SCHEDULE C – FORM OF PROPOSAL

**RFP Project Title: SAFE Program**

**RFP Reference No.: 1220-030-2024-028**

**Legal Name of Proponent:**

**Contact Person and Title:**

**Business Address:**

**Business Telephone:**

**Business Fax:**

**Business E-Mail Address:**

**Organizational Sector (select one):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Non-profit |  | Law enforcement |
|  | Indigenous organization or First Nations band |  | Education |
|  | Government |  | Other (please indicate):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

TO:

City of Surrey

City Representative: Sunny Kaila, Manager, Procurement Services

E-mail for PDF Files: [purchasing@surrey.ca](mailto:purchasing@surrey.ca)

Dear Sir:

1. I/We, the undersigned duly authorized representative of the Proponent, having received and carefully reviewed all of the Proposal documents, including the RFP and any issued addenda posted on the City Website and BC Bid Website, and having full knowledge of the Site, and having fully informed ourselves as to the intent, difficulties, facilities and local conditions attendant to performing the Services, submit this Proposal in response to the RFP.
2. **I/We confirm** that the following schedules are attached to and form a part of this Proposal:

Schedule C-1 – Statement of Departures;

Schedule C-2 – Proponent’s Experience, Reputation and Resources;

Schedule C-3 – Proponent’s Technical Proposal (Services);

Schedule C-4 – Proponent’s Financial Proposal.

**3.0 I/We confirm** that this proposal is accurate and true to best of my/our knowledge.

**4.0** **I/We confirm** that, if I/we am/are awarded a contract, I/we will at all times be the “prime contractor” as provided by the *Worker's Compensation Act (British Columbia)* with respect to the Services. I/we further confirm that if I/we become aware that another consultant at the place(s) of the Services has been designated as the “prime contractor”, I/we will notify the City immediately, and I/we will indemnify and hold the City harmless against any claims, demands, losses, damages, costs, liabilities or expenses suffered by the City in connection with any failure to so notify the City.

**This Proposal** is submitted this **[day]** day of **[month],** **[year].**

**I/We have the authority to bind the Proponent.**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Legal Name of Proponent)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Authorized Signatory)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Print Name and Position of Authorized Signatory) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Authorized Signatory)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Print Name and Position of Authorized Signatory) |

SCHEDULE C-1 - STATEMENT OF DEPARTURES

**1.** I/We have reviewed the proposed Contract attached to the RFP as Schedule “B”. If requested by the City, I/we would be prepared to enter into that Contract, amended by the following departures (list, if any):

**Section Requested Departure(s) / Alternative(s)**

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

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**2.** The City of Surrey requires that the successful Proponent have the following in place **before commencing the Services**:

(a) Workers’ Compensation Board coverage in good standing and further, if an “Owner Operator” is involved, personal operator protection (P.O.P.) will be provided,

Workers' Compensation Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

(b) Prime Contractor qualified coordinator is Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

(c) Insurance coverage for the amounts required in the proposed agreement as a minimum, naming the City as additional insured and generally in compliance with the City’s sample insurance certificate form available on the City’s Website at [www.surrey.ca](http://www.surrey.ca) search [Consultants Certificate of Insurance](http://www.surrey.ca/files/DCT_Consultants_Form_Certificate_of_Insurance_2014.docx);

(d) City of Surrey or Intermunicipal Business License: Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

(e) If the Consultant’s Services are subject to GST, the Consultant’s GST Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and

(f) If the Consultant is a company, the company name indicated above is registered with the Registrar of Companies in the Province of British Columbia, Canada, Incorporation Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As of the date of this Proposal, we advise that we have the ability to meet all of the above requirements **except as follows** (list, if any):

**Section Requested Departure(s) / Alternative(s)**

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

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

**3.** I/We offer the following alternates to improve the Services described in the RFP (list, if any):

**Section Requested Departure(s) / Alternative(s)**

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

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

**4.** The Proponent acknowledges that the departures it has requested in Sections 1, 2 and 3 of this Schedule C‑1 will not form part of the Contract unless and until the City agrees to them in writing by initialling or otherwise specifically consenting in writing to be bound by any of them.

SCHEDULE C-2 - PROPONENT’S EXPERIENCE, REPUTATION AND RESOURCES

Proponents should provide information on the following (use the spaces provided and/or attach additional pages, if necessary):

1. Location of primary business, branch locations, background, stability, structure of the Proponent and number of years business has been operational;
2. Proponent’s equipment resources, capability and capacity, as relevant;
3. Proponent’s references (name and telephone number). The City's preference is to have a minimum of three references;
4. Proponent’s financial strength (with evidence such as financial statements, bank references);

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SCHEDULE C-3 - PROPONENT’S TECHNICAL PROPOSAL (SERVICES)

Proponents must provide responses to the following questions. Where applicable, please respond using the format of the tables provided. Please review the responses above to ensure they are complete and accurate. Remember to include a completed version of this document with your final submission package.

1. Provide an overview of the proposed project.
2. Listed in the left column of the table below are the SAFE Program’s six service delivery priorities. In the right column, briefly describe how the proposed project fulfills one or more priorities listed in the left column.

|  |  |
| --- | --- |
| Priority | How proposed project aligns with priority |
| Family strengthening |  |
| Mental health support |  |
| Promoting healthy relationships (peer and/or intimate) |  |
| Culturally appropriate and linguistic specific programming |  |
| Programming for Indigenous children, youth and/or families |  |
| Individualized supports to mitigate risk and enhance protective factors |  |

1. In the left column of the table below, outline proposed project objective(s) that align with SAFE’s overall objective: *prevent and address youth exploitation, victimization, and involvement in antisocial activities by strengthening resiliency and connection to family, school, and community*.

In the right column of the table below, indicate one or more key activities that will be implemented to fulfill corresponding objective(s).

No minimum or maximum number of rows are required. Add rows as needed.

|  |  |
| --- | --- |
| Objective(s) | Key Activities |
| *Eg. Strengthen youth and family connection* | * *Coordinate community-based recreational activities for families* * *Parent and youth conversational groups* |
|  |  |
|  |  |

1. Proposals must demonstrate a clear need for the project. Provide qualitative and/or quantitative evidence to explain the issue(s) the proposed project intends to address.
2. Describe how your organization is currently attempting to address the issue(s) identified above.
3. Describe any project planning completed in preparation of this proposal (eg. strategic planning, needs assessment, gap analysis, stakeholder consultations).

**Target Population**

1. Funding is not eligible for activities supporting children 0-5 years of age or non-caregiver adults aged 25 years and older.

In the left column of the table below, type an “X” next to all age cohorts the proposed project will directly support. A minimum of one age cohort is required but there is no maximum.

|  |  |
| --- | --- |
| “X” | Age Cohort |
|  | 6-8 years |
|  | 9-11 years |
|  | 12-13 years |
|  | 14-15 years |
|  | 16-17 years |
|  | 18-19 years |
|  | 20-24 years |
|  | Parents/Caregivers |

1. If applicable, briefly indicate any target population demographic considerations aside from age the proposed project will prioritize (eg. gender, sexual orientation, ethnicity, neighbourhood).
2. Why is the project proposal prioritizing the target population(s) defined in responses to 7 and 8?
3. If applicable, describe your organization’s experience supporting the proposed target population(s) including any projects that have been led by your organization that are like the proposed project.
4. In the right column of the table below, specify the number of clients the proposed project intends to support separated by year and age cohort. Tally three-year projections in the shaded rows.

|  |  |  |
| --- | --- | --- |
| Project Year | Age Cohort | Number of clients |
| 2025 | 6-8 years old |  |
| 9-11 years old |  |
| 12-13 years old |  |
| 14-15 years old |  |
| 16-17 years old |  |
| 18-19 years old |  |
| 20-24 years old |  |
| Parents/Caregivers |  |
| 2026 | 6-8 years old |  |
| 9-11 years old |  |
| 12-13 years old |  |
| 14-15 years old |  |
| 16-17 years old |  |
| 18-19 years old |  |
| 20-24 years old |  |
| Parents/Caregivers |  |
| 2027 | 6-8 years old |  |
| 9-11 years old |  |
| 12-13 years old |  |
| 14-15 years old |  |
| 16-17 years old |  |
| 18-19 years old |  |
| 20-24 years old |  |
| Parents/Caregivers |  |
| 2025-2027 | 6-8 years old |  |
| 9-11 years old |  |
| 12-13 years old |  |
| 14-15 years old |  |
| 16-17 years old |  |
| 18-19 years old |  |
| 20-24 years old |  |
| Parents/Caregivers |  |
| **TOTAL CLIENTS** |  |

1. Specify the anticipated duration and intensity of engagement per client (eg. hours per week and number of weeks/months a typical project client will participate in project programming).

**Evaluation**

1. To be considered for funding, project proposals must outline project activities, intended outcomes, key performance indicators that will inform outcomes, and tools to measure progress/success. Populate the table below to describe how your organization will evaluate proposed project activities. There is no minimum or maximum number of rows required. Add rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Project Activities  (refer to question 3) | Intended Outcome(s) | Key Performance Indicators (KPIs) | KPI Collection Method |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Successful proposals will be required to conduct an impact evaluation of the project. This will involve submitting an interim project evaluation report mid-way through the three-year project timeline as well as a final project evaluation report. Evaluation-related expenses can be included in the project’s requested budget.

Does your organization agree to conduct project evaluation activities if the funding proposal is successful (respond YES or NO)?

**Children & Youth At-Risk Table (CHART) Participation**

1. Multi-sectoral collaboration is what the success of SAFE’s award-winning model is predicated upon. Surrey’s Children and Youth At-Risk Table (CHART) brings together numerous organizations on a weekly basis to implement tailored multi-agency support plans for 6- to 24-year-old Surrey residents and their families.

For a project proposal to be successful, applicants will be required to designate at least one staff member to attend weekly CHART meetings which take place Wednesdays from 1-3pm. As a part of this commitment, it is expected that all SAFE Program partner organizations will raise referrals and accept clients as appropriate during CHART meetings.

Does your organization agree to actively attend and participate in CHART (respond YES or NO)?

**Risk Management**

1. In the left column of the table below, identify key risks or challenges that the proposed project may experience during implementation and/or maintenance phases. In the right column, describe how each identified risk/challenge will be managed or mitigated. There is no minimum or maximum required. Add more rows as needed.

|  |  |
| --- | --- |
| Risk or Challenge | Management Strategy |
|  |  |
|  |  |
|  |  |

**Proposed Staffing**

1. Complete the table below to describe the proposed project’s staffing model. Use one row per position adding rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position title | # of hours per week | % of salary paid by SAFE funding | Describe key duties and specify if the role is administrative in nature or will provide direct client support | List specific education, training, certification and/or experience required. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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SCHEDULE C-4 - PROPONENT’S FINANCIAL PROPOSAL

**Schedule of Fees:**

Proponents must provide the information by the table below to outline annual budget requirements to operate the project as proposed. Cost category definitions are included below. Annual budgets must be identical for 2025, 2026, and 2027 and should provide a rationale for how the requested dollar value was generated. Funding requests exceeding $300,000 annually will not be considered.

|  |  |  |
| --- | --- | --- |
| **SAFE 2.0 Eligible Cost Categories** | **Annual Budget** | **Rationale** |
| 1. Access Fees/Participant Incentives | $ |  |
| 1. Administrative Expenses | $ |  |
| 1. Computer Services & Licensing | $ |  |
| 1. Consultant/Professional Services | $ |  |
| 1. Honoraria | $ |  |
| 1. Insurance | $ |  |
| 1. Leases, Rentals & Utilities | $ |  |
| 1. Meals & Refreshments | $ |  |
| 1. Salaries & Benefits | $ |  |
| 1. Supplies & Office Equipment | $ |  |
| 1. Transportation | $ |  |
| **TOTAL** | **$** |  |

*Access Fees/Participant Incentives*: Expenses for participants to engage in recreational or cultural activities related to project objectives. Should be of low monetary value, encourage client participation, and/or be based on participants reaching milestones.

*Administrative Expenses:* Costs related to human resources, financial accounting, and program management. Amount must be supported by reasonable methodology and only pertain to costs directly related to project administration. Must not exceed 10% of total annual budget.

*Computer Services & Licensing*: IT and software licensing expenses required for project.

*Consultant/Professional Services*: Expenses related to contracting the services of external professionals to support project design, delivery, and/or evaluation.

*Honoraria*: One time remuneration for activities that support project objectives including but not limited to guest speakers.

*Insurance*: Insurance on buildings and equipment related to project delivery as well as liability insurance for project staff to deliver program activities.

*Leases, Rentals & Utilities*: Lease/rent and utility expenses such as electricity, heat, water, and landline and mobile telephone plans.

*Meals & Refreshments*: Food and beverage related costs required for project delivery.

*Salaries & Benefits*: Payroll expenses for professional positions to deliver the project.

*Supplies & Office Equipment*: Reasonably sourced items required to perform project activities including but not limited to stationery, arts and crafts, and recreational supplies. Include expenses that do not directly align with other cost categories here.

*Transportation*: Mileage, parking, and client transportation expenses required for project delivery.

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