



**COMMUNITY VOICES Grant Program
Direct Services Request for Proposal**

Section 1. Proposer Contact Information		
1.1	Organization Name	
1.2	Employer Identification Number (EIN)	
1.3	Contact Person	
1.4	Address	
1.5	City, State, Zip	
1.6	Telephone #	
1.7	E-Mail Address	
1.8	Program Name	
Section 2. Proposer Target Area & Planned impact		
2.0	Geographical Area	
2.1	# of Participants Impact	___ Direct Impact # of Participants _____
Section 3. Proposer General Organizational Information		
3.1	Eligible Organization Type <i>referred throughout as organization</i>	___ Non-Profit Community Based 501(c) 3 designation ___ Tribal Agency or Program ___ Other (Describe)

3.2	Organization's Mission Statement	
3.3	Organizational Development Level	Which best describes your current organizational development level? <input type="checkbox"/> Novice: Loosely defined organization structure with few written policies <input type="checkbox"/> Moderate: Defined organizational structure with basic written policies <input type="checkbox"/> High: Clearly defined organizational structure with comprehensive written policies
3.4	Year Organization Founded	
3.5	Tax Exempt Status	1. Ruling Year (<i>when did IRS grant tax-exempt status?</i>):
3.6	Current Year Operating Budget	
3.7	Funds Requested for one year (including one-time startup costs)	
Section 4. Required Screening Questions		
4.1	Is your organization willing to participate in technical assistance/capacity building/training activities provided by the LCCL and CDPS-OVP (travel generally required)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.2	Is your organization willing to be accountable to performance standards, implementing procedures related to program eligibility and tracking performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.3	Is your organization fund accounting capable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.4	Is your organization willing to utilize an online fiscal reporting system for grant expenditures and in-kind contributions (if any)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.5	Is your organization willing to participate in a partnership development process that results in linkages with CDPS-OVP (and other organizations that serve eligible participants?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.6	Is your organization willing to have all employees, contractors and volunteers who have direct contact with eligible participants who are minors under this grant submit to a comprehensive criminal background check? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.7	How many years of experience does your organization have providing direct services to victims of crime?	
4.8	Please mark all responses that apply to your organization: <input type="checkbox"/> Utilize a computerized accounting system <input type="checkbox"/> Utilize a computerized data management system <input type="checkbox"/> Receive financial support from sources other than individual donors <input type="checkbox"/> Use volunteers <input type="checkbox"/> Promote community efforts to aid crime victims <input type="checkbox"/> Willing to assist victims in accessing victim compensation (Required)	

	___ Other Services – Brief Description _____
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Section 5: Program Design (25 Points)

This category will evaluate how clearly the proposal addresses providing services as requested in this RFP. Proposers are encouraged to articulate how the activities and associated deliverables achieve the desired results with respect to the overarching goals and link to supportive intervention strategies. Please ensure the program/project deliverables are specific, measurable, achievable, relevant and time bound. Responses must include the expected performance measure(s) the proposed activities will produce.

Community Voices Grant Program Goals:

- Provide culturally relevant and trauma informed crime survivor services through a delivery model that is accessible to historically underserved crime survivors.
- Increase awareness of and access to crime survivor services, with an emphasis on historically underserved populations.
- Reduce the destabilizing effects of trauma and other negative consequences resulting from victimization.

5.1	<p>There are five main categories of services each with many possible sub-services. It is desired that Proposers offer services in at least two of the main categories <i>in addition to</i> the required case management component.</p> <ul style="list-style-type: none"> ● Healing ● Advocacy and Coordination ● Awareness and Engagement ● Other Allowable Services (please describe) ● Case Management (required service) Please note: Case management questions are in Section 8. <p>Using <i>at least two</i> of the above service categories, please describe in reasonable detail the activities and services your organization is proposing to deliver, taking care to respond to the following components:</p> <ul style="list-style-type: none"> ○ What services and activities will your organization offer? ○ How will the proposed services and activities achieve COMMUNITY VOICES Program Goals? ○ How do the proposed services and activities relate to COMMUNITY VOICES minimum performance measures (noted below)? ○ What challenges or advantages does your organization anticipate in attaining or exceeding these performance measures? <ul style="list-style-type: none"> ○ Enrollment Rate 100% ○ Historically Underserved Populations 60% ○ Access to Services 60% ○ Participation Feedback 75%.
5.2	<p>Please describe in reasonable detail the type of activities and outreach strategies your organization will employ to ensure underserved crime victims are the ultimate beneficiaries of your planned direct services. Include details describing specific partnerships, collaborations, networks, and education / advocacy connections important to your organization’s outreach efforts.</p>

5.3	Please describe the initial engagement process, how the organization will assess the unique needs of each participant, and how the organization plans to connect participants to services.
5.4	<p>Please describe in reasonable detail your organization’s timeline for implementing the proposed direct service project. What activities are being proposed for the following program period:</p> <ul style="list-style-type: none"> ○ January 1, 2023 – December 31, 2023

<p>Section 6. Proposal Narrative <i>Demonstrated History and Ability to Meet Performance Measures (20 Points)</i> This category will evaluate the proposers’ history/experience, demonstrated ability to meet performance measures and grant requirements, and likelihood to successfully complete proposed project</p>	
6.1	Describe your organization’s history working in the geographical area you propose to serve. <i>Note: the target area for this RFP is both rural and metropolitan communities.</i>
6.2	Describe your organization’s current relationships, linkages, collaboration, partnerships or sub-contracts with key entities (i.e., other local community and faith-based organizations, victim service providers, public health, culturally based community networks, schools/higher education, etc.) that demonstrate a connection on supportive interventions particularly focused on historically underserved populations, namely people of color, men, and young adults:
6.3	Describe the types of outcomes your organization has achieved with participants in your program; include descriptions of performance tracking, measurement, and other data metrics:
6.4	Describe the qualifications and experience of key staff, volunteers or contractors that will be involved in your program/project design:

6.5	Have you ever had any grants or contracts for the same or similar activities you are proposing here revoked, not renewed, or otherwise terminated for lack of performance or mismanagement? If yes, please explain. If no, clearly state so.
6.6	How does your organization advance racial equity? What challenges have you encountered in your efforts to advance racial equity? What are you doing to overcome those challenges?

6.7	How does your organization advance other forms of equity? What challenges have you encountered in your efforts to advance those forms of equity. (For example: BiPOC LGBTQI community) What are you doing to overcome those challenges?
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<p>Section 7. Cultural/Target Population Competency (25 Points)</p> <p>This category will evaluate the applicability, accessibility and value of proposed deliverables and the proposer's experience providing like deliverables (or the ability to effectively do so if proposed services are considered new or developmental in the field of victims services) for the target or similar populations</p>	
7.1	Please describe your organization's understanding/experience in identifying and addressing the barriers to service and the destabilizing impacts of trauma caused by victimization and repeat victimization in historically underserved communities.
7.2	What specific strategies/ activities are being proposed that demonstrate how your organization addresses cultural relevance? How do the proposed direct services include strategies that promote or strengthen cultural and gender responsiveness?
7.3	Describe how your organization reflects the culture of the target area you intend to serve. (Specifically, composition of board of directors and staff)
7.4	Describe any other cultural/target group competency your organization possesses relevant to promoting successful engagement and outcomes.
7.5	How does your organization ensure that the direct services proposed are accessible and relevant to the needs of the target area?

Section 8. Data Tracking and/or Case Management & Performance Metrics (20 Points)

This category will evaluate the proposing organization’s ability to provide data tracking and/or case management services. Service tracking and data entry is required to effectively administer and document the needs, status, progress and results of the activities and services being provided to participants enrolled.

8.1	<p>Describe your organization’s experience providing intensive case management to the same or similar populations.</p> <p>Describe how you will work with individuals who need routine case management versus those who have higher needs due to severe or multiple barriers and need intensive case management (intensive case management is defined as needing intensive support over an extended period to remediate the identified issue).</p>
8.2	<p>What is your organization’s case management oversight process? How does your organization ensure that the required documentation is correct and that participant records are up to date?</p>
8.3	<p>Please describe in reasonable detail your organization’s approach to case management, including specifics regarding documentation, provision of assistance, and problem-solving for your participants; is each participant assigned one case manager or does your organization use a team of case managers?</p>
8.4	<p>How frequently do case managers meet with participants? How will you ensure routine and ongoing contact with participants is maintained?</p>

Section 9. Program Cost (10 Points)

This category will evaluate the cost of the proposed program to determine if it is fair and reasonable based on program services and/or historical data, and the degree to which expenditure of funds relates to performance measures. Budgets will be reviewed for accuracy and completeness

9.1	<p>What is the average cost per participant? (Total funds requested divided by the total number of planned participants)</p>
9.2	<p>Applicants must demonstrate that at least 20 percent of their total organizational revenue is sourced from revenue streams other than VOCA <u>or</u> demonstrate two years of experience providing victims services. Please indicate which of these apply to your organization.</p>

	<p>A. VOCA funds will be no greater than 20% of the organizational budget for both years of this grant award. If selecting this option, what percentage of your organization's current operation budget does this project represent?(Project funds requested divided by total current year operational budget). B. My organization can demonstrate two years of experience providing victims services.</p>
9.3	<p>How many total staff FTE work for your organization? What is the total staff FTE your organization intends to assign to this project? Of this, what is the total staff FTE your organization intends to HIRE for this project?</p>
9.4	<p>Do you anticipate any one-time costs or special equipment needs? If so, please provide reasonable justification for your request:</p>
9.5	<p>All proposed activities should be adequately funded in the budget submitted. If necessary, please explain any special funding arrangements or circumstances affecting costs <i>(for example, will there be any expenses offered as Contributions In-Kind to the project; are there collaborative efforts that provide no-cost services)</i></p>

CERTIFICATION OF PROPOSAL CONTENT BY AUTHORIZED REPRESENTATIVE

The proposing organization’s official certifies that he/she is a duly authorized representative of the proposing organization and is fully authorized to submit and sign proposals; that the data contained herein are accurate, complete and current; that any revisions to price or cost information cannot change without written agreement from the Latino Coalition for Community Leadership; that the organization is fully capable of fulfilling its obligations under this proposal as stated herein.

Organization

Name & Title of Authorized Representative

Signature Date