**RFP2025-01 COMMUNITY ENGAGEMENT & SUPPORT GRANTS**

**PROPOSAL COVER SHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  |  | **Application Registration No:** | |
| **Agency:** |  | | **Phone:** |  |
| **Address:** |  | | **Fax:** |  |
|  |  | | **Email:** |  |
|  |  | | **Web:** |  |
| **Project**  **Contact:** |  | | **Title:** |  |
| **GRANT CATEGORY:**   |  |  | | --- | --- | | **LANGUAGE ACCESS COMMUNITY GRANTS**   * Citywide Language Access Collaborative * Filipino Language Services & Capacity Building * Southeast Asian Language Services & Capacity Building * Central American Indigenous Languages Services & Capacity Building * Community Interpreters Capacity Building * Language Support Services for Families in the Tenderloin Community | * **NATURALIZATION SERVICES collaborative** | | * **FEE ASSISTANCE FOR IMMIGRATION-RELATED SERVICES** | | * **ASYLUM IMMIGRATION LEGAL SERVICES, INCLUDING EXPERIENCE REACHING TRANSGENDER & GENDER-NONCONFORMING RESIDENTS** | | | | | |
| **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\*** |
| 5. | **Compliance with California Attorney General Registry of Charitable Trusts** |
| 6. | **California Franchise Tax Board** |

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

**APPLICATION FORM**

**RFP2025-01 COMMUNITY ENGAGEMENT & SUPPORT 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:**   |  |  | | --- | --- | | **LANGUAGE ACCESS COMMUNITY GRANTS**   * Citywide Language Access Collaborative * Filipino Language Services & Capacity Building * Southeast Asian Language Services & Capacity Building * Central American Indigenous Languages Services & Capacity Building * Community Interpreters Capacity Building * Language Support Services for Families in the Tenderloin | * **NATURALIZATION SERVICES collaborative** | | * **FEE ASSISTANCE FOR IMMIGRATION-RELATED SERVICES** | | * **ASYLUM IMMIGRATION LEGAL SERVICES, INCLUDING EXPERIENCE REACHING TRANSGENDER & GENDER-NONCONFORMING RESIDENTS** | |

Are you applying to be a lead organization?  Yes  No

**Short Project Description:**  [max. 150 words]

**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 Community Engagement & Support 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.** **Target Population & Expertise** **–** Describe the communities that will be served in the proposed project, and how you will identify and outreach to them. Describe your organization’s experience and track record working with the target population and providing the proposed services. (While no one should be turned away from accessing services due to their race, ethnicity, gender, sexual orientation, or national origin, we recognize the importance of working with organizations that have experience and expertise reaching vulnerable, hard to reach communities). [max. 300 words]

1. **Project Description & Overview** **–** 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 proposed model will achieve the outcomes outlined in the RFP. [max. 500 words]
2. **Goals, Performance Measures & Service Objectives –** Clearly list and define all measurable goals, performance measures and services objectives associated with your proposed project.(max. 300 words)

In addition to a narrative description of program goals and service objectives please identify **specific quantitative performance metrics and objectives** for each year\* of the project using the table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SERVICE OBJECTIVES AND DELIVERABLES** | **YEAR 1 GOAL**  (July 2025 - June 2026) | **YEAR 2 GOAL**  (July 2026 - June 2027) | **YEAR 3 GOAL**  (July 2027 - June 2028) | **YEAR 4 GOAL**  (July 2028 - June 2029) | **TOTAL** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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*\*Terms are for 1 year up to 4 years.*

1. **Impact & Outcomes Measures**

Please provide outcomes metrics that describe the impact and quality of the above performance metrics. Please also include specific, numeric outcomes measures (max. 300 words)

1. **Organizational Capacity & Qualifications:**

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. Describe the relevant skills and experience of key individuals who will support this project. If part of a collaborative or coalition, please list the collaborative organizations that are part of this proposal and describe your agency’s previous experience working as part of a collaborative to design and deliver services and ensure program success. [max. 500 words]

**BUDGET WORKSHEET**

**RFP2025-01 COMMUNITY ENGAGEMENT & SUPPORT GRANTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant:** |  | | | | | | | | | | **Date:** | | | |  | | |
| **Organizational Budget:** |  | | | | | **Amount Being Requested:** | | | | | | | | |  | | |
| **Fiscal Year Ends:** |  | | | | | **Project Contact:** | | | | | | | | |  | | |
| **Application Registration Number:**  *(For OCEIA Office Use Only)* | |  | | | |  | |  | |  | |  |
|  | | |  | **Year 1**  **Budget**  **(FY25-26)** |  | | **Year 2**  **Budget**  **(FY26-27)** | |  | **Year 3**  **Budget**  **(FY27-28)** | | |  | **Year 4**  **Budget**  **(FY28-29)** | |  | **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 or percentage of salary. 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. Indirect costs should be no more than 15% of total **direct** 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:** **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**