

COUNTY OF ALAMEDA

REQUEST FOR PROPOSAL No. CalFresh-2022 SPECIFICATIONS, TERMS & CONDITIONS for CalFresh EXPANSION PROGRAM

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C.	Relevant Experience: Bidder shall be regularly and continuously engaged in the business of providing CalFresh Expansion Program to older adults for at least four years.	Pass/Fail
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The Evaluation Questions and their respective weights are as follows:

	Evaluation Questions (Minimum 12 pt font)	Points						
D.	<p>MISSION, EXPERIENCE AND COMMUNITY INVOLVEMENT: (Maximum two (2) pages)</p> <ol style="list-style-type: none"> Describe the organization’s history, purpose and mission statement. Discuss the needs of older adults in Alameda County, including demographic and geographic data that are relevant to the program for which you are applying. Describe the religious, cultural, income and language considerations affecting the potential population. Describe the organization’s efforts to coordinate with local and regional community services to integrate the service delivery system in Alameda County. Provide specific examples of how these efforts have led to increased opportunities for older adults to live more independently. Describe the organization’s experience in providing community-based services to older adults in Alameda County. Document the number of individuals served by type of service. Will your agency recruit, train, supervise and recognize volunteers in providing the proposed service? If so, how will this be accomplished? <p style="text-align: right;">Section D Subtotal</p>	24						
E.	<p>PROGRAM DELIVERY: (Maximum six (6) pages)</p> <ol style="list-style-type: none"> Using the following format, please describe in detail the service categories and units that you will provide. Please provide a narrative description of how you will provide the services. <table border="1" data-bbox="456 1749 1294 1917" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th data-bbox="456 1749 777 1835">Service Category</th> <th data-bbox="777 1749 1034 1835">Seniors Served</th> <th data-bbox="1034 1749 1294 1835"># of Unit Measures</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 1835 777 1917">(e.g. Health Services)</td> <td data-bbox="777 1835 1034 1917">(e.g. 200 Seniors)</td> <td data-bbox="1034 1835 1294 1917">(e.g. 500 hours)</td> </tr> </tbody> </table>	Service Category	Seniors Served	# of Unit Measures	(e.g. Health Services)	(e.g. 200 Seniors)	(e.g. 500 hours)	
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2. Are you currently providing this service, and if so, how many units are you providing? Please describe your plans to maintain or expand your services.

3. The Older Americans Act requires that services be targeted to low income, functionally impaired and minority individuals. Please tell us how you plan to ensure people in targeted groups will be engaged in services at levels at least as high as the percentages shown on page 4 of this RFP.

4. Discuss the outreach/public information methods the organization intends to employ to generate participation in the program.

5. Please describe the qualifications and responsibilities of all staff directly responsible for delivery of program services, including any bi-lingual capability.

6. Federal regulations mandate that persons receiving services be given the opportunity to freely contribute to the cost of service. At the same time, these participants must not be subjected to any kind of test to determine their ability to contribute. Please describe your plan to provide participants with a voluntary opportunity to contribute, including how privacy is ensured, what procedures are used to account for and safeguard funds.

7. How will your agency evaluate the services you propose to provide. Include any procedures you have developed to track measurable outcomes. How will you ensure that caregivers, seniors and community participants are involved in the planning and evaluation of your services?

Section E Subtotal

40

**F. ADMINISTRATIVE & FISCAL QUALIFICATIONS:
(Maximum four (4) pages)**

1. Using the following format, please provide your agency's staffing plan and percentage of time allocated to this program. Please note that staffing plans must match personnel costs on budget.

Staff Summary		Form
Job Title/Position	Total Agency % FTE	% FTE for this program