

LASSEN-PLUMAS-SIERRA COMMUNITY ACTION AGENCY RFP Questions & Answers

MISSION STATEMENT

Lassen-Plumas-Sierra Community Action Agency works to strengthen the tri-county communities’ capabilities to reduce and eliminate poverty by actively engaging a broad network of organizations and individuals through countywide and regional collaborations that include low-income persons, the general community, the business community, community-based organizations, and agency staff.

WHO IS ELIGIBLE TO APPLY FOR FUNDING?

All applicants must be an IRS approved, tax-exempt, non-profit organization, such as a 501(c)3 or have public agency (governmental) status.

WHERE CAN SERVICES BE GIVEN?

The people that receive LPSCAA-funded services must live in Lassen, Plumas, or Sierra County. Multi-county projects are acceptable.

WHAT TYPE OF CLIENTS MUST BE SERVED BY THE PROPOSED PROJECT/PROGRAM/ACTIVITY?

All clients assisted with funding from LPSCAA must live in households where income is at or below the following:

CSBG Income Eligibility Guidelines –Effective January 1, 2024*

HH Size	1	2	3	4	5	6	7	8
Yearly	30,120	40,880	51,640	62,400	73,160	83,920	94,780	105,440
Monthly	2,510	3,406	4,303	5,200	6,096	6,993	7,898	8,786

For families with more than 8 persons, add \$10,760 for each additional person.

* These are the 2024 income guidelines. **They may be revised in January 2025.**

Foster children, Households receiving TANF, and Households where SSI benefits are the only source of income are categorically eligible regardless of income.

WHAT TYPE OF PROPOSED PROJECT/PROGRAM/ACTIVITY IS ACCEPTABLE?

The proposed project must meet the Community Action Agency’s mission. The LPSCAA's strategy to accomplish its mission is to focus on programs that deal with the entire family unit by addressing the comprehensive needs of the family rather than by a limited set of program objectives. The project/program/activity must consist of activities having a measurable outcome and potentially major impact on the causes of poverty.

Programs and services must fall within one or more of the following categories: family development, nutrition, health, education and housing. The following list gives examples of eligible activities and services:

1. Projects/Programs/Activities that deal with family development.

Case Management and Counseling - activities that include:

- collaborative among families, family support groups, and law enforcement
- fatherhood initiatives
- conflict resolution
- decision-making
- family development training
- life skills training
- peer mediation
- income and budget training

Childcare - activities that include:

- affordable childcare
- after school child care programs
- infant programs
- non-traditional hours
- quality care

Family Supporting Jobs with Good Wages and Benefits:

- apprenticeship programs
- job placement
- job referral
- job training

Teen Pregnancy Prevention:

- activities that meet this goal

Youth Programs - activities such as:

- counseling for youth
- delinquency prevention
- crime prevention programs (e.g., gang abatement)
- mentoring programs
- recreation
- student youth volunteer programs
- youth at risk
- boys and girls clubs
- youth education and development
- youth mediation
- life skills training
- entrepreneurial program

2. Projects/Programs/Activities that deal with nutrition:

- congregate meals
- emergency food
- food banks
- food closets
- food distribution
- food vouchers

- home delivered meals
- 3. Projects/Programs/Activities that deal with education of low income children and adults:**
- increasing basic skills
 - increasing technical skills
- 4. Projects/Programs/Activities that deal with health needs of low income populations:**
- health education
 - promote improved health care
 - provide services not covered by insurance
 - respite
- 5. Projects/Programs/Activities that deal with housing and home energy needs of low income populations:**
- homelessness
 - homelessness prevention
 - transitional housing
 - home energy assistance

GRANT AMOUNTS

LPSCAA consistently and substantially has funded certain organizations whose activities the Agency considers central to its mission, such as: senior nutrition, literacy, emergency food providers, family resource centers that provide a wide array of emergency and self-sufficiency services, medical providers of non-reimbursable services, and entities providing services to “at-risk” youth.

Actual award amounts are solely determined at the discretion of the LPSCAA Board and are dependent on the number of applications and funds requested.

WHAT IS NEEDED TO APPLY?

- proper completion of the application
- tax-exempt status designator such as a 501(c)3, or public agency (governmental) status

BEFORE YOU RECEIVE FUNDING, YOU MUST SATISFY THE FOLLOWING REQUIREMENTS:

- a project/program/activity that meets CSBG income or categorical threshold (to be determined by LPSCAA)
- general liability and property damage insurance for a combined single limit of not less than \$100,000 per occurrence
- workers compensation insurance and fidelity bond (if required)

IS THERE ANYTHING THAT COULD PREVENT THE RELEASE OF FUNDS?

Yes. All funding is contingent on Federal funding of the Community Service Block Grant Program and successful execution of appropriate contracts between the LPSCAA and the California Department of Community Services and Development. Contracts will also need to be successfully executed between the LPSCAA and selected subgrantees (agencies that are awarded grants).

CAN ONE AGENCY SUBMIT APPLICATIONS FOR MULTIPLE PROJECTS?

Yes, but separate proposals must be submitted for each independent funding request.

WHAT EXPENDITURES ARE NOT ALLOWABLE WITH THESE FUNDS?

The following types of expenditures are NOT ALLOWABLE uses of LPSCAA funds and should not be included in your proposal:

- facilities acquisition, renovation, or improvements
- lobbying or political activities
- religious activities
- purchase of vehicles (although leases are allowable)

WHAT EXPENDITURES ARE ALLOWABLE WITH THESE FUNDS?

Direct services are acceptable expenditures. Equipment may be purchased with LPSCAA funds and may be included in your budget request. However, items valued over \$500.00 will require specific authorization and strong justification.

WHERE DO I SEND THE COMPLETED APPLICATION?

By Email: tromandia@plumascdc.org

OR By Mail to:

**Lassen-Plumas-Sierra
Community Action Agency
ATTN: Tricia Romandia
P.O. Box 319
Quincy, CA 95971**

OR hand deliver the proposal to the LPSCAA office at:

**183 West Main Street
Quincy, CA 95971**

If you have questions call: (530) 283-2466 extension 120

WHEN ARE APPLICATIONS DUE?

Proposals must be in the LPSCAA office by **September 13, 2024. No proposals will be accepted after this date.**

HOW ARE THE APPLICATIONS EVALUATED BY THE LPSCAA?

- Initial evaluation of applications will be based on typed or handwritten proposals.
- Based on the evaluation of the written hard copy proposal, additional information may be required.

- LPSCAA Board of Directors may request an oral presentations by the applicants at a date and time to be determined by LPSCAA.
- The LPSCAA Board of Directors will determine the actual amount of the award, dependent on funding availability. Applicants will be notified of the award amount and any additional conditions imposed by the LPSCAA Board of Directors.
- The decision of the Lassen-Plumas-Sierra Community Action Agency Governing Board of Directors is final.

WHEN AND WHAT TYPE OF REPORTING WILL BE REQUIRED?

Programmatic reports must be submitted as required by the State of California (due semi-annually). Proper and timely completion of these forms is contractually required for continued LPSCAA funding.

WHAT IS THE TIME LINE FOR DECISIONS AND FUNDING?

Open for proposals	July 15, 2024
Applications deadline	September 13, 2024

Decision on awards	*To be Determined
Notification of awards	*To be Determined
Funding begins	*To be Determined
<i>*Contingent on award of Federal funds</i>	

LASSEN-PLUMAS-SIERRA COMMUNITY ACTION AGENCY

Application for Funding for the Year 2025

Cover Page

Name of Applicant Organization:

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Name of Program:

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County(ies) to be served. For multiple county programs, indicate the percentage of total services to be provided in each county.

_____ Lassen County _____ Plumas County _____ Sierra County

Contact Person/Title:

Street Address:

—

Mailing Address:

—

Telephone #: _____ Fax #: _____

Email _____

Amount Requested (2025): \$ _____

I hereby certify that all information in this proposal is correct to the best of my knowledge. I understand that I may be asked for additional information or documentation; that submission of this proposal does not constitute a contract or guarantee of funding; and that the decisions of the Lassen-Plumas-Sierra Community Action Agency (LPSCAA) are final. I further understand that in the event there is a grant

from LPSCAA to my Program and an audit of my documentation for services provided, the Contract between my Program and LPSCAA will provide for repayment to LPSCAA of any funds for which I/we do not have documentation.

Authorized Signature:

Printed Name:

Title: _____

Date:

APPLICATION INSTRUCTIONS

- **Applications must be organized using the following outline.**
- **Fill in the blanks or boxes as indicated.**
- **Type response underneath the question or use additional sheets to respond to the narrative questions.**
- **If using additional sheets for your responses, clearly identify each response with the corresponding Section (A, B, C or D) and Item number. For example, on an additional sheet of paper, “A.2” should preface the Response to Section A, Item 2 - “State the Mission of your Agency”.**
- **If Attachments are used for additional information, note the corresponding Section and Item Number in the body of the response and on the Attachment.**
- **Consecutively number each page of the Response including any Attachments and include your organization's name and the project/program/activity name at the top of each page.**

SECTION A: DESCRIPTION OF AGENCY

1. Check only one box to indicate your agency’s legal status:
 _____ 501(c)3 _____ governmental/public agency
2. State the mission of your agency.
3. What year was your agency founded? _____
4. Briefly describe your agency’s organizational make-up. You may submit an organizational chart if it is self-explanatory.

SECTION B: DESCRIPTION OF PROJECT/PROGRAM/ACTIVITY

1. Please check one or more of categories listed that best fit your proposed project/program/activity.
 - Family Development _____
 - Nutrition _____
 - Health _____
 - Housing/Home Energy Assistance _____
 - Other (explain) _____

2. Is this a new project/program/activity? Yes _____ No _____

- 3. Briefly describe your project/program/activity.
- 4. Clearly describe what services will be provided.
- 5. Describe the need for the project/program/activity. In other words, what need(s) does/do your project/program/activity address?
- 6. Cite any statistics and/or provide any data, documentation or evidence that supports the need for your project/program/activity. (*Such as waiting lists for services, demographic information, etc.*)
- 7. Based on the following definition of self-sufficiency, how will these services assist CSBG eligible families or individuals become more self-sufficient? (Or in the best case, attain self-sufficiency.)

Definition of Self-Sufficiency

- **The ability to meet family basic needs.** *Basic needs include: housing, utilities/telephone, childcare, food, transportation, health care, clothing and household items, and taxes (minus federal and state tax credits).*
OR
- **The ability to meet family basic needs without public or private assistance.**
OR
- **The ability to meet family basic needs without public or private assistance, and to have sufficient discretionary income for savings and emergency expenses.**

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- 8. Regardless of income level, and by county, how many unduplicated individuals will be *served for calendar year 2025?

Lassen _____ Plumas _____ Sierra _____

If the proposed project/program/activity consists of funding a portion or all the **general operating expenses of the entire agency, estimate the total number of unduplicated individuals that will receive any services from the entire agency in calendar year 2025.*

If the proposed project/program/activity consists of funding a portion or all the **general operating expenses of the project/program/activity, estimate the total number of unduplicated individuals that will receive any services from the project/program/activity in calendar year 2025.*

If the proposed project/program/activity consists of funding a portion or all of a **direct client service, (such as commodities, emergency shelter, meals, etc.) estimate the total number of unduplicated individuals that will receive the service in calendar year 2025.*

9. How many CSBG eligible unduplicated individuals will the proposed project/program/activity serve for calendar year 2025?
Lassen _____ Plumas _____ Sierra _____
10. What verification method(s) will you use to assure that CAA funding is used for CSBG eligible clients?
11. Are these or similar services being provided by another agency in the service area?
Yes ___ No ___ Not sure ___
- 11a. If yes, and if possible, identify the agency and program.
- 11b. If yes, describe how you will assure there will be no duplication of services.
12. How does the project/program/activity complement other existing services that allow for a continuum of services to assist in the client's path to self-sufficiency?
13. What outcome(s) must be produced in order to determine that the proposed project/program/activity will be successful? (i.e. achieve, at the least, some measure of self sufficiency - see above for definition)
14. How you will measure the identified outcome(s) (Item 13) that indicate a successful project/program/activity.

SECTION C: OPERATION OF PROPOSED PROJECT/PROGRAM/ACTIVITY

1. What staff will administer and operate the proposed project/program/activity?
2. What will their responsibilities be in the administration and operation of the proposed project/program/activity?
3. Are there volunteers? Yes ___ No ___
- 3a. If Yes, how many volunteers will there be? _____
- 3b. If Yes, what is their in-kind value? _____
- 3c. If Yes, What are their duties?
- 3d. How are staff and/or volunteers trained?
4. Do you have collaborative partners for the proposed project/program/activity?
Yes ___ No ___
- 4a. If Yes, please list them.
- 4b. If Yes, do they offer financial/resource support? If so, give details.

5. Does the project/program utilize referrals? Yes_____ No_____

5a. If Yes, what is the chief referral source, and to what agency(ies) do you make referrals?

SECTION D: BUDGET

1. Attach your **total** Agency budget by **Program** or **Division** for calendar year 2025. If your Agency is on a fiscal year that does not begin 1/1/25, please provide us with your best estimates of revenue and expenses for calendar year 2025 and include your requested CAA funding as a line item.
2. Breakout the CAA line item into a detailed budget with an explanation of how the requested CAA funds will be used (i.e. general operational expenses, personnel, direct program costs etc.). If funds are requested for salaries, identify the position(s), the dollar amount(s) and express as a percentage of a Full Time Equivalent (FTE) position(s).
3. Attach your most recent audit, if you have one.
4. Attach your most recent annual financial statements.
5. Attach your latest form 990, if you have one.
6. If applicable, provide any other financial statements or information for auxiliary or subsidiary organizations under the applicant's control, not otherwise disclosed, such as separate savings and/or checking accounts.
7. What accounting procedures and control methods are in place to assure accurate reporting of income and expenses?
8. If funded, you may be awarded less than your request. How would you respond to an award less than the amount you requested?