City of Berkeley
REQUEST FOR PROPOSALS (RFP)

Applicants:

Incomplete application submissions will not be considered, unless otherwise specified. All responses shall be limited to 500 words. It is recommended that agencies draft responses ahead of time and then copied into the application. Please click on the highlighted key term or refer to the Key Terms Definition document.

Section A: Agency Information Required*

A.1. Agency Information and Contacts:	
*Agency Name:	
*Agency Date of Incorporation:	
*Agency Office Address:	
*Executive Director's Name:	
*Executive Director's Email:	
*Executive Director's Phone:	
*Application Contact Name: (Contact person must respond to questions within one business day.)	
*Application Contact Email :	
*Application Contact Phone :	
*Does your agency have Tax-exempt 501(c)(3) status? If yes, please upload verification.	Yes ☐ No ☐
If no, provide the organization's name, address and contact person of its Fiscal Sponsor:	

A.2. Agency Mission and Services: *Describe your agency's mission and the types of services and activities your agency provides. P*rovide some background on your agency to help us better understand your work.*
[Type response here.]

A.3. <mark>Agency Revenue and Expense:</mark> ***** Please note that all information is shared within the agency, outside of any project or program for which you currently seek funds. (Insert Rows as Needed)

Revenue* (List Funds by Source)	Past Fiscal Year 7/1/22- 6/30/23	Current Fiscal Year 7/1/23- 6/30/24	Proposed Fiscal Year #1 7/1/24- 6/30/25
City of Berkeley – Add field to populate # of fields needed.			
State/Alameda County Funds			
Federal			
Private Foundations/ Corporations			
Agency Generated Revenue(s)			
TOTAL REVENUE			
Dollar Value of COB In-Kind Contributions			
Dollar Value of Non-COB In-Kind Contributions			
Percent City of Berkeley (includes In-Kind)			
Percent Other Public			
Percent Private/Other			
EXPENDITURES			
Salaries and Benefits			
Operating Expense			
TOTAL EXPENDITURES			
Fixed Assets			

a.) In-Kind Contributions: *Provide details on any in-kind contributions from both the City of Berkeley and other non-City sources here. Please describe how you arrived at the value of the in-kind contributions (describe calculations).

[Type response here.]

b.) Funding/Organizational Changes: *Explain any funding changes indicated in the agency budget above. Describe recent or anticipated decreases in revenue or other significant organizational changes or challenges expected in the coming year. How do you expect these changes to impact your agency's budget, activities, or organizational staffing? What is your agency's plan to meet those challenges?

[Type response here.]

c.) Diversification of Funding: *If City of Berkeley funding for your agency is more than 15% of your total agency budget, explain any efforts in the last fiscal year (July 1, 2022 – June 30, 2023) and future plans to diversify agency funding. Please upload a document that contains information on your agency's fundraising efforts in the past fiscal year (see question E.10 below).

A.4. Agency Leadership: *List all members of your board of directors below. Include the name, area of expertise, city of residence and describe each board member's participation in securing funding for the agency.

Board Member Name	Number of Months on the Board	Area of Expertise	City of Residence	Role/Contribution to Agency Fundraising

a.) *How many board members are required in your agency's by-laws: | *Enter # here*

A.5. Cultural Competency: *How does your agency integrate culturally competent practices to affirm participants' identities (racial, cultural, ethnic, gender, and other factors) and support their sense of belonging during outreach and programming?

[Type response here.]

a.) How does your agency effectively provide outreach and deliver services to individuals with Limited English Proficiency?

[Type response here.]

A.6. Staff List: City of Berkeley Funded Programs:
*Create a list of any staff members who will work on each of the programs that your agency is requesting funding for from the City of Berkeley, regardless if you are asking for funding for these specific positions. This list will be used to populate sections of the application for each program for which you are requesting funding. If you are applying for more than one program, you will be able to access this list from any of your applications. *Revisions to staff lists made below will automatically carry over with your agency's other applications.*

Number of Staff Members:

Staff Name	Position/Title	Annualized Salary (100% FTE)	Describe the Program Activities this staff person will perform	Relevant Degrees/ Certificates/ Experience

Section B: PROGRAM INFORMATION Required*

B.1. General Program Information	
*Program Title:	*Select Existing Program Name from drop-down list of programs contained in CDS. Or, in the case of new programs, allow agencies to type into this box.*
*Total funding request for program:	*Generate from budget*
*Total funding already secured for this program:	
*Total Program Cost:	
*Difference between total funding secured and requested and total program cost:	
*Address where program is provided:	
*Contact person for program:	
*Program contact phone:	
*Program contact email:	

Upload Program Org Chart with program positions, staff names and FTEs.

B.2. Type of Service: *Check the category that describes the type of services this program provides.

Berkeley Youth Equity Partnership: Kindergarten Ready
Berkeley Youth Equity Partnership: College and Career Ready
Berkeley Youth Equity Partnership: Healthy, Connected, and Resilient
Berkeley Youth Equity Partnership: Supported at School and at Home
Community Facility Improvement Program
Disability Services

Disability Services – Measure E
Fair Housing Services
Health Care Services – General
Health Care Services – Alcohol and Other Drug (AOD) Treatment
==Homeless== – Prevention - Housing Retention Grants
Homeless – Emergency Shelter
Homeless – Transitional Housing
Homeless – Housing Navigation Services
Homeless - Tenancy Sustaining Services
Homeless – Alcohol and Other Drug (AOD) Treatment
Homeless – Representative Payee
Homeless – Benefits Advocacy
Homeless – Workforce Development
Homeless – Drop-In Center (includes shower/laundry)
Homeless – Encampment Services (showers/laundry and or RV waste removal)
Homeless – Rapid Re-Housing / Flexible Subsidies
Homeless – Street Outreach
Homeless – Coordinated Entry System (CES) / Housing Problem Solving
Housing Services
Legal /Advocacy/ Mediation Services
Other Services
Senior Services
Single Family Housing Rehabilitation
Workforce Development – General
Workforce Development – Skills Training
Workforce Development – Job Search Services
Workforce Development – Financial Literacy

B.3. Program Description: *Please provide a description of the program for which you are requesting funds. Include the location, program year (e.g., year-round, school year only, summer only, etc.) and days and hours that services are offered.

[Type response here]

a) Describe 2 - 4 key goals of your proposed program?

[Type response here]

b.) Describe 2 – 4 strategies that are essential to achieving your program's goals. Provide the research, evidence, or data that validates the efficacy of each strategy listed.

[Type response here]

c.) Describe the services offered to help participants achieve each goal, including the level of services (type(s) of service/activity, frequency and duration). What can each participant expect to receive from the program?

[Type response here]

B.4. Target Population: Required*

a) **Describe the primary population(s) your program will serve.** Include relevant information about your targeted population such as ethnic, racial, English learner designation, gender identification, age, special needs, prior academic performance, prior experience with the justice system, homelessness, or other identifiers used by your agency to target services to needs.

[Type response here]

b) **Indicate the number and incomes of the target population(s) to be served by this program:** For all reported numbers served, provide an unduplicated count of program participants.
   Housing programs should indicate information for households served.
   **Homeless Services programs that use HMIS should use data from FY23 APR and FY24 Qtr 1 APR.
   *** **For Berkeley Youth Equity Partnership (YEP)** programs only: City of Berkeley participants include BUSD enrolled students who reside outside of the City of Berkeley.

TARGET POPULATION – Entire Program	Prior Year – Actual 7/1/22- 6/30/23	Current Year - Projected 7/1/23-	Projected 7/1/24- 6/30/25
1. **Total** number of Individuals* served (**City of Berkeley** and non-residents)			
2. **Total** number of **City of Berkeley Participants***			
3. Percentage of **City of Berkeley participants** to total participants served			

Target Population Detail -- Berkeley Participants Only: Indicate the number of participants in the "#" column. Percentages will be automatically calculated using the number of Berkeley participants above.	#	%	#	%	#	%
4. **Low/Moderate Income** Berkeley participants (their income falls at or below 80% of the Area Median Income)						
5. Berkeley participants whose income is at or below the National Poverty Line						

c) **Race/Ethnicity** of Berkeley Program Participants*** **served last fiscal year** (7/1/2022-6/30/2023):
Housing programs should indicate race/ethnicity for head of household.
*** **For YEP programs only:** City of Berkeley participants include BUSD enrolled students who reside outside of the City of Berkeley.
****For Homeless Programs: Complete this table using HMIS program data. If your agency doesn't use HMIS and you're not required to submit program reports in CDS, please complete the section using data collected by your agency.

Ethnicity	Number of Program Participants	Percentage
Latino/Hispanic		
Race Category		
Black or African American		
Asian		
White		
American Indian or Alaskan Native		
Native Hawaiian or other Pacific Islander		
More than two races/ Other		
Total		

B.5. Describe your planned outreach to the population identified above. *How will your program conduct outreach and engage the target population, especially people living at the poverty level or below and those who may be eligible, but may not hear about your program or may face barriers to participating?

[Type response here]

B.6. Needs Assessment: *Describe the key needs of the target population that you plan to serve.

[Type response here]

a) How does your agency determine, on an ongoing basis, the needs of the target population?

b) How will the proposed program specifically address the needs or the target population?

[Type response here]

c) What experience has your program had successfully serving this population? Please include outcome data that demonstrates your program's success.

[Type response here]

B.7. Annual Service Measures and Outcomes (FY 2025 – FY 2028)
*Provide information on the services, outcomes and number of participants you will serve each year if the program is funded.

Total Number of Participants (Berkeley and non-Berkeley) to be Served Annually	#	Total Number of **Berkeley** Participants*** to be Served Annually	#

Long-Term Goal: Automatically Populated based on Program Type

#	Service Measures	Units of Service (UOS)	# of Berkeley Participants*** to be Served	Outcomes	# of Berkeley Participants*** Expected to Achieve Outcome	Method for Measuring Outcome
1						
2						
3						
4						

*Provide a clear description of all service measures and define your units of service below. Wherever possible, include formulas that indicate the frequency of service delivery (i.e., daily, weekly, monthly), duration (i.e., minutes, hours, days) and how the service is provided (i.e., one-on-one meetings; group sessions; classroom setting; participant home visits; etc.). Example: Participant Tutoring Sessions per Year = 25 participants will attend 60-minute tutoring sessions 3 times a week for 40 weeks per year (excludes summer) = 25 x 3 x 40 = 3,000 participant tutoring sessions/year.

1	
2	
3	
4	

*** **For YEP programs only:** City of Berkeley participants include BUSD enrolled students who reside outside of the City of Berkeley.

**B.8. Staffing Detail: ***Provide details on staffing for the proposed program. Include all positions, not just those proposed for City of Berkeley funding. Click on drop-down and select position/name and add FTE %.

Staff Name	Position/Title	Describe the program activities this staff person will perform	Degrees/ Certificates/Experience

B.9: Staffing Ratio: *What is the direct service staff to participant ratio for this program?

[Type response here.]

B.10. Staff Training and Supervision: *Describe how your program onboards, trains and manages staff and volunteers. What policies and procedures are in place to make sure staff has the- training and organizational guidance and support to assure high quality of service**?** Describe the frequency of supervision and the types and frequency of professional development opportunities provided.

[Type response here.]

B.11. Organizational Improvements: *Please describe your program's strategies and methods to promote continuous improvement. How and how often are the quality of services, customer satisfaction, and program performance assessed and shared with relevant staff and management? What data collection system do you use? How is data used to improve planning, service delivery and organizational management?

[Type response here.]

B.12. Past Performance: Required*

   a.) Is this program: Currently Funded by COB ____   Not Currently Funded by the COB____

   b.) The latest Annual Program Report for this program is shown below.

If Currently Funded, Insert (a link to) the program's latest Annual Program Report here:

[FY2023 program report inserted here automatically in CDS.]

   c.) New Programs Requesting COB Funding: Describe any experience your agency has in implementing a similar project. Describe the added value that you expect your proposed program to bring to Berkeley participants and any specific gaps that you expect your program will fill for Berkeley participants

[Type response here.]

   d.) Currently Funded Programs: What were your major programmatic and/or organizational lessons learned during the last cycle of funding from the City of Berkeley? Describe 2 – 4 key lessons learned and how specifically your program has applied or, in FY 23 – 24, will apply these insights into strengthening or improving services provided and/or organizational management.

[Type response here.]

B.13. Organizational Capacity Risk Assessment: Required*:
This Community Agency RFP uses a mix of funds including local, state and federal Housing and Urban Development (HUD) funds. Please describe your experience and/or capacity to comply with HUD regulations if awarded HUD funds.

Section C: SUPPLEMENTAL QUESTIONS Required*

<u>Supplemental questions are required for Berkeley's Youth Equity Partnership, Homeless Programs & Workforce Development.</u> Please answer the additional questions if you selected either of these service types in question B.2. Otherwise, you may skip to Section D.

C.1. *Berkeley Youth Equity Partnership Supplemental Questions Based on Service Type
Berkeley Youth Equity Partnership: Kindergarten Ready
Berkeley Youth Equity Partnership: Successful in School
Berkeley Youth Equity Partnership: College and Career Ready
Berkeley Youth Equity Partnership: Healthy, Connected, and Resilient
Berkeley Youth Equity Partnership: Supported at School and at Home

C.2. *Homeless Program Supplemental Questions Based on Service Type

Homeless – Prevention - Housing Retention Grants
Homeless – Emergency Shelter
Homeless – Transitional Housing
Homeless – Housing Navigation Services
Homeless - Tenancy Sustaining Services
Homeless – Alcohol and Other Drug (AOD) Treatment
Homeless – Representative Payee
Homeless – Benefits Advocacy
Homeless – Workforce Development
Homeless – Drop-In Center (includes shower/laundry)
Homeless – Encampment Services (showers/laundry and or RV waste removal)
Homeless – Rapid Re-Housing / Flexible Subsidies
Homeless – Street Outreach
Homeless – Coordinated Entry System (CES) / Housing Problem Solving

C.3 *Workforce Development Supplemental Questions Based on Service Type

Workforce Development – General
Workforce Development – Skills Training
Workforce Development – Job Search Services
Workforce Development – Financial Literacy

Section D PROGRAM BUDGET (inserted here in CDS)

Section E: DOCUMENTATION

REQUIRED* of All Applicants:
Upload the following documents. Items 1-10 are required for this application to be considered complete.

For questions regarding the required documents' contents, please contact our office at CommunityAgencyRFP@berkeleyca.gov no later than three (3) business days prior to submitting your application. For technical database issues with uploading the documents, please contact CDS no later than three (3) business days prior to submitting your application at support@citydataservices.com

1.	Board Resolution authorizing submission of application.	Upload
2.	Most recent Program or Financial Audit, including the management letter, or, if none, year-end financial statement.	Upload
3.	Articles of Incorporation and By-Laws	Upload – if new agency
4.	Agency Organizational Chart – Each position funded by the City of Berkeley should be clearly identified in the Organizational Chart and the name of the staff member and % FTE should be indicated.	Upload
5.	Program Organization Chart – The organizational chart should reflect all program staff, even if not requesting funds from the City of Berkeley	Upload
6.	Letters from Internal Revenue Service and Franchise Tax Board establishing sponsor's tax-exempt status.	Upload – if new agency
7.	ADA Certification	Upload
8.	Participant Grievance Process	Upload
9.	List all Board, Board subcommittee, and strategic planning meetings held during FY23 (July 1, 2022 through October 31, 2023). Describe Board discussion and actions regarding program planning and evaluation. Include any board activities that supported the development of financial sources other than City of Berkeley funding for project(s) included in this application.	Upload
10.	Upload Fundraising activities (from Question number A.3c)	Upload

OPTIONAL Supporting Documentation:

Items 11-13 are optional supplements supporting the application that can be provided. These should be in PDF form and only up to 5 pages total.

Due to reader time constraints, any additional pages or listed documentation exceeding page limitations or other types of documentation will not be read.

11.	Summary of Agency Strategic Plan (if adopted and in current use) (Optional- No more than 1 page)	Upload
12.	Memorandum of Understanding with Partnership Agreements Related to this Application (Optional- No more than 3 pages total)	Upload
13.	Emergency Action Plan – (Optional for application but if awarded the agency must submit with contract documents)	Upload