



March 25, 2010

To:

From: Santa Rosa CHOICE Grant Team

Subject: Request for CHOICE Grant Proposed Program and Budget

Congratulations on your agency's qualification to provide gang prevention/intervention services in the following Eligible Service Area(s):

1. Eligible Service Area A
2. Eligible Service Area B

We have been meeting with community stakeholders to determine specific areas of focus within each Eligible Service Area for the 2010 – 2011 funding cycle. The next step in the process to determine funding is for your agency to provide specific information about the programs your agency would be able to offer. Based on lower sales tax projections we expect fewer dollars to be available. The projection of funds available is at **\$377,000** and may decrease with the finalization of the 2010 – 2011 budget. Keep in mind while creating your responses that previously with Cycle III approximately \$411,000 was available for funding a 12-month program. We hope this information will help to guide your agency in the creation of your proposed program and budget.

Please note that your agency will submit ten (10) separate documents for each Eligible Service Area in which your agency is qualified; each of the required documents are included as an attachment:

1. Attachment A – Cover Page
2. Attachment B – Scope of Work – Units of Service Excel Spreadsheet
3. Attachment C – General and Eligible Service Area Questions
4. Attachment D – Program Budget
5. Attachment D1 – Program Budget Narrative
6. Attachment E – Sustainable Match Source Resource Table
7. Attachment F – Most Recent Financial Statement
8. Attachment G – Service Partner Agreement(s) (*if applicable*)
9. Attachment H – Resolution for Non-Profit Signing Authority
10. Attachment I – Insurance Documentation (Certificate of Liability, Additional Insured, Worker's Comp)

Please submit all attachments by email to Serena Lienau (slienau@srcity.org) by April 19, 2010 at 5pm (*please note special submission requirements below*).

Agencies will be notified regarding the status of its proposal by e-mail on May 14, 2010. Funding negotiation appointments will begin the week of May 17, 2010.

FORMATTING REQUIREMENTS:

- Proposal narratives and attachments must be typewritten on 8-1/2 x 11-inch paper, with 1-inch margins on all sides. All text, including charts and tables, **must be 1.5 lines spacing**. Please use a standard Arial 12-point font. Do not print pages double-sided.
- All pages in the Proposal Narrative must have the following header:

Name of Lead Agency (Top Left) **Project Title** (Top Center) **Page # of # (Total Pages)** (Top Right)

Example:

SR Recreation & Parks	Summer Playground Program	Page 3 of 5
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- All pages in the Proposal Narrative must be numbered consecutively.
- Proposal Narratives (Attachment C – General and Eligible Service Area Questions) of single agency proposals may not exceed 3 pages (excluding cover sheet and other required attachments). Shorter narratives are welcome.
- Attachments should be labeled and pages numbered if they have multiple pages.

SUBMITTAL REQUIREMENTS:

- Applicants must submit 1 electronic version (slienau@srcity.org) and 8 bound copies of the proposals (bind with heavy clasp). **DO NOT SPIRAL BIND OR STAPLE PROPOSALS.**
 - All copies must be three-hole punched
 - All proposals must be **complete** and **hand delivered** to Serena Lienau at 415 Steele Lane, Santa Rosa, CA. 95403
 - Proposals must be delivered **NO LATER THAN April 19, 2010 by 5:00pm**. **Late applications will not be accepted and will not be eligible for funding.**

PROPOSAL REQUIREMENTS AND SCORING:

The Proposal Narrative must include the following elements, presented in the order below. Reviewers will score the Proposal based upon the adequacy and thoroughness of the response to the RFP requirements and according to the following point system (**Total = 100 points**):

- **Program Design** (70 total points)
 - **Demonstration of Need** – Eligible Service Areas (15 points)
 - Proposed program addresses criteria of eligible service area
 - **Clients Served** (15 points)
 - Agency's ability to meet the needs of the Target Population as outlined in the RFQ
 - Capacity to serve target population
 - Cultural competence
 - Demonstrates through curriculum and staff an understanding of the culture being served
 - **Facility** (10 points)
 - Facility(s) is adequate for programming
 - Safe for Programming
 - **Timeline** (15 points)
 - Agency demonstrates ability to start on time
 - Agency has established Service Partner Agreements
 - Agency demonstrates ability to maintain timeline
 - Agency demonstrates ability to complete proposed timeline
 - **Outcomes and Evaluation** (15 points)
 - Agency identifies outcomes of the program that align with the mission of Measure O
 - Agency's ability to complete Measure O evaluation process
- **Budget** (30 total points)
 - Effective use of funding
 - Effective cost of unit of service
 - Sustainable Match Source Resource Table (Attachment)
 - Is the Agency financially stable (most recent financial statement shows agency in good fiscal health)

**List of Attachments required for submission of Measure O CHOICE Cycle IV
Request for Proposals**

ATTACHMENT A – Cover Page

Please complete all criteria in Attachment A-Cover Page

ATTACHMENT B – Scope of Work – Unit of Service Excel Spreadsheet

Please fill out the attached excel spreadsheet to determine your proposed scope of work and units of service.

>>Reviewers will score using the following criteria:

- Agency clearly indicates a connection between proposed scope of work and general question responses (Attachment C)
- Effective cost of unit of service

ATTACHMENT C – General and Eligible Service Area Questions

All agencies must answer all four (4) general questions, and all subsequent questions pertaining to the Eligible Service Area for which they are applying. Please note: if an agency is applying for multiple Eligible Service Areas, a separate proposal must be completed for each area.

ATTACHMENT D – Budget

Please provide an estimated budget for a twelve month program from July 1, 2010 – June 30, 2011. Use attached sample for reference. Please note that the provided samples are only examples and an agency is not limited to just the sample line items.

Please note: In light of the current economy and lower sales tax revenue, available funds for the Measure O CHOICE Cycle IV grant program have been **reduced by 11%** from last year's Cycle III. It is our intention to fund as many programs as possible; therefore we are requesting that all agencies identify potential areas of your program that could be reduced if your program is only partially funded. Providing these potential reductions to the proposed program and the associated budget reductions, does not mean that the budget will indeed be reduced, the identified areas will be used as a guiding tool for the reviewers in the final selection process. *(The potential areas of reduction will be completed in Attachment D1 – Budget Narrative.)*

ATTACHMENT D1 – Budget Narrative

Please provide an estimated line item budget narrative for a twelve-month program beginning July 1, 2010 and ending June 30, 2011. Use the attached sample for reference. In addition, please identify potential areas of the proposed program and associated budget that may be reduced in order to fund as many programs as possible. Please note that the provided samples are only examples and an agency is not limited to just the sample line items.

ATTACHMENT E – Sustainable Match Source Resource Table

Please complete the table noting grant matches for proposed program, and indicate amount and level of commitment (received, projected, or pending)

Reminder: Measure O requires agency minimum dollar match must be at least 20% of the proposed funding request amount.

ATTACHMENT F – Most Recent Financial Statement

Agency must provide most recent Financial Statement or Financial Audit

ATTACHMENT G – Eligible Service Agreement (*if applicable*)

This document is *required* for agencies that are providing services in collaboration with another agency. (i.e. schools, community center, facilities, shared clients)

ATTACHMENT H – Resolution for Non-Profit Signing Authority

This document is required for all agencies in order to obtain Board of Director approval authorizing the acceptance of a 2010-2011 CHOICE grant award, *if awarded*. In addition, this document allows the agency's Board of Director's to name the signing authority for the agency.

ATTACHMENT I – Insurance Documentation

Agency's must submit the following Insurance Documentation as required by the City of Santa Rosa. Specific requirements can be found on associated attachment.

ATTACHMENT A
Cover Page

Name of Agency:	
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Program Name:	
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Eligible Service Area:	
Neighborhood(s) planning on serving:	

PRIMARY CONTACT INFO	
Name:	
Phone Number	
E-mail Address	

SECONDARY CONTACT INFO	
Name:	
Phone Number	
E-mail Address	

Funding Request	<i>Indicate funding request here</i>
Proposed Units of Service (Information obtained from Attachment B – Scope of Work)	

Brief Description of Program: (250 words or less)	
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ATTACHMENT C

General and Eligible Service Area Questions

GENERAL QUESTIONS: *(limit to two pages)*

1. Indicate the Eligible Service Area in which your agency will be applying.
2. Please provide a brief synopsis of the program and include:
 - Specific activities
 - Target population your program will serve
 - Projected number of participants to be served
 - Where the activities take place
 - Projected timeline for a twelve month program
3. What are the intended outcomes of the program and identify at least 2 intermediate results statement (see Appendix A - for examples)
4. What is your staff capacity to complete the CHOICE evaluation process (i.e.- collect surveys 2x a year, attend 4 quarterly trainings, and complete 4 quarterly reports)

>>Reviewers will score questions 1-4 using the following criteria:

- Agency describes the activities in a clear and concise manner
- Proposed program meets the needs of the Target Population as outlined in RFQ
- Agency has the capacity to serve target population and numbers
- Agency demonstrates through staff and curriculum an understanding of culture of population being served (cultural competency)
- Agency provides a safe space for programming
- Agency specifies a manageable timeline
- Agency identifies outcomes of the program that align with Measure O's mission
- Agencies ability to complete Measure O evaluation process

ELIGIBLE SERVICE AREA QUESTIONS: *(limit to 1 page)*

Through a series of community forums and discussions with MGPTF stakeholders, common trends were identified and are directly referenced below. The following are questions that relate specifically to each Eligible Service Area. Please answer the questions that relate ONLY to the Eligible Service Area(s) in which your agency has been deemed qualified and for which you are applying. *(Keep your responses to one page for each Eligible Service Area):*

Job Readiness Training and Placement for Gang-Involved Youth:

1. How does your program lead to a GED or High School diploma that promotes higher education and career development?
2. Can your program provide career development or training in the field of culinary arts, graffiti abatement, gardening/horticulture, or general apprenticeship programs (paid/non-paid)?

Parent/Family Support

1. How will your program provide help to parents to keep their youth out of gangs?
2. How will your program recruit parents to be engaged in the educational success of their youth?
3. How will your program engage the school's cooperation in helping parents to better understand the education system?
4. How will your program link schools, families and services in the community?
5. How will your program provide training to help educate parents about social media and websites?

Youth Activities and Support Groups

1. Give some examples of cognitive behavioral activities that your program would require.
2. How will your program involve the family and encourage healthy family relationships?
3. How will your program involve your clients in the community?
4. How will your program provide services for youth on site at the schools and indicate how your program will engage the cooperation of the schools?
5. Describe the capacity of your agency to provide gender specific activities.
6. How will your agency provide affordable sports programs?
7. Does your program(s) offer services in low-income housing complexes and/or neighborhoods?

Outpatient Services

1. Describe your agency's plan to provide your program(s) services during school and/or non-school hours and summer months?
2. How will your program engage the cooperation of the schools?
3. Provide some examples of cognitive behavioral activities that your program would require.

4. Describe your agency's plan to bring your program(s) services to secondary school sites.
5. How can your agency support families in crisis?

Gang Mediation/Intervention Services

1. What partnerships does your agency currently have in the community that would help in providing this service?
2. What partnerships would your agency need to develop to provide this service?
3. What are the standards of behavior your agency requires that contribute to building and maintaining positive relationships with local law enforcement?

Services for Adjudicated Youth

1. With which criminal justice agency(s) is your agency currently working?
2. Describe your program(s) support system for preventing recidivism of gang-involved youth.
3. Describe any mentoring program your agency is able to offer as support after completion of your program?

Community Gang Awareness

1. Describe the capacity of your agency to provide trainings and outreach for different targeted audiences, such as:
 - Parents of gang involved youth
 - School faculty
 - Volunteers
 - Service provider workers
 - Neighborhood groups
 - Youth:
 - Elementary
 - Middle
 - High school
 - Out of school youth

>>Reviewers will score using the following criteria:

- Agency's ability to meet the criteria of the Eligible Service Area? (i.e. Job readiness – does it lead to a GED, a diploma etc; Community Gang Awareness- does it provide trainings for parents, school faculty etc.)
- Agency answers the Eligible Service Area questions in a descriptive and concise manner
- Agency addresses whether the program is an awareness, prevention or intervention program
- Agency demonstrates effective use of collaborations and partnerships with schools, other non-profits, low-income housing complexes and/or neighborhoods

ATTACHMENTS D and D-1

Program Budget and Program Budget Narrative

*Please see attached excel spreadsheet for Attachments D and D-1,
Program Budget and Program Budget Narrative.

*Note: Both Attachments are included in one excel spreadsheet, see tabs at the bottom
of the spreadsheet to access each required attachment.*

ATTACHMENT G

Form of Service Partner Agreement

[GRANTEE'S NAME]**SERVICE PARTNER AGREEMENT**(Program Name Here)A CHOICE Reclaiming Our YouthCity of Santa Rosa Gang Prevention/Intervention Grant Funded Program**I. Introduction**

This Service Partner Agreement ("Agreement") stands as evidence that the _____ (Grantee Name) and _____ (Service Partner Name) will work collaboratively toward the mutual goal of providing support services and assistance to the students of _____ (School Name). The City of Santa Rosa CHOICE Reclaiming Our Youth, Gang Prevention/Intervention Program's goal is to strengthen developmental assets in youth exhibiting high risk behaviors to enable them to become productive members of society. Both parties believe that implementation of this program, as described herein, will further this goal. To this end, each party agrees to participate in this program and will uphold the agreements listed below.

II. Program Description

This should be a short description of the program. It should include key components and what the program objectives are.

III. (Grantee Name Here) Agrees to Provide

Please note, the examples listed below are intended to facilitate this process. This is not an exhaustive list and items listed in this area should reflect the needs of the school/service partner and agency in question.

1. Administration of program
2. Number of clients to be served
3. Program Days and Times
4. Program Supplies
5. Agency's role in recruitment
6. Background checks

IV. Service Partner Agrees to Provide

Please note, the examples listed below are intended to facilitate this process. This is not an exhaustive list and items listed in this area should reflect the needs of the school and agency in question.

Possible items to note:

1. Use of facilities
2. Storage space
3. Access to phone

- 4. Bathrooms
- 5. Referral/Recruitment of participants
- 6. Grades/Attendance
- 7. Emergency Procedures
- 8. Custodial

V. Term

The term of this Agreement shall be effective from the date of approval and signatures by all parties through June 30, 2011. Term of Agreement is contingent upon grantee receiving funding.

VI. Indemnification

Each party is an independent entity, responsible for its acts and the acts of its officers, agents and employees. Consequently, each party agrees to indemnify, defend and hold harmless the other party, its officers, agents and employees from any and all loss, injury, liability, damages, claims, demands, suits, or judgments arising from the acts or omissions of its officers, agents, and employees in connection with the performance of this agreement.

VII. Confidentiality

The parties shall maintain the confidentiality of information gathered and all records generated during the period of this agreement pursuant to applicable Federal and State laws. This does not prohibit staff from reporting suspected neglect or abuse of participants to Child Abuse Reporting agencies as required by law.

VI. Signatures

Signatures below signify approval of this Agreement.

Date: _____
Signature of Authorized Grantee Representative

Print Name and Title

Date: _____
Signature of Authorized School Representative

Print Name and Title

**ATTACHMENT H
RESOLUTION FOR NON-PROFIT SIGNATURE AUTHORIZATION**

Resolution of the Board Example for Non-Profit Corporations

RESOLUTION NO. _____

A RESOLUTION OF THE BOARD OF DIRECTORS OF
_____ [name of corporation]
AUTHORIZING THE ACCEPTANCE OF A 2010 -
2011 SANTA ROSA CHOICE RECLAIMING OUR
YOUTH GANG PREVENTION/INTERVENTION
GRANT FUNDING AGREEMENT WITH THE CITY OF
SANTA ROSA, IF AWARDED

WHEREAS, _____ [name of corporation] ("Corporation") is a corporation organized and existing under the laws of the State of California; and

WHEREAS, the Board of Directors is the governing body of the Corporation; and

WHEREAS, Corporation has submitted an application to the City of Santa Rosa for a 2010 – 2011 Santa Rosa Santa Rosa’s CHOICE, Reclaiming Our Youth Gang Prevention and Intervention Grant Program grant; and

WHEREAS, Corporation has the legal ability to enter into and perform the City of Santa Rosa for a 2010 – 2011 Santa Rosa Santa Rosa’s CHOICE, Reclaiming Our Youth Gang Prevention and Intervention Grant Program grant; and

WHEREAS, if the City of Santa Rosa for a 2010 – 2011 Santa Rosa’s CHOICE, Reclaiming Our Youth Gang Prevention and Intervention Grant Program, grants an award to Corporation, then Corporation desires to enter into a grant funding agreement with the City of Santa Rosa for a

2010 – 2011 Santa Rosa Santa Rosa's CHOICE, Reclaiming Our Youth Gang Prevention and Intervention Grant Program;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF _____ [name of corporation] THAT:

1. _____ [name and title] is authorized to execute a City of Santa Rosa 2010 – 2011 Santa Rosa's CHOICE, Reclaiming Our Youth Gang Prevention and Intervention Grant Program grant funding agreement with the City of Santa Rosa for a term starting July 1, 2010 through June 30, 2011 in the form attached to the City of Santa Rosa for a 2010 – 2011 Santa Rosa Santa Rosa's CHOICE, Reclaiming Our Youth Gang Prevention and Intervention Grant Program Request for Qualifications. In addition, _____ [name and/or title] is authorized to execute any amendments to the grant funding agreement.
2. This resolution will be binding upon _____ [name of corporation] unless _____ [name of corporation] sends written notice to the City of Santa Rosa advising the City of Santa Rosa to the contrary.

ADOPTED this ____ day of _____, 2010:

Secretary

**Attachment I
INSURANCE REQUIREMENTS FOR CONTRACTOR**

CONTRACTOR shall, at all times during the terms of this Agreement, maintain and keep in full force and effect, the following policies of insurance with minimum limits as indicated below and issued by insurers with AM Best ratings of no less than A-:VI or otherwise acceptable to the CITY.

A	Commercial general liability at least as broad as ISO CG 0001 (per occurrence) <u>\$1,000,000</u> With an edition date prior to 2004 or its equivalent (aggregate) ¹ <u>\$2,000,000</u>
B	Business auto coverage at least as broad as ICO CA 0001 ² (per accident) \$1,000,000
C	Errors and Omissions liability ³ (per claim & agg) \$1,000,000
D	Workers Compensation ⁴ Statutory Employer's Liability \$1,000,000

¹ If insurance applies separately to this project/location, aggregate may be equal to per occurrence amount. Limits may be met by a combination of primary and excess insurance but excess shall provide coverage at least as broad as specified for underlying coverage.

² Auto liability insurance shall cover owned, nonowned and hired autos. If CONTRACTOR owns no vehicles, auto liability coverage may be provided by means of a nonowned and hired auto endorsement to the general liability policy. If CONTRACTOR, its agents, employees or volunteers, will use personal autos in any way on this project, CONTRACTOR, its agents, employees or volunteers, shall provide evidence of personal auto liability coverage and a valid driver's license.

³ CONTRACTOR shall provide on a policy form appropriate to profession. If on a claims made basis, Insurance must show coverage date prior to start of work and it must be maintained for three years after completion of work.

⁴ Sole Proprietors must provide representation of their exempt status

Endorsements:

All policies shall contain or be endorsed to contain the following provisions:

Coverage shall not be canceled by either party, except after thirty (30) days prior written notice has been provided to the entity unless canceled for non-payment then ten (10) days notice shall be given.

Commercial General policies are to contain, or be endorsed to contain the following provisions:

For any claims related to this project, the CONTRACTOR's insurance coverage shall be primary and any insurance or self-insurance maintained by the CITY shall be excess of the CONTRACTOR's insurance and shall not contribute with it.

The City of Santa Rosa, its officers, officials, employees and volunteers are to be named as additional insureds on a form equivalent to CG20 10 with an edition date prior to 2004.

Other Insurance Provisions

No policy required by this section shall prohibit CONTRACTOR from waiving any right of recovery prior to loss. CONTRACTOR hereby waives such right with regard to the indemnitees.

All insurance coverage and limits provided by CONTRACTOR and available or applicable to this agreement are intended to apply to the full extent of the policies. Nothing contained in this Agreement limits the application of such insurance coverage.

Self-insured retentions and/or deductibles above \$5,000 must be approved by the CITY. At the CITY's option, the CONTRACTOR may be required to provide financial guarantees.

Verification of Coverage and Certificates of Insurance

CONTRACTOR shall furnish the CITY with original certificates and endorsements effecting coverage required above. Certificates and endorsements shall make reference to policy numbers. All certificates and endorsements are to be received and approved by the CITY before work commences and must be

in effect for the duration of the contract. The CITY reserves the right to require complete, copies of all required policies and endorsements.

Risk Management
Finance
City of Santa Rosa
100 Santa Rosa Avenue
Santa Rosa, CA 95401

Grants Unit
Recreation, Parks & Community Services
City of Santa Rosa
415 Steele Lane
Santa Rosa, CA 95403

Appendix A
Intermediate Results Statements

Use the result statements in your proposal and state them in the following format. You will be listing your result statements in each of your CHOICE quarterly narrative reports. In the final 4th quarter report you will report the actual success in achieving your result statement.

To _____ the _____
 (Desired Impact) (Effect/Result)

among _____ by _____ in the _____.
 (Who) (How much) (When)

Desired impact to...	Result the ...	On Whom? For ...	By how much? Buy...	By When? In...
Increase	Incidence of...	Client	Percent	Short-Term
Decrease	Reading level	Youth	Dollar Amount	Intermediate
Reduce	Prepared for...	Parents		Long-Term
Maintain	STAR Scores	Family		30, 60, 90 days
Improve	School Grades	Community		6 months, 1 year
Enable	Confidence in...	School		Quarterly
Ensure	Skills for...			
Stabilize	Knowledge of...			
Establish	Likelihood of...			
	Safety of...			

Example 1: To increase presentation skills of 80% of youth customers graduation from the four month program on organizing for action.

Example 2: To increase youth/parent communication (as reported by self-assessment pre and post-tests) among clients by 25% within the first 90 days of the clients' participation in the program cycle.

Example 3: To increase healthy behaviors in 70% of youth customers as assessed by staff for youth who have participated in the program services for at least six months.