

REQUEST FOR PROPOSALS  
TO DELIVER SOCIAL SERVICES  
TO MEMBERS OF  
THE WEST HOLLYWOOD COMMUNITY

|               |   |
|---------------|---|
| Issued on:    | May 5, 2010   |
| Due by:       | Noon on June 2, 2010  |
| Funding Term: | October 1, 2010-September 30, 2011--with two one-year options for renewal contingent upon available funds, program performance, and City Council approval |

Social Services Division  
Department of Human Services  
City of West Hollywood, California  
(323) 848-6510  
TTY for hearing impaired (323) 848-6496  
[www.weho.org](http://www.weho.org)

IMPORTANT:

A bidders' conference for persons responding to this request for proposals will be held as noted. ***ALL PROSPECTIVE APPLICANTS SHOULD ATTEND.***

|           |   |
|-----------|---|
| Date:     | May 5, 2010   |
| Time:     | 10:00 a.m.  |
| Location: | Community Center at Plummer Park, Rooms 5 and 6<br>7377 Santa Monica Blvd. West Hollywood 90046 |

TABLE OF CONTENTS

|   |             |
|---|-------------|
| TABLE OF CONTENTS.....  | Page 2      |
| OVERVIEW.....   | Pages 3-5   |
| Background.....   | Page 3      |
| Three-Year Funding Process.....   | Page 3      |
| City Expectations.....  | Page 3-4    |
| Social Services Programs.....   | Page 5      |
| PROCESS FOR SUBMISSION AND<br>EVALUATION OF PROPOSALS.....              | Pages 6-7   |
| PROPOSAL SUBMISSION & REVIEW TIMELINE .....                             | Page 8      |
| CITY RESERVATIONS AND CONDITIONS.....                                   | Page 9      |
| PROPOSAL DOCUMENTS.....   | Pages 10-28 |
| Cover Page & Statement of Applicant Eligibility.....                    | Pages 11-12 |
| Proposal Checklist.....   | Page 13     |
| Proposal Narrative Instructions.....                                    | Page 14     |
| Administrative Information Required of New Applicants.....              | Page 15     |
| Agency and Program Income Summary.....                                  | Page 16     |
| Summary of Government Grants and Contracts.....                         | Page 17     |
| Summary of Services to West Hollywood .....                             | Page 17     |
| EXHIBIT A (SCOPE OF SERVICES) AND PROGRAM OUTCOMES<br>INSTRUCTIONS..... | Page 18     |
| EXHIBIT A (SCOPE OF SERVICES).....                                      | Pages 19-21 |
| Exhibit A Sample - “Shelter & Support Services”.....                    | Page 19     |
| Exhibit A Sample - “HIV Prevention”.....                                | Page 20     |
| Exhibit A - Blank form.....   | Page 21     |
| EXHIBIT B (BUDGET) INSTRUCTIONS.....                                    | Pages 22-24 |
| BUDGET JUSTIFICATION WORKSHEETS.....                                    | Pages 25-28 |
| Budget Justification Sample.....  | Pages 25-26 |
| Budget Justification - Blank form.....                                  | Pages 27-28 |

|                 |
|-----------------|
| <b>OVERVIEW</b> |
|-----------------|

## **BACKGROUND**

The City of West Hollywood has been operating Social Services programs for the community, through in-house programs and by contracting with non-profit organizations, since July 1985. The City Council has a firm commitment to enhancing the quality of life of the City's community members through meeting their Social Services needs. For the purposes of Social Services funding, a West Hollywood community member is: a resident, a person who works in the City, a person who attends school in the City, a property owner, or a person who is homeless who spends the majority of time in the City.

## **THREE-YEAR FUNDING PROCESS**

Contracts will be negotiated for a one-year period, beginning October 1, 2010 to September 30, 2011 with two one-year options for renewal. Although this RFP requests proposals for three-year programs, the Exhibit A (Scope of Services), Exhibit B (Budget), and funding requests should all reflect one-year programs. The City will assume that the second and third-year program and funding is essentially the same.

First and second-year contract savings may be available for bid to agencies in full contract compliance.

## **CITY EXPECTATIONS**

The City works collaboratively with social service providers and facilitates cooperative efforts between and among providers. Once an agency contracts with the City, it is assigned a City Programs Administrator and will work with auditors contracted by the City. These staff members ensure compliance with the agency's contract; advise staff on program service, program administration, and financial matters; plan for future service needs; provide assistance regarding the City's requirements and processes; facilitate a cooperative approach to delivery of services in West Hollywood; and address complaints and concerns from constituents.

The City's interactions with the providers greatly emphasize a cooperative and participatory approach. This type of relationship between the City and providers results in more frequent contact and in greater City involvement in program operation than in traditional contracting relationships. Providers interested in working with the City should be aware that they are committing to participate in a team approach to service delivery.

It is expected that applicants will demonstrate the ways in which collaboration with other agencies, public or private entities or programs enhances service delivery and improves client outcomes.

Collaborative applications are encouraged. One non-profit must act as fiscal agent for the collaborative and must meet the fiscal documentation and reporting requirements outlined in this proposal.

An important component of any proposal is the outreach and publicity planned so that prospective clients know how to access services. The availability of materials in Russian and Spanish and having staff and/or volunteers who speak those languages should be noted in the proposal.

All programs and facilities must be accessible to persons living with disabilities.

Providers who work with the City are responsible for all terms and conditions of their agreement with the City, for requesting assistance when needed, identifying areas of concern to the City staff, working cooperatively with other providers, keeping the City informed regarding their program activity and the needs of the community, and meeting City contracting requirements. This year providers will also be involved in the planning for response to a disaster.

The City **purchases services** from providers based on a **proportional funding** concept. The City will contribute to a program's budget in an amount that does not exceed the level of service the City will receive. The City evaluates its contribution by dividing the amount of service City community members will receive by the total amount of service your program will provide. The City will compare this percentage with the percentage of your program's budget that you are requesting from the City.

For example, if your proposed program serves 300 people and you propose that 100 of these people will be West Hollywood community members, then you are proposing that 33% of your proposed program's activity will serve West Hollywood. The City would then consider funding up to 33% of your proposed program's total budget. The City will not fund a higher level of service than the proportion it receives, but may fund less. The proposal documents request service and budget levels for your total program and for the component that will serve the West Hollywood community so that the City can determine the proportional relationship.

If you are currently contracting with the City and are seeking an increase in funding, beyond a nominal cost of living increase, you must demonstrate a proportional increase in either your proposed goals.

## SOCIAL SERVICES PROGRAMS

The City of West Hollywood allocates approximately \$3.5 million annually to local nonprofit organizations which provide services to meet community need for food, employment, and shelter; to care for people whose medical conditions cause need for special services; to encourage community stability, and to enrich the quality of life.

Applicants should consult the City's Community Report for City demographics and service needs, available at [www.weho.org](http://www.weho.org).

Social services target populations continue to be Seniors; families, children and youth; Gay, Lesbian, Bisexual and Transgender community members; immigrants; people living with disabilities including AIDS; people who are homeless in the City; and people who are in need due to poverty or low income. The City particularly encourages applications which propose the following:

- Services which assist residents to remain independent in their own homes and prevent homelessness, including comprehensive services to address hoarding behavior or unsafe living conditions;
- Case management services which have the capacity to work with clients whose mental illness or substance abuse is a barrier to accessing services;
- Services to break the cycle of homelessness: intensive outreach services; direct, permanent housing placement with wrap-around case management services;
- HIV and STD prevention, testing and counseling;
- Mental health services;
- Legal, medical and employment services; and
- Substance abuse services including outpatient, residential, and intensive case management.

Services or programs which do not appear on the above list will be considered for funding if they meet a West Hollywood community need which can be documented.

Of particular interest in this funding process are collaborative outreach and publicity techniques. Please be specific in your proposal narrative about how information about your program services will reach the West Hollywood community.

## PROCESS FOR SUBMISSION AND EVALUATION OF PROPOSALS

### **RELEASE DATE**

The Request for Proposals will be released on Wednesday, May 5, 2010. Copies will be distributed at the bidders' conference and may be picked up at West Hollywood City Hall, 8300 Santa Monica Blvd., West Hollywood after 2:00 p.m. The RFP will also be available on the City's website at [www.weho.org](http://www.weho.org).

New applicants who do not pick up copies should call (323) 848-6510, or TTY for hearing-impaired (323) 848-6496, and request one to be mailed. Current agencies which do not pick up a copy will receive one in the mail.

### **SUBMISSION DEADLINE**

Proposals are due by noon, June 2, 2010. If proposal is mailed, it must be postmarked by June 2, 2010. Late submissions will not be accepted.

One (1) original and twelve (12) copies of each proposal. **New applicants only** should submit one copy of the additional documents listed on the Proposal Checklist. Please do not put proposals in folders, binders or other covers.

Submit to:

Daphne Dennis  
Social Services Manager  
City of West Hollywood  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069

### **EVALUATION**

Proposals will be evaluated on their own merits, in relation to the needs of the community, competitively, and as components of a larger service delivery system. Staff will conduct site visits and/or in-person interviews with all new (non-current) programs. Staff may conduct other site visits or in-person interviews deemed necessary. Current programs may be interviewed over the telephone if a proposal generates questions.

Each applicant will be notified of recommendations regarding its request, both verbally and in writing, and should avail itself of the opportunity to address the Human Services Commission and City Council during the review process.

The City Council will adopt final funding levels, types of service, and minimum goals for each program. The staff of the agency and City staff will then negotiate specific budgets and scopes of work.

# PROPOSAL SUBMISSION AND REVIEW TIMELINE

PROPOSED DATES\*

ACTION

|                           |  |
|---------------------------|--|
| MAY 5                     | CITY RELEASES SOCIAL SERVICES RFP AND HOLDS BIDDERS' CONFERENCE FOR INTERESTED PROVIDERS |
| JUNE 2 by noon            | PROPOSALS DUE TO THE CITY  |
| JUNE 22,<br>JULY 6 AND 13 | HUMAN SERVICES COMMISSION MEETINGS, PUBLIC HEARING AND RECOMMENDATIONS                   |
| SEPTEMBER 7               | CITY COUNCIL REVIEW AND GRANT AWARDS   |

***\*These dates are subject to change. Should a change become necessary, all interested parties will be notified.***

The following staff members will be available at (323) 848-6510 Monday-Thursday from 8:00 a.m. to 6:00 p.m. and alternate Fridays from 8:00 a.m. to 5:00 p.m. at City Hall to answer questions, provide technical assistance, and orient prospective providers to City requirements. TTY phone line for hearing-impaired is (323) 848-6496.

- Daphne Dennis.....Social Services Manager
- David Giugni.....Social Services Supervisor
- Leslie Isenberg.....Social Services Program Administrator
- Craig Rhea.....Social Services Program Administrator

Please note that City Hall will be closed July 5 and September 6 for the observance of national holidays and on the following alternate Fridays (May 7, May 21, June 4, June 18, July 2,16, 30 and August 13 and 27) to meet Air Quality Management District requirements.



## CITY RESERVATIONS AND CONDITIONS

- All costs of proposal preparation shall be borne by the applicant agency.
- The proposal should always include the applicant's best terms and conditions, though the City reserves the right to negotiate.
- All applicants must provide written confirmation of 501 (c) (3) status - - either their own or that of a sponsoring agency with 501 (c) (3) status.
- All proposals become the property of the City, which reserves the right to use any or all of the ideas in these proposals, without limitation. Selection or rejection of a proposal does not affect these rights.
- The City reserves the right to extend the RFP submission deadline if, in the City's sole judgment, such action is in its interests. If the deadline is extended, applicants will have the right to revise their proposals.
- The City reserves the right to reject all, or any, of the proposals it receives.
- The City reserves the right to withdraw or modify this RFP, and to refrain from awarding contracts altogether.
- The City reserves the right to request additional information, including agency support documents, during the RFP evaluation process.
- The City reserves the right to conduct programmatic and fiscal site visits, review agency records, and interview program staff, volunteers, clients and Board members prior to awarding contracts.

**CITY OF WEST HOLLYWOOD  
2010-13 SOCIAL SERVICES  
PROPOSAL DOCUMENTS**

**CITY OF WEST HOLLYWOOD - SOCIAL SERVICES PROPOSAL 2010-13  
COVER PAGE AND STATEMENT OF APPLICANT ELIGIBILITY**

Please thoroughly complete this form by printing in ink, reproducing this format, or downloading from the website at "www.weho.org".

|  |  |        |   |
|--|--|--------|---|
| Agency Name:                             | <input style="width:100%;" type="text"/> |        |   |
| Program Name:                            | <input style="width:100%;" type="text"/> |        |   |
| Contact Person:                          | <input style="width:25%;" type="text"/>  | Phone: | <input style="width:25%;" type="text"/> |
| e-mail:                                  | <input style="width:25%;" type="text"/>  | FAX:   | <input style="width:25%;" type="text"/> |
| Address:                                 | <input style="width:100%;" type="text"/> |        |   |
| City:                                    | <input style="width:25%;" type="text"/>  | Zip:   | <input style="width:25%;" type="text"/> |
| Address where services will be provided: | <input style="width:100%;" type="text"/> |        |   |
| City:                                    | <input style="width:25%;" type="text"/>  | Zip:   | <input style="width:25%;" type="text"/> |

|                          |  |   |
|--------------------------|--|---|
| Grant Request Amount: \$ | <input style="width:15%;" type="text"/>  | Grant Funds are Requested to:   |
|                          |  | <input type="checkbox"/> continue a current City-funded program       |
|                          |  | <input type="checkbox"/> expand a current City-funded program         |
|                          |  | <input type="checkbox"/> expand an existing program not funded by the |
| City                     |  | <input type="checkbox"/> initiate a new program                       |
| Program Goal:            | <input style="width:100%;" type="text"/> |   |

|   |   |   |   |
|---|---|---|---|
| Primary Target Population (check all that apply): |   |   |   |
| <input type="checkbox"/> Children or Youth        | <input type="checkbox"/> Gay men                      | <input type="checkbox"/> Lesbians                         | <input type="checkbox"/> Victims of Domestic Violence |
| <input type="checkbox"/> Low Income               | <input type="checkbox"/> Bisexual Men or Women        | <input type="checkbox"/> Persons Living with Disabilities |   |
| <input type="checkbox"/> Seniors                  | <input type="checkbox"/> Transgendered Persons        | <input type="checkbox"/> Homeless                         | <input type="checkbox"/> Immigrants                   |
| <input type="checkbox"/> Women                    | <input type="checkbox"/> Persons Living with HIV/AIDS | <input type="checkbox"/> Other                            | <input style="width:150px;" type="text"/>             |

|   |
|---|
| <input type="checkbox"/> Single agency proposal submission.   |
| <input type="checkbox"/> Collaborative proposal submission. <input style="width:150px;" type="text"/> is the fiscal agent of the collaborative.<br>(List agency name) |
| List all collaborators: <input style="width:500px;" type="text"/>   |

|   |
|---|
| Proposal Summary – In 40 words or less, please provide a concise overview of your proposal.<br><input style="width:100%; height:100px;" type="text"/> |
|---|

## STATEMENT OF APPLICANT ELIGIBILITY

All agencies considered for funding must meet the following minimum requirements:

- The applicant has non-profit tax-exempt status under Section 501 (c) (3) of the Internal Revenue Code and Section 23701 of the California State Revenue and Taxation Code, or has been officially sponsored by a 501 (c) (3) organization, by resolution of that organization's Board of Directors. (Submit a copy of the IRS letter, or, if receiving sponsorship, the Board resolution from the sponsoring organization, signed by the Board President, and a copy of that organization's IRS letter, as an attachment to your proposal.) If you have applied for, but not yet been granted tax-exempt status, contact the Social Services Manager prior to submitting your proposal.
- The applicant represents and agrees that it does not and will not discriminate against any employee or applicant for employment because of race, religion, color, medical condition, sex, sexual orientation and/or gender identity, national origin, political affiliation or opinion, or pregnancy or pregnancy-related condition.
- The applicant is in compliance with City Ordinance No. 7 prohibiting discrimination on the basis of sexual orientation.
- The applicant is in compliance with City Ordinance No. 77 prohibiting discrimination against persons living with HIV.
- The applicant is in compliance with Civil Rights Act guidelines encouraging employment of minorities, women, and persons with disabilities.
- Low, sliding-scale fees may be charged, or donations requested, for services provided; but clients who claim hardship or an inability to pay shall not be denied services under the provisions of any contract with the City of West Hollywood. Clients must be informed of this policy.
- The applicant is in compliance with the Americans with Disabilities Act (ADA).
- The applicant will develop a policy which addresses termination of clients for cause, or will agree to comply with the suggested City policy.
- The applicant must implement an accounting system which complies with the City's Contracting and Accounting Handbook.
- The applicant will comply with City Ordinance 97-505 Living Wage Ordinance and 03-662 Equal Benefits Ordinance.

The applicant represents that it does not support the Arab League Boycott of Israel.

The undersigned affirm that the above-named agency and program meet the minimum requirements stated here, and that they have been formally authorized by its Board of Directors to sign legally binding agreements on its behalf.

Board President

Date

Executive Director

Date

**CITY OF WEST HOLLYWOOD  
SOCIAL SERVICES PROPOSAL – 2010-13  
PROPOSAL CHECKLIST**

AGENCY NAME:

PROGRAM NAME:

Submit one (1) original and twelve (12) copies of each of the following:

- Cover Page and Statement of Applicant’s Eligibility
- Proposal Checklist (Completed)
- Proposal Narrative
- Administrative Information for New Applicants
- Agency & Program Income Summary
- Summary of government grants and contracts
- Exhibit A (Scope of Services)
- Exhibit B (Budget)

If your agency has **NOT** contracted with the City in 2010, submit one (1) of each of the following documents:

- IRS Letter confirming 501 (c) (3) status (copy), or Board resolution and 501 (c) (3) status letter of sponsoring organization
- Roster of Board of Directors with affiliations
- Most recent complete agency annual financial statement (audit preferred)

Also, please indicate whether your agency can supply the following materials in support of your application. These materials may be requested during the RFP review process, and will be required before the City authorizes contracts.

| MATERIALS  | HAVE                     | DO NOT HAVE              |
|--|--------------------------|--------------------------|
| By-Laws  | <input type="checkbox"/> | <input type="checkbox"/> |
| Articles of Incorporation  | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Personnel Policies   | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Fiscal Policies  | <input type="checkbox"/> | <input type="checkbox"/> |
| Client evaluation form   | <input type="checkbox"/> | <input type="checkbox"/> |
| General Liability insurance of \$1 million per occurrence                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Workers Compensation insurance as required by the State                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Crime Coverage insurance of \$10,000   | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Malpractice insurance - \$1 million per occurrence *                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability insurance - \$1 million per occurrence *                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability Or Errors & Omissions insurance - \$1 million per occurrence* | <input type="checkbox"/> | <input type="checkbox"/> |

Note: As part of all Social Services contracts, the City requires that insurance policies name the City of West Hollywood as an additional insured. \* If applicable for medical and counseling programs.

## PROPOSAL NARRATIVE INSTRUCTIONS

In a Proposal Narrative not to exceed 6 pages (single-sided, single-spaced pages in 12 point type), please address the following areas of your proposed program's design and services. *If this is a collaborative proposal, the narrative may be 9 pages (single-sided, single-spaced, 12 point type.)*

**Program Goal** - What is the goal of your program?

**Target Population and outreach** - Describe the characteristics of the target population that your proposed program will serve. Describe outreach strategies to reach your target population.

**Need** - Describe the need in the City of West Hollywood for this particular program.

**Service History** - What is the total number (including West Hollywood community members) of unduplicated people served by your agency's program, in the most recent 12-month period? What 12-month period does this number cover? What was the number of unduplicated West Hollywood community members served during this time period? How is this information documented?

If you are requesting funding for a new program, please provide service history numbers for a similar or compatible program.

**Program Description** –

Summarize exactly what services you will provide, and how you will provide them. Describe how you will evaluate the progress and success of your program, including the role of the participant in the evaluation of service.

Describe how you collaborate with programs within your own agency and at other agencies.

List your program outcome objective which reflects behavior change.

If your program provides case management services, describe how you assure that your clients are enrolled in all the public benefits programs for which they are eligible.

**Urgent Fund** - If your program provides case management services, you are eligible to apply for urgent funds which can be used to provide one-time assistance for clients. Describe your target population's need for these funds and provide some examples of the types of expenditures you anticipate.

**If this is a collaborative proposal** – List the participating non-profits and identify the fiscal agent. Describe the collaborative and explain why your proposal is presented as such. Explain the service roles of each member of the collaborative.

**ADMINISTRATIVE INFORMATION REQUIRED OF NEW**  
**APPLICANTS**

**Required only for applicants NOT currently receiving grants  
from the City of West Hollywood**

Please answer the following questions in one page or less.

1. Summarize the services currently provided by your agency.
2. Describe your experience successfully providing the services outlined in this proposal, or services similar to them.
3. Describe your experience serving West Hollywood community members-- residents, people who work in the City, people who own property in the City, students who attend school in the City, or people who are homeless for a significant part of time in the City.

**AGENCY & PROGRAM INCOME SUMMARY\***

| Source of Funds   | 2009-10<br>(Operating)<br>Income for<br>Entire Agency | 2009-10<br>(Operating)<br>Income for<br>This Program | 2010-11<br>(Proposed)<br>Income for<br>Entire Agency | 2010-11<br>(Proposed)<br>Income for<br>This Program |
|---|---|--|--|---|
| CITY OF WEST HOLLYWOOD                                      |   |  |  |   |
| OTHER GOVERNMENT GRANTS<br>AND CONTRACTS (see next page) ** |   |  |  |   |
| FOUNDATION GRANTS   |   |  |  |   |
| BUSINESS AND CORPORATE<br>DONATIONS                         |   |  |  |   |
| INDIVIDUAL DONATIONS  |   |  |  |   |
| FEES FOR SERVICE  |   |  |  |   |
| FUNDRAISING EVENTS  |   |  |  |   |
| OTHER (DESCRIBE):   |   |  |  |   |
| TOTALS  |   |  |  |   |

If this proposal is collaborative, each agency should complete this form, and the form on the next page.

\*\* See next page to identify the sources of all government grants and contracts.



## **SUMMARY OF GOVERNMENT GRANTS AND CONTRACTS**

Please provide dollar amounts and a brief description of scope of work for government grants and contracts for the 2009-10 fiscal year and projected for 2010-11.

|  |
|--|
|  |
|--|

## **SUMMARY OF SERVICE TO MEMBERS OF THE WEST HOLLYWOOD COMMUNITY**

Agencies provide services to members of the West Hollywood community which are funded by sources other than the City grant. Please provide information about the services and the number of West Hollywood community members served in FY 2009-10 and identify source of funding support.

**EXHIBIT A (SCOPE OF SERVICES AND PROGRAM OUTCOMES)**  
**INSTRUCTIONS**

The Exhibit A (Scope of Services) outlines your proposed program’s service, program outcomes, and numbers of people to be served (see the form attached for format and a sample).

The Exhibit A and a short narrative which funded agencies will prepare later, become the basis of the contract with the City. It is essential that the objectives be clear. Refer to the samples provided, and consult with City staff for assistance.

**SERVICE CATEGORIES:** This refers to the types of service your proposed program will provide. Record the type of service(s) you are proposing. Provide an explanation of the service(s) in the narrative program description. Some examples of commonly-used service categories are:

- |                      |                   |
|----------------------|-------------------|
| Case management      | Intake            |
| Counseling           | Job Placement     |
| Outreach             | Medical services  |
| Home-delivered meals | Emergency Shelter |

**UNIT OF SERVICE:** This refers to the way in which a service is measured. For services that involve in-person, in-depth contact (counseling, intake, casework, etc.), the City is interested in knowing the number of “New & Unduplicated People”, the number of “New & Ongoing Clients”, and the number of “Client Visits” (as you define them) per service. Other types of service should measure the number of people receiving the service and the amount of the particular service provided. For example, a service category of “Emergency Shelter” would be measured by the number of people served and the number of bed nights utilized. A food program would be measured by the number of people served and the number of meals provided. A job placement service would be measured by client intake and the number of job placements. Group activities would be measured by the number of groups provided and the attendance.

**NUMERICAL GOALS:** The “West Hollywood” section of the Exhibit A refers to the number of West Hollywood community members you will serve monthly and annually. The “Total Project” section refers to the total number of people (including West Hollywood community members) your program will serve monthly and annually.

**OUTCOME OBJECTIVE:** Provide one outcome objective that is measurable, specific, achievable, realistic, time-specific, and which reflects behavior change. State how many of what population will experience what benefit by when.

**CITY OF WEST HOLLYWOOD -- DEPARTMENT OF HUMAN SERVICES -- SOCIAL SERVICES DIVISION**  
**SAMPLE Exhibit A: Scope of Services**

**Agency:**

**Program: Shelter and Supportive Services**

|                            |                           | <b>NUMERICAL GOALS</b> |                 |                      |                 |
|----------------------------|---------------------------|------------------------|-----------------|----------------------|-----------------|
|                            |                           | <b>West Hollywood</b>  |                 | <b>Total Project</b> |                 |
| <b>Service Categories</b>  | <b>Unit of Service</b>    | <b>Monthly</b>         | <b>Annually</b> | <b>Monthly</b>       | <b>Annually</b> |
| Outreach                   | Contacts                  | 300                    | 3,600           | 600                  | 7,200           |
| Intake                     | New, Unduplicated People  | 100                    | 1,200           | 300                  | 3,600           |
| Shelter                    | New, Unduplicated People  | 25                     | 300             | 75                   | 900             |
|                            | New & Ongoing People      | 35                     | N/A             | 105                  | N/A             |
|                            | Bed Nights                | 300                    | 3,600           | 900                  | 10,800          |
| Food                       | Meals                     | 600                    | 7,200           | 1,800                | 21,600          |
| Public Assistance Advocacy | New, Unduplicated People  | 40                     | 480             | 120                  | 1,440           |
|                            | New, Ongoing People       | 60                     | N/A             | 180                  | N/A             |
|                            | 30-min. Advocacy Sessions | 240                    | 2,880           | 720                  | 8,640           |
| Case management            | New, Unduplicated People  | 70                     | 840             | 210                  | 2,520           |
|                            | New and Ongoing People    | 100                    | N/A             | 300                  | N/A             |
|                            | 30-min. Casework Sessions | 600                    | 7,200           | 1,800                | 21,600          |

**OUTCOME OBJECTIVE:** 75% of clients who complete the shelter and supportive services program will have stable housing and/or stable employment by the end of the program year.

**CITY OF WEST HOLLYWOOD -- DEPARTMENT OF HUMAN SERVICES -- SOCIAL SERVICES DIVISION**  
**SAMPLE Exhibit A: Scope of Services**

**Agency:**

**Program: HIV Prevention**

|                           |                          | <b>NUMERICAL GOALS</b> |                 |                      |                 |
|---------------------------|--------------------------|------------------------|-----------------|----------------------|-----------------|
|                           |                          | <b>West Hollywood</b>  |                 | <b>Total Project</b> |                 |
| <b>Service Categories</b> | <b>Unit of Service</b>   | <b>Monthly</b>         | <b>Annually</b> | <b>Monthly</b>       | <b>Annually</b> |
| Counseling                | New, Unduplicated People | 6                      | 72              | 35                   | 420             |
|                           | New & Ongoing People     | 67                     | N/A             | 250                  | N/A             |
|                           | # of Sessions            | 242                    | 2,904           | 900                  | 10,800          |
| Educational Classes       | Classes                  | 20                     | 240             | 60                   | 720             |
|                           | People Attending         | 200                    | 2,400           | 600                  | 7,200           |
| Support Groups            | New, Unduplicated People | 30                     | 360             | 100                  | 1,200           |
|                           | New & Ongoing People     | 50                     | N/A             | 145                  | N/A             |
|                           | # of Sessions            | 36                     | 432             | 96                   | 1,152           |
| Volunteer Training        | New, Unduplicated People | N/A                    | 50              | N/A                  | 150             |
|                           | Sessions                 | N/A                    | 100             | N/A                  | 300             |

**OUTCOME OBJECTIVE:** 65% of program participants will report intention to incorporate safer sex behaviors into their lives by the end of the program year.

**CITY OF WEST HOLLYWOOD -- DEPARTMENT OF HUMAN SERVICES -- SOCIAL SERVICES DIVISION**  
**Exhibit A: Scope of Services**

**Agency:**

**Program:**

|                           |                        | <b>NUMERICAL GOALS</b> |                 |                      |                 |
|---------------------------|------------------------|------------------------|-----------------|----------------------|-----------------|
|                           |                        | <b>West Hollywood</b>  |                 | <b>Total Project</b> |                 |
| <b>Service Categories</b> | <b>Unit of Service</b> | <b>Monthly</b>         | <b>Annually</b> | <b>Monthly</b>       | <b>Annually</b> |
|                           |                        |                        |                 |                      |                 |
|                           |                        |                        |                 |                      |                 |
|                           |                        |                        |                 |                      |                 |
|                           |                        |                        |                 |                      |                 |
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|                           |                        |                        |                 |                      |                 |
|                           |                        |                        |                 |                      |                 |

**OUTCOME OBJECTIVE:**

EXHIBIT B (BUDGET)  
INSTRUCTIONS

Using forms and samples provided by the City please complete the following pages. Budget summary and line item amounts are required for all agency expenses, regardless of whether the expense is to be met by the City of West Hollywood. Use copies of these pages if additional space is needed. NOTE: Special modification of these instructions may be appropriate for large agencies. These will be handled on a case-by-case basis. For further information, please contact City staff.

**I. BUDGET JUSTIFICATION - PERSONNEL COSTS**

Enter the Agency/Department name.

STAFF SALARIES: List each paid position of the grantee by title. Include all positions, whether grant-funded or not, and indicate the number of hours per week for any positions which are not full-time.

- (A) Compute the monthly salary for the grant period. Put this in the “Monthly Salary” column.
- (B) Compute the percentage of the salary to be charged to the grant. Put this in the “% Time on Project” column.
- (C) Show the number of months during the grant period that the position will be filled. Put this in the “# Months Employed” column.
- (D) Compute the total charge to the grant for each position. Multiply the monthly salary by the percentage of time on the project by the number of months employed. Put this in the “Total Grant Share” column.
- (E) Enter the remainder of the salary in the “Total Non-Grant Share” column.

STAFF FRINGE BENEFITS: For salaries and wages **to be funded by the grant**, itemize each benefit by type and percentage of salary (if applicable) and number of employees covered. Sick leave, vacation, and holidays are not computed as fringe benefits. Medical/Dental Insurance should be detailed by the annual premium for each individual budgeted multiplied by the percentage of that individual’s salary which is charged to the grant. Employer payroll taxes may be included as fringe benefits.

Total the grant share and non-grant share of the salaries. Total the grant and non-grant share of the fringe benefits. Add the total salaries to the total fringes to arrive at the total grant and non-grant personnel costs.

The Budget Justification and Personnel Cost forms must be signed by the Fiscal Officer and the Executive Director.

## II. BUDGET JUSTIFICATION - OTHER COSTS

Non-personnel costs should be divided into Facility Costs and Program Costs, and should be itemized by category. Following are some of the most common budget categories. Add any others you need, and be sure to include a justification of the expense, of the total cost to the agency, and of the basis for allocating the portion charged to the grant.

### FACILITY COSTS:

#### Space/Facilities/Rent

Describe the basis of the allocation of rental costs, utilities, janitorial costs, telephone expenses, and any other facility costs. For example, "This agency occupies 2,500 square feet, and pays \$2,750 per month in rent. The project will occupy 500 square feet, or 20 percent, of agency space. The agency will absorb 50 percent of the rental expense." In this case, the grant share will be \$275; the non-grant share will be \$2,475.

Utilities, janitorial, etc. may be charged at a maximum of 20% of the agency's costs.

#### Insurance

City contract provisions require that grantees have liability insurance coverage in the amount of \$1,000,000 and a comprehensive blanket crime policy in an amount not less than \$10,000. Budget appropriate amounts for these expenses, and show the basis for the allocation of costs to the grant and to other agency programs.

### PROGRAM COSTS:

#### Consultant Services

Consultant services are those contract services performed by individuals who are not agency staff. List each type of consultant to be funded by the grant, the specific services rendered, the proposed hourly rate, and any additional information to justify the use of consultants as opposed to staff or volunteers.

#### Training, Seminars, Conferences

Include a description and justification of the sorts of training to be attended, and show how the cost was computed. Identify amounts allowed for travel, per diem expense and lodging.

#### Audits

Grantees receiving \$50,000 or more from the City are required by the contract to have an annual certified audit. Show the basis of any cost allocation to the grant.

### Mileage

Justify any mileage expenses requested and show the basis for computation of the total.

Other examples of Program Costs include:

- Supplies
- Advertising
- Printing
- Concrete services such as bus passes and food vouchers
- Urgent funds

### Equipment Purchase

Use of West Hollywood grant funds for equipment purchase is **not permitted**.

### INDIRECT COSTS:

Indirect costs in the amount of 7.5% of the grant or less may be part of the budget. The basis for those costs allocable to the grant must be submitted and approved in advance by the City. Depreciation and other non-cash costs cannot be included in the allocable base or as a budgeted line item.

### PROGRAM INCOME:

Any income generated by a project funded by the City of West Hollywood must be used for the support of the project. Such income cannot be utilized to support other agency programs or projects. Detail all sources of income generated by grant funded projects, the anticipated dollar amount, and the basis for the computation. Show the program income as a negative amount which reduces the non-grant share of expenses.

The Budget Justification must be signed by the Fiscal Officer and the Executive Director. Make sure the signatories are included on the Authorized Signature list submitted to the City.



**City of West Hollywood  
Social Services Division**  
***Sample - Budget Justification - Page 1***

Agency: Exemplary Social Services Year: 2010-11

Program: Helping People

| Position Title  | Monthly Salary  | % Time on Project | # Months Employed | Total Grant Share  | Total Non-Grant Share  | Total        |
|---|---|-------------------|-------------------|--------------------|------------------------|--------------|
| Executive Director:<br>(NOTE: This is a full-time agency position paying \$60,000 per year. The E.D. spends 10% of her time on this project).   | \$5,000.00  | 10%               | 12                | \$6,000.00         | \$54,000.00            | \$60,000.00  |
| Bus Driver<br>(NOTE: This is a part-time position amounting to 15 hours per week [37% of 40 hours]). The driver will not be needed during the first five months, and the position is fully funded by the grant. | \$1,040.00  | 37%               | 7                 | \$2,694.00         | 0                      | \$2,694.00   |
| Accountant<br>(NOTE: This position is fully funded by the agency.)  | \$2,083.00  | 25%               | 12                | 0                  | \$25,000.00            | \$25,000.00  |
| Program Director<br>(NOTE: This position will not be filled until the second month; it is funded by the grant.)   | \$1,916.00  | 100%              | 11                | \$21,076.00        | 0                      | \$21,076.00  |
| <b>Total Salaries</b>   |   |                   |                   | \$29,770.00        | \$79,000.00            | \$108,770.00 |
| <b>Fringe Benefit Costs:</b>  | <b>Cost Calculation:</b>  |                   |                   | <b>Grant Share</b> | <b>Non-Grant Share</b> | <b>Total</b> |
| <b>FICA:</b>  | 7.65% *   |                   |                   | \$2,277.00         | \$6,044.00             | \$8,321.00   |
| <b>SUI:</b>   | 1.90% *   |                   |                   | \$566.00           | \$1,501.00             | \$2,067.00   |
| <b>Worker's Comp:</b>   | 6.30% *   |                   |                   | \$1,876.00         | \$4,977.00             | \$6,853.00   |
| <b>Med. Insurance:</b>  | \$85 per person per month (some agencies may use percentage method) * |                   |                   | \$2,040.00         | \$1,020.00             | \$3,060.00   |
| <b>Other (Detail):</b>  |   |                   |                   |                    |                        |              |
| <b>Total Benefits:</b>  |   |                   |                   | \$6,759.00         | \$13,542.00            | \$20,301.00  |
| <b>Total Personnel Costs:</b>   |   |                   |                   | \$36,529.00        | \$92,542.00            | \$129,071.00 |

\* or average monthly cost per agency

**City of West Hollywood  
Social Services Division**  
***Sample Budget Justification - Page 2***

Agency: Exemplary Social Services Year: 2010-11

Program: Helping People

| Budget Line Item  | Grant Share | Non-Grant Share | Total        |
|---|-------------|-----------------|--------------|
| <b>Total Personnel Costs:</b>   | \$36,529.00 | \$92,542.00     | \$129,071.00 |
| <b>OTHER COSTS:</b>   |             |                 |              |
| <b>Facility Costs:</b>  |             |                 |              |
| Rent 2,000 square feet at \$1.35 per sq. ft. Program occupies 300 sq. ft. (15%)   | \$4,860.00  | \$27,540.00     | \$32,400.00  |
| Utilities: 15% of projected total annual cost charged to grant.                   | \$750.00    | \$4,250.00      | \$5,000.00   |
| Telephone: projected cost of \$75.00/month  | \$900.00    | 0               | \$900.00     |
| Equipment Maintenance and Repair  | 0           | \$500.00        | \$500.00     |
| <b>SUBTOTAL-Facility Costs</b>  | \$6,510.00  | \$32,290.00     | \$38,880.00  |
| <b>OTHER COSTS:</b>   |             |                 |              |
| <b>Program Costs:</b>   |             |                 |              |
| Vehicle rental: At \$300/month  | \$3,600.00  | 0               | \$3,600.00   |
| Vehicle insurance: At actual annual cost  | \$5,300.00  | 0               | \$5,300.00   |
| Audit: Charged 1/3 to grant, based on proportion of grant to total agency funding | \$1,667.00  | \$3,333.00      | \$5,000.00   |
| Printing of program brochure – 500 copies at .35 each                             | \$175.00    | 0               | \$175.00     |
| Postage   | 0           | \$600.00        | \$600.00     |
| Insurance   | 0           | \$10,000.00     | \$10,000.00  |
| Urgent funds  | \$2,500     | 0               | \$2,500.00   |
| <b>SUBTOTAL-Program Costs</b>   | \$13,242.00 | \$13,933.00     | \$27,175.00  |
| <b>Totals:</b>  | \$56,281.00 | \$138,765.00    | \$195,126.00 |

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Director: \_\_\_\_\_ Date: \_\_\_\_\_

City Approval: \_\_\_\_\_ Date: \_\_\_\_\_

City Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**City of West Hollywood  
Social Services Division  
Budget Justification - Page 1**

Agency:  Year:

Program:

| Position Title                | Monthly Salary           | % Time on Project | # Months Employed | Total Grant Share  | Total Non-Grant Share  | Total        |
|-------------------------------|--------------------------|-------------------|-------------------|--------------------|------------------------|--------------|
|                               |                          |                   |                   |                    |                        |              |
|                               |                          |                   |                   |                    |                        |              |
|                               |                          |                   |                   |                    |                        |              |
|                               |                          |                   |                   |                    |                        |              |
|                               |                          |                   |                   |                    |                        |              |
|                               |                          |                   |                   |                    |                        |              |
|                               |                          |                   |                   |                    |                        |              |
|                               |                          |                   |                   |                    |                        |              |
|                               |                          |                   |                   |                    |                        |              |
|                               |                          |                   |                   |                    |                        |              |
| <b>Total Salaries</b>         |                          |                   |                   | 0.00               | 0.00                   | 0.00         |
| <b>Fringe Benefit Costs:</b>  | <b>Cost Calculation:</b> |                   |                   | <b>Grant Share</b> | <b>Non-Grant Share</b> | <b>Total</b> |
| <b>FICA:</b>                  |                          |                   |                   |                    |                        |              |
| <b>SUI:</b>                   |                          |                   |                   |                    |                        |              |
| <b>Worker's Comp:</b>         |                          |                   |                   |                    |                        |              |
| <b>Med. Insurance:</b>        |                          |                   |                   |                    |                        |              |
| <b>Other (Detail):</b>        |                          |                   |                   |                    |                        |              |
| <b>Total Benefits:</b>        |                          |                   |                   |                    |                        |              |
| <b>Total Personnel Costs:</b> |                          |                   |                   |                    |                        |              |

**City of West Hollywood  
Social Services Division  
Budget Justification - Page 2**

Agency:  Year:

Program:

| Budget Line Item                        | Grant Share | Non-Grant Share | Total |
|---|-------------|-----------------|-------|
| <b>Total Personnel Costs:</b>           |             |                 |       |
| <b>OTHER COSTS:<br/>Facility Costs:</b> |             |                 |       |
|   |             |                 |       |
|   |             |                 |       |
|   |             |                 |       |
|   |             |                 |       |
|   |             |                 |       |
| <b>SUBTOTAL-<br/>Facility Costs</b>     |             |                 |       |
| <b>OTHER COSTS:<br/>Program Costs:</b>  |             |                 |       |
|   |             |                 |       |
|   |             |                 |       |
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|   |             |                 |       |
|   |             |                 |       |
|   |             |                 |       |
| <b>SUBTOTAL-<br/>Program Costs</b>      |             |                 |       |
| <b>TOTAL COSTS:</b>                     |             |                 |       |

|  |  |
|--|--|
| Executive Director: <input style="width: 350px; height: 25px;" type="text"/> | Date: <input style="width: 100px; height: 25px;" type="text"/> |
| Finance Director: <input style="width: 350px; height: 25px;" type="text"/>   | Date: <input style="width: 100px; height: 25px;" type="text"/> |
| City Approval: <input style="width: 350px; height: 25px;" type="text"/>      | Date: <input style="width: 100px; height: 25px;" type="text"/> |
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