**RFP2024-01 IMMIGRANT ASSISTANCE PROGRAMS GRANTS**

**PROPOSAL COVER SHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** |  |  |  | | |
|  |  |  | **Application Registration No:** | |  |
| **Agency:** |  | | **Phone:** |  | |
| **Address:** |  | | **Fax:** |  | |
|  |  | | **Email:** |  | |
|  |  | | **Web:** |  | |
| **Project**  **Contact:** |  | | **Title:** |  | |
| **GRANT CATEGORY:**   |  |  |  | | --- | --- | --- | | **Focused Immigrant Community Projects** | **DACA & AFFIRMATIVE RELIEF IMMIGRATION SERVICES** | **Immigrant PARENT VOTING ENGAGEMENT & EDUCATION** | | API Community Access to Services  Immigrant Workers Program  Assistance & Services for Immigrant Union Members | DACA & Affirmative Immigration Legal Services  Community Navigation & Education  Immigration Technical Assistance  Forensic Medical & Psychological Evaluations for Immigration Applications | Immigrant Parent Voting Engagement & Education in School Board Elections | | | | | | |
| **Annual Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

**APPLICATION CHECKLIST**

Use this checklist to ensure that all documents and forms necessary to respond to this Request for Proposals (RFP) have been included. All documents, unless otherwise specified, are required for a proposal to be considered complete. Incomplete proposals will not be accepted.

|  |  |
| --- | --- |
| 1. | **Cover Sheet** |
| 2. | **Application Checklist** (this page) |
| 3. | **Application Form** (following pages)  Includes: *Proposal Narrative*, *Budget,* and *Budget Narrative* with all sections accurately and fully completed. |
| 4. | **Financial Statement**  Each applicant must submit a scanned copy of the most recent and complete audited annual financial statement (within past 12 months). Organizations with small budgets (annual operating budget under $2,000,000) that do not complete financial audits may submit alternative documentation of the organization’s finances, such as a Statement of Financial Position (SOP) or Cash Flow Statements. |
| 5. | **List of Current Board Members** |
| 6. | **List of All Other Current City Contracts, by Funding Department** |
| 7. | **Proof of Legal Business Status from the California Secretary of State** |

If selected for an award, proposers must also submit the following documents before entering into a grant agreement with the City.

|  |  |
| --- | --- |
| 1. | **Insurance Certificate and Endorsement Letters**  Applicants must provide proof of insurance coverage that meets the City and County of San Francisco’s insurance requirements. Specifically, applicants must possess General Liability, Automobile Liability, and Workers’ Compensation Coverage. Applicants must provide the following documents to demonstrate appropriate coverage:   * ***Certificate(s) of Liability Insurance*** listing OCEIA as the certificate holder. * ***Endorsement Letter(s)*** listing “City and County of San Francisco, its officers, agents and employees” as additional insured on the policy. |
| 2. | **Proof of 501(c)(3) Status\*** |
| 3. | **Articles of Incorporation\*** |
| 4. | **Organizational Bylaws\*** |

*\*Items #2-4 are only required of first-time grantees to OCEIA; current and former grantees need not submit.*

**APPLICATION FORM**

**RFP2024-01 IMMIGRANT ASSISTANCE PROGRAMS GRANTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | |  | | |  | | **Application** | |  | | | | | |
|  | |  | | |  | | **Registration No:** | |  | | | | | |
| **Applicant:** | |  | | | | | **Phone:** | |  | | | | | |
| **Address:** | |  | | | | | **Email:** | |  | | | | | |
|  | |  | | | | | **Web:** | |  | | | | | |
| **Project**  **Contact:** | |  | | | | | **Title:** | |  | | | | | |
| **Fed EIN:** |  | | **IRS Code:** |  | | **Year**  **Incorporated:** | |  | | **Date of Last Annual Audit:** | |  | | |
|  |  | |  | [501(c)(3) or 501(c)(4)] | |  | |  | |  | | | |  |
| **Annual Operating Budget: $** |  | | **Total Project**  **Budget: $** |  | | **Amount**  **Requested: $** | |  | | **Duration**  **of Grant:** |  | | **Months** | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GRANT CATEGORY:**   |  |  |  | | --- | --- | --- | | **Focused Immigrant Community Projects** | **DACA & AFFIRMATIVE RELIEF IMMIGRATION SERVICES** | **Immigrant PARENT VOTING ENGAGEMENT & Education** | | API Community Access to Services  Immigrant Workers Program  Assistance & Services for Immigrant Union Members | DACA & Affirmative Immigration Legal Services  Community Navigation & Education  Immigration Technical Assistance  Forensic Medical & Psychological Evaluations for Immigration Applicatons | Immigrant Parent Voting Engagement & Education in School Board Elections | |

Are you applying to be a lead organization?  Yes  No

**Short Project Description:**

**If you are not independently incorporated, who will be the Payee (Fiscal Sponsor)?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency:** |  | **Phone:** |  |
| **Address:** |  | **Email:** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Contact:** |  | **Fed EIN:** |  |
| **Title:** |  | **IRS Code:** |  |

**Is any member of the Board of Supervisors, Mayor’s Office, City Administrator, or Office of Civic Engagement & Immigrant Affairs affiliated with your organization or project? If so, list name and affiliation:**

|  |  |
| --- | --- |
| **Name** | **Affiliation** |
|  |  |
|  |  |
|  |  |
|  |  |

**How did you find out about the Immigrant Assistance Programs Grants?**

Any applicant with an annual operating budget over $2,000,000 is required to have an independent financial audit to be eligible for funding. Government agencies are exempt from audit requirements.

In response to the Annual Budget question, government agencies, colleges, and universities may state their annual program, department or division budget instead of the entire budget of the organization.

All grant applications or materials submitted to the City shall not be returned to the applicant, but shall remain a permanent part of the City’s files.

**PROPOSAL NARRATIVE**

**1. Detailed Project Description**

Provide an overview of the entire project and strategy, including the proposed program design and service delivery model, the planned impact, and community need. Indicate how your proposal will achieve the outcomes outlined in the RFP. (1 page)

1. **Target Population** **–** Describe the target population that will be served in the proposed project, and how you will identify and outreach to them. Describe your experience in reaching the target population. What barriers to participation will be faced and how will you address these barriers? (2 paragraphs)
2. **Goals, Activities and Outcomes –** Clearly list and define all measurable goals, outcomes, and metrics of success associated with your proposed project and grant category **(refer and respond to the ‘Expected Outcomes’ listed for your category in the RFP):** (2 paragraphs)

In addition to the above description of your program goals and outcomes, please identify **specific, measurable outputs and outcomes** for each year\* of the project using the table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEASURABLE OUTCOMES/DELIVERABLES** | **YEAR 1 GOAL**  (July 2024 - June 2025) | **YEAR 2 GOAL**  (July 2025 - June 2026) | **YEAR 3 GOAL**  (July 2026 - June 2027) | **YEAR 4 GOAL**  (July 2027 - June 2028) | **TOTAL** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\*Terms are for 1 year up to 4 years.*

1. **Organizational Capacity, Qualifications and Relevant Experience:**

Describe your organization’s qualifications for this project, including the skills and experience of key agency staff, and the organization’s overall capacity to manage and deliver this program (e.g. fiscal health, leveraged resources, administrative capacity, etc.), and to do so with cultural and linguistic competency and equity. Identify the individual/s who will work on this project and include their names, job titles, skills and experience. (2-3 paragraphs)

1. **Program Collaboration** – Describe your agency’s previous experience working as part of a collaborative to design and deliver services to immigrant communities, or to work in partnership with other entities to ensure program success. Please list the collaborative organizations that are part of this proposal. (2 paragraphs)

**BUDGET WORKSHEET**

**RFP2024-01 IMMIGRANT ASSISTANCE PROGRAMS GRANTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant:** |  | | | | | | | | | | **Date:** | | | |  | | |
| **Organizational Budget:** |  | | | | | **Amount Being Requested:** | | | | | | | | |  | | |
| **Fiscal Year Ends:** |  | | | | | **Project Contact:** | | | | | | | | |  | | |
| **Application Registration Number:**  *(For OCEIA Office Use Only)* | |  | | | |  | |  | |  | |  |
|  | | |  | **Year 1**  **Budget**  **(FY24-25)** |  | | **Year 2**  **Budget**  **(FY25-26)** | |  | **Year 3**  **Budget**  **(FY26-27)** | | |  | **Year 4**  **Budget**  **(FY27-28)** | |  | **Total Project Budget**  **(All Years)** |
|  | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| **EXPENSE** | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| 1. Total Salaries | | | $ |  | $ | |  | | $ |  | | | $ |  | | $ |  |
| 1. Total Benefits | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| 1. Consultant & Professional Fees | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| 1. Occupancy Expenses | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| 1. Supplies/Equipment/Maintenance | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| 1. Employee Expenses | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| 1. Conferences, Conventions, and Meetings | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| 1. Outreach and Promotion | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| 1. Printing and Publications | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| 1. Indirect Costs | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| 1. Other (*specify)* | | |  |  |  | |  | |  |  | | |  |  | |  |  |
|  | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| **TOTAL PROJECT BUDGET** | | | **$** |  | **$** | |  | | **$** |  | | | **$** |  | | **$** |  |
|  | | |  |  |  | |  | |  |  | | |  |  | |  |  |
| **AMOUNT REQUESTED FROM OCEIA** | | | **$** |  | **$** | |  | | **$** |  | | | **$** |  | | **$** |  |

**BUDGET NARRATIVE**

Please provide a budget narrative that includes:

1. The total cost of the project and how much you are requesting from the City.
2. A description of how grant funds will be used and a line-item explanation of how the amounts were arrived at or why they are justified. This should correlate with the line-items on the Budget Form.
3. For salaried positions, please indicate the full-time equivalent in relation to percentage of time which that person will actually devote to the **requested grant budget**. (For example, .25 FTE x $40,000 = $10,000)

**A. TOTAL SALARIES:** List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Describe the duties and supervision of each position.

TOTAL SALARIES COSTS: $ \_\_\_\_\_\_\_

**B. TOTAL BENEFITS:** Benefits should be based on actual known costs or an established formula. Benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project.

TOTAL BENEFITS: $ \_\_\_\_\_\_\_\_

TOTAL SALARY AND BENEFITS COSTS (A & B): $ \_\_\_\_\_\_\_\_

**C. CONSULTANT & PROFESSIONAL FEES**

TOTAL CONSULTANT & PROFESSIONAL FEES: $ \_\_\_\_\_\_\_\_

**D. OCCUPANCY EXPENSES**: Provide a detailed description of an occupancy expenses you may incur. List the location, time, and duration of any occupancy.

TOTAL OCCUPANCY COST: $ \_\_\_\_\_\_\_\_

**E. SUPPLIES/EQUIPMENT/MAINTENANCE:** List all items that will be purchased. Explain how the equipment is necessary for the success of the project.

TOTAL SUPPLIES/EQUIPMENT COST: $ \_\_\_\_\_\_\_\_

**F. EMPLOYEE EXPENSES:** Itemize employee expenses of project personnel by purpose (e.g., staff to training, advisory group meeting, etc.). Show the basis of computation (e.g., training fee for six people).

TOTAL EMPLOYEE EXPENSES: $ \_\_\_\_\_\_\_\_

**G. CONFERENCES, CONVENTIONS, AND MEETINGS:** Itemize meeting costs and describe specific costs incurred.

TOTAL CONFERENCES AND MEETINGS COSTS: $ \_\_\_\_\_\_\_\_

**H. OUTREACH AND PROMOTION:** Please list specific promotion activities and related costs.

TOTAL OUTREACH AND PROMOTION COSTS: $ \_\_\_\_\_\_\_\_

**I. PRINTING AND PUBLICATIONS:** Please list and describe printing and publication costs associated with the project.

TOTAL PRINTING AND PUBLICATION COSTS: $ \_\_\_\_\_\_\_\_

**J. INDIRECT COSTS:** Please describe any indirect costs, including administrative or overhead costs.

TOTAL OTHER COSTS: $ \_\_\_\_\_\_\_\_

**J. OTHER (SPECIFY):** Please describe and itemize other costs that have not been mentioned in previous categories.

TOTAL OTHER COSTS: $ \_\_\_\_\_\_\_\_

**TOTAL GRANT AMOUNT REQUESTED:** **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**