

November 28, 2016

To Whom It May Concern:

The biennial Human Services Board's "Request for Funding" and application instructions are enclosed for your use in seeking grant awards for the 2017-19 two-year funding cycle of the Benicia Human Services Board. A downloadable application form will be available on the City's website at [www.ci.benicia.ca.us](http://www.ci.benicia.ca.us) for your convenience. The deadline for submissions is Friday, January 27, 2017. See "Instructions" for further detail.

A notice will be placed in area newspapers and on the City of Benicia website announcing the availability of funding, so that those who do not yet receive grants from the fund may be made aware of grant opportunities.

The Benicia Human Services Board will evaluate proposals using the following criteria:

- Service commensurate with the Board's mission and purpose
- Present need of the service provided
- Quantifiable goals attached to measurable and specific outcomes
- Financial ability of agency to provide services to Benicians
- Cost per client vs. impact of the intervention
- Other sources of funding
- Outreach Plan
- Past performance providing services to Benicians

Should you have any question or comments concerning the Request for Funding, please call me at 746-4225.

Sincerely,  
Abigail M. Urrutia  
Assistant Finance Director

**CITY OF BENICIA  
BENICIA HUMAN SERVICES BOARD  
FY 2017-2019 GRANT APPLICATION**

**INSTRUCTIONS**

**SECTION I - PROPOSAL SUBMISSION REQUIREMENTS**

**A. DEADLINE FOR SUBMISSION: Friday, January 27, 2017, by 4:00 pm at:**

City of Benicia  
Finance Department  
250 East L Street  
Benicia CA 94510  
Attn: Abigail M. Urrutia

Hand-carried proposals may be delivered **ONLY** to the aforementioned address Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m., excluding holidays observed by the City.

Proposers are responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the required address information appears on the outer wrapper or envelope used by such service.

**B. MODIFIED PROPOSALS**

A Proposer may submit a modified proposal to replace all or any portion of a previously submitted proposal up until the Proposal Due Date. The Benicia Human Services Board will only consider the latest version of the proposal. Add new categories as needed but make sure an adequate description is included.

**C. WITHDRAWAL OF PROPOSALS**

Proposals shall be irrevocable until grant award unless the proposal is withdrawn. A proposal may be withdrawn in writing only, addressed to the Assistant Finance Director at the address noted above, prior to the Proposal Due Date.

**D. LATE PROPOSALS AND LATE MODIFICATIONS**

Proposals received after the Proposal Due Date are late and will not be considered. Modifications received after the Proposal Due Date are also late and will not be considered.

The responsibility for submitting a proposal to the City Assistant Finance Director on or before the stated time and date is solely and strictly the responsibility of the Proposer. The Benicia Human Services Board is not responsible for delays caused by any mail, package or couriers service, including the U.S. mail, or caused by any other occurrence.

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**INSTRUCTIONS**

**SECTION I - PROPOSAL SUBMISSION REQUIREMENTS (continued)**

**E. GRANT APPLICATION INSTRUCTIONS**

**ALL PROPOSALS MUST BE SUBMITTED ON THE SEVEN (7) PAGE APPLICATION.**

- Applications must be typed.  
(These instructions and a downloadable application will be made available on the City's website for your convenience. Section C may be expanded, but may not to exceed 5 pages.)
- All questions must be answered. If not applicable, write N/A. Do not leave blank.
- Focus on your project description and budget information.
- The application must be signed by an officer who is legally authorized to enter into a contractual relationship in the name of the proposers.

**F. REQUIRED ATTACHMENTS**

Proposals submitted that do not include the following items may be deemed non-responsive and may not be considered for a grant award. The documents must be attached to the original application **only**, in the following order:

- IRS Letter of Tax Exempt Status
- Organization's total budget for the current year
- Copy of most recent audit or financial statement
- Names and addresses of Board of Directors
- List of paid principal staff and positions
- Job descriptions for principal staff and personnel to be paid partially or in full with grant funding
- Copy of resolution or board meeting minutes demonstrating support of the project application.
- If a partnership, then submittal of letters of commitment from each organization indicating degree of participation and a budget showing each organization's financial responsibility is required.

**G. SUBMISSION PACKAGE**

An unbound original and ten (10) copies [a total of eleven (11)] of the complete application must be submitted in a sealed envelope or container. The outside of the envelope or container must include: the proposer's name, address and telephone number.

**H. QUESTIONS**

Please submit questions regarding the application to Abigail M. Urrutia at [aurrutia@ci.benicia.ca.us](mailto:aurrutia@ci.benicia.ca.us). Questions will be shared with all applicants.

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 BENICIA HUMAN SERVICES BOARD  
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**INSTRUCTIONS**

**SECTION II - REVIEW/EVALUATION/SELECTION PROCESS**

Each application will be reviewed to determine if the application is responsive to the submission requirements outlined in the RFF. A responsive application is one that follows the requirements of the RFF, includes all documentation, is submitted in the format outlined in the RFF, and is of timely submission. Failure to comply with these requirements may deem your application non-responsive. Applications will be reviewed and scored for qualitative and technical merit according to the criteria described below.

<b>EVALUATION CRITERIA</b>	<b>POINTS</b>
<b>A.</b> Service commensurate with Board’s mission and purpose	21.00
<b>B.</b> Present need of the service provided	20.00
<b>C.</b> Quantifiable goals attached to measurable and specific outcomes	15.00
<b>D.</b> Financial ability of agency to provide services to Benicians	10.00
<b>E.</b> Cost per client vs. impact of the intervention	10.00
<b>F.</b> Other sources of funding and board matching funds (Not in-kind)	10.00
<b>G.</b> Outreach Plan	8.00
<b>H.</b> Past performance providing services to Benicians	6.00
<b>TOTAL POSSIBLE POINTS</b>	<b><u>100.00</u></b>

Benicia Human Services Board evaluation of the proposals will include the appropriateness of a particular project, subject to the established criteria.

***Mission:***

*To advocate for human services as major elements in Benicia’s community identity.*

***Purpose:***

*The purpose of the Benicia Human Services Board is to support the broad economic, educational, and social goals of the City of Benicia by assessing the human service needs, making recommendations to the City Council regarding funding of effective human service agencies and programs, and evaluating those services and programs on behalf of the community.*

**SECTION III - GENERAL GRANT AWARD PROVISIONS**

**A. CONTRACT AWARD**

Awarding of grants is dependent upon Benicia City Council approval.

**B. CONTRACT TERM**

The contract period for all grants awarded through this RFF must fall within City of Benicia two-year funding cycle, which begins on July 1, 2017 and ends on June 30, 2019. Grants will be awarded for a period not to exceed twenty-four (24) months. The effective starting date will be no earlier than July 1, 2017.

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**INSTRUCTIONS**

**SECTION IV - CONTRACTUAL AWARD PROCESS–SPECIAL TERMS AND CONDITIONS**

**A. CONTRACTING PROCESS**

Grantees (awarded applicants) will be required to complete certain contract documents (A sample contract is included as Attachment A). They will be required to submit quarterly reports to the Benicia Human Services Board (A sample quarterly report is included as Attachment B; please note that quarterly reports will be refined following contract award to reflect an assessment of the grantee’s scope of work per the final agreement). These reports will contain:

- 1) Up to date information regarding the services provided.
- 2) Up to date information regarding the specific quantifiable goals of the project.
- 3) The outreach efforts for the period.
- 4) Evaluation of the outstanding project objectives and the methods to be used to meet the objectives.

The disbursement of funds shall be made as set forth in the scope of work. No disbursement of funds shall be made beyond the two-year term of the Agreement. No disbursement or only partial disbursement of funds shall be made if the City Council does not appropriate sufficient funds for the Human Service Fund Grants. No funds will be disbursed if the Grantee is in violation of any of the provisions of this agreement. If the Grantee corrects the violation in a timely manner, funds may be disbursed at the discretion of the Human Services Board.

**CITY OF BENICIA  
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**TITLE PAGE**

**PART A**

1. **Project/Program Name:**
2. **Amount of Funding Request: Annual: \$** **Grant period (2 years): \$**
3. **Organization Submitting Proposal:**

**Organization Data:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Fed. ID #: \_\_\_\_\_

**Contact Person:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_

4. **Year organization legally established:** \_\_\_\_\_ **State:** \_\_\_\_\_

5. **Project or Program Category** (check applicable categories and subcategories):

<input type="checkbox"/> <b>Safety Net</b>	<input type="checkbox"/> <b>Health &amp; Wellbeing</b>	<input type="checkbox"/> <b>Other</b>
<input type="checkbox"/> Rent	<input type="checkbox"/> Counseling	<input type="checkbox"/> Affordable Housing
<input type="checkbox"/> Food	<input type="checkbox"/> Suicide Prevention	<input type="checkbox"/> Job Skills
<input type="checkbox"/> Utilities	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Literacy
<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Abuse Prevention	<input type="checkbox"/> Parenting
<input type="checkbox"/> Childcare	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Mental Health	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Serving clients** (check all that apply):

<input type="checkbox"/> Children Under 5	<input type="checkbox"/> Youth (5-18)	<input type="checkbox"/> Adults (19 to 59)	<input type="checkbox"/> Seniors Over 60	<input type="checkbox"/> Family Unit
<input type="checkbox"/> Low-Income	<input type="checkbox"/> Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **Anticipated Number of Unduplicated Benicia Residents to be Served:** \_\_\_\_\_

**ORGANIZATION CERTIFICATION:** I hereby certify that all information contained in this application and any attachments is true and accurate.

**NO CITY EMPLOYEE SHALL BE A SIGNATORY ON BEHALF OF AN ORGANIZATION REQUESTING FUNDS FROM THE BENICIA HUMAN SERVICES BOARD.**

\_\_\_\_\_  
 Authorizing Signature  
 Typed name: \_\_\_\_\_

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

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**Part B – BUDGET INFORMATION**

**8. Provide a budget for the project. (Expenses listed in this document should be consistent with the Project Description.) This budget is only for the project utilizing grant monies.**

PROJECT EXPENSES	TOTAL PROJECT COST (A)	AMOUNT OF GRANT REQUEST (B)	APPLICANT'S COST (C)
<b>DIRECT COSTS</b>			
Personnel (Direct <sup>1</sup> )	\$	\$	\$
Benefits (Direct <sup>1</sup> )			
Personnel (Support <sup>1</sup> )			
Benefits (Direct <sup>1</sup> )			
Contract Services			
Project-Supplies			
Project Equipment			
Transportation (e.g. gas costs, rental)			
Other Direct Costs			
<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>INDIRECT COSTS</b>			
(Administrative <sup>1</sup> ) Personnel			
Benefits			
Space Rental			
Utilities			
Telephone			
Office Supplies			
Transportation (e.g. gas costs, rental)			
Other Indirect Costs			
<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL COSTS</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

**Column A = Total cost of the proposed project.**  
**Column B = Amount you are requesting in this grant application.**  
**Column C = The difference between Column A and Column B, or the costs of the project that are not included in this grant request, if any.**

<sup>1</sup> Provide names, titles, education and total estimated annual salary. Attach additional sheets if necessary and summarize total here.

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**Part B – BUDGET INFORMATION – (continued)**

**9. APPLICANT SOURCES:** Provide sources of other funds for the project. Total amount should correspond with Total C (previous page). Do not include your entire budget here (it should be attached).

Applicant Sources – Other Funding (be specific)		Amount or Value		Indicate if Cash or In-kind
	\$			
<b>TOTAL</b>	<b>\$</b>	<b>0</b>		

**10. List any prior City of Benicia grants or loans awarded to your organization and the number of Benicia residents served with the funds.**

Fiscal Year	Program		Amount		Benicians Served
2016-17		\$			
2015-16					
2014-15					
2013-14					
2012-13					
2011-12					
2010-11					
2009-10					
2008-09					
<b>TOTALS</b>		<b>\$</b>	<b>0</b>		<b>0</b>





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**21. List the specific quantifiable goals of the project.**

(Please state your goal in terms of number of individuals, families or groups served. For example, agency will provide X number of individuals counseling services per quarter.)

Report total services provided	Annual goal

**Discuss how your organization will collect, organize and disseminate this data.**

**22. Is this project an existing program or activity provided by your organization? Please explain.**

**23. Identify similar programs in the community and how yours will differ.**

**24. Describe previous comparable projects or programs that your organization, has undertaken that demonstrate successful administration and implementation.**

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**25. For current grantees, If the amount you are requesting in this funding cycle is higher than what you are receiving now, please explain the reason for the increase.**

**26. REQUIRED ATTACHMENTS:** Verify and check off confirmation indicating that the following required items are attached to the original application.

Attachment Confirmation	Item No.	Item Description
( )	1.	IRS Letter of Tax Exempt Status
( )	2.	Organization's total budget for the current year
( )	3.	Copy of most recent audit or financial statement
( )	4.	Names and addresses of Board of Directors
( )	5.	List of paid principal staff and positions
( )	6.	Job descriptions for principal staff and personnel <u>to be paid partially or in full with grant funding</u>
( )	7.	Copy of resolution or board meeting minutes indicating organization's support of the project application.
( )	8.	If a partnership, then of letters of commitment from each organization indicating degree of participation and a budget showing each organization's financial responsibility are required.

**Thank You!**