



# City of Edina Human Services Funding Request for Proposal (RFP)

## I. PROGRAM SPECIFICATIONS

### I.1. Overview

The Edina City Council has authorized the Human Services Task Force [Task Force] to solicit and consider requests for the funding of human services authorized by State Statute. The City of Edina [City] funds organizations that address an immediate basic human need (i.e., elements required for survival and normal/healthy mental and physical health, such as food, water, shelter, protection from environmental threats, and supportive services to assist with activities of daily living). The Task Force will bring formal recommendations to the City Council after conducting a formal evaluation of the funding requests from legitimate human services providers who address human rights and relations and serve the community of Edina.

### I.2. Funding

*Proposals approved by the City Council in 2021 will be funded in 2022 and 2023.*

This application is for funding for the following two years: January 1 through December 31, 2022 (Year 1) and January 1 through December 31, 2023 (Year 2). If approved by the City Council, the funding amount for Year 1 will be safeguarded in the City budget at the amount approved. **Funding for Year 2 will be based on the amount approved for Year 1, but is not guaranteed in case of unexpected shortfall in City revenue.** Funding for Year 2 is contingent also upon completion of a site visit and submission of a work plan progress report, as appropriate (see section 4).

The City will issue funding to the organization upon the submission of a service agreement. The funding calendar is January 1 through December 31.

### I.3. How to Apply for Funds

All applicants must complete and submit a Request for Human Services Funding.

- Proposals must be submitted electronically to Risi Karim at [rkarim@edinamn.gov](mailto:rkarim@edinamn.gov).
- Proposals must be received by **4:30 PM on August 19, 2021.**
- Please number all pages and include a table of contents for easy referencing. Please include an annual report.
- **New this year: The Program Narrative (Section 2.4) is required for funding requests in the amount of \$10,000 per year or more. It is optional for all others.**

### I.4. Presentation to Task Force

The Task Force will invite some applicants to make short presentations supporting their funding requests at a meeting on the evening of **Monday, September 20, 2021**. Applicants will be asked to introduce their organizations and briefly share more information on the following topics. (Specific questions will be sent with the invitation to the September 20 meeting.)

- Share how your organization addresses an immediate, basic human services need and to which community group/demographic in our community you provide services.
- Describe how your organization differs from other programs – show there is not a duplication of services in our community.
- Describe how your organization's work furthers one or more of the City's four ongoing goals of Strong Foundation, Reliable Service, Livable City, and Better Together (<https://www.edinamn.gov/1431/City->

[Goals](#)) and/or upholds the City Council's commitment to Community Engagement, Equity, and Sustainability (<https://www.edinamn.gov/1710/Code-of-Conduct>).

- Provide a breakdown of your organization's cost per unit of service.
- Explain how your organization coordinates with other community programs.
- Describe how your organization markets/promotes your program.
- Share what steps your organization follows to ensure success for your program participants.
- Describe the qualitative/quantitative measures your organization uses to measure outcomes.

## 2. APPLICATION CONTENT

Applications must contain the following elements;

### 2.1. Cover Page

The following information must appear on your cover page:

- Organization name and address
- Website address
- Contact person name, telephone number and email address
- Amount requested, per year

### 2.2. Executive Summary – Stand Alone Page(s)

This section must provide concise information that can stand alone and be pulled out for consideration. It should highlight your organization's plans to identify and tackle basic human, unmet needs in the Edina community. Please answer the following questions on one or two pages, limiting your responses in each section to 500 words or less:

Name of organization	Full name of your organization
Funding Requested	Dollar amount requested, per year
Mission Statement	Your organization's mission statement
Need	What is current evidence of the need for your organization's services? How do the services address a basic human unmet need in the Edina community?
Target Community Group	What is the target group and the number of persons to be served? Please describe your organization's outreach efforts to the target group. If your organization previously received funding from the City, specifically how many Edina residents (unduplicated) were served in the most recent year in which it received funding?
Service Costs	How much are you requesting per individual served? What are the factors you are considering in that amount? What are your organization's other sources of funding?
Goals	What are your organization's goals for its program and the clients it serves? How would those goals advance one or more of the City's four ongoing budget goals: Strong Foundation, Reliable Service, Livable City, and Better Together ( <a href="https://www.edinamn.gov/1431/City-Goals">https://www.edinamn.gov/1431/City-Goals</a> ) and/or the City Council's commitment to Community Engagement, Equity, and Sustainability ( <a href="https://www.edinamn.gov/1710/Code-of-Conduct">https://www.edinamn.gov/1710/Code-of-Conduct</a> )?
Outcomes	What is the evaluation process (formal, informal, or both) for your program outcomes? Please describe, and provide evidence from prior years of the effectiveness of the services your organization provides. If applicable to your organization, how do you empower residents so that they successfully separate from your programs following their time of need?

Facilities

Where are your organization's service sites for Edina residents? Please list by location and address.

### 2.3 Work Plan

Complete the form attached on page 6 to briefly describe your organization's plan for delivering services to the Edina community.

### 2.4 Program Narrative: Your Organization and Serving the Edina Community

The program narrative should give more information about your organization and how it can help to meet the needs of the Edina community. **This section (2.4) is required for funding requests in the amount of \$10,000 per year or more and optional for funding requests under \$10,000.**

**2.4.1 About your Organization:** This information is requested to give a better understanding of your organization, its services, and its clients.

- Describe and quantify your organization's services and clients, providers, volunteers, and partners. Include general geographic, racial/ethnic, cultural, economic, age, and gender make-up as well as any special client needs, e.g., mental or physical disabilities, non-English speaking, etc.
- Describe and quantify the services your organization provided to the Edina community in the most recently completed year. For each unique service provided, how many unduplicated Edina residents did your organization serve and what percentage of its total clients were from Edina?
- Calculate your organization's funding request per Edina client (amount requested divided by number of Edina clients).
- Will the services provided by your organization provide a tax savings to the City of Edina and its residents?
- In what ways have Edina residents shown their support for your organization and its activities?

**2.4.2 Engagement and Outreach:** This information is requested to tell how the Edina community became or will become aware of your organization and its services. Please base your answers on the most recently completed year.

- What efforts has your organization made or will it make to increase its visibility in the Edina community?
- How have these efforts affected or will they affect your Edina client base?
- If your organization has served Edina clients previously, has the number of Edina clients increased, decreased, or stayed the same? How has this change, if any, affected the work and decision-making process of your organization?
- How has your organization engaged in outreach or served those particularly affected by COVID-19, such as youth, seniors, LGTBQ+, people living with disabilities, essential workers, and the economically disadvantaged?

**2.4.3 Accessibility and affordability:** This information is requested to tell how accessible your organization's services are to Edina residents who are living with disabilities or unable to pay for services.

- How does your organization provide accessibility for persons with disabilities? How does your organization plan to improve ADA-related accessibility? How is this accessibility communicated to people living with disabilities?
- How do you ensure that your activities and programs are affordable to all Edina clients? For example, does your organization offer services at no cost, low-cost, or on a sliding-fee basis? How does your organization communicate the affordability of its services?

*End of section 2.4. The rest of the application applies to all requests, regardless of the amount of funding requested.*

## 2.5 Program Budget

- Provide your organization's financial statements for the most recent full calendar year (2020), showing revenues, expenses and the balance sheet AND provide a year-to-date balance sheet for 2021, showing revenues and expenses within the framework of your organization's full calendar year budget. If your organization is new, submit a year-to-date balance sheet or proposed budget.
- For the upcoming year (2022), list projected income sources by:
  - a. Funding source (i.e., municipal, county, foundations/grants, private donations, etc.)
  - b. Funding amount
  - c. Funding status (i.e., secured, pending, unknown)For private donations, you may report an aggregate amount.
- For the upcoming year (2022), list anticipated expenses, including a breakdown of compensation to paid personnel and consultants and uncompensated work by volunteers.
- Make a justifiable case for your organization's funding request. Why is this amount of money needed? Detail how the funds will be used-
- What will your organization do if it does not receive the requested funding or receives less than requested?

## 2.6 Data Collection Form

Please complete the form attached on page 7. The information will be used to gain a better understanding of the Edina community. It will not be used to evaluate your organization's application for funding.

## 2.7 IRS Tax Exempt Status Determination Letter

Provide a copy of your IRS Tax Exempt Status Determination Letter, or furnish a letter of agreement with your fiscal agent AND a copy of your fiscal agent's IRS Tax Exempt Status Determination Letter.

## 2.8 Success Story

As an end to your organization's proposal, please include a short success story about its work. This is an opportunity to give a vivid picture of how your organization has been able to make a positive impact in the community.

## 3. PROPOSAL/FUNDING REVIEW PROCESS

### 3.1. Review Committee

Proposals will be evaluated by the Human Services Task Force, which is composed of City of Edina Board and Commission members. The Task Force has been designated by the Edina City Manager to review all proposals for human services submitted by various organizations and compare them with the criteria and priorities included in the Request for Proposal packets. The Task Force will discuss the proposals and make recommendations to the Edina City Council. Final funding determinations will be based upon evaluation of the information furnished.

### 3.2. City Council

The Edina City Council will consider the funding recommendations of the Human Services Task Force and will make a final determination.

## 4. SECOND YEAR FUNDING

### 4.1 Site Visit

Near the end of Year 1 (2022), the Human Services staff liaison or a Task Force Member will conduct a site visit of each organization receiving human services funding from the City of Edina. The goal of the site visit is to review progress on the work plan submitted with the RFP and to receive an update on how funds have been used in Year 1 and will be used in Year 2. This information will be used by the City Council as it reviews and approves funding for Year 2.

### 4.2 Work Plan Progress

Near the end of Year 1 (2022), each organization receiving human services funding will be asked to provide a progress update on each item outlined on the work plan submitted with the RFP.

### **4.3 Work Plan Update**

Each organization receiving human services funding will be asked to make updates to its work plan as needed or to submit a new work plan.



City of Edina  
Human Services Funding  
Agency Work Plan

Agency Name:

Contract Year: 2022-2023

Estimated Edina  
Residents

Served Annually:

<b>Program Objectives and Goals Related to Edina residents</b> What are the goals of the program? Please have both qualitative and quantitative goals.	<b>Work Plan Method</b> How will you meet your program goals?	<b>Evaluation Method</b> How will you measure the impact of your services in addressing the specific goals of the RFP?	<b>2022 Progress Report</b> This section is to be filled out prior to your second year funding.

## **Data Collection Form**

### **To the Applicant:**

Please take a moment to fill out the collection form. This information presents a statistical picture of applicants and the Edina community served. The Task Force does not use this information to evaluate applications.

### **Overall Characteristics**

\_\_\_\_\_ % of your organization's clients is senior citizens (age 60+).

\_\_\_\_\_ % of your organization's clients is adults (ages 18 – 59).

\_\_\_\_\_ % of your organization's clients is children (ages 0-17).

### **Special Characteristics: Check all that represent your Edina clients.**

- |   |   |
|---|---|
| <input type="checkbox"/> Hispanic / Latino                  | <input type="checkbox"/> Asian                              |
| <input type="checkbox"/> Native Hawaiian / Pacific Islander | <input type="checkbox"/> Black / African American / African |
| <input type="checkbox"/> LGBTQ+                             | <input type="checkbox"/> Other (please specify) _____       |
| <input type="checkbox"/> White                              |   |

### **Additional Characteristics: Check all that characterize your Edina clients.**

- |  |  |
|--|--|
| <input type="checkbox"/> Mentally/Psychologically Disabled | <input type="checkbox"/> Senior Citizen (60+)              |
| <input type="checkbox"/> Deaf/Hard of Hearing              | <input type="checkbox"/> Veteran                           |
| <input type="checkbox"/> Blind/Low Vision                  | <input type="checkbox"/> Physically Disabled               |
| <input type="checkbox"/> Low Income                        | <input type="checkbox"/> Other Disability (describe) _____ |

### **Status: Check the one that best describes your organization's legal status.**

- |  |   |
|--|---|
| <input type="checkbox"/> Organization/Non-profit         | <input type="checkbox"/> Government – Municipal |
| <input type="checkbox"/> Organization/ <b>For</b> Profit | <input type="checkbox"/> Government – Regional  |
| <input type="checkbox"/> None of the above               |   |

### **Institution: Check all that apply to your organization and its services.**

- |  |   |
|--|---|
| <input type="checkbox"/> Health Care                 | <input type="checkbox"/> Community Education          |
| <input type="checkbox"/> Social Service Organization | <input type="checkbox"/> Transition Assistance        |
| <input type="checkbox"/> Humanities Council/Agency   | <input type="checkbox"/> Religious Organization       |
| <input type="checkbox"/> Crisis Prevention           | <input type="checkbox"/> Consultant                   |
| <input type="checkbox"/> Counseling: Senior          | <input type="checkbox"/> Safe Shelter                 |
| <input type="checkbox"/> Counseling: Family          | <input type="checkbox"/> Food Shelf                   |
| <input type="checkbox"/> Counseling: Youth           | <input type="checkbox"/> Assist for Homebound Persons |
| <input type="checkbox"/> Child/Adult Protection      | <input type="checkbox"/> Housing                      |
| <input type="checkbox"/> Cultural Competency         | <input type="checkbox"/> Other (please specify) _____ |