**R.I.S.E 4 Families VISTA**

**FY 2019/2020 New Partner Application**

Prevent Child Abuse California

4700 Roseville Road, Suite 102

North Highlands, CA 95660

Attn: Elizabeth Grillo, VISTA Program Support

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DISCLAIMER

Completing and submitting this application is not a guarantee of selection for participation in any Child Abuse Prevention Center AmeriCorps VISTA program. Applicants not selected for participation may apply for consideration in future funding years; however, due to expiration(s) of information provided, it will be necessary to complete and submit an entirely new application.

**PROGRAM**

**The Child Abuse Prevention Center**

**The Child Abuse Prevention Center** (“CAP Center”) is a national and international training, education, research, and resource center dedicated to protecting children and building healthy families. Located in the greater Sacramento area, the CAP Center is a 24,000 square-foot state-of-the-art facility that is home to six unique agencies. Governed by a single board of directors, each organization takes a different but complementary approach to preventing child abuse.

**Prevent Child Abuse California**

Prevent Child Abuse California (“PCA CA”) is California’s chapter of Prevent Child Abuse America, and represents a statewide consortium of Child Abuse Prevention Councils and other child abuse and neglect prevention and intervention organizations. PCA CA subcontracts with Lead Agencies to administer AmeriCorps programs at the local level. In conjunction with requirements of CNCS, PCA CA develops and provides program administration materials that govern its AmeriCorps programs.

**AmeriCorps VISTA**

AmeriCorps VISTA members live and serve in some of our nation’s poorest urban and rural areas. With passion, commitment, and hard work, they create or expand programs designed to bring individuals and communities out of poverty.

Each VISTA member makes a year-long, full-time commitment to serve on a specific project at a nonprofit organization or public agency. In return for their service, AmeriCorps VISTA members receive a modest living allowance and health benefits during their service, and have the option of receiving a Segal AmeriCorps Education Award or post-service stipend after completing their service. About 8,000 VISTAs are placed each year in more than 1,100 projects in low-income communities around the country

VISTA members generally do not provide direct services, such as tutoring children or building homes. Instead, they focus their efforts on building the organizational, administrative, and financial capacity of organizations that fight illiteracy, improve health services, foster economic development, and otherwise assist low-income communities. VISTAs develop programs to meet a need, write grants, and recruit and train volunteers.

**COMPLIANCE/RULES AND REGULATIONS**

**Nondisplacement of Employed Workers and Nonimpairment of Contracts for Service**

VISTA members may not perform any services or duties or engage in activities which will supplant the hiring of employed workers. This prohibition is violated if, prior to engaging a VISTA, an agency or organization had intended to hire a person to undertake all or a substantial part of the services, duties, or other activities to be provided by the VISTA.

VISTAs may not perform any services or duties which have been performed by or were assigned to, any of the following:

* Presently employed workers,
* Employees who recently resigned or were discharged,
* Employees who are on leave (terminal, temporary, vacation, emergency, or sick), or
* Employees who are on strike or who are being locked out.

VISTAs may not perform any services or duties or engage in activities which impair existing contracts for service.

**CAP Center and CNCS Prohibited AmeriCorps VISTA Activities**

* Lead Agencies and/or Service Sites must not employ their AmeriCorps VISTA members in any capacity while the AmeriCorps VISTA members are serving under a Member Contract in a CAP Center AmeriCorps VISTA program.
* AmeriCorps VISTA members may not transport clients, children, and/or families in their personal automobile during service unless authorized in writing by the Service Site, Lead Agency, and the CAP Center.
* AmeriCorps VISTA members must not have contact with clients during non-service hours. Exceptions will only be made with the prior written approval of the Service Site, Lead Agency, and CAP Center.
* AmeriCorps VISTA members must not participate in gambling on Service Site premises.
* AmeriCorps VISTA members must not steal/take AmeriCorps VISTA or Service Site’s property or property of another.
* During service hours or while in uniform, AmeriCorps VISTA members must not purchase, consume, or serve alcohol or drugs at any time.

**Fiscal**

**Cash Match**

A match contribution is required in order to meet the grantee share of program costs. Typically, the contribution is made in non-federal cash, although in certain circumstances it may be allowable to make a federal cash contribution. Please contact the CAP Center immediately if you intend to commit federal cash funds as match to this program.

Below are the tentative living allowance/cash match tiers established by CNCS based on the cost of living in California counties table. Additionally, R.I.S.E. VISTA Members will receive a housing allowance which will be administered by PCA CA and is dependent on California region as well. The far right column shows that required match including the housing allowance. Certain accommodations may be made for service sites which do not wish to offer a housing allowance.

*\*Cash Match Amounts are as anticipated but are subject to change. If selected, you will be notified of the final cash match amount required prior to execution of subcontract or MOU.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County** | **Living Allowance** | **Cash Match** | **Housing Allowance** | **Cash Match w/Housing** |
| **●Alpine ●Amador ●Butte ●Calaveras ●Colusa ●Del Norte ●El Dorado ●Fresno ●Glenn ●Humboldt ●Imperial ●Inyo ●Kern ●Kings ●Lake ●Lassen ●Madera ●Mariposa ●Mendocino ●Merced ●Modoc ●Placer ●Plumas ●Sacramento ●San Joaquin ●Shasta ●Siskiyou ●Stanislaus ●Sutter ●Tehama ●Trinity ●Tulare ●Tuolumne ●Yuba** | **$12,311/yr**  **$1025/mo** | **$8,411** | **$3,600/yr**  **$300/mo** | **$12,011** |
| **●Riverside ●San Bernardino ●Sierra ●Yolo** | **$13,293/yr**  **$1,107/mo** | **$9,901** | **$3,600/yr**  **$300/mo** | **$13,501** |
| **●Mono** | **$14,136/yr**  **$1,178/mo** | **$10,323** | **$3,600/yr**  **$300/mo** | **$13,923** |
| **●Nevada ●Solano** | **$14,666/yr**  **$1,222/mo** | **$10,587** | **$4,800/yr**  **$400/mo** | **$15,387** |
| **●Monterey ●San Luis Obispo** | **$15,994/yr**  **$1,332/mo** | **$11,252** | **$4,800/yr**  **$400/mo** | **$16,052** |
| **●Napa** | **$17,589/yr**  **$1,465/mo** | **$12,055** | **$6,000/yr**  **$500/mo** | **$18,055** |
| **●Los Angeles** | **$18,177/yr**  **$1,515/mo** | **$12,349** | **$6,000/yr**  **$500/mo** | **$18,349** |
| **●Orange ●San Benito ●San Diego**  **●Sonoma ●Ventura** | **$20,641/yr**  **$1,720/mo** | **$13,581** | **$6,000/yr**  **$500/mo** | **$19,581** |
| **●Santa Barbara ● Santa Cruz** | **$21,623/yr**  **$1,802/mo** | **$14,072** | **$6,000/yr**  **$500/mo** | **$20,072** |
| **●Alameda ●Contra Costa ●Marin ●San Francisco ●San Mateo ●Santa Clara** | **$24,119/yr**  **$2,009/mo** | **$15,314** | **$6,000/yr**  **$500/mo** | **$21,314** |

**Cash Match Invoicing**

The CAP Center invoices partner agencies on a quarterly basis, based on the start date of the AmeriCorps VISTA program, with the first invoice being due 30-days prior to the start date. All other invoices are payable on a net-30 basis.

**R.I.S.E. VISTA**

R.I.S.E. VISTAs will provide to low-income parents and their children access to health services, economic supports, developmental and education skills through Community based Family Resource Centers (‘FRC’s). The result will include improved heath access, social emotional development, as well as literacy and numeracy skills that prepare children to succeed in school.

**VISTA Strategy**

PCA CA’s VISTA strategy will focus on the evidence-based Two Generation approach to eliminating poverty. This approach consists of: 1) economic supports for all family members; 2) social capital for parents to promote resilience; and 3) developmental and educational opportunities for children and youth. This whole family approach, parents move to self-sufficiency, children overcome cognitive, physical, and social emotional damage, and poverty is eradicated not just for the family, but for future generations.

**VISTA Assignment Description (VAD)**

Each service site in conjunction with PCA CA will develop a VISTA Assignment Description (“VAD”) for each member. Each VAD will contain Standard and Priority performance measures. Volunteer Recruitment, Leveraged Resources (In-kind), Capacity Building, Professional Development, and VISTA Project Reporting are all standard for our program. The Priority Performance Measure is either Leveraged Resources (Cash), New Beneficiaries gaining access to services or a combination of Leveraged Resources (Cash) and New Beneficiaries gaining access to services.

**Performance Measures**

VISTA members will engage in agency and community capacity building activities to increase the effectiveness and efficiency of host sites. All members will contribute to one or more of the following outcomes: cash resources leveraged, in-kind resources leveraged, new number of beneficiaries that received services as a result of capacity building efforts and/or new number of beneficiaries from a targeted or underserved population that received services as a result of capacity building efforts.

**Standard Performance Measures**

Each VISTA member will strive to achieve ***all*** of the following standardized goals over the course of their term:

* A Minimum of 10 Community Volunteers recruited who will provide 40 hours of volunteer service.
* A Minimum of $1,500 of in-kind resources leveraged

**Priority Performance Measures**

Each VISTA member will strive to achieve ***at least*** ***one*** of the following standardized goals over the course of their term:

* A minimum of $10,000 of cash resources leveraged
* A minimum of 100 beneficiaries who have gained access to services as a result of the VISTA’s Capacity Building efforts.
* A minimum of $5,000 of cash resources leveraged AND 50 beneficiaries who gained access to services as a result of the VISTAs Capacity Building efforts.

**R.I.S.E. VISTA**

**FY 2019/2020 APPLICATION**

|  |  |  |
| --- | --- | --- |
| **1. CONTACT INFORMATION** | | |
| Legal Name of Agency (Must match DUNS): | **[LEGAL NAME OF AGENCY (MUST MATCH DUNS)]** | |
| DUNS Number: | **[DUNS NUMBER]** | |
| Street Address: | **[STREET ADDRESS]** | |
| City: | **[CITY]** | |
| County: | **[COUNTY]** | |
| State: | **[STATE]** | |
| Zip+4: | **[ZIP+4]** | |
| Telephone: | **[TELEPHONE]** | |
| Cell Phone: | **[CELL PHONE]** | |
| Fax: | **[FAX]** | |
| Website: | **[WEBSITE]** | |
| Type of Organization: | 501 (c)(3)  Government  Other | |
| Executive Director: | **[EXECUTIVE DIRECTOR]** | |
| Telephone: | **[TELEPHONE]** | |
| Email: | **[EMAIL]** | |
| Service Site Supervisor | **[SERVICE SITE SUPERVISOR]** | |
| Telephone: | **[TELEPHONE]** | |
| Email: | **[EMAIL]** | |
|  | | |
| **2.** **PROGRAM INFORMATION** | | |
|  | | |
| 1. Has your agency ever participated in an AmeriCorps or VISTA program with the CAP Center, or another AmeriCorps VISTA program? | | |
|  | | |
| 1. What will your AmeriCorps RISE VISTA member(s) do? (1000 characters or less)   Be specific about the activities that members will be involved in on a regular basis. Remember that VISTA’s are looking to have impact in the community and gain valuable work experience. **[ENTER INFO]** | | |
|  | | |
| 1. Give a brief two (2) line description of the project (200 characters or less)   This will be the first information that potential applicants see on the National Service Listing website. Use language that clearly defines the project and catches the eye. **[ENTER INFO]** | | |
|  | | |
| 1. Enter a more in-depth description of the project (2000 characters or less)   Clearly identify the location, impact and intention of the project. Over-complicated descriptions may not be well understood. **[ENTER INFO]** | | |
|  | | |
| 1. Language Requirement:   If your VISTA needs to bilingual or bi-literate, indicate which language and level of proficiency required. VISTAs are indirect service providers, language isn’t always necessary for their service **[ENTER INFO]** | | |
|  | | |
| 1. What benefits will your site offer? Housing Allowance  Mileage | | |
|  | | |
| 1. What is your organizations Mission statement? **[ENTER INFO]** | | |
|  | | |
| **3. VOLUNTEER ASSIGNMENT DESCRIPTION (VAD):** Each member will be responsible for the following performance measures during their year. | | |
| **Volunteer Recruitment**  A minimum of 10 community Volunteers will be recruited and provide 40 hours of Volunteer service | | |
| **Leveraged Resources (in-kind)**  A minimum of $1,500 of in-kind goods and services will be leveraged | | |
|  | | |
| R.I.S.E. VISTA members focus on one of two primary performance measures: Leveraging Resources (Cash) or increasing access to services.  **Please choose an additional option below for the VISTA Member to be responsible for:** | | |
| Option A:   **Leveraged resources (Cash)**  A minimum of $10,000 of Cash Resources will be leveraged | | |
| Option B:   **Scale/Reach (Beneficiaries gaining access to services)**  100 new beneficiaries will gain access to services | | |
| Option C:  **Leveraged Resources (Cash)**  A minimum of $5,000 of Cash Resources will be leveraged  **AND**  **Scale/Reach (Beneficiaries gaining access to services)**  50 new beneficiaries will gain access to services | | |
|  | | |
| **4. FISCAL INFORMATION** | |
| a. Fiscal Agency Name (if different): **[FISCAL AGENCY NAME (IF DIFFERENT)]** | |
| b. Fiscal Contact/Title: **[FISCAL CONTACT] /** **[TITLE]** | |
| c. Street Address: **[STREET ADDRESS]** | |
| d. City: **[CITY]** | |
| e. State: **[STATE]** | |
| f. Zip+4: **[ZIP+4]** | |
| g. Telephone: **[TELEPHONE]** | |
| h. Cell Phone: **[CELL PHONE]** | |
| i. Email: **[EMAIL]** | |
| j. Fiscal year start:  Fiscal year end: | |
| k. Has your match contribution been secured, or is it contingent upon receipt of a grant or other funding? Secured  Contingent | |
|  | |

**R.I.S.E. VISTA**

**FY 2019/2020 APPLICATION**

**SUPPORTING DOCUMENTATION CHECKLIST**

Please submit copies of the following documents with your application. If you are not attaching one or more of the listed documents, you must submit a written explanation of the omission. Applications submitted without the listed documents, or without written explanations of the omission will automatically be disqualified.

Electronic copy of your agency’s financials, including either:

Financial audits for the past two fiscal years (A133 if applicable)

OR (if the most recent fiscal audit has not yet been completed)

1 Recent Financial Audit

**AND**

Balance Sheet AND Profit & Loss Statement for the Fiscal Year in which the Audit has not yet been completed.

Organizational Chart

Résumés for Individual(s) who will be directly supervising the VISTA Member(s)

Job Description for Individual(s) who will be directly supervising the VISTA Member(s)

DO NOT submit any material not specifically requested, such as: Annual Reports, brochures, videos, etc. These materials will not be considered in the selection process, and will not be returned.

**R.I.S.E. VISTA**

**FY 2019/2020 APPLICATION**

**ATTACHMENT 1**

**SERVICE SITE CLOSURE SCHEDULE**

|  |  |
| --- | --- |
| Legal Name of Agency: | **[LEGAL NAME OF AGENCY]** |
| Street: | **[STREET]** |
| City, State, Zip: | **[CITY, STATE, ZIP]** |

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY FOR EACH OF YOUR SERVICE SITES**

|  |  |
| --- | --- |
| Name of Service Site: | **[NAME OF SERVICE SITE]** |
| Street: | **[STREET]** |
| City, State, Zip: | **[CITY, STATE, ZIP]** |
| Number of AmeriCorps VISTA Members who will serve at this site: | **[# OF AMERICORPS VISTA MEMBERS]** |

**CLOSURE SCHEDULE**

|  |  |  |
| --- | --- | --- |
| **Month:** | **Date(s) of Closure:** | **Explanation:** |
| March 2019 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| April 2019 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| May 2019 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| June 2019 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| July 2019 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| August 2019 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| September 2019 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| October 2019 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| November 2019 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| December 2019 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| January 2020 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| February 2020 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| March 2020 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |
| April 2020 | **[ENTER DATE(S)]** | **[EXPLANATION(S)]** |

**R.I.S.E. VISTA**

**FY 2019/2020 APPLICATION**

**ATTACHMENT 2**

**MATCHING FUNDS REPORT AND CERTIFICATION**

|  |  |
| --- | --- |
| Legal Name of Agency: | **[LEGAL NAME OF AGENCY]** |
| Street: | **[STREET]** |
| City, State, Zip: | **[CITY, STATE, ZIP]** |

|  |  |
| --- | --- |
| **1. NON-FEDERAL CASH MATCH CONTRIBUTION:** Please indicate below the various grants by name, funding sources by name, and amounts of non-federal cash match that your agency will contribute toward R.I.S.E. VISTA: | |
| **Source** | **Amount** |
| **[SOURCE]** | **$X,XXX.XX** |
| **[SOURCE]** | **$X,XXX.XX** |
| **[SOURCE]** | **$X,XXX.XX** |
| **[SOURCE]** | **$X,XXX.XX** |
| **[SOURCE]** | **$X,XXX.XX** |
| **Total:** | **$X,XXX.XX** |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. FEDERAL MATCH CONTRIBUTION (NON-CNCS):** Please indicate below the various sources and amounts of FEDERAL FUNDS that your agency will contribute toward R.I.S.E. VISTA as match. FEDERAL FUNDS may only be used as match to AmeriCorps VISTA programs if a) authorized by statute, or b) approved in writing by the federal agency granting the funds. For each entry below, you must submit evidence that the funds are authorized by statute as match, or the written approval of the federal agency granting the funds. | | | |
| **Name Of Federal Agency** | **Grant or Contract Number** | **CFDA or “N/A” if Contract** | **Amount** |
| **[NAME OF FEDERAL AGENCY]** | **[GRANT OR CONTRACT #]** | **[CFDA # OR "N/A"]** | **$X,XXX.XX** |
| **[NAME OF FEDERAL AGENCY]** | **[GRANT OR CONTRACT #]** | **[CFDA # OR "N/A"]** | **$X,XXX.XX** |
| **[NAME OF FEDERAL AGENCY]** | **[GRANT OR CONTRACT #]** | **[CFDA # OR "N/A"]** | **$X,XXX.XX** |
| **Total** | | | **$X,XXX.XX** |

|  |  |  |
| --- | --- | --- |
| **3. Certification:** I certify to the best of my knowledge and belief that this report is correct and complete. | | |
|  |  |  |
| **[AUTHORIZED CERTIFYING OFFICIAL]** |  |  |
| Authorized Certifying Official |  | Signature/Date |

|  |  |
| --- | --- |
| **SIGNATURES OF APPROVAL:** |  |
|  |  |
|  |  |
| Executive Director | Date |
|  |  |
|  |  |
|  |  |
| Finance Director | Date |
|  |  |
|  |  |
|  |  |
| President/Chairperson, Board of Directors | Date |