



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

IMMIGRATION BRANCH
IMMIGRATION SERVICES FUNDING

STATE FISCAL YEAR 2016-17
APPLICATION

COVER SHEET

| | |
|-----------------------|--|
| Date: | |
| Organization: | |
| Address: | |
| Phone: | |
| Fax: | |
| Web Address: | |
| Contact: | |
| Title: | |
| Email: | |
| Contact Phone: | |

| | |
|--|--|
| Fed EIN: | |
| Tax Exempt Status | <input type="checkbox"/> 501(c)(3) or <input type="checkbox"/> 501(c)(5) |
| Year Incorporated: | |
| Date of Last Annual Audit: | |
| Annual Operating Budget: | \$ |
| Proposed Budget: | \$ |
| Duration of Standard Agreement: | 01/01/2017 – 12/31/2017 |

SERVICE CATEGORY

Please check one or more of the following service categories for which you are applying for Immigration Services Funding.

- Application Assistance-Deferred Action for Childhood Arrivals (DACA)/other immigration remedies
- Application Assistance-Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA)/other immigration remedies
- Application Assistance-Naturalization
- Legal Training and Technical Assistance
- Education and Outreach

APPLICATION CHECKLIST

Use the following checklist to ensure that all documents and forms necessary to respond to this Request for Application (RFA) have been included. Submit a copy of this checklist as the second page of your application as indicated below. All documents, unless otherwise specified, are required for an application to be considered complete. Incomplete applications may not be accepted.

| | | |
|--------------------------|------------|--|
| <input type="checkbox"/> | 1. | Cover Sheet |
| <input type="checkbox"/> | 2. | Application Checklist (this page) |
| <input type="checkbox"/> | 3. | Application Form (Attachment A): Includes Application Narrative, Qualifications and Relevant Experience, Service Categories, and Budget, with all sections accurately and fully completed. |
| <input type="checkbox"/> | 4. | Financial Statement: Each applicant must submit a scanned copy of the most recent and complete audited annual financial statement (within the past 12 months). |
| <input type="checkbox"/> | 5. | Grant/Project Budget: Each applicant must submit a grant/project budget for the requested funding amount for this program. |
| <input type="checkbox"/> | 6. | Insurance Certificate: Each applicant must provide proof of insurance coverage that meets the Department's insurance requirements as described in Standard Agreement, Exhibit E. |
| <input type="checkbox"/> | 7. | Proof of 501(c)(3) or 501(c)(5) Status |
| <input type="checkbox"/> | 8. | Proof of legal business status from the California Secretary of State http://www.sos.ca.gov/business-programs/business-entities/ |
| <input type="checkbox"/> | 9. | <ul style="list-style-type: none"> • Proof of recognition and accreditation from the Board of Immigration Appeals under the U.S. Department of Justice's Executive Office for Immigration Review <u>OR</u> • Proof the nonprofit organization meets the requirements to receive funding from the Trust Fund Program administered by the State Bar of California. Information on the Trust Fund Program may be found at the following link: http://www.calbar.ca.gov/Attorneys/MemberServices/IOLTA.aspx |
| <input type="checkbox"/> | 10. | STD. 204 Payee Data Record: Each application must include a completed signed STD. 204 Payee Data Record. |
| <input type="checkbox"/> | 11. | Self-Assurance Form (Attachment B): Each application must include a signed copy of Attachment B. |
| <input type="checkbox"/> | 12. | Applicant Reference Form (Attachment C): Each application must complete the Applicant Reference Form (Attachment C) and provide references from three (3) institutions or agencies for which the applicant provides or has provided comparable services or collaborated with that include a valid email address and contact phone number for each reference. |
| <input type="checkbox"/> | 13. | Proposed Subcontractors (Application Page 23): A list of all proposed subcontractors, proposed services to be provided by the subcontractors, and information about the number of BIA accredited representatives and/or attorneys employed by each subcontractor. |

**APPLICATION FORM
IMMIGRATION SERVICES FUNDING
STATE FISCAL YEAR 2016-17**

Please complete Questions #1-3 with the requested information.

Question #1

REGIONS AND COUNTIES

- **Northern California** (Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity)
- **Bay Area** (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma)
- **Central Valley** (Fresno, Kern, Kings, Madera, Mariposa, Merced, Mono, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare, Tuolumne, Yolo, Yuba)
- **Central Coast** (Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz)
- **Greater Los Angeles / Orange County** (Los Angeles, Orange, Ventura)
- **Inland Empire** (Inyo, Riverside, San Bernardino)
- **San Diego** (Imperial, San Diego)

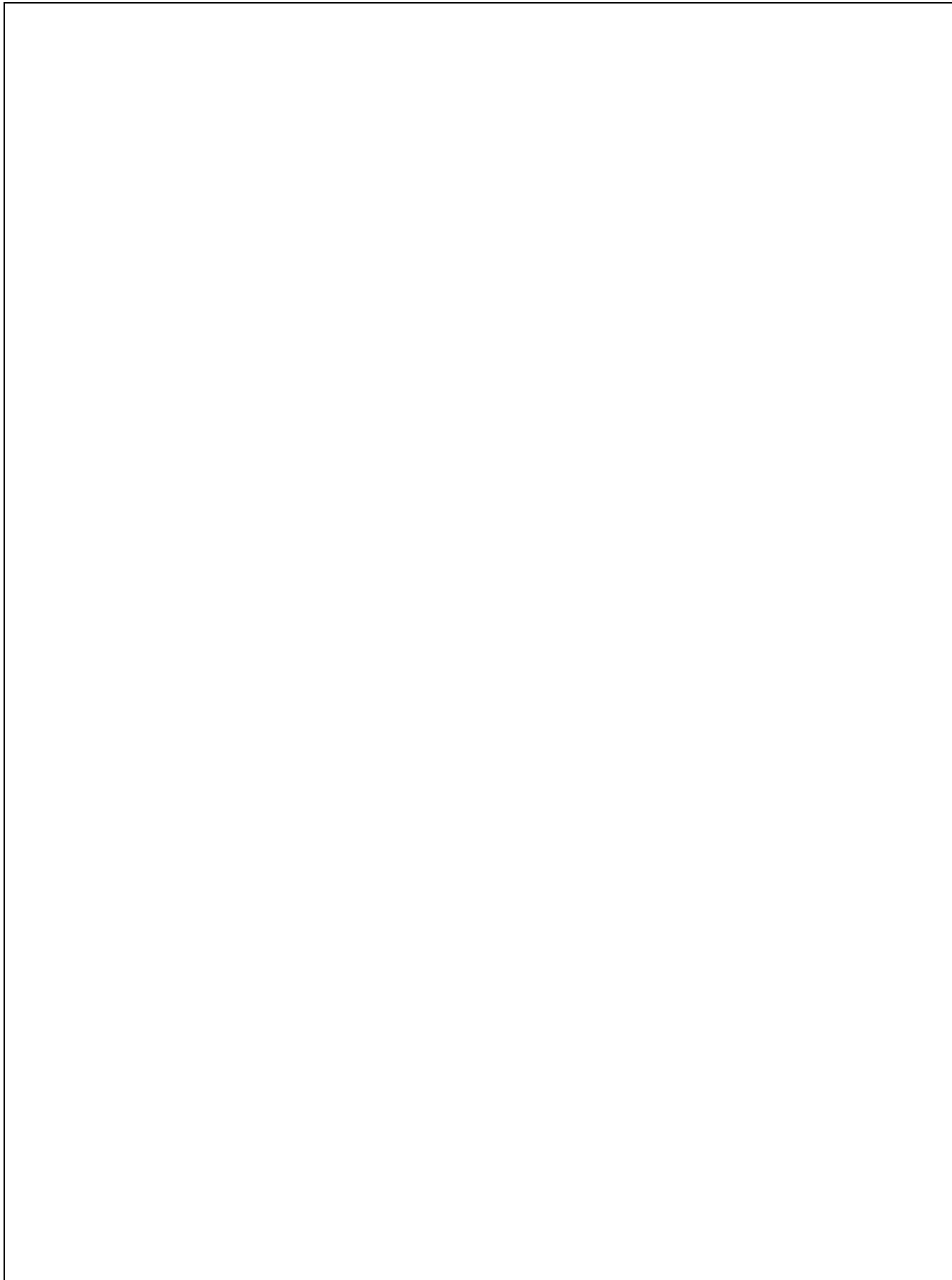
Specify the targeted regions and counties the applicant intends to serve.

Question #2

TARGET POPULATIONS (Not applicable to Legal Training and Technical Assistance)

Provide an answer for each service category to which you are applying.

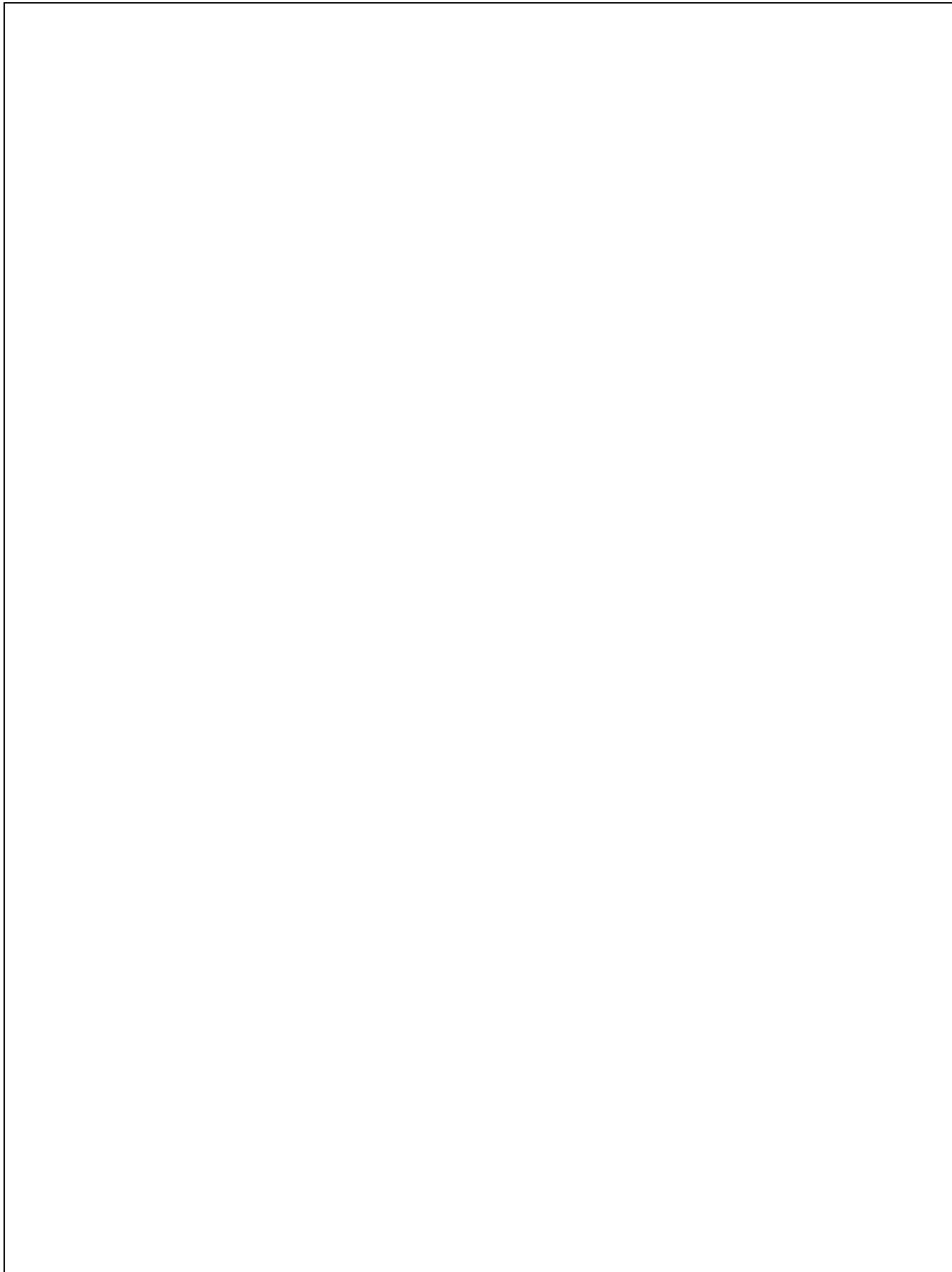
- A. Describe the target population(s) to whom the services will be provided including low-income, hard-to-reach, and underserved populations.
- B. Provide available data on eligible immigrant populations used to determine service categories as described in Question #2.A.
- C. For each target population described, provide a description of the barriers they encounter.
- D. Describe the applicant's experience providing services and/or education and outreach to the target population. Please describe any unique strategies or best practices employed by the applicant.



Question #3

LANGUAGE

- A. List the primary languages of staff and/or ability to provide language services to the target populations in Question #2.
- B. Describe how the applicant will serve the linguistic and cultural needs of the immigrant population it intends to serve.
- C. Describe any training opportunities provided to staff to create capacity to deliver linguistic and culturally competent services.



APPLICATION NARRATIVE

In the section below, please provide information that pertains only to the service categories for which the applicant is seeking funding.

Question #4

APPLICATION OVERVIEW

- A. Describe applicant's nonprofit organization.
- B. Describe how many years the applicant has been in business under present or prior names.
- C. Describe how the applicant will reach and serve low-income, hard-to-reach and/or underserved communities to help immigrant applicants obtain services.



Question #5

CAPACITY

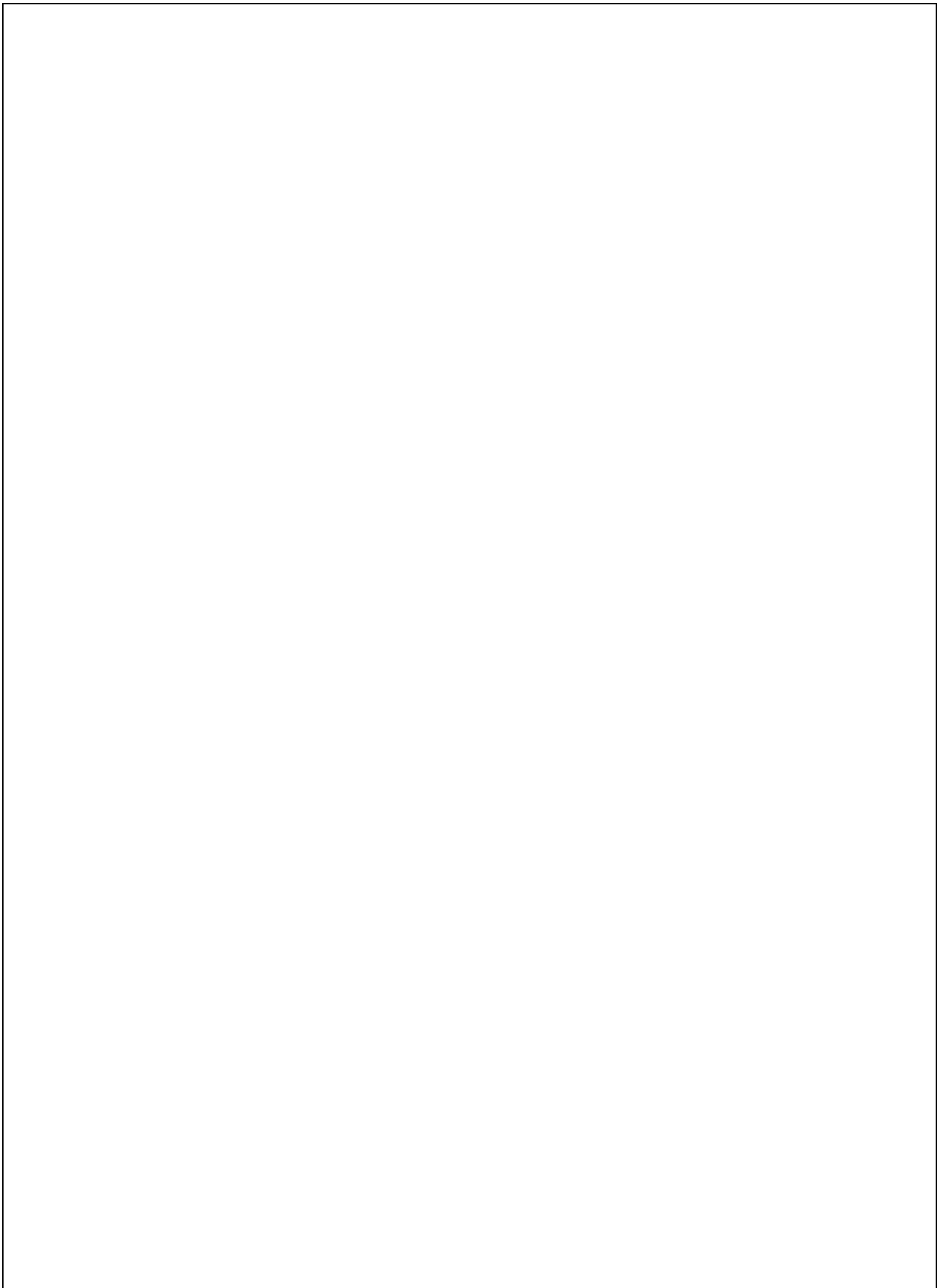
- A. List the attorneys and/or BIA representatives the applicant has on staff to serve the intended number of immigrants, communities and counties as described in Question #2.
- B. Describe how the applicant will meet service goals outlined in the application and within the Standard Agreement term.
- C. If the applicant is implementing DACA, DAPA, or Naturalization application services for the first time, provide an implementation plan.
- D. Describe how the applicant will manage the administrative requirements of the Standard Agreement, including but not limited to, timely reporting on service data and deliverables.
- E. Describe how the applicant will ensure quality control through practices and procedures used to manage the project, including a description of staff and case supervision policies and practices.
- F. *If applicable*, describe how the applicant will manage administrative requirements and ensure quality control of services provided by subcontractors.



Question #6

QUALIFICATIONS AND ROLES OF STAFF

- A. Provide a brief biography on the applicant's project staff detailing the experience to provide the proposed services. *Include each attorney's State Bar license number and/or BIA accreditation of BIA accredited staff.*
- B. Describe the role that each staff member will have in providing outreach or case-related services, supervising outreach, supervising casework or administering the grant.
- C. Identify how much time each staff member will devote to the immigration project.



Question #8

COLLABORATION

Identify any existing partnerships or collaboration and describe how the applicant collaborates with other service providers and leverages partnerships to expand services to assist immigrant communities.

In the chart below, explain the applicant’s Application Assistance - DACA service goals and timeline:

| Activity | DACA Quarterly Deliverables (# of cases per quarter) | | | | Total Cases |
|----------------------------|--|-----|-----|-----|-------------|
| | 1st | 2nd | 3rd | 4th | |
| Simple Case | | | | | |
| Complex Case | | | | | |
| Other Immigration Remedies | | | | | |

APPLICATION ASSISTANCE - DAPA

Provide a response if an applicant intends to provide Application Assistance for DAPA services.

- A. Describe the applicant’s prior experience providing DAPA screening services, including the number of years of experience.
- B. Describe the specific outcomes achieved.
- C. Describe the number of submitted applications for other immigration remedies that could benefit potentially-eligible DAPA populations.
- D. Describe the methods and strategies to provide DAPA services.

In the chart below, explain the applicant’s Application Assistance - DAPA service goals and timeline:

| Activity | DAPA Quarterly Deliverables (# of cases per quarter) | | | | |
|--|--|-----|-----|-----|-------------|
| | 1st | 2nd | 3rd | 4th | Total Cases |
| Simple Case (limited services, see RFA page 6) | | | | | |
| Complex Case (Other Immigration Remedies) | | | | | |

APPLICATION ASSISTANCE – NATURALIZATION

Provide a response if an applicant intends to provide Application Assistance for naturalization services.

- A. Describe applicant’s prior experience providing application assistance and representation in naturalization cases, including the number of years of experience.
- B. Describe the specific outcomes achieved.
- C. Describe the number of submitted naturalization applications to date.
- D. Describe the methods and strategies to provide naturalization services, including the applicant’s strategy to prepare applicant’s for the naturalization exam.
- E. Describe any experience the applicant has assisting naturalization applicants overcome English language proficiency barriers, including any partnerships or collaborations with adult education, community colleges, or other educational programs.

In the chart below, explain the applicant’s Application Assistance -Naturalization service goals and timeline:

| Activity | Naturalization Quarterly Deliverables (# of cases per quarter) | | | | Total Cases |
|--------------|--|-----|-----|-----|-------------|
| | 1st | 2nd | 3rd | 4th | |
| Simple Case | | | | | |
| Complex Case | | | | | |

LEGAL TRAINING AND TECHNICAL ASSISTANCE

Provide a response if an applicant intends to provide Legal Training and Technical Assistance (LTTA) services.

- A. Describe the applicant's prior experience conducting immigration legal services and technical assistance, including the number of years of experience.
- B. Describe specific and relevant metrics used to measure success.
- C. Describe the methods and strategies to provide LTTA services.

In the chart below, explain the applicant's LTTA service goals and timeline:

| Activity | LTTA Quarterly Deliverables (# of activities per quarter) | | | | Total # of Activities |
|--|---|-----|-----|-----|-----------------------|
| | 1st | 2nd | 3rd | 4th | |
| Webinars | | | | | |
| In-Person Trainings | | | | | |
| Consultations From Contractor (in hours) | | | | | |
| Materials or Practice Advisories | | | | | |

EDUCATION AND OUTREACH

Provide a response if an applicant intends to provide Education and Outreach (E&O) services.

- A. Describe the applicant's prior experience providing E&O to low-income, underserved and hard-to-reach immigrant communities, including the number of years of experience.
- B. Describe the methods and strategies to provide E&O services (explain, promote, and refer).
- C. Describe the applicant's system and process for referrals and how the applicant collaborates with legal service professionals.
- D. Describe the number of individuals referred to legal service professionals or the number of participants in community education events.
- E. Describe relevant outcomes achieved.
- F. Describe the applicant's prior experience connecting immigrants to ESL and/or civics classes or with workforce training opportunities.

In the chart below, explain the applicant’s service goals and timeline:

| | E&O Quarterly Deliverables (# of people reached) | | | | |
|--|---|------------|------------|------------|----------------------------------|
| Activity | 1st | 2nd | 3rd | 4th | Total # of People Reached |
| Education and Outreach Activities | | | | | |

PROPOSED REIMBURSEMENT COST SUMMARY

Please complete the budget table below using the rates on page 10 of the RFA to determine the proposed reimbursement request for the Standard Agreement term. Under “deliverables,” enter the “total” of quarterly deliverables from each service category the applicant is applying for on pages 25-29. Enter “0” for services the applicant is not requesting funding.

| Service Type | Deliverables | Rate | Total (Deliverables X Rate = Total) |
|--|--------------------------------------|-------------------------|---|
| A. Application Assistance – DACA i. Simple Case | i. | \$350/per case | \$ |
| | ii. Complex Case | \$500/per case | \$ |
| | iii. Other Immigration Remedies | \$2,000/per case | \$ |
| B. Application Assistance – DAPA i. Simple Case (limited services, see RFA page 6) | i. | \$150/per case | \$ |
| | ii. Other Immigration Remedies | \$2,000/per case | \$ |
| C. Application Assistance – Naturalization i. Simple Case | i. | \$300/ per case | \$ |
| | ii. Complex Case | \$450/per case | \$ |
| D. Legal Training and Technical Assistance i. In-Person Community Trainings | i. | \$5,000/per activity | \$ |
| | ii. Webinars | \$2,500/per activity | \$ |
| | iii. Consultations From Contractor | \$150/per hour | \$ |
| | iv. Materials or Practice Advisories | \$5,000/per activity | \$ |
| E. Education and Outreach i. Number of People Reached | i. | \$20/per person reached | \$ |
| TOTAL PROPOSED REIMBURSEMENT REQUEST | | | \$ |

In-Kind Support the Applicant will provide

\$ _____

Describe the type of In-Kind Support Provided (e.g. grants, pro bono attorneys, volunteers):



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ATTACHMENT B

**IMMIGRATION BRANCH
IMMIGRATION SERVICE FUNDING
SELF-ASSURANCE FORM**

In order to receive funding and provide services under the Immigration Services Funding, I certify that my organization meets the following criteria:

- Contractor is accredited by the Board of Immigration Appeals under the United States Department of Justice’s Executive Office for Immigration Review (**Documentation Required**)

OR

- Contractor meets the requirements to receive funding from the Trust Fund Program administered by the State Bar of California (**Documentation Required if Available**)

(see the State Bar’s website for information on the Trust Fund Program at the following link: <http://www.calbar.ca.gov/Attorneys/MemberServices/IOLTA.aspx>)

OR

- Both of the above

OR

- Not Applicable (Education and Outreach only)

Authorized Official Signature

Date

Print Name

Title

Phone Number

Email Address

Organization

Address

ATTACHMENT C

APPLICANT REFERENCE FORM

Applicant/Organization Name: _____

Submission of this attachment is mandatory. Failure to complete and return this attachment with your application will cause your bid to be rejected and deemed nonresponsive.

List below three organizations that can provide a reference for services performed by the applicant within the last five (5) years, which are similar to the scope of work to be performed in this contract.

| REFERENCE 1 | | | |
|---|------|---|----------|
| Name of Firm | | | |
| Street Address | City | State | Zip Code |
| Contact Person | | Telephone Number | |
| Dates of Service | | Value or Cost of Service, if applicable | |
| Email Address | | | |
| Brief Description of Service Provided or Collaboration: | | | |

| REFERENCE 2 | | | |
|---|------|---|----------|
| Name of Firm | | | |
| Street Address | City | State | Zip Code |
| Contact Person | | Telephone Number | |
| Dates of Service | | Value or Cost of Service, if applicable | |
| Email Address | | | |
| Brief Description of Service Provided or Collaboration: | | | |

| REFERENCE 3 | | | |
|---|------|---|----------|
| Name of Firm | | | |
| Street Address | City | State | Zip Code |
| Contact Person | | Telephone Number | |
| Dates of Service | | Value or Cost of Service, if applicable | |
| Email Address | | | |
| Brief Description of Service Provided or Collaboration: | | | |