size of your request, etc.

As these are tax dollars, the evaluation committee will be looking for the best and highest use of these funds. Therefore, the more detail provided, the more confidence evaluators can have in the program design and delivery. Also, make sure that all activities identified in Sections 3.1 - 3.5 are demonstrated within the budget and in the budget narrative.

Use the attached form (Attachment A) to complete your budget. Enter the proposed project costs for each category listed, as applicable.

3.5.2 Budget Narrative

The budget narrative form (Attachment B) is required and must be attached to your proposal. The budget narrative must clearly explain the intended use of the funding for each line item.

Use this section as a guide to complete the budget narrative. Budget items that are neither described nor supported by the budget narrative information may either be evaluated with a lower score or be considered ineligible costs.

Personnel and Fringe

These costs are wages or salaries of individuals employed by your organization performing work under this project and can include employer benefits such as paid time off.

Wages and salaries are defined as a regular fixed amount of payment an employee earns for performing work on behalf of the employer. Amounts are based upon the amount normally paid to the individual and the portion of the time that will be spent working on the project. For salaried individuals, the calculation is the monthly salary amount times the percent of time in a month the individual will work on the project, times the number of months the project will last. For hourly wage individuals, the calculation should be the hourly wage amount times the number of hours worked on the project in a month times the number of months of the project.

Narrative example:

Personnel (\$50,000)

- *Program Assistant will spend 50% (.5FTE) of time providing direct service to participants (briefly describe services)*

Fringe benefits are defined as the cost of benefits paid to the employee under the grant, including the cost of employer's share of FICA, health insurance, workers' compensation, and vacation. Fringe benefit amounts are usually calculated as a percentage of the amount of salary or wage amount.

Outreach and Marketing

Examples of Outreach and Marketing include recruitment, program outreach, advertising, social media, tv, radio, etc.

Contractual

The cost of any contracted contractual services between the Proposer and another organization (i.e., vendor). Examples include, consultants or trainers not employed by your organization, maintenance, transportation, or other service contracts.

Supplies

Supplies refers to consumable materials and goods such as paper, writing implements, materials needed to conduct training, etc.

Equipment

Equipment refers to non-expendable personal property that has a useful life of more than one year. The only type of equipment that may be acquired with funds is equipment necessary for the activities of the grant.

Travel

Costs incurred for official business such as traveling to meet with families. Note that there are limitations and approvals required for some types of travel. See Section 5.I and 5.J of the Grant Agreement Sample (Attachment E) for guidance.

Administration/Indirect

The costs of administration are those portions of reasonable, necessary, and allowable costs associated with the overall program management and administration and which are not directly related to the provision of services to participants or otherwise allocable to the program cost objectives or categories. You must specify your organizations federally approved indirect cost rate if your organization has one if your it is used to calculate costs.

Other

If the proposed projects costs do not fit into the categories above, enter the costs in this section.

4.0 Proposal and Submission Requirements

4.1 Proposal Format Requirements

Prepare proposals in conjunction with this RFGP. Emphasis should be concentrated on:

- 1) conformance to the RFGP instructions;
- 2) responsiveness to the RFGP requirements; and
- 3) completeness and clarity of content.

To achieve a uniform review process and obtain the maximum degree of comparability, it is required that the proposals be organized in the manner specified below. Proposals shall not exceed 20 pages in length (excluding letter of transmittal, resumes, title page(s), index/table of contents, attachments, or dividers). Excess pages will be removed prior to evaluation, which could result in incomplete responses and resultant lower scores. One page shall be interpreted as one side of single-spaced, typed, 8 1/2" X 11", piece of paper.

Please respond to all the sections and sub-sections identified below. Responses should be no smaller than size 12 font.

- Title Page: List the RFGP number, program and project name, the name of your organization, address, telephone number(s), name of contact person and date.
- Table of Contents: Clearly identify the materials by section and page number.
- The Letter of Transmittal (Limited to two (2) pages) must contain the following information:
 - Briefly state your organization's project/plan and connection to early education and prevention and mitigation of child maltreatment, domestic violence, and sexual assault.
 - Briefly state your organization's experience providing similar services and certify that your organization meets the minimum requirements for this solicitation.
 - Provide the name(s) of the person(s) who are authorized to make representations for your organization, their titles, address, and telephone numbers.
 - Provide a statement that your organization is compliant with the requirements of the Equal Employment Opportunity Contract Compliance.
 - **Transmittal letter must be signed by a corporate officer or other individual with authority to bind the organization.**

4.2 Project Description and Scope

Projects funded under this RFGP must offer program services that build and expand on efforts to prevent and reduce the impact of ACE's. Proposals must provide a detailed description of the planned project/program services as well as who is doing the work. Moreover, proposals must illustrate alignment to preferred frameworks: Strengthening Families and Continuous Quality Improvement processes.

- Please describe the program/project activities and include a timeline outlining when the project activities will occur using the following calendar year quarter format.
 - Quarter 1: Upon execution of the grant agreement - March 30
 - Quarter 2: April 1 - June 30
 - Quarter 3: July 1 - September 30
 - Quarter 4: October 1 - December 31

- Define what it means to complete the program, or what the participants/clients will have experienced.
- Describe the roles staff play in delivering those activities and include the necessary training required (or previously received) for staff to deliver these activities.
- Please describe how
 - the project will use the four “big ideas” of the Strengthening Families framework described in 3.1.3 above and;
 - how the proposed programming will mitigate risk factors to the target population.

4.3 Target Population and Outreach

- Please describe the
 - target population for this project/program; please relate it to the list in 3.2 above
 - target number of program participants/clients
 - If this program has been delivered before, offer some historical data to demonstrate how many of the target population program participants/clients have been served previously.
 - methodology used to ensure that those being served are in the target population
 - outreach and recruitment strategies as well as selection process for the target population, including how program participants/clients can access services.
 - If any barriers exist to accessing this population, describe the plan to eliminate/minimize those barriers.
- Explain how services are linked to the needs of the population served.

4.4 Values Based Programming: Six Guiding Premises and Continuous Qualitative Improvement (CQI).

- Please describe the specific manner in which
 - at least three of the Six Guiding Premises (as listed in 3.3.1) are incorporated into the project/program and at your organization
 - Guiding Premise #4 and/or #6 are evident
 - the agency “lives out these values”: describe what specific behaviors demonstrate a commitment to these Guiding Premises
- Explain your CQI process as introduced in 3.3.2

4.5 Outcome Measures: Data Collection and Reporting

- As related to 3.4.1, please:
 - List which demographic data elements you collect.
 - Describe the data elements you will collect related to “How much” and “How well” the program was delivered.
 - Identify data elements that cannot be collected and explain why you cannot or do not collect them.
- Explain how the data elements will be collected and reported out on, including:
 - What data collection tools will be used (surveys, registration information, focus groups, etc.) as described in 3.4.2
 - Include a timeline for data collection, how often, and when will it occur.

- ***Inclusion of pre-post surveys preferred***
 - List the staff positions responsible for creating, disseminating, collecting, analyzing, and reporting out on data elements, etc.
 - List the sample size: portion/percentage of clients from whom you will collect data.
- If available, please share attachments of your data collection tools.
- Additional data elements: describe any other data elements that you would collect and report on in relation to the proposed project. Identify if any of these data elements are aligned to data collected on a State, National, or other level e.g., Alaska Youth Risk Behavior Survey, Healthy Alaskans 2030.

4.6 Budget and Budget Narrative

4.5.1 Budget

The budget must be reasonable and practicable and account for the expenditure of all amounts intended for use during the period of performance. Please use the attached budget worksheet (Attachment A).

Use the Budget and Budget Narrative section 3.5 as a guide.

- Include the activities described in 3.1 - 3.5.
- Budget costs must be related to activities described in the proposal. Do not enter costs that are not described.
- The costs must be clearly defined and detailed.
- The Proposer must demonstrate that costs are reasonable and necessary to carry out the program/project.

4.5.2 Budget Narrative

Please attach the budget narrative form (Attachment B), using Section 3.5 as a guide.

- The budget narrative must make clear how the costs in each cost category were arrived at and why those costs were necessary. This includes the “Other” category as applicable.
- The narrative should echo the activities described throughout the proposal.
- The Budget Narrative form must be complete and attached as instructed.

5.0 Evaluation Criteria and Process

5.1 Evaluation Criteria Weighting

Evaluation Criteria	Possible Points
Project Description and Scope	25
Target Population and Outreach	15
Values-Based Programming: Six Guiding Premises and Continuous Qualitative Improvement	15
Outcome Measures: Data Collection and Reporting	20
Budget and Budget Narrative	25
Total Points Possible	100

5.2 Qualitative Evaluation Criterion

Organizations will be ranked using the following qualitative rating factors for each RFGP criterion:

- Outstanding
- .8 Excellent
- .6 Good
- .4 Fair
- .2 Poor
- 0 Unsatisfactory

The rating factor for each criteria category will be multiplied against the points available to determine the total points for that category.

EXAMPLE: For a criterion with a maximum of 30 points, if the evaluator feels the response as provided was “Good” they would assign a “qualitative rating factor” of .6 for that criterion. The final score for that criterion would be determined by multiplying the qualitative rating factor of .6 by the maximum points available (30) and the resulting score of 18 would be assigned to the criterion. This process would be repeated for each criterion.

5.3 Evaluation Process

A committee of individuals representing the Municipality of Anchorage will perform an evaluation of the proposal(s). The committee will rank the proposal(s) as submitted. No person with a real or perceived personal or organizational conflict of interest shall participate in the scoring. The Municipality of Anchorage reserves the right to award a contract solely on the written proposal.

The Municipality also reserves the right to request oral interviews with the highest ranked organizations (short list). The purpose of the interviews with the highest ranked organizations is to allow expansion upon the written responses. If interviews are conducted, a maximum of three organizations will be short-listed. A second score sheet will be used to score those organizations interviewed. The final selection will be based on the total of all evaluators’ scores achieved on the second rating. The same categories and point ranges will be used during the second evaluation as for the first. The highest ranked Proposer after the second scoring, if performed, may be invited to enter final negotiations with the Anchorage Health Department for the purposes of contract award

Once the MOA selects an applicant, a contract will be drafted to formalize the agreement. The contract will then require approval by the Anchorage Assembly, which can decide whether to hold a public hearing on the matter to solicit public opinion prior to voting on the contract with the applicant.

An evaluation may not be based on discrimination due to the race, religion, color, national origin, sex, gender identity, sexual orientation, age, marital status, pregnancy, parenthood, disability or political affiliation of the Proposer.

6.0 Selection Process

The Proposer with the highest total evaluation points may be invited to enter contract negotiations with the Municipality of Anchorage. If an agreement cannot be reached, the second highest Proposer

may be contacted for negotiations. This process may continue until successful negotiations are achieved. However, the Municipality reserves the right to terminate negotiations with any Proposer should it be in the Municipality's best interest. The Municipality of Anchorage reserves the right to reject any and all proposals submitted.

7.0 Sample Contract

All Proposers must carefully read and review the attached Sample Grant Agreement (ATTACHMENT E). The final Grant Agreement with the Municipality of Anchorage will be substantially similar to it.

If a Proposer wishes to make changes to the Sample Grant Agreement, the proposed changes must be submitted with the proposal. All desired changes must be submitted in a separate document, and must be clear, legible, and conspicuous. The Proposer must also provide the rationale for all proposed changes. No changes will be considered until after the highest scored proposal(s) has been determined.

IF NO CHANGES ARE SUBMITTED WITH THE PROPOSAL, IT IS UNDERSTOOD THAT THE TERMS AND CONDITIONS OF THE SAMPLE GRANT AGREEMENT HAS BEEN ACCEPTED.

8.0 Attachments

- Attachment A: Budget Worksheet
- Attachment B: Budget Narrative Form
- Attachment C: Invoice Reporting Forms
- Attachment D: Narrative and Data Reporting Forms
- Attachment E: Sample Grant Agreement