**Organization Capacity Building - Assessment Application**

*Please review the Capacity Building Information Packet and “Find Your Fit” Chart on the Home For Good website prior to beginning this application:* [*www.homeforgoodla.org/grantseekers*](http://www.homeforgoodla.org/grantseekers)

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The Capacity Building RFP jointly released by the Los Angeles Homeless Services Authority (LAHSA) and United Way’s Home For Good Funders Collaborative (Funders Collaborative) is a rolling, competitive application process for homeless service providers and developers of all sizes operating in Los Angeles County.

The Assessment application is intended for organizations that have NOT completed a formal capacity needs assessment within the past 3 years. **If approved, your organization will receive a total of $8,000 to hire an outside consultant/contractor/vendor to conduct a capacity needs assessment.** Most agencies will apply for a general assessment to help identify and prioritize areas of focus. If your agency has done some preliminary exploration of your needs and would benefit most from a more targeted assessment, please expand on that request in the narrative section.

If awarded an assessment grant, your organization will be pre-qualified to receive funding for implementation (max of $40,000 of public funding that your organization will provide to a consultant to assist with putting assessment outcomes into action) and to apply for additional implementation and infrastructure support. All awarded agencies will be contracting directly with United Way of Greater Los Angeles.

Application submissions will be reviewed by potential funding partners of the Home For Good Funders Collaborative for indirect and aligned funding support. Organizations should outline any current or planned private funding related to capacity building within the application narrative so we can coordinate and maximize public and private resources.

For questions or scoping assistance with Assessment applications, please contact the LAHSA capacity building team at [capacitybuilding@lahsa.org](mailto:capacitybuilding@lahsa.org).

**Assessment Areas of Focus**

Please see the list below for example Areas of Focus for a capacity building needs assessment. This is not an exhaustive list and you are encouraged to reach out to the LAHSA capacity building team ([capacitybuilding@lahsa.org](mailto:capacitybuilding@lahsa.org)) with any questions or requests for scoping assistance to ensure your focus area is considered eligible.

Assessment applications are not eligible for one-time infrastructure costs. The Areas of Focus listed below should be tailored towards strengthening organizational effectiveness (e.g. development of policies and procedures) – not the purchase of one-time infrastructure upgrades, which can be applied for once the Assessment process has been completed.

| **EXAMPLES OF ASSESSMENT AREAS OF FOCUS** | | | |
| --- | --- | --- | --- |
| **Operational Management** | **Leadership** | | **Program Administration** |
| * Financial policies & procedures * Information Technologies (IT) * Human Resources policies & procedures * Contract/Grants management * Policies & Procedures * Communications * Fundraising and Resource Development | * Board Composition & Governance * Organizational Structure * Succession Planning * Strategic Planning * Community Engagement | | * Reporting * Program Evaluation * Collaboration with Partners and Subcontractors |
| **Ineligible Costs** | | | |
| * Staffing/Salaries * Temporary recruiters * Purchase of land or office space | | * General operating and administration * Reserve funds | |

**Collaborative Applications**

Collaborative applications are permitted. Before completing a collaborative application, it is strongly recommended that interested partners meet to develop a comprehensive project plan. Collaborative applications are valuable if your agency has a strong partnership or shared initiatives with another organization. For example, a CES lead agency may wish to apply for a collaborative capacity building need that is shared with a subcontractor, such as financial policies and procedures.

**Application Instructions**

Applications will be accepted on a rolling basis. You may submit your application any day of the month. Review of applications will begin once a fully completed application has been received. Awards will be made on a rolling basis.

Collaborative applications are permitted. All documentation must be submitted for each organization listed on the application. Please see Page 2 of this application for more information.

There are three parts to the Capacity Building Assessment Application:

* Part I: Organization Application
* Part II: Project Narrative
* Part III: Additional Attachments

**Please submit complete applications to** [**rfp@unitedwayla.org**](mailto:rfp@unitedwayla.org)**.** Only attach the information requested above for submission. Use templates wherever provided. Each section should be submitted as a separately saved document and in its original format (i.e., Project Narrative in Word format, Project Budget as Excel spreadsheet).

If you have questions regarding application materials or submission, contact [capacitybuilding@lahsa.org](mailto:capacitybuilding@lahsa.org).

*Please note, the information submitted through this application will be shared with potential funding partners of the Home For Good Funders Collaborative for direct and aligned funding support and any qualified vendors selected by the organization for technical assistance support.*

**Part I: Organization Application**

*If this is a collaborative application, please submit one Organization Operating Template per organization.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ORGANIZATIONAL INFORMATION** | | | | |
| **Lead or Primary Organization Name:** |  | | | |
| **Primary Population(s) Served** (DV, older adults, veterans, etc.): |  | | | |
| **Year Established:** |  | | | |
| **Service Planning Area(s) (SPA):** |  | | | |
| **IRS Tax Identification Number:** |  | | | |
| **Website:** |  | | | |
| **Mission Statement:** | | | | |
| **Physical Address:** | | | | |
| **Mailing Address (if different than Physical Address):** | | | | |
| **APPLICATION CONTACTS** | | | | |
| **Executive Director Contact** | **Name:**  **Phone Number:**  **Email Address:** | | | |
| **Application Contact** (If different than Executive Director) | **Name:**  **Title:**  **Phone Number:**  **Email Address:** | | | |
| **ORGANIZATIONAL GROWTH** | | | | |
|  | **FY 18-19 (Projected)** | **FY 17-18** | **FY 16-17** | **FY 15-16** |
| **Overall Organization Operating Budget:** |  |  |  |  |
| **Percentage (%) of Public Funding:** |  |  |  |  |
| **Percentage (%) of Private Funding:** |  |  |  |  |
| **Number of Homeless Clients Served:** |  |  |  |  |
| **Number of Subcontracted Partners:** |  |  |  |  |
| **Number of Board Members** |  |  |  |  |
| **Total Organization Headcount:** |  |  |  |  |
| **Number of Full-Time Staff:** |  |  |  |  |
| **Number of Part-Time Staff:** |  |  |  |  |
| **Number of Volunteers:** |  |  |  |  |

**Part II: Project Narrative**

*Please complete the narrative questions below. Please adhere to the word count for each section.*

1. **Agency Status** (Limit 500 words)
2. Why is your organization interested in completing a capacity needs assessment at this time? Have you applied for capacity building support through this RFP before?
3. Please summarize how your organization(s) have grown. What challenges, changes, or special circumstances have caused your organization(s) to request capacity-building technical assistance, and address operating infrastructure at this time?
4. Describe where the organization(s) leadership is in relation to capacity building. What are the priorities of Executive Leadership and the Board of Directors? Please include any work that has been done to assess capacity concerns, and the outcomes within the past three years, if applicable. Include the names of any consultants, technical assistance providers, assessments utilized or completed, dates of the projects, the results of activities, and current project status.
5. Please note service providing agencies, non-profit or for-profit organizations, businesses, or additional funders in your network that you rely upon for operational support. Please indicate if your organization administers or receives subcontracts. If subcontract partnerships exist, please provide the names of the subcontracted organizations, along with budget awards for each.
6. **Assessment Goals** (Limit 250 words)
7. Please describe the objectives the organization is expecting from the assessment process. If you have a particular focus area in mind for the assessment, please provide additional detail (please see page 1 for examples). If not, please describe what you generally hope to achieve through the assessment process.
8. How will this needs assessment inform your work as part of the Coordinated Entry System (CES) and other regional efforts to end homelessness?
9. **Readiness** (Limit 250 words)
10. What are the indicators that your organization(s) is ready to engage in capacity building?
11. Discuss how all staffing levels, as well as all levels of organizational leadership will be impacted and will participate in the proposed project. What work has been done to develop buy-in?
12. Does your organization currently have any technical assistance plans that it is working on to address other needs related to areas of focus listed on page 1? If so, please provide information on the nature of each plan and any partners involved in the work.
13. **Funding & Resources**
14. Will you be dedicating or leveraging organizational resources to this process (e.g.: other private funding, staff members dedicated to project, board involvement, etc.)? Please specify if the resources leveraged are focused on general support or are specific to your homelessness work.
15. Please complete the chart below listing other private/public grants related to capacity building areas of focus outside of this RFP (please see page 1 for example areas of focus):

|  |  |  |  |
| --- | --- | --- | --- |
| **Private Grants** | | | |
| **Name of Foundation/Private Funding Entity** | **Purpose of Grant** | **Grant Amount** | **Awarded or Pending?** |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Public Grants (Excluding Measure H funding)** | | | |
| **Name of Public Agency/Public Funding Entity** | **Purpose of Grant** | **Grant Amount** | **Awarded or Pending?** |
|  |  |  |  |
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|  |  |  |  |

1. Does your organization have any plans to apply for other private or public capacity building opportunities not listed on the chart above?
2. **Technical Assistance Consultant/Contractor/Vendor** (Limit 250 words)

*For a list of pre-qualified vendors and additional information regarding selecting a consultant/contractor/vendor, please visit* [*www.homeforgoodla.org/grantseekers*](http://www.homeforgoodla.org/grantseekers) *and see page 3 of the Information Packet. If awarded for an Assessment, Grantees must contract with someone on the list of pre-qualified consultants. If the list of pre-qualified consultants does not meet your organization’s technical assistance need, please explain in the narrative section of your application your justification for selecting an outside vendor through a competitive process and attach supporting documentation. Organizations can apply for Assessment without selecting a consultant/contractor/vendor ahead of time, but should provide information on the type of vendor/consultant they will need, if a specific assessment focus area has been identified.*

1. Does your agency have a specific consulting firm that you would like to work with to complete your assessment? Please specify if this agency is included on LAHSA’s list of pre-qualified vendors (visit [www.homeforgoodla.org/grantseekers](http://www.homeforgoodla.org/grantseekers) or see page 3 of the Information Packet for the complete list). If not, what type of vendor/consultant will your agency need to conduct its assessment (e.g. general focus, IT, HR, Finance, etc.).
2. *Optional (only if applicable):* If the consulting firm is not on LAHSA’s list of pre-qualified vendors, please provide a statement of justification explaining the competitive process you used to identify this vendor and why they were selected. Please attach any supporting documentation to your application (e.g. quotes, emails, etc.). Please see page 3 of the Information Packet for additional information regarding a competitive procurement process.
3. **\*For Collaborative Applications Only** (Limit 500 words)
4. Please describe the history and culture of collaboration amongst the partnering organizations. Include why these organizations are partnering together on this application and what strengths each brings to the project plan.
5. Describe existing relationships that will enable engagement of a broad, inter-organizational group of stakeholders to implement the proposed project.

**Part III: Additional Attachments**

**Required Attachments:**

1. Board of Directors Letter of Support:
   * Should be typed on agency letterhead and signed by Board Chair/President and addressed to:

United Way of Greater Los Angeles, 1150 S. Olive Street, Suite 500, Los Angeles, CA 90015

1. IRS 501(c) Determination Letter demonstrating Tax Exemption Status
2. IRS Form 990 or Audited Financial Statements for most recent fiscal year

**Optional Attachments:**

1. Vendor/consultant quote or any other supporting documentation, if already identified
2. Statement of justification explaining how vendor/consultant selected, if already identified
3. To demonstrate high-risk status, please attach the following, if applicable:
   * LAHSA Risk Assessment
   * Risk Assessment Conducted by Another Funding or Auditing Entity
   * Other Audit or Compliance Finding as Assessed by LAHSA or Another Funding or Auditing Entity