**Exhibit A**

**PROPOSAL CHECKLIST**

This checklist includes the items that must be submitted in the Salton Sea Renewable Resource Health Impact Assessment, Cycle 2proposal and in the order outlined below. This checklist is to ensure that a complete proposal is submitted. Complete the checklist and submit it as the first item.

|  |  |
| --- | --- |
|  | |
|  | Proposal Checklist (Exhibit A) |
|  | Proposal Cover Sheet (Exhibit B) |
|  | Table of Contents |
|  | Proposal Narrative  Section 1 – Applicant Profile and Qualifications  Section 2 – Personnel  Section 3 – Project Description, Scope of Work   Section 4 – Evaluation Design, Implementation, Analysis and Dissemination Plan  Section 5 – Budget Proposal |
|  | Budget (Exhibit C) |
|  | **APPENDIX** |
|  | Job Descriptions |
|  | Organizational Chart |
|  | Statement of Non-discrimination Compliance (Exhibit D) |
|  | Proof of Non-profit Status |
|  | Smoke-Free Environment Statement (Exhibit E) |
|  | As applicable, copies of all permits, employee licenses or business, state and/or clinic licenses needed for the prospective contractor to perform the proposed services. |
|  | Additional documents (e.g., Gantt chart, letters of support) |

**Exhibit B**

**PROPOSAL COVER SHEET**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: **Salton Sea Renewable Resource Health Impact Assessment (HIA)**

Brief overview of how the HIA steps will be implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Duration of the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that all statements in this exhibit are true. This certification constitutes a warranty, the falsity of which shall entitle the County of Imperial to pursue any remedy authorized by law which shall include the right, at the option of the County, of declaring any contract made as a result hereof to be void. I agree to provide the County with any other information the County determines is necessary for the accurate determination of the person or Applicant’s qualification to provide services.

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will comply with all requirements specified in the RFP which are applicable to the services which we wish to provide. I agree to the right of the County to audit financial and other records of said name/Applicant:

­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Name of Applicant or Authorized Agent (please print)

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

Signature of Applicant or Authorized Agent Date

**Exhibit C**

**BUDGET PROPOSAL**

Project Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1: Expense Summary**

|  |  |
| --- | --- |
| **Expense Categories** | **Total of all Proposed costs** |
| Salary |  |
| Fringe |  |
| Operating |  |
| Equipment |  |
| Travel |  |
| Indirect Cost |  |
| Other (Specify) |  |
| **Overall Total** | **$** |

**Section 2: Budget Justification**

Provide a detailed justification of the expenses listed in Section 1.

**Exhibit D**

**STATEMENT OF NONDISCRIMINATION COMPLIANCE**

Prospective Contractor agrees that all persons employed by Prospective Contractor shall be treated equally by Prospective Contractor without regard to or because of race, color, religion, ancestry, national origin, handicap, gender, marital status, age, medical condition or sexual orientation and in compliance with all anti-discrimination laws of the United States of America and the State of California. Prospective Contractor agrees that it shall include in its written contracts with any subcontractors a pledge by the subcontractor that the subcontractor will not engage in any unlawful discrimination. Prospective Contractor shall, if requested to do so by the County of Imperial, certify that Prospective Contractor has not discriminated against applicants, employees or subcontractors because of their membership in a protected class during the performance of this Agreement. The County of Imperial hereby notifies Prospective Contractor that Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5 apply to this Agreement and are incorporated herein by this reference with the same force and effect as if those laws were specifically set out herein and Prospective Contractor agrees to comply with said statute and regulation. “Prospective Contractor” hereby certifies, unless specifically exempted, compliance with Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, in matters relating to the development, implementation and maintenance of a nondiscrimination program.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby swear that I am duly authorized to legally bind the Prospective Contractor to the above-described certification. I am fully aware that this certification executed on this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ in the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the County of Imperial is made under the penalty of perjury under the laws of the State of California.

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

Name of Authorized Agent (please print) Title

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

Signature of Authorized Agent Date

**Exhibit E**

**SMOKE-FREE ENVIRONMENT STATEMENT**

As a material condition of the contract, the Prospective Contractor agrees that the Prospective Contractor and the Prospective Contractor’s employees, while receiving funding from the County of Imperial:

1. Shall not use/possess tobacco products while using the Prospective Contractor’s property e.g. vehicle, equipment;
2. Shall not sell, offer or provide tobacco products on Prospective Contractor’s premises;
3. The Prospective Contractor will participate in County of Imperial sponsored in-service trainings on tobacco education and cessation and will have tobacco education and cessation materials visibly available and accessible to clients participating in activities funded by the County of Imperial.
4. Prospective Contractor assures that the Prospective Contractor and its employees have no current business association or relationship with the tobacco industry; and
5. The County of Imperial may terminate for default or breach of this Contract and any other Contract the Prospective Contractor has with the County of Imperial, if the Prospective Contractor or Prospective Contractor’s employees, are determined by the contracting officer, not to be in compliance with the conditions set forth in this RFP.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I will comply with all requirements specified herein in recognition of individual rights to work in a safe, healthy and productive environment.

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

Name of Authorized Agent (please print) Title

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

Signature of Authorized Agent Date

**Appendix A**

**Imperial County North-end Communities**

Graphical user interface, application

Description automatically generated