**Organization Capacity Building – Implementation & Infrastructure 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 Implementation & Infrastructure application is intended for organizations that HAVE already completed a formal capacity needs assessment within the past 3 years and can provide documentation. There is no set cap for Implementation & Infrastructure but organizations are encouraged to express their full need/cost on the budget. Requests typically range between $50,000 – $150,000. **If approved, $40,000 of your request will be supported with public funding and the remaining amount may be supported by private funding through the Funders Collaborative and its aligned funding partners.** 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 Implementation & Infrastructure applications, please contact the LAHSA capacity building team at [capacitybuilding@lahsa.org](mailto:capacitybuilding@lahsa.org).

**Implementation Areas of Focus**

Please see the list below for example Areas of Focus for capacity building Implementation projects. Your selected areas of focus should reflect the findings of your previously completed capacity needs assessment.

| **EXAMPLES OF IMPLEMENTATION 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 |
| **Examples of Implementation Projects** | | |
| * Outside Consultant/Contractor/Vendor is contracted by the awarded agency to:   + Develop policies, procedures, training manuals and/or other materials related to the Area of Focus   + Conduct focus meetings with staff and assist with development of strategic plan, resource development plan, etc.   + Conduct staff trainings related to the Area of Focus   + Install new software or database related to the Area of Focus | | |

**One-Time Infrastructure Supports**

One-time infrastructure supports can also be applied for during the implementation phase for consideration by the Funders Collaborative and its aligned funding partners.Applicants should explain how their infrastructure needs complement and align with the overall implementation request within their narrative response AND on the project budget.

| **EXAMPLES OF ONE-TIME INFRASTRUCTURE COSTS:**  All infrastructure requests should be clearly related to the agencies’ prioritized Areas of Focus and planned implementation efforts. | |
| --- | --- |
| **Examples Eligible Costs** | **Examples of Ineligible Costs** |
| * Computers, laptops * Software * Databases * Time-limited Subscriptions or Licenses * Materials * Other justified infrastructure costs | * Staffing/Salaries * Temporary recruiters * Purchase of land or office space * General operating and administration * Reserve funds |

**Example:** Recognizing they are growing quickly and have areas of need, Agency XYZ conducts a formal review of their operations that results in a set of recommendations that identifies fiscal management as a key priority area. Based on those recommendations, Agency XYZ applies for implementation funds for a consultant to assist with the creation of policies and procedures related to finance. The agency explains in the narrative section that they need to purchase a new software system in order to carry out the implementation plan and clearly states why the software system is critical to the success of the plan. The software system is also included on the Project Budget under the “Infrastructure” section. Throughout the application, Agency XYZ clearly demonstrates how the implementation and infrastructure work will strengthen service delivery and efforts to end homelessness.

**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 four parts to the Capacity Building Implementation Application:

* Part I: Organization Application
* Part II: Project Narrative
* Part III: Workplan
* Part IV: Project Budget Template
* Part V: 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 implementing a capacity building plan 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 (3) 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. **Readiness** (Limit 250 words)
7. What are the indicators that your organization(s) is ready to engage in capacity building?
8. 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?
9. 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.
10. **Funding & Resources**
11. 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.
12. 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?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Public Grants (Excluding Measure H funding)** | | | |
| **Name of Public Agency/Public Funding Entity** | **Purpose of Grant** | **Grant Amount** | **Awarded or Pending?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Does your organization have any plans to apply for other private or public capacity building opportunities not listed on the chart above?
2. **Implementation Project Plan Description & Work Plan (page 8)** (Limit 500 words)
3. Please list the top three areas of need in order of importance and explain why each one is a priority for the organization. The ranking provided will be taken into consideration if a request is partially funded and prioritization is required. Please refer to the “Examples of Implementation Areas of Focus” chart on page 1 of the application for examples. Please do not list any infrastructure requests in your responses.
4. What members of your existing staff will be involved in the implementation project and what will their roles be? Please list their name, title and length of time in their position.
5. Please fill out the attached Workplan on page 8.
6. *Optional – only applicable if ongoing costs have been identified for the implementation project:* Please explain how you plan to maintain your implementation project once funding through this grant opportunity comes to an end. Please specify what ongoing costs you foresee and how you plan to pay for those costs in the future.
7. **Project Impact** (Limit 250 words)
8. Please describe the desired impact of the proposed project. How will increased operating capacity impact service capacity? How will the proposed project inform your work as part of the Coordinated Entry System (CES) and other regional efforts to end homelessness?
9. How will the organization(s) measure project outcomes and effectiveness? Please outline how the organization(s) will determine success.
10. Describe any tangible outcomes that will result from the proposed project (i.e., a strategic plan, organizational chart, policy and procedure creation, etc.)
11. Describe the organization’s plan for sustaining momentum and maintaining staff participation.
12. How will this help you be able to take on additional funding or utilize public funding more effectively and enhance services? Please note specific strategies where applicable.
13. **Infrastructure Request** (Limit 500 words)
14. Please describe what, if any, one-time infrastructure costs you would like to apply for and how those complement and align with your implementation request.
15. **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, Grantees are encouraged to contract with someone on the list of pre-qualified consultants. If your organization would prefer to contract with a consulting firm or vendor not included on this list, you will be required to describe how you selected the consultant/vendor through a competitive procurement or other justified selection process. Organizations can apply for implementation without selecting a consultant/contractor/vendor ahead of time, but should provide information on the type of vendor/consultant they will need to complete their implementation project.*

1. Does your agency have a specific consulting firm that you would like to work with to complete your implementation project? 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 complete its implementation project (e.g. 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: Workplan**

Please complete the workplan template provided below for the proposed implementation project. The Priority Areas should reflect those outlined in your narrative response for Question 4(a).

|  |  |  |
| --- | --- | --- |
| **Implementation Plan**  **Overview:** | Describe Implementation Plan Overview Here | |
| **Priority Area #1** | List Area of Focus (see page 1) for Priority Area | |
| **Activities** | **Key Milestone Dates**  *Suggested start date is 3-4 months from date of application submission. Dates should align with each activity listed.* | **Expected Impact of this Priority Area** |
| 1. (insert text) 2. (insert text) 3. (insert text) | 1. (insert date) 2. (insert date) 3. (insert date) |  |
| **Priority Area #2** | List Area of Focus (see page 1) for Priority Area | |
| 1. (insert text) 2. (insert text) 3. (insert text) | 1. (insert date) 2. (insert date) 3. (insert date) |  |
| **Priority Area #3** | List Area of Focus (see page 1) for Priority Area | |
| 1. (insert text) 2. (insert text) 3. (insert text) | 1. (insert date) 2. (insert date) 3. (insert date) |  |

**Part IV: Project Budget Template**

**Project Budget**:

1. Project Budget excel template can be accessed by going to the following website: [*homeforgoodla.org/grantseekers*](file:///\\nas\users\aadams\Capacity%20Building%20RFP\homeforgoodla.org\grantseekers). Please see the “Example Budget” tab for an example of how to complete the template.

**Part V: 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
3. Completed Capacity Needs Assessment and Other Supporting Documentation

**Optional Attachments:**

1. Organization Chart
2. Vendor/consultant quote or any other supporting documentation, if already identified
3. Statement of justification explaining how vendor/consultant selected, if already identified
4. 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