

Organization Capacity Building Technical Assistance Application

Background

Thank you for your interest in submitting a technical assistance application to the Los Angeles Homeless Services Authority (LAHSA). LAHSA is excited to embark on a collaborative capacity-building initiative in partnership with the Home For Good Funders Collaborative (Funders Collaborative). Since the passage of Measure H in March 2017, a County of Los Angeles ballot initiative intended to generate an estimated \$355 million a year for ten (10) years to combat homelessness. This unprecedented investment of public resources in homeless services will require providers to adapt to growth quickly.

Together, these partners have recognized the need to support community based non-profit homeless service providers in growing their operational infrastructure so that they may continue to provide quality services while expanding existing service agreements, or take on new contracts to work towards ending homelessness.

Through this multi-year capacity building initiative, LAHSA and Funders Collaborative will leverage funding available through restrictive, yet sustainable public resources made recently available, and private philanthropy to offer options for organizations to access technical assistance opportunities aimed at improving operational infrastructure, service capacity, and strengthen the Los Angeles County Coordinated Entry System (LA County CES).

Applications for capacity building technical assistance will focus on enhancements to operational infrastructure. Requests can be made for assistance in the areas operational management, leadership, program administration, information technologies, office space, professional services, or other related areas.

Overview

Applications for capacity building technical assistance will be accepted on a rolling basis, contingent on fund availability. Applications must be submitted by the first of the month for review. Review of applications will be completed within 30 days of submission by an Evaluation Panel comprised of representatives from LAHSA and the Funders Collaborative. Applicants will be made aware of selection decisions within 30 days of the close of the review period.

LAHSA is identifying appropriate technical assistance vendors to support capacity building efforts related to operational core infrastructure to work with non-profit homeless service providers operating within the Los Angeles County Coordinated Entry System (LA County CES).

Applicants may request assistance with scoping applications through United Way by submitting questions to rfp@unitedwayla.org with Capacity Building Technical Assistance Application in the subject line. As applications will be accepted on a rolling basis, questions will be updated monthly to provide Applicants with information regarding frequently asked questions.

Applicants are encouraged to visit www.homeforgoodla.org/grantseekers for a list of regularly updated frequently asked questions.

Selection Criteria

Applications will be prioritized for selection based on need. The Evaluation Panel will assess for need by reviewing the application and supporting documents submitted. Applications that demonstrate a high level of operational risk, compliance, and/or audit findings, and request technical assistance to improve operations in those areas will be prioritized for selection. The table below provides an overview of additional prioritization guidelines.

Organization Capacity Building Technical Assistance Application		
Selection Prioritization Overview		
*Applicants do not need to meet all criteria for consideration.		
High Priority	Medium Priority	Low Priority
<ul style="list-style-type: none"> • Rapid growth due to recent contract and service expansion • Agency plays a critical role in System Coordination • Identified as a “high risk” agency status for two (2) or more years • Outstanding and/or recurring audit or compliance findings for two (2) or more years • Ineligible to receive funding due to inability to meet minimum qualifications 	<ul style="list-style-type: none"> • Identified as a “high risk” agency status for one (1) year or less • Outstanding and/or recurring audit or compliance findings for one (1) or less • Recently qualified as eligible to receive funding within the past year or less • Rapid growth due to recent contract and service expansion • Agency plays a critical role in System Coordination 	<ul style="list-style-type: none"> • No “high risk” identification • No outstanding and/or recurring audit or compliance findings • Application request is outside the scope of the areas of focus, or does not align with level of need outlined in supporting documentation

Organizations that submit applications that are not prioritized for selection in Year 1 may be offered an alternative timeline for selection, or may submit an appeal.

Appeal Process

If an application is not prioritized for selection in Year 1, an applicant may appeal the decision. The appeal must clearly state the factual grounds on which the appeal is based. Appeals will be reviewed by an Appeal Committee comprised of representatives from LAHSA and the Funders Collaborative.

Appeals must be submitted in writing on agency letterhead, and shall be limited to two (2) typed pages. Appeals must also be submitted within five (5) business days after receiving notification of non-selection. The Appeal Committee shall not be obligated to consider appeals received after the specified timeline.

All Capacity Building Technical Assistance appeals must be emailed to capacitybuilding@lahsa.org for consideration.

Capacity Building Technical Assistance Eligibility and Options

LAHSA and the Funders Collaborative recognize the urgency to increase provider capacity, and that each agency has unique needs in relation to capacity development. Below are descriptions to help your organization(s) identify which option may be the best fit.

Eligibility Requirements

All non-profit homeless service providers operating within the LA County CES are eligible to apply for technical assistance through this capacity building initiative.

Option A: Organization Capacity Needs Assessment Requests

This option is best suited for organizations that have not yet assessed internal capacity needs, and would like to receive a formal assessment.

Agencies that request an assessment through this option will be pre-qualified to receive funding for implementation related to consultant recommendations upon completion of the assessment, and will not need to re-apply.

Option B: Implementation Requests

This option is best suited for organizations that have already identified a technical assistance project resulting from a recent comprehensive capacity needs assessment or other work with a consultant within the past three (3) years.

*Non-LAHSA Funded Organizations

Requests received from non-LAHSA funded organizations will be assessed by the Funders Collaborative, and evaluated based on alignment to Home For Good goals and potential for service or system impact. Collaborative proposals or regional requests will also be considered in this category.

Areas of Focus

Common areas of focus related to capacity development are provided below. Agencies may also submit other justified technical assistance services and infrastructure investment requests through this application.

Operational Management	Leadership	Program Administration
<ul style="list-style-type: none"> • Financial • Information Technologies (IT) • Human Resources • Contract/Grant • Facilities • Cost Recovery Infrastructure • Salary Analysis • Policies & Procedures • Internal Controls • Risk Management • Communications • Fundraising and Resource Development 	<ul style="list-style-type: none"> • Board Composition & Governance • Organizational Structure • Succession Planning • Strategic Planning • Community Engagement 	<ul style="list-style-type: none"> • Reporting • Program Evaluation • Collaboration with Partners and Subcontractors
Information Technologies	Office Space	Professional Services
<ul style="list-style-type: none"> • Equipment Upgrades • Accounting and Payroll Automation • Grants Management Software • Telecommunication Upgrades • Data Security & Encryption 	<ul style="list-style-type: none"> • Space Reconfiguration • Security Systems • Facility Renovation • Office Furnishings 	<ul style="list-style-type: none"> • Recruiting • Marketing & Branding Material

Application Instructions

Before completing this application, it is strongly encouraged that organizational leadership discuss and prioritize what is to be accomplished within a reasonable timeframe.

Collaborative applications are permitted. All documentation must be submitted for each organization listed on the application. Before completing a collaborative application, it is strongly encouraged that interested partners meet to develop a comprehensive project plan.

The information requested in this application will be used to learn more about the impact of growth related to contract and service expansion, organization(s) culture and leadership structure, and understand staff and volunteer capacity.

Please note that the information submitted through this application will be shared with potential funding partners of the Home For Good Funders Collaborative and any qualified vendors matched to the organization for technical assistance support.

Please submit the application and all supporting documents to Capacitybuilding@lahsa.org.

Applications must be submitted by the first of the month.

To complete the application, the following information and documents will be needed.

Part I: Organization Operating Information

- Internal Revenue Service (IRS) Tax Identification Number (TIN)
- IRS Form 990 or Audited Financial Statements
- Organization(s) Name, Address, Telephone and Fax Number, Website Location
- Mission Statement
- Organization(s) Strategic Plan (if available)
- Fiscal Year Start and End Dates
- Executive Director(s) Name, Phone Number, and Email
- Project Lead (if different from Executive Director) Name, Phone Number, and Email
- Project Overview
- Project Workplan
- Operating Budget for Fiscal Years 14-15, 15-16, 16-17 and Fiscal Year 17-18 (for years available)
 - Percentages of Public and Private Funding
- Organization(s) Headcount for Fiscal Years 14-15, 15-16, 16-17 and Fiscal Year 17-18 (for years available)
- Number of Volunteers

- Roster of Board Members
- Number of Subcontracted Partner Agencies (if applicable)
- Number of clients served

Part II: Project Narrative and Workplan

- Existing capacity needs assessments results and/or reports, workplans, or any other documentation of capacity building efforts completed (if applicable).
- Information related to organizational growth and justification for the request.

Part III: Additional Attachments

- Board of Directors Letter of Support
- Board of Directors Minutes (introduction of priority to the Board, or proposed agenda item for an upcoming board discussion)
- Implementation Team
 - Titles of staff participating
 - Length of time in position
 - Amount of time per week dedicated to proposed project
- Organization Chart
- Signed Participation Agreement
- Budget and Narrative
- Completed Capacity Needs Assessment and Other Supporting Documentation (For Implementation Requests Only)
- Vendor request form (For Implementation Requests Only)

At Least One (1) of the Following

- LAHSA Risk Assessment (If Applicable)
- Risk Assessment Conducted by Another Funding or Auditing Entity (If Applicable)
- Other Audit or Compliance Finding as Assessed by LAHSA or Another Funding or Auditing Entity (If Applicable)

Part I: Organization Operating Information

Lead or Primary Organization Name:				
Primary Population(s) Served				
Year Established:				
Service Planning Area (SPA):				
IRS Tax Identification Number:				
Mission Statement:				
Physical Address:	Phone Number:			
	Fax Number:			
	Website:			
	Implementation Team (Names, Titles, Length of Time in Positions):			
Mailing Address (if different than above):				
Executive Director Name:				
Executive Director Phone Number:				
Executive Director Email:				
Project Lead for Organization (if different than above):				
Project Lead Title:				
Project Lead Phone:				
Project Lead Email:				
Application Contact (If different than Project Lead)		Name:		
		Title:		
		Phone Number:		
		Email Address:		
Overall Organization Operating Budget	FY 17-18 (Projected)	FY 16-17	FY 15-16	FY 14-15
Percentage of Public Funding:				
Percentage of Private Funding:				
Organization Headcount:				
Number of Board Members				
Number of Full-Time Staff:				
Number of Part-Time Staff:				

Number of Volunteers:				
Number of Subcontracted Partners:				
Number of Clients Served:				
Collaborative Application? Yes/No (If yes, please complete the Partner Organization sections)				
Partner Organization #1 Name:				
Primary Population (s) Served:				
Year Established:				
Service Planning Area (SPA):				
IRS Tax Identification Number:				
Mission Statement:				
Physical Address:	Phone Number:			
	Fax Number:			
Mailing Address (if different than above):	Website:			
	Implementation Team (Names, Titles, Length of Time in Positions):			
Executive Director Name:				
Executive Director Phone Number:				
Executive Director Email:				
Project Lead for Organization (If different than above):				
Project Lead Title:				
Project Lead Phone:				
Project Lead Email:				
Application Contact (If different than Project Lead)	Name:			
	Title:			
	Phone Number:			
	Email Address:			
Overall Organization Operating Budget	FY 17-18 (Projected)	FY 16-17	FY 15-16	FY 14-15
Percentage of Public Funding:				
Percentage of Private Funding:				
Organization Headcount:				

Number of Board Members:				
Number of Full-Time Staff:				
Number of Part-Time Staff:				
Number of Volunteers:				
Number of Subcontracted Partners:				
Number of Clients Served:				
Partner Organization # 2 Name:				
Primary Populations(s) Served:				
Year Established:				
Service Planning Area (SPA):				
IRS Tax Identification Number:				
Mission Statement:				
Physical Address:		Phone Number:		
		Fax Number:		
		Website:		
		Implementation Team (Names, Titles, Length of Time in Positions)		
Mailing Address (if different than above)				
Executive Director Name:				
Executive Director Phone Number:				
Executive Director Email:				
Project Lead For Organization (If different than above):				
Project Lead Title:				
Project Lead Phone:				
Project Lead Email:				
Application Contact (If different than Project Lead)	Name: Title: Phone Number: Email Address:			
Overall Organization Operating Budget:	FY 17-18 (Projected)	FY 16-17	FY 15-16	FY 14-15
Percentage of Public Funding:				
Percentage of Private Funding:				
Organizational Headcount:				
Number of Board Members:				

Number of Full-Time Staff:				
Number of Part-Time Staff:				
Number of Volunteers:				
Number of Subcontracted Partners:				
Number of Clients Served:				

Part II: Request Narrative and Workplan

Please complete the narrative questions and accompanying workplan template for your request. Be sure to include key objectives, milestones, and outcomes for the activities requested. The workplan must be accompanied by a narrative that addresses the areas in the workplan section below. Please adhere to the word count for each section.

Narrative

Agency Status (Limit 500 words)

- What support is being requested at this time? (Capacity needs assessment or implementation funds?)
- Please summarize how your organization(s) have grown. What challenges, changes, or special circumstances have caused your organization(s) to request capacity-building technical assistance, and address operating infrastructure at this time?
- Describe where the organization(s) leadership is in relation to capacity building. What are the priorities of Executive Leadership and the Board of Directors? Please include any work that has been done to assess capacity concerns, and the outcomes within the past three (3) years, if applicable. Include the names of any consultants, technical assistance providers, assessments utilized or completed, dates of the projects, the results of activities, and current project status.

Please note service providing agencies, non-profit or for-profit organizations, businesses, or additional funders in your network that you rely upon/or provide operational support to. Please indicate if your organization administers or receives subcontracts. If subcontract partnerships exist, please provide the names of the subcontracted organizations, along with budget awards for each.

Implementation Request Project Plan Description (Limit 500 words)

- For organizations requesting funds for implementing an existing technical assistance plan, please describe the objectives for the project, and what the organization(s) expect to accomplish. Include the anticipated length of the project, proposed activities, outputs, key milestones, and outcomes anticipated for the project.
- Describe the overall capacity building plan. Discuss why project objectives were prioritized, key staff critical for successful, and the role each will play.

Assessment Objectives (Limit 250 words)

- For organizations requesting capacity needs assessments, please describe the objectives the organization is expecting from the assessment process.

Project Budget for Request (Limit 250 words)

- What resources has the organization(s) raised, allocated, utilized, or identified, if any, to address operational capacity? What need remains after the funds have been expended?
- What in-kind technical assistance, if any, is provided to the organization(s)?
- If your organization(s) have expended funds for capacity building, what was the total budget allocated in 2017?
- Please include all leveraged funds, and if your organization(s) are eligible for and intend to utilize start-up funds available through contract awards or expansions in the following County of Los Angeles Homeless Strategies:
 - A1 - Homeless Prevention Program for Families
 - A5 – Homeless Prevention Program for Individuals
 - B3 – Partner with Cities to Expand Rapid Re-Housing
 - B7 – Interim/Bridge Housing for Those Existing Institutions
 - E7 – Strengthening the Coordinated Entry System (CES)
 - E8 – Enhancing the Emergency Shelter System
 - E14 – Enhanced Services for Transition Age Youth

Readiness (Limit 500 words)

- What are the indicators that your organization(s) is ready to implement the proposed project? Discuss how all staffing levels, as well as all levels of organizational leadership will be impacted and will participate in the proposed project. What work has been done to develop buy-in?

*For Collaborative Applications Only (Limit 500 words)

- Please describe the history and culture of collaboration amongst the partnering organizations. Include why these organizations are partnering together, and what strengths they each bring to the project plan.
- Describe existing relationships that will enable engagement of a broad, inter-organizational group of stakeholders implement the proposed project.

Project Impact (Limit 250 words)

- Please describe the desired impact of the proposed project. How will increased operating capacity impact service capacity?
- How will the organization(s) measure project outcomes and effectiveness? Please outline how the organization(s) will determine success.
- Describe any tangible outcomes that will result from the proposed project (i.e., a strategic plan, organizational chart, policy and procedure creation, etc.).
- Describe the organization's plan for sustaining momentum and maintaining staff participation.
- Include a comprehensive timeline for the project.

Workplan

Please complete the workplan template provided below for the proposed project.

Proposed Project			
Project Objective 1			
Activities	Outputs	Outcomes (Short and Long Term)	Key Milestone Dates
Project Objective 2			
Project Objective 3			

LOS ANGELES HOMELESS SERVICES AUTHORITY
TECHNICAL ASSISTANCE
PARTICIPATION AGREEMENT FORM

Date: _____

Name of Organization: _____ (“Organization”)

Is voluntarily receiving technical assistance from the Los Angeles Homeless Services Authority (LAHSA) and the Funders Collaborative. The Organization agrees to work with LAHSA, the Funders Collaborative, and their approved vendors to provide all information necessary for the technical assistance.

By signing below, the Organization affirms its understanding and acceptance of the following:

LAHSA and Funders Collaborative staff, or a LAHSA or Funders Collaborative approved vendor may obtain access to sensitive and confidential information about my Organization. LAHSA and the Funders Collaborative understand that all information accessed is confidential. LAHSA and Funders Collaborative staff agrees, and will require approved vendors to agree, not to divulge or otherwise make known to unauthorized persons any information acquired as a result of this assistance, unless specifically authorized to do so by the Organization, or in response to applicable law or court order.

For Organization:

Authorized Signatory Name and Title

Authorize Signatory Signature

Application Submission

I have read and understand the application and supporting materials, and acknowledge that this is a voluntary agreement to receive technical assistance in partnership with the Los Angeles Homeless Services Authority (LAHSA). The support requested in this application will not supplant any existing resources.

Authorized Signatory Lead Agency Printed Name:

Title:

Signature:

Date:

Authorized Signatory Partner Agency Printed Name:

Title:

Signature:

Date:

Authorized Signatory Partner Agency Printed Name:

Title:

Signature:

Date:

Organization Capacity Building Technical Assistance Vendor Request Form

Please complete the Vendor Request Form if your organization(s) has an existing technical assistance plan, and would like to request a specific vendor for implementation. Organizations may request implementation assistance from another service provider. All Vendor Requests may be subject to approval from LAHSA and/or the Funders Collaborative.

Vendor Information

Vendor Legal Name	
Vendor DBA (if applicable)	
Vendor Headquarters/Legal Address Address City State Zip/Postal Code Phone Number Email Address Fax Number Website	
Vendor Information Contact Name Title/Position Address City State Zip/Postal Code Phone Number Cell/Mobile Fax Number Email Address	
Vendor Status Non-Profit (Other Service Providing Agencies Eligible) For-Profit	
Vendor Description Using key works, describe the company mission	
Vendor Service Provided Using key words, describe the services to be provided	
Vendor Geographic Service Area	
Attachments <ul style="list-style-type: none"> • Existing Technical Assistance Plan • Vendor W9 	