

CITY OF OAKLAND
DEPARTMENT OF HUMAN SERVICES

OAKLAND COMMUNITY ACTION PARTNERSHIP (OCAP)



Request for Partnership (RFP)
Grant Application
Calendar Years 2010–2011

VISION

To assure all citizens of Oakland equal and fair access to resources, which will produce a healthy, safe clean, educated, and economically-sound, productive community, respecting their rights and values.

Due Thursday, June 18, 2009, by 4:30pm

Late Submissions and postmarks will not be accepted

150 Frank H. Ogawa Plaza, Ste. 4340
Oakland, CA 94612



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A. INTRODUCTION

The City of Oakland's Department of Human Services Community Action Partnership receives federal Community Services Block Grant (CSBG) funding from the California Department of Community Services and Development (CSD) to help fight the war on poverty. The goal of the Oakland Community Action Partnership (OCAP) is to maximize the impact of CSBG funding on Oakland's low-income community by supporting anti-poverty programs and services that create jobs and lift individuals and families out of a life of poverty into self-sufficiency.

Information about OCAP, current grantees, and the Request for Partnership (RFP) can be found on our website at: <http://oaklandcap.org>.

B. PROGRAM FOCUS AREAS AND NATIONAL GOALS

Programs and services must promote self-sufficiency and/or improve the conditions of low-income residents living in poverty in one or more of OCAP's three priority focus areas: **Job Training/Education & Employment**, **Community Development**, and **Supportive Services**.

OCAP Program Focus	OCAP Focus Areas
Job Training/ Education and, Employment	<ul style="list-style-type: none">• Paid Transitional Employment Opportunities• Subsidized Employment• Job Training/Green Jobs/Sector based• GED Preparation, etc...
Community Development	<ul style="list-style-type: none">• Transitional/Stable and Affordable Housing• Home Ownership• Sustainable Community Gardens• Micro-enterprise/Small Business Development, etc...
Supportive Services	<ul style="list-style-type: none">• Income/work Support Services• Expand Access to Healthcare• Provide Wraparound Services• Transportation Support• Benefits Enrollment• Asset Building• Emergency Assistance, etc...

In addition, all programs and services supported by CSBG funding must support one of more of the following six national goals. More detailed information about CAP National Goals and Performance Indicators is available on our website at <http://oaklandcap.org>.

National Goals	Performance Indicators
1. Low-income people become more self-sufficient	<ul style="list-style-type: none"> • Employment • Employment supports • Economic asset enhancement and utilization
2. The conditions in which low-income people live are improved	<ul style="list-style-type: none"> • Community improvement and revitalization • Community quality of life and assets
3. Low-income people own a stake in their community	<ul style="list-style-type: none"> • Civic investment • Community empowerment through maximum feasible participation
4. Partnerships among supporters and providers of service to low-income people are achieved	<ul style="list-style-type: none"> • Expanding opportunities through community-wide engagement and partnerships
5. Agencies increase their capacity to achieve results	<ul style="list-style-type: none"> • Broadening the resource base (leveraging)
6. Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems	<ul style="list-style-type: none"> • Independent living • Emergency assistance • Child and family development

C. ELIGIBILITY AND LEVELS OF FUNDING

Non-profit organizations with 501(c)3 status, local government agencies, and faith-based organizations providing services to Oakland’s low-income individuals and families whose income does not exceed the CSBG poverty guidelines are eligible to apply for funding from OCAP.

For 2009, program participant income guidelines are as follows:

Size of Family Unit or Number in Household	Monthly Income	Annual Income
1	\$902.50	\$10,830
2	\$1,214.20	\$14,570
3	\$1,525.83	\$18,310
4	\$1,837.50	\$22,050
5	\$2,149.20	\$25,790
6	\$2,460.83	\$29,530
7	\$2,772.50	\$33,270
8	\$3,084.20	\$37,010

For Family units with more than 8 members, add \$3,740 for each additional member

Source: Federal Register, Vol. 74, No. 14, January 23, 2009/Notices

Through the OCAP Request for Partnership (RFP) process, approximately five to ten grantees will receive 2 year CSBG grants ranging from \$20,000 to \$50,000 per year. The maximum award amount is \$50,000 per program per calendar year. Agencies and organizations may submit request for only one program per agency/organization.

OCAP is committed to the investment in a network of services aimed at improving the lives of low-income individuals and families in Oakland. During the funding cycle for calendar years 2010–2011, grants will be awarded for two consecutive twelve-month periods—January 1, 2010–December 31, 2010, and January 1, 2011–December 31, 2011. The second year of funding will be contingent upon the program’s performance during the first year, City Council’s approval, and the level of federal and state CSBG funding OCAP receives.

Although there is no explicit match requirement, the purpose of OCAP funding is to leverage funds from other sources to maximize the impact on Oakland’s low-income community.

D. RFP CALENDAR

Date	Activity
Monday, May 18, 2009	RFP release
Thursday, June 18, 2009	Applications due by 4:30pm (late submissions and postmarks will NOT be accepted)
June-July, 2009	Evaluation of applications
September, 2009	Preliminary notification of funding
September-Oct, 2009	Appeals period. Appeals must be submitted in writing to the Administering Board.
October 12, 2009	OCAP full Administering Board addresses any appeals and considers 2010–2011 allocations
October-November, 2009	Formal announcement of awards (contingent on funding and Council approval)
November – Dec 2009	Grant agreement/MOU negotiation
January 2010–December 2011	Program implementation

E. REVIEW PROCESS

Proposals will first be reviewed for completeness based on the requirements identified in the Application Checklist (see application coversheet). **Incomplete applications will be disqualified.** A panel of independent reviewers will review and score each complete application using a consistent evaluation rubric. Reviewers will score proposals based on the following parameters, giving equal weight to each on a scale of 1 to 5:

- Proposal supports OCAP's mission, vision, and national goals
- Program services and target population consistent with OCAP's low-income and special needs such as the unemployed, youth, seniors, and homeless.
- Geographic and ethnic diversity of clients
- Organization's ability and capacity to provide service (History)
- Problems statement clear, supported by data
- Program activities and delivery strategies are well thought out and will produce measurable outcomes
- Staffing plan clear, demonstrates organization's ability to implement proposed program
- Program outcomes move individuals or families from poverty toward self-sufficiency
- Evaluation plan demonstrates organization's ability/capacity to measure program's effectiveness
- Requested funding appropriate to proposed level of impact
- Program budget leverages additional funding from diverse sources

The OCAP Administering Board and its committees will review and consider each proposal's evaluation and score. Preliminary funding notifications will be announced in September 2009 after OCAP Administering Board meets to approve the 2010–2011 grantees.

F. POST AWARD REQUIREMENTS

After grant award announcements are made, grantees will work with the City of Oakland to develop a grant agreement/MOU. Grant agreements/MOUs with funded organizations will not be considered complete until **all** documents and assurances are submitted.

G. REPORTING REQUIREMENTS

Grantees will be responsible for submitting timely mid-term and annual narrative progress reports on outcomes and program activity, and client characteristics (demographics). In addition, grantees must make an annual presentation before the OCAP Administering Board, and participate in yearly fiscal/program monitoring, participate in OCAP's annual Walk to End Poverty and promote the City Earned Income Tax Credit (EITC) campaign.

H. APPLICATION INSTRUCTIONS

The following instructions provide a guideline for completing the OCAP 2010–2011 RFP. All programs must focus on outcome-based job training/educations and employment, community development, and/or supportive services for Oakland’s low-income residents living in poverty.

Forms for the application are attached in Part I of this RFP, following application instructions. **All forms are mandatory.** Enter N/A for “Not applicable” where appropriate and **return all forms with your application, or your application may be disqualified.** For narrative sections, please use a single-spaced, standard 12-point font. Do not print pages double-sided. Please clip your application together.

Send or deliver an original plus five copies (a total of six applications) to the following address: City of Oakland, Department of Human Services, Community Action Partnership, 150 Frank H. Ogawa Plaza, 4th Floor, Suite 4340, Oakland CA 94612, **by 4:30pm, Thursday, June 18, 2009. No late applications or postmarks will be accepted.**

The RFP document and related budget forms can be found on our website at <http://oaklandcap.org>. For questions about this RFP or any other aspect of the funding process, please check the FAQ on the RFP page of our website or email ocap@oaklandnet.com or call 510-238-2362.

SECTION I. APPLICATION FOR PARTNERSHIP COVER SHEET

Please complete the enclosed forms according to the following instructions.

Agency/Organization

Enter the name of the organization, agency, or unit applying for OCAP funding.

Program Title

The Project Title will be used in identifying the application.

Program Description

Briefly describe your project in 100 words or fewer. Include the number to be served and outcome.

OCAP Program Focus Areas

Check one area in which your program will provide services.

Amount Requested

This is the total amount being requested from OCAP, which should not exceed \$50,000.

Program Start Date and Program End Date

Indicate the proposed start and end date of your program. **Please note: OCAP funding is based on a calendar year (Jan.–Dec.), not a fiscal year.**

Fiscal Agent

If you have a fiscal agent, provide the name of the agent to appear on the Grant Agreement/

MOU if awarded. If you do not have a fiscal agent, enter "N/A."

Federal Tax ID #

If the applicant is a non-profit organization, enter the Federal Tax ID # of the applicant. Public agencies may leave this area blank.

Contact Person

Indicate the name of the primary contact within the organization/unit responsible for this program.

Title

Indicate the title of the person listed as the Contact Person.

Street Address

Provide the street address for the organization.

City, State, Zip

List the city, state, and zip code for the organization.

Phone Number

Provide the phone number for the organization and/or the phone number for the primary contact person listed above.

Email

List the email address for the primary contact person listed above.

Fax Number

List the fax number for the organization.

Alternate Email

List the email addresses of additional individuals from the organization working on the program who wish to receive OCAP correspondence.

Agency Website

If your agency has a website, provide the name and address of your website

Application Checklist

Use this checklist to make sure you have included all required application sections in your packet. **Incomplete applications will be disqualified.**

Executive Director or Director Signature, Date and Telephone Number

The application must be signed and dated by the non-profit organization Executive Director or public entity Director.

Paperwork Reduction

Please provide information on the number of hours you spent preparing your application.

SECTION II. PROGRAM SERVICES AND TARGET POPULATION

Complete the enclosed grid by checking all categories that apply to your specific program. The information will provide OCAP with a summary of the CAP National Goals addressed by your program, clients served, and specific areas of Oakland that are served.

SECTION III. PROGRAM NARRATIVE

The program narrative shall not exceed five (5) single-spaced pages.

Please address the ways in which your organization will provide services within the OCAP priority funding categories: **Job Training/Education & Employment**, **Community Development**, and **Supportive Services** which are described in Part B. of this RFP, and identify which Community Action Partnership national goal(s) your program will address.

The sections below are guidelines to writing the Program Narrative. Label each narrative section clearly.

1. History of Organization

- Describe the organization applying for funds, including history, mission, and types of services that have been provided in the past.
- Provide an analysis of the organization's accomplishments highlighting the effectiveness of services provided in the past.

2. Problem Statement

- Describe the need your organization will address by providing local or other data to show the magnitude of the need or issue.

3. Program Activities & Delivery Strategy

- Explain the design of the program for which you are applying for funding.
- Describe plans for implementation with a general timeline for staffing, participant recruitment, program and other elements of the delivery of services.
- Highlight collaborative efforts with local partners and indicate the level of interaction (e.g., referral relationship, partner on projects, as a subcontractor on other projects).
- If the program has been evaluated formally or informally, include the evaluation results or findings as an attachment.

4. Program Outcomes

- Briefly describe your program goals for Year One and Year Two.
- Based on those goals, list the projected achievable outcomes of the program for the initial year. List outcomes in the form of quantitative outcome statements such as the examples below.
 - *Out of 50 families served at the San Antonio site, 40 families (80 %) will increase their annual income in 2010.*
 - *Out of 200 seniors enrolled in the job skills program, 150 (75%) will obtain a job, and 50 (25%) will retain employment 90 days post-placement.*
 - *Out of 100 youth served 70 (70%) of the program's graduates will maintain stable housing in 2010.*

Outcomes and results statements should measure the effect of your services.

5. Program Evaluation

Describe the indicators or measures that will be used to track progress toward these goals and achievement of these outcomes. Explain the data collection methods that will be used, such as pre-post surveys and interviews with clients.

SECTION IV. TOTAL PROGRAM BUDGET

Enter the Program's **total** budget on the enclosed budget grid. The Total Program Budget grid and a completed sample budget are available on the OCAP website at <http://oaklandcap.org>. Follow the link for the RFP then click on the link called "[OCAP RFP Budget and Funding.xls](#)". The subtotals and totals on the Excel budget grid will calculate automatically.

Please note the proposed total program budget should only cover expenses that will be incurred for the first year. All line items listed on the Total Program Budget form are considered eligible costs for this grant. In general, OCAP does not support grantee fundraising costs, but they may be included in your total budget as part of your match supported activities.

A. Personnel

- Staff Positions: Enter each staff person who will work on this program.
- Base Salary: Enter each staff person's total salary.
- Program % Time: Enter the percent time each staff person will spend working on this program.
- Total Program Budget: Calculate and enter the program total for each staff position (Base Salary X Program % Time).
Base Salary x Program % Time = Total Program Budget
For example: Case Manager has a base salary of \$30,000, and works 50% time on the proposed program, so,
 $\$30,000 \times 50\% = \$15,000$
- OCAP Funds Request: Enter the amount for each staff person that will be requested from OCAP.
- Match: Enter the amount for each staff person that will be provided by funding sources other than OCAP. Include secured funding as well as any pending funding you reasonably expect to receive.
For each row of the Program Budget, Total Program Budget column = OCAP Funds Request column + Match column
- Salary Subtotal: Calculate the sum of salary for all Staff Positions for the Total Program Budget, OCAP Funds Request, and Match.
- Fringe Benefits: This line item includes all non-Salary personnel costs such as benefits, taxes, and insurance. Enter the amount for the Total Program Budget, OCAP Funds Request, and Match. Enter the rate as a percentage of salary.
- Personnel Subtotal: Calculate and enter the sum of Salary Subtotal and Fringe Benefits for the Total Project Budget, OCAP Funds Request, and Match.

B-D. Other Direct Costs, Consultants, & Subcontracts

- Total Program Budget: Enter the program total for each Other Direct Cost line item, Consultant, and Subcontract.
- OCAP Funds Request: Enter the OCAP funds request amount for each Other Direct Cost line item, Consultant, and Subcontract.
- Match: Enter the amount provided by funding sources other than OCAP for each Other Direct Cost line item, Consultant, and Subcontract. Include secured funding as well as any pending funding you reasonably expect to receive.
- Other Direct Costs, Consultants, & Subcontracts Subtotals: Calculate and enter the sums for Other Direct Cost line item, Consultant, and Subcontract for the Total Program Budget, OCAP Funds Request, and Match.
- Do not include stipends, grants, or subcontractors under Consultants.

E. Program Total and Other Questions

- Calculate and enter the sums of the Personnel, Other Direct Costs, Consultants, and Subcontracts Subtotals for the Total Project Budget, OCAP Funds Request, and Match.
- **Please provide cost per unit served**
- Check “Yes” or “No,” to indicate whether or not your organization has received OCAP or Oakland Community Action Agency (CAA) funding in the past. If your organization has received funding, include the years and amount.

SECTION V. PROGRAM BUDGET NARRATIVE

For funds requested from OCAP, provide a separate justification for each line item in the Program Budget (Section IV). In a narrative, explain how each line item is related to the operation of the program, what it includes, and how the amount was determined. For example:

- *100% of the Program Director’s salary is requested from OCAP. The Program Director will be in charge of implementing the program, and responsibilities include program oversight, evaluation, monitoring of program staff, and other administrative duties; or,*
- *Program materials and supplies for this program include handbooks and binders for each participant/client. At \$75 per client, with 60 total clients, the cost is \$4,500 per year. We are requesting OCAP funds to pay for \$2,000 of the total cost.*

Indicate whether any Match funds in your Total Program Budget are pending, and their source.

Your Program Budget narrative should also state the total cost per unit of service (total program budget ÷ projected total units of service), and include a justification of this cost. For example:

We are requesting a total of \$50,000 out of a total projected program budget of \$75,000 to help serve and support 100 youth in our training/employment program with an average total cost per unit of \$750.

SECTION VI. PRIOR YEAR SECURED FUNDING FOR PROGRAM

The Oakland Community Action Partnership would like to know more about your organization's ability to leverage match funds for this specific program from City and non-City sources. Use the enclosed form to report 2008 funding sources. The Prior Year Secured Funding grid is also available on the OCAP website at <http://oaklandcap.org>. Follow the link for the RFP then click on the link called "OCAP RFP Budget and Funding.xls." Enter the dollar amounts from each source for the 2008 calendar year, then calculate the sum of all revenues from sources 1-9 to provide a total amount for "TOTAL OF ALL REVENUES" for the proposed program.

SECTION VII. ATTACHMENTS

Authorization Letter from Chairperson of Board of Directors

For non-profit organizations, please attach a letter from the Chairperson of your Board of Directors giving authorization to apply for OCAP funding.

Board of Directors List

For non-profit organizations, please attach a list of members of your Board of Directors and their affiliations. Please note, per state and federal guidelines, board members should not represent a conflict of interest on behalf of the organization.

Qualifications of Key Staff

Please attach resumés of key staff responsible for program implementation within your organization/unit. If staff has not yet been hired, please attach a job description.

SECTION VIII. CITY BUSINESS FORMS

The City of Oakland requires all contractors to provide the documents listed below to ensure that they are in compliance with applicable ordinances and laws. The completed documents should be attached and submitted with your application. The business forms are included in the printed RFP following the other applications forms and are available on the OCAP website at <http://oaklandcap.org>. For questions about the required business forms, please contact Samuel Kimani Ndegwa at 510-238-2272 or sndegwa@oaklandnet.com.

- IRS letter of non-profit status** All lead applicants must be a public or private non-profit agency. Non-profit organizations must attach a copy of the IRS letter dated 2007 or later certifying their organization's non profit status under section 501I 3. Organizations that do not have a 501I3 status must apply under the sponsorship of an organization holding an IRS 501I3 designation. To obtain a current letter, call IRS at 1-877-829-5500.
- ADA Compliance Declaration Form** Declares that programs serving the public make their goods, services, and facilities accessible to people with disabilities.
- Professional Services Questionnaire Form** Collects information regarding business ownership, business workforce, and ethnicity and gender.
- Living Wage Ordinance Compliance Declaration Form** Declares compliance with the ordinance requiring programs to pay a prescribed minimum level of compensation to their employees for the time they are working on City of Oakland contracts.
- Equal Benefits Ordinance (EBO) Compliance Declaration or EBO Certificate** Declares that

equal access of benefits shall be provided for spouses and domestic partners of employees. Upon award, agencies that are not EBO certified must provide support documentation to show compliance.

- Campaign Contributions Form** Declares that the Oakland Campaign Reform Act has been read by grantees, and programs will not knowingly make contributions prohibited by the Act. The form must be filled out completely.
- Nuclear Free Zone Disclosure Form** Declares that programs working on City of Oakland contracts are not doing business with professional and consulting service providers that would be considered nuclear weapons makers.
- Certificate of Debarment and Suspension** Declares that your organization is eligible to receive federal funds.

I. APPLICATION FORMS

SECTION II. PROGRAM SERVICES AND TARGET POPULATION

Please indicate the focus activities and population of your program according to the following categories. Check all those that apply in each category.

CAP National Goals	Primary Recipients	Primary Service Area
<input type="checkbox"/> Low-income people become more self-sufficient	<input type="checkbox"/> Low Income (required)	<input type="checkbox"/> Citywide <input type="checkbox"/> North Oakland <input type="checkbox"/> West Oakland
<input type="checkbox"/> The conditions in which low-income people live are improved	<input type="checkbox"/> African-American <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Downtown <input type="checkbox"/> San Antonio <input type="checkbox"/> Fruitvale
<input type="checkbox"/> Low-income people own a stake in their community	<input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> No specific race/ethnic target group	<input type="checkbox"/> Elmhurst <input type="checkbox"/> Central East Oakland <input type="checkbox"/> Other, (please specify)
<input type="checkbox"/> Partnerships among supporters and providers of service to low-income people are achieved		
<input type="checkbox"/> Agencies increase their capacity to achieve results		
<input type="checkbox"/> Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems	<p><u>Target Populations</u></p> <input type="checkbox"/> Unemployed <input type="checkbox"/> Homeless <input type="checkbox"/> Families <input type="checkbox"/> Seniors <input type="checkbox"/> Youth/Foster Youth <input type="checkbox"/> Young Adults <input type="checkbox"/> Previously Incarcerated <input type="checkbox"/> Disabled <input type="checkbox"/> Others, please specify	

SECTION V. PROGRAM BUDGET NARRATIVE

SECTION VI. PRIOR YEAR SECURED FUNDING FOR PROGRAM

Please provide a brief summary of funding that was secured for the proposed program in 2008. If the program is new, please check the box below, and continue to the next section.

The proposed program is new and has not secured funding in the past year.

City & Other Revenues	Calendar Year 2008
1. Community Action Partnership Grant (grant received)	
2. OPD Violence and Drug Prevention Program (specify purpose of grant below): _____	
3. Community Development Block Grant (CDBG. Specify purpose of grant below): _____	
4. Oakland Fund for Children & Youth (OFCY/Measure K) Funds	
5. Measure Y Violence Prevention (VPPSA)	
6. Community Housing Services (CHS)	
7. Workforce Investment Board (WIB)	
8. Other City Funds (specify source and purpose of each below): _____ _____	
9. All other Cash Revenues (Non-City funds)	
TOTAL OF ALL REVENUES (Add amounts from sources 1–9)	

SECTION VII. ATTACHMENTS

Authorization Letter from Chairperson of Board of Directors

Board of Directors List

Qualifications of Key Staff

SECTION VIII. CITY SCHEDULES

1. IRS Letter of Non-profit Status
2. ADA Compliance Declaration
3. Professional Services Questionnaire
4. Living Wage Ordinance Compliance Declaration
5. Equal Benefits Ordinance (EBO) Compliance Declaration or EBO Certificate
6. Campaign Contributions Form
7. Nuclear Free Zone Disclosure
8. Certificate of Debarment and Suspension