



Request for Proposals: Strengthening Protective Factors for Families

ALTERNATIVE SUBMISSION FORM

Deadline to submit:

Wednesday, March 4, 2026 at 4:59 p.m.

For a copy of the full RFP visit www.first5fresno.org/what-we-do/#funding-opportunities

INSTRUCTIONS

Submissions will be completed using the Survey Monkey link on page 10 of the RFP. **As an exception**, if submission through Survey Monkey is not possible, answers to the proposal questions may be **emailed** to funding@first5fresno.org **or hand-delivered** to the First 5 Fresno office at 2405 Tulare Street, Fresno, CA 93721 Suite 200, **using this form**.

Word count limits are included to support with the review of multiple proposals. **Please keep all responses within the word count limits** listed for each question. First 5 Fresno reserves the right to reject or modify proposals that exceed the word count limits. To reduce the risk of malware and allow for proposals to be reviewed in printed form, **do not include web-based links** to external content in RFP submissions.

See page 10 of the RFP for more information on the submission process. Please note, organizations must submit **prior to March 4th to be eligible for a Courtesy Check** (see page 11 of the RFP for more information).

Section 1: Organization Information

Please submit the following information for the organization submitting the proposal.

A. Organization Contact Information

* 1. Organization Name

* 2. Organization Legal Name (if different from Organization Name, if same type N/A)

* 3. Organization Website (if applicable, if not type N/A)

* 4. Organization Address

Street address

Street address line 2

City

Zip code

* 5. Organization Phone Number

Country code

Phone number

* 6. **Contact Person** for this RFP

Name:

Title:

Email Address:

Phone Number:

B. About Your Organization

* 7. Type of Organization (select one)

- 501(c)(3)
- Fiscally sponsored by a 501(c)(3)

Name of Fiscal Sponsor

* 8. What was your organization's **total revenue for Fiscal Year 2024-2025** (or most recently closed fiscal year)?

* 9. Approximately **how many years has your organization been in operation?**

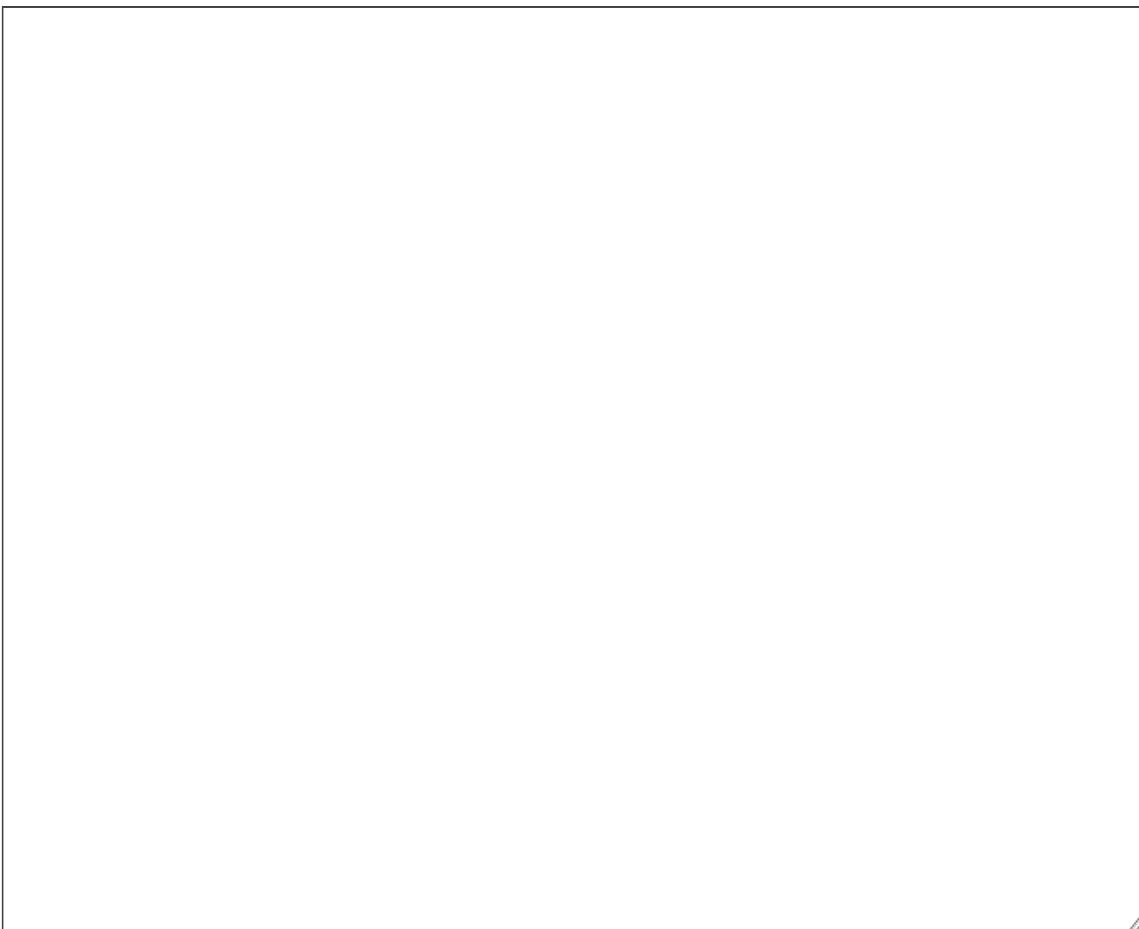
* 10. In a paragraph or two please share about your organization's **mission and history.**
(Word Count= up to 350)

C. Partnering Organizations (Joint Proposal)

11. Are you submitting this proposal in partnership with other organizations?

- No**, only one organization is submitting this proposal.
- Yes**, multiple organizations are partnering to submit this proposal.

If yes, please list the partner organization names and organization types below (e.g. ABC Organization is a 501(c)(3)).



* 12. If multiple organizations are submitting a joint proposal, please describe why and how the organizations will partner together through this RFP. **Type N/A if only one organization is submitting the RFP.** (Word Count= up to 350)

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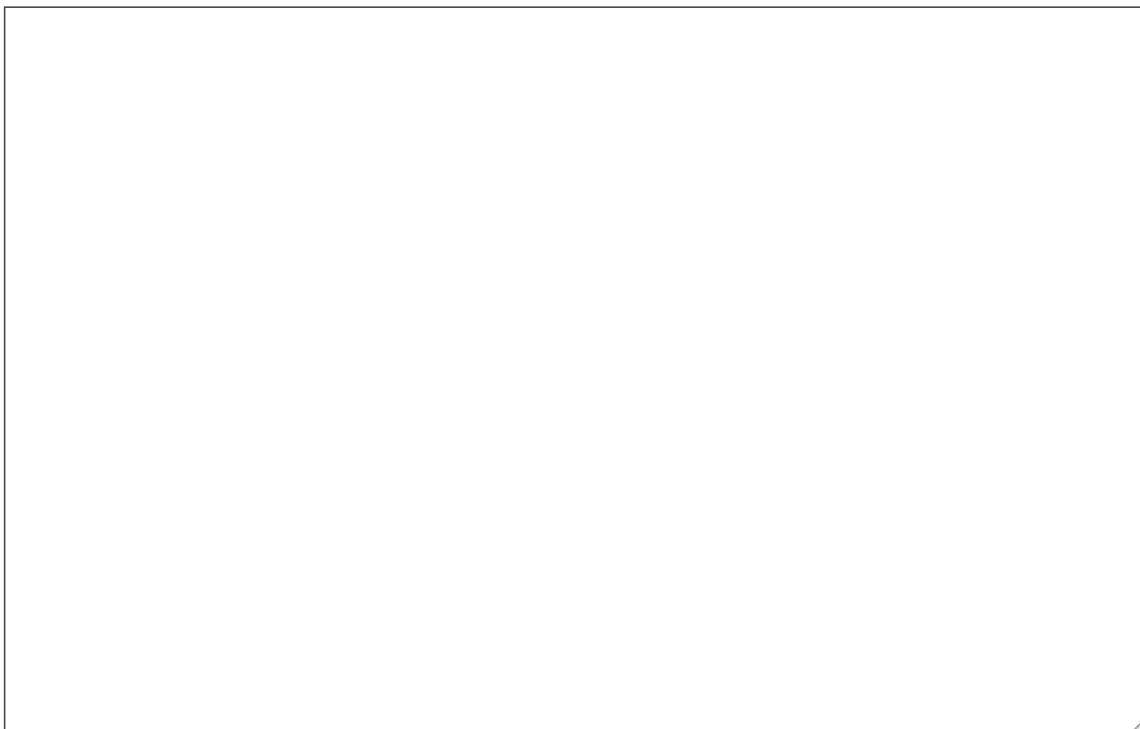
SECTION 2: PROPOSED PROGRAM

Please provide a **brief response** to the following questions describing how your organization proposes to support families with young children through this funding opportunity. Note: word limits have been added to support with the review of multiple proposals. Please review all questions ahead of time to see where some information could be unintentionally repeated to support with limiting repetition and overall wordcount.

If multiple organizations are submitting a joint proposal, please clearly reference the partnering organizations' information below as applicable (e.g. experience, personnel, roles, etc.).

A. Focus Population

* 1. What **areas of Fresno County** will you primarily implement the program/services? (e.g. countywide, a specific city or zip code, rural areas, etc.). **Please be as specific as possible.** (Word Count= up to 150)



* 2. Please **describe the population** your proposal will primarily focus on. (Word Count= up to 275)

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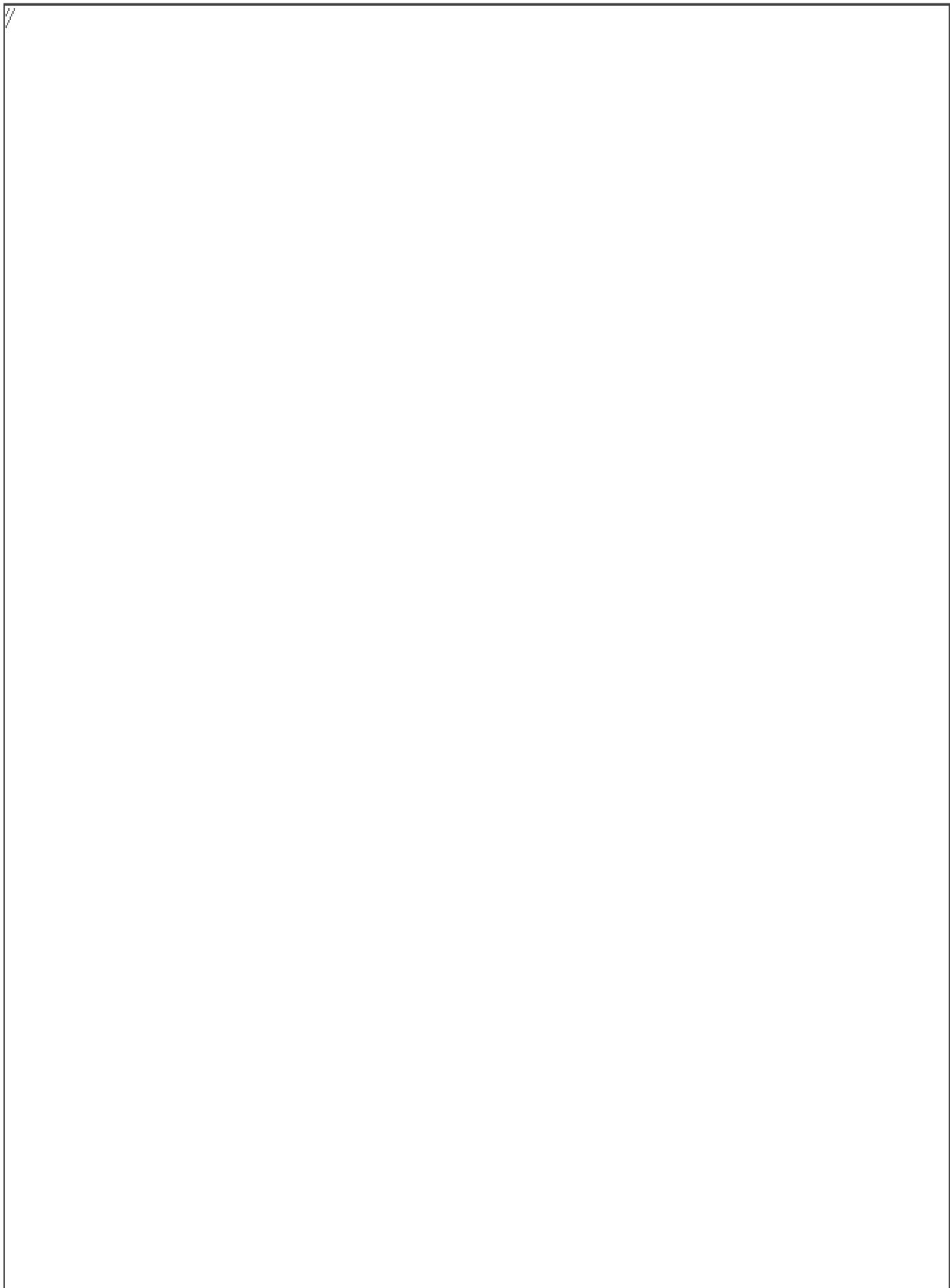
* 3. What is your **organization's experience** with and **connection to** the proposed population? (Word Count= up to 275)

B. Program Model

* 4. Please describe your organization's **proposed program model** and supports for families.

Include the name of any proposed curriculum, as applicable. See page 8 of the RFP for more information on scope of work requirements. (Word Count= up to 1,200)

Note: specific questions regarding the frequency of services, number of participants, focus population and geographic location are included in separate questions of this survey. You may, but do not need to repeat that information here.



* 5. Please select one of the following:

- Funding from this RFP will be utilized to enhance or complement an existing program.
- Funding from this RFP will be utilized to pilot a new/emerging program.

* 6. **Why** has your organization chosen to provide this program model/services? (Word Count= up to 500)

Please include:

- Your **organization's experience** with this particular or similar program model(s).
- How the program model/services **address critical gaps** in direct services/support for families raising young children in Fresno County.

* 7. Approximately **how many children, parents/caregivers and families** do you anticipate supporting through this RFP on an annual basis? (Word Count= up to 50)

* 8. Based on the program/services proposed, please describe the **location** and **frequency** of services for those participating in the program/services. (Word Count= up to 175)

* 9. What is your **outreach** and **communications** approach for engaging families so they are aware of the program/services? (Word Count= up to 250)

* 10. How does and will your organization support **parent engagement** so that programs and services **reflect family voices and feedback?** (Word Count= up to 275)

C. Strengthening Families Protective Factors

* 11. Which **Strengthening Families Protective Factors** will your program specifically address? (See page 6 of the RFP for more information on protective factors). Select all that apply.

Parental resilience

Managing stress and functioning well when faced with challenges, adversity and trauma.

Social connections

Positive relationships that provide emotional, informational, instrumental and spiritual support.

Knowledge of parenting and child development

Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.

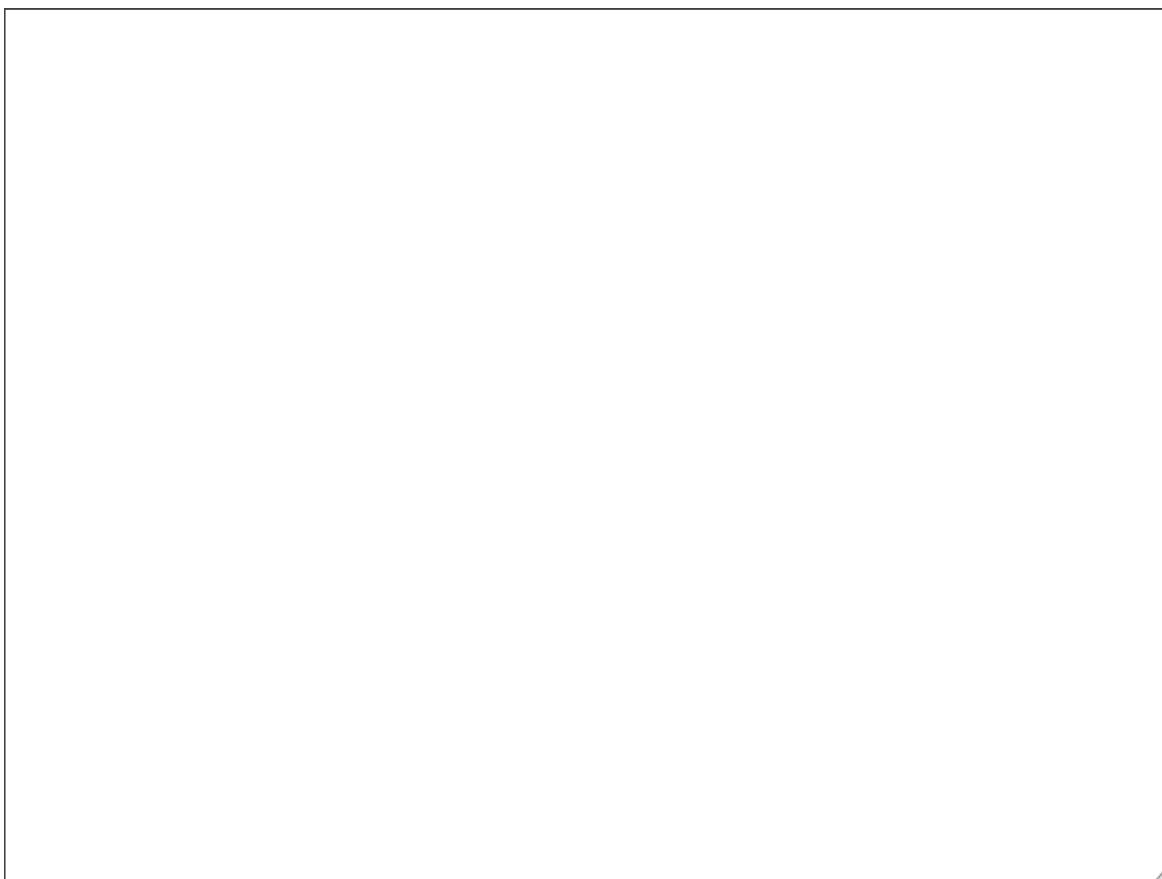
Concrete support in times of need

Access to concrete support and services that address a family's needs and help minimize stress caused by challenges

Social and emotional competence of children

Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

* 12. For the protective factors selected in Question 11 above, please briefly describe how the program/services you are proposing to provide will address each factor. (Word Count = up to 500)



D. Program staff qualifications

* 13. Please describe the **qualifications, cultural, linguistic, and overall diversity** of your organization's personnel (particularly related to the focus population). Please include the personnel positions and roles supporting the proposed program/services.

If personnel are not reflective of the focus population please share the experience and resources your organization will bring to ensure the program is rooted in the diversity of participating families. (Word Count= up to 750)



* 14. How does your organization currently support/will support existing and new personnel with **training/development** related to equity, inclusion, early childhood development, family strengthening and trauma-informed care? (Word Count= up to 175)

E. Evaluation.

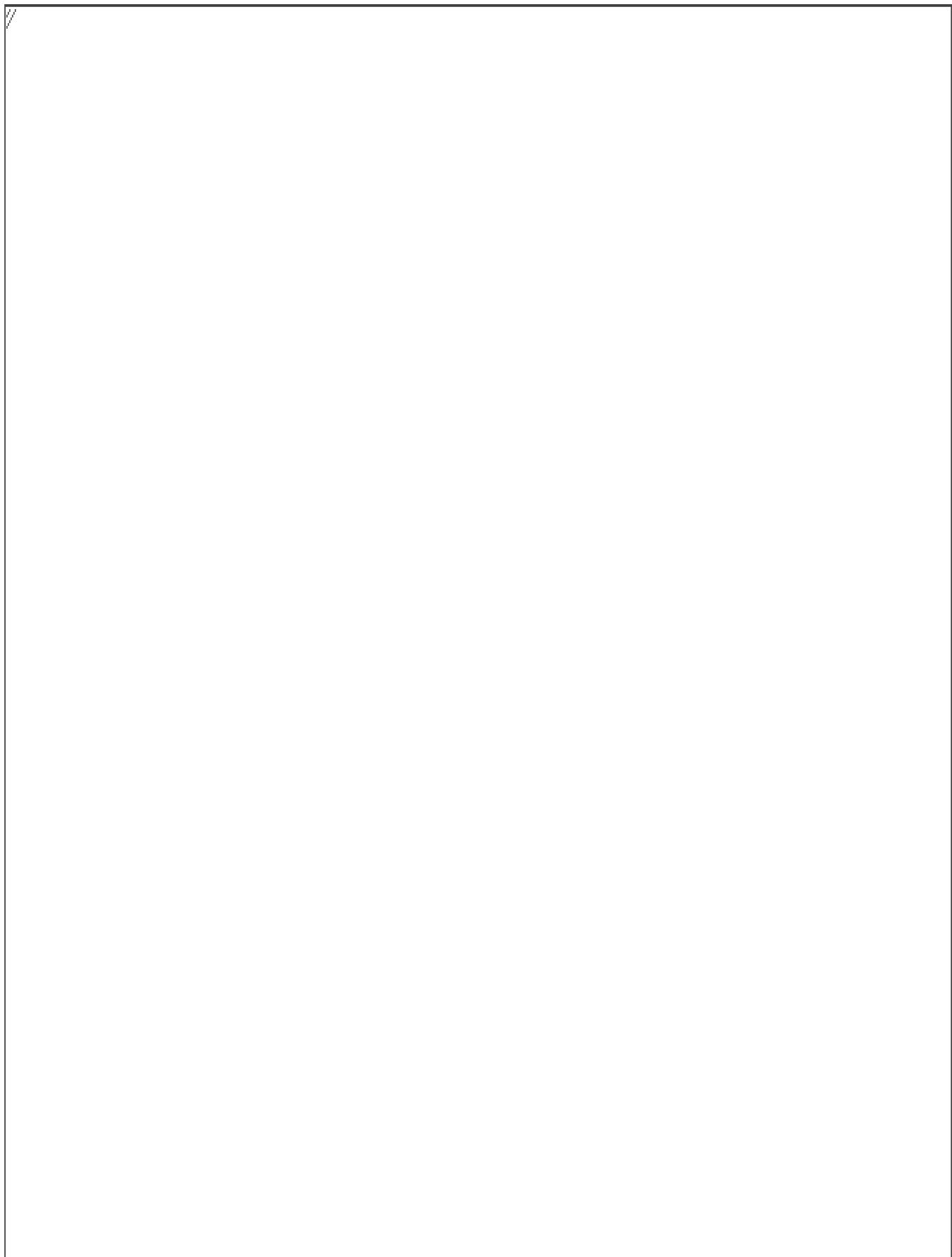
* 15. Please share how you will evaluate the effectiveness of the proposed program/services (e.g. outcomes for, impacts on and experiences of participating families)? (Word Count= up to 450)

F. Partnerships

* 16. Please describe how your organization does/intends to partner/collaborate with other community agencies to support families participating in the proposed program/services. (Word Count= up to 250)

G. Timeline

* 17. Provide an estimated timeline for the planning and implementation of the service(s). (Word Count= up to 500)



SECTION 3: BUDGET

A. Budget Questions

* 1. Enter the total **two-year amount** of First 5 Fresno funding you are requesting under this RFP.

* 2. Enter the total **two-year amount** of **Other Funding** your organization will contribute to the program/services proposed in this RFP. (i.e. in-kind, leveraging, cash contribution, program income, other funding, etc.)

* 3. Please list the **sources of the Other Funding** listed in question 2. (i.e. in-kind, CalAIM, funds from Fresno County departments, philanthropic funding, etc.). Please be as specific as possible.



B. Budget Upload

Please use the budget template and instructions in **Appendix B of the RFP** to show how you propose to utilize the requested funding from this RFP.

A fillable form of this Budget Template can be downloaded from our website at www.first5fresno.org/what-we-do/#funding-opportunities. Organizations may submit their own budget template instead of using First 5 Fresno's budget template. If another budget template is used, please be sure the primary information in First 5 Fresno's budget template is still included.

The following file types are supported: PDF, DOC, DOCX, PNG, JPG, JPEG.

File size limit is 16MB.

* 4. Please **upload** proposed budget here.

*****If filling out PDF, please attach completed Budget Template to submission email.**

SECTION 4: OTHER

* 1. Please use this section to add any additional information we may not have asked above, but is important to understanding your RFP submission. (Word Count= up to 300)

SECTION 5: AUTHORIZATION

"I certify that the information contained in this submission is true and accurate to the best of my knowledge and belief. I further certify that this proposal is submitted with the full knowledge and endorsement of the governing board/leadership of this organization, if applicable, which is empowered to enforce compliance with all contract conditions. I understand that this submission will remain valid for a period of no less than 180 days from the date of submittal."

* 6. Name and Title of Representative authorizing the submission of this proposal

Job Title

First name

Last name