

REQUEST FOR APPLICATION

Punjabi Speaker Community Needs Assessments

Application must be received by 10:00am on Friday, January 26, 2024. All applications can be submitted to the MHSA inbox at mhsa@fresnocountyca.gov. Any questions regarding the application or services can also be sent to the MHSA inbox.

I. Overview

The County seeks to partner with one vendor to perform the following professional services and provide the following deliverables to the Fresno County Department of Behavioral Health (Department) by June 30, 2024.

The Department is seeking one targeted, population specific, community-based needs assessments using a human centered approach. Based on its Mental Health Services Act-[Innovation Community Planning Process plan](#), the Department needs data driven, human centered needs assessments that includes surveying, community forums and/or focus groups, interviews, and synthesis of the data collected from that community to determine the specific needs of the Punjabi speaking community.

The information obtained will be used by the Department to help either identify service needs, gaps in current services, or to help inform the development or design of future services that can address the behavioral health needs of the targeted community based on this needs assessment.

The Department is seeking to understand local issues of underserved or inappropriately served populations, determine which approaches have been effective locally, and/or identify barriers to equitable care.

II. Eligible Applicants

Community-based organization (CBO) possessing an Internal Revenue Service classification as a Non-Profit Organization (exempt status under Section 501(c) (3)) at the time of RFA submission to apply. Preferred that the CBO is already working with individuals in Fresno County.

III. Target Populations

The Department will be awarding an agreement to one (1) vendor for the target population.

Target population and goal:

Punjabi Speakers - Recent data collected from annual cultural competency surveys shows an increase in Punjabi speakers. The growth in recent years of the number of individuals who speak Punjabi indicates that it could emerge as a new threshold language in Fresno County. A needs assessment would allow the Department to prepare to address cultural and linguistical needs of the community. The goal of this assessment is to provide insights into needs of the community, understanding, barriers, stigma, etc. which can influence plans to better support the population in an effective, culturally, and linguistically responsive manner.

IV. Geographic Locations

Organizations must provide the community needs assessments for individuals in Fresno County.

V. Requested Activities

- The selected contractor shall conduct community needs assessment via surveys, interviews, forums or other engagement activities that use a human-centered approach to be able to obtain information from the local Punjabi speaking population in Fresno County. Focusing on:
 - Experiences in accessing behavioral health care
 - Barriers to accessing care
 - Effective approaches to improving access to culturally and linguistically appropriate care.
 - How to best communicate and engage community in prevention, education, outreach, and care services.
 - Other related topics to equitable behavioral health care and services.
- Vendor shall inquire through the targeted community engagement to identify what challenges, experiences, barriers, effective approaches and gaps to behavioral health care, services and resources and classify those into easy to utilize grouping categories.
- The Department shall report out to the public on the final reports received from the project but may ask the organization to present their findings.

VI. Contractor Requirements

- Vendor must already have an existing working relationship with the community/population with whom they seek to facilitate the needs assessment. Vendor should provide an example of their current work with the target population, and how they will use that experience to facilitate and compete the work in a timely manner with meaningful involvement of community members.
- Awarded vendors must be able to successfully complete the project by June 30, 2024, including thorough community involvement and formal report.

- Vendor must have experience in at least one of the following areas: conducting community or population needs assessments, focus groups, facilitating community meetings, facilitating specific discussions, compiling reports, etc.
- If not a current County vendor, provide tax identification number, W-9 and CA-590 tax forms. (Attachment B)
- Participate in meetings as deemed necessary by the County.

VII. Funding

The agreement shall not exceed \$25,000 per awarded vendor.

- a. Vendor shall document expenditures.
- b. Expenditures may include:
 - i. participant incentives, including meals and snacks, gift cards.
 - ii. printing costs,
 - iii. translation or interpretation,
 - iv. promotion costs,
 - v. staffing personnel, and
 - vi. operating costs.
- c. Submit invoices as determined by vendor and DBH.
- d. Indirect costs shall not exceed 15% per department policy and procedures related to Innovation funded projects.

VIII. Data And Reporting Requirements

Provide the data from the project to the Department as part of the final report.

- a. Data Requests:
 - i. Total number of participants.
 - ii. The following demographic data should be collected, when possible, on persons ages 12 and up. Note all demographics should include an option of “decline to state.”
 - iii. Age ranges (not dates of birth to maintain confidentiality)
 1. 0-14
 2. 15-24
 3. 25-65
 4. 65-older
 - iv. Race
 1. White
 2. Middle Eastern North African (MENA)
 3. African American/Black
 4. Asian
 5. SE Asian
 6. Native American

- 7. Pacific Islander
 - 8. Latino
- v. Ethnicity (as identified by participant)
- vi. Gender assigned at birth
 - 1. Male
 - 2. Female
- vii. Current Gender Identity
 - 1. Male
 - 2. Female
 - 3. Trans woman (this term centers the persons current identity rather than their gender assigned at birth)
 - 4. Trans male
 - 5. Gender non-binary
 - 6. Other
- viii. Disability
 - 1. Yes/No
- ix. Sexual Orientation
 - 1. Straight
 - 2. Gay/Lesbian
 - 3. Bi-sexual
 - 4. A-sexual
 - 5. Other
- x. Preferred Language (as identified by participant)
- xi. Veteran Status
 - 1. Yes/No
- xii. Fresno County Zip Code of Participant

Provide a final report with what the effort identified as issues (Has there been an increase?, What have been identified by the community as causes if any, What the community had identified as some possible services/resources to support those community members, What is an area of interest for the population)

IX. Review Process and Selection Criteria

All submitted vendor applications for project participation will be initially screened by Fresno County staff to determine completeness and eligibility. Incomplete or ineligible vendor applications will not be considered. A panel of Behavioral Health staff that is familiar with the community needs assessments will evaluate and recommend one (1) eligible vendors.

Each proposal will be evaluated in accordance with the following criteria:

- Clarity and completeness of responses to application questions and documentation requested
- Demonstrated knowledge and experience working with and engaging the targeted population

SUBMISSION ITEM CHECKLIST

Please ensure the following items are included in your submission to Fresno County:

1. Completed and signed application (Attachment A)
2. W-9 and CA-590 Tax Forms, if not already a County vendor (Attachment B)

PUNJABI SPEAKER COMMUNITY NEEDS ASSESSMENT REQUEST FOR APPLICATION

Please complete the following application. You may complete this form digitally or print, sign, and submit with the responses to questions 1 – 2.

Applicant/Organization Information

Organization Name:

Address:

Telephone:

Email:

Executive Director/Organization Leader (person authorized to sign on behalf of organization)

Name:

Title:

1. Describe how the organization is currently engaging with the Punjabi speaking population, either through current programs and services being rendered, or active policy engagement activities, etc.
2. Describe how the organization will use previous experience to facilitate and compete the work in a timely manner with meaningful involvement of community members.

By signing below, you agree that, if selected, you will comply with the Request for Application, State, Federal, and County requirements.

Print Name:

Title:

Signature: _____

Date: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

2023 Withholding Exemption Certificate**590****The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.****Withholding Agent Information**

Name _____

Payee Information

Name _____

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.) _____

City (If you have a foreign address, see instructions.) _____

State _____ ZIP code _____

Exemption Reason**Check only one box.**

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Corporations:**

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Partnerships or Limited Liability Companies (LLCs):**

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**

The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

☐ **Nonmilitary Spouse of a Military Servicemember:**

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone _____

Payee's signature ► _____ Date _____