



**CHILD CARE EXPANSION
REQUEST FOR
APPLICATIONS**

County of Oconto, WI

November 2, 2022

GENERAL INFORMATION FOR APPLICANTS

PURPOSE

The intent of this Request for Application (RFA) is to expand the number of quality child care slots available in Oconto County. The Oconto County Department of Health & Human Services received American Rescue Plan Coronavirus Fiscal Recovery funding to support local health departments to meet their needs related to response and recovery from the COVID-19 pandemic. The Fiscal Recovery Funds are to provide resources to meet and address emergent public health needs, including programs or services that address disparities in public health that have been exacerbated by the pandemic. Oconto County is focusing on impacting social determinants of health, specifically child care accessibility.

BACKGROUND

Social determinants of health (SDOH) are the non-medical factors that influence health outcomes. They are conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Examples of SDOH include:

- Income and social status.
- Social support networks.
- Education and literacy.
- Employment/working conditions.
- Social environments.
- Physical environments.
- Personal health practices and coping skills.
- Healthy child development.

SDOH contribute to wide health disparities and inequities. Just promoting healthy choices won't eliminate these health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments. Increasing accessibility to quality child care impacts employment, education, social supports and healthy child development.

ISSUING OFFICE/PROJECT ADMINISTRATOR

The Oconto County Department of Health & Human Services, through its Public Health Manager who is the project administrator for this RFA, issues this RFA.

All questions regarding this RFA shall be made through the Public Health Manager at the following address:

Debra Konitzer, Public Health Manager
Oconto County Health & Human Services
501 Park Ave
Oconto WI 54153
(920) 834-7000
debra.konitzer@co.oconto.wi.us

Oconto County is not liable for any costs incurred by any applicant of the RFA prior to signing of a contract.

ELIGIBILITY

Applicant must be a certified child care provider under DCF 202 or licensed as a Family Child Care Center or a Group Child Care Center under s.48.65, Wis. Stats. or become a certified child care provider under DCF 202 or licensed as a Family Child Care Center or a Group Child Care Center under s.48.65, Wis. Stats. within 6 months of receiving the funding.

The applicant must accept payments from Wisconsin Shares Child Care Subsidy Program.

The child care facility must be located within Oconto County.

The child care facility must provide detail of their plan to provide mandated reporter training to staff as required by certification and licensing. The purpose of this requirement is the child care facility staff identifying child abuse and neglect, understanding the reporting responsibilities, and how to report suspected child maltreatment.

COORDINATION

The selected applicant agrees to partner with Oconto County Health & Human Services to provide program outreach, education and/or services in the facility such as immunizations, child passenger safety seat inspections, oral health screenings/fluoride varnish, developmental screening and education, WIC, etc.

GENERAL PROPOSAL REQUIREMENTS

The application shall include the following on Addendum A – Application Form:

1. Child care facility's name, primary contact person and primary project facilitator (name, title, email address and phone number)
2. Brief Project Overview
3. Amount Requested
4. Description of Project/Expansion.
 - How many child care slots do you currently have? How many do you intend to add?

- How will the proposed project increase the availability of quality child care in your community?
 - Do you intend to leverage these dollars for other grant programs or partners? If so, which other grant programs or partners?
 - Do you plan on using these funds to incorporate an education-based curriculum in your care? If so, how?
 - Describe plans to sustain the new or expanded service.
 - Description of your child care facility and personnel (names and qualifications).
 - Reasons why you believe your child care should be selected to establish or expand services.
 - Project funding narrative or explanation of budget (including in-kind contributions and matching funds).
5. Project Budget
- Complete Addendum B – Budget Form
- Eligible Expenses
- i. Funds **CAN** be used towards:
 1. Construction costs (including engineering, architecture, and planning costs) that will ultimately lead to an increase in available child care slots
 2. Expenses for early childhood curriculum
 3. Costs associated with the certification of new hires
 4. Furniture to fill newly constructed space
 - ii. Funds **CAN NOT** be used towards:
 1. Employee salaries
 2. Increasing budgets for regular and/or recurring expenses
 3. Pay off debt
 4. Memberships or dues in lobbying groups and/or associations
6. References (3)
7. Copies of all applicable licenses and insurance certificates
8. Any other pertinent information.

All information in a proposal is subject to disclosure.

TERM

All monies must be expensed by December 31, 2023. Selected awardee(s) agree to have all 2023 invoices submitted to Oconto County Health and Human Services no later than January 17, 2024.

SELECTION CRITERIA

Responses to this RFA will be evaluated based upon the following factors as presented in the applicant's proposal.

1. **Capability and Qualifications** - The written application should indicate the ability of the

applicant to meet the terms of the RFA. The written application should indicate the competence of personnel whom the applicant intends to assign to the project. Qualifications will be measured by training and experience. Emphasis will be placed upon the qualifications of applicant's project manager. (20%)

2. **Method of approach** - This factor will be judged based upon the "Work Plan" provided in the proposal. (20%)
3. **Sustainability** – This factor will be based on the plan to sustain the new or expanded service. (20%)
4. **References** – This factor will be based on the three (3) references submitted. (10%)
5. **Cost** – This factor will be based on the estimated total project costs. (30%)

PROPOSALS AND APPLICATION RECEIPT

To be considered, each applicant must submit three (3) copies of the application and budget to this RFA and respond to the SELECTION CRITERIA identifying your understanding of the purpose of this funding. An official authorized to bind the applicant to its provisions must sign the proposal in ink.

Copies of the application must be received at the following address:

Debra Konitzer, Public Health Manager
Oconto County Health & Human Services
501 Park Ave.
Oconto, WI 54153

Applications must be physically received **prior to 4:00 p.m. CST, November 30, 2022**. The applicant is responsible for the timely receipt of their application by the project administrator. Late or faxed applications will not be considered.

ACCEPTANCE OF PROPOSAL CONTENT

The contents of this RFA, its attachments, the proposal and any mutual understandings resulting from oral presentations will become contractual obligations if a contract ensues. Failure of the successful applicant to accept these obligations may result in cancellation of a proposed contract. The Oconto County Health & Human Services Board further reserves the right to interview the key personnel assigned by the successful applicant to this project. **Oconto County reserves the right to reject any and all proposals.**

NOTIFICATION OF AWARD

All applicants will be notified of the outcome of their application by January 31, 2023.

NONDISCRIMINATORY PRACTICES

The issuing office, in accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252,42 U.S.C. 2000d-4, hereby notifies all applicants that it will affirmatively insure that in regard to any contact entered into pursuant to this advertisement, minority business enterprises will be offered full opportunity to submit applications in response to this invitation and will not be discriminated against on the basis of race, color, sex, or national origin for an award.

LIABILITY

The Oconto County Health & Human Services Board assumes no responsibility or liability for costs incurred by the applicant prior to the signing of an agreement. Total liability of Oconto County is limited to the terms and conditions of any contract resulting from this RFA.

INDEMNIFICATION

The applicant shall indemnify and hold harmless Oconto County and its agents and employees from and against all claims, damages, losses and expenses, including attorney fees arising out of or resulting from the performance of the work, which includes all labor, material and equipment required to produce the service required by the contract, provided that any such claim, damage, loss or expense: 1) is injury to or destruction of tangible property (other than the work itself), including the loss of use resulting therefrom; and 2) is caused in whole or in part by any negligent act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.

The applicant assumes full responsibility and liability for compliance with any and all local, state, federal laws and regulations applicable to the applicant and its employees, including, but not limited to, compliance with the Occupational Safety and Health Act of 1970.

GENERAL CONDITIONS

Terms of Payment: Selected awardee(s) may submit a quote for the project to request temporary payment in advance. Copies of all invoices related to the project, being funded by Oconto County Health and Human Services, must be provided to Oconto County Health and Human Services. If the cost(s) incurred are less than the quote, awardee(s) agrees to return unused funds to Oconto County Health and Human Services. If the cost(s) incurred are more than the quote, awardee(s) will provide an invoice to Oconto County Health and Human Services

for the balance due (not exceeding the award amount). If payment in advance is not necessary, awardee(s) will invoice Oconto County Health and Human Services for cost(s) incurred and expensed. Invoices must be submitted to Oconto County Health and Human Services in a timely manner and no later than January 17, 2024 for all 2023 expenses.

Insurance: Insurance required during entire length of agreement is as follows:

- * Workers Compensation coverage per statutory requirements
- * Liability coverage as follows:

Bodily Injury	Property Damage
\$1 Million per person	\$1 million each accident
\$1 million each accident	\$1 million aggregate
\$1 million each aggregate	

Termination: Termination of the agreement shall be for any reason by either party with a sixty (60) days written notice.

Assignment: Neither party may assign the agreement to another without written consent of the other party.

SUMMARY

This RFA is designed to allow certified or licensed child care providers to demonstrate their capacity to establish or expand quality child care services in Oconto County.

ADDENDUMS

Addendum A – Application Form
Addendum B – Budget Form