# Attachment G: CAPP Project Proposal Cover Sheet and Checklist – ACFS 20-004

Michelle Muir, Issuing Officer

***For State Use.***

***Date Received by the Agency:***

Department of Human Services

Hoover Building, Fifth Floor

1305 E. Walnut Street

Des Moines, IA 50319

Phone: 515-281-8785

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bidder Contact Information** | | | | |
| **Bidder/Organization Name:** | |  | | |
| **Primary Contact Name:** | |  | | |
| **Address:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail** | |  | | |
| Instructions: List all counties in which service will be delivered through this proposal. A Service Area may include up to eight counties. | | | | |
| **1.** |  | | **5.** |  |
| **2.** |  | | **6.** |  |
| **3.** |  | | **7.** |  |
| **4.** |  | | **8.** |  |
| Instructions: Enter the total amount of the funding request below. The amount requested must be a whole number and not include any cents. | | | | |

**$00.00**

**Checklist as part of Attachment G**

|  |  |
| --- | --- |
| 1. **Project Proposal includes documents # 2 through 11 below.**   Submit one (1) original hard copy of the Proposal and six (6) identical copies of the original. The original hard copy must contain original signatures. | **State Use** |
| 1. **Attachment G:** Cover Sheet and Checklist   Read and complete Cover Sheet  Complete Checklist |  |
| 1. **Attachment B:** Primary Bidder Detail Form & Certification   Read and complete form  Obtain original signature |  |
| 1. **Attachment E:** Certification and disclosure Regarding Lobbying   Read and select appropriate box regarding disclosures  Obtain original signature |  |
| 1. **Attachment H:** CAPP Project Proposal Form   Complete form. Completed form may not exceed twenty (20) pages.  **Attachment H: CAPP Project Proposal Form (cont.) – Section 3E**  Complete form for each Coalition in the Service Area. Duplicate if needed. This form is not included in the twenty (20) page count. |  |
| 1. **Attachment I:** CAPP Projected Service Delivery & Budget Form   Printed document is fourteen (14) pages; print Budget worksheet tab (landscape - pages 8, 9 and 10 are on legal size (8.5 x 14) paper)  In addition to printed document, Budget must also be provided on separate CD or USB flash drive. The CD-ROM or USB flash drive must be placed in the envelope with the original Bid Proposal. |  |
| 1. **Attachment C:** Subcontractor Disclosure Form   Form completed for ***each*** proposed subcontractor with original signature of subcontractor.  This form is not completed or returned if subcontractor(s) are not used. |  |
| 1. **School Agreement Letter / Memorandum of Understanding (MOU)**   Submit signed agreement for each setting in which the Bidder is proposing to provide services that require fidelity (Activity 1, 2, and 3), and any Out-of-Home facility/ies where proposed services are being provided regardless of services (Activity 6). In years 2 and 3 signed MOUs shall be provided to the Program Administrator prior to service delivery for any new service sites. This may be met thought the use of Attachment R, or a signed agreement with similar information. |  |
| 1. **Letters of Support:** Minimum of two (2) Letters of Support submitted with Project Proposal.   Letters must be signed and dated |  |
| 1. **Attachment N:** Minority Impact Statement   Read and complete form  Obtain original signature |  |
| 1. **Attachment A:** Release of Information   Read and complete form  Obtain original signature |  |
| **The following documents are NOT returned with the Proposal.** |  |
| 1. **Attachment F:** Intent to Apply – Submitting is not mandatory, however, the Agency will only respond to questions about the RFP submitted by Bidders who have expressed their intent to bid.  * Due date for submission: January 22, 2019. Submit electronically to the Issuing Officer as a Bidder’s intent to apply. |  |
| 1. **Attachment D:** Additional Certifications – Signing of Attachment B indicates that the Bidder has reviewed Additional Certifications. |  |
| 1. **Attachment J:** Iowa Adolescent Pregnancy Risk Index Summary – For review only. |  |
| 1. **Attachment K:** FY 2020 CAPP Data and Tier Assignment– For review only. |  |
| 1. **Attachment L:** Community Coalition Charter Guidance – For review only. |  |
| 1. **Attachment M:** Community Coalition Charter Template – For use as instructed. |  |
| 1. **Attachment O:** Current funding map – For review only. |  |
| 1. **Attachment P: Funding Distribution by County:** Guidance to county ceiling caps – For review only. |  |

# Attachment B: Primary Bidder Detail & Certification Form

*If a section does not apply, label it “not applicable”*

|  |  |  |
| --- | --- | --- |
| **Primary Contact Information (individual who can address issues re: this Bid Proposal)** | | |
| **Name:** |  | |
| **Address:** |  | |
| **Tel:** |  | |
| **Fax:** |  | |
| **E-mail:** |  | |
| **Primary Bidder Detail** | | |
| **Business Legal Name (“Bidder”):** | |  |
| **“Doing Business As” names, assumed names, or other operating names:** | |  |
| **Parent Corporation Name and Address of Headquarters, if any:** | |  |
| **Form of Business Entity (i.e., corp., partnership, LLC, etc.):** | |  |
| **State of Incorporation/organization:** | |  |
| **Primary Address:** | |  |
| **Tel:** | |  |
| **Local Address (if any):** | |  |
| **Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:** | |  |
| **Number of Employees:** | |  |
| **Number of Years in Business:** | |  |
| **Primary Focus of Business:** | |  |
| **Federal Tax ID:** | |  |
| **DUNS #:** | |  |
| **Bidder’s Accounting Firm:** | |  |
| **If Bidder is currently registered to do business in Iowa, provide the Date of Registration:** | |  |
| **Do you plan on using subcontractors if awarded this Contract? {If “YES,” submit a Subcontractor Disclosure Form for each proposed subcontractor.}** | |  |
|  | | (YES/NO) |

|  |  |  |
| --- | --- | --- |
| **Request for Confidential Treatment (See Section 3.1)** | | |
| **Location in Bid (Tab/Page)** | **Statutory Basis for Confidentiality** | **Description/Explanation** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Exceptions to RFP/Contract Language (See Section 3.1)** | | | |
| **RFP Section and Page** | **Language to Which Bidder Takes Exception** | **Explanation and Proposed Replacement Language:** | **Cost Savings to the Agency if the Proposed Replacement Language is Accepted** |
|  |  |  |  |

**Attachment B - PRIMARY BIDDER CERTIFICATIONS**

1. **BID PROPOSAL CERTIFICATIONS. By signing below, Bidder certifies that:** 
   1. Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail & Certification Form. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal. The Bidder accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the Contract;
   2. Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein; and
   3. Bidder has received any amendments to this RFP issued by the Agency;
   4. The person signing this Bid Proposal certifies that he/she is the person in the Bidder’s organization responsible for, or authorized to make decisions regarding the prices quoted and, Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a Contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier.
2. **SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Bidder certifies that:** 
   1. Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
   2. Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the Contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting Contract between the Agency and Contractor to the subcontractors through a subcontract. The Contractor will remain responsible for all Deliverables provided under this Contract;
   3. Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP; and,
   4. Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a “retailer” of a “retailer maintaining a place of business in this state” as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the bid void if the above certification is false. Bidders may register with the Department of Revenue online at: <http://www.state.ia.us/tax/business/business.html>.
3. **EXECUTION.**

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency’s Request for Proposals (RFP) and offered in the Bidder’s Proposal. I understand that by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency’s RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. The Bidder has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Printed Name/Title:** |  |
| **Date:** |  |

# Attachment E: Certification and Disclosure Regarding Lobbying

**Instructions:**

Title 45 of the Code of Federal Regulations, Part 93 requires the Bidder to include a certification form, and a disclosure form, if required, as part of the Bidder’s proposal. Award of the federally funded contract from this RFP is a Covered Federal action.

1. The Bidder shall file with the Agency this certification form, as set forth in Appendix A of 45 CFR Part 93, certifying the Bidder, including any subcontractor(s) at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) have not made, and will not make, any payment prohibited under 45 CFR § 93.100.
2. The Bidder shall file with the Agency a disclosure form, set forth in Appendix B of 45 CFR Part 93, in the event the Bidder or subcontractor(s) at any tier (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) has made or has agreed to make any payment using non-appropriated funds, including profits from any covered Federal action, which would be prohibited under 45 CFR § 93.100 if paid for with appropriated funds. All disclosure forms shall be forwarded from tier to tier until received by the Bidder and shall be treated as a material representation of fact upon which all receiving tiers shall rely.

**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ‘‘Disclosure Form to Report Lobbying,’’ in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

***Statement for Loan Guarantees and Loan Insurance***

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ‘‘Disclosure Form to Report Lobbying,’’ in accordance with its instructions.

Submission of this statement is a pre-requisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 for each such failure.

I certify that the contents of this certification are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal. I am checking the appropriate box below regarding disclosures required in Title 45 of the Code of Federal Regulations, Part 93.

🞏 The Bidder is NOT including a disclosure form as referenced in this form’s instructions because the Bidder is NOT required by law to do so.

🞏 The Bidder IS filing a disclosure form with the Agency as referenced in this form’s instructions because the Bidder IS required by law to do so. If the Bidder is filing a disclosure form, place the form immediately behind this Attachment E in the Proposal.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Printed Name/Title:** |  |
| **Date:** |  |

# Attachment H: CAPP Project Proposal Form

*{Instructions: Fill out one form for each Bid Proposal. Do NOT delete any of the text on this form.}*

|  |  |
| --- | --- |
| **Bidder Organization Name:** |  |
| **Proposed Service Area (county or counties):** |  |
| **With an “X” indicate if this Project received CAPP funding in SFY 2019?** | **Yes**   **No, this is a new Project.** |
| **If “Yes,” list the counties served in SFY 2019?** |  |
| **Section 1: Proposal Overview** | |
| **Points = 0 to 4 Weighted = 2.50 Total Points Possible = 10** | |
| **1 A. State the Bidder’s organization mission. Describe in the space below how it relates to Adolescent pregnancy prevention.** | |
| [Enter text here] | |
| **1 B. Provide an executive summary that briefly reviews the strengths of the Bidder, organizational history, and key features of its proposed approach to meet the specifications of this RFP.** | |
| [Enter text here] | |
| **1 C. What percentage of the organization’s total budget is the proposed CAPP budget? If applicable, define the source and percentage of the budget from additional funding streams including funding timelines and/or granting cycle.** | |
| [Enter text here] | |
| **1 D. Describe Project History and Experience.**  **How long has this Project existed, even if funded by sources other than CAPP? Describe experience implementing and sustaining this type of Project. If this is a new Project, describe the planning that has occurred.** | |
| [Enter text here] | |
| **Section 2: Statement of Problem and Need** | |
| **Points = 0 to 4 Weighted = 3.75 Total Points Possible = 15** | |
| **2 A. Describe the problem/s that exists in your Service Area as it relates to Adolescent pregnancy prevention, associated Risk Factors, and services to pregnant and parenting Adolescents. Provide supporting data to demonstrate the need.** | |
| [Enter text here] | |
| **2 B. Describe and explain how the proposed services are culturally relevant and/or meet the unique needs and demographic make-up of the population of the proposed Service Area.** | |
| [Enter text here] | |
| **2 C. Describe the strategies that will be implemented to address the problem(s). If serving more than one county in proposed Service Area, explain how differing needs will be met. Identify and address any gaps in service and efforts to avoid service duplications.** | |
| [Enter text here] | |
| **Section 3: Community Coalition(s)/Project Advisory Committee**  {Instructions: If your Service Area includes more than one Coalition, respond to questions 3A thru 3D below for each of the different Coalitions in the space provided. In addition, complete one Section 3E - Coalition Membership List (last page of this form) for each Coalition and attach them to the end of this Project Proposal Form. The Coalition Membership List(s) will NOT count towards the 20 page limit} | |
| **Points = 0 to 4 Weighted = 5.00 Total Points Possible =20** | |
| **3 A. Describe the purpose (mission and vision) of the Community Coalition that advises the CAPP program as well as explain the Bidder’s role in the Community Coalition.** | |
| [Enter text here] | |
| **3 B. Describe the Coalition(s)’s effectiveness at supporting adolescent pregnancy prevention activities and how the group measures and demonstrates success.** | |
| [Enter text here] | |
| **3 C. Clearly identify the number of Coalitions in the Service Area (if more then one) and list each Coalition(s)’s primary service delivery area/s (i.e., county, city, other geographic boundary).** | |
| [Enter text here] | |
| **3 D. Describe other existing agencies and/or organizations providing services to the targeted population in the geographic area to be served. Describe the collaborative efforts between the Coalition(s) and the Bidder by providing a recent example of these efforts and the resulting outcomes.** | |
| [Enter text here] | |
| **3 E. Complete the separate document for Coalition members. If your Service Area has multiple Coalitions, submit a member list for each Coalition. It is not required to have 20 names.** | |
| **Section 4: Project Monitoring & Evaluation** | |
| **Points = 0 to 4 Weighted = 2.50 Total Points Possible = 10** | |
| **4 A. Describe processes and procedures for internal monitoring and evaluation (include subcontractors if applicable) to ensure quality and efficient services. Include any Continuous Quality Improvement (CQI) processes implemented.** | |
| [Enter text here] | |
| **Section 5: Overall Quality and Impact of Program** | |
| **Points = 0 to 4 Weighted = 2.50 Total Points Possible = 10** | |
| **5 A. Describe the projected impact of the proposed Project in the identified Service Area. If Bidder has received CAPP funding previously, define the past impact as well as the Projected impact of the proposed Project.** | |
| [Enter text here] | |
| **5 B. Describe how this Project will adhere to the Evidence-Based, Evidence-Informed requirements, provide models with Fidelity, reach the high-quality program standards as designed in the curricula, and meet Deliverables around Project evaluation.** | |
| [Enter text here] | |
| **5 C. Describe the qualifications of staff providing training, services, and curricula.** | |
| [Enter text here] | |
| **Section 6: Future Funding** | |
| **Points = 0 to 4 Weighted = 0.75 Total Points Possible = 3** | |
| **6 A. Explain future funding and financial sustainability opportunities for stated Projects in the proposed Service Area, including plans to increase Match at 5% annual growth.** | |
| [Enter text here] | |
| **6 B. Given the possibility that awards may not be fully awarded at 100%, what percentage of award is no longer feasible for the proposed Project? Describe why this is the case.** | |
| [Enter text here] | |
| **Section 7: Legislative Priority** | |
| **Points = 0 to 4 Weighted = 3.75 Total Points Possible = 15** | |
| **7 A. In accordance with Senate File 2418 (appropriations bill), Adolescent pregnancy prevention grants are based on existing models that have demonstrated positive outcomes and include requirements that grant programs must emphasize sexual abstinence and serve areas of the state which demonstrate the highest percentage of unplanned pregnancies. Explain in detail how the proposed Project takes into consideration these legislative priorities.** | |
| [Enter text here] | |

**Attachment H: CAPP Project Proposal Form (cont.) – Section 3E**

{Instructions: Complete one Section 3E - Coalition Membership List for each Coalition and attach to the end of the Project Proposal Form. The Coalition Membership List(s) will NOT count towards the 20 page limit.}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bidder Organization Name:** | |  | | | | |
| **Coalition Name (if different):** | |  | | | | |
| **Coalition Service Area (county or counties):** | |  | | | | |
| **3 E. Complete this information for Coalition members. It is not required to have 20 names.** | | | | **Put an “X” in column to indicate type of participation:** | | |
|  | **Member’s Name** | **Discipline** | **Organization** | **Networking\*** | **Coordination\*** | **Collective Action \*** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| **\*Definitions for the purposes of this form include:**  **“Networking”** means sharing calendar updates, trainings, community events, materials, contact information  **“Coordination”** provide accessible, prompt, confidential and appropriate services to families according to a basic set of guiding principles; example -not double-booking events on the same day in the same Service Area for similar populations  **“Collective Action”** address a community agreed upon need with intention, outcome focused, with diverse Stakeholders in the proposed solution implementation and evaluation; planning community wide event with distribution and delineation of jobs, funds, etc. to achieve common goal. | | | | | | |

**INSERT EXCELWORKBOOK**

**AMENDED ATTACHMENT I – CAPP Projected Service Delivery & Budget Forms**

# Attachment C: Subcontractor Disclosure Form

*If a section does not apply, label it “not applicable.” If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.*

|  |  |
| --- | --- |
| **Primary Bidder (“Primary Bidder”):** |  |
| **Subcontractor Contact Information (individual who can address issues re: this RFP)** | |
| **Name:** |  |
| **Address:** |  |
| **Tel:** |  |
| **Fax:** |  |
| **E-mail:** |  |

|  |  |
| --- | --- |
| **Subcontractor Detail** | |
| **Subcontractor Legal Name (“Subcontractor”):** |  |
| **“Doing Business As” names, assumed names, or other operating names:** |  |
| **Form of Business Entity (i.e., corp., partnership, LLC, etc.)** |  |
| **State of Incorporation/organization:** |  |
| **Primary Address:** |  |
| **Tel:** |  |
| **Fax:** |  |
| **Local Address (if any):** |  |
| **Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:** |  |
| **Number of Employees:** |  |
| **Number of Years in Business:** |  |
| **Primary Focus of Business:** |  |
| **Federal Tax ID:** |  |
| **Subcontractor’s Accounting Firm:** |  |
| **If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:** |  |
| **Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.** |  |
| **General Scope of Work to be performed by this Subcontractor** | |
|  | |
| **Detail the Subcontractor’s qualifications for performing this scope of work** | |
|  | |

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate, and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor; and,
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this Contract, if required to do so by Iowa law.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor’s organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate, and that the Subcontractor has not made any knowingly false statements in the Form.

|  |  |
| --- | --- |
| **Signature for Subcontractor:** |  |
| **Printed Name/Title:** |  |
| **Date:** |  |

**INSERT SCHOOL AGREEMENT LETTERS / MEMORANDUMS OF UNDERSTANDING**

The number of letters Bidders must provide is dependent upon the number of schools, districts, agencies, organizations, Out-of-Home providers, etc. the Bidder is proposing providing services for. Bidder shall provide one letter/MOU for each partnering school/organization. All letters must be signed and dated.

**INSERT LETTERS OF SUPPORT - MINIMUM TWO (2)**

Each signed letter must demonstrate that the Bidder organization has Community support and backing for the CAPP program in the proposed Service Area. Letter must be from entities other than those the Bidder has entered into a School Agreement or MOU with. Letters must include the name, phone number, email contact, and organization name of the individual authoring the letter. Signatures may be original or photo copied. Letters should substantiate the Bidder’s capacity to provide services as outlined in the Proposal and demonstrate general support of the purposed Contractor.

# Attachment N: Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state’s mechanism to require grant applicants to consider the potential impact of the grant Project’s proposed programs or policies on minority groups.

**Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).**

The proposed grant Project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

**Describe the positive impact expected from this Project.**

Indicate which group is impacted:

\_\_\_Women

\_\_\_ Persons with a Disability

\_\_\_ Blacks

\_\_\_ Latinos

\_\_\_ Asians

\_\_\_ Pacific Islanders

\_\_\_ American Indians

\_\_\_ Alaskan Native Americans

\_\_\_ Other

The proposed grant Project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

**Describe the negative impact expected from this Project.**

**Present the rationale for the existence of the proposed program or policy.**

**Provide evidence of consultation of representatives of the minority groups impacted.**

Indicate which group is impacted:

\_\_\_Women

\_\_\_ Persons with a Disability

\_\_\_ Blacks

\_\_\_ Latinos

\_\_\_ Asians

\_\_\_ Pacific Islanders

\_\_\_ American Indians

\_\_\_ Alaskan Native Americans

\_\_\_ Other

The proposed grant Project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

**Present the rationale for determining no impact.**

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge: Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Title:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Attachment A: Release of Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Bidder) hereby authorizes any person or entity, public or private, having any information concerning the Bidder’s background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The Bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The Bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The Bidder is willing to take that risk. The Bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

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Printed Name of Bidder Organization

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Signature of Authorized Representative Date

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Printed Name