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**REQUEST FOR PROPOSALS**

**ONE YEAR FUNDING**

**Eligible Applicants:**

Community-Based Organizations (CBOs)

serving

North Orange County cities of Anaheim, Brea,

Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Stanton, & Yorba Linda

**CBO Funding Period:** January 1, 2022 - June 30, 2023

**RFP Released:** October 7, 2021

**Proposals Due:** November 9, 2021

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| PART I: FUNDING INFORMATION |

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| Contact Information |

This Request for Proposals (RFP) provides the information necessary to prepare a proposal to the North Orange County Public Safety Collaborative (Collaborative) for funds available through the public safety funding.

The Collaborative cannot assist the applicant with the actual preparation of the proposal. Any technical questions concerning the RFP, the proposal process or programmatic issues must be submitted by email to: [**Info@NOCPublicSafety.com**](mailto:Info@NOCPublicSafety.com)

The Collaborative will accept and respond to questions about this RFP until November 5, 2021. Questions and answers will be posted on the Collaborative website at [www.NOCPublicSafety.com](http://www.NOCPublicSafety.com) and updated periodically up until November 8, 2021.

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| Applicant’s Workshops and Bidder’s Conference |

Prospective applicants are invited to attend the two Applicant’s Workshops and the Bidder’s Conference. The Applicant’s Workshops are highly recommended to learn about each workshop’s topic and its relevance to the funding application process and program outcomes. The purpose of the bidder’s conference is to answer technical questions from prospective bidders and provide clarity on RFP instructions. Details to these meetings are as follows:

**Bidder’s Conference Applicant’s Workshops**

October 28, 2021 October 14, 2021

October 21, 2021

**Time and Location of Bidder’s Conference & Applicant’s Workshops**

9:00 a.m.

Buena Park Community Center

6688 Beach Blvd

Buena Park, CA 90621

While in-person attendance is highly encouraged, each of these meetings will be recorded and ready for view on the Collaborative’s website at <https://www.nocpublicsafety.com/resources>.

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| Proposal Due Date and Submission Instructions |

Applicants must submit an electronic copy of the original signed Application and Proposal.

The signed Application and Proposal must be received by the Collaborative by **5:00 p.m. on November 9, 2021.**

1. Submit **ONE** legible electronic copy of the signed Application and Proposal to: [**Funding@NOCPublicSafety.com**](mailto:Funding@NOCPublicSafety.com)

Note: The electronic version must be received by the date and time listed above.

**Proposals received after the due date and time will not be considered.**

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| Overview of the RFP Process |

**Confirmation of Receipt of Proposal**

Upon submission of a proposal, applicants will receive a confirmation email from the Collaborative stating that the proposal has been received. The email will be sent to the individual that signed the application and the person listed as the Project Director.

**Disqualification**

The following will result in an automatic disqualification:

* The original electronic version of the Proposal is not received by 5:00 p.m. on

November 9, 2021.

* The Applicant is not a community-based organization located in California.

“Disqualification” means that the proposal will not be scored.

**Technical Compliance Review**

It is the Collaborative’s intent to avoid having otherwise worthy proposals eliminated from consideration due to relatively minor and easily corrected errors or omissions. Therefore, during the week immediately following the proposal due date, Collaborative staff will conduct a review to determine whether a proposal follows all technical requirements. Applicants will have a limited opportunity to respond to deficiencies identified during the technical review process by making non-substantive changes that bring the proposal into technical compliance.

**Notification**

Once Collaborative staff complete the technical compliance review process, Collaborative staff will contact applicants only under the following circumstances:

* The applicant has been disqualified due to one of the circumstances listed in the two bullet points above under “Disqualification”.
* The proposal contains minor technical deficiencies.

**Rating Process**

Once a Proposal passes the Technical Compliance Review, it will advance to the Proposal Rating Process. The Selection Committee will then read and rate each Proposal in accordance with the prescribed rating factors listed in the table below.

The Selection Committee members will base their scores on how well an applicant addresses the items listed under each rating factor within the Proposal Narrative and Budget Section. Following the Proposal Rating Process, the Selection Committee members will convene for a Final Rater Review meeting where they will develop funding recommendations for consideration by the North Orange County Public Safety Collaborative Coordinating & Advisory Board.

At the conclusion of this process, applicants will be notified of the Selection Committee’s funding recommendations. It is anticipated that the Collaborative’s Coordinating & Advisory Board will act on the recommendations at its meeting in December 2021. Applicants are not to contact members of the Selection Committee or the Collaborative Coordinating & Advisory Board to discuss proposals.

The CBO funding period is for 18 months commencing January 1, 2022 and ending June 30, 2023. The total amount of funding is in the amount of $7,800,000 for the Public Safety Funding Program, to be administered by the North Orange County Public Safety Collaborative (Collaborative).

The Budget Act of 2021 in accordance with Senate Bill 170, Chapter 240, Statues of 2021, Control Section 19.56 (e), (226) requires that 60% of the funding be made available to community-based organizations (CBO). The remaining will be made available for cities. Statutory grant requirements include:

Purpose of the use of funds:

1. Programs to address youth violence prevention & intervention activities in K-12th schools
2. Programs to promote and enhance the successful reentry of offenders into the community
3. Programs to address homeless outreach & intervention efforts

CBOs are required to provide programs, practices and strategies that are evidence-based and appropriate for the target population.

CBOs must:

1. Identify the evidence-based program, practice, or strategy being proposed for implementation;
2. Identify and discuss the evidence that shows that it is effective;
3. Discuss the population(s) for which this resource has been shown to be effective; and
4. Show that it is appropriate for the proposed target population.

The documentation can be in the form of research or literature citation or reference to an evidence-based assessment made by an organization that reviews current research.

Office of Justice Programs

<http://www.CrimeSolutions.gov>

Substance Abuse & Mental Health Services

[http://www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov/)

Promising Practices Network

[http://www.promisingpractices.net](http://www.promisingpractices.net/)

National Reentry Resource Center

[http://nationalreentryresource.org](http://nationalreentryresource.org/)

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| Description of the Funding |

**CBO Funding Period**

Successful proposals will be funded commencing January 1, 2022.

**Eligibility to Apply**

Eligible applicants are community-based organizations located in the State of California and serving the communities of Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Stanton, and Yorba Linda. It is not necessary that community-based organization applicants be registered with 501(c)(3) status, but any non-governmental, community-based organization (CBO) wishing to apply must meet the criteria listed just below.

Applicants may not submit more than one proposal. However, any applicant may apply as a direct awardee and may also be listed as a collaborative sub-awardee on the same single application. Please note that there is no financial incentive associated with a multi-agency application, i.e., all applicants must adhere to the same funding threshold (see “Funding Information” section).

**Criteria for All Non-Governmental Organizations**

Any non-governmental organization that receives Collaborative funds (as a direct awardee, sub-awardee or subcontractor) must:

* Have been duly organized, in existence, and in good standing as of March 5, 2021;
* Be registered with the California Secretary of State’s Office, if applicable;
* Have a valid business license, Employer Identification Number (EIN), and/or Taxpayer ID (if sole proprietorship);
* Have any other state or local licenses or certifications necessary to provide the services requested (e.g., facility licensing by the Department of Health Care Services), if applicable; and
* Have a physical address.

**Summary of Key Dates**

The following table shows a timeline of key dates related to current funding

| **Activity** | **Date** |
| --- | --- |
| Release DRAFT Request for Proposals | October 7, 2021 |
| Applicant’s Workshops #1 & #2:  Collaboration & Strategic Visioning  Location:  Buena Park Community Center  6688 Beach Blvd.  Time: 9:00 a.m. | October 14, 2021 |
| Applicant’s Workshop #3:  Impact Model & Evaluation  Location:  Buena Park Community Center  6688 Beach Blvd.  Time: 9:00 a.m. | October 21, 2021 |
| Bidder’s Conference  Location:  Buena Park Community Center  6688 Beach Blvd.  Time: 9:00 a.m. | October 28, 2021 |
| **Proposals Due to the Collaborative** | **November 9, 2021** |
| Proposal Rating Process and Development of Funding Recommendations | November - December 2021 |
| Collaborative Coordinating & Advisory Board Considers Funding Recommendations | December 2021 |
| Notice to Funding Awardees | December 2021 |
| CBO Funding Begins | January 1, 2022 - June 30, 2023 |
| Mandatory Current Funding Awardees Orientation | TBD |

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| Funding Information |

**Funding Distribution**

The total available funding per funding period has been distributed across the eleven North Orange County cities, as shown in the table below. The Budget Act stipulates that the funds shall be used for the purpose of violence prevention, intervention, and suppression activities. The range of programs, services and activities designed to reduce violence have the following three Focus Areas:

**Focus Area #1: Youth Violence Prevention & Intervention**

Programs to address youth violence prevention and intervention in K-12th schools

**Focus Area #2: Reentry Services**

Programs to promote and enhance successful reenter of offenders into the community

**Focus Area #3: Homeless Outreach**

Programs to address homeless outreach and intervention efforts.

Funding for regional services across the eleven North Orange County cities have been allocated and are implemented in a coordinated effort. The regional funding activities are still required to submit a proposal that meets the RFP requirements for the current funding period.

Applicants are strongly encouraged to apply for only the amount of funding needed to implement the project. Proposals will be scored in part on the reasonableness of the proposed budget.

|  | **Funding for Local Categories of Assistance** | **Maximum Local Funding Amount per Funding Period** | **Maximum Regional**  **Funding Amount per Funding Period** |
| --- | --- | --- | --- |
| (1) | Community-Based Organizations (CBOs)  serving city of **Anaheim** | **$272,000** |  |
| (2) | Community-Based Organizations (CBOs)  serving city of **Brea** | **$272,000** |  |
| (3) | Community-Based Organizations (CBOs)  serving city of **Buena Park** | **$272,000** |  |
| (4) | Community-Based Organizations (CBOs)  serving city of **Cypress** | **$272,000** |  |
| (5) | Community-Based Organizations (CBOs)  serving city of **Fullerton** | **$272,000** |  |
| (6) | Community-Based Organizations (CBOs)  serving city of **La Habra** | **$272,000** |  |
| (7) | Community-Based Organizations (CBOs)  serving city of **La Palma** | **$272,000** |  |
| (8) | Community-Based Organizations (CBOs)  serving city of **Orange** | **$272,000** |  |
| (9) | Community-Based Organizations (CBOs)  serving city of **Placentia** | **$272,000** |  |
| (10) | Community-Based Organizations (CBOs)  serving city of **Stanton** | **$272,000** |  |
| (11) | Community-Based Organizations (CBOs)  serving city of **Yorba Linda** | **$272,000** |  |
| (12) | Community-Based Organizations (CBOs) –serving **regionally** (two or more of the above cities listed) |  | **$1,454,000** |
| **Total North Orange County Public Safety Collaborative Funding for Local & Regional Assistance per Funding Period:** | | | **$4,446,000** |

**Funding Decisions**

Applicants will compete for funds within the applicable category. The Collaborative will move down the ranked lists to fund all qualified applicants in each category until all funds in that category are exhausted. Applicants that fall at the cut-off point may be offered a partial award if there are not sufficient remaining funds to make a full award.  If there are funds left over after all qualified applicants have been funded, qualified applicants may be funded. If a CBO relinquishes an award, the Collaborative has the authority to offer that award to the next applicant on the ranked list.

**Supplanting**

The Collaborative funds shall be used to support new program activities or to augment existing funds that expand current program activities. The Collaborative funds shall not be used to replace existing funds.

Supplanting is strictly prohibited for all Collaborative funded programs. Supplanting is the deliberate reduction in the amount of federal, state, or local funds being appropriated to an existing program or activity because funds have been awarded for the same purposes.

It is the responsibility of the Awardees to ensure that supplanting does not occur. The Awardees must keep clear and detailed financial records to show that funds are used only for allowable costs and activities.

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| Use of Effective Programs |

The Collaborative is committed to supporting a focus on better outcomes in the criminal justice system and for those involved in it. Applicants that seek funding through this process should use data and research to drive decision-making in the development, implementation, and evaluation of their Collaborative-funded projects.

The extent to which an applicant can demonstrate that the program they have chosen has been shown to be the most effective will be evaluated as a part of the rating process. In developing a proposal, it may be helpful for applicants to consider the following questions:

1. **Is there evidence or data to suggest that the program is likely to work, i.e., producing a desired benefit?** *For example, was the program you selected used by another jurisdiction with documented positive results? Is there published research on the program you are choosing to implement showing its effectiveness? Is the program being used by another jurisdiction with a similar problem and similar target population?*
2. **Once the program is selected, will you be able to demonstrate that it is being carried out as intended?** *For example, does this program provide for a way to monitor quality control or continuous quality improvement? If this program was implemented in another jurisdiction, are there procedures in place to ensure that you are following the model closely (so that you are more likely to achieve the desired outcomes)?*
3. **Is there a plan to collect evidence or data that will allow for an evaluation of whether the program “worked?”** *For example, will the program you selected allow for the collection of data or other evidence so that outcomes can be measured at the conclusion of the project? Do you have processes in place to identify, collect and analyze that data/evidence?*

Applicants are encouraged to develop a project that incorporates these principles but is tailored to fit the needs of the North Orange County communities they serve. Plans to measure the effectiveness of a program should include the use of both qualitative and quantitative research. While quantitative research is based on numbers and mathematical calculations, qualitative research is based on written or spoken narratives. The purpose of quantitative research is to explain, predict and/or control events through focused collection of numerical data, while the purpose of qualitative research is to explain and gain insight and understanding of events through intensive collection of narrative data.

Over the past 4 years, the Collaborative has allocated resources to help funded organizations build capacity in key areas such as strategic visioning/planning, Board development, collaboration, operational planning, program evaluation, marketing/branding and grant writing. In this current funding process, emphasis will be placed on the extent to which Applicants incorporate the principles and best practices learned in the capacity building process in three key areas:

* Collaboration
* Strategic Visioning/Planning
* Impact Model and Program Evaluation

Two Applicant’s Workshops will be conducted around these three key areas to help Applicants better understand how to incorporate information describing these best practices into their proposals. Successful Applicants will clearly and sufficiently incorporate information from these Applicant’s Workshops.

Rating each application’s responses to these key areas will not be a punitive process. In other words, organizations will not be excluded from funding based on insufficient organizational strength or progress in these areas. Rather, the Collaborative is using this funding process as an opportunity for organizations to honestly assess their strengths or challenges in these areas and can provide resources for improvement as part of the funding process.

The Collaborative wants to encourage strong collaborative proposals, as well as funded organizations implementing best practices in adaptive strategy and planning (Strategic Visioning) and program evaluation.

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| PART II: PROPOSAL INSTRUCTIONS |

**The following items are included in this section:**

* Cover Sheet
* Proposal Checklist
* Applicant Information Form – Instructions
* Applicant Information Form
* Proposal Narrative
* Proposal Budget
  + Budget Table
  + Budget Narrative

**Community-Based Organization (CBO)**

**Funding Period**

**January 1, 2022 through June 30, 2023**

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**PROPOSAL PACKAGE**

**COVER SHEET**

**Submitted by:**

INSERT NAME OF APPLICANT

**Date submitted:**

INSERT DATE

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| **Proposal Checklist** |

A complete proposal package must contain the following (to be submitted in the order listed):

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|  | **Required Items:** |  |  |
| 1 | Cover Sheet   * Insert Applicant Name and Date of Submission |  |  |
| 2 | Proposal Checklist   * *Signed in blue ink by the authorized signatory (original signature)* |  |  |
| 3 | Applicant Information Form   * *Signed in blue ink by the authorized signatory (original signature)* |  |  |
| 4 | Proposal Narrative   * 5 pages or less |  |  |
| 5 | Budget Table   * 1 page – use template provided |  |  |
| 6 | Budget Narrative   * 3 pages or less |  |  |
|  | **Required Attachment for All Applicants:** |  |  |
| 7 | Attachment A: Certification of Compliance with Collaborative Policies on Debarment, Fraud, Theft and Embezzlement (Form included)   * *Signed in blue ink by the authorized signatory (original signature)* |  |  |
| 8 | Attachment B: Project Work Plan |  |  |
| 9 | Attachment C: Collaborative Partnership Agreement   * *Signed in blue ink by the authorized signatory (original signature)* |  |  |
| 10 | Attachment D: Current (Collaborative) Strategic Plan |  |  |
| 11 | *Attachment E: Governing Board Resolution*  *Note: The Governing Board Resolution is due prior to Award Agreement, not at time of proposal submission.* |  |  |

**I have reviewed this checklist and verified that all required items are included in this proposal packet.**

**X**

*Applicant Authorized Signature*

***\* ATTACHMENTS OTHER THAN THOSE LISTED ABOVE WILL NOT CONSIDERED. \****

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| **Applicant Information Form: Instructions** |

1. **Applicant:** Complete the required information for the community-based organization submitting the proposal.
2. **Tax Identification Number:** Provide tax identification number of the Applicant.

1. **For CBO Applicants Only:** List the names of the city or cities (not the county) in which your CBO is proposing to provide Collaborative-funded services.
2. **Project Title:** Provide the title of the project.
3. **Project Summary:** Provide a summary (100-150 words) of the proposal.

Note: this information may be posted to the Collaborative’s website for informational purposes.

1. **Funds Requested:** Identify the amount of grant funds requested.
2. **Project Director:** Provide the name, title, and contact information for the individual responsible for oversight and management of the project. This person must be an employee of the Awardees.
3. **Financial Officer:** Provide the name, title, and contact information for the individual responsible for fiscal oversight and management of the project. Typically, this is the individual that will certify and submit invoices. This person must be an employee of the Awardees.
4. **Day-to-Day Project Contact:** Provide the name, title, and contact information for the individual who serves as the primary contact person for the grant. Typically, this individual has day-to-day oversight for the project. This person must be an employee of the Awardees.
5. **Day-to-Day Fiscal Contact:** Provide the name, title, and contact information for the individual who serves as the primary contact person for fiscal matters related to the grant. This may be the individual who prepares the invoices for approval by the Financial Officer. This person must be an employee of the Awardees.
6. **Authorized Signature:** Complete the required information for the person authorized to sign for the Applicant. This individual must read the assurances under this section, then sign and date in the appropriate fields.

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| **Community-Based Organization Information Form** |

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| **A. APPLICANT** | | | | | | | | **B. TAX IDENTIFICATION NUMBER** | | | | | | | |
| NAME OF APPLICANT | | | | | | | | TAX IDENTIFICATION #: | | | | | | | |
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| STREET ADDRESS | | | | | CITY | | | | | | | STATE | ZIP CODE | | |
|  | | | | |  | | | | | | |  |  | | |
| MAILING ADDRESS (if different) | | | | | CITY | | | | | | | STATE | ZIP CODE | | |
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| 1. **SERVICE AREAS: List the city (or cities) in which your organization will provide Collaborative-funded services.** | | | | | | | | | | | | | | | |
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| 1. **PROJECT TITLE:** |  | | | | | | | | | | | | | | |
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| 1. **PROJECT SUMMARY (100-150 words):** | | | | | | | | | | | | | | | |
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| **F. FUNDS REQUESTED:** | | | | | | | **G. FOCUS AREAS–Check all that applies** | | | | | | | | |
| **$** | | | | | | | **Focus Area #1       Focus Area #2**  **Focus Area #3** | | | | | | | |  |
| **H. PROJECT DIRECTOR:** | | | | | | | | | | | | | | | |
| NAME | | TITLE | | | | | | | | TELEPHONE NUMBER | | | | | |
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| STREET ADDRESS | | | | | | | | | | FAX NUMBER | | | | | |
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| city | | | STATE | | | | | | ZIP CODE | | EMAIL ADDRESS | | | | |
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| 1. **FINANCIAL OFFICER:** | | | | | | | | | | | | | | | |
| NAME | | TITLE | | | | | | | | TELEPHONE NUMBER | | | | | |
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| STREET ADDRESS | | | | | | | | | | FAX NUMBER | | | | | |
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| CITY | | | STATE | | | | | | ZIP CODE | | EMAIL ADDRESS | | | | |
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| PAYMENT MAILING ADDRESS (if different) | | | | | | CITY | | | | | | STATE | | ZIP CODE | |
|  | | | | | |  | | | | | |  | |  | |
| 1. **DAY-TO-DAY PROGRAM CONTACT:** | | | | | | | | | | | | | | | |
| NAME | | TITLE | | | | | | | | TELEPHONE NUMBER | | | | | |
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| STREET ADDRESS | | | | | | | | | | FAX NUMBER | | | | | |
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| 1. **DAY-TO-DAY FISCAL CONTACT:** | | | | | |
| NAME | TITLE | | | TELEPHONE NUMBER | |
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| STREET ADDRESS | | | | FAX NUMBER | |
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| 1. **AUTHORIZED SIGNATURE**   **By signing this application, I hereby certify that I am vested by the Applicant with the authority to enter into contract with the Collaborative, and that the awardees and any subcontractors will abide by the laws, policies, and procedures governing this funding.** | | | | | | |
| NAME OF AUTHORIZED OFFICER | | TITLE | TELEPHONE NUMBER | | | EMAIL ADDRESS |
|  | |  |  | | |  |
| STREET ADDRESS | CITY | | | STATE | ZIP CODE | |
|  |  | | |  |  | |
| APPLICANT’S SIGNATURE (**Blue Ink Only**) | | | | | DATE | |
| x | | | | |  | |

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| **Proposal Narrative** |

Instructions: The Proposal Narrative must be submitted in Arial 12-point font with one-inch margins on all four sides. The narrative must be 1.5-line spaced and cannot exceed **5 pages** in length. For the Proposal Narrative, address each of the three sections below. Each section should be titled according to its section header (e.g., Project Need, Project Description, and Project Evaluation). Within each section, address the bulleted items in a cohesive, comprehensive narrative format. Do not include website links.

These 5 pages do not includethe Cover Sheet, Proposal Checklist, Applicant Information Form, Budget Table, Budget Narrative or other required attachments (see *Proposal Checklist*).

It is up to the applicant to determine how to use the total page limit in addressing each section; however, as a guide, the percent of total point value for each section is listed under each header.

1. **Project Need** *(Percent of Total Value: 35%)*

***Address the following in narrative form:***

* Describe the community need(s) related to the applicable Focus Area(s) that will be addressed by this project. Explain whether the need is driven by gaps in services.
  + Use quantitative and qualitative data to support the description of the need. Cite all data sources.
* Describe the project boundaries and/or target population related to the need. Explain why a certain project area and/or target population was selected over others.
  + Use quantitative and qualitative data to explain why a certain project area and/or target population was selected. Cite all data sources.
* Describe how you considered the needs of underserved populations in your community and disparities based on race, ethnicity, gender, sexual orientation, socio-economic status or immigration status, etc.

| ***Rating Criteria for Project Need***  *(scored in total, on a scale of 0-12)* | |
| --- | --- |
| 1.1 | The applicant has clearly described a community need related to violence, the applicable Focus Area(s) and uses qualitative and quantitative data to support that description. The applicant described gaps in services that contribute to the need. All data sources are cited. |
| 1.2 | The project area and/or target population are clearly identified, measurable and correlate to the need. The applicant uses qualitative and quantitative data to explain why this project area and/or target population was selected. All data sources are cited. |
| 1.3 | When identifying project area and/or target population, the applicant took reasonable steps to consider the needs of underserved populations in its community, including disparities based on race, ethnicity, gender, sexual orientation, socio-economic status, immigration status, etc. |

1. **Project Description** *(Percent of Total Value: 35%)*

***Address the following in narrative form:***

* List and describe the program(s) to be implemented with Collaborative funds.
* Cite the evidence or data that has shown the program is of the type to be the most effective in the three applicable Focus Areas of programs available.
* Describe your plan for selecting and training the staff who will deliver the program(s). Include a description of how they reflect the community they will be serving.
* Complete a 1-page Project Work Plan (Attachment B).
* Identify all collaborative partner agencies/organizations that will be working on the funded program. Describe their specific roles and responsibilities on the project. Describe the new value that the collaborative will create. Attach partnership agreements signed by the Executive Director/CEO, authorized staff member or Board Chair for each member of the collaborative as Attachment C (if more than one collaborative partner, consolidate all partnership agreements into a single pdf). Briefly describe the decision-making process the collaborative will employ for the duration of the funding period.
* Explain how the program will incorporate the principles of cultural competency and trauma-informed care.

**Strategic Visioning/Planning**

***Address the following in narrative form:***

* Describe the planning process your organization employs to set clear organizational goals and objectives. If this is a collaborative proposal, describe how the principles which guide your planning process were incorporated into collaborative planning. What is the collaborative’s Leadership Vision?
* Does your organization work under a current strategic planning process? If so, include a copy of your current plan (an executive summary is sufficient) as Attachment D. If your organization is not working under a current strategic planning process, indicate why and what challenges you have faced engaging in strategic planning and whether your organization would like assistance during the funding period with strategic visioning/planning.

| ***Rating Criteria for Project Description***  *(scored in total, on a scale of 0-12)* | |
| --- | --- |
| 2.1 | The applicant has clearly identified and described the program(s) to be implemented. |
| 2.2 | The applicant has cited credible evidence or data to show that the program is of the type to be the most effective at reducing violence in the target population or Focus Area(s). The selected program(s) clearly correlates to the need described in the Project Need section. |
| 2.3 | The applicant has clearly articulated a reasonable and realistic plan for selecting and training the staff (who will deliver the program(s)) and how they reflect the community which they are serving. |
| 2.4 | The applicant has clearly identified all collaborative partner agencies/organizations, clearly described how the collaborative will create new value, described their roles and responsibilities on the project, described the collaborative’s decision-making process, and attached signed partnership agreements for all collaborative partners. |
| 2.5 | The applicant has a plan for incorporating the principles of cultural competency and trauma-informed care. |

**3. Project Evaluation** *(Percent of Total Value: 15%)*

**Address the following in narrative form:**

* List the goals and outcome objectives for the proposed project (refer to Applicant’s Workshop #2 for definitions of the terms Goal and Objective).
* What is the purpose of the evaluation along with the key evaluation questions?
* What data sources will you be using to determine whether your outcome objectives have been met? Consider qualitative and quantitative methods when determining the specific data sources to utilize.

* Describe your data collection plan? That is who will collect your data, from whom, when and where?
* Describe the evaluation’s data analysis and reporting plan.
* Describe how you plan to provide oversight and monitoring of the program(s), to demonstrate that the program(s) are being carried out as intended.

| ***Rating Criteria for Project Evaluation***  *(scored in total, on a scale of 0-12)* | |
| --- | --- |
|  | The applicant has developed clearly defined, program goals and outcome objectives that tie directly to the need in the applicable Focus Area(s) described in the Project Need section. |
|  | The applicant has included a logic model that links the program plan to their evaluation plan. |
|  | The applicant has clearly described the purpose of their evaluation and detailed one to three specific evaluation questions.  The applicant has clearly described the data sources they will use to measure whether the program’s outcome objectives have been achieved.  The applicant has clearly detailed a data collection plan. |
|  | The applicant has developed a plan for oversight and monitoring of the program(s), to demonstrate that the program(s) are being carried out as intended. |

|  |
| --- |
| **Proposal Budget (*Percent of Total Value: 15%*)** |

1. **Budget Table**

Instructions:

Complete the Budget Table on the following page to show the funds being requested.

While some agencies or organizations may use different line items as a part of their budget processes, these are the line items that must be used when invoicing the Collaborative for reimbursement of expenditures.

Note:

* Applicants should copy and paste the Budget Table into a separate document.
* Report amounts in whole dollars only. Please double-check all math.
* Applicants are not required to request funds for every line item. If you are not requesting funds for a certain line item, simply list $0.

**Collaborative Budget Table for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Name of Lead Applicant*

**What to include in each Budget Line Item:**

|  |  |  |
| --- | --- | --- |
| **Budget Line Item** | **CBO LEAD APPLICANT** | **CBO**  **PARTNERS** |
| 1. Salaries and Benefits | $0 | $0 |
| 2. Services and Supplies | $0 | $0 |
| 3. Sub-Awards/Professional Services | $0 | $0 |
| 4. Equipment/Fixed Assets | $0 | $0 |
| 5. Project Evaluation | $0 | $0 |
| 6. Other (Travel, Training, etc.) | $0 | $0 |
| **TOTALS** | $0 | $0 |

**Salaries and Benefits:** In this line, include salaries and benefits ONLY for staff of the Applicant. Salaries and benefits associated with subcontractors should be included in the applicable line item (e.g., Professional Services).

**Services and Supplies:** In this line, include funds associated with services and supplies purchased or donated by the Applicant. Services and supplies purchased by subcontractors should be included in the applicable line item (e.g., Professional Services, subcontracts, etc.).

**Sub-Awards/Professional Services:** In this line item, include grant funds associated with collaborative partners or professional services through the lead agency of a collaborative.

**Equipment and Fixed Assets:** In this line, include funds associated with equipment and fixed assets purchased or donated by the Applicant. Equipment and fixed assets are defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. Items that do not meet this threshold should be included in the Services and Supplies category. Equipment and fixed assets purchased by subcontractors should be included in the applicable line item (e.g., Professional Services, subcontracts, etc.).

**Project Evaluation:** In this line, include all grant funds associated with evaluation efforts, even if they would otherwise fall into one of the other line items (e.g., Salaries & Benefits or Professional Services). Applicants are not required to use funds for evaluation efforts and there is no required minimum set-aside.

**Other (Travel, Training, Etc.):** In this line, include ONLY training, travel, or other costs encumbered by the Applicant. Training, travel, or other costs encumbered by subcontractors should be included in the applicable line item.

Note: Generally, out-of-state travel is not allowed under this funding. Considerations for exceptions can be made after the award of the funding as it relates to the purposes of the proposed program(s).

1. **Budget Narrative**

Instructions: The purpose of the Budget Narrative is to provide support and explanation for the amounts requested in the Budget Table.

The Budget Narrative must be submitted in Arial 12-point font with one-inch margins on all four sides. The narrative must be 1.5-line spaced and cannot exceed **3 pages** in length.

Provide the information listed under each line item below with narrative to explain how the requested funds will be used to achieve project goals. If you are not requesting funds in a particular category, list $0 on the Funds Requested line and “N/A” on the Narrative Detail line.

1. **Salaries and Benefits**

List the classification/title, percentage of time, salary or hourly rates, and benefits (if applicable) for every staff person from the Applicant that will funded or committed to the program. Briefly describe their roles/responsibilities within this project.

* 1. **Funds Requested: $**

**Narrative Detail:**

1. **Services and Supplies**

Itemize all services and supplies purchased by the Applicant.

* 1. **Funds Requested: $**

**Narrative Detail:**

1. **Sub-Awards/Professional Services**

List the names of any collaborative partners or professional services that will work on the project. Show the amount of funds allocated to each and itemizes the services that will be provided. List any positions to be funded, including classification/title, percentage of time, salary or hourly rates, and benefits (if applicable).

* 1. **Funds Requested: $**

**Narrative Detail:**

1. **Equipment/Fixed Assets**

Itemize all equipment and fixed assets to be purchased by the Awardees.

* 1. **Funds Requested: $**

**Narrative Detail:**

1. **Project Evaluation**

Itemize all costs associated with evaluation efforts for this project.

* 1. **Funds Requested: $**

**Narrative Detail:**

1. **Other (Travel, Training, etc.)**

Itemize all costs that do not fit into the categories listed above, including travel and training.

1. **Funds Requested: $**

**Narrative Detail:**

|  |  |
| --- | --- |
| ***Rating Criteria for Project Budget***  *(Applied to both 4a. Budget Table and 4b. Budget Narrative*  *and scored in total, on a scale of 0-12)* | |
| 4.1 | The applicant provided complete and detailed budget information in each section, including language supporting each expense. |
| 4.2 | The amount of funds requested is reasonable and appropriate given the proposed project’s design and scope. |
| 4.3 | The applicant has clearly demonstrated how it will meet the budgetary support and explanation for the amounts requested. |

**Certification of Compliance with Policies Regarding Debarment, Fraud, Theft and Embezzlement**

It is the policy of the Collaborative to protect funds from unreasonable risks of fraudulent, criminal, or other improper use. As such, the Collaborative will not enter contracts or provide reimbursement to applicants that have been:

* 1. debarred by any federal, state, or local government entities during the period of debarment; or
  2. convicted of fraud, theft, or embezzlement of federal, state, or local government grant funds for a period of three years following conviction.

Furthermore, the Collaborative requires funding recipients to provide an assurance that there has been no applicable debarment, disqualification, suspension, or removal from a federal, state, or local grant/fund program on the part of the awardee at the time of application and that the awardees will immediately notify the Collaborative should such debarment or conviction occur during the term of the funding contract.

The Collaborative also requires that all funding recipients include, as a condition of award to a sub-awardees or subcontractor, a requirement that the sub-awardees or subcontractor will provide the same assurances to the recipient. If a recipient wishes to consider a sub-awardees or subcontractor that has been debarred or convicted, the recipient must submit a written request for exception to the Collaborative along with supporting documentation.

By checking the following boxes and signing below, applicant affirms that:

I/We are not currently debarred by any federal, state, or local entity from applying for or receiving federal, state, or local grant funds.

I/We have not been convicted of any crime involving theft, fraud, or embezzlement of federal, state, or local grant funds within the last three years. We will notify the Collaborative should such debarment or conviction occur during the term of the funding contract.

I/We will hold sub-awardees and subcontractors to these same requirements.

An awardee may make a request in writing to the Executive Director of the Collaborative for an exception to the debarment policy. Any determination made by the Executive Director shall be made in writing.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUTHORIZED SIGNATURE**  **(This document must be signed by the person who is authorized to sign the Agreement.)** | | | | | | |
| NAME OF AUTHORIZED OFFICER | | TITLE | TELEPHONE NUMBER | | | EMAIL ADDRESS |
|  | |  |  | | |  |
| STREET ADDRESS | CITY | | | STATE | ZIP CODE | |
|  |  | | |  |  | |
| APPLICANT’S SIGNATURE (**Blue Ink Only**) | | | | | DATE | |
| **X** | | | | |  | |