Request for Proposal (RFP)

Foundation for Developmental Disabilities

Capital Funding – 2022 - 2023

*The Foundation for Developmental Disabilities (Foundation) was established in 1986 to raise and distribute funds to benefit people with developmental disabilities in San Diego and Imperial Counties when funds are not available from public or private resources. The Foundation is a nonprofit corporation and works to enhance the quality of life for persons with developmental disabilities, support community integration, and increase community awareness about the needs of persons with developmental disabilities.*

*Through a competitive RFP process, the FDD will award capital funding for critically needed capital items that will have a significant and beneficial impact on people with developmental disabilities and their families in San Diego and Imperial counties. The FDD may elect to fund all, part, or none of the projects, depending on funding availability as approved by the Board of Directors, and the quality of proposals received.*

*Proposals must be received by email (*[*mail@foundationfordd.org*](mailto:mail@foundationfordd.org)*)* ***no later than 12:00 noon on March 14, 2022. Proposals received after this deadline will not be considered.***

**FOR THIS CYCLE, THE FDD HAS ESTABLISHED THE FOLLOWING PRIORITIES:**

**CAPITAL FUNDING:** The FDD will only fund specific, critically needed capital items that will have a significant and beneficial impact on people with developmental disabilities in San Diego and Imperial Counties.

**AWARD SIZE:** $50,000 MAXIMUM REQUEST

**APPLICANT ELIGIBILITY**

Proposals must be submitted by nonprofit agencies and not individuals. The applicant must have experience in providing services to persons with developmental disabilities.

**CAPITAL RFP FUNDING GUIDELINES:**

1. **GRANTS WILL ONLY BE AWARDED** to nonprofit organizations providing support in San Diego and Imperial Counties for individuals with developmental disabilities (and their families).
2. **ALL FUNDS MUST GO TO THE REQUESTED CAPITAL ITEM(S)**
3. **CAPITAL CAN BE DEFINED AS ITEM(S) WHICH ARE:** 
   1. a stand-alone piece of equipment with a unit cost greater than **$5,000** and a useful life of more than one year.
   2. are not disposable or consumable.
   3. qualifies as a tangible personal property (can be appraised for value).
4. **PROOF OF PURCHASE:** Grantee must submit proof of purchase of the approved capital item(s) within six months of receipt of grant funds. Grant funds may only be used for items specifically approved by FDD grant terms.
5. **FUNDS MUST BE USED IN SAN DIEGO AND/OR IMPERIAL COUNTIES** and benefit the inhabitants of San Diego and Imperial Counties.
6. **MATCH/OTHER SOURCES:** Grantee must have either a matching source of funds for the project, and/or provide evidence of funding coming in from other sources for the project.

**THE FDD CAPITAL RFP WILL NOT FUND:**

* 1. Individuals, salaries, programs, trainings, warranties/service contracts, subscriptions, user licenses, separately purchased software, items for distribution, bank/investment accounts, endowments, general/reserve funds, overhead, operating costs, vehicles, or vehicle wraps.
  2. General Contributions to building funds, only for rooms or buildings as part of the finished product.
  3. Existing obligations, deficits, debts, leases, or reimbursement for items already purchased.
  4. General maintenance projects including but not limited to roofing, plumbing etc.

**PLEASE DO NOT SUBMIT AN APPLICATION REQUESTING ITEMS THAT ARE NOT CRITICALLY NEEDED FOR YOUR OPERATIONS OR THAT ARE NOT CAPITAL ITEMS AS DEFINED ABOVE.**

**SUBMISSION OF PROPOSALS**

**Please direct all proposals to:**

Foundation for Developmental Disabilities - RFP

6050 Santo Road, Suite 145

San Diego, CA 92124

Email: [mail@foundationfordd.org](mailto:mail@foundationfordd.org)

Proposals must be received by email ([mail@foundationfordd.org](mailto:mail@foundationfordd.org)) **no later than 12:00 noon on March 14, 2022. Proposals received after this deadline will not be considered.**

**PROPOSAL CONTENT AND SUBMISSION**

Proposals must comply with the instructions, format, and timelines described in this request. All pages in the proposal must be numbered consecutively on 8½" by 11" paper and include an identifying footer with agency name.

**FORMAT AND APPLICATION REQUIREMENTS**

Each proposal must contain the following:

**1. Applicant/Agency Information Form**

The Applicant/Agency Capital Grant Request Form, included with this RFP, *must* be completed to provide the pertinent information about the applicant. **This form should contain the dated original signature of an individual with authority to submit the proposal and well as correct contact information for any follow up**.

**2.** **What Is the Purpose of Your Organization? (Include the organization mission statement)**

**3. Briefly Describe your project.**

Also address the following items (as applicable):

1. What is the community need, or problem addressed by the capital project?
2. Why is the requested **Capital Item(s**) a priority or urgent need critical to fulfilling your mission? (Identify equipment type, make, model, and the proposed source)
3. What are the objectives of the capital project?
   * (This should include the applicant’s work plan for the proposed capital project with corresponding timelines identifying how and when each objective will be met)
4. What is the area served (e.g. number of youth/adults, ethnic groups, geographic area)?
5. What is the project timeline?
6. How will the capital project be evaluated?
7. What will be the results of this capital project when completed?

**4.** **Budget and** **Financial Information**

1. How will grant funds be used? (Narrative description, including any plans for raising other funds).
   * (Identify equipment type, make, model, and the proposed source)
2. Project Budget: Attach line-item project budget showing how Foundation Funds will be used
3. Plans for On-Going Funding

Required Submissions (in addition to RFP Request Form):

* List of Board of Directors
* A Detailed project budget, including a current operating budget, a listing of income, expenditures, and other funding sources. Please include a copy of your organization’s most recent financial statements.
* Attach a recent cost estimate/quote with your budget
* Any letters of appreciation or participant testimonials

**POST GRANT REPORTING REQUIREMENTS**

All FDD Grantees will be required to report on the following outcomes in the progress as well as the final reports.

1. Accomplishments
2. Challenges
3. Lessons Learned
4. A compelling story from one of the individuals served through the FDD grant

Each selected project administrator will be required to submit a semi-annual summary describing progress made toward meeting project objectives to the Foundation for Developmental Disabilities. The project administrator will submit a final report upon completion of the project. (Copy of post grant report form is attached)

**GRANTEE MUST SHOW PROOF OF PURCHASE OF THE REQUESTED CAPITAL ITEM(S) WITHIN SIX MONTHS OF RECEIPT OF GRANT FUNDS**

**PROPOSAL SELECTION PROCESS**

Each proposal will be evaluated by a selection committee. The FDD Board will make decisions based on recommendations of the selection committee. The evaluation will be based on responsiveness, innovation, previous experience of applicant, and demonstrated applicant financial responsibility. Additional information may be required from selected applicants regarding the proposal submitted prior to the awarding of a contract. References will be contacted, and finalists will be invited for a presentation to the Committee.

**THE FOUNDATION FOR DEVELOPMENTAL DISABILITIES RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS AND TO CANCEL THE RFP PROCESS AT ITS DISCRETION.**

**FUNDS**

The total of start-up funding for capital project(s) available is $130,000

**ADDITIONAL INFORMATION**

Any questions regarding the requirements of this RFP should be directed to:

Foundation for Developmental Disabilities – CAPITAL RFP

Attn: Sitara Sethi

6050 Santo Road, Suite 145

San Diego, CA 92124

Phone: 858-256-2990

**FOUNDATION FOR DEVELOPMENTAL DISABILITIES**

**RFP Capital Request Form**

Please make sure to answer **ALL** the sections on the form. Incomplete submissions will be returned without approval. Any submissions received after the due dates will be held and considered at the subsequent Board Meeting.

**SECTION I: Capital Project Information**

Name of Program/Project:

**Amount Requested**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Capital Item(s) Requested:** (Identify equipment type, make, model, and the proposed source)

**Capital Project Objectives:** (Include why FDD funds for the requested capital item are a priority or urgent need)

**SECTION II: Requestor Information**

Primary Contact Name/Title:

Primary Contact Phone/Fax/Email:

Mailing Address:

Website:

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| --- |
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|  |

**SECTION III. Signatures**

I certify that the above information is correct

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Signature Date

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Print Name Date

**BUDGET FOR CAPITAL PROJECT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Category**  **Capital Expense Items** | **Item Description** | **Total Capital Budget** | **Use of FDD Funds** | **Other Sources**  **(Include amount and name of source)** |
| **Capital Item:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Capital Budget** |  |  |  |  |

**Budget Justification Notes:** (Provide any additional context not already provided in section 3. Budget and Financial Information)

SUBMITTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Shape, rectangle

Description automatically generated

**Recommended Action: (For Internal Use Only)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Approve for funding for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denied for the following reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**.**

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**Capital RFP Evaluation Report**

*The Foundation requires every grant recipient to submit a grant report. These reports are reviewed by the Foundation’s staff and shared with the Board, and they become part of a grant recipient’s application portfolio if the organization reapplies for funding. Attach additional pages as necessary.*

**Grantee Information**

|  |  |
| --- | --- |
| **Grantee Organization Name and Address:** | **Primary Contact Name:**    **Phone:**  **Fax:**  **Email:** |

**Award**

|  |  |
| --- | --- |
| **Award Amount:** | **Award Period:** |
| To date, Grant Recipient has spent grant funds totaling: $\_\_\_\_\_\_\_\_\_\_\_\_. | **Capital Equipment Purchased:** |

**Capital Project Summary (Please describe the following in a brief paragraph)**

* The purpose of the capital request
* The number and demographics of the people that were to benefit from the capital request as described in your capital proposal
* The actual number and demographics of people who did benefit from your capital request as described in your capital proposal
* Key activities

**Outcomes (this will constitute most of your report)**

* List the intended outcomes of your capital request (as stated in your capital proposal)
* Provide evidence that your outcomes were met (both qualitative and quantitative impact)
* If any intended outcomes were not achieved, please provide a detailed explanation

**Conclusion**

* Describe any future plans for the program/project.

**Attachments**

***Please attach copies of public recognition, awards, news articles as well as photos related to this grant.***

**If you have any questions regarding the completion of the post grant report, please contact the Foundation office.**

**Prepared By**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[signature] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[printed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Approved By**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[signature] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[printed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Please return the completed form as a Word or PDF attachment via email to: Sitara Sethi; mail@foundationfordd.org A confirmation email must be received for the submission to be valid. If you do not receive a confirmation email within three days, please resend or call the Foundation Office at (858) 256-2222.