



**Mayor's Office of Housing
& Community Development
(MOHCD)**

Edwin M. Lee
Mayor

Kate Hartley
Acting Director

REQUEST FOR PROPOSALS

FAMILY SUPPORT SERVICES FOR LATINO COMMUNITY

**FY 2017-2018
FUNDING CYCLE**

DATE ISSUED:
DEADLINE FOR SUBMISSION:

Monday, August 14, 2017
Friday, September 8, 2017 at 5:00 p.m.

NOTICE OF FUNDING AVAILABILITY

The Mayor's Office of Housing & Community Development (MOHCD) is pleased to announce the availability of City General Funds to support Family Services for the San Francisco Latino Community under the following program areas:

Family Support using the Family Resource Center Model	\$500,000
Service Connection – Emergency Fund	\$150,000
Community Building and Neighborhood Planning	\$50,000
TOTAL	\$700,000

The grant period for awards under this notice will be from October 1, 2017 – June 30, 2018.

TECHNICAL ASSISTANCE WORKSHOP

MOHCD will provide a technical assistance workshop to assist interested applicants in determining the eligibility of proposed projects, and in completing the required elements of the proposal packet:

Wednesday, August 16, 2017

2:00 p.m. – 4:00 p.m.

1 South Van Ness Avenue, 2nd Floor Atrium

Potential applicants are highly encouraged to attend the workshop before submitting an application. The meeting room is wheel chair accessible. If you need translation services, a sign language interpreter, or any other accommodations, please call (415) 701-5598 at least 72 hours in advance. For speech/hearing impaired callers, please call TYY/TDD (415) 701-5503. For information on MUNI routes, please call (415) 673-6864, or 511.

REQUEST FOR PROPOSALS (RFP) OVERVIEW

DEADLINE FOR SUBMISSION:

by hard-copy original and USB drive copy

September 8, 2017

at 5:00 p.m.

One original and one USB drive copy of the completed proposal must be submitted to:

Attention: Director of Community Development
Mayor's Office of Housing and Community Development (MOHCD)
1 South Van Ness Avenue, 5th Floor
San Francisco, CA 94103

HAND DELIVERY RECOMMENDED

I. ELIGIBLE PROJECTS

Eligible projects and services under each program area can be found in the Eligible Program Areas & Programs section of this RFP (p. 7). Applicants must submit a separate proposal for each program. MOHCD reserves the option to award multiple grants to an agency or group of agencies during the review process.

II. PROCUREMENT

This RFP procurement process, and the proposals received as a result of it, may be used to justify contract funding decisions for other similar services and/or other funding that becomes available through MOHCD or any other City department. MOHCD and/or any other City departments who use this RFP solicitation as a procurement process for other funds, reserve the right, at their own discretion, to fund select activities or partners (and remove or eliminate others) within a proposal submitted by a collaborative or group of agencies. The procurement process for this RFP or any of its component Program Areas & Programs may be delayed, suspended, or canceled if the City determines that such action is in the best interest of the City.

III. PRIORITIES AND ELIGIBILITY

A. Priority

Collaborative proposals are encouraged; however, collaborative proposals must choose a lead agency to serve as the fiscal agent. The fiscal agent should submit its own organizational documentation as directed below in the same manner as if it were a single agency. Priority will be given to those collaborations/agencies that currently perform similar services and demonstrate the ability to increase impact through collaborative efforts. Successful collaborative applicants will need to provide MOUs from each participating agency that outline scopes of work and expectations, both programmatically and fiscally.

B. Eligibility

1. Applicant's programs must principally benefit low- and moderate-income individuals and their families.
2. Participants of applicant's program(s) must reside within the boundaries of the City and County of San Francisco.
3. Applicants must be: (a) based in the City and County of San Francisco; (b) a 501(c)(3) nonprofit corporation registered with the Internal Revenue Service; and (c) in good standing with the State of California's Registry of Charitable Trusts.
4. Successful applicants must comply with all applicable state and local laws and government regulations.

IV. EVALUATION CRITERIA

1. The extent to which the applicant demonstrates an understanding of specific barriers and challenges facing its target population(s) and a successful history of effectively serving it (20%);
2. The extent to which the proposed program meets the objectives, eligible activities, and program description outlined in the RFP, demonstrates a reasonable, measurable theory for how its program activities lead to positive client and community outcomes, and utilizes partnerships to

strengthen and expand program impact (50%);

3. The extent to which the applicant demonstrates a robust evaluation methodology (10%); and
4. The extent to which the applicant demonstrates staff experience and expertise required to deliver a successful program, including a budget that accurately reflects the proposal's intent, activities and outcomes (20%).

See the RFP Proposal Evaluation Form (p. 30) to understand how reviewers will be scoring proposals submitted under this RFP.

V. REQUIREMENTS

The use of City funds is subject to numerous local requirements. A few of the requirements are listed below and are briefly summarized:

1. **Accessibility:** Programs and services must be accessible to persons with disabilities. Program access can be achieved in many cases without having to alter the existing facility.
2. **Non-Discrimination:** Agencies must comply with federal, state and San Francisco prohibitions against discrimination in fair housing and equal employment opportunity, and in awarding contracts. Agencies must also comply with the Equal Benefits Ordinance for domestic partners.
3. **Procurement:** Projects must comply with federal conflict of interest regulations, and regulatory procedures for obtaining and contracting for goods and services.
4. **Ineligible Reimbursements:** Funds for activities occurring prior to the commencement date of the grant agreement cannot be reimbursed.
5. **Religious Activity:** Funds may not be used for religious purposes.
6. **Political Activity:** Funds may not be used for political activity.
7. **Grant Agreement:** Successful applicants will be required to execute and meet the provisions of a grant agreement. Additional documentation, including an annual work plan and an annual budget, must be completed and approved by MOHCD prior to any funds being committed or spent. Financing is primarily on a monthly cost-reimbursement basis. Successful applicants will be expected to participate in MOHCD's online programmatic and financial reporting system.

VI. REVIEW PROCESS AND SCHEDULE

All submitted proposals will be initially screened by a committee composed of MOHCD staff to determine completeness and eligibility. Ineligible proposals will be eliminated at this stage. MOHCD staff will evaluate all complete and eligible proposals submitted for programs listed in the Eligible Program Areas & Programs section of this RFP (p. 7). MOHCD will make the final selection of agencies/agency to be awarded grant(s) under this RFP. The preliminary schedule for review and approval is:

Friday, September 8, 2017	Proposals due to MOHCD by 5:00 p.m.
Friday, September 15, 2017	Agencies notified of award
Friday, September 22, 2017	Five day appeals period ends
Sunday, October 1, 2017	Grant term begins

Note: MOHCD reserves the right to adjust the preliminary schedule at its discretion.

VII. PROTEST PROCEDURES

A. Protest of Non-Responsiveness Determination

Within five business days of the City's issuance of a notice of non-responsiveness, any respondent that has submitted a proposal and believes that the City has incorrectly determined that its proposal is non-responsive may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth business day following the City's issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the respondent, and must cite the law, rule, local ordinance, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

B. Protest of Grant Award

Within five business days of the City's issuance of a notice of intent to award the grant, any firm that has submitted a responsive proposal and believes that the City has incorrectly selected another proposer for award may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth business day after the City's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

C. Delivery of Protests

All protests must be received no later than 5:00 p.m. on Friday, September 22, 2017. If a protest is mailed, the protestor bears the risk of non-delivery within the deadlines specified herein. Protests should be transmitted by a means that will objectively establish the date the City received the protest. Protests or notice of protests made orally (e.g., by telephone) or via e-mail will not be considered.

If the City determines that a meeting with the party submitting the appeal is necessary, such meeting will be scheduled within ten (10) calendar days of the receipt of a protest to review and attempt to resolve the protest. Protests must be delivered to:

Attention: Director of Community Development
Mayor's Office of Housing and Community Development (MOHCD)
1 South Van Ness Avenue, 5th Floor
San Francisco, CA 94103

PROPOSAL INSTRUCTIONS

1. Please be as succinct as possible. The narrative section must be no longer than five pages. Reviewers will not consider text beyond the indicated text limitation and/or space provided.
2. No handwritten proposals will be accepted. Proposals must be typed or computer generated. Font must be at least 12 point.
3. Pages should be standard 8-1/2" by 11" with 1 inch margins. All copies should be double-sided and single spaced.
4. Original signatures must be in blue ink on the original set.
5. Use the application checklist to ensure your package is complete.
6. Do not bind proposals, or submit extra materials not requested.
7. Substantially incomplete, faxed, or late applications will not be considered. Hand delivery is highly recommended. No applications will be accepted after 5:00 p.m. on Friday, September 8, 2017.

ELIGIBLE PROGRAM AREAS & PROGRAMS

Instructions: Below is a list of three (3) program areas with specific programs listed and described. On your Program Selection sheet, please check the box that corresponds to the appropriate program area and program. A separate proposal should be submitted for each program. Each proposal should stay within the parameters of its program objective; eligible program activities are outlined below.

Note: The Maximum Grant Amount is the amount for the initial nine-month period, from October 1, 2017 through June 30, 2018. In order to allow grantees flexibility with potential startup costs and to align with the City's fiscal year, MOHCD will allow agencies to budget this 12-month allocation across 9 months in the first year of the grant cycle. Unless otherwise designated, funding for a second year may be available, depending upon the City's budget, overall priorities, and performance by the grantee. MOHCD reserves the right to award a second year of funding to an organization, discontinue funding, and/or issue a separate procurement in the second year based on budget, priorities, and performance. The second year of funding will be for the same amount as the initial grant, but will be allocated across the 12-month period of July 1, 2018 through June 30, 2019.

FAMILY SUPPORT USING THE FAMILY RESOURCE CENTER MODEL

MOHCD has allocated General Funds for the following purposes:

- 1. Family Support using the Family Resource Center Model (\$500,000).** The goal of this Family Support program area is to fund the creation of, or enhancement to, a Family Resource Center (FRC) in the Bayview that would specifically target and serve the Latino Community's needs. Through a partnership of Community and City stakeholders, the Bayview was identified as a neighborhood where many Latino families most in need are located. MOHCD will oversee the procurement process of this program and once awarded, the program/s will be managed by the First 5 Department and will live within the Family Resource Center (FRC) Initiative. This robust initiative provides access to an array of valuable direct services focusing on parents and caregivers. Any grant awarded in this area will be expected to fully participate in the well-defined FRC collaborative bi-monthly meetings, and to be in direct and regular communication with First 5 staff as they will be directly overseeing this specific program as part of the FRC effort. Applicants must select one strategy from the options below for their proposal:
 - Initiate a new Family Resource Center in the Bayview. Please refer to the FRC Initiative 2017-2022 Activities Guide from page 7-22 of this RFP, as you will need to describe which of the five (5) menus of services the proposed FRC will focus on; or
 - Enhance an established Family Resource Center currently in the Bayview with additional services specifically targeting the Latino community living in the district. Please refer to the FRC Initiative 2017-2022 Activities Guide from page 7-22 of this RFP as you will need to describe which of the five (5) menus of services the proposed FRC will focus on.

FAMILY RESOURCE CENTER INITIATIVE 2017-2022 Activities Guide

The following definitions, frequency and objectives are meant to guide scope of work/activity planning for the FRC Initiative. Each Family Resource Center develops a scope of work in negotiation with First 5 SF and with consideration to funding level, neighborhood and population needs, and agency capacity.

If applying as a FRC Collaborative, it is required to meet regularly to discuss, implement, and oversee administrative policies and procedures, service and care coordination, cross-training of staff, and fiscal needs. Collaborative meetings occur, at minimum, bi-monthly with regular communication in the interim.

There are 3 levels of FRCs: Basic, Comprehensive and Intensive. To learn more, please visit the FRC website at: www.first5sf.org/family-support/

There are 5 menus of activities associated with the FRC Initiative. Please indicate what combination of these five menus the proposal includes in question 2 of the proposal narrative (Proposed Program Design). Please note that all required service must be provided within each selected menu.

1. Family Engagement Baseline Activities
2. Community Connections Services
3. Parent/Caregiver Capacity Building
4. Coordinated Formal Supports
5. Staff Development and Training

1. Family Engagement Baseline Activities.

Baseline Activities	Other Required Essential Services	Suggested Staff Training
Intake & Retention	Outreach and Engagement	Home Visiting
	Referral Partnerships	Professional Boundaries
	Basic Information and Referral	Conducting Effective Outreach
Evaluation Methods: PPAS, CMS, Intake Form		

1. Intake and Retention.

Frequency: Daily

Objective: Increased knowledge and information about the FRC or city services

Intake includes procedures and policies for welcoming new families, ensuring participants are referred to all applicable essential and/or other services, and completion of intake paperwork/informed consent and the related data entry. For FRC collaboratives, care is taken to ensure a coordinated and smooth entry into services and participant access to all applicable FRC services across partner agencies.

Retention includes procedures for in-reach activities including distribution of FRC calendars and flyers to current, enrolled participants and follow up strategies for re-engaging families who stop attending activities without notice. Follow-up for families who leave an essential service without notice occurs within two weeks and should include, at minimum two phone calls and a letter. A home visit is also indicated if in any form of case management. Retention practices also include scheduling of FRC activities and drop-in hours during times accessible to families, including weekends and evening hours as applicable.

2. Outreach and Engagement.

Frequency: 1 hour/week per staff minimum

Objective: Increased knowledge and information about the FRC or city services

Direct outreach involves proactive, in-person efforts to invite and encourage new, non-enrolled families to access Family Resource Center offerings. This may include strategies such as: phone calls, door-to-door invites, peer referrals, attendance at external community and health fairs and other direct communication efforts. All FRCs focus outreach efforts to families who are isolated as a result of language, cultural, geographic/transportation, economic, or other societal barriers. Outreach strategies are tailored to address the needs of families from a wide variety of backgrounds including single parents, fathers, foster or kin-care, teen parents, LGBTQ parents, homeless families, families living in public housing, couples, and others.

FRCs will often offer one or more on-going or time-limited activities at an off-site location such as at a public housing community room or library in order to build trust and relationships with families who may not otherwise have known about or attended an FRC office-based service. Intentional strategies are utilized to help bridge the families to other services delivered at the FRC. For FRC collaboratives, each individual member organization of an FRC outreaches for the FRC in addition to providing specific information about their own organization.

3. Referral Partnerships

FRCs build and maintain formal referral partnerships with one or more of the following for the purpose of efficient and expedited referral processes for families seeking FRC services:

- City departments and current citywide initiatives such as HOPE SF/MOHCD, DPH, SFUSD, SF Public Libraries, Adult/Juvenile Probation, OEWD, SFPD, Park and Rec, HAS, and/or DCYF; and
- Community organizations such as health clinics, hospitals, and pediatricians; preschools and childcare sites; mental health clinics; and/or housing and tenants' rights organizations.

These partnerships include a referral process in which FRC staff oversees the referral process by providing a means for FRC to confirm receipt of the referral and service connections made, and ensuring regular opportunities for cross-training for all involved staff on the referral process and services available. Referral partnerships take into consideration each party's capacity for new participants as well as staff skills and expertise.

Indirect outreach involves development and dissemination of print-based or audio-visual materials to be distributed widely to increase awareness of the FRC presence in the community. Materials include flyers, newsletters (print or electronic), and media ads/spots/programming.

4. Basic Information and Referral.

Frequency: Available during business hours

In response to a request for assistance usually via phone or drop-in visit, families are connected to services they need. This includes services offered internally by the FRC or externally by another organization/service provider. Family Resource Centers make intentional efforts to ensure that families are connected to all available public benefits and city-funded programs for which they may be eligible (i.e. child care, afterschool programming, CalWORKS, CalFresh (food stamps), MediCal or other Health Insurance plans, etc.). Families are referred to mental health services and counseling as needed. Additionally,

families are encouraged to access all available economic self-sufficiency supports and strategies to help provide financially for their family. The agency is intentional in efforts to be informed on available resources and service providers. Information is gathered in a systemized log format (Basic I & R).

2. Community Connections Services.

Baseline Activities	Discretionary Services	Suggested Staff Training
Parent Leadership	Physical Fitness Activities	Developing a Parent Advisory Committee
Community Events and Collaboration	Field Trips	Oral Health
Workshops and Classes	Basic Needs	Enhanced I&R Inclusion, IEP/School Related
Evaluation Method(s)	Abriendo Puertas Pre/Post, Parent Café Evaluation, PPAS	

1. Parent Leadership.

Objectives: Improved advocacy skills, improved connections to community, improved leadership development with regards to family, children, and community

a. Parent Advisory Council

Frequency: One meeting per quarter primarily held on-site. New and unduplicated participants are added at least once per year

A Parent Advisory Council is a formalized and ongoing process to collect parent input on the design and implementation of the funded activities. Parents should receive support to assist in their contribution to and the demonstration of appropriate leadership skills.

b. Parent Volunteers

Frequency: As needed

Parents may provide volunteer services to support the functioning of the family resource center.

c. Parent Leadership Development Activities

Frequency: As defined by curricula, minimum one cycle per year, primarily held on-site

Parent Leadership Development Activities are an evidence-based or informed series of workshops, classes or cafes which provide parents opportunities to learn, develop, and strengthen skills to become leaders in the their FRC and/or school communities. Activities are conducted by practitioners trained and certified in the curriculum, as applicable. Examples of curricula include Abriendo Puertas and Parent Cafes. Pending funding availability, a Parent ACTION Grant may be implemented as a parent leadership development activity.

2. Community Events and Collaboration.

Objective: Increased connection and collaboration between neighborhood or community leaders and service providers

a. **FRC Family Events**

Frequency: minimum quarterly

FRC Family Events are smaller, fun, recreational or cultural events held either on-site or in another location to enhance program accessibility. Events provide enrolled participants opportunity to increase their social networks and for FRC staff to strengthen relationships with families currently enrolled in the FRC. Such activities include Dinner and a Movie, Meet and Eats, Coffee/Tea hours, and celebrations open primarily to FRC participants and their families. Family events require participant enrollment.

b. **Community Events**

Frequency: maximum 1-2 times annually

Community Events are larger fun, recreational or cultural events hosted by the FRC that provide an opportunity for FRC staff to meet and engage with new families not currently enrolled in the FRC. Such activities include holding a large holiday party for neighborhood residents or hosting a parents' health and wellness fair advertised to the general public.

c. **Partnerships, Connections and Collaborations**

Frequency: Frequency and participation as decided by community/neighborhood and requirements of the partnership

Family Resource Centers often emerge as organizational leaders in the community and form collaborative partnerships with multiple agencies in order to leverage services and coordinate programming for families and children. Collaborations and connections are often formed and hosted at the Family Resource Center to address neighborhood or population issues and include such activities as:

- Co-locating needed services from outside resources at the FRC;
- Co-locating FRC staff at other community based organizations or city departments;
- Sharing resources; and
- Regular, structured meetings among provider organizations.

3. **Workshops and Classes.**

Frequency: Workshops are held minimally 6-8 times per year

Objectives: Improved knowledge of systems, improved child advocacy, increased value of education

Workshops and classes are structured, stand-alone, or series of sessions that provide information on a variety of topics promoting parental and life competencies. On-going classes may consist of instructional sessions designed to enhance a participant's skill or knowledge base in a particular area and are taught by FRC staff or other experts in the identified area. Workshops are held either on-site or in another consistent location to enhance program accessibility and topics are developed with consideration to parent input and requests.

FRCs provide workshops from each of the following workshop categories throughout the year:

- **Navigating and Partnering with Schools**

Frequency: Basic 1 minimum; Comprehensive and Intensive 2 minimum

Information for families to support student readiness and success in school. Topics may include, but are not limited to: enrollment in the public school system; understanding key transitions to Kindergarten, Middle School, High School, and higher education; navigating critical school issues such as school placement, attendance and access to academic interventions such as the IEP.

- **Child/Youth Development**

Frequency: 2 Minimum

Information for families on children's emotional, physical, or social development. Topics may include, but are not limited to: learning and developmental disabilities; talking to children or youth about gender/sexual identity or reproductive health; understanding ages and stages; and impact of violence on children.

- **Health and Wellness**

Frequency: 1 minimum

Information for families on the importance of good health and hygiene practices throughout childhood. Topics may include, but are not limited to: oral health, family nutrition, and illness and injury prevention.

- **Perinatal and Early Infancy**

Frequency: 1 minimum

Information for prospective, expecting and/or parents of infants on perinatal health and well-being including topics such as reproductive health and family planning; perinatal physical and emotional well-being including information about prenatal care, labor and delivery, and/or perinatal depression and anxiety; breastfeeding and infant nutrition; infant care and safety including vaccinations, child-proofing, safe sleep practices and SIDS prevention. This is a developing topic; future requirements may be different.

- **Family Economic Success**

Frequency: Comprehensive 1 minimum and Intensive 2 minimum

Information for families to support family economic self-sufficiency. Topics may include, but are not limited to: enrollment in public benefits such as CalWORKS or CalFRESH; financial management; informational sessions on vocational training or college opportunities; and resume building workshops.

- **Other Workshop Topics**

As negotiated

4. **Discretionary Services.**

- a. **Physical Fitness Activities**

Frequency: As negotiated

Physical fitness activities provide opportunities for parents/caregivers and their children to learn about and experience the benefits of physical fitness through such activities as swimming, yoga, Zumba, urban hikes, and gardening. Fitness activities must be led by

qualified, trained practitioners and FRC must have insurance policies which cover these types of activities. A parent leader without formal training, but who has experience or interest in a particular activity, may co-lead under the direct supervision of the trained practitioner. Fitness classes are not a substitute for support groups; they may be used as an add-on component to engage families or to help participants in essential services practice healthy ways of releasing emotions raised in groups.

b. Field Trips

Frequency: As negotiated

Field trips provide child-centered opportunities to reduce barriers for enrolled families to participate in educational, need based, or cultural activities in the immediate SF Bay Area (generally, field trips should be accessible by MUNI, BART, SamTrans, Alameda County Transit and/or Golden Gate Transit). Field trips complement and enhance the essential services and must be pre-approved by First 5. Field trip participants arrive and leave together. Such activities include field trips to the annual SFUSD enrollment fair, SF public libraries, children's museums, and park and rec centers. Field trips to paid sporting events/games and amusement parks are not permitted. This activity does not include field trips that occur during the course of an ongoing service requiring enrollment such as a PCI group or the Parent ACTION grant.

c. Basic Needs

Frequency: As negotiated. Available during business hours or specific marked day and time

Families are provided with goods and concrete household items to meet their basic living needs which are not available through other sources. Many family resource centers operate distribution of the needed items on-site, while others provide referrals to nearby locations. Examples include food, clothing, diapers, and furniture. Scholarships to fee-based FRC services are not considered a basic needs service. FRCs who operate a community food pantry must be able to leverage other funding and/or volunteers for this service to be approved use of FRC staff time and resources.

3. Parent/Caregiver Capacity Building.

Baseline Activities	Other Required Essential Services	Discretionary Services	Suggested Staff Training
Parent Support Groups	Perinatal Supports	Respite	Developing and Conducting Support Groups
Parent Interaction Groups	Health and Development Screenings	Parents of Teen Support Groups	Child Development 101, ASQ, KIPS
Curriculum Based Parent Education	Drop in Child Watch	Curriculum Based Parent Education – Teen Specific	Helping Families Navigate Conflict
		Young School-Age PCI Groups	Mandated Reporter
		Child Development Groups	ACES, Parent Ed Curriculum Training
Evaluation Method(s)	The Parenting Scale, DASS, ECBI, ASQ, KIPS, PPAS, Post-partum Depression Screening		

1. Parent/Peer Support Groups.

Overall frequency: All FRCs provide at least one support group weekly

Objectives: Build community, improved communication, identifying strengths and challenges with peer generated strategies, increased support

Whether peer-led or staff-facilitated, FRCs conduct support groups targeted to one or more of the following: parents of newborns/young children; mothers; fathers; parents of elementary age children; grandparents/kin-caregivers; single parents; pregnant parents; and others as parent request/needs arise. Support groups are held on a regular basis either on-site or in another consistent location to enhance program accessibility.

a. Peer-led Support Group

Frequency: 3 meetings per month minimum. New and unduplicated participants are added on a regular basis throughout the year

Peer-led support groups are an on-going peer-led group that provides parents and caregivers the opportunity to support each other and to share information/advice or problem-solving strategies relating to parenting experiences. Frequently groups are formed by individuals sharing a demographic or experiential characteristic. Peer leaders should be members of the group who have regularly attended the group as a participant. FRC staff are available on-site while group is in session and provide immediate and regular assistance and supervision to leaders and as needed to participants.

b. Staff-facilitated Support Group

Frequency: Minimum of 3 open meetings per month or, for closed groups, minimum one, 8-10 week session/group per quarter. New and unduplicated participants are added minimally each quarter for on-going groups and at start of each cycle for closed groups

Staff-facilitated support groups are staff-led and formally-structured on-going or time limited groups that provide guided discussion and problem solving about shared parenting experiences. Staff led groups focus on one or more of the Five Protective Factors, material covered in Curriculum Based Parent Education, and/or emotional health and wellness.

2. Parent and Infant/Child Groups.

Frequency: PCI activities are held minimally on a weekly basis and in a structured format either on-site or in another consistent location to enhance program accessibility

Objectives: Increased child development knowledge, improved parent child relationship, provides age appropriate experiences for parent and child in social setting

a. Parent and Infant/Child Interactive (PCI) Groups (Playgroups)

Parent/caregivers engage with their children and youth in developmentally appropriate activities. Age appropriate activities, materials, and equipment are utilized to encourage parent-child bonding and school readiness and success. PCI groups may be closely linked with parent education activities to encourage practice of parenting skills taught. Collaboration with the San Francisco Public Library is strongly encouraged. Best practices incorporate health and developmental supports or assessments as appropriate.

b. Infant (0-18 months; other age groupings within this range may be considered)

Activities and the physical environment encourage and strengthen Infant-Parent bonding; parental caregiving capacity; and provide staff an opportunity to support parents with post-natal or post-adoptive depression and/or feeding and sleeping concerns. Infant massage may be taught by trained practitioners. Referrals for lactation or infant-feeding support, mental health consultation, childcare, developmental assessments, healthcare, and/or basic needs should be available.

c. Toddler/preschool (18 months – 5 years; other age groupings within this range may be considered)

Activities and the physical environment encourage parent support of children's early literacy, pre-math, and social-emotional skill development. Early Literacy Activities build pre-literacy skills – print motivation, vocabulary, phonological awareness, letter knowledge, print awareness and narrative skills. Referrals for preschool and school enrollment, nutrition support, mental health consultation, developmental assessments, healthcare, and/or basic needs should be available.

3. Curriculum-Based Parenting Series.

Frequency: Basic 1-2 cycles per year; Comprehensive 2-3 cycles per year; Intensive 3-4 cycles per year

Objectives: Behavior change, improved family relationship and communication, increased knowledge of family, child, and community

Curriculum-based parenting series provide a minimum of 8 sequential learning sessions for a core group of attending parents and caregivers. Minimum participation standards are set for families that are considered graduated from the curriculum. Programs will be expected to provide evidenced-based, evidenced-informed and/or culturally appropriate promising practices curriculum in these series. Evidence-based/informed parent education curriculum is structured research-based educational sessions. Evidence-based programs frequently require staff to attend training and for implementation of the curriculum to be monitored by the curriculum vendor. Some examples include Triple P, 123 Magic, Partners in Parent Education (PIPE) and Incredible Years.

4. **Other Required Essential Services.**

a. **Perinatal Supports**

Frequency: Available during business hours and as needed for specific programming

Activities may include group or individual childbirth preparation classes; linkage and referral to prenatal or pediatric care; lactation counseling or infant feeding support; and/or new parent home visiting activities. All perinatal supports are conducted by appropriately certified or trained staff or contractors such as certified childbirth educators, lactation educators and counselors, nurses, etc. Specific activities are as defined in Scope.

b. **Health and Developmental Supports for Young Children and their Parents/Caregivers**

i. **ASQ-3 and ASQ-SE**

Frequency: Available during business hours and as needed for specific programming

Appropriately trained staff will utilize developmental screening tools – such as Ages and Stages-3 and Ages and Stages - Social/Emotional - and are expected to recruit and periodically screen children for identification of potential developmental delays. FRCs will then link children identified with concerns to available services and follow up with families within 30 days of referral to ensure successful linkage. Where appropriate, a referral to the FRC supporting families with children with disabilities should be made.

ii. **Other health and developmental screening tools**

Frequency: As negotiated. Available during business hours and as needed/required for specific programming

Other screening tools to be utilized as specified in scope may include tools such as Keys to Interactive Parenting Scale (KIPS), DRDP, DASS, ECBI, postpartum depression, and/or Oral Health Screenings.

iii. **Drop In Child Watch**

Frequency: Available during business hours and as needed for specific programming; required support for Curriculum Based Parent Education classes

Child watch is provided for children in support of parents participating in other activities at the FRC. Activities are designed to meet the developmental needs of infant/toddlers, preschool aged children, and school aged children, which may suggest separate programming for each age group.

5. Discretionary Services.

a. Respite Care

Frequency: available during business hours and as needed for specific programming

A child care space where parents can leave their children to receive care while they are handling personal issues, or simply for time away from their children during periods of stress or other personal turmoil.

b. Parents of Tweens/Teenagers Support Groups

Frequency: As negotiated. Minimum of 1-3 open meetings per month or, for closed groups, minimum one, 8-10 week session/group per quarter. New and unduplicated participants are added minimally each quarter for on-going groups and at start of each cycle for closed groups

Staff-led, formally structured on-going or time-limited groups that provide guided discussion and problem solving about shared experiences parenting tweens and teens. Staff-led groups focus on one or more of the Five Protective Factors, material covered in Curriculum Based Parent Education, and/or emotional health and wellness.

c. Curriculum-Based Parenting Series – Tween/Teen Specific

Frequency: As negotiated

Curriculum-based parenting series for parents of tweens and teens provide a minimum of 8 sequential learning sessions for a core group of attending parents and caregivers. Minimum participation standards are set for families that are considered graduated from the curriculum. Programs will be expected to provide evidenced-based, evidenced-informed and/or culturally appropriate promising practices curriculum in these series.

d. Evidence-Based/Informed Parent Education Curriculum

Frequency: As negotiated

Structured research based educational sessions. Evidence-based programs frequently require staff to attend training and for implementation of the curriculum to be monitored by the curriculum vendor. An example includes Teen Triple P.

e. Young School age PCI

Frequency: As negotiated

Developmentally appropriate activities for parents to engage with their children ages 5-8 years old that increase skill development in literacy and/or Science, Technology, Engineering, Art, or Math (STEAM) skills. Referrals for academic supports, out-of-school time providers, and basic needs should be available.

- f. **Child Development Groups**
Frequency: As negotiated; 6-8 week sessions

Curriculum based group series for children which focus on one or more of the following areas: social-emotional development, early literacy, literacy, and school success. Groups must be age stratified and children must register to attend the full series. Child development groups often incorporate a pre- and post-assessment of child’s progress using the ASQ-3 or other tool. Parents are provided opportunities to learn how to support their children in practicing the skills covered in the group and are provided with feedback about how their children are doing in the group. Groups are facilitated by a mental health specialist, masters-level social workers, or other highly trained practitioners with experience and training in ECE, social-emotional development, or youth development.

Child development groups may be held concurrently with adult programming, but are not the same as Child Watch. Child development groups are often targeted towards children who are identified as needing additional developmental supports to be ready for kindergarten or to be successful in school. Such groups do not take the place of formal preschool enrollment and where appropriate in strong partnership with related city agencies, schools, and/or other CBOs.

4. Coordinated Formal Supports.

Baseline Activities	Other Required Essential Services	Discretionary	Suggested Staff Training
Family Advocacy	Family Team Meetings	Aftercare Case Management	High Risk Case Management, Case Management 101, Home Visiting, Mandated Reporter, Helping Families Navigate Conflict, DV, Substance Use, Mental Health 101
Case Management	Enhanced Information & Referral	Individual/Family/Group Counseling	
Child Welfare Services: Differential Response and Enhanced Visitation			
Minimum Staff Requirements:	Bachelor Degree or licensed clinician as required		
Evaluation Method(s)	FDM, PPAS, KIPS, ASQ		

1. Core Evaluated Essential Services.

- a. **Family Advocacy**
Frequency: 2 contacts/month minimum. Face-to-face contact to open file required

Family Advocacy includes providing staff support to remove institutional and other barriers preventing families from linking to and accessing available services and resources. FRC services may include providing information, making phone calls, translation, and/or accompanying a family member to medical, legal or other essential

appointments. DR includes assessment. Family Advocacy is usually a brief service of approximately 3 - 6 months.

b. Case Management

Frequency: 3 contacts/month minimum. Best practice suggests weekly contact. Face-to-face contact required for intake and majority of contacts. Case management visits are often conducted in the family home or in other off-site community based locations to maximize access to this service

Objectives: Identify family needs and provide assistance to improve family functioning. Assist family to develop skills to help themselves. Connect families to resources

Formal intake, needs assessment, and facilitated planning process to assist families in developing a plan of action to address concerns impacting child development, health related issues, and/or family functioning. Presenting issues to be addressed may include: child safety, family functioning/relationships, parenting, health, mental health, substance abuse, and/or well-being. Consistent monitoring is provided to review progress towards service plan identified goals and desired outcomes. Families with an open-CPS case are ineligible for FRC case management services, unless the case will be closed within three months.

Case management for families of preschool or school age children should include advocacy and assistance in navigating critical school issues such as school enrollment, attendance, and access to academic interventions. All families in case management are assessed for Family Economic Self-Sufficiency needs in the areas of employment, household budgeting, and other financial management concerns. Case managers provide referrals as needed to vocational training, ESL classes, and other related resources. Linkage with public agency self-sufficiency programs such as CalWORKS, CalFresh (food stamps) and health insurance (Medi-Cal, Healthy Kids, Covered California) should be offered whenever appropriate. Case Management is usually a more intensive service of at least 6 months or longer.

c. Child Welfare Involved Services

Agencies work in partnership by communicating and connecting with child welfare department staff to (1) support families referred by or involved with child welfare services, (2) serving as a family advocate and resource in child welfare family conferencing and (3) providing space, supervision and support for families whose children have been removed from the home, depending upon the specific child welfare needs of the community. Referrals from the Child Welfare Department generally inform the type and volume of services needed.

i. Differential Response (DR)

Frequency: As designated by HSA, service and/or family needs. 1 FTE DR staff maintains a caseload of 15-20 DR participants at any one time

Objectives: Reduced system involvement for family, increased child safety, improved family functioning, improved knowledge of resources and collaboration for family

Provision of Differential Response Services requires referrals from SF Family & Children's Services. Differential Response is a home-based service which includes contacting and

visiting families with children who have been assessed by the CPS hotline as moderate to low risk and no or mitigated safety threats with joint community and FCS response for families. FRC will then work to engage family in voluntary services appropriate to meet their needs; family may benefit from DR family advocacy or case management services. FRCs must follow procedures as outlined in the DR Procedure Manual and must participate in HSA-sponsored workgroups, quality assurance, and evaluation activities.

ii. Enhanced Visitation

Frequency: As designated by HSA, service and/or family needs. 1 FTE EV supervisor should maintain about 8 -10 three-hour visit sessions per week; allowing for 1 hour prep per session, 1 staff meeting per week, and 1 CFT or other type meeting per week

Objectives: Reduced system involvement for family, increased child safety, improved family functioning, improved knowledge of resources and collaboration for family

Requires referrals from SF Family & Children's Services. Intended for Child Welfare involved families who are seeking reunification (time-limited and/or court ordered), this service is designed to support and expand the availability of neighborhood-based locations where family visits can occur. Visitation services can be offered for extended durations and flexible visiting hours including evenings and weekends. FRCs must follow procedures as outlined in the EV Procedure Manual and must participate in HSA sponsored workgroups, quality assurance, and evaluation activities.

Successful implementation provides:

- On-site space for child visitation, including extended hours and/or weekend hours;
- Staffing for supervision and observation of each visit and provide a written report of each visit to the Child Welfare Worker who referred the family;
- A qualified individual trained in parent-child observation techniques to provide one-on-one coaching, interventions and support as needed for participating families; and
- EV supervisors may be asked to attend on-going Child and Family Team Meetings to be informed about the case status as well as to inform the family's social work team about progress in visitation.

2. Other Required Essential Services.

a. Child and Family Team Meetings

Frequency: As designated by HSA, service and/or family needs

Requires referrals from SF Family & Children's Services (FCS). For FCS families who have been either separated or at-risk of being separated from their children for child abuse and neglect, this service is designed to provide support for birth parents by assisting parent(s) in understanding the departmental process, the department's concerns related to safety and risk and/or in voicing questions and concerns during the meeting. Other support may include sharing awareness of available resources and services in the parents' community. FRCs will provide a staff representative to attend the meetings at an HSA office or in the community and who will be available as a liaison between FCS and the FRC for purposes of on-going care coordination.

b. Enhanced I&R

Frequency: As negotiated; available during business hours

Staff provide participant with information and/or referrals given and a follow-up contact is rendered within 7 days with information recorded as to the success of the referrals given to the family.

3. Discretionary Services.

a. Aftercare Case Management

Frequency: Refer to Case Management description

Case management for families currently involved in SF Family and Children’s Services for the purpose of preparing for after care services and will not overlap with an open Child Welfare case for longer than 3 months unless agreed upon for a specific purpose by all parties. Families who are expected to remain open with CPS for longer than three months can be referred for inclusion in activities such as parenting, support groups, etc. without being an active case management file.

b. Counseling/Therapy

Frequency: Optional; contacts determined by need and primarily face-to-face

Supportive individual, group, and/or family therapy sessions in pursuit of improved family functioning. Activity to be delivered by a trained master’s level clinician with appropriate supervision and case consultation. Often offered in conjunction with case management support.

5. Staff Development and Training.

Staff Development and Training Family Engagement Services		
Consultation and Service Supports, including:	Staff Training, including:	Staff Performance, including:
Early Childhood Mental Health Public Health Nurses Coaching/Peer Group Learning (TBD) Clinical/case consultation	Orientation Service/Skill Specific Training Competency development	Performance Evaluation Supervision

All FRC staff participate in regular and on-going staff development and training opportunities. FRC leadership gathers and shares information regarding staff training and coaching needs to funders.

1. Consultation and Service Supports.

Examples of service supports for the funding cycle may include:

- Early Childhood Mental Health Consultation
- Public Health Nurses
- Peer Group Learning

a. Clinical/Case consultation

All practitioners responsible for support groups, family advocacy, case management, counseling, and/or child-welfare involved services should have access to FRC-provided regular and frequent group and/or individual clinical or case consultation/supervision to ensure quality of service and evaluate participant outcomes.

2. Staff Training.

a. Orientation

In addition to the particulars of the service activities, all new FRC staff receive orientation in the following areas, as applicable: early literacy, protective factors, and/or other information as applicable.

b. Skill Specific and Competency Development

All FRC staff are expected to participate in on-going training in areas related to their assigned position including but not limited to: Triple P accreditation and/or training in other parent education curricula, child welfare practices, reflective supervision/supervision skills, cultural competency, National Standards of Quality in Family Strengthening and Support, and/or other skills as needed.

All FRC staff are expected to participate in on-going training in competencies needed for family support including components of the Wisconsin Core Competencies in Family Support, Standards of Quality in Family Strengthening and Support, the Protective Factors, etc.

3. Staff Performance.

a. Performance Evaluation

All staff have written annual performance evaluations which include opportunities for supervisor and his/her staff to engage in a reflective process which:

- discusses the employee's strengths and accomplishments,
- provides constructive feedback on the quality of employee's work,
- develops goals related to the work as well as staff development needs
- provides the employee opportunity to provide feedback to the FRC about the employee's work environment/experience, including supervision strengths and needs

b. Supervision

All FRC staff have regular and frequent individual supervision which uses a reflective process to discuss employee performance, training needs, and opportunities for growth and promotion.

SERVICE CONNECTION

The goal of the Service Connection program area is to support agencies that serve as intermediaries to a network of social services through intensive linkages. Service Connection is designed to connect people with additional support, address the whole range of a person's or family's needs, and help people build their capacity to improve their lives and move toward self-sufficiency.

MOHCD has allocated General Funds for the following purposes:

1. **Emergency Fund (\$150,000).** This funding will provide critical direct support to families to intervene after, or at the onset of, a destabilizing crisis. The support could include housing support such as deposits, emergency hotel rooms, utility bills, or other immediate needs such as medical expenses funds for transportation, food, toiletries, baby care items or educational and naturalization expenses. This assistance should meet the goals of preventing families from experiencing the trauma of homelessness and promoting housing and general stability for the entire family. Applicants must execute the following activities:
 - Maintenance of policies and protocols for the Emergency Fund;
 - A clear scope and eligibility criteria;
 - Intake and assessment for each client; and
 - Coordination and follow up with referring agency – including but not limited to, fiscal and program attic documentation.

COMMUNITY BUILDING AND NEIGHBORHOOD PLANNING

The goal of this program area is to promote the development of social capital and sustainable healthy communities, and to support neighborhood-based capacity building efforts that encourage strategic planning and resident engagement to address collective needs and priorities. Funded programs may promote resident involvement and leadership in strategic planning and civic engagement, coordinate and convene community based organizations and residents to promote community building, identify community assets, and maximize sharing of information and resources. MOHCD will monitor monthly and quarterly progress towards meeting goals. MOHCD may request to meet on a regular basis with the collaborative and fiscal lead as well as assist with stakeholder coordination.

MOHCD has allocated General Funds for the following purposes:

1. **Latino Community Collaborative (\$50,000).** Funding will be made available to support a collaborative of non-profit organizations that primarily serve the low-income Latino community. Applicants must execute the following activities:
 - Build capacity among organizational partners;
 - Develop a scope of work that includes community development activities aimed at fostering collaboration, increasing social capital, mobilizing resources and strategies to inform policy, supporting community resilience and further enhancing San Francisco's integrated service delivery system; and
 - Engage with community members to guide and inform the collaborative scope of work.

AGENCY CHECKLIST

Application Packet

(One original signed in blue ink and one USB drive copy)

- Proposal Cover Sheet (p.25)
- Board of Directors (p.26)
- Program Selection (p.27)
- Proposal Narrative (see p.28 for instructions)
- Program Budget Worksheet (p.29 and posted in Excel)

Additional required items for applicants not currently receiving funding from MOHCD:

- Articles of Incorporation, including all amendments
- Organization By-Laws, including all amendments
- Evidence of Federal Tax Exempt 501(c)(3) status

DEADLINE FOR SUBMISSION:

by hard-copy original and USB drive copy

September 8, 2017

at 5:00 p.m.

One original and one USB drive copy of the completed proposal should be submitted to:

Attention: Director of Community Development
Mayor's Office of Housing and Community Development (MOHCD)
1 South Van Ness Avenue, 5th Floor
San Francisco, CA 94103

HAND DELIVERY RECOMMENDED

RFP QUESTIONS?

Julia Sabory
(415) 701-5612
julia.sabory@sfgov.org

ALTERNATIVE FORMATS FOR PERSONS WITH DISABILITIES

Eugene Flannery
(415) 701-5598
eugene.flannery@sfgov.org

PROPOSAL COVER SHEET

(You may neatly hand write this portion of the proposal)

Organization Name:

Street Address:

City:

State:

Zip Code:

Main Phone:

Fax:

Program Name:

Program Street Address (if different):

City:

State:

Zip Code:

Executive Director:

Phone:

Primary Contact Person (if different):

Phone:

Fax:

Email:

Total Proposal Request (may not exceed Program Selection amount on page 27): \$

Total FY 2017-18 Projected Agency Budget: \$

I certify that the information provided in this application is true.

Signature

Date

PROGRAM SELECTION

(Check the box for both the Program Area and the Program for which you are applying)

- Family Support Using the Family Resource Center Model**
 1. Family Support using the Family Resource Center Model (\$500,000)
- Service Connection**
 1. Emergency Fund (\$150,000)
- Community Building and Neighborhood Planning**
 1. Latino Community Collaborative (\$50,000)

PROPOSAL NARRATIVE

(Must not exceed 5 pages)

1. **Background and Need** (2-4 paragraphs suggested)

This section should demonstrate a broad understanding of the barriers and challenges faced by the target population(s) indicated in the selected program description.

- What specific barriers and challenges exist for the target population(s)?
- What is your organization's history of providing similar services to the target population(s)?

2. **Proposed Program Design** (7-9 paragraphs suggested)

This section should describe the implementation of activities prioritized by the selected program, and provide detail about program design and service delivery strategies. This section should also list activities and outcomes for your proposed program. MOHCD's assigned activities and outcomes within each program area have been included for your reference on p.32 of this RFP.

- What is the proposed program design? Describe how it incorporates best practices.
- Who will your program target for services, how many individuals will it serve, and how does it propose to reach them?
- Describe the activities and outcomes that your program plans to track.
- Each client activity must be linked to specific outcome(s) and should be supported by evidence-based practice. Non-client based activities (e.g., organizational capacity building) are not required to have corresponding outcomes. You may elect to include a schedule or calendar to illustrate your activities, a logic model, or another graphic that illustrates how your program's activities lead to positive client and community outcomes.
- Your proposal should also include the expected number of people to be served per activity, and the number of people expected to achieve the corresponding outcome(s).
- What other organization(s), including City government entities, does your program partner with, and how does this partnership impact its reach/activities/services? Please describe the level of partnership (e.g., shared services or decision making versus referrals).
- How will your program involve the community, or connect with community-based knowledge and experience, to inform program design?

3. **Evaluation** (2-3 paragraphs suggested)

This section should describe how your organization will evaluate the impact of the proposed activities on the target population(s).

- How will your organization track progress and measure program impact on the target population(s)?
- How will your organization evaluate and inform program design?

4. **Organizational Capacity and Budget** (2-3 paragraphs suggested)

Describe the skills and experience of key agency staff.

- Identify the individual(s) who will work on this project on behalf of your organization. Include name, job title, skills and experience for each individual.
- Provide a brief narrative for your program budget; highlight any unique and/or substantial budget items reviewers should understand.

PROGRAM BUDGET WORKSHEET

Line	Budget Item			Requested Amount from MOHCD	Total Program Budget
Salaries & Wages	NAME & TITLE	Rate/Hr.	# of Hrs.		
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$
5				\$	\$
6				\$	\$
7	Total Salaries (Lines 1 thru 6)			\$	\$
Fringe Benefits	Item				
8	FICA			\$	\$
9	SUI			\$	\$
10	Workers Compensation			\$	\$
11	Medical Insurance			\$	\$
12	Retirement			\$	\$
13	Other			\$	\$
14	Total Fringe Benefits (Lines 8 thru 13)			\$	\$
Contractual Services	Item				
15				\$	\$
16				\$	\$
17				\$	\$
18	Total Contractual Services (Lines 15 thru 17)			\$	\$
Equipment	Item				
19				\$	\$
20				\$	\$
21	Total Equipment (Lines 19 thru 20)			\$	\$
Insurance	Item				
22				\$	\$
23				\$	\$
24	Total Insurance (Lines 22 thru 23)			\$	\$
Other	Item				
25	Travel & Conferences			\$	\$
26	Office and/or Program Space Rental			\$	\$
27	Office and/or Program Supplies			\$	\$
28	Telecommunications			\$	\$
29	Utilities			\$	\$
30				\$	\$
31	Total Other (Lines 25 thru 30)			\$	\$
Indirect	Total (no more than 15%)			\$	\$
TOTAL	(Line 7+14+18+21+24+31+Indirect)			\$	\$

RFP PROPOSAL EVALUATION FORM

(For reviewer use and applicant reference)

1. Background and Need:

- Applicant clearly describes specific barriers and challenges that exist for its target population(s)?
- Applicant describes a successful history of effectively serving the target population(s)?

Score: _____/20

2. Proposed Program Design:

- Applicant clearly describes its program design and articulates how the proposed design is best suited to address the needs of the target population(s) and the objectives of the RFP?
- Applicant incorporates best practices into its program design?
- Applicant clearly describes a reasonable, measurable theory for how its program activities lead to positive client and community outcomes?
- Applicant articulates the expected number of people to be served per activity, and the number of people expected to achieve the corresponding outcome(s)?
- Applicant clearly describes partnerships that strengthen and expand program impact?

Score: _____/50

3. Evaluation:

- Applicant clearly describes how the proposed program will track progress and measure impact?
- Applicant clearly describes how its evaluation framework will inform program design?

Score: _____/10

4. Organizational Capacity and Budget:

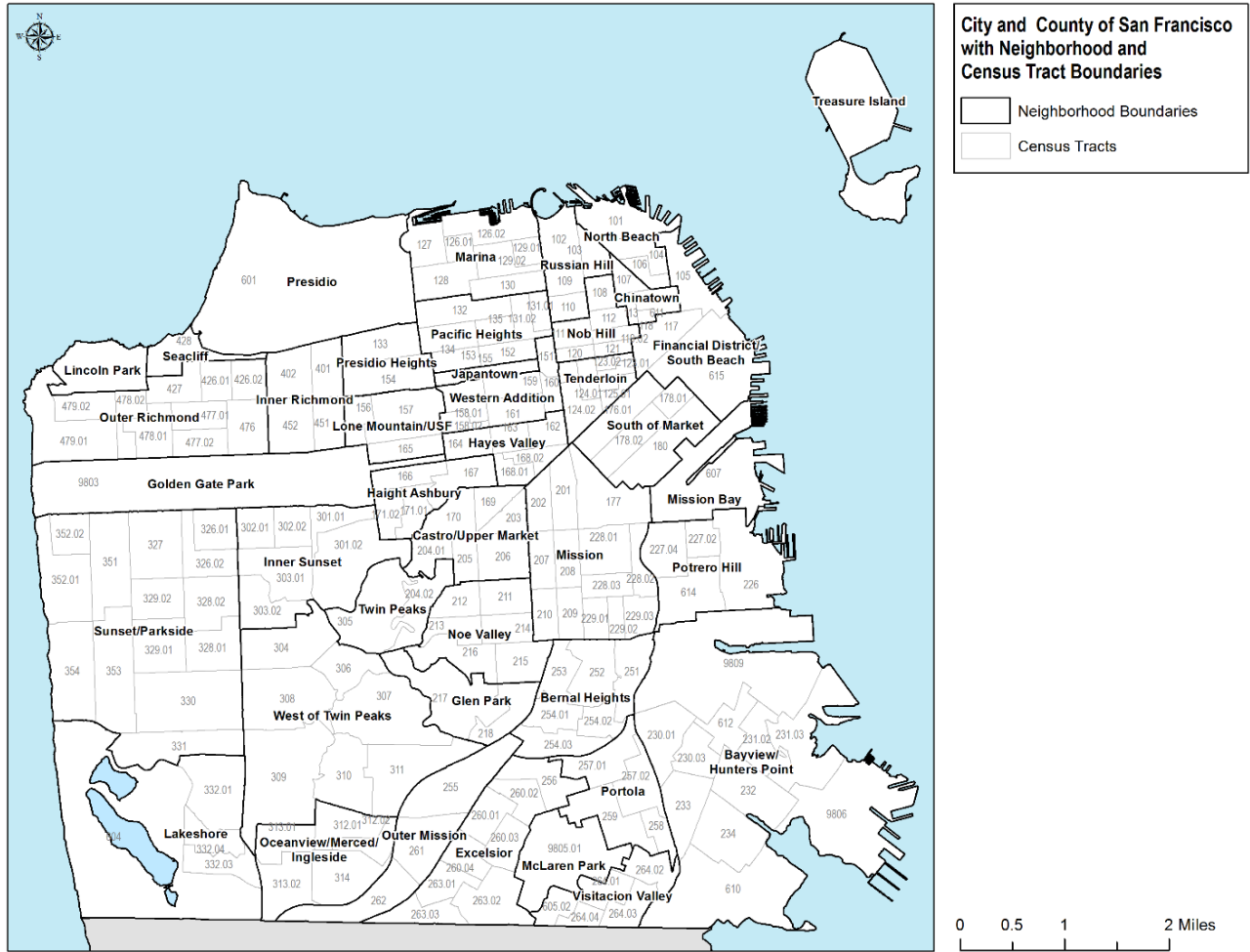
- Applicant clearly identifies program staff who are commensurate with the scope and objectives of the proposed program?
- Applicant clearly describes the program budget and includes reasonable explanations for unique and/or substantial budget items?
- Applicant's Board of Directors reflect the constituency of the target population(s) and demonstrate the appropriate expertise in the services to be provided and/or to be a high-functioning Board (e.g. fundraising, fiscal management, and similar skills)?

Score: _____/20

Total Score: _____/100

Recommend for Funding: YES NO

MAP OF MOHCD-DEFINED SAN FRANCISCO NEIGHBORHOODS



MOHCD ACTIVITIES AND OUTCOMES BY PROGRAM AREA

Note: the measurement unit for all outcomes is “number of persons,” except for two activities under the Organizational Capacity Building program area where “number of organizations” is the measurement unit.

Program Area	Activity	Outcome
Access to Housing	1. Applications for Affordable Rental Units	Placed in Rental Housing
	2. Counseling	Better Understanding
	3. Financial Counseling and Education	Individuals Demonstrating Increased Knowledge, Skills and Abilities
Community Building and Neighborhood Planning	1. Residents Engaged in Community Grant-making Process	N/A
	2. Residents Participating in Civic Engagement Activities	Residents Who Report Increased Opportunities for Neighborhood Involvement and Civic Engagement
Eviction Prevention	1. Case Management	Achieve 75% of Goals from Individual Service Plan
		Complete First Individual Service Plan and Progress to Second
	2. Counseling	Better Understanding
		Stably Housed 3 Months Later
	3. Financial Assistance (moving costs, security deposits, utilities, last month's rent)	Stably Housed 9 Months Later
		Stably Housed 3 Months Later
		Stably Housed 9 Months Later
		Stably Housed 9 Months Later
	4. Information & Referral	Information & Referral, Successfully Connected
	5. Legal Representation	Avoid Eviction
6. Rental Assistance	Stably Housed 3 Months Later	
	Stably Housed 9 Months Later	
	Stably Housed 3 Months Later	
	Stably Housed 9 Months Later	
Foundational Competencies	1. Individuals Receiving Training to Improve Academic Competencies	Individuals Demonstrating Increased Knowledge, Skills and Abilities
		Individuals Receiving High School Diploma, GED, and/or Enrolling in Post-Secondary Education Program
	2. Individuals Receiving Training to Improve Personal Effectiveness/Soft Skills	Individuals Demonstrating Increased Knowledge, Skills and Abilities
		Individuals Demonstrating Increased Knowledge, Skills and Abilities
	3. Individuals Receiving Training to Improve Workplace Competencies	Individuals Enrolling in a Sector-Specific Job Training Program, or Placed in Unsubsidized Employment
Housing Place-Based Services	1. Case Management	Achieve 75% of Goals from Individual Service Plan
		Complete First Individual Service Plan and Progress to Second
	2. Information & Referral	Information & Referral, Successfully Connected
	3. Involvement in Planning and/or Community Building	N/A
	4. Leadership Development Training and Opportunities	Complete Goal Setting and List of Action Steps
Complete 75% of Action Steps		

	5. Resident education and/or workshops (including health and wellness, housing stability and tenancy expectations, economic self-sufficiency and public safety)	Attend 75% of the workshops/classes
		Clients Report Changed Behavior
	6. Service Connection	Needs Assessment Completed
		Engagement with External Resources, including Barrier Removal and Follow Through
Legal Services	1. Case Management	Achieve 75% of Goals from Individual Service Plan Complete First Individual Service Plan and Progress to Second
	2. Counseling	Better Understanding
	3. Employment Rights Education and Counseling	Individuals Demonstrating Increased Knowledge, Skills and Abilities
	4. Information & Referral	Information & Referral, Successfully Connected
	5. Legal Representation	Legal Issue Successfully Resolved , or One or More Legal Goals Successfully Achieved
	6. Processing of Documents or Applications	Applications and/or Documents Submitted
Organizational Capacity Building	1. Nonprofit Staff Trained	N/A
	2. Organizations Participating in Collaborative Planning Process	N/A
	3. Organizations Receiving Technical Assistance	N/A
Service Connection	1. Case Management	Achieve 75% of Goals from Individual Service Plan Complete First Individual Service Plan and Progress to Second
	2. Information & Referral	Information & Referral, Successfully Connected
Supportive Housing for PLWHA	1. Case Management	Achieve 75% of Goals from Individual Service Plan Complete First Individual Service Plan and Progress to Second
	2. Long-Term Housing and Essential Services	N/A
	3. Long-term Rental Assistance	N/A
	4. Short-term Rental Assistance	N/A
	5. Transitional Housing and Essential Services	Successfully Transitioned to Permanent Housing
Sustainable Homeownership	1. Information & Referral	Information & Referral, Successfully Connected
	2. Home Modifications Installed	N/A
	3. Pre-Purchase Counseling	Pre-Purchase Better Understanding
		Homeowners Created
	4. Post-Purchase Counseling	Foreclosure Averted/Favorable Resolution
		Post-Purchase, Better Understanding
		Post-Purchase, Better Understanding
Transitional Housing	1. Case Management	Achieve 75% of Goals from Individual Service Plan Complete First Individual Service Plan and Progress to Second
	2. Transitional Housing and Essential Services	Successfully Transitioned to Permanent Housing