



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

1. PROGRAM SPECIFICATIONS

1.1. 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 come before the City Council with formal recommendations, having conducted a formal evaluation of the funding requests from legitimate human services providers who address human rights and relations and serve the community of Edina.

1.2. Funding

Upon City Council approval, proposals accepted in 2019 will be funded in 2020 and 2021.

City Council will approve funding for the following two years: January 1 through December 31, 2020 (year 1) and January 1 through December 31, 2021 (year 2). The funding amount for year 1 will be safeguarded at the amount approved. Funding for the second year is contingent upon completion of a site visit and the submission of a work plan progress report, as appropriate (see section 4). The funding amount for year 2 will be based on the amount approved for year 1. Funding for year 2 is not guaranteed in the case of unexpected revenue shortfall.

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

1.3. How to Apply for Funds

All applicants must complete the Request for Human Services Funding.

- Submit proposal electronically to Casey Casella at ccasella@edinamn.gov.
- Proposals must be received by **4:30 PM on September 9, 2019**.
- Number all pages and include a table of contents for easy referencing. Please do not include marketing materials or annual reports.
- **New this year: Information submitted in the Program Narrative is based off of funding level. Please know the amount of funding you will be requesting and respond appropriately.**

1.4. Presentation

Some applicants will be invited to a meeting on the evening of **October 9**, to make a short presentation supporting your funding request. At this meeting, you will introduce your organization and briefly share more on the following topics. Specific questions will be sent out with the invitation to the October 9 meeting.

- Share how your organization addresses an immediate, basic human services need and to which community group/demographic in our community.
- Describe how you differ from other programs – show there is not a duplication of services in our community.
- Provide a breakdown of your cost per unit of service.
- Explain how you coordinate with other community programs.
- Describe how you market/promote your program.
- Share what steps you follow to ensure success for your program participants so that they are not “repeat customers.”

- Describe the qualitative/quantitative measures used 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
- Contact name
- Name of person who wrote the proposal
- Phone number
- Email address
- Amount requested
- Application date

2.2. Executive Summary – Stand Alone Page

Because the primary responsibility of our Task Force is recommending fund allocations for human service organizations to the Edina City Council, it is paramount that our efforts highlight your plans to identify and tackle the basic human unmet needs of the Edina community. Therefore, this section is intended to stand-alone as an Executive Summary to provide concise, pull-out information. To accommodate, please answer the following questions on one page, beginning with your name and the amount requested.

Summary	Provide your organization’s mission statement
Need	Provide current evidence of the need for the service and describe how the service addresses a basic human unmet need in the Edina community. Limit your response to 500 words or less.
Target Community Group	Describe the target group, outreach efforts and the number of persons to be served. Be specific about how many Edina residents (unduplicated) were served in the previous year.
Service Costs	Describe your funding request. How much are you requesting per individual served? What are the factors you are considering in that count? Provide a brief summary (500 words or less) regarding the organization’s other sources of funding.
Outcomes	Answer the following questions in 500 words or less per bullet: <ul style="list-style-type: none"> • Describe the evaluation process for your program outcomes (formal or informal or both). • Provide evidence from the prior year of the effectiveness of your service. • List what steps you take to set up your clients for a sustaining success so they do not return to your program.
Facilities	List service sites for Edina residents and address locations.

2.3. Work Plan

Complete form attached on page 5 to briefly describe the plan for delivering your service to the Edina community.

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

The program narrative will give us information about your organization and how you intend to meet the needs of the Edina community. **The Program Narrative section (2.4) is required for funding requests greater or equal to \$10,000 and optional for funding asks under \$10,000.**

About your organization: *This information will give us a better understanding of your organization, services, and clients served.*

- Describe and quantify your services (clients, providers, volunteers, services provided and partners). Include general geographic, racial/ethnic, cultural, economic, age, gender make-up as well as any special client needs, disabled, non-English speaking, or any others.
- Describe and quantify services used by the Edina community (unduplicated) for the most recently completed year. For each unique service, what percent of your total clients are from Edina?
- Calculate the funding request on a per-Edina client funding basis (amount requested divided by number of Edina clients).
- Are you providing a tax savings to the City of Edina and its residents with your services?
- In what ways have Edina clients shown their support for your group and its activities?

Diversity and outreach: *This information will tell us how the Edina community became aware of your organization and its services. Base your answers on your most recently completed year.*

- What efforts has your organization made to increase your visibility in the Edina community? How have these efforts affected your Edina client base? Increased? Decreased? Stayed the same? If applicable, describe how this increase has affected the work you do. If applicable, describe how it has affected the decision-making process in your organization.
- Describe any connection between your organization and the Edina Resource Center, Edina Senior Center and/or Edina Family Center.

Accessibility and affordability: *This information tells us how accessible your services are to the Edina community who are disabled or are 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 the disabled community?
- How do you ensure that your activities and programs are affordable to all Edina clients? For example, do you offer no-cost or low-cost services? How does your group communicate your affordability?

End of section 2.4. The rest of the application applies to all funding amount requests.

2.5. Program Budget

- Provide the financial statements for the most recent full calendar year (2018), showing revenues, expenses and the balance sheet AND provide a year-to-date (2019) balance sheet, showing the revenues and expenses within the framework of the most recent full calendar year budget. New organizations submit a year-to-date balance sheet or proposed budget.
- For the upcoming year list projected income sources by:
 - a. Category (municipality, county, foundations/grants, private donations, etc.)
 - b. Funding amount
 - c. Funding status (secured, pending, unknown)

It is not necessary to break down anticipated amounts within the private/individual donation category.

- Provide the anticipated expenses for your following year's budget (2020) and include a breakdown of paid personnel and consultants. What percentage of your organization are volunteers?
- Make a justifiable case for your funding request. Describe how the funds will be used and provide a breakdown. Why is this amount of money needed?
- What will you do if you do not receive the requested funding or receive less than the requested funding?

2.6. Data Collection Form

Complete form attached on page 6.

2.7. Board of Directors

Attach a one-page list of your board members. Include their professions, organizational affiliations and areas of expertise.

2.8. Additional Inclusions

- a. 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.
- b. **OPTIONAL:** Wrap up the proposal with a short success story about your work. Give us a vivid picture of how your agency has been able to make a positive impact in our 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 agencies and compare them against 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. SITE VISIT (SECOND YEAR FUNDING)

Near the end of the first year funding, the Human Services staff liaison or Task Force Member will conduct a site visit. The goal of the site visit is to review progress on the work plan submitted with the RFP and receive an update to authenticate use of the funding. This information will be used by City Council in the review and approval for the second year funding.

4.1. Work Plan Progress

Agencies will be asked to provide a progress update on each work plan item outlined on the work plan submitted with the RFP near the end of the year one (2020) funding cycle.

4.2. Work Plan Update

Agencies will be asked to make updates to their work plan or submit a new one.



City of Edina
Human Services Funding
Agency Work Plan

Agency Name:

Contract Year: 2020-2021

Estimated Edina
Residents Served
Annually:

Program Objectives and Goals Related to Edina residents What are the goals of the program? Please have both qualitative and quantitative goals.	Work Plan Method How will you meet your program goals?	Evaluation Method How will you measure the impact of your services in addressing the specific goals of the RFP?	2018 Progress Report 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 clients is senior citizens (age 60+)

_____ % of your clients is adults (ages 18 – 59)

_____ % of your clients is children (ages 0-17)

Special Characteristics: Check all that represent your Edina clients.

Hispanic / Latino	Asian
Native Hawaiian / Pacific Islander	Black / African American / African
White	Other (please specify) _____

Additional Characteristics: Check all that characterize your Edina clients.

Mentally/Psychologically Disabled	Senior Citizen (60+)
Deaf/Hard of Hearing	Veteran
Blind/Low Vision	Physically Disabled
Low Income	Other Disability (describe) _____

Status: Check the one that best describes your legal status.

Organization/Non-profit	Government – Municipal
Organization/ For Profit	Government – Regional
None of the above	

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

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