

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

TITLE PAGE

PART A

1. **Project/Program Name: SCOOP**
2. **Amount of Funding Request: Annual: \$ 10,000** **Grant period (2 years): \$ 20,000**
3. **Organization Submitting Proposal: Soroptimist International- Benicia Chapter ("SI- Benicia")**

Organization Data:

Name: SI- Benicia
 Address: P.O. Box 282
Benicia, CA 94510
 Phone: N/A
 Fax: N/A
 Fed. ID #: 94-2359493

Contact Person:

Name: Brooke Barnum
 Title: Project Co-Chair
 Phone: 925-487-6954
 Email: brookebroberts@gmail.com
 Fax: N/A

4. **Year organization legally established: 1921** **State: CA**

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

<input checked="" type="checkbox"/> Safety Net	<input checked="" type="checkbox"/> Health & Wellbeing	<input type="checkbox"/> Other
<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 checked="" 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 checked="" type="checkbox"/> household necessities	<input type="checkbox"/> Mental Health	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> hygiene products	<input type="checkbox"/>

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

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

7. **Anticipated Number of Unduplicated Benicia Residents to be Served: 100-500**

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.

Mary Anne Branch
 Authorizing Signature
 Typed name: Mary Anne Branch

President-S.I.-Benicia
 Title

1/12/2017
 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)
DIRECT COSTS			
Personnel (Direct ¹)	\$ 0	\$ 0	\$ 0
Benefits (Direct ¹)	0	0	0
Personnel (Support ¹)	0	0	0
Benefits (Direct ¹)	0	0	0
Contract Services	0	0	0
Project-Supplies	23,500	20,000	3,500
Project Equipment	0	0	0
Transportation (e.g. gas costs, rental)	0	0	0
Other Direct Costs	0	0	0
SUBTOTAL	23,500	20,000	3,500
INDIRECT COSTS			
(Administrative ¹)			
Personnel	0	0	0
Benefits	0	0	0
Space Rental	0	0	0
Utilities	0	0	0
Telephone	0	0	0
Office Supplies	0	0	0
Transportation (e.g. gas costs, rental)			
Other Indirect Costs			
SUBTOTAL	23,500	20,000	0
TOTAL COSTS	\$ 23,500	\$ 20,000	\$ 3,500

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.

¹ 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
	\$		
Donations/fundraising (Club budget per year)		1,500	Cash
Community Donations per year		2,000	In kind and cash
TOTAL	\$	3,500	

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		\$	0	0
2015-16			0	0
2014-15			0	0
2013-14			0	0
2012-13			0	0
2011-12			0	0
2010-11			0	0
2009-10			0	0
2008-09			0	0
TOTALS		\$	0	0

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Part C - PROJECT / ORGANIZATION DISCUSSION (Please limit Part C to 5 pages.)

11. Brief Project Summary (Two to three sentences describing the grant proposal):

SCOOP! stands for “Soroptimist Closet Of Opportunity and Provisions.” SCOOP! stocks a Closet in the City of Benicia’s Family Resource Center (“the FRC”) with household essentials. SCOOP!’S goal is to provide needed resources to women and girls in the form of basic necessities that are not covered by food stamps or other programs. These necessities include things such as diapers and wipes, car seats, toilet paper, household cleaning supplies, toiletries and feminine products.

12. Describe organization’s general purpose and activities:

Our organization’s mission is to improve the lives of women and girls in local communities and throughout the world through programs leading to social and economic empowerment. The Benicia Chapter does this in many ways. For example, we fundraise to provide scholarships to deserving young women. We also continually work towards establishing a Women’s Resource Center and Domestic Violence Shelter here in Benicia.

13. List all financial liabilities or pending legal action:

None

14. Is your organization applying for other grants for fiscal years 2017-2019? If so, list the project, funding source(s), proposed budgets, and requested amount(s).

As of this date, SI- Benicia is not applying for other grants for fiscal years 2017-2019. However, we reserve the right to apply for other grants for fiscal years 2017-2019 and in the future.

15. At what location will the proposed project take place and how long has the organization been at this location?

SCOOP! is located in Benicia at the FRC (the former Youth Center) at 150 East K Street. SI- Benicia SCOOP! was established in 2014, so it is entering its third year in Benicia. The SI Benicia club has been around for over 30 years. Many of the SI- Benicia club members were members of another chapter of Soroptimist International prior to the establishment of the Benicia chapter. Soroptimist International was established in 1921 in the Bay Area.

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Part C - PROJECT / ORGANIZATION DISCUSSION (continued)

- 16. What are your proposed hours of operations for this project? Please indicate hours that actual services will be provided, and how this may or may not differ from the hours project staff will be available to respond to incoming calls, answer general questions, etc.?**

Since SCOOP! is a partnership with the City of Benicia, services are generally provided through the FRC and during the hours that the FRC is open. We have also provided access to the closet when there is an urgent need and the FRC is closed by having one of our members who is a City staff person open the Closet.

- 17. Describe the project associated with this grant request. Include the goals to be achieved and the strategy that will be used to meet the goals. Be specific when discussing what will be achieved as a result of your program.**

SCOOP!'S goal is to provide needed resources to women and girls in the form of basic necessities. While there are other organizations in town that provide access to meals, help with utilities and contributions to housing costs, some of the day-to-day needs of women and girls are not being met. For example, diapers and wipes, car seats, toiletries and feminine products are needed by members of the community. By partnering with the City of Benicia, our club has been able to provide these and more.

SCOOP! is designed to allow those who need the stocked supplies easy access without red tape. To provide some sense of empowerment we wanted the closet to be more like "shopping" where the clients could pick out supplies. We did not want to have forms to fill out or requirements to be met before our clients could access the supplies. To do this S.I. Benicia needed to find a way to store and distribute the supplies. We needed a partner who could staff the facility and hand out the supplies.

Most of the existing resources that help similar clients are either already cramped in their existing space or are run out of someone's home. One resource that had extra space was the City of Benicia. The City runs the FRC. The FRC serves families and individuals who need assistance. The vast majority of the FRC's clients are single women heads of households- our target clients. S.I. Benicia approached the City about a partnership. In October of 2014, the City agreed to the partnership.

The partnership with the City is twofold and has multiple benefits. First, the City entered into an agreement to allow S.I. Benicia to use a large closet in the building that houses the City's FRC. This location is ideal for our closet because it is in the same building with the FRC and its clients. It also may be an extra incentive for potential FRC clients to visit the site and learn about the programs offered by the FRC. Second, the partnership allows the FRC employees to be in charge of distributing the supplies. This solves the issue of how a volunteer organization can staff the closet full time.

SCOOP! provides toiletries such as shampoo and conditioner, soap, body wash, tooth brushes and hair brushes/combs. Diapers, wipes, breast pumps and feminine supplies are also provided. We can also provide new car seats for infants and children. Over time and with input from the FRC and our clients, we have added to the original list of supplies. We now also offer toilet paper, paper towels, and laundry detergent. By taking care of these needs we can eliminate some of the stresses our clients have.

In 2015, SCOOP! served 27 clients. In 2016, SCOOP! served 150 families. Since we are located in a small town of 28,000 we feel that this is a good start and are encouraged by the fact that the population we serve is growing at an impressive rate. Although we would like for the need for our service to evaporate, as

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word gets out we expect our clientele to grow. The clients are grateful and appreciative. By supplying our provisions, we empower our clients to take care of themselves and their families in times of need.

- 18. If the proposed project involves direct services to youth, please indicate the number of volunteers providing direct services, how those individuals are screened and trained, specific duties assigned to volunteers, and how volunteers are supervised. If the proposed project does not involve direct services to youth, please indicate “N/A”.**

N/A

- 19. Why is this project necessary for the citizens of Benicia? How will recipients benefit from your services?**

There has been a gap in available services for the low income population of Benicia that SCOOP! has begun to help fill. By providing toiletries and basic childcare items, SCOOP! helps reduce the dilemma between a Benician having to choose between food or toilet paper, for example.

- 20. How will outreach be conducted?**

Outreach is conducted through the City’s Family Resource Center and through word-of-mouth by individuals that use the Closet. The Family Resource Center’s focus on providing information and referral services to families and children dovetails nicely with SCOOP’S aims because the vast majority of the FRC’s clients are single women heads of households- SCOOP’S target clients. With the assistance of this grant, we intend to write to the faith based community and other providers to let them know about this resource. We also will be printing “business cards” that can be handed out to people in need to direct them to our Closet.

- 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
SCOOP! served 27 clients in 2015 and 150 families in 2016	-2017- 2018 : Serve 150+ clients -2018-2019: Serve 200+ clients

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

The FRC currently keeps track of data regarding how many visitors use SCOOP and shares this information with SI- Benicia. This method is working well to date.

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

This project is an existing program that we would like to grow. We think that more financial support will provide us the ability to purchase a larger quantity of supplies and more varied supplies, thereby enabling us to increase the number of Benicians served.

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

There are no similar programs in our community of Benicia, so SCOOP meets important needs that were previously unmet. While we like the clients to meet with FRC staff, there are no strings attached to receiving our supplies. SCOOP clients are grateful and appreciative. One client said of SCOOP, "I don't know what I would do without your help. You don't know how much this helps me."

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

SCOOP is an existing program and we continue to successfully partner with the City of Benicia to administer and implement the program. Because SI- Benicia is solely an organization of volunteers, most of our projects involve fundraising and organizing events/scholarships. We have, for the last several decades, successfully fundraised and provided scholarships and opportunities to help women and girls improve their lives. Besides the Soroptimist Garden at Community Park, the SCOOP closet is our first "permanent" physical project. The Soroptimist Garden took years to accomplish from the initial dream when Community Park was being developed to the actual building/planting of the site. We were able to pursue the project to completion with the dedication and persistence of our members. The Garden was also a partnership with the City. We have a good working relationship with the City and fully expect that to continue.

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.

N/A

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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
(X)	1.	IRS Letter of Tax Exempt Status
(X)	2.	Organization's total budget for the current year
(X)	3.	Copy of most recent audit or financial statement
(X)	4.	Names and addresses of Board of Directors
(N/A- no paid staff)	5.	List of paid principal staff and positions
(N/A- no paid staff)	6.	Job descriptions for principal staff and personnel <u>to be paid partially or in full with grant funding</u>
(X)	7.	Copy of resolution or board meeting minutes indicating organization's support of the project application.
(N/A)	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!