REQUEST FOR PROPOSALS (RFP) #04-2019
Sugary Drinks Distributor Tax Healthy Communities Grants

Date: June 7, 2019

To: Organizations with less than a $1 Million Organizational Budget Serving Priority Populations

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

Schedule of Events and Submission Deadlines

For questions about the solicitation procedures or documents, please contact:
Executive Director, San Francisco Public Health Foundation
EMAIL at sddt.hc@sfphf.org | CALL at 415-504-6738
Information about this RFP can be found at https://sfphf.org/rfphc04-2019 website

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<thead>
<tr>
<th>ACTIVITY</th>
<th>TIMES</th>
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<tbody>
<tr>
<td>RFP Issued</td>
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<td>June 7, 2019</td>
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<tr>
<td>Questions due for Informational Session</td>
<td>By 12:00 noon</td>
<td>June 20, 2019</td>
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<td>Informational Session*</td>
<td>11:00 am -12:45 pm</td>
<td>June 24, 2019</td>
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<tr>
<td>Proposals Due</td>
<td>By 12:00 noon</td>
<td>July 22, 2019</td>
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Estimated Review and Notification Dates

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<th>ACTIVITY</th>
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<tr>
<td>Technical Review &amp; Oral Interviews</td>
<td>By mid-August 2019</td>
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<td>Award Notification sent out</td>
<td>By late August 2019</td>
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<tr>
<td>Project negotiations, MOUs developed and signed</td>
<td>By 8/30/19</td>
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<tr>
<td>Initial Term for Funded Projects</td>
<td>Sept 1, 2019 - June 30, 2022</td>
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*A summary of the Informational session will be posted on the website: https://sfphf.org/rfphc04-2019 and e-mailed to those who submit e-questions and/or provide an email if they attend the informational session.
AT A GLANCE: Sugary Drinks Distributor Tax Healthy Communities Grants Program

The SDDT Healthy Communities Grants will fund **up to 12 applicants** for **up to a total of $500,000 over 3** (three) years. The **maximum annual budget is $200,000** in any one year. Grantees may be eligible for an additional two years (for a total of a 5-year grant), contingent on funding availability and meeting grant deliverables. Awards will fund a project implementation period from approximately September 1, 2019 through June 30, 2022. Contracts resulting from this solicitation are anticipated to begin September 1, 2019.

These funds are intended to impact health equity and to inspire innovative, community -driven and -led Healthy Communities Grants that will strengthen skills/build capacity) in priority communities while delivering chronic disease interventions and making long term sustainable changes that are health promoting, community building and equity focused.

Successful applicants will be required to implement chronic disease prevention initiatives that support healthy communities by delivering education/services/ programs and/or implementing policy/systems/ environmental (PSE) level changes for priority populations identified herein.

Vendor Application Category

There will be two categories allowing organizations to compete with similar sized organizations. Number of grantees in each category will be determined by successful applications.

A. Agencies with organizational budgets under $500,000
B. Agencies with organizational budgets between $500,000 - $1,000,000

Program Service Category

Applicants may apply for:

A. Healthy Communities Grants: Education, Programs or Services and/or
B. Healthy Communities Grants: Policy/Systems/Environmental changes

Vendors may respond and submit a proposal that includes both Category A and Category B, to work across the Spectrum of Prevention – delivering programs/services and making long-term changes in the community.

Eligible agencies:

- ** Agencies and organizations with an organizational budget under one million dollars ($1,000,000).**
- 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.
- Funding is restricted to non-profit community-, faith- or neighborhood-based organizations (CBO/FBO/NBO).
- 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.
- 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.

Organizations implementing programs may only submit one application. Fiscal sponsors may submit multiple applications as long as the applications represent different organizations.
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 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 SDDT community funds into five separate RFP processes:

1) **This Healthy Communities RFP, issued by Public Health Foundation**, 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) **Expected release Mid-June 2019: 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 prevention interventions, including 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 Proposal Review and Selection Process on Page 17. 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 Healthy Communities Grants Overview on Page 7.
II. Background Information and Priority Populations

SDDT grants are expected to change behavioral and health outcomes among Priority Populations (table below) as described in the simplified logic model that follows (full logic model in Appendix A: Programmatic Appendices, p.PA-4). Applicants will be expected to work with Priority Populations in at least one of two Goal areas:

- Change Policy/Systems/Environments and/or
- Deliver Education, Programs and Services

The third Goal area, “Build Capacity and Develop Leadership,” will likely be addressed in the implementation of the other two goal areas; while it is not a required area, building capacity and leadership is critical to creating long term, sustainable change.

**SFDPH SIMPLIFIED LOGIC MODEL**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>ACTIVITIES</th>
<th>IMPACT</th>
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</table>
| **Change Policy, Systems & Environments (PSE)** | A. Communities develop, implement, monitor Healthy Eating/Active Living (HEAL) policies/system/environmental changes  
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. | Eliminate Health Disparities  
↓ sugary drink sales  
↑ H₂O access  
↑ Food security  
Improved Equity Outcomes  
↑ Local hiring  
↑ Workforce development  
Behavioral Outcomes  
↓ sugary drink consumption  
↑ H₂O consumption  
↑ Fruit/veggie consumption  
↑ Breastfeeding  
↑ Physical Activity  
Health Outcomes  
↓ Chronic diseases  
- Dental caries  
- Heart disease  
- Hypertension  
- Stroke  
- Type 2 Diabetes |
| **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 | |
| **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.

- 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

With 3 year terms (and possibly 5 year terms), applicants are encouraged to work across the Spectrum of Prevention to deliver education/services/programs and address systems level (PSE) changes that make the healthy choice the affordable, accessible, available, easy, delicious, safest, default, etc. choice. Applicants are encouraged to link relevant community issues to their proposed chronic disease and
healthy eating/active living interventions in their work plan and project focus. **Applicants are NOT expected to offer services in every Goal or Activities area outlined in the logic model above.**

**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 this RFP is on chronic disease prevention and mitigation and healthy eating/active living because the data show 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 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 if Social Determinants of Health (poverty, education, employment, racism) can be impacted through funded programs.

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). PHF will consider funding CAMs through this RFP.

As briefly documented above, preventing and mitigating chronic diseases is complex. This RFP attempts to acknowledge this complexity and turns to community groups to help define, develop and implement solutions both at the individual and community (or PSE) levels.

**Leveraging Impact**

Because preventing/mitigating chronic diseases and decreasing sugary drinks consumption touches on complex, interrelated issues; a single effort or program cannot solve the issues that influence them on their own. Applicants are encouraged to work with other SDDT-funded programs (a listing of SDDT-funded programs can be found in the SDDTAC 2019 Annual Report, page 108) and/or build on the work of other coalitions, task forces, race/ethnic affinity groups, neighborhood groups, transportation initiatives, etc.
III. Sugary Drinks Distributor Tax Healthy Communities Grants Overview

These grants are designed for agencies with less than a $1 million organizational budget and with demonstrated capacity to reach SDDT Priority Populations.

AGENCY ELIGIBILITY

- Agencies and organizations with an organizational budget under one million dollars ($1,000,000).
- 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.
- Funding is restricted to non-profit community-, faith- or neighborhood-based organizations (CBO/FBO/NBO).
- If you are an agency that does not have a non-profit status, yet you may apply with a 501(c)3 nonprofit agency as a fiscal sponsor.
- 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.

Organizations implementing programs may only submit one application. Fiscal sponsors may submit multiple applications as long as the applications represent different organizations.

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 but may be listed as a partner in a grant.

CONTRACT TERM & FUNDING AMOUNTS

The SDDT Healthy Communities Grants will fund up to 12 applicants for up to a total of $500,000 over the course of three years. The maximum annual budget is $200,000 in any one year. Funding for each year is contingent on renegotiation, availability of funds, and successful completion of annual deliverables. Grantees may be eligible for an additional two years (for a total of a 5-year grant), contingent on funding availability and meeting grant deliverables. Awards will fund a project implementation period that will run from approximately September 1, 2019 through June 30, 2022. Contracts resulting from this solicitation are anticipated to begin September 1, 2019.

Vendor Application Category

A. Agency with <$500,000 organizational budget
B. Agency with an organizational budget $500,000-$1,000,000

Program Service Categories – your application may include activities in both categories

A. Chronic Disease Prevention Education, Programs or Services and/or
B. Chronic Disease Prevention Policy/Systems/Environmental changes
Applicants may incorporate multiple topics (like physical activity, nutrition, and breastfeeding) or focus on one element of chronic disease prevention or healthy eating/active living. Applicants are encouraged to apply for services or activities that they know resonate with the populations they serve. Applicants need not be expert in the topics they propose to work on but must be open to technical assistance and capacity building provided by PHF and SFDPH to ensure activities are data- and science-based. SFDPH and PHF are keenly interested in supporting projects that will have impact and leave priority populations better off as a result of this funding.

See the table in Programmatic Appendices (page PA-2) for intervention ideas. The table does not provide a comprehensive list of education/programs/services or policy/systems/environmental approaches. It simply gives some ideas. We expect applicants will have specific ideas based on their knowledge of the population/s to be served.

**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](#).

- 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
IV. HEALTHY COMMUNITIES GRANT APPLICATION (REQUIRED)

1. Qualifications Statement & Cover Page
2. Proposal Narrative
   2a. Project Description
   2b. Organizational Capacity
   2c. Fiscal Sponsors Organizational Capacity
3. Workplan
4. Budget

1. QUALIFICATIONS STATEMENT
   • The Qualifications Statement & Cover Page form must be used as a cover page and can be downloaded here. The Qualifications Statement & Cover Page must be signed by a person authorized to bind the Proposer to the representations, commitments, and statement contained in the form.
   • Applications packages without a completed and signed Qualifications Statement & Cover Page will be disqualified.

2. PROPOSAL NARRATIVE – HEALTHY COMMUNITIES GRANT – MAX 10 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 Sponsor Organizational Capacity (ONLY for projects using a fiscal sponsor)

   • The Narrative may not exceed 10 pages and must follow these parameters:
     o Times New Roman, 12-point font
     o One-inch margins
     o 1.5 spacing between lines
     o 10 pages maximum. Review Panelists will not be provided materials past page 10

2A. PROJECT DESCRIPTION
   Project Approach Answer all the following questions to describe the components of the proposed program.

   1. Provide a brief description about what kind of chronic disease prevention activities you will deliver.
      You may work across both “Goal” program service categories (as described in the Simplified Logic Model on Page 4 or Full Logic Model (in Appendix A: Programmatic Appendices, PA-4).
      A. Chronic Disease Prevention Education, Programs or Services
      and/or
      B. Chronic Disease Prevention Policy/Systems/Environmental changes
      Ex: Agency XYZ is seeking funding to implement a project that works across the spectrum of prevention delivering XYZ program; through XYZ program we will raise awareness among the program participants and engage them to make ABC changes to LMNOP system.
2. **What is the goal of your proposed funded work?** This is a single sentence about what you expect will happen/change by the end of the grant period. Your goal statement should show up on your workplan too.

3. **What are you proposing to do in the first year?** The purpose of this question is a brief overview of your proposed work. What is your “elevator pitch;” that is, how would you describe your proposed work for the first year in three minutes or less to a stranger?

   EX: Using the YUMMY nutrition education curriculum, PROGRAM XYZ will run three 8-week nutrition education classes focusing on food justice, nutrition and cultural roots of food in the ABC population. As part of the classes, participants will learn how to cook healthfully for less time and money through hands on classes, field trips and speakers. Some participants will also be selected for further paid training so that they can deliver one-day workshops in their respective communities. The long-term goal is to...

   a) Assuming this work is funded for the 3-year period, what will it achieve over three-year period? Same as above: What is your “elevator pitch;” that is, how would you describe expected outcomes for the three year grant in three minutes or less to a stranger?

4. **Explain what information your organization relied on to choose the project.** That is, what evidence do you have that your proposed work is what the community wants and needs? How do you know your program will be effective? You can reference information in the Appendix A: Programmatic Appendices (page PA-5), information your group has collected, etc.

5. **Who will your program serve?**
   a) Describe the population and demographics that you plan to reach through this grant and how it matches the RFP’s priority population/s.
   b) What is your agency’s history working with this/these priority population/s?
   c) Describe your agency’s success with this/these population/s.
   d) How many people will you reach?
   e) How often will they be reached?

6. **Where will program activities take place?**
   a) In what neighborhood/s does the population you want to serve reside?
   b) Briefly describe the neighborhood and how the (social, political, physical) environment contributes/poses barriers to the issues related to healthy eating/active living or chronic disease prevention that you plan to address.
   c) How do you plan to address identified barriers?
   d) In addition to the neighborhood being served, describe in what facility, park or space your work will take place.

7. **How will community members benefit as a result of your work?**

8. **How will the community as a whole benefit? What will change?**
   a) How will this work build community capacity beyond the scope of the specific programs or services?
   b) What benefits beyond addressing chronic disease or healthy eating/active living might this program achieve? (multi-generational, community driven, decrease isolation, improve mental health, decrease stress/trauma)
9. Will you be able to partner with other organizations or build on/leverage other efforts/initiatives that are already in place? If yes, please describe.

10. How will you evaluate the work? Do you have systems in place? If not, describe what you would need to conduct the evaluation. **THIS QUESTION IS NOT SCORED.**

### 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 SDTT funding supports the mission, vision, and goals of your agency, and how organizational values align with the values and pillars outlined in this RFP. *Some agencies may not yet have experience in chronic disease prevention work; for those agencies technical assistance will be provided in the topic areas they are developing.*

2. **Describe professional background, experience and qualifications of the current program staff that will be assigned to the proposed projects.** If they are not yet hired, please indicate so and describe the desired experience and skills for the position. If available, please provide resumes of staff expected to work on the grant activities.

3. **Provide a description of one or two projects, similar in size and scope implemented by your organization, particularly working with the priority populations outlined in this RFP.** Project descriptions should include:
   - Overview of programs/projects;
   - Populations and neighborhoods served;
   - Programmatic achievements and outcomes;
   
   *If your group or organization doesn’t have experience implementing projects yet, it’s ok to say so. But be sure that you clearly describe in Section 2A how you plan to do your work. You can add more detail here.*

### 2C. FISCAL SPONSOR 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.**

### 3. WORKPLAN

Applicants must submit a workplan outlining key project goal, project objectives, and mapping out key activities. A sample workplan can be found on Page 20. Download the workplan template here. Describe key objectives for your proposed 3-year project and the specific activities that must be taken to achieve your objectives. As a starting point, review the sample included to help you write SMART objectives (Specific, Measurable, Achievable, Realistic, and Time-oriented) and specific activities.
By xx date, Agency XZY a program that will ensure xxx, by doing xxx with xxx population. Participants will come xxx times a xxx. By the end of the program participants will be/have xxx. We will document these efforts by xxx.

4. BUDGET

Please submit a 10-month proposed budget for FY1: 9/1/2019-6/30/2020 not to exceed $200,000. Please download and use the Budget and Budget Justification Template. The Budget Justification (the right hand column in the template) describes the costs associated with this RFP. Please make sure Budget and Budget Justification is in alignment with Project Description.

- Applicants are required to submit a budget with their proposal that supports the initial FY1 2019-20
- Applicants are asked to draft budgets with this understanding and include any start-up costs (i.e. materials and supplies or equipment purchase, staff training).
- Any staff directly funded with SDDT funds must have a role in delivering proposed services and activities.

A sample budget can be found on Page 22. The Budget and Budget Justification Template is a Required Form.
V. Proposal Scoring Criteria and Rating Scale

Proposals will be scored by a multidisciplinary panel comprised of community residents and city agency or community organization staff 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>
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<tr>
<td><strong>1. Project Description (Qs 1, 2, 3)</strong></td>
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<td>15</td>
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<tr>
<td>a) How likely will the proposed project change policy/systems/environment or knowledge/attitudes/behavior (Depending on project selection)?</td>
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<td>b) How realistic/viable are the activities proposed?</td>
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<td>c) How likely is the proposed project to move participants toward desired Health or Behavior Impacts outlined in the logic model?</td>
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<td>d) How likely is the proposed project to build capacity and develop leadership?</td>
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<td>e) How well does the proposal align with values and pillars outlined in the RFP? (health equity, disparities, redress past harm, community-led and -informed, evidence, primary/secondary prevention, etc.)</td>
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<td><strong>2. Information/evidence underlying proposal (Q4)</strong></td>
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<td>a) How well does the proposal include information documenting community wants/needs these services?</td>
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<td>b) How well does the proposal make the case that it has potential to impact the desired outcomes of the Healthy Communities Grants?</td>
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<td><strong>3. Populations served (Q5)</strong></td>
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<td>12</td>
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<tr>
<td>a) How well do the proposed activities reach the RFP’s priority population/s?</td>
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<td>b) How much experience does the agency have working with priority population/s?</td>
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<td>c) To what degree has the agency demonstrated success with priority population/s?</td>
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<td>d) To what degree is the number of people being reached reasonable in context of proposed budget and project activities?</td>
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<td><strong>4. Neighborhoods served (Q6)</strong></td>
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<tr>
<td>a) How well does the proposal describe the neighborhood and the environment related to the issues that contribute to diet, physical activity or chronic disease?</td>
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<td>b) Extent to which applicant addresses identified social, political, physical environmental barriers.</td>
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<tr>
<td>c) How much experience does proposing organization have working in proposed neighborhood/s?</td>
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<tr>
<td><strong>5. Expected community member benefit (Q7)</strong></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>a) To what degree can changes to knowledge or attitudes be expected as a result of program participation?</td>
<td></td>
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<tr>
<td>b) To what degree can program participation lead to any of the Behavior “Impacts” described in the logic model?</td>
<td></td>
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</tr>
<tr>
<td>c) To what degree is capacity built among community members participating in proposed activities? (cooking skills, physical activity participation, community based research, breastfeeding, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) To what degree can program participation lead to any of the Health “Impacts” described in the logic model?</td>
<td></td>
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</tr>
</tbody>
</table>
### 6. Expected benefit to community (Q8)

- **a)** How likely is it that the community as a whole will see a benefit as a result of by this grant? For proposals working on policy/systems/environmental (PSE) level changes, how likely is it that those changes might be in effect as a result of the three-year grant?

- **b)** To what degree is capacity built in the community as a result of proposed activities? (Training/hiring local/neighborhood residents, community based research, working with policymakers, etc)

- **c)** How likely is it that there will be benefits beyond addressing chronic disease or healthy eating/active living (multi-generational, increased community capacity, decrease isolation, improve mental health, decrease stress/trauma)

- **d)** To what degree does the proposal leverage other existing initiatives?

- **e)** To what degree might the proposed activities address Social Determinants of Health? (CHW/Promotoras; workforce development; safety; activating outdoor space; etc.)

### 7. ORGANIZATION QUALIFICATIONS

- **a)** Programmatic capacity of organization to implement proposed program

- **b)** Ability of organization to reach population

- **c)** Administrative capacity of organization or fiscal sponsor (contract management, fiscal management, etc.)

### 8. WORKPLAN

- **a)** How well does the workplan match the activities described in the narrative?

- **b)** How likely is that the goals, objectives and activities will lead to progress by the end of the year?

- **c)** How feasible is the proposed workplan?

### 9. 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

- **a)** How well does the budget match the activities described in the narrative?

- **b)** How well does the budget justification explain expenses?

- **c)** To what extent is the budget reasonable and cost effective?

- **d)** To what extent is the cost per person and/or number of times the population will be reached with proposed activities reasonable?

### PROPOSAL GUIDELINES (yes=1/no=0)

- **a)** Does proposal meet RFP guidelines (attachments, formatting guidelines, length, etc.)

### TOTAL POINTS

- **100**
VI. Submission Requirements

All forms are available for download at the PHF website at https://sfphf.org/rfphc04-2019

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 22, 2019
To: sddt hc@sfphf.org
Subject line: RFP #04-2019; 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 7/23/2019. 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 hc@sfphf.org include “Late Submission Request” in the subject area.

A. 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 hc@sfphf.org with ‘Appeal: RFP 04-2019’ in the subject line. Protests made by mail, orally (face to face or by telephone), or by Fax will not be considered.

B. SOLICITATION PACKAGE DOCUMENTATION

To respond to this solicitation, an applicant must follow the submittal steps outlined in this section. The process requires submission of a proposal package consisting of the following documentation:

1. **Qualifications Statement and Cover Sheet** (Required Form; use as cover page). Include the Qualifications Statement & Cover Sheet along with a complete and assembled proposal package by the deadline. *This is the only form that can be used for the Qualifications Statement & Cover Sheet. Applicants that do not use this form will be disqualified. Download the form here.*
2. **Proposal Narrative** (10 pages maximum)
3. **Workplan**
4. **Budget and Budget Justification** for the corresponding periods, by line-item, for projected expenses by agency or organization section (Required Form)
PHF requests that required components (Qualifications Statement & Cover Sheet, Proposal Narrative, Workplan and Budget/Budget Justification) be submitted in a single file, as possible.

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.

VII. Informational Session and E-Questions
The Public Health Foundation in collaboration with SFDPH will host an Informational Session to answer questions related to this RFP. You may submit your E-Questions by email prior to the Informational Session, and by noon on June 20, 2019.

Dates/Period when E-Questions will be accepted:

Begin: June 10, 2019  
End: June 20, 2019 by 12:00 PM

All E-Questions are to be directed to the following e-mail address: sddt.hc@sfphf.org. Please write “E-Questions RFP 04-2019” in the Subject line.  PHF will compile and answer the questions in collaboration with SFDPH staff. The compilation of questions and answers will be returned by email to the questioners, distributed at the Informational Session, and will be available online at https://sfphf.org/rfphc04-2019 All interested applicants are strongly encouraged to participate in the Informational Session, either via Zoom or in person.

PHF will host the Informational Session on the following date, time and location:

DATE: June 24, 2019  
TIME: 11:00am – 12:30pm  
LOCATION: 25 Van Ness Avenue, Room 330A

or Agencies can join by Zoom remotely: https://zoom.us/j/892514540  
One tap mobile: +16699006833,,892514540# US (San Jose)  
Meeting ID: 892 514 540

Summary of the Informational Session will be sent by email to those who submit E-Questions by the deadline, attendees of the Informational Session who provide email addresses, and also be available online at https://sfphf.org/rfphc04-2019.
VIII. Proposal Review & Selection Process Summary

SELECTION PROCESS FOR ELIGIBLE APPLICANTS:
Proposals must meet a minimum score of 75 points or higher in order to be eligible to list as an “Eligible Applicant.” Status as an Eligible Applicant on this list does not guarantee immediate or future contract awards. PHF will invite Eligible Applicants to an oral interview to present their proposal for further evaluation and possible selection. PHF and DPH will interview invited Eligible Applicants. Submitted references may be contacted to verify experience. Final selections will be determined by proposals that best match the priorities of this RFP.

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 Submission Requirements on Page 15 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 on Page 13. PHF will email Proposing Agencies a Notification Letter indicating their score from the Technical Review process.

- **Invitation to Present Proposals**: Proposals must meet a minimum score of 75 points or higher in order to be placed on an “Eligible Applicant” list. Upon reaching the Eligible Applicant list, the Technical Review Panel score is set aside, and all applications begin the Proposal Presentation phase on equal footing. PHF in collaboration with SFDPH will invite Eligible Applicants to an oral interview to present their proposal for further evaluation and possible selection. In addition to oral presentation scores, final selections will be made to ensure that this group of funded organizations represents a diversity of geographic and priority populations, interventions across the Spectrum of Prevention and a range of funded activities (as described in the Logic Model and Sample Strategies in the Programmatic Appendices).

- **Invitation to Negotiate**: PHF will send an Invitation to Negotiate to applicants based on outcomes from Proposal Presentations, 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.
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.hc@sfpfh.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/rphc04-2019. 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.
Standard Terms & Conditions for Receipt of Proposals

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
**Organization Name:** Physical Activity R Us!

**Project GOAL:** To increase physical activity among low income elementary school students, by training high school athletes to provide physical activity.

### Objective 1: By June 2020, 100 low-income elementary school students will graduate from the Physical Activity R Us! afterschool program.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote Physical Activity R Us! program to SF community based organizations, nonprofits, faith based organizations, and SFUSD elementary and high school sites.</td>
<td>August 2018-October 2019</td>
<td>Submit promotion plan and student registration template for participants; parent/guardian form template</td>
</tr>
<tr>
<td>Recruit 100 students to enroll in the Physical Activity R Us! afterschool program series.</td>
<td>October-December 2019</td>
<td>Submit Report on student enrollment by December 2019; include student enrollment # Submit program plan for the Physical Activity R Us! afterschool program.</td>
</tr>
<tr>
<td>Recruit 3 personal trainers to lead daily physical activity sessions for program participants during the Spring semester in 2020.</td>
<td>October-December 2019</td>
<td>Submit certified personal trainer contact information for persons that will lead physical activity sessions.</td>
</tr>
<tr>
<td>Complete a 15 week series of the Physical Activity R Us! Afterschool program</td>
<td>June 2020</td>
<td>Submit Evaluation Summary of all sessions of the Physical Activity R Us! program.</td>
</tr>
</tbody>
</table>

### Objective 2: By June 2020, 30 low-income high school athletes will graduate from the 15-week Physical Activity R Us! mentorship program.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
<th>Deliverable</th>
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</thead>
<tbody>
<tr>
<td>Promote Physical Activity R Us! program to SFUSD high schools and San Francisco youth serving community-based organizations and nonprofits.</td>
<td>August-October 2019</td>
<td>Submit promotion plan and calendar highlighting correspondence with community-based organizations and nonprofits.</td>
</tr>
<tr>
<td>Physical Activity R Us! staff will present program goals/objectives at the San Francisco Youth Commission and ask that the SF Youth Commission support the Physical Activity R Us! By providing a letter of support.</td>
<td>August-October 2019</td>
<td>Submit posted meeting agenda Submit letter of support if endorsed</td>
</tr>
<tr>
<td>30 high school athletes will be onboarded for the Physical Activity R Us! Afterschool</td>
<td>November 2019</td>
<td>Submit student athlete registration sheet and</td>
</tr>
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</table>
### Mentorship Program

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
<th>Deliverable</th>
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<tbody>
<tr>
<td>Complete 5 3-week series of the Physical Activity R Us! Afterschool Mentorship Program, consisting of weekly homework technical assistance sessions with elementary students, fitness breaks, snack check-ins, and evening huddles.</td>
<td>May 2019</td>
<td>Submit 3 pictures from the Physical Activity R Us! graduation celebration. Submit certificate of completion template</td>
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</table>

### Objective 3: By June 2020, 80% of elementary students will pass the Physical Activity R Us! Fitness examination.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
<th>Deliverable</th>
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</thead>
<tbody>
<tr>
<td>Physical Activity R Us! Staff will research CA fitness standards for elementary students</td>
<td>July 2019</td>
<td>Submit a literature review on current fitness standards for elementary school students</td>
</tr>
<tr>
<td>Physical Activity R Us! medical staff will screen all students enrolled in the program prior to start of series, in addition to providing each student with a pre-program survey</td>
<td>December 2019</td>
<td>Submit Consent form template and contact information for medical staff providing screenings</td>
</tr>
<tr>
<td>Physical Activity R Us! Staff will clear all students prior to fitness examination</td>
<td>January 2019</td>
<td>Submit # of students that pass prescreening process</td>
</tr>
<tr>
<td>Physical Activity R Us! staff will provide post-program screenings to each student after they complete a fitness examination, in addition to a post-program survey</td>
<td>May 2019</td>
<td>Submit data analysis from pre/post surveys</td>
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</table>

### Objective 4: By December 2019, 100% of high school mentors will develop tailored mentorship plans and written resources toolkit for elementary students and their families.

<table>
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<tr>
<th>Activities</th>
<th>Timeline</th>
<th>Deliverable</th>
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</thead>
<tbody>
<tr>
<td>All student athletes enrolled in the Physical Activity R Us! program will complete the annual Tailoring 101 training for curriculum development</td>
<td>November 2019</td>
<td>Submit training completion certificates</td>
</tr>
<tr>
<td>All student athletes will submit curriculum drafts to their supervisor</td>
<td>November 2019</td>
<td>Submit curriculum summaries</td>
</tr>
<tr>
<td>All student athletes will meet with their mentee(s) guardian(s) to create a mentorship plan to reflective classwork plans and personal development plans</td>
<td>December 2019</td>
<td>Submit mentorship plan drafts</td>
</tr>
<tr>
<td>All student athletes will submit their finalized mentorship plans and resource toolkits to their supervisors prior to the start of the program</td>
<td>December 2019</td>
<td>Submit PDF of finalized mentorship plans and toolkits</td>
</tr>
</tbody>
</table>
### SAMPLE Subcontractor Budget

**Contractor Name:** ABC Community Development  
**Contractor Address:** 123 XYZ Lane, San Francisco, CA  
**Budget Term:** 9/1/2019-6/30/2020

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>BUDGET</th>
<th>JUSTIFICATION</th>
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</thead>
<tbody>
<tr>
<td><strong>Personnel Expenses</strong></td>
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</table>
| Project Coordinator @ 1.00 FTE | $50,000 | Project Coord to lead project and be primary liaison to PHF/SFDPH  
(1.0FTE x $60,000 salary= $60,000 x10 months=$50,000) |
| 2 Comm. Outreach Staff @ 1.5 FTE total | $41,667 | 2 P/T Community Health Workers to implement project activities/engage community  
(1.0FTE x $50,000=$50,000 x10 mos=$41,667) |
| Fringe benefits | $36,667 | 40% Fringe Benefits includes: health insurance, dental insurance, vision, FICA, Medicare, and state unemployment insurance. |
| **TOTAL Personnel Expenses** | **$128,334** | |
| **Operating Expenses** | | |
| Staff Training | $900 | Prof development training for 3 staff, approx $300/staff |
| Local Travel | $1,800 | 2 monthly clipper cards ($70 x 2x 10 months=$1400) and rideshare as needed |
| Rent | $3,000 | Project will support 10% of office rental costs ($3000 rental per month x 0.1 x 10 months =$300) |
| Utilities | $300 | Project will support 10% of total phone, internet & utilities cost for 12 months ($300/month x .1 x 10 months = $300) |
| Office Supplies | $720 | Regular purchasing of pens, paper, assorted office items for staff  
(average of $65/month x 12 months= $300) |
| Printing & Copying | $240 | Anticipate printing expenses at (20/month x 12 months= $240) |
| Postage | $400 | Regular monthly mailing for project ($40/month x 10 months) |
| Insurance/Audit | $5,700 | to cover required insurance to meet contract requirements |
| Community Member Stipends | $3,000 | Community leaders to assist in outreach and leading HEAL events  
(approx $100/month x 10 months x 3 community leaders) |
| Incentive/Promotional Items | $1,000 | purchase water bottles and other giveaways for community |
| Community Event Expenses | $3,000 | Food for HEAL events and other community engagement events  
(approx 50 events /year $60/event) |
| Other costs *(describe expenses type, justify, add more rows as needed)* | $0 | Must be justified with a detailed description of the cost estimate |
| **TOTAL Operating Expenses** | **$20,060** | |
| **TOTAL DIRECT EXPENSES** | **$148,394** | |
| **TOTAL INDIRECT EXPENSES (not to exceed 15% of direct expenses)** | **$22,259** | 15% of direct expenses (Indirect expenses include accounting, janitorial, administrative oversight) |

**TOTAL EXPENSES** | **$170,653** | *Not to exceed $200,000 in 2019/20* |