



## **Aging With Dignity Initiative**

### **REQUEST FOR PROPOSALS 2015 SAN DIEGO Aging with Dignity Initiative FUNDING CYCLE**

**RELEASED NOVEMBER 13, 2014**

**PLEASE SUBMIT YOUR APPLICATION ELECTRONICALLY TO:**

**JOHN L. BROWN, EXECUTIVE DIRECTOR  
SAN DIEGO HUMAN DIGNITY FOUNDATION  
JLBROWN@SDHDF.ORG**

The San Diego AWD is issuing this competitive Request for Proposals (RFP) to 501(c)(3), community-based organizations providing prevention & education and/or care & treatment programs and services to lesbian, gay men, transgender persons, bisexual persons and those questioning or queer in San Diego County.

#### **Background of the San Diego AWD**

The San Diego AWD is a program chaired by the San Diego Human Dignity Foundation (SDHDF). Established in 2012, the mission of the AWD is to foster the development and implementation of comprehensive and culturally appropriate quality care and social services for LGBTQ seniors in San Diego County.

## Eligibility Guidelines

### Who is eligible to apply for funding?

To be eligible, applicants must be a legally organized 501(c)(3) organization located in San Diego County and the organization must already provide care and treatment services and/or preventative health and or social services to LGBTQ seniors.

### How can SDHFC funds be used?

Funds may be requested to support any one of the following three major funding areas:

1. Outreach to LGBTQ seniors in health and social service promotion efforts
2. Health promotion and education services for LGBTQ seniors
3. Healthcare and support services for LGBTQ seniors

Organizations may apply for only one category of funding and may submit only one proposal per funding cycle. SDHDF funds cannot be used to supplant any other funding source and should be considered funding of last resort.

The SDHFC is committed to making support available to agencies that commit to providing culturally appropriate care and who effectively increase access to care for the traditionally underserved. With the continuing dramatic decline in public funding, SDHDF believes it is critical to prioritize funding for these agencies that function as community "anchor points" in the county wide care of LGBTQ seniors.

#### Outreach (includes identification of LGBTQ Seniors)

- Funding personnel
- Advertising
- LGBTQ senior friendly provider list

#### Health Promotion/Education

- Community Classes
- Promotional flyers with LGBTQ senior imagery
- Provider education

#### Healthcare and social services

- Funding to create new inclusive intake paperwork and/or to include gender identity and sexual orientation in the electronic health board
- Programming specific to LGBTQ seniors

## Frequently Asked Questions

**Q: How do we apply for funding?**

A: Submit a completed, *signed* electronic application with all requested information and attachments no later than 5:00 pm, December 12, 2014. Applications that are incomplete, faxed, delivered in hard copy or received after the deadline will not be accepted.

**Q: How much funding may be requested?**

A: Organizations may request up to \$3,000 in grant funding for the service priorities and programs outlined in this RFP. Actual award amounts will be determined based upon quality of the proposal, need for the proposed services, and available funding. *Please note that historically programs administered by SDHDF have had more funding requests than have been available.*

**Q: What funding requests will NOT be supported?**

A: Individuals, government agencies, fundraising organizations, capital equipment, direct medical services provided within a hospital or clinic setting, clinical trials or medical and applied research projects are not eligible for funding. In addition, funds may not be requested for endowments, to pay off existing obligations/debts, substitutions for third-party payments, or loans.

**Q: What will be required of organizations funded?**

A: Organizations will be required to submit a mid-year report and a final report to SDHFC that detail progress toward the proposed objectives. Organizations will also be required to submit a 3 minute impact video in .mov format at the mid-year reporting period.

**Q: Are currently funded organizations eligible?**

A: Yes, currently funded organizations are eligible for funding provided that the proposed programs meet the current funding priorities and as long as all reports have been submitted and approved. Past grant performance shall also be reviewed during the application review process. Organizations currently not receiving funds are also eligible to apply.

**Q: Can an agency submit more than one proposal?**

A: No, only one proposal per agency will be accepted in response to this RFP.

**Q: What are "indirect costs"?**

A: Indirect costs are those expenses not directly related to the delivery of direct services but are necessary costs that support the program's operations. Costs in this category may include administrative and clerical salaries, utilities, maintenance, audit costs, and legal expenses. **Indirect costs requested are limited to 5% of total personnel and program operating costs.** (Personnel costs include consultant costs.)

**Q: Who will be available to answer questions and provide technical assistance?**

A: If you have questions on the RFP process, please contact Des Kelly or John Brown at 619.291.3383, or email [des@sdhdf.org](mailto:des@sdhdf.org) or [jlbrown@sdhdf.org](mailto:jlbrown@sdhdf.org).

**Q: How will the applications be evaluated?**

**A: The applications are evaluated and scored using a point system. The total maximum points are 100.**

**Q: Will there be a Technical Assistance Meeting?**

A: Yes, **one non-mandatory** technical assistance (TA) meeting for applicants will be held where detailed information regarding the proposal will be discussed and questions answered.

### **Technical Assistance Meeting**

**Friday, November 21<sup>st</sup>, 2:00-3:00pm at the San Diego Foundation,**

**located at 2508 Historic Decatur Road, San Diego, CA 92106.**

**For more information or to RSVP, please contact Des Kelly at 619.291.3383 x302**

**or email [des@sdhdf.org](mailto:des@sdhdf.org)**

## Proposal Guidelines

- Proposals must be submitted **electronically in a single PDF document**. Required attachments should be scanned for inclusion into this PDF document.
- Proposals should be single-spaced, using 12-point font and one-inch margins.
- The proposal narrative should not exceed three (3) typewritten, single-spaced pages; the budget and budget narrative should not exceed two (2) pages in total.
- At the top of each page, type the name of the implementing organization and program title.
- At the bottom right-hand corner of each page, insert a page number.
- Make certain you submit the signed proposal in the specified order (see next page) and that you complete both the grant application factsheet and the organizational summary sheet.

## Grant Application Checklist and Order of Submission

The following items **MUST** be included in this grant application in the specified order.

1. Completed Grant Application Factsheet signed by the Executive Director/CEO and Board President
2. Completed Organization Summary form
3. Completed Proposal Narrative (3-page maximum)
4. Completed Project line-item budget and narrative (2-page maximum)
5. Attachment 1 - IRS 501(c)(3) tax exempt status letter (must be dated within the last 5 years; if older than 5 years, contact the Internal Revenue Service (1-877-829-5500 or visit irs.gov) to request an updated 501(c)(3) letter)
6. Attachment 2 - Submit a list of board members including name and current board title
7. Attachment 3 - Submit your most recent audited financials, including the accompanying management letter
8. Attachment 4 – Submit your most recent, board reviewed un-audited financial statement and balance sheet

**PROPOSALS ARE DUE NO LATER THAN 5:00 pm ON FRIDAY, DECEMBER 12, 2014.**

**If you have any questions on the Proposal Guidelines or Grant Application, please contact Grants Manager, Des Kelly, or Executive Director, John Brown, at 619.291.3383 or email [des@sdhdf.org](mailto:des@sdhdf.org) or [jlbrown@sdhdf.org](mailto:jlbrown@sdhdf.org)**

***Incomplete or late proposals will not be considered.***

## Grant Application Factsheet

Funding Area: (check one)

- Prevention and Education
- Care and Treatment
- Operating Support

Organization's Legal Name:

Organization's Tax ID #:

Organization's Mailing Address:

Organization's Phone:

Organization's Website:

Proposed Program Name:

Primary Executive Contact (Name/Title):

Name:	
Title:	
Phone:	
Email:	

Primary Program Contact (Name/Title):

Name:	
Title:	
Phone:	
Email:	

Is this a new or existing program (check one)?

New

Existing

Have you previously received SDHFC funds (check one)?

Yes

No

Are you a current SDHFC grantee (check one)?

Yes

No

If Yes, are report requirements up-to-date?

Yes

No

Amount of Request:

Total Program Budget:

Total Organizational Budget:

This application for funds has been reviewed and approved by:

<b>ED/CEO</b>	
Name:	
Signature:	
Date:	

<b>Board President</b>	
Name:	
Signature:	
Date:	

Original signatures required. Scan of signatures is acceptable.

## Applicant Organizational Summary

1. Please list the full legal name of the organization:

2. Please list the size (in dollars) of the organization's current annual budget:

3. Please list the percentage of each dollar of revenue which is used to support *both* management or fundraising costs of your organization (please use the figures from your most recent audited financial statements).

Management %:	
Fundraising %:	

4. How many volunteers are currently active within your organization?

5. How many employees (both full and part time) currently work at the organization?

6. Are *both* the most current annual report and audited financial statements available on the website? (If your organization does not have a website, please indicate how the information is provided to the public.)

7. How many individuals currently serve on your board of directors?

8. Is there a list of board members currently available on your website? (If your organization does not have a website, please indicate how the information is provided to the public.)

9. Are any board members compensated by the organization for their board service?

10. Does the organization's board of directors have a formal audit committee in place?

11. Are the organization's financial statements audited by an independent auditor annually?

12. How often does the board currently receive and review the organization's current financial statements?



13. Does your organization have current by-laws in place? When were these by-laws last revised?

14. Does your organization's board of directors have a conflict of interest/prohibition on self-dealing policy in place? Are the individual declarations and statements of potential conflicts reviewed and revised by each board member annually?

15. Is there 100% participation by your board of directors in fundraising for your organization?

16. Does your organization have a current strategic plan in place and how often are benchmarks and progress evaluated?

17. Does your organization currently have either diversity training or cultural competency policies in place?

Yes

No

18. If your organization receives government funding for your work, in the last five years has your organization been cited for substantial non-compliance with the regulations that guide fiscal claims, practices or program service delivery? (check one)

Yes

No

We do not receive government funding

19. State the mission of your organization:

## Proposal Narrative

(Three page limit)

**A. Target Population(s):** This section should briefly describe the target population for your proposed program. Describe the age, gender, gender identity, ethnicity, and geographic location you are proposing to serve. Please also complete the chart below with regard to the age, gender and gender identity, and ethnicity. (25 points)

1. Please also complete the required chart below with the best data you have available.

Source of data:

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**Target Population:**

Total number of unduplicated clients you are proposing to serve between January 1, 2015 and December 31, 2015 *with SDHFC funding*: Total #:

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**Gender:**

% of the total who self-describe as:

Male %:	
Female %:	
Transgender %:	

**Age Range:**

0-12 %:	
13-18 %:	
19-24 %:	
25-44 %:	
45-64 %:	
65+ %:	

**Ethnicity:**

Latino %:	
African American %:	
Asian/Pacific Islander %:	
White %:	
Native American %:	
Other %:	

**B. Program, Objectives & Evaluation:** This section should demonstrate sound planning for delivering quality services to the people reached through the program. (40 points)

1. Briefly **summarize** the design and content of the activities your program is proposing to implement. If this is a prevention program, please ensure you have listed and described the evidence based interventions you are planning to use.
2. Briefly describe the **key activities** you will conduct to achieve your goals (i.e. what specifically will you do as part of your outreach or education, etc.);
3. Briefly describe **where, when and how often** the program activities will be conducted. (e.g. specific locations, specific times - mornings, evenings, after traditional work hours, specific proposed numbers - workshops X times per week or per month.)
4. **Process deliverables and outputs.** Briefly describe the number of **unduplicated clients** you will provide program services to and **how many total units of service** will be provided. *Please note: proposals that do not include measurable objectives will receive no points for this section.*
5. **Outcome indicators.** Briefly describe what **outcomes/impacts** will be achieved by this program's activities. *Please note: client satisfaction is not an outcome variable.*
6. **Evaluation.** Briefly describe your intended evaluation process. How will process/output measurements be collected, what information will be collected to determine the impact (i.e. outcomes) of the program, and how will that information be collected?
7. **If this is an on-going program,** please describe the past performance of your program with regard to both outputs and outcomes. Be as specific as you can about what the program has accomplished. Provide a justification and evidence for continuing and/or expanding these services.

**C. Accessing & Engaging the Target Population:** This section should demonstrate how you will reach and engage your target population. (20 points)

1. Describe the strategies you will use to reach and engage your target population. Include how you will market or position your program to make it relevant and valuable to your target population, the specific organizations you will work with, and the community networks you will use to recruit participants and share program information. Please include a discussion of how you plan to reach the highly impacted, hard to reach populations amongst your target populations.

## Budget Template

(Two page limit. Both the budget and budget narrative must be submitted.)

(15 points)

**Budget Period: January 1, 2015 to December 31, 2015**

Personnel Costs	Total Project Cost	Other Funding	Amount Requested from SDHFC/AWSD
[Insert Name of Position]	\$	\$	\$
[Insert Name of Position]	\$	\$	\$
Benefits Taxes @ %	\$	\$	\$
Payroll Taxes @ %	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$
Consultant(s) & Professional Services	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$
<b>Total Personnel</b>	\$	\$	\$

<b>Program Operating Costs*</b>	\$	\$	\$
Program Materials	\$	\$	\$
Incentives	\$	\$	\$
Mileage	\$	\$	\$
Office Supplies	\$	\$	\$
Phone	\$	\$	\$
Printing	\$	\$	\$
Training	\$	\$	\$
Utilities	\$	\$	\$
Other (specify)	\$	\$	\$
<b>Total Program Operating</b>	\$	\$	\$

<b>Subtotal</b>	\$	\$	\$
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<b>Indirect</b> [Max. is 5% of personnel and project operating costs]	\$	\$	\$
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<b>Grand Total</b>	\$	\$	\$
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## Budget Narrative

The following is an **example** of the required budget narrative. Please note: every line item that you are requesting funding for should be included in the budget narrative.

### Personnel

- Program Director (name) will oversee all implementation of the program and supervise staff. We are requesting .20 FTE for this position.
- Administrative Assistant (name) will be provided in-kind by the organization. This person will assist the director and perform all administrative tasks.
- Social Worker (name) will provide outreach to the community. We are requesting 100% of the salary for this 1 FTE position.
- Consultant 1 will provide 70 hours of time at \$50/hour to evaluate the program.  
(If you have selected a consultant, please include the name in the narrative or the line item budget.)

### Program Operating Costs

- Educational materials include 500 books at \$5 each to hand out to community volunteers. Other materials include 500 pamphlets at \$2 each; 1,000 brochures at \$1 each; (etc.)
- Office supplies include photocopying, stamps, paper and envelopes. This request is for \$500 towards those supplies. The balance will be given in-kind by the organization.
- Mileage for program staff is requested at \$0.56/mile for 1,000 miles, totaling \$510

### Calculation of Indirect Costs

Indirect costs are calculated at 5% of the total personnel and operating costs. Consultant costs are included in personnel costs. Add the personnel and operating costs together and calculate 5% of that amount.