



CITY OF MOUNTAIN VIEW

2018 COMMUNITY FOR ALL GRANT PROGRAM APPLICATION FOR FUNDS

RECEIVED

SEP - 5 2018

CITY MANAGER

SECTION 1: ORGANIZATION INFORMATION

Organization: Community Services Agecny (CSA)

Address: 204 Stierlin Rd. Mountain View, CA 94043

Phone Number: (650) 968-0836

Website URL: www.csacares.org

E-mail: _____

Project Lead Name: Nicole Fargo Nosich

Project Lead Title: Associate Director

Project Lead E-mail: nfargonosich@csacares.org

Project Lead Phone: (650) 968-0836 x112

Federal Tax ID (if your program is fiscally sponsored, enter the tax ID of your sponsoring organization): 94-1422465

If your program is fiscally sponsored, please enter the name of the sponsoring 501(c)(3):

Organization: _____

Address: _____

Contact Person's Name: _____

Title: _____

Website URL: _____

E-mail: _____

Phone Number: (_____) _____

Organizational Background

Year Founded: 1957

Mission: Provide critical support services that preserve and promote stability, self-reliance and dignity

Geographic Focus: Mountain View, Los Altos and Los Altos Hills

Current number of Paid Full-Time (30+ hours/week) Staff Members: 25

Current number of Paid Part-Time (less than 30 hours) Staff Members: 6

SECTION 2: PROJECT/PROGRAM/EVENT DESCRIPTION

1. Name of project/program/event

Community Navigators Program

2. Please provide a brief summary of the project/program/event to be funded by the grant.

This program will train community leaders to use their trusted insider status and understanding of their own communities to help their neighbors navigate the social services network in the areas of immigration, domestic violence and tenant rights.

3. What is the need or the issue that you are addressing with this grant?

Individuals/families who are low income and/or immigrants dealing with major stressors (e.g. domestic violence). These communities are often afraid of institutions and isolate themselves. CSA wants to empower these communities to access services.

4. Who will be served by this grant?

a) Number of individuals total: 300

b) Number of Mountain View residents: 200

c) Particular community groups: Immigrant, domestic violence, low-income tenants

5. What other similar project/program/event exists to serve Mountain View residents? How is your proposed project/program/event unique from similar projects/programs/events?

There are faith based communities and schools working to educate people in need and connect them to services. By having a dedicated CSA staff member train trusted community leaders to be Navigators in their communities, more people will be helped.

6. Will you collaborate with other organizations to deliver the project/program/event funded by this grant? If so, which organizations and how?

CSA is collaborating with many organizations and groups within Mountain View such as faith congregations, school districts, neighborhood associations etc. so we have a diverse network already in place.

7. This grant will fund a(n):



Existing project/program/event; established in 2018 (year)



New project/program/event

8. Date(s) and/or duration of project/program/event July 2018 - July 2019

SECTION 3: PROJECT/PROGRAM/EVENT BUDGET

1. Amount of funds requested: \$ 10,000
Grants are limited to no more than \$10,000 per group/organization.
2. Please provide a copy of the budget of the specific project/program/event to which this grant will be applied.
3. Indicate what percentage of the project/program/event budget will be covered by this grant and other sources of funding, if any.
Funding will cover 100% of training supplies and small equipment that are not fully covered by the existing grant. Funds will be used for facilities, promotional material etc.
4. If this is an ongoing project/program/event, how will you sustain it for the long-term?
The Navigator Program has been granted one year pilot funding from Santa Clara County. Meeting our metrics will demonstrate the value of services, and we will apply for contract renewal next year.
5. Will you be charging any fees for this project/program/event? If yes, briefly describe.
No one will be charged for the program.

SECTION 4: METRICS AND OUTCOMES

1. Briefly describe 2-3 metrics and/or outcomes that you will use to measure the success of this grant.
 - a. Outcome 1 Provide outreach and one-on-ones to 50 potential navigators
 - b. Outcome 2 Train and certify 10 navigators
 - c. Outcome 3 Core navigators educate 300 community members about services

SECTION 5: ADDITIONAL INFORMATION TO SUBMIT

1. IRS Determination Letter
2. Organization's budget for current fiscal year
3. Audited or Reviewed Income Statement and Balance Sheet for the last completed fiscal year
4. IRS 990

5. List of Board members and their affiliation
6. City of Mountain View business license
7. Proof of Insurance
8. If you are fiscally sponsored by a 501(c)(3), please provide a signed letter from a representative of that nonprofit. The letter should contain the following:
 - a. A statement that this organization is currently fiscally sponsoring your program and will continue to do so during the period that you would be using Community for All grant funds
 - b. City of Mountain View business license
 - c. Proof of Insurance
 - d. The organization's EIN number
 - e. The organization's contact information
 - f. The name, title, and contact information of the person authorizing the fiscal sponsorship.

Agency Name: Community Service Agency of Mountain View, Los Altos, and Los Altos Hills
Contract Period: September 15, 2018- June 30, 2019
Project Name: EAN Community Resources Navigator Pilot Program

| A | B | C | D |
|----------------------------------|--|--------------------|-----------------|
| Source of Funds | FY18-19 Amount | % of Total Funding | Commitment Code |
| Social Services Agency (SSA)* | \$ 82,500 | 100% | 1 |
| Other Funding Sources: | | | |
| | \$ - | 0% | |
| Total Funding Resources** | \$ 82,500 | 100% | |
| Commitment Code | | | |
| 1 | Firm Commitment-Already have an agreement or letter confirming funding | | |
| 2 | Anticipated Renewal of Existing Funding-Continuation of current year funding | | |
| 3 | Anticipated Resource-Projection of previous fees or donations | | |
| 4 | Application Pending-Application has been submitted, no confirmation at this time | | |
| 5 | Pre-Application-Not yet submitted and expect funding | | |

* The SSA line in FY 18-19 Amount, Column "B" should equal the Grand Total of Column "B" in the Budget Detail.

** The Total Funding Resources in Column "B" should equal the Grand Total of Column "D" in the Budget Detail.

