



# The Harvard Allston Partnership Fund

## REQUEST FOR PROPOSALS

**ISSUE DATE:** September 30, 2016

**INFORMATION DROP-IN SESSIONS:**

October 6, 2016, 6:00-7:00 p.m.

October 12, 2016, 6:00-7:00 p.m.

Harvard Allston Education Portal, 224 Western Avenue

**DUE DATE:** October 31, 2016 at **5PM Sharp**  
Harvard Allston Partnership Fund Advisory Committee  
224 Western Avenue  
Allston, MA 02134

**LATE SUBMISSIONS ARE NOT ELIGIBLE FOR FUNDING**

**INQUIRIES TO:** [hapfund@gmail.com](mailto:hapfund@gmail.com)

## Harvard Allston Partnership Fund

### I. BACKGROUND

The Harvard Allston Partnership Fund (“the Fund”) is administered by the Harvard University 28 Travis Street Cooperation Agreement, which was signed by Harvard and the Boston Redevelopment Authority (“BRA”) on January 2, 2013.

The Fund is governed by the Harvard Allston Partnership Fund Advisory Committee (“the Committee”). It is composed of eight voting community members and four non-voting *ex officio* members.

The voting members are residents of North Allston/ Brighton who are appointed by the Mayor and include:

- representatives nominated by state representatives from North Allston/Brighton and by the Allston-Brighton City Councilor
- at least one representative from the Harvard Allston Task Force

The non-voting members include:

- Two representatives from the City of Boston
- Two representatives of Harvard University

### II. PURPOSE OF THE FUND

The Fund was established to provide grants, pursuant to an annual public process, to non-profit organizations and community groups that will result in a measurable impact on the North Allston/Brighton community.

**The impact area of North Allston/Brighton, is bounded by the Massachusetts Turnpike, Soldiers Field Road, Western Avenue and Market Street.**

Grants are intended to address community needs that may include:

- Neighborhood improvement projects in a visible location within the impact area
- Sustainable cultural enrichment programs in the impact area
- Sustainable educational programs, including, but not limited to public health education programs, initiated by the North Allston/Brighton community

Grants will support specific programs, projects or activities that fulfill the purpose of the Fund as defined by the Cooperation Agreement. Funding priorities include:

1. New programs or services,
2. Expansion of current programs,
3. Expanded access to existing programs for residents, and
4. Sustaining high impact programs and services delivered in the impact area. Grants can also include the cost of program supplies, furnishings and equipment.

The Fund will not pay for indirect costs.

Grants will not be awarded to individuals.

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### III. FUNDS AVAILABLE

A total of \$100,000 is available. The maximum grant amount is \$25,000. Small grants up to \$5000 are also available.

An organization can only submit one application in response to this RFP.

If, in any year, the Committee decides that the total number of qualifying applications will expend less than \$100,000, any unused funds will remain in the Fund for distribution in a later year. All funds will be obligated by December 31, 2016. Any fund balances will be appropriately invested by the Boston Redevelopment Authority in an FDIC-insured institution.

### IV. ELIGIBLE APPLICANTS

Funding is available to non-profit, 501(c)3 organizations and community groups in good standing that:

- Serve the North Allston/Brighton community defined on page 1 as the impact area
- Have been an established non-profit organization or community group for the previous three years
- Demonstrate sound financial condition, reporting, and controls
- Demonstrate the ability to execute the proposed project or program

Priority consideration will be given to organizations and community groups located in the impact area.

If a group or organization cannot demonstrate its financial condition or organizational capacity over the past three calendar years, or is a newly formed organization, it is eligible to submit a proposal only under the written fiscal sponsorship of an existing 501(c)3 non-profit organization that meets the eligibility requirements. The sponsor's letter must include a description of its organizational history and purpose, and describe how it would manage a grant from the Fund.

As of Round 2, eligible applicants must demonstrate successful completion of, or satisfactory progress on, work described in all previous grant awards. See page 10 for more details.

The Committee reserves the right to add, remove or change any of these criteria at any time.

### V. APPLICATION PROCESS

All applicants must submit 1 hard copy and 1 electronic copy to the Harvard Allston Partnership Fund Advisory Committee by or before the **5 PM deadline on October 31, 2016**.

Drop in information sessions will be held on October 6, 2016 from 6:00 to 7:00 pm, and October 12, 2016 from 6:00 to 7:00 p m at the Harvard Education Portal at 224 Western Avenue in Allston. **It is in your best interest to attend either of the Information Sessions, and to pose questions regarding the application process.** Assistance is also available throughout the

## Harvard Allston Partnership Fund

application period via email: [hapfund@gmail.com](mailto:hapfund@gmail.com).

**Requests for \$5,000 or less** will require the short form application and supporting attachments listed on page 5. The questions and responses may be copied onto your own letterhead.

**Requests over \$5,000** will require the Proposal Cover Page on page 6, a detailed narrative responding to the questions on page 7, and supporting attachments as listed on pages 8, 9 and 10.

### VI. PROPOSAL FORMAT

1. Cover Sheet must be the top page of the proposal.
2. Minimum font size is Arial 11 or Times New Roman 12. Minimum margins are 1 inch: top, bottom and sides. The text may be single spaced.
3. Forms 990 and Financial Statements are to be included with the three hard copies only.
4. Include all other required attachments on the checklist.
5. Do not include flyers, brochures, press clips, support letters, cover letters or executive summaries.
6. Do not use comb binding, dividers, folders or binders.
7. Place the original proposal in its own manila folder. Label the Original application and the two copies with your organization's name.

Send an email to [hapfund@gmail.com](mailto:hapfund@gmail.com) with any questions on submitting the proposal.

**Proposals that do not provide the information as requested will be considered incomplete and non-responsive, and thus not eligible for funding.**

Email any questions regarding the application requirements to [hapfund@gmail.com](mailto:hapfund@gmail.com).

### VII. REQUIRED FINANCIAL STATEMENTS

The provisions of [M.G.L. c. 12, s. 8F](#) require organizations that have gross support and revenue of more than \$200,000 in a fiscal year to submit financial statements that are either audited, or reviewed, by an independent certified public accountant (CPA).

- An account review is sufficient for organizations with annual gross support and revenue of \$200,000 to \$500,000.
- An audit is required if an annual organization's gross support and revenue exceed \$500,000.

These are general guidelines. Specific guidance can be found on the Massachusetts Attorney General's website, under "*Information for Existing Charities*".

Organizations whose annual gross support and revenue are less than \$200,000 can submit a Treasurer's Report or a Balance Sheet to meet the requirement for annual financial statements.

## **VIII. DEADLINE**

Complete applications and proposals are to be delivered to the Harvard Allston Partnership Fund Advisory Committee, 224 Western Avenue, Allston, MA 02134.

**Complete applications and proposals must be received by or before 5:00 pm on October 31, 2016. Late submissions are not eligible for funding. The Committee will reject any submission that is not received by the deadline, and the Committee is not responsible for submissions that are lost, mis-delivered, or otherwise not received in accordance with this RFP. The Ed Portal staff will not be able to help with completion of an application.**

## **IX. REVIEW PROCESS**

Applications and proposals will be evaluated on the basis of eligibility, ability to carry out the proposed work, community benefit and impact, financial soundness, compliance with the purpose of the Fund, and adherence to the terms and intent of the Cooperation Agreement.

All submissions will be considered confidential, and their contents will not be disclosed to, or discussed with, persons outside the Committee, except to the extent that the Committee deems necessary to adequately evaluate the submissions.

The Harvard Allston Partnership Fund Advisory Committee reserves all rights to make any decision they deem necessary to accomplish the purpose of the Fund – including, without limitation, to reject any and all proposals for any reason; to seek additional information or a revised proposal, and/or to suspend, withdraw, or amend this RFP at any time and for any reason.

The Committee further reserves the right to examine all proposed activities, programs and projects for a) adherence to the terms and intent of the Cooperation Agreement, b) impact on residents of the North Allston/Brighton community, and c) sustainability.

## **X. NOTIFICATION OF FUNDING DECISIONS**

The Committee will make recommendations to the Boston Redevelopment Authority for disbursements from the fund. The BRA will issue grant contracts, disburse the funds, and monitor contract compliance. Funding decisions will be announced in December 2016. Grant Agreements will commence on January 1, 2017 and end on December 31, 2017.

Clarification of a funding decision can be requested in an email to [hapfund@gmail.com](mailto:hapfund@gmail.com).

## **XI. GRANT PERFORMANCE**

Execution of a Grant Agreement binds the grantee to a contract to perform all the services and purchase all the goods set forth in the proposal upon which the grant award is based. The Committee reserves the right to periodically monitor contract performance and compliance with the terms of the Grant Agreement.

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**HAP Fund Short Form Application for a Grant Request up to \$5,000**

Please provide an electronic copy via email to [hapfund@gmail.com](mailto:hapfund@gmail.com) of this cover sheet and grant proposal and one hard copy: of a signed cover page, narrative responses--3 pages maximum, and all attachments

Group or Organization:			
Office Address:		Address of Program/Project Site:	
Phone #:	Fax #:	Website:	
Contact Person:		Title:	
Contact Person's Email Address:			
Name of *Fiscal Sponsor (if applicable):			
References (2 people familiar with your group/organization, & proposed program/project)			
Name:	Email:	Phone#	
Name:	Email:	Phone#	
Total Estimated Program/Project Cost		Amount Requested	
1. History, mission and goals:			
2. Description of proposed program, service or activity (scope of work):			
3. Experience with this type of program, service or activity:			
4. Description of how you will measure success at the end of 12 months:			
5. Number of North Allston/Brighton residents to be served:			
6. Total cost of staff, equipment, supplies or other program expenses:			
I verify that the information provided is accurate and honest to the best of my knowledge:			
Signature		Date	
Printed Name		Title	

**Attachments Checklist**

- Grant Budget and Cost Documentation (see Page 9)
- Schedule of Events or Activities and Dates of Completion
- List of Funds Received, and Funding Requests that are Pending a Decision
- Resumes or Qualifications of Staff or Volunteers on this Project
- Grant Report Form if funded in 2015 (see page 10)
- \*501(c)3 Determination Letter and Proof of Liability Insurance
- \*Forms 990 for 2012, 2013 and 2014 (**or the 3 most recently completed fiscal years**)
- \*Audit, Account Review, Balance Sheet or Treasurer's Report for 2013, 2014, and 2015 (**or the 3 most recently-completed fiscal years**)

\*NOTE: If applying with a Fiscal Sponsor, the last 3 items are to be supplied by the sponsor, with a letter describing how it would manage a grant from the Partnership Fund.

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Please do not use comb binding, dividers, tabs, binders, flyers, brochures, support letters, or cover letters. Put each hard copy in a separate manila folder and label the original application.

**HAP Fund Proposal (Grant Request up to \$25,000)**

Please submit all of the following materials as directed:

1. Email an electronic copy of this cover sheet and the grant proposal to [hapfund@gmail.com](mailto:hapfund@gmail.com);
2. Submit one hard copies of the following:
  - a. this signed cover sheet;
  - b. narrative responses--3 pages maximum; and
  - c. all required attachments to the Harvard Allston Partnership Fund Advisory Committee, 224 Western Avenue, Allston MA 02134

<b>Group or Organization:</b>			
<b>Office Address:</b>		<b>Address of Program/Project Site:</b>	
<b>Phone #:</b>	<b>Fax #:</b>	<b>Website:</b>	
<b>Contact Person:</b>		<b>Title:</b>	
<b>Contact Person's Email Address:</b>			
<b>Name of Fiscal Sponsor (if applicable):</b>			
<b>References (2 people familiar with your group/organization, &amp; proposed program/project)</b>			
<b>Name:</b>	<b>Email:</b>	<b>Phone#</b>	
<b>Name:</b>	<b>Email:</b>	<b>Phone#</b>	
<b>Total Estimated Program/Project Cost:</b>		<b>Amount Requested:</b>	
<b>Would you like to be considered for partial funding (in the event the committee is not able to meet your full request)?</b>	<b>Yes</b>	<b>No</b>	<b>What amount?</b>
<b>Summary of Activities, Community Benefits and Impact:</b>			
I verify that the information provided is accurate and honest to the best of my knowledge:			
<b>Signature</b>		<b>Date:</b>	

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Printed Name	Title:
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**I. Proposal Narrative for Grant Applications up to \$25,000**

Maximum 10 pages.

- 1. Introduce your organization and summarize its history, mission and goals.** Describe any previous experience or achievements your organization has had that relate to one or more of the applicable purposes of the Fund: neighborhood improvement, cultural enrichment, educational programs or public health education. Give examples, with statistics, of effective services you have provided to the North Allston/Brighton community (i.e., the impact area).
- 2. Discuss the needs of North Allston/Brighton residents who would benefit from your program.** Discuss challenges, assets and opportunities.
- 3. Scope of Work: What would this grant be used to accomplish in the next twelve months?** Discuss the planned activities and anticipated results. List and discuss specific, long-term, quality-of-life benefits to residents and community groups in the impact area. How many North Allston and Brighton residents will be served? Be sure to explain how your proposal supports one or more of the applicable purposes of the Fund: neighborhood improvement, cultural enrichment, educational programs or public health education. Attach the Grant Budget and Program Calendar to this section.
- 4. Discuss the staffing, equipment, facility or other needs of your organization.** If the request is for an existing program, why does it need to be sustained? If the request is for a new program, why was it developed?
- 5. Who are the key staff and/or volunteers for the work to be funded with this grant?** Describe their qualifications, and their experience delivering services in North Allston/Brighton. Attach resumes or career biographical sketches to this section.
- 6. Describe how you will measure success at the end of one year.** If you received a grant from the Partnership Fund in 2016, 2015 or 2014, include program highlights, accomplishments and lessons learned. If your grant was awarded in 2016, attach the Grant Report Form on Page 10 to this section.
- 7. Describe your plan for sustaining this effort beyond this grant cycle,** and your strategy for building or maintaining your funding base. What other funds support your organization? Attach the Donor/Prospect list to this section.



## II. Attachments Checklist

**Please attach to original and all copies:**

- Grant Budget and Cost Documentation (see Page 9)
- Schedule of Events or Activities and Dates of Completion
- Donor/Prospect List of other donors being approached to fund this program, with dollar amounts
- Resumes or Qualifications of Staff or Volunteers on this Project
- Fiscal Sponsorship Agreement Letter, if applicable
- Maintenance Plan for Neighborhood Improvement Projects
- List of Required Permits for Neighborhood Improvement Projects
- Grant Report Form if funded in 2015 (see page 10)
- \*501(c)3 Determination Letter and Proof of Liability Insurance
- \*Forms 990 for 2013, 2014 and 2015 (**or the 3 most recently completed fiscal years**)
- \*Audit, Account Review, Balance Sheet or Treasurer's Report for 2013, 2014, and 2015 (**or the 3 most recently-completed fiscal years**)

\*NOTE: If applying with a Fiscal Sponsor, the last 3 items are to be supplied by the sponsor, with a letter describing how it would manage a grant from the Partnership Fund.

Please do not use binding, dividers, tabs, binders, flyers, brochures, support letters, or cover letters. Put each hard copy in a separate manila folder and label the original application.

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**Grant Budget**

**Salaries**

Position Title	Hourly Rate	Hours Billed to Grant	Total
<b>Total Salaries</b>			<b>\$</b>
Fringe Rate: %	Total Salaries x Fringe Rate = \$		
<b>Total Salaries + Fringe:</b>			<b>\$</b>

**Contractors**

Functional Description	Hourly Rate	Hours Billed to Grant	Total
<b>Total Contractors</b>			<b>\$</b>

**Expenses**

Item Description	Unit Price	# of Units	Total Cost
<b>Total Program Expenses</b>			<b>\$</b>

**Salaries, Fringe, Contractors + Expenses = Total Grant Budget: \$**

**Narrative for Expense Items:**

Explain how items would be used, and attach supporting documents (internet quotes, fee schedules, invoices, service quotes, retail price, etc) for items valued over \$100.

*Example:*

*16GB flash drives will be distributed to 20 students in [educational] program. Retail cost: \$9 each (Staples). Total cost: \$180.*

Allowable expenses include program supplies, furnishings, equipment, and fees. Indirect costs are not allowable.

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**Grant Report Form**

Name of Organization:

Telephone:

Contact Person:  
Name/Title

Email:

Project Title:

Period this report covers: Calendar Year 2017 (to date)

Grant Amount: \$

- 1) **OUTCOMES:** Please summarize (**2 to 3 paragraphs**) your progress toward goals stated in your proposal. Compare planned versus actual numbers of Allston/Brighton residents served. Give details of neighborhood improvements, cultural enrichment programs, educational programs, or other, specific enhancements in the quality of neighborhood life.
- 2) **SUCCESS STORIES:** What events, efforts or circumstances contributed to the success of your project? (Examples: "internal" factors – board and/or staff capacities, new volunteers or additional agency financial resources; "external" factors – collaboration with other entities or public policy changes). Include quotes or testimonials, as appropriate.
- 3) **CHALLENGES:** What goals are not likely to be accomplished before the end of the year? What internal or external factors affected progress?
- 4) **LEARNINGS:** If applicable - what did the challenges teach about your original goals? What would you do differently to benefit from working through these challenges? Will you need additional time to complete your work? If yes, give details.
- 5) **FINANCIAL UPDATE:** Please use the table below to compare your original grant budget against year-to-date expenditures.

Description of Cost	Additional Cost Detail (Unit Cost, FTE, etc)	Amount Budgeted	Amount Expended	Balance Remaining as of [date of report]
<b>Totals</b>				

**The information in this report is accurate and honest, to the best of my knowledge.**

Submitted by:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Printed Name:

Title: