



Champions For Our Children

February 15, 2008

Dear Prospective Applicant:

COMMISSIONERS  
Los Angeles County Supervisor  
Yvonne Burke  
Chair

First 5 LA is issuing this Request for Proposals (RFP) to qualified agencies interested in working with the First 5 LA Commission to implement the Healthy Births Initiative (HBI) Expansion Project.

Jonathan E. Fielding, M.D., M.P.H.  
Vice Chair

First 5 LA's HBI Expansion Project is based upon the Commission's commitment to improving pregnancy and birth outcomes in Los Angeles County. At the November 2007 Commission meeting, the First 5 LA Commission approved the Healthy Births Initiative Expansion Framework which detailed plans to fund three (3) additional Best Babies Collaboratives as part of an ongoing effort to create a comprehensive, integrated model of continuous perinatal care for at-risk women throughout Los Angeles County. Please refer to the attached RFP for all proposal requirements.

Nancy Au

Jane Boeckmann

Neal Kaufman, M.D., M.P.H.

Marvin J. Southard, D.S.W.

Please submit one (1) original and eight (8) copies of the proposal, including all required attachments and appendices to:

Evangelina R. Stockwell, Ed.D.

Corina Villaraigosa

Carolyn R. Wilder

***Evelyn V. Martinez, Executive Director***  
**First 5 LA**

**750 N Alameda Street, Suite 300**  
**Los Angeles, CA 90012**

**Attention: Healthy Births Initiative Expansion Project**

EX OFFICIO MEMBERS  
Jacquelyn McCroskey, D.S.W.

Connie Russell

Deanne Tilton

Harriette F. Williams, Ed.D.

**Proposal submissions must be received by First 5 LA no later than 5:00pm on March 28, 2008.** Faxed or e-mailed submissions will not be accepted. For additional information or further questions, please send an e-mail to: [dkurtz@first5la.org](mailto:dkurtz@first5la.org). Thank you for your continued commitment to children and families and your support of the vision and mission of First 5 LA.

Sincerely,

Evelyn V. Martinez  
Executive Director

EXECUTIVE DIRECTOR  
Evelyn V. Martinez

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A public entity.

*Healthy Births Initiative Expansion  
Request for Proposals (RFP)*

**First 5 LA**

**Release Date: February 15, 2008**

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## **I. BACKGROUND**

### **A. First 5 LA**

In 1998, California voters passed a statewide ballot initiative, Proposition 10: The California Children and Families First Act of 1998. Effective January 1, 1999, Proposition 10 added a fifty-cent tax on cigarettes and other tobacco products for the purposes of promoting, supporting and improving the early development of children zero to five years of age

The resulting tax revenues were earmarked for the creation of a comprehensive system of information and services to advance early childhood development and school readiness within each county in California. In Los Angeles County, First 5 LA was formed as a public entity to develop and oversee various early childhood initiatives and to manage the funding from Proposition 10 (<http://www.first5la.org>). To address the needs of underserved communities, the Commission adopted the next Five Strategic Plan (FY 2004-2009), focusing on the goal areas of Early Learning, Health and Safety.

First 5 LA's vision and commitment is to create a future throughout Los Angeles' diverse communities where all young children are born healthy and raised in a loving and nurturing environment so that they grow up healthy, are eager to learn and reach their full potential. First 5 LA's mission, from July 1, 2004 until June 30, 2009, is to make significant and measurable progress towards our vision by increasing the number of children from the prenatal stage through age five who are physically and emotionally healthy, safe and ready to learn.

### **B. HEALTHY BIRTHS INITIATIVE**

#### **1. The Importance of a Healthy Birth**

Improving pregnancy and birth outcomes is a critical factor in improving outcomes for children and families in Los Angeles County where more than 15,000 babies are born prematurely and more than 10,000 are born weighing 5.5 pounds or less each year. Preterm and/or low birthweight infants that survive are more likely to suffer life-long complications from developmental, neurological and learning disabilities, chronic health problems, as well as the social and economic disadvantages associated with these biologic impairments. The direct medical costs for caring for a single low birthweight or premature infant are estimated to be \$50,000 in excess of the cost for an infant born on time and at a healthy birthweight. The life-long costs to the individual and society from special education needs, increased child abuse, healthcare for child and adult chronic illnesses, and work absences associated with "being born too soon" are immeasurable.

#### **2. History of the Healthy Births Initiative**

In 2002, the Board approved a \$15 million allocation for the development and implementation of the Healthy Births Initiative (HBI). The planning phase of the HBI involved First 5 LA convening a diverse group of perinatal health experts to discuss and provide recommendations on how best to address the needs of pregnant women. The established multidisciplinary working group coordinated the efforts of various stakeholders (e.g. perinatal experts, community members, researchers and

evaluation experts), geographic areas and disciplines in the county toward improving pregnancy outcomes to create the “*Blueprint for Healthy Births*” (*Blueprint*).

The *Blueprint* (<http://www.first5la.org/files/HealthyBirthsBluePrint.pdf>) recommendations are the foundation of the HBI and were based on the most cost-efficient and evidence-based strategies to improve pregnancy and birth outcomes in LA County. The *Blueprint* recommended a comprehensive, collaborative, outcomes-based program design to improve birth outcomes and maximize each child’s potential for healthy growth, development and intellectual attainment.

The goal of the HBI is to improve pregnancy and birth outcomes for all, especially among at-risk women in Los Angeles County, by linking existing resources and strengthening the capacity of organizations providing perinatal services. Specifically, the HBI is designed to positively impact rates of very low birthweight, preterm births, early prenatal care, and repeat teen births. The HBI provides the foundation for enhancing perinatal and interconception care by investing in a strong, community based network of caregivers and advocates dedicated to preventing low birthweight and premature deliveries. The HBI employs a community-based approach that unites perinatal providers across LA County through a collaborative strategy. The HBI has created a comprehensive infrastructure based on a multifaceted preventative strategy designed to improve pregnancy outcomes.

The HBI goals are accomplished through the execution of five interrelated strategies: 1) Caring for Mothers-To-Be; 2) Improving the Quality of Perinatal Care; 3) Advancing Policies that advance Healthy Births; 4) Sharing Knowledge and Resources; and 5) Creating a Network of Caregivers and Advocates. The HBI goals and strategies are designed to move beyond interventions addressing individual and isolated perinatal risk factors towards multi-disciplinary, comprehensive, multi-level (individual, family, community and societal) interventions.

The strength and innovation of the HBI model is the participatory approach. The Initiative is based on the underlying premise that effective and sustainable change in the way services are provided can be achieved more effectively and efficiently through true collaboration efforts. The HBI has provided an opportunity to explore the dynamics and benefits of collaboration. This has allowed for building on existing assets and leveraging resources locally and nationally. The HBI uses a collaborative model that other First 5 LA initiatives have adopted.

First 5 LA is committed to information systems that are integrated and provide access to data for use in program planning, community advocacy, and policy change activities. The HBI therefore employs an interactive web-based data system used by grantees to enter client data and information about the funded projects. The purpose of the database is to (1) help manage client information that is collected by grantees; (2) identify technical assistance needs related to client service counts; (3) track performance measures and targets over time; and (4) identify trends in data

collected and possible changes over time. The data is also utilized to support First 5 LA and First 5 California research and evaluation needs.

The information entered into the database is confidential and accessible only by authorized personnel (e.g., external database manager, evaluator, etc.), and adheres to HIPPA requirements. First 5 LA staff does not have access to the client specific data, e.g., participant names, birthdates, addresses, etc. However, First 5 LA does have the ability to view the information in aggregate.

### **3. Initiative Structure**

The HBI is anchored by an infrastructure that brings together timely and critical services and supports to improve the health and well being of pregnant women and infants to address social, psychological, behavioral, environmental, and biological factors that shape pregnancy outcomes based on best practices, and a consideration of local variability. The people, organizations, and services that comprise the multiple-levels of the HBI collaborate within and across different levels to accomplish the five strategies noted above. First 5 LA currently funds the LA Best Babies Network (LABBN) and four Best Babies Collaboratives (BBCs) which are key partners in this Initiative.

*The LA Best Babies Network (<http://www.labestbabies.org>)*

The LA Best Babies Network supports the HBI infrastructure and maintains coordination of the multiple components of the HBI to prioritize the achievement of desired outcomes/results, promote best practices and responsiveness to communication. The LABBN is the coordinating arm of the HBI through which four main activities are carried out in conjunction with other collaborative partners. The activities which make up the LABBN's scope of work include: 1) supporting policy and advocacy; 2) providing technical assistance to the BBCs; 3) promoting care quality; and 4) building and sustaining the Healthy Births Learning Collaboratives (HBLC).

*Best Babies Collaboratives*

The Best Babies Collaboratives serve as local networks of perinatal service providers working in geographic areas with high levels of poor pregnancy outcomes. Each BBC is focused on increasing the capacity and coordination of services for at-risk pregnant women in the identified communities. The four geographic areas identified to establish the current BBCs were the areas of highest risk for poor birth outcomes. Additionally, the *Blueprint* provided an index for identifying the areas of highest risk based on poverty level (200%), Medi-Cal births, low birth weight, infant deaths, inadequate prenatal care, and teen births. The current BBCs are located in the Antelope Valley, Harbor Corridor South, and Long Beach/Wilmington and serve the following priority zipcodes: 93550, 93535, 90001, 90002, 90003, 90006, 90011, 90018, 90037, 90043, 90044, 90059, 90061, 90201, 90221, 90222, 90255, 90262, 90280, 90805, 90806, 90744, 90802, 90813.

## **II. HEALTHY BIRTHS INITIATIVE EXPANSION**

The geographic scope of the HBI was originally limited due to the available allocation. As a result, the Board acknowledged a commitment to the full

implementation of the Initiative and its intent to expand the Initiative's implementation in subsequent years. The Board allocated an additional \$13 million as part of First 5 LA's *Next Five* Strategic Plan (FY 2004-2009) for the expansion of the HBI. Subsequently, at the November 2007 Commission meeting, the Board approved the framework for the HBI Expansion.

Three additional Best Babies Collaboratives will be funded for three years under this Expansion. BBCs will be expected to provide services during pregnancy as well as the interconception phase for at-risk women and new mothers residing in the proposed geographic areas (zip codes). In order to promote optimal interconception periods and prevent risk behaviors, BBCs will be expected, on average, to follow women for two years following delivery.

For the purposes of this RFP, at-risk is defined as:

- Pregnant women or new mothers living on incomes below 300% of the federal poverty level who are at increased risk for having a low birthweight or preterm infant, fetal or infant death, or birth of an infant with potentially preventable congenital anomaly.
- Pregnant women or new mothers with a chronic medical condition related to pregnancy complication and/or birth of low birthweight or preterm infants, fetal or infant death, or birth of infants with potentially preventable congenital anomalies.
- Pregnant teens or teen mothers.

A review of current zip code data using the original criteria indicates that areas of greatest need identified in the *Blueprint* are still relevant. As a result the geographic areas/ zip codes listed below are those identified for HBI Expansion. There will be one BBC funded for up to \$500,000 a year for three years in each of the following geographic areas:

SPA	Geographic Areas	Zip Code
2	San Fernando Valley	91331, 91402, 91342
3	San Gabriel Valley	91706, 91732, 91744, 91766
4 and 7	Harbor Corridor North	90032, 90033, 90063

The Best Babies Collaboratives being sought through this expansion must include a lead agency as well as ***at least three*** other agencies in the geographic area that are experienced in providing services to women at-risk for poor birth outcomes. The lead agency will facilitate collaboration among existing organizations in order to provide a comprehensive, integrated model of continuous perinatal care in the aforementioned geographic areas (communities).

Based on lessons learned through the implementation of the HBI, BBCs will be required to utilize case management as the core approach for program implementation. For the purposes of the expansion, case management will be an umbrella approach under which the following activities will fall: 1) Collaboration; 2) Interconception Care; 3) Outreach; and 4) Social Support.

For the purposes of the HBI Expansion, collaboration is defined as a mutually beneficial and well -defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability; and sharing of resources and rewards<sup>1</sup>.

BBCs will be expected to utilize approaches aimed at enhancing the capacity of the community's perinatal system, which has been shown to reduce poor pregnancy outcomes. In addition, each BBC will be expected to actively participate and partner with the LABBN on the components of the HBI as a mechanism to encourage linking of existing services and promoting a perinatal policy agenda in the community that is timely and relevant.

The initial three months of the contract will be a planning period during which each Best Babies Collaborative, in consultation with First 5 LA and LABBN staff, will define their collaborative structure, develop a shared understanding of initiative implementation and finalize their scope of work, budget and evaluation plan.

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<sup>1</sup> Collaboration: What Makes it Work, Amherst H. Wilder Foundation

### III. ELIGIBILITY & REQUIREMENTS

The aim of the Best Babies Collaboratives is to invest in focused geographic regions to help link existing resources and strengthen the capacity of existing organizations already providing perinatal services in those areas. As previously mentioned, successful collaboration is key to the success of the BBC model. As such, the Commission seeks to fund one (1) Lead agency in each of the three identified geographic areas to coordinate and provide perinatal services to high-risk women and their children.

#### A. Eligibility

The lead agency will serve as the contractual and fiscal Lead of the BBC for each geographic area. An organization must meet the following requirements in order to be eligible to apply as a lead agency:

- Agencies can be either non-profit or for-profit agencies, including but not limited to neighborhood and community-based agencies or associations, collaborative, faith-based or civic agencies.
- Have a demonstrated record of providing services or supports to women at-risk for poor birth outcomes within the geographic areas that the organizations is proposing to serve.
- Ability to convene and coordinate a Best Babies Collaborative with ***at least three*** other agencies in the community who have experience providing services to women at-risk for poor birth outcomes.
- Have the capacity to facilitate and manage the delivery of perinatal services as an active member of a community based collaborative.
- Have the capacity to adhere to all requirements set forth in this RFP.

#### B. Requirements

1. The lead agency must demonstrate the experience and capacity to serve as the lead of a Best Babies Collaborative, including the ability to adhere to the following requirements.
  - Provide leadership to BBC partners in the planning and implementation phases of HBI grant.
  - Ensure fiscal accountability.
  - Provide work plan oversight and administration of the grant.
  - Ensure effective and efficient coordination, communication and follow-up processes among the partners of the collaborative.
  - Discuss lessons learned and challenges from prior collaborative efforts.
  - Provide a mechanism for conflict resolution within the BBC.
  - Participate in HBLC activities.
  - Build leadership capacity in the designated geographic area (community).
  - Serve as the primary contact with First 5 LA and LABBN for the collaborative.
2. All agencies participating in Best Babies Collaboratives must provide perinatal services in the designated geographic areas and will be required to serve the following population:

- a. Pregnant women or new mothers living on incomes below 300% of the federal poverty level who are at increased risk for having a low birthweight or preterm infants, fetal or infant death, or birth of an infant with a potentially preventable congenital anomaly.
  - b. Pregnant women or new mothers with a chronic medical condition related to pregnancy complications and/or birth of low birthweight or preterm infants, fetal or infant death, or birth of infants with potentially preventable congenital anomalies.
  - c. Pregnant teens or teen mothers.
  
3. Best Babies Collaboratives must be comprised of organizations/agencies with experience and competency in implementing case management strategies as the primary method of providing perinatal services to women at-risk for poor birth outcomes. Relatedly, agencies should have experience using Collaboration, Interconception Care, Outreach and Social Support as part of the overall case management structure. Through collaboration, the agencies in the proposed BBC will link and combine their individual services into an integrated system to support women at-risk for poor birth outcomes.
  
4. BBCs must have the ability to utilize case management activities to fill in the existing gaps in services for pregnant women at-risk for poor birth outcomes and reduce their risk for subsequent poor birth outcomes.
  
5. All BBCs must agree to work in partnership with the LABBN, the other collaboratives and the Healthy Births Learning Collaboratives. Applicants will be required to complete a Memorandum of Understanding with the LABBN (see Appendix B).
  
6. All Best Babies Collaboratives must participate in a three month planning period overseen by First 5 LA and led by the LABBN. During the planning period, the BBCs must ensure appropriate representation at each session. They will work collectively to refine and complete the required deliverables, scope of work, budget, and an evaluation plan.
  
7. Best Babies Collaboratives must maintain the interactive web-based data system and consistently enter client information and data on a regular basis. As such, agencies will be required to have the following technological capabilities in order to support the data system:
  - a. Hardware: Pentium III processor with 256MB RAM or better
  - b. Operating System: Windows 2000 or later
  - c. Internet Connection: Broadband recommended
  - d. Browser: Internet Explorer 6.0 or later, Mozilla Firefox recommended, JavaScript must be enabled

Please note: whereas applicants are not expected to have the aforementioned capabilities at the time the proposal is submitted, any agency not in possession of these capabilities must plan to include related costs in their proposed budget.

8. BBCs will be required to employ a data entry person/data manager to enter data into the online reporting system and to coordinate with LABBN evaluation staff regarding data needs.
9. Each collaborative member must sign a Memorandum of Understanding to work with the Lead Agency (see Appendix C).
10. Members in a collaborative can participate as either a paid or un-paid partner.
11. Given the diversity of types of agencies (single site, multi-site or global serving all of Los Angeles County) and the geographic distribution of populations served, not all collaborative partners must be physically located in the designated geographic area, yet the ability to provide services in that area to a selected population must be clearly articulated.

#### **IV. PROPOSAL CONTENT**

##### **A. DESCRIPTION OF THE LEAD AGENCY AND PARTNER AGENCIES**

Please provide a brief description of the lead agency and any collaborative partners participating in the proposed BBC (Project). State the mission and overall philosophy of each of the agencies. Include how long each of the agencies has been in operation and highlight all relevant experience, including using case management approaches when working with women at-risk for poor birth outcomes and/or participating in or serving as the lead of a collaborative. If members of the collaborative have previously worked together, describe the joint history, including scope of the project(s), structure of previous collaboratives and milestones. Also include information about additional partnerships and/or collaboratives in which members of the proposed BBC are currently participating. Finally, state whether the Lead agency or any collaborative partner is a former or existing contractor with First 5 LA.

##### **B. DESCRIPTION OF PROJECT STAFF AND QUALIFICATIONS**

Applicants must list the qualifications, relevant experience and training of each person that will work on the project, including collaborators and administrators who will have significant involvement in the Project. Include resumes of key Project staff. For positions for which new staff will be hired, include job qualifications and job descriptions in the Appendices of the proposal. Describe the process that will be used to manage the human resources of the Project, including coordination with collaborative partners and training of staff.

##### **C. DESCRIPTION OF THE TARGET POPULATION AND SERVICE AREA**

Briefly describe the proposed geographic area that the Project will serve. Discuss the community context in which the Project will be implemented and describe the key factors contributing to poor birth outcomes in that geographic area. Describe existing perinatal services and explain any identified gaps in services. Discuss ways in which existing services, resources and partnerships can be mobilized to successfully implement the Best Babies Collaborative model. Include each agency's experience serving and/or supporting women at-risk for poor birth outcomes as well

as experience working with culturally, linguistically, and socio-economically diverse groups.

#### **D. DESCRIPTION OF THE PROJECT**

Discuss how case management will be used as the main approach to service delivery. Please note that for the purposes of the HBI Expansion, case management is defined as an umbrella approach inclusive of collaboration, interconception care, outreach and social support. Give details about what each of these strategies means to the proposed collaborative as well as examples of how each will be integrated into the overall approach of the Project. Describe how the proposed collaborative will address the needs of women at-risk for poor birth outcomes in the designated geographic area. Describe how the proposed collaborative will address the gaps in services identified above. Describe how activities with program staff within and across each organization will be coordinated to successfully implement the Project. Provide an organization and coordination of services flow chart and/or other visual that demonstrates the proposed coordination. Finally, describe any potential links to other collaboratives or service providers working in the same communities that aren't included in the proposed collaborative.

#### **E. SUSTAINABILITY OF THE PROJECT**

Specifically describe plans to sustain the proposed Project and the results beyond First 5 LA funding. Describe strategies that will be utilized to maximize opportunities to leverage federal, state and private funds for project enhancement and long-term sustainability. Include the rationale for these financial strategies, as well as infrastructure-building strategies, along with each agency's prior experiences implementing similar strategies.

#### **F. EVALUATION OF THE PROJECT**

First 5 LA believes that sound project evaluation is just as important as well-designed projects. First 5 LA's evaluation activities are informed by its Revised Evaluation and Accountability Framework (<http://www.first5la.org/files/Evaluation-Accountability-Framework.pdf>).

During the three month planning period, each BBC will work collectively with the LABBN, First 5 LA and an evaluation consultant to develop an evaluation plan for their collaborative that will include milestones and indicators of achievement and accountability. In addition, the BBCs may be required to participate in research and evaluation efforts spearheaded by LABBN, First 5 LA and/or First 5 California.

Again, all Best Babies Collaboratives will be required to collect common data elements through a web-based data collection system. As such, applicants must discuss the evaluation efforts each of the participating agencies are currently involved in as well as the types of data currently being collected. Describe each agency's ability to maintain the interactive web-based data system, given the technical requirements set forth in this RFP.

## **G. SCOPE OF WORK**

The project requirements detailed above will be completed through specific activities proposed by the applicant in a detailed Scope of Work (See Appendix F). Applicants will be provided with common short term outcomes and output measures, Applicants must complete Strategies/activities, timelines, staffing and deliverables. The Scope of Work will be the basis of contract negotiations if the proposal is recommended for funding. The Commission expressly reserves the right to negotiate changes to the proposed Scope of Work and Budget.

## **H. BUDGET AND BUDGET NARRATIVE**

Applicants must develop a budget that is in line with the requirements set forth in this RFP (see Appendices G and H). Applicants must complete and include in the appendices of the proposal a separate budget narrative that provides justification for each line item in the budget. Briefly explain how the total amount of the grant request was calculated and describe how the requested grant amount will support the Project. The information included in this section must correspond to the figures in the accompanying budget forms.

Consistent with the intent of Proposition 10: California Children and Families Act of 1998; no monies for the Project may be used to supplant Federal, state, county and/or other monies available to the applicant for any purpose. Activities funded under this proposal must be new or enhancements of existing activities.

## **V. REVIEW PROCESS, CRITERIA AND TIMELINE**

### **A. REVIEW PROCESS AND CRITERIA**

First 5 LA staff will review each proposal to ensure that threshold criteria (please refer to Section III: Eligibility) was met to determine if the Lead agency is eligible to submit a proposal for the HBI Expansion.

A review team will review each proposal to determine its fulfillment of the proposal requirements. Each proposal will be assessed based upon the adequacy and thoroughness of the responses to the proposal requirements as set forth in the Proposal Content section of this RFP.

The following represents selection criteria that will be considered during the review process:

- The demonstrated capacity of lead agency to coordinate and manage the proposed collaborative.
- The demonstrated experience of lead agency to assume the lead role, which includes responsibility for governance, fiscal activities and reporting.
- The demonstrated collective history of working effectively with the target population in the geographic area where the proposed work will occur.
- The demonstrated commitment to improving birth outcomes.
- The collective experience of the agencies in successfully utilizing case management, collaboration, interconception care, outreach and social support as tools for serving women at-risk for poor birth outcomes.

- The collective commitment to working in partnership with the LABBN, the other Collaboratives and the Healthy Births Learning Collaboratives.
- The collective ability and commitment to utilizing and maintaining the HBI's interactive web-based data system.
- Feasibility of plans for Project sustainability
- The appropriateness of funds requested based on the Project activities.
- The design of the Project, including management structure.

Proposals with omissions of any required documentation are subject to disqualification.

The review team will consist of a multi-departmental team of First 5 LA staff as well as external reviewers. All decisions of First 5 LA are final. First 5 LA will provide applicants that are not selected with general feedback. An appeal process is not available.

**B. TIMELINE**

The RFP process will operate along the following timeline: (Note: First 5 LA reserves the right to modify the stated schedule of events at any time.)

Date	Activity
February 15, 2008	RFP Released
February 28, 2008 1:00 pm - 3:00 pm	Information Meeting First 5 LA Multi-Purpose Room
March 14, 2008	Deadline for submitting questions regarding RFP
<b>March 28, 2008</b>	<b>Proposals due to First 5 LA by 5:00 p.m.</b>
May 5, 2008	Notify Selected Agencies of Final Decisions
May 6, 2008	Contract Negotiations Begin
July 1, 2008	Contracts Begin

## VI. SUBMISSION GUIDELINES

Agencies interested in submitting a proposal for the HBI Expansion can attend the First 5 LA HBI Expansion Information Meeting. The meeting will provide information about the RFP and the RFP process and staff will be available to answer questions related to the HBI Expansion.

The costs of developing the proposal are entirely the responsibility of the agency submitting this proposal and cannot be charged to the Commission or included in the proposed budget. The Commission is prohibited from funding any services performed and/or paid for prior to an agreement approved by the Commission.

### A. GENERAL GUIDELINES

**Proposals must adhere to the following guidelines in order to be considered:**

- Use only 8 ½” by 11”, white paper;
- Times New Roman font, no less than 12-point;
- Single sided only;
- No less than 1-inch margins;
- No less than 1.5 line spacing;
- Clip all copies of the proposal. All pages and page numbers, excluding appendices, must be numbered sequentially with the name of the Lead agency at the top of each page;
- Provide a table of contents with page numbers for the proposal;
- The descriptive proposal content must not exceed twenty (20) pages total, not including appendices and required documents;
- The proposal material must not be bound, although a heavy clasp or thick rubber band is acceptable. Expensive binding, colored displays, promotional materials, etc., are not necessary or desired. Do not use binders;
- **One (1) original plus eight (8) copies** of the full proposal (including all appendices) must be submitted; and
- All original forms and appendices that require **signatures must be signed in blue ink** for the original proposal package. Signature stamps are not acceptable. The five additional copies may include photocopied signatures.

### B. PROPOSAL PACKAGE

A complete package must consist of the items identified below. For a proposal to be eligible for review, all required appendices must be submitted. Complete Appendix B to confirm all the required items are included. The following documents are to be included in the order listed below:

- Appendix A: Proposal Cover Sheet
- Appendix B: Proposal Package Checklist
- Table of Contents
- Proposal Content
- Organization Chart
- Resumes of key Project staff, subcontractor(s) and consultant(s) as well as job qualifications and descriptions for new positions
- Appendix C: Memorandum of Understanding

- Appendix D: Previous Client Form
- Appendix F: Completed Scope of Work Forms
- Appendix H: Completed Budget Forms
- Budget Narrative
- Appendix I: Agency Involvement in Litigation and/or Contract Compliance Difficulties
- Appendix J: Authorized Signature Form
- Current Audited Financials
- By-Laws<sup>2</sup>
- Articles of Incorporation<sup>3</sup> (if applicable)
- List of Governing Body Members

Submit one (1) original and eight (8) copies of the proposal, including all required attachments and appendices to:

***Evelyn V. Martinez, Executive Director***  
**First 5 LA**  
**750 N Alameda Street, Suite 300**  
**Los Angeles, CA 90012**  
**Attention: Healthy Births Initiative Expansion**

All submissions must be received by 5:00pm March 28, 2008. No faxed or e-mailed submissions will be accepted.

## **VII. TERMS AND CONDITIONS**

The Commission expressly reserves the right to negotiate changes to the proposal's Scope of Work and Budget. Contractors will be responsible for working with First 5 LA staff to coordinate further development of the HBI Expansion Project as well as Project implementation and management

Specific terms and conditions, including but not limited to the following, apply to proposal submission and implementation and to any contract that results from the submission and implementation of the proposal.

1. The Commission may, at its sole discretion, reject any or all proposals submitted in response to this RFP. The Commission also reserves the right to cancel this RFP, at its sole discretion, at any time before execution of a contract.
2. The Commission shall not be liable for any costs incurred in connection with the preparation of any proposal submitted in response to this RFP. Any proposals, including attached materials, submitted in response to this RFP shall become property of the Commission and subject to public disclosure.

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<sup>2</sup> This is required in order to verify signature authority to submit application and to enter into legal agreement. If signature authority is not identified in the By-laws, a Board Resolution or Partnership Agreement should be submitted, as applicable, that indicates signature authority.

<sup>3</sup> A business license from the jurisdiction where the organization operates should be submitted instead of Articles of Incorporation for Partnerships, Limited Liability Partnerships and Sole Proprietorships.

3. The agency/organization submitting a proposal agrees that by, submitting a proposal, it authorizes the Commission to verify any or all information and/or references given in the proposal.
4. The Commission reserves the right to request additional financial status information to verify applicant's past status and current financial status. This information includes, but is not limited to: the most recent independent audit that includes a Statement of Activities (P/L) and Statement of Financial Position (Balance Sheet).
5. The award of a contract by the Commission to an agency/organization that proposes to use subcontractors for the performance of work under the contract resulting from this RFP shall not be interpreted to limit the Commission's right to approve subcontractors.
6. The Commission reserves the right, after contract award, to amend the resulting contract, Scope of Work, and any other exhibits as needed throughout the term of the contract to best meet the needs of all parties. The Commission expressly reserves the right to negotiate changes to the proposal's Scope of Work and Budget.
7. The selected Contractor will be required to sign the contract within sixty (60) days of the notification of the award. If this Contract is not signed within the sixty (60) days period, the Commission may withdraw the award. Any change in the date must be submitted in a written document signed and approved by both parties.
8. Upon successful negotiation of the contract, specific documents will be required to be given to Commission before contract can be executed. These documents include, but are not limited to:
  - Proof of Insurance;
  - Any proposed or existing subcontracts for this Project;
  - IRS Letter of Determination (if applicable); and
  - Form RRF-1 (required and filed annually with the California Attorney General's Registry of Charitable Trusts)

## **VIII. APPENDICES**

APPENDIX A: Proposal Cover Page

APPENDIX B: Proposal Package Checklist

APPENDIX C: Memorandum of Understanding

APPENDIX D: Previous Client Form

APPENDIX E: Scope of Work Instructions

APPENDIX F: Scope of Work Forms

APPENDIX G: Budget Instructions

APPENDIX H: Budget Forms

APPENDIX I: Agency Involvement in Litigation

APPENDIX J: Authorized Signature Form

APPENDIX K: Sample Contract