REQUEST FOR PROPOSALS (RFP) #07-2019
Sugary Drinks Distributor Tax Healthy Communities SUPPORT Grants
Date:  June 17, 2019

To: Organizations Delivering Chronic Disease Interventions Serving Priority Populations

From: San Francisco Public Health Foundation in partnership with Community Health Equity & Promotion Branch, San Francisco Department of Public Health

Schedule of Events and Submission Deadlines

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIMES</th>
<th>DATES</th>
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</thead>
<tbody>
<tr>
<td>RFP Issued</td>
<td></td>
<td>June 17, 2019</td>
</tr>
<tr>
<td>e-Questions: <a href="mailto:sddt.hcsup@sfphf.org">sddt.hcsup@sfphf.org</a></td>
<td></td>
<td>June 17, 2019 – July 12, 2019</td>
</tr>
<tr>
<td>e-Question Answers Posted</td>
<td>By 6pm</td>
<td>June 24; July 1; July 15</td>
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<tr>
<td>Proposals Due</td>
<td>By 12:00 noon</td>
<td>Monday, July 29, 2019</td>
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Estimated Review and Notification Dates

<table>
<thead>
<tr>
<th>ACTIVITY</th>
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<tbody>
<tr>
<td>Technical Review &amp; Oral Interviews</td>
<td></td>
<td>By mid-August 2019</td>
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<tr>
<td>Award Notification sent out</td>
<td></td>
<td>August 2019</td>
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<tr>
<td>Project negotiations, MOUs developed and signed</td>
<td></td>
<td>August 2019</td>
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<tr>
<td>Term for Funded Projects</td>
<td></td>
<td>Sept 1, 2019 - June 30, 2020</td>
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*A summary of the Informational session will be posted on the website: [https://sfphf.org/rfp07-2019/](https://sfphf.org/rfp07-2019/); and e-mailed to those who submit e-questions and/or provide an email if they attend the informational session.*
The SDDT Healthy Communities SUPPORT Grants are capacity building grants for non-profit agencies implementing chronic disease interventions for Priority Populations in San Francisco. There are expected to be up to 10 grants for up to $75,000 each for 10 months. As with the concurrent SDDT Healthy Communities RFP for 3-5 year Grants, the goal of the SUPPORT Grants is to impact health equity. These grants will provide one-time funds to purchase equipment, data systems, computers, software, curriculum, consultants or other supports that will build capacity among non-profit agencies that deliver chronic disease interventions for Priority Populations. These grants are short term, but the benefit of the funds is expected last beyond the term of the grant.

Organizations may submit one application only. (Organizations serving as fiscal sponsors, may submit multiple applications on behalf of different implementing organizations.)

Program Service Category
Applicants may apply for one-time grants for equipment, data systems, computers, software, curriculum, consultants or other items/services that will support delivery of Chronic Disease Prevention Education/Programs/Services or Policy/Systems/Environmental changes. Please also see PHF’s SDDT Healthy Communities Grants RFP 04-2019 for more information or to apply for chronic disease intervention funding through that RFP.

Eligible agencies:

1. Non-profit agencies and organizations delivering chronic disease interventions that serve San Francisco Priority Populations, regardless of funding source.
2. Applicants must have a demonstrated track record of reaching priority populations – those most impacted by sugary drink consumption. Applicants need not be experts in chronic disease prevention or healthy eating/active living programs but must demonstrate expertise and experience reaching Priority Populations.
3. Funding is restricted to non-profit community-, faith- or neighborhood-based organizations (CBO/FBO/NBO).
4. If you are an agency that does not yet have a non-profit status, you may apply with a 501(c)3 nonprofit agency that will serve as a fiscal sponsor for your project.
5. All CBOs/FBOs/NBOs and/or their fiscal sponsors applying for SDDT funds must have the administrative capacity to enter into a business subcontract/consultant agreement with PHF.
I. INTRODUCTION

The San Francisco Public Health Foundation (PHF) is soliciting proposals to support the San Francisco Department of Public Health (SFDPH) Population Health Division, Community Health Equity and Promotion Branch’s San Francisco Sugary Drinks Distributor Tax Healthy Communities SUPPORT Grants Program. In 2016 San Francisco voted to place a one-penny per ounce tax on distributors of sugary drinks – called the Sugary Drinks Distributor Tax (SDDT). Some of the resulting SDDT revenue is being directed to community organizations through this Request for Proposals.

The Sugary Drinks Distributor Tax (SDDT) holds potential to change the health status of our community members most burdened by chronic diseases and the environments in which their health is shaped. The overall grant program is intended to:

a. support long-term sustainable changes that are health promoting, community building and equity focused
b. support delivery of chronic disease prevention programs
c. help build strong community organizations with financial and technical support so that priority communities can successfully implement innovative, community driven and community led initiatives

SFDPH is organizing community grant funds into five separate RFP processes:

1) The Healthy Communities RFP, issued by Public Health Foundation on June 7, 2019, is for agencies and entities with a budget under one million dollars that are demonstrably connected to SDDT Priority Populations. Successful applicants will contract with the SF Public Health Foundation. The goal is to provide additional support to agencies in this pool so that they may successfully apply for grants from city agencies like SFDPH in the future.

2) THIS RFP: Healthy Communities SUPPORT Grants issued by PHF for one-time expenses: equipment, consultants and/or other infrastructure needs that will support implementation of chronic disease interventions, including but not limited to those funded by Healthy Communities Grants.

3) Expected release Mid-June 2019: Healthy Food Purchasing Supplements issued by PHF will be awarded to one or more agencies, with experience in operating this type of program, for operating Healthy Food Purchasing Supplement interventions to improve food security.

4) Forthcoming: Public Schools Support RFP, issued by PHF, for community-based organizations that deliver services to San Francisco Unified School District students.

5) Forthcoming: An SFDPH-issued Healthy Communities RFP for non-profit agencies with the experience, infrastructure and support to contract directly with SFDPH.

Each proposal must meet the necessary qualifications and service requirements set forth in this solicitation. This is a Request for Proposal (RFP) process. Whether a proposal meets these qualifications and service requirements will be determined through the Review and Selection Process. No Proposer shall have any legal or equitable right or obligation to enter into a contract or to perform the Work as a result of being selected. The program information is further detailed in the Program Services Specifications.
II. BACKGROUND INFORMATION

SDDT Healthy Communities SUPPORT Grants will provide one-time funding for agencies and organizations working to change behavioral and health outcomes as described in the simplified logic model that follows (full model in Programmatic Appendix).

The Healthy Communities SUPPORT Grants program is primarily designed to address the third Goal area, “Build Capacity and Develop Leadership,” because building capacity and leadership is critical to helping agencies create long-term, sustainable change. The intent of the SUPPORT grants is to provide one-time, additional funds that will enable applicants to successfully work in at least one of two Goal areas: “Change Policy/Systems/Environmental” or “Deliver Education, Programs and Services.”

SIMPLIFIED LOGIC MODEL

<table>
<thead>
<tr>
<th>GOALS</th>
<th>ACTIVITIES</th>
<th>IMPACT</th>
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<tbody>
<tr>
<td>1. Change Policy, Systems &amp; Environments (PSE)</td>
<td>A. Communities develop, implement, monitor HEAL policies/system/environmental changes</td>
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<td></td>
<td>B. Address Social Determinants of Health (SDOH) e.g. transportation, safety, poverty, employment that support Healthy Eating/Active Living (HEAL) are incorporated into grant activities.</td>
<td>Eliminate Health Disparities ↓ sugary drink sales</td>
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<td></td>
<td></td>
<td>↑ H2O access</td>
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<td></td>
<td></td>
<td>↑ Food security</td>
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<td></td>
<td>Improved Equity Outcomes ↑ Local hiring</td>
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<td></td>
<td>↑ Workforce development</td>
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<td></td>
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<td>Behavioral Outcomes ↓ sugary drink consumption</td>
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<tr>
<td></td>
<td></td>
<td>↑ H2O consumption</td>
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<td></td>
<td></td>
<td>↑ Fruit/veggie consumption</td>
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<td>↑ Breastfeeding</td>
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<td>↑ Physical Activity</td>
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<td>Health Outcomes ↓ Chronic diseases - Dental caries</td>
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<td>- Heart disease</td>
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<td>- Stroke</td>
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<td></td>
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<td>- Type 2 Diabetes</td>
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</table>

2. Deliver Education, Programs & Services

A. Provide programs/services that change knowledge, attitudes and behaviors
B. Provide programs/services that increase access
C. Provide programs/services to support priority populations with disproportionate chronic disease burden

3. Build Capacity & Develop Leadership

A. Provide incentives/technical assistance to support HEAL PSE changes
B. Provide Training of Trainers (ToT) to train community leaders on HEAL related topics so they can educate their community members in culturally relevant approaches
C. Prepare Diverse Community Health Workers /Promotoras. Support topic-specific, cross-training and system navigation; job placement (certificate program for nutrition assistants, physical activity instructors, lactation, CHW certification program, sign up eligible WIC/SNAP residents)

PRIORITY POPULATIONS: These populations have been heavily targeted by the industry and consequently consume more sugary drinks and suffer related chronic diseases. For more data and information please see the SDDTAC 2018 Annual report or SDDTAC 2019 Annual Report.

- Black/African American
- Latinx
- Pacific Islander & Asian
- Native American/Native Indian

- Pregnant women
- Children/Youth/Young Adults between 0-24 years old
  - Adolescent and TAY males (10-24)

- Low income populations

These one time, 10-month grants are intended to support applicants that deliver chronic disease prevention education/services/programs and/or address systems level (PSE) changes that make the healthy choice the (affordable, accessible, available, easy, delicious, safest, etc.) default choice by providing these one-time funds. **Applicants are NOT expected to offer services in every Goal or Activities area outlined in the logic model.**
ADDRESSING HEALTH EQUITY AND DISPARITIES

Eliminating chronic disease health disparities and improving equity outcomes are the ultimate impacts SFDPH, PHF and the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) are working toward. In your proposals, be sure to describe how your proposed project aligns with the values and pillars described below. In its recommendations, the SDDTAC provided guiding principles for community-based grants; those principles align with the public health approach and are embodied in the values and pillars described below.

Values (why we do this work)

Health Equity: Achieving optimal health for populations suffering from health disparities by addressing some of the social determinants of health - including racism, poverty, employment - is critical to achieving health equity.

Eliminating Disparities: Eliminating chronic disease health disparities, especially those found among our Black/African American, Latinx, Pacific Islander, Native American/Indian and Asian populations, are our priority focus because these populations are targeted by the sugary drink industry and suffer from chronic diseases disproportionately.

Helping Communities Contend with Chronic Disease: Redress existing chronic disease harms inflicted as a result of oppression, systemic gaps and bias by supporting those with chronic diseases and prioritizing communities that have been harmed to help heal and prevent others from falling ill.

Strategic Pillars (how we do this work)

Make Community-Informed, Community-Developed Investments in Affected Communities: SFDPH values the expertise of community members and organizations: organizations rooted in the community know best how to reach their populations. For example, leveraging HEAL-focused SDDT funds to address social determinants of health through workforce development and community building responds to the calls by community to 1) build individual and community capacity and 2) return/keep the investment within affected communities.

Use Evidence Throughout the Grant Process: Practice-, research- and evaluation-informed programs will address inequities in access, opportunity and health outcomes. SFDPH commits to supporting community groups to expand collective understanding of effective interventions through community and practice-based programs and evaluation of those programs. Using a Results Based Accountability© framework, SFDPH partners with funded community and city agencies to create community-informed, transparent evaluations to 1) support effective interventions; 2) ensure ongoing learning through quality improvement processes; and 3) incorporate community wisdom and evidence into the knowledge base.

Build Learning Communities and Collaborative Partnerships: SFDPH commits to creating a learning community of funders, community organizations and city agencies, program participants and evaluators to learn from one another, to build high quality interventions and strong community organizations in the interest of collective impact and promoting positive outcomes.

Primary and Secondary Prevention and Systems Changes: Primary and secondary prevention programs – like those that provide Healthy Eating/Active Living, chronic disease prevention, and wellness services – coupled with policy, systems and environmental level approaches to address chronic disease disparities create a comprehensive set of solutions across the Spectrum of Prevention. Funds are not designed for health care services but can support priority populations already suffering from chronic diseases, or support programs that partner with health clinics.
PREVENTING CHRONIC DISEASES AND REDUCING IMPACTS OF SUGARY DRINKS

San Francisco has epidemic levels of chronic diseases like diabetes and heart disease among Black/African Americans, Latinx, Pacific Islanders, Native Americans and Asians; these diseases burden the Black/African American population the most. In addition to preventing chronic diseases, these funds are intended to support priority populations suffering from diet-sensitive chronic diseases and to redress the systemic and structural inequities that contributed to the diseases in the first place.

With SDDT revenues, PHF is seeking applications that will create environments to make healthy choices accessible and support SF residents to eat healthy and be active. The focus of SDDT revenues is on chronic disease prevention and mitigation as well as healthy eating/active living because the science indicates that sugary drinks lead to:

- weight gain for children, youth and adults leading to obesity, heart disease etc.;
- increased risk and complications for chronic diseases like diabetes, heart disease
  - spikes blood sugar level which increases complications for those living with diabetes,
- cavities and oral health problems

Breastfeeding, eating fresh fruits and vegetables, drinking water (healthy eating), and regular physical activity (active living) can protect against the negative impacts of sugary drinks.

Behavior change, however, is not the end goal, because social, political, and economic environments are important drivers in our individual and collective health and well-being. Changing the environments in which people live, work, learn, worship and play is vital to creating long term solutions. Chronic diseases, poverty, structural and individual racism, violence, Adverse Childhood Experiences (ACES) can also contribute to trauma and stress levels, which also influence health outcomes and health behaviors, like drinking sugary drinks, and make it more difficult for people to succeed in healthy behaviors. Grantees will be asked to consider how Social Determinants of Health (poverty, education, employment, racism) can be impacted through funded programs.

Policy/systems/environmental changes (PSE) options work to create environments that support healthy eating/active living for the long term. SFDPH has a history of supporting Community Action Model (CAM) grants that work to make PSE changes (see this site for more info).

As briefly described above, preventing and mitigating chronic diseases is complex. This RFP attempts to provide additional support that can help with one-time costs such as curriculum development, equipment, developing data collection systems, etc.
III. SDDT HEALTHY COMMUNITIES SUPPORT GRANTS OVERVIEW

CONTRACT TERM & FUNDING AMOUNTS

The SDDT Healthy Communities SUPPORT Grants are one-time capacity building grants for non-profit agencies implementing chronic disease interventions for Priority Populations.

- There are expected to be **up to 10 grants** for up to **$75,000 each**
- Grant period is expected to be **September 1, 2019 - June 30, 2020**

Agencies that accept funding from or have an affiliation or contractual relationship with a national/international sugary drinks beverage corporation, any of its subsidiaries or parent company during the term of the contract cannot be funded through this solicitation. City and County of San Francisco agencies or departments, government agencies, or educational institutions are not eligible to apply for funding under this RFP.

**Organizations may submit one application only.** (Organizations serving as fiscal sponsors, may submit multiple applications on behalf of different implementing organizations.)

**Eligible agencies:**

1. **Non-profit agencies and organizations delivering chronic disease interventions that serve San Francisco Priority Populations, **regardless of funding source.**
2. Applicants must have a demonstrated track record of reaching priority populations – those most impacted by sugary drink consumption. Applicants need not be experts in chronic disease prevention or healthy eating/active living programs but must demonstrate expertise and experience reaching Priority Populations.
3. Funding is restricted to non-profit community-, faith- or neighborhood-based organizations (CBO/FBO/NBO).
4. If you are an agency that does not yet have a non-profit status, you may apply with a 501(c)3 nonprofit agency that will serve as a fiscal sponsor for your project.
5. All CBOs/FBOs/NBOs and/or their fiscal sponsors applying for SDDT funds must have the administrative capacity to enter into a business subcontract/consultant agreement with PHF.

**Program Service Category**

These grants will **provide one-time funds to purchase equipment, data systems, computers, software, curriculum, consultants or other supports that will build capacity among non-profit agencies** that deliver healthy eating/active living chronic disease interventions for Priority Populations. These grants are short term, but the benefit of the funds is expected to be long term and go beyond the life of the grant. As with the concurrent SDDT Healthy Communities RFP for 3-5 year Grants, the goal of the SUPPORT Grants is to impact health equity.

Applicants must demonstrate how requested services/products/equipment will enhance their chronic disease interventions and have an impact beyond the 10-month grant period. SDFPH and PHF are keenly interested in supporting organizations and projects that will have impact and leave priority populations better off as a result of this funding.
IV. HEALTHY COMMUNITIES GRANT APPLICATION COMPONENTS

1. Qualifications Statement & Cover Sheet
   • The Qualifications Statement form must be used and can be downloaded [here](#). The Qualifications Statement must be signed by a person authorized to bind the Proposer to the representations, commitments, and statement contained in the Qualifications Statement.
   • Applications packages that without a completed and signed Qualifications Statement will be disqualified.

2. Proposal Narrative – Healthy Communities Support Grant – 4 Pages
   Complete all areas of the narrative. Answer all questions in the order listed.
   • The narrative includes:
     2A. Project Description
     2B. Organizational Capacity
     2C. Fiscal Agency Organizational Capacity (ONLY for projects using a fiscal agent) This section may be completed in no more than one page on a separate sheet that does not count toward the 4 page max.
   • The Narrative may not exceed 4 pages and must follow these parameters:
     o Times New Roman, 12-point font
     o One-inch margins
     o 1.5 spacing between lines
     Panelists will not be provided materials past page 4

2A. Project Description
   Project Approach: Answer all the following questions to describe what support is needed and how the SUPPORT grant will enhance your organization’s chronic disease prevention efforts. Include the following information:

   1. Provide a brief description of the chronic disease prevention activities that these one-time SUPPORT funds are linked to.
      a) What is the goal of that intervention? This is a single sentence about what you expect will happen/change as a result of the intervention.
      b) Who does the program serve?
      c) In what neighborhoods do activities take place?
      d) Describe how the activities align with DPH logic model, values and pillars.
2. **Provide a brief description of the specific support this one-time SUPPORT grant will provide:**
   a) Describe what the funds will purchase. Will the funds be expended immediately upon receipt of funds or will they be spent over the course of the 10-month grant period for consultants, etc.?
   b) How will extra funds support the intervention goal described in question 1A?
   c) Describe how these funds will build capacity of the funded agency or its staff.
   d) Describe who these SUPPORT funds will directly benefit (for example one or more Priority Populations or organization staff delivering the services or a combination of the above).
   e) How will the funds support the agency’s work beyond the lifetime of the grant (e.g. new curriculum, computers, equipment, transportation options, evaluation system, etc.- can be used beyond the 10-month grant period)
   f) If you are not awarded a SUPPORT grant, how will that impact your ability to deliver the intervention described in question #1 above.

**2B. Organizational Capacity/ Staff Qualifications**

Provide information on your organization’s capacity and qualifications:

1. **A brief description and history of the organization.** Descriptions should include your organizational capacity and resources, including facilities and equipment relevant to the application, to handle various funding levels and/or number of program projects. Describe how the SDDT funding supports the mission, vision, and goals of your agency.

2. **A brief description of professional background, experience and qualifications of the current staff that are involved in the chronic disease interventions.**

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**2C. Fiscal Agency Organizational Capacity/ Staff Qualifications**

*This section is only required for projects using a fiscal sponsor*

1. **A brief description and history of the organization with respect to fiscal and contract management.**
   Descriptions should include your organizational history and capacity to provide fiscal sponsorship and contract management.

2. **Describe professional background, experience and qualifications of the current staff that will provide fiscal management services.**

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**3. Budget**

This RFP is designed for one-time project costs that will support the organization to implement chronic disease interventions. Please make sure Budget and Budget Justification is in alignment with [Project Description](#).

The goal is that the funds have a lasting impact (equipment, software, data systems, etc.) and cannot be to backfill staff positions or use for items that will not have a lasting impact.

These funds may only support a staff salary if the request is clearly designated as a short-term project and would, increase the hours of a part-time staff to work on the short-term project. For example, if the short-term project is to develop a curriculum, then a part-time staff member’s hours could be increased to develop the curriculum.

[Budget template can be downloaded here](#) and must be used.
V. PROPOSAL SCORING CRITERIA AND RATING SCALE
Proposals will be scored based on Proposal Scoring Criteria outlined in the Proposal Scoring table.

<table>
<thead>
<tr>
<th>PROPOSAL SCORING</th>
<th>Each question below, is scored based on the following point allocations: 0=not at all 1=minimally 2=somewhat 3= very</th>
<th>MAX Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PROJECT DESCRIPTION</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>a) How well aligned are the SUPPORT funds in supporting the goal of the intervention (as described in Project Description, Question #1a)</td>
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<tr>
<td>b) How likely is it the SUPPORT funds will improve/expand the intervention? (as described in Project Description, Question #1)</td>
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<tr>
<td>c) How well aligned are the SUPPORT funds with DPH logic model, values and pillars (as described in Project Description, Question #1d)</td>
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<tr>
<td>d) How clear is that intervention is for one-time SUPPORT funding (and not for backfill or continuation of a project)</td>
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<td>e) How likely is it that the added SUPPORT funds will help participants make Policy/Systems/Environmental or Knowledge/Attitude/Behavior changes (better access, new curriculum, trained staff, etc.)</td>
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<tr>
<td>f) How likely is it that the added funds will build agency or staff capacity?</td>
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<tr>
<td>2. POPULATIONS SERVED</td>
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<td>6</td>
</tr>
<tr>
<td>a) How well do the SUPPORT funds help agencies reach the RFP priority population/s?</td>
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<tr>
<td>b) How much experience does the agency have working with priority population/s?</td>
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<tr>
<td>3. ORGANIZATION QUALIFICATIONS</td>
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<td>12</td>
</tr>
<tr>
<td>a) Capacity of organization to implement proposed SUPPORT grant intervention</td>
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<tr>
<td>b) Administrative capacity of organization or fiscal sponsor (contract management, fiscal management, etc.)</td>
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<td>c) To what degree do the SUPPORT funds leverage organization’s existing work?</td>
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<td>d) To what degree will the SUPPORT funds improve organizations interventions and capacity?</td>
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<td>4. BUDGET. Rates are reasonable, and budget is cost effective, justification is included and clearly explains expenses. Budget/Justification are in alignment with proposed program description. Budget should meet any capped rates as related to service, including, fringe benefits rate at 40% and indirect rate at 15% of direct expenses</td>
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<td>12</td>
</tr>
<tr>
<td>a) How well does the budget match the expenses described in the narrative?</td>
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<td>b) How clear is it that the budget is for one-time support?</td>
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<td>c) How likely is it that the funds will have a longer-term impact beyond the life of the grant?</td>
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<td>d) How well does the budget justification explain expenses?</td>
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<td>5. PROPOSAL GUIDELINES</td>
<td>0=not at all; 1= somewhat; 2=very</td>
<td>2</td>
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<tr>
<td>a) To what degree does proposal meet RFP guidelines (attachments, formatting guidelines, length, etc.)</td>
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<tr>
<td>TOTAL POINTS</td>
<td></td>
<td>50</td>
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VI. PROPOSAL REVIEW & SELECTION PROCESS SUMMARY

SELECTION PROCESS FOR ELIGIBLE APPLICANTS

In the event that only one Proposal is submitted for this solicitation or for a specific category within this solicitation, PHF will determine the viability of entering into negotiations with that applicant.

If more than one Proposal is received, then the proposals will progress through the Review and Selection process:

- **Initial Screening**: Incomplete or non-compliant proposals that do not meet the submission requirements as outlined in Section III: Submission Requirements will be rejected during Initial Screening.

- **Technical Review Panel**: Proposals that meet the submission requirements will be evaluated and scored by a technical review panel using the scoring criteria described above. To be considered for funding, applications must earn at least 38 points (75%). Those applications with 38 points or more, will be reviewed by PHF and SFDPH for final decisions. Final decisions will take into account Priority Populations, diversity of interventions, geographic distribution, etc. PHF will email Proposing Agencies a Notification Letter indicating their score from the Technical Review process.

- **Invitation to Negotiate**: PHF will send an Invitation to Negotiate to applicants based on outcomes from proposals, proposal review, geographic and priority population distribution and RFP priorities.

- **Contract Award Notification**: If the negotiation process is completed to the satisfaction of PHF, SFDPH and the applicant, the applicant will receive a notification letter indicating the negotiated services and funding amount.
VII. SUBMISSION REQUIREMENTS

All forms are available for download at the PHF website at https://sfphf.org/rfp07-2019/

A. Deadlines and Delivery Location

PHF must receive complete Proposal Packages via email by the following deadline and at the email address listed below:

By: 12:00 Noon  On: July 29, 2019
To:  sddt.hcsup@sfphf.org
Subject line: RFP #07-2019; Attn: San Francisco Public Health Foundation Executive Director

Applicants must submit proposals by email, preferably as a single PDF document, if possible. Applicants will receive an email confirmation upon receipt of application package.

Proposals received after the deadline but within 24 hours may be accepted for extenuating circumstances at the sole discretion of the Executive Director of the San Francisco Public Health Foundation. Applicants that submit proposals within this grace period must provide a letter to the Executive Director explaining the extenuating circumstances by 12 noon on 7/30/2019. Decisions of the Executive Director to accept or reject the proposal during the grace period will not be appealable. If the proposal is accepted, the letter of explanation will be provided to the Technical Review Panel. Following the 24-hour grace period no late proposals will be accepted for any reason and there will be no appeal. Email letter to sddt.hcsup@sfphf.org, include “Late Submission Request” in the subject area.

B. Solicitation Package Documentation

The process requires submission of a proposal package consisting of the following documentation:

1. Qualifications Statement and Cover Page (Required Form; use as cover page)
   To respond to this solicitation, an applicant must follow the submittal steps outlined in this Submissions Requirements Section, to include a Qualifications Statement along with a complete and assembled proposal package by the deadline cited below. The Qualifications Statement & Cover Sheet is available for download at https://sfphf.org/rfp07-2019/.
   This is the only form that can be used for the Qualifications Statement. Applicants that do not use this form will be rejected
2. Proposal Narrative (4 pages)
3. Budget and Budget Justification for the corresponding periods, by line-item, for projected expenses by agency or organization section (Required Form)

Additional pages beyond any limits specified will be eliminated before the proposal is reviewed.

Only submit items that are listed above. For example, do not submit curricula or policies and procedures manuals. Anything submitted that is not on the list above will be discarded.

C. Appeals Procedures

An appeal of the Notification Letter indicating their score from the Technical Review may be filed if the Proposer has reason to believe that there was a substantial failure by the PHF in following standard solicitation procedures. The appeal must be filed within five (5) working days of receipt of the notification letter. Appeals will be ruled on, and the appealing entity notified in writing, within five (5) working days
after its receipt. All decisions are final. If you wish to appeal, prepare a written statement describing the procedural breach that is the reason for your appeal via email to sddt.hcsup@sfphf.org with ‘Appeal: RFP 07-2019’ in the subject line. Protests made by mail, orally (face to face or by telephone), or by Fax will not be considered.

VIII. E-QUESTIONS
The Public Health Foundation in collaboration with SFDPH will answer questions related to this RFP via email. You may submit your E-Questions between June 17, 2019 - July 12, 2019 by email.

Dates/Period when E-Questions will be accepted:

Begin: June 17, 2019
End: July 12, 2019 by 12:00 PM

All E-Questions are to be directed to the following e-mail address sddt.hcsup@sfphf.org. Please write “E-Questions RFP 07-2019” in the Subject line. PHF will compile and answer the questions in collaboration with DPH staff. The compilation of questions and answers will be returned by email to the questioners and will be updated online on the following Mondays (June 24; July 1; July 15) at https://sfphf.org/rfp07-2019
IX. STANDARD TERMS & CONDITIONS FOR RECEIPT OF PROPOSALS

A. ERRORS AND OMISSIONS IN SOLICITATION
Proposers are responsible for reviewing all portions of this solicitation. Proposers are to promptly notify the PHF, in writing, if the Proposer discovers any ambiguity, discrepancy, omission, or other error in the solicitation. Any such notification should be directed to the PHF promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals.

B. INQUIRIES REGARDING THIS RFP
Technical or procedural inquiries regarding this solicitation, other than programmatic questions addressed at either an Informational Session or through the E-Questions procedure described in Section V, above, must be directed to PHF Executive Director at sddt.hcsup@sfphf.org.

C. OBJECTIONS TO RFP TERMS
Should a Proposer object on any ground to any provision or legal requirement set forth in this RFP, the Proposer must, not more 72 hours before the Proposal Deadline, provide written notice to PHF setting forth with specificity the grounds for the objection. The failure of a Proposer to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. CHANGE NOTICES
PHF may modify the solicitation, prior to the proposal due date, by issuing Change Notices, which will be posted on the website at https://sfphf.org/rfp07-2019/. The Proposer shall be responsible for ensuring that its proposal reflects any and all Change Notices issued by the PHF prior to the proposal due date regardless of when the proposal is submitted. Therefore, the PHF recommends that the Proposer consult the website frequently, including shortly before the proposal due date, to determine if the Proposer has downloaded all Change Notices.

E. TERM OF PROPOSAL
Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. REVISION OF PROPOSAL
A Proposer may revise a proposal on the Proposer’s own initiative at any time before the deadline for submission of proposals. The Proposer must submit the revised proposal in the same manner as the original. A revised proposal must be received on or before the proposal due date.

In no case will a statement of intent to submit a revised proposal, or commencement of a revision process, extend the proposal due date for any Proposer.

At any time during the proposal evaluation process, PHF may require a Proposer to provide oral or written clarification of its proposal. PHF reserves the right to make an award without further clarifications of proposals received.
G. ERRORS AND OMISSIONS IN PROPOSAL
Failure by the PHF to object to an error, omission, or deviation in the proposal will in no way modify the solicitation or excuse the applicant from full compliance with the specifications of the solicitation or any contract awarded pursuant to the solicitation.

H. FINANCIAL RESPONSIBILITY
The PHF accepts no financial responsibility for any costs incurred by a firm in responding to this solicitation. Submissions of the solicitation will become the property of the PHF and may be used by the PHF in any way deemed appropriate.

I. RESERVATIONS OF RIGHTS BY THE SAN FRANCISCO PUBLIC HEALTH FOUNDATION
The issuance of this solicitation does not constitute an agreement by the PHF that any contract will actually be entered into by the PHF. The PHF expressly reserves the right at any time to:

- Waive or correct any defect or informality in any response, proposal, or proposal procedure;
- Reject any or all proposals;
- Reissue a Request for Proposals;
- Prior to submission deadline for proposals, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this solicitation, or the requirements for contents or format of the proposals;
- Procure any materials, equipment or services specified in this solicitation by any other means; or
- Determine that no project will be pursued
### EXPENDITURES

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th>BUDGET</th>
<th>JUSTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Coordinator @ .4FTE</td>
<td>$25,000</td>
<td>Add .4FTE for outreach staff or add .3FTE to program staff to develop curriculum</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>$10,000</td>
<td>40% Fringe Benefits rate includes the following: health insurance, dental insurance, vision, FICA, Medicare, and state unemployment insurance.</td>
</tr>
<tr>
<td><strong>TOTAL Personnel Expenses</strong></td>
<td>$35,000</td>
<td></td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Training</td>
<td>$600</td>
<td>Prof development training for 2 staff, approx. $300/staff</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$500</td>
<td>Assorted office items for staff</td>
</tr>
<tr>
<td>Printing &amp; Copying</td>
<td>$240</td>
<td>Anticipate printing expenses at (20/month x 12 months = $240)</td>
</tr>
<tr>
<td>Computer, printer, software</td>
<td>$2,500</td>
<td>1 system with required MS Office software and color printer</td>
</tr>
<tr>
<td>Insurance/Audit</td>
<td>$5,700</td>
<td>to cover required insurance to meet contract requirements</td>
</tr>
<tr>
<td>Community Member Stipends</td>
<td>$2,000</td>
<td>project will engage community leaders to assist in outreach for new program (approx. $100/month x 10 months x 2 community leaders)</td>
</tr>
<tr>
<td>Evaluation consultant</td>
<td>$10,500</td>
<td>consultant to develop tool and data system to evaluate effectiveness of ABC program. $150 x 70 hours</td>
</tr>
<tr>
<td>XXX consultant</td>
<td>$8,000</td>
<td></td>
</tr>
<tr>
<td>Other costs (please identify the expenses type, provide justification, and add more rows as needed)</td>
<td>$0</td>
<td>Must be justified with a detailed description of the cost estimate</td>
</tr>
<tr>
<td><strong>TOTAL Operating Expenses</strong></td>
<td>$30,040</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL DIRECT EXPENSES</strong></td>
<td>$65,040</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL INDIRECT EXPENSES (not to exceed 15% of direct expenses)</strong></td>
<td>$9,756</td>
<td>15% of direct expenses (Indirect expenses include accounting, janitorial, administrative oversight)</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$74,796</td>
<td>Not to exceed $75,000</td>
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</tbody>
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