REQUEST FOR PROPOSALS - COMMUNITY SERVICES BLOCK GRANT 2026

PURPOSE

Yuba County Community Services Commission (YCCSC) is inviting proposals from qualified 501(c)3 nonprofit, public agencies or faith-based organizations capable of operating programs that provide Yuba County low-income residents with services that address the priorities set forth by Yuba County Community Services Commission's (YCCSC) 2026-2027 Community Action Plan:

1) **Increase homelessness prevention and reduction services (including financial literacy, rent/deposit assistance)**
2) **Expand access to health services (including mental, behavioral, physical, locational, alcohol/substance abuse)**
3) **Improve access to food and basic needs**
4) **Community lacks affordable housing choices**
5) **Community has limited public transportation and individuals need mobility assistance**

Total funding available is approximately $240,000. Funding requests can range from $5,000 to $240,000 per applicant with services to be provided from January 1 through December 31, 2026.

Applications must be submitted in PDF format via email to jslade@ysedc.org or delivered to:

Yuba County Community Services Commission
Attn: Jackie Slade
950 Tharp Road, Suite 1303
Yuba City, CA 95993

By Friday, October 31, 2025 no later than 12 noon

Submission of an application does not guarantee funding or that funds will be available.

Questions and correspondence regarding this solicitation shall be directed to Jackie Slade at:
(530) 751-8555 Fax (530) 751-8515 Email: jslade@ysedc.org

Proposals which are received after the deadline, incomplete or which do not follow stated instructions will be rejected. **Applicants will be required to make a five-minute verbal proposal presentation on Wednesday, November 5, time TBD** and be prepared to answer questions. No PowerPoint presentations please.

Presentation time will be scheduled after October 31. Applicants may also be required to provide proof of liability insurance, current audited financial statements, or other documents deemed necessary to assist YCCSC in developing funding recommendations.

Estimated notification of funding selections will be December 5, 2025. Funding decisions are final and non-grievable.

BACKGROUND

YCCSC receives funding from the Community Services Block Grant through the State Department of Community Services and Development (CSD). The goal of CSBG is the reduction of poverty, the revitalization of low-income communities and the empowerment of low-income families and individuals to become fully self-sufficient.

Every two years, YCCSC conducts a community needs assessment. The assessment identifies and assesses poverty related needs and resources in the community and establishes a detailed plan, goals and priorities that are incorporated into a two-year plan called the Community Action Plan. The top community priorities gathered from this process drive the types of services that will be considered for funding through an RFP process.

Proposed programs and services must promote self-sufficiency and/or improve the conditions of Yuba County low-income residents living at or below 200% of the federal poverty guidelines. (see chart below) Agencies must have an intake process that screens for income eligibility. CSD has the authority to change eligibility to 125% or below of poverty level during the course of the year. Once 2026 income guidelines are released in January, they will be provided to funded agencies.

2025 Annual Poverty Guidelines 200% of poverty level		
Persons in family/household	**Household Annual Income**	**Household Monthly Income**
1	31,300	2,608
2	42,300	3,525
3	53,300	4,441
4	64,300	5,358
5	75,300	6,275
6	86,300	7,191
7	97,300	8,108
8	108,300	9,025

SOURCE: *Federal Register, Department of Health and Human Services January 2025*

RFP SCORING EVALUATION CRITERIA

The YCCSC Board will review and consider each complete application through evaluation, score, and alignment with YCCSC's 2026-2027 CAP priorities.

The board will evaluate submitted applications using the criteria set forth in the table below.

CRITERION	**MAXIMUM POINTS**
Application included ALL of the required sections/documents	10
Qualifications/Capacity	10
Project/Program Description, Outcomes/Community Impact	50
Program Tracking and Evaluation	20
Budget/Budget Narrative/Cost Efficiency	10
TOTAL	100

All awards are at the discretion of the YCCSC board and are not solely based on ranking.

PROPOSAL REQUIREMENTS AND ELIGIBILITY

Proposal requirements - Applicants must complete the application cover page, including certifications, requested narrative (no longer than 5 pages), budget, proof of 501(c)3 nonprofit status, including EIN# (if applicable) and board resolution. Applications must be signed by a duly authorized representative of the applying organization.

Eligibility (if awarded)

If your agency is awarded a contract the following documents will be required to ensure programs and services are delivered in accordance with the CSBG grant guidelines and deliverables. Please review the lists and determine if your agency has the capacity to provide them**.**

- Signed contract
- 425 CSBG Contract Budget Summary and narrative for amount awarded
- Module 4 Projections (641B) with projected clients to serve and verification documents to be used
- CSD 641 Annual Work Plan
- W-9
- $1,000,000 liability insurance, YCCSC listed as additionally insured
- Workers Compensation insurance (if applicable)
- Fidelity Bond in amount of 25 percent of grant award
- Drug Free Workplace Certification (form provided)
- Lobbying Certification (form provided)
- Copy of client Appeal Policy and Procedures (grievance)
- Copy of Confidentiality policy
- Copies of contracts/MOUs held with other agencies
- Copy of Child Support Policy and Procedures
- Copy of client satisfaction survey tools used by your agency
- Copy of client intake form that asks for and documents CSBG income eligibility of below 200% of the poverty guidelines and demographic data.

To be completed/submitted during the year (deliverables)

- Bi-monthly reimbursement request forms with backup to show expenses incurred
- Semi-annual report showing clients served, client demographics, etc.
- Pre-site visit questionnaire in preparation for an annual site visit
- Participation in annual site visit
- Single Audit or IRS Tax Form 990 AND Compilation Financial Statement
- Summation of client satisfaction survey results with proof that data was presented to your board
- CSBG 641 Annual Report Modules 2-4 showing clients served during the contract term, client demographics, volunteers, partnerships, etc. (including partnership chart)
- CSD 090 CSBG Program Accomplishments and Coordination of Funds form

Go to https://www.yubacares.org/ (nonprofit resources, CSBG Agency Forms) to view example forms: Module 4 Projections (641B), CSD 641 Annual Work Plan, CSBG 641 Annual Report Modules 2-4, CSD 090 CSBG Program Accomplishments and Bi-monthly reimbursement request form.

Yuba County Community Services Commission

Application Cover Page for Community Services Block Grant 2026

Requesting Agency: _____ ☐ Nonprofit ☐ Public Agency ☐ Faith-based

Unique Entity ID (UEI) formerly Duns #:_____ Federal Tax ID#_____

Funding Request: $_____ Program Title:_____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

Phone: ( ) _____ Fax: ( ) _____

Email: _____

Program Contact Person: _____

Which of the top countywide needs will your agency address with CSBG funds? Check ALL that apply

☐ Expand access to health services (including mental, behavioral, physical, locational, alcohol/substance abuse)
☐ Increase homelessness prevention and reduction services (including financial literacy, rent/deposit assistance)
☐ Improve access to food and basic needs
☐ Community lacks affordable housing choices
☐ Community has limited public transportation/mobility assistance
☐ Not addressing the top needs

Indicate which CSBG Objective your agency primarily feels it would meet with CSBG funding: (check no more than 2)

☐ Employment
☐ Agency Capacity Building
☐ Income and Asset Building
☐ Housing
☐ Education & Cognitive Development
☐ Services supporting multiple domains
☐ Health & Social/Behavioral Development (includes nutrition)
☐ Other (ex. Emergency manag./disaster relief) _____

Certifications

If recommended for funding, will your organization agree to and adhere to CSBG grant guidelines and deliverables, including only using the funds to serve individuals with incomes at or below 200% of the current Federal Poverty Level or the level determined by CSD. ☐ Yes ☐ No

I attest that I am an official officer representing my firm and authorized with signatory authority to present this proposal package.

I hereby certify that all information in this Request for Proposal is correct. I understand that I may need to submit additional documentation or information before any funds are awarded. I realize that submittal of this Request for Proposal does not constitute a contract or assurance of funding between my organization and the Yuba County Community Services Commission.

Authorized Persons Signature: _____ Date: _____

Authorized Persons Name: _____ Title: _____

Program/Project Narrative

Your narrative must **not exceed 5 pages** and must use the **exact five headers below, in the order listed**. Do not reword, combine, or omit any headers.

1. **Applicant Qualifications/Capacity**
    - Organization history, ability, and capacity to provide services in alignment with YCCSC's 2026–2027 CAP priorities
    - Mission statement, general goals, and objectives
    - Summary of programs currently or previously administered
2. **Problem Statement/Need**
    - Problem(s)/need the proposed project/program will address and why it is important
    - Data/statistics supporting the identified need in the community
3. **Project/Program Description and Outcomes/Community Impact**
    - Description of program and how it addresses one or more of YCCSC's priorities
    - How services will assist low-income individuals in removing barriers and achieving self-sufficiency
    - Implementation plan and timeline (outreach, marketing, recruitment)
    - Agency service delivery system and client intake process
    - How client low-income status will be verified
    - Number of residents expected to be served and anticipated outcomes
    - Geographic locations and populations served
4. **Project/Program Tracking and Evaluation**
    - How program success will be measured and evaluated (tools, frequency, process)
    - Process to track all client and program information needed for CSBG reporting
    - Steps to ensure services reach low-income individuals while avoiding duplication with other agencies
5. **Budget/Budget Narrative**
    - How CSBG funds will be leveraged with other resources
    - Agency plan for addressing potential funding reductions or a lower-than-requested CSBG award (beyond reducing services)

CHECKLIST FOR SUBMITTAL

- ☐ Application cover page/signed certifications
- ☐ Narrative (no longer than 5 pages)
- ☐ Completed CSD 425 S Budget Template provided**.** (complete tabs 425.1.1, 425.S, 425.1.2, 425.1.3 and 425.1.4)
- ☐ Board Resolution—Original resolution authorizing submission of proposal and acceptance of funding if awarded
- ☐ Proof of 501(c)3 nonprofit status, including EIN# (if applicable)

Applications that do not include all the above, will NOT be considered for funding.

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSBG Contract Budget Summary
CSD 425.S (Rev.10/19)

CSBG CONTRACT BUDGET SUMMARY

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

SECTION 10: ADMINISTRATIVE COSTS

	Line Item	CSBG Funds (round to the nearest dollar)
1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses	
4	Equipment	
5	Out-of-State Travel	
6	Contract/Consultant Services	
7	Other Costs	
8	Disaster	
Subtotal Section 10: Administrative Costs (cannot exceed 12% of the total operating budget in Section 80)		

SECTION 20: PROGRAM COSTS

	Line Item	CSBG Funds (round to the nearest dollar)
1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses	
4	Equipment	
5	Out-of-State Travel	
6	Subcontractor/Consultant Services	
7	Other Costs	
8	Disaster	
	Subtotal Section 20: Program Costs	
SECTION 40: Total CSBG Budget Amount (Sum of Subtotal Sections 10 and 20) Note: Total cannot exceed allocation amount.		
SECTION 70: Enter Other Agency Operating Funds Used to Support CSBG		
SECTION 80: Agency Total Operating Budget (Sum of Sections 40 and 70)		
SECTION 90: CSBG Funds Administrative Percent (Section 10 divided by Section 80)		

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSBG Budget Support -- Personnel Costs
CSD 425.1.1 (Rev. 10/19)

CSBG BUDGET SUPPORT -- PERSONNEL COSTS

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Section 10 -- ADMINISTRATIVE COSTS -- SALARIES AND WAGES

A No. of Positions	B Position Title	C Total Salary for each position	D Percent (%) of CSBG time allocated for each position	E Number of CSBG months allocated for each position	F Total CSBG Funds budgeted for each position
Total (must match Section 10: Administrative Costs line item 1 on the CSD 425.S Budget Summary form)					

SECTION 20 -- PROGRAM COSTS -- SALARIES AND WAGES

Total (must match Section 20: Program Costs line item 1 on the CSD 425.S Budget Summary form)					

FRINGE BENEFITS

Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp. Etc.)	Percentage	Section 10 Administrative Costs List CSBG funds Budgeted Line 2	Section 20 Program Costs List CSBG funds Budgeted Line 2
TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 425.S (BUDGET SUMMARY)			

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSBG Budget Support -- Non Personnel Costs
CSD 425.1.2 (Rev. 10/19)

CSBG BUDGET SUPPORT -- NON PERSONNEL COSTS

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.

LIST EACH LINE ITEM Totals must match CSD 425.S Budget Summary form Attach additional sheet(s) if necessary	**CSBG**	
	Section 10: Administrative Costs	**Section 20: Program Costs**
List all Operating Expenses	3 *sum should equal total on line item 3 of CSD 425.S Budget Summary form*	3 *sum should equal total on line item 3 of CSD 425.S Budget Summary form*
List all Equipment Purchases	4 *sum should equal total on line item 4 of CSD 425.S Budget Summary form*	4 *sum should equal total on line item 4 of CSD 425.S Budget Summary form*
List all Out-of-State Travel: *Name of conference; Specify location; Cost per trip*	5 *sum should equal total on line item 5 of CSD 425.S Budget Summary form*	5 *sum should equal total on line item 5 of CSD 425.S Budget Summary form*
List all Contract/Consultant Services	6 *sum should equal total on line item 6 of CSD 425.S Budget Summary form*	
List all Subcontractor/Consultant Services		6 *sum should equal total on line item 6 of CSD 425.S Budget Summary form*
Other Costs - List each line item (i - iv): *Any additional Other Costs (attach additional sheet if necessary):*	**Section 10: Administrative Costs**	**Section 20: Program Cost**
i		
ii		
iii		
iv		
Total Other Costs (Sum of i, ii, iii, iv):	7 *sum should equal total on line item 7 of CSD 425.S Budget Summary form*	7 *sum should equal total on line item 7 of CSD 425.S Budget Summary form*

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSBG Budget Support -- Other Agency Operating Funds
CSD 425 1.3 (10/19)

CSBG Budget Support -- Other Agency Operating Funds

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Funding Source (DO NOT ABBREVIATE)	Funding Type Federal, State, Local, Private, Other	Funding Amount
Total Other Agency Operating Funds to Support CSBG *(Total should match total on CSD 425 S form, Section 70)*		

CSBG Contract Budget Narrative

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Budget Narrative