

## GRANT APPLICATION

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Project Title:	
Project Summary:	
Funding Amount Requested (\$45,000 maximum):	Project Start and End Date:
Name and Title of Project Manager:	
Organization Name:	Address:
Federal ID #:	Title:
Phone Number:	Fax Number:

### *CERTIFICATION OF ACCURACY*

I certify that the information provided in this grant application is complete and correct.

Agency Contract Manager Name	Signature of Contract Manager	Date
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Name of application preparer	Signature of application preparer	Date
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## FUNDING PRIORITIES

**For FY 2007-2008, Senior Set-Aside Grants will be awarded to projects that serve the unmet needs of Oakland's senior residents. Each project should build upon the applicant organization's mission and expand the existing client base in order to reach more unserved Oakland seniors.**

**Total funding available to any one organization is \$45,000.**

**Twenty percent of grant funds will be targeted to "emerging organizations" which have obtained non-profit status and/or begun serving Oakland seniors within the past 3 years.**

**Projects will be reviewed according to the area in which services will be provided, the population of seniors who will be served, and the service objective (see categories below).**

**Primary Service Category (check one)**

- Project improves ACCESS by removing barriers that Oakland seniors may face when seeking services.**
- Project provides NUTRITION programs and services for Oakland seniors.**
- Project establishes and/or expands TRANSPORTATION options for Oakland seniors.**

**Primary Recipients/Target Population(s)  
(check at least one)**

- Ethnic Minority
- Lesbian, Gay, Bisexual, Transgender
- Monolingual
- Homeless
- Chronic health condition
- Low/very low income
- No specific racial/ethnic target group
- Other, specify \_\_\_\_\_

**Primary Service Area(s)  
(check at least one)**

- Citywide
- West Oakland
- North Oakland
- East Oakland
- Downtown Oakland
- Fruitvale/San Antonio
- Fruitvale/Diamond

**TOTAL NUMBER OF UNDUPLICATED CLIENTS TO BE SERVED \_\_\_\_\_**

- Annually*
- Monthly*

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## PROPOSAL FORMATTING INSTRUCTIONS

- **The proposal narrative should not exceed 15 pages.** The 15-page limit applies to all of the documentation requested in the following "Proposal Narrative Requirements" section. The 15 page limit does not include appendices or the forms on page 1, 2, 8 and 9. Please number all pages consecutively.
- **The proposal narrative should be in Times New Roman or Arial font size 12, with 1" margins.**

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## PROPOSAL NARRATIVE REQUIREMENTS

*In addition to the information requested on pages 1, 2, 5, 8 and 9 of this grant application, all proposals must include the following narrative information.*

<b>Narrative Element Points</b>	
Project Description	25
Community Need	20
Organizational History and Capacity	20
Program Evaluation	15
Project Budget & Budget Narrative	15
<u>Emergency Plan</u>	<u>5</u>
<b>TOTAL</b>	<b>100</b>

### **Project Description** (25 points available)

Provide information about the project. What is your objective? What services will you provide to Oakland seniors? What is your method of service delivery? How do these services relate to your organizations' goals? Who will be served; how many people and where? How will the Senior Services funding enhance your program's efforts? Since this is one time funding, how will you be able to continue meeting the need in the future?

#### Reviewers will score applications using the following criteria:

- *Feasibility of units of service and numbers of clients served*
- *Extent to which the cost per unit of service is reasonable.*
- *Extent to which project activities and timelines for implementation are feasible*
- *Extent to which outreach/promotional activities are likely to increase utilization of services or participation in program*

### **Community Need** (20 points available)

Describe the community you plan to serve, the need for the proposed services, and the ways your agency complements and/or coordinates with other agencies providing a similar service. How did you determine this is an unmet or basic necessary ongoing need? How does your agency fulfill this need? How will the community benefit from the proposed services?

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Reviewers will score applications using the following criteria:

- *Extent to which the discussion of the neighborhood and/or population served is explicit.*
- *Extent to which the number of clients to be served is feasible*
- *Demonstration of evidence of need for the proposed project.*

**Organizational History and Capacity** (20 points available)

Provide information about each applicant organizations' history, goals, and financial competence. Who do you consider to be your targeted population and why? What are applicant organizations' most significant accomplishments? How has the organization improved the lives of Oakland seniors? What other funding sources do you have? Have you received recognition for past efforts? Please provide information about the applicant organizations' service capacity.

Reviewers will score applications using the following criteria:

- *Extent to which current projects and past accomplishments demonstrate successful and timely completion of proposed activities.*
- *Adequacy of facilities and support services at the applicant's disposal.*
- *The extent that the fiscal and management capacity demonstrates the applicant's ability to deliver the proposed program.*
- *Adequacy of the proposed staffing in both number and level/role.*

→**NOTE:** Organizations that have recently obtained 501(c)(3) status, been serving Oakland seniors for less than 3 years, and/or have fewer than 2 fulltime employees may qualify as "emerging organizations" and be eligible for additional points. Provide information about the organization's mission and the increase in capacity anticipated with the Set-Aside funding.

**Program Evaluation** (15 points available)

How will this project for which you seek Set-Aside funding impact the target population? What measurable outcomes do you seek? Please be as specific as possible. How will you measure the project's success? What kinds of documentation or other means (surveys, tallies, internal data collection, comparison of internal data to other external public data, etc.) will you use to demonstrate whether the project has reached its intended outcomes? (NOTE: The City's contract oversight may include meetings with program director(s), site visits, and/or client surveys.)

Reviewers will score applications using the following criteria:

- *Extent to which outcomes are identified and quantified*
- *Extent to which progress measures and/or indicators are described*
- *Extent to which data tracking methods correspond to and capture the major activities of the project*

**Project Budget and Project Budget Narrative** (15 points available)

Provide a detailed budget for the entire project and a budget narrative providing a

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justification for each line item in the project budget. Please indicate the expenses to which Senior Services Set-Aside funding will be allocated, and any other funds that may be leveraged for this project. Indicate the numbers and type of staff persons responsible for carrying out the project. Provide an approximate cost by either unit of unduplicated service, or by month if clients are part of a caseload. Explain method of cost calculation.

Reviewers will score applications using the following criteria:

- *Extent that requested funds are appropriate and sufficient for the proposed project.*
- *Justification provided for all line items*
- *Extent to which the cost per client is appropriate and justifiable*

### **Organizations' Emergency Plan (5 points available)**

Provide a description of the emergency/disaster plan for the organization's staff and, if appropriate, for on site clients. Does your organization conduct outreach activities to advise senior clients of the actions to take in the event of an emergency? Does the organization conduct drills for staff or other regular activities to ensure that staff knows what to do in the event of an emergency? Please describe any plans that have been adopted by the organizations' board or executive team to ensure the safety of staff and clients in the event of a disaster.

Reviewers will score applications using the following criteria:

- *Extent to which the organization has identified the needs of staff and clients in the event of a disaster or regional emergency.*

## APPENDICES

1. Adopted budget for the most recent two fiscal years, including all funding sources.
2. List of Board of Directors, including size, number of vacancies, number of Board members who reside and/or work in the City of Oakland, and the frequency of Board meetings.
3. Copy of 2006 IRS Form 990 income tax return. A 2005 Form 990 may be substituted if the 2006 return is not available.
4. Copy of IRS 501(c)(3) letter of determination or certification that the organization is a governmental agency.
5. Copy of City of Oakland Business Tax Certificate (may be obtained from the City Clerk)

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**PLEASE NOTE:** All agencies and programs wishing to contract with the City of Oakland must meet and maintain the City's contract compliance requirements. These requirements include but are not limited to: proof of current business license, compliance with the Oakland Campaign Reform Act, proof of required insurance coverage and compliance with Local and Small Business Ordinance requirements.

Any contracts arising from this RFP will be subject to the Living Wage Ordinance of the Oakland Municipal Code and all associated regulations. Contractors who receive contracts for \$25,000 or more in any twelve month period, and recipients of City financial assistance of \$100,000 in any twelve month period shall provide a minimum level of compensation of \$10.07 per hour if health benefits are offered, or \$11.58 per hour if no health benefits are offered, to employees who perform services under or related to the contract, project, or program.

The applicant shall provide a statement of nondiscrimination against people with disabilities in employment and in the delivery of goods and services. This statement shall include the applicant's commitment to adhere to all applicable provisions of the American with Disabilities Act of 1990 (ADA) in the delivery of City-funded goods and services.

The recipient will be required to make all City-funded programs and services accessible to people with disabilities per the ADA and other applicable disability laws and regulations. The recipient will be required to deliver City-funded programs and services at a location that is in compliance with ADA physical access requirements (or offer a suitable alternative method of service delivery).

Below is a list of the City of Oakland contract schedules. These schedules and additional information are available at the Contract Compliance and Employment Services Office website: <http://www.oaklandnet.com/government/cmo/donspage/WebPages/NewWebPages/formsnew.html> or by calling the Contract Compliance staff at (510) 238-3970. For questions regarding the contractor Insurance Requirements in Schedule Q please contact Deb Grant at (510) 238-7165.

<u>Schedule</u>	<u>Title</u>
A	Contractors Scope of Work/Outline of Services to be Performed
D	Ownership Ethnicity, and Gender Questionnaire
E	Project consultant Team
M	Independent Contractors Questionnaire, Part A & B
N	Declaration of Compliance - Living Wage (for contracts over \$25,000)
N-1	EBO- Declaration of Nondiscrimination.
O	Campaign Contributions 16 P Nuclear Free Zone
Q	Insurance Requirements
S	Audit, Inspection, and Fiscal Reporting Requirements
V	Affidavit of Non-Disciplinary or Investigatory Action
Z	Certification of Debarment and Suspension

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## CHECK LIST

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***The following is a list of all items that must be included in the Senior Services Set-Aside Application.***

- Grant Application Summary Sheets - Pages 1, 2, 8 and 9
- Proposal Narrative Text (15 pages maximum)
- Appendices (5 documents)
  1. Budget for 2005-2006 and 2006-2007.
  2. List of Board of Directors.
  3. 2006 tax returns.
  4. IRS 501(c)(3) letter of determination.
  5. Business Tax Certificate.

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Submit one (1) original signed package with all required documents to:

**City of Oakland  
Department of Human Services  
150 Frank H. Ogawa Plaza, Suite 4340  
Oakland, CA 94612-2092  
Attention: Tracy Jensen**

For questions or information call **Tracy Jensen at 510-238-3121, TDD 238-7416**

To receive acknowledgment of application receipt by mail, fill out the last page and include a self-addressed, stamped envelope with the application.

To request materials in alternative formats, please call 238-3434 at least 72 hours before bidder's meeting or two weeks prior to proposal deadline.

**ALL APPLICATIONS MUST BE RECEIVED AT THE ABOVE ADDRESS  
BY FRIDAY, April 13, 2007 AT 5:00 P.M.**

**WE WILL NOT ACCEPT POSTMARK EVIDENCE OR FAXED APPLICATIONS.**

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Clearly describe the activities that will be carried out by this project. Where possible, also provide information about the *Outcomes* to be achieved by the project. Outcomes are statements of a measurable change in condition, such as "X% of senior clients will continue living independently in their homes" or "X% of participating grandparents will maintain custody of their grandchildren".

NAME OF PROJECT:	Time line in months											
<u>Examples of Activities &amp; Outcomes</u>	1	2	3	4	5	6	7	8	9	10	11	12
<p><b>Activity:</b> 60 frail seniors given a nutritionally complete meal each weekday</p> <p><b>Outcome:</b> 60 seniors participating in the project report increasing their daily intake of protein, fiber and green vegetables</p>	X	X	X	X	X	X	X	X	X	X	X	X
<p><b>Activity:</b> 5 seniors taught the requirements of the US citizenship exam</p> <p><b>Outcome:</b> 4 senior participants in class pass the US Citizenship examination</p>			X	X			X	X			X	X
<p><b>Activity:</b> 40 frail, homebound seniors receive a bi-weekly visit by an information and assistance specialist</p> <p><b>Outcome:</b> 35 frail, homebound senior clients use the information and referral resources to stay in their homes in the community</p>		X	X	X	X	X		X	X	X	X	X
<b>Activity:</b>												
<b>Outcome:</b>												
<b>Activity:</b>												
<b>Outcome:</b>												
<b>Activity:</b>												
<b>Outcome:</b>												

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Please summarize the program budget for your proposal, including any matching funds. *A more detailed project budget and budget narrative should be included in the body of your proposal.*

<b>COST CATEGORIES</b>	<b>SENIOR SERVICES GRANT</b>	<b>IN-KIND/OTHER FUNDING</b>	<b>TOTAL PROJECT COSTS</b>
Staff Costs including fringe benefits:			
Materials and Supplies:			
Operating Costs (rent, phone, etc.):			
Stipends to others for services or for project-related items:			
Other (specify):			
Other (specify):			
Other (specify):			
<b>TOTAL BUDGET</b>			

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## RECEIPT

Name of Project

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Name and Agency Affiliation of Project Manager / Application Preparer

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Received by: DHS representative

Received on: date received

**Please attach a self-addressed stamped envelope for receipt confirmation of documents sent by US mail.**