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**STRENGTHENING LA’S HOMELESS SECTOR WORKFORCE:**

BACK OFFICE STIPENDS & INFRASTRUCTURE RFP

**APPLICATION COPY**

***The following document is only for planning purposes.***

***Application responses will only be accepted for review through UWGLA’s online Grants Portal.***

**ORGANIZATION PROFILE**– *Completed by all applicants through organization’s one-time system registration. If anything has changed since registration, please edit your organization’s profile in the system.*

Organization Name

Address

City

Country

Organization Phone Number

Organization Email

Website (Optional)

Executive Director/CEO Email

Executive Director/CEO Name

Legal Name of Organization

Mailing Address

Mailing State

Mailing Zip

Mission Statement

Social Media – Facebook (Optional)

Social Media – Instagram (Optional)

Social Media – Twitter (Optional)

Tax ID Number (Optional)

**APPLICATION**– *The questions below are required for submission. Applicants will fill out all Organizational Information questions and then respond to questions within the specific funding categories they are applying for.*

**Organizational Information**

1. **Fiscal Sponsor**. Does your organization have a fiscal sponsor? If yes, what is the name of your organization’s fiscal sponsor?

No

Yes

*If Yes – Enter Name of Fiscal Sponsor*

1. **IRS Determination Letter**. Upload a copy of your organization or entity’s IRS Determination Letter. If your organization or entity is fiscally sponsored, upload the fiscal agent's IRS Determination Letter. *Only PDF file formats will be accepted.*

1. **Financials*.*** *(maximum 150 words)*Financial findings will not automatically disqualify an applicant but will be considered as part of the selection process.Has your organization had any findings of fiscal mismanagement in the last three years, such as theft, embezzlement, diversion or misuse of the organization’s charitable property or funds? If so, please explain.

1. **Leadership Demographics.** Which of the following choices below does your organization's top leadership (Executive Director, CEO, President, etc.) identify with? *Check all that apply.*

Native American / Alaskan Native / Indigenous

Asian

Black / African American

Hispanic / Latinx

Native Hawaiian / Pacific Islander

White

If Other, please specify:  \_\_\_\_\_

Prefer Not to Disclose

1. **RFP Engagement**. How did you learn about this funding opportunity? *Select only one.*

United Way of Greater LA Grantseekers Website

United Way of Greater LA Email

United Way of Greater LA Staff Member

United Way of Greater LA Social Media Post

Local community-based organization

Government agency

Funder/Philanthropic Organization

If Other, please specify Source

1. **SPA Regions**. Which of the following region(s) does your organization currently serve? *Check all that apply.*

1 – Antelope Valley

2 – San Fernando Valley

3 – San Gabriel Valley

4 – Metro LA

5 – West LA

6 – South LA

7 – East LA

8 – South Bay

1. **Neighborhoods**. Does your organization currently have a service location or engage in targeted services for any of the neighborhoods below? *Check all that apply. Only mark communities where your organization is providing services specific to the community and its residents (e.g., community-contracted outreach, service center located in community, resident-specific programming and services, etc).*

Altadena

Crenshaw

El Monte

Florence / Firestone

Lancaster

Little Tokyo

North Long Beach

Northeast LA

Palmdale

Panorama City

Pico Union

Pomona

San Fernando

Watts

Willowbrook

1. **Total Organizational Staff Size (FTE)** *– Total number across organization regardless of geography or focus. Utilize full-time equivalent staffing count (i.e., half-time position would be calculated as 0.5).*
2. **Back Office Staffing Breakdown (FTE)** *- For this question, back office staff are defined as roles that are not client facing. Examples include finance, accounting, payroll, human resources, operations & information technology, compliance & auditing, data management. Utilize full-time equivalent staffing count (i.e., half-time position would be calculated as 0.5).*

Total number of budgeted back office positions at organization:

# of unfilled (vacant), budgeted back office positions:

Average tenure of current back office staff:

Total number of budgeted back office positions supporting homeless services in LA County:

# of unfilled (vacant), budgeted back office positions supporting back office positions in LA County:

Average tenure of current back office staff supporting homeless services in LA County:

1. **Organization’s Operating Budget.** What is your organization’s current annual operating budget? If your organization is fiscally sponsored, indicate the program budget. *Round to the nearest dollar and do not enter commas into the answer field.*

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1. **Budget Breakdown**. Indicate the percentage of public and private funding for your organization. *Whole numbers only.*

% of Public Funding

% of Private Funding

1. **Community Supports**. Is your organization currently a CalAIM Community Supports provider for LA County?

Yes

No

1. **Homelessness Funding**. Does your organization currently receive public funding to provide specialized services to people experiencing homelessness in LA County? *Examples of public funding sources include, but are not limited to, Los Angeles Homeless Services Authority, LA County Department of Health Services, LA County Department of Mental Health, LA County Homeless Initiative, local housing authorities, City of Los Angeles, and local Continuums of Care.*

Yes

No

*If yes on the above question, the following questions will appear to additionally respond to.*

1. How many public funding contracts (i.e., total number) does your organization currently receive to provide homeless services in LA County? *Whole numbers only.*
2. What is the total amount ($) of public funding your organization currently has under contract to provide homeless services in LA County? *$ and whole numbers only.*
3. List or describe the public funding contacts or subcontracts your organization receives to provide homeless services in LA County. Wherever possible, name public funder and funding source. *(Maximum 300 words)*
4. How will this funding allow your organization to streamline or strengthen efforts to process and manage public funding for homeless services in LA County? *(Maximum 300 words)*
5. **Workforce Needs** *(Maximum 500 words)* As UWGLA and its partners explore recruitment and retention solutions to strengthen the homeless sector workforce, what does your organization feel is the most pressing issue? Where have you seen promising or successful solutions with recruitment and retention solutions that you would love to see replicated or scaled?

**Funding Type Selection**

**Which type of funding is your organization applying for?** *Select only one.*

* Stipends Only – *Only complete Stipends questions*
* Infrastructure Only – *Only complete Infrastructure questions*
* Both Stipends & Infrastructure – *Complete all questions*

**STIPENDS**

Stipends are eligible for current back office full-time or part-time employees who make $80,000 or less annually, as of the application deadline. Back office staff must directly support homeless services teams, contracts, and programming in LA County. Stipends must be distributed within six months of receiving funding.

Back office staff includes the people working in administrative and operational functions. Unlike frontline and direct services staff, these positions are **not** client-facing. The following is a list of the most common types of back office roles within homeless services organizations:

* Finance, accounting, payroll
* Human resources & staff training/development
* Operations & information technology
* Compliance & auditing
* Data management & evaluation

Stipends are NOT eligible for frontline/client-serving roles, policy and advocacy staff, maintenance/facilities management, development and fundraising staff, or back office staff dedicated to programs that do not serve unhoused people. Additionally, external contractors utilized for back office support are not eligible for stipends.

1. **Stipend-Eligible Staff**. How many total stipend-eligible back office staff does your organization have?

*Not all back office staff are eligible. Review stipend eligibility in RFP prior to listing. For this question, please list part-time staff as a full headcount of 1.*

1. **Position Types**. Indicate the estimated breakdown of stipend-eligible staff by role. *For this question, please list part-time staff as a full headcount of 1.*

Finance (including accounting and payroll)

Human resources & staff training/development

Business operations & Information technology

Compliance

Data management & Evaluation

Other/Multiple Back Office Roles

1. (Optional) If you selected “Other/Multiple Back Office Roles” for any of your stipend-eligible staff, please describe the general breakdown of their roles and note where staff may play multiple roles.
2. **Distribution**. *(Maximum 150 words)* How does your organization plan to distribute stipends to eligible staff? Would your organization connect distribution to any milestones or moments, such as performance reviews, previously planned annual bonuses, staff training or recognition events?
3. **Retention Efforts** *(Maximum 250 words****)*** What, if any, supports and solutions has your organization recently used or currently utilizes to promote staff retention? How successful have they been to date?
4. **(Optional) Additional Funding Resources.** *(Maximum 150 words)* Provide any details about additional funding sources that you plan to leverage for staff stipends.

**Infrastructure**

1. **Infrastructure Request Amount** *Request cannot exceed $75,000.*

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1. **Project Description.** *(Maximum 750 words)* Describe your proposed infrastructure project. How would your organization use the required funding? What is the proposed timeline to implement the project? How, if at all, does this project fit in any broader planning or projects your organization has to strengthen its back office?
2. **Impact on Back Office Operations**. *(Maximum 750 words)* How could this project improve your organization’s back office operations? How would you know (i.e., how would you measure or track this change)?
3. **Impact on Service Operations**. *(Maximum 750 words)* How will this project support your organization’s role as a homeless services provider in LA County? How could this improvement directly or indirectly impact the organization’s service operations offered now and in the future?
4. **Public Funding.** *(Maximum 750 words)* How will this project help your organization better access and maximize public funding related to homeless services in LA County? If you are a sub-contractor that receives public funding for homeless services work in LA County, how would this funding potentially elevate your organization’s capacity to take on additional funds or expand homeless services?
5. **Project Budget**. Upload a copy of your project budget using the template provided by UWGLA. *Only Excel attachments will be accepted. Please save file to include Organization Name.*

Budget Template – Download [HERE](https://unitedwayla.smapply.org/protected/r/FkmBTc_C-GJ6iD28zx8OmMjdxwM6qbz1XFuiwusn6caK_gnqD_KgF7IUwA15nkR6yXtQ0Go7Ck-G7CWEUhaE-g==/2024_Back_Office_Stipends__Infrastructure_-_Budget_Template.xlsx)

Budget Instructions

* Download budget template and save as a local file. Fill out and then upload into the Grants Portal where requested.
* Please include your organizations name both within the document and as part of the file name.

Budget Item Details

* **Personnel -** Applicants should only include direct time and cost of personnel related to implementing their infrastructure project, specific to amount requested through this RFP. For all personnel listed, please include estimated FTE related to time on the project.
* **Non-Personnel -** Outline costs related to purchase of equipment, technology, software, consulting, etc related to Infrastructure funding request. Where known, please include name of vendor or consultant. In Description section include relevant information for cost calculation, status, and scope. Where needed, provide additional details on uses and costs in Budget Narrative section.
  + Most requested costs should be one-time, new expenses related to your specific project. Costs that would become ongoing such as subscriptions may be considered where relevant to the enhancement and expansion, but require organizations to explain how they are new, expansive costs and how you would sustain those costs past this investment.
* **Total Cost & Other Funding Sources–** Where requests are part of a broader back office upgrade project or where costs of items and effort exceeds amount available through this RFP please outline overall costs and list secured and pending funding sources you would utilize to cover the balance of funds. Having additional funding sources is not a requirement of the project, but may strengthen your application by showcasing your organization’s broader commitment to back office enhancement.
* **Admin/Indirect –** Organizations are asked to list percent (%) admin they are requesting to cover smaller incidental costs related to rent, organizational fees, and other important but fractional costs related to the project. Organizations may request up to 15% of request total. Any portion not utilized

1. **(Optional) Budget Narrative**. *(Maximum 300 words)* Provide any additional details about budget, including any assumptions in estimating costs, status of consultants or vendors named, etc.
2. **(Optional) Additional Funding Resources.** *(Maximum 150 words)* Provide any additional details about other funding sources listed on the Project Budget that you plan to leverage for project costs beyond UWGLA request amount, including status of any listed asks and awards.