

**Basic Needs Partnerships Request for Proposals**

[**www.calstate.edu/basicneeds**](http://www.calstate.edu/basicneeds)

Grant Proposal Cover Page

**Purpose**

*The Basic Needs Partnerships Request for Proposals funding requirements are aligned to meet the expectations of Assembly Bill 74 (AB 74), which allows Cal State University campuses to enhance and develop basic needs partnerships, programs, and services for students in need.*

**Components**

1. Campus Information ………………………………………………….. ………. Page 2

 *Required Information* **📌**

2. Background Information …………………………………………………..……… Page 3

*Required Information* **📌**

3. Section I. AB 74: Basic Needs Required Activities ……………………………… Page 4

*Required Information* **📌**

4. Section II. Supplemental Activities ………………………………………. Page 8

*Required Information* **📌**

5. Section III. Health Services Activities ………………………………………. Page 9

 *Optional for additional funding* **📣**

6. Section IV. Health Promotion & Education Activities ……………………………… Page 10

*Optional for additional funding* **📣**

7. OPTIONAL: Research & Innovation Award ……………………………… Page 11

 *Please note: only 11 campuses will be awarded* **📣**

8. Total Budget requested for this RFP ………………………….….. Page 12

*Required Information* **📌**

9. Prior Approval ………………………………………………….. ……. Page 12

*Leadership Support* **📌 ✉**

10. Miscellaneous ………………………………………………….. ……. Page 12

*Required Information* **📣**



**Basic Needs Partnerships:**

**Request for Proposals (RFP)**

The Basic Needs Partnerships Request for Proposals funding requirements are aligned to meet the expectations of **Assembly Bill 74 (AB 74)**, which allows Cal State University campuses to enhance and develop basic needs partnerships, programs, and services for students in need.

**Campus Information 📌**

**Point of Contact**:

* Campus:\*
* First Name: \*
* Last Name: \*
* Title: \*
* Dept.: \*
* Campus email: \*
* Campus phone number: \*

**Secondary Contact**:

*If applicable*

* Campus:
* First Name:
* Last Name:
* Title
* Dept.
* Campus email:
* Campus phone number:

**Vice President for Student Affairs (VPSA):**

* First Name: \*
* Last Name: \*
* Campus email: \*
* Campus phone number: \*

**Fiscal Contact:**

*The fiscal contact is the person on your campus/ dept. who will be notified that the Chancellor's Office executed a transaction via CPO Transfer to release funds to the awarded campus.*

* First Name: \*
* Last Name: \*
* Campus email: \*
* Campus phone number: \*
* Chartfield String #:

*This number identifies the location (account) funding should be deposited from the Chancellor's Office to the awarded campus. You can usually get this information from the Fiscal Contact. If you are unsure, please leave this area blank. If awarded, you’ll receive further instructions on how to submit necessary information to receive grant award.*

**Background Information 📌**

**Please list the percent or # of students:**

1. Overall Campus Enrollments: \*
2. Receiving any Financial Aid: \*
3. Pell Grants: \*
4. Receiving Cal Grant A:\*
5. Receiving Cal Grant B: \*
6. Receiving Federal Work-Study: \*
7. Who have served in the military: \*
8. Considered “non-traditional”: \*

**Questions:**

1. What is the poverty rate (%) for the county in which the campus is located? \*

|  |
| --- |
|  |

1. Briefly describe the importance of utilizing new funding related to basic needs and the resources needed to increase support for your students on campus. (Please include any pertinent information about the surrounding campus community to demonstrate need). \*

|  |
| --- |
|  |

**Section I. AB 74: Basic Needs Required Activities 📌**

**(Budget Range: Up to $310k over a 2-year project period)**

As part of the California State Assembly Bill 74 (AB 74), the implementation of the following strategies are required to receive funding:

**A. Food Pantry and/or Distribution Program**

1. Do you have EBT on campus? \* (Yes/No)

*If yes, please list the location(s). If no, please describe why your campus does not have EBT and the current challenges to establishing it on your campus.*

|  |
| --- |
|  |

1. Do you have RMP (Restaurant Meals Program) on campus? \* (Yes/No)

*If yes, please list the location(s). If no, please describe why your campus does not have RMP and the current challenges to establishing it on your campus.*

<http://www.cdss.ca.gov/inforesources/CalFresh/Restaurant-Meals-Program>

|  |
| --- |
|  |

1. Describe how you plan to use the funding to help start your food pantry/ food distribution program and/or enhance your current food pantry/ distribution program on your campus.\*

|  |
| --- |
|  |

1. **Budgeted amount:** \*

|  |
| --- |
| **$** |

**B. Emergency Housing Services**

Campuses must outline a strategic plan to assist students facing emergency housing crises.

The required funding will help campuses develop or enhance current programming for students experiencing a housing crisis.

1. Does your campus currently have an emergency housing program in place? \* (Yes/No)

*If yes, please give a short description.*

|  |
| --- |
|  |

1. Describe how you plan to use the funding to help develop and/or enhance an emergency housing program on your campus. \*

|  |
| --- |
|  |

1. **Budgeted amount:**

|  |
| --- |
| **$** |

**C.  External Partnerships**

Building partnerships with external agencies is an important requirement to obtain funding. Understanding that campuses cannot meet the demands of all students challenged with meeting their basic needs, consider how your campus will engage external partners to respond to basic needs insecurities.

1. Do you currently have external partnerships with agencies/programs/services outside of the university? \* (Yes/No)

*If yes, please list the external partnerships and a brief description of the collaboration.*

*If no, please explain why your campus has not worked with external partners in the past, and how you will engage external partners going forward.* \*

|  |
| --- |
|  |

1. Is there a **new** partnership the campus would like to explore? \* (Yes/No)

*If yes, please describe why the partnership is important to your campus to respond to students’ basic needs insecurities.*

|  |
| --- |
|  |

1. How will the campus ensure a successful partnership and positive impact on students? \*

|  |
| --- |
|  |

1. How will funding help you raise awareness of the partnerships on your campus? \*

|  |
| --- |
|  |

1. **Budgeted amount:** \*

|  |
| --- |
| **$** |

**D.  California Higher Education Basic Needs Alliance (CHEBNA) Summit**

Campuses are required to attend and participate in the CHEBNA Basic Needs Summit on February 6 - 7, 2020 at the Orange County Hilton Hotel in Costa Mesa, CA. Funding may be used to offset some of the costs associated with travel and lodging to attend the summit.

1. Will your campus commit to designating 7-10 staff, faculty and/or students to participate in the CHEBNA Basic Needs Summit? \* (Yes/No)
2. **Budgeted amount** (consider funds for travel):

|  |
| --- |
| **$** |

**E. CalFresh Outreach Day**

Campuses are required to host the systemwide CalFresh Outreach Day on Thursday, February 27, 2020, which should include activities and programs designed to promote and raise awareness about the CalFresh program, eligibility requirements, and how students can find out if they are eligible for the benefits.

1. Will your campus commit to host the CalFresh Day on campus on February 27, 2020? \* (Yes/No)
2. Will your campus share flyers, photos and videos of your CalFresh Day event to be posted on our social media platforms by March 2, 2020? \* (Yes/No)

**F. Quarterly Webinars and Basic Needs Taskforce**

Campuses are required to have at least two (2) staff (more staff are encouraged) to participate in quarterly webinars (3 per year) on topics related to basic needs.

1. Will your campus plan to designate two (2) staff members to participate in the quarterly webinars? \* (Yes/No)
2. Will your campus establish and host at least three (3) Basic Needs Taskforce meetings per year? \* (Yes/No)

**G.  Assessment and Evaluation**

1. Please describe in detail how you will assess the programs and services to measure progress and/or impact it is having on student success. \*

|  |
| --- |
|  |

1. Please describe how the assessment and evaluation will help with planning and responding to student needs. \*

|  |
| --- |
|  |

1. Please list the name(s) of staff and/or faculty who will be responsible for the assessment and evaluation of basic needs programs and services on campus. \*

|  |
| --- |
|  |

1. **Budgeted amount:** \*

|  |
| --- |
| **$** |

**Section II. Supplemental Activities 📌**

**(Budget Range: Total budget requested for Sections I & II cannot exceed $310K)**

The supplemental activities complement the required AB 74 activities. To receive funding, campuses must choose at least 3 strategies to adopt and integrate into existing campus systems.

Please choose the supplemental activities the campus will commit to during this funding period.

(Campuses must choose at least 3):

󠄀 Basic Needs Ambassador Training

󠄀 EBT / RMP Integration

󠄀 Emergency Grant Aid Program

󠄀 Faculty Syllabus Statement

󠄀 Financial Literacy Program

󠄀 Meal Sharing / Donation Program

󠄀 Participation in Hunger and Homelessness Awareness Week (Nov. 16 – 24, 2019)

For each of the activities selected above, please answer the following questions:

1. Is this a new program/service or continuing program/service? \* New / Continuing

*If this is a new program/service, please describe why your campus decided to implement this strategy.*

*If this is a continuing program/service, please describe how this funding will enhance current basic needs programs on campus.*

|  |
| --- |
|  |

1. Please give a short description of the program/service your campus will implement.

|  |
| --- |
|  |

1. Please estimate the number of students that will be reached/helped by this activity.

|  |
| --- |
|  |

1. Please describe how you will assess the program’s impact on student success.

|  |
| --- |
|  |

1. **Budgeted amount:**

|  |
| --- |
| **$** |

**Total Budget amount for Section I & II:**

|  |
| --- |
| **$** |

**Section III. Health Services Activities 📣**

**(up to $150k over a 2-year project period)**

This section lists a set of approaches to strengthen the relationship and collaboration between Health Services and Basic Needs Programs and Services on campus.

**Required Activities**

1. Does Health Services currently have an established partnership with basic needs programs and/services on campus that provides streamlined referrals for students that visit the health center and are experiencing food and/or housing insecurity to the basic needs programs and/services located on campus? (Yes/No)
2. Does the Student Health Services website currently have a link to the basic needs resources currently available on campus? (Yes/No)
3. Has Student Health Services participated in the Basic Needs Taskforce in prior school years? (Yes/No)
4. Will Student Health Services commit 1-2 staff members to participate in the Basic Needs Taskforce, including meeting for a minimum 3 times a year? (Yes/No)
5. Has Student Health Services implemented a plan for benchmarking consistently over the prior 5-7 years (at least once every two – three years)? (Yes/No)
6. Has Student Health Services implemented a plan to participate in the CSU Systemwide Patient Satisfaction Survey over the course of the last 4 years? (Yes/No)
7. Describe how you plan to use the funding to meet the requirements listed above, and/or help develop and enhance holistic access to resources to address basic needs insecurities on your campus.

|  |
| --- |
|  |

1. **Budgeted amount:**

|  |
| --- |
| **$** |

**Total Budget for Section III:**

|  |
| --- |
| **$** |

**Section IV. Health Promotion & Education Activities 📣**

**(up to $100k over a 2-year project period)**

This section lists activities specific to health education and promotion that may be utilized to collaborate with the Basic Needs Programs and Services on campus.

**A. Encouraged Activities**

Select a minimum of two required activities; more are encouraged. Please choose the Health Education & Promotion activities the campus will commit to during this funding period:

󠄀 Basic Needs Ambassador Seminar

󠄀 Healthy Cooking Demonstrations (on a budget, using pantry items, etc.)

󠄀 I CAN HELP training

󠄀 Ongoing Support Groups

󠄀 Participation in the Basic Needs taskforce

󠄀 Self-Care Seminars

󠄀 Social Media Campaigns

󠄀 Wellness Workshops (budgeting, stress management, sleep, reducing anxiety, test taking, etc.)

For each of the encouraged activities selected, please answer the following questions:

1. Is this a new program/service or a continuing program/service? (New / Continuing)

*If this is a new program, please describe why your campus has decided to implement this strategy. If this is a continuing program, please describe how this funding will enhance current basic needs programs on campus.*

|  |
| --- |
|  |

1. Please give a short description of the program/service your campus will implement.

|  |
| --- |
|  |

1. Please estimate the number of students that will be reached/helped by this activity.

|  |
| --- |
|  |

1. Please describe how you will assess the program’s impact on student success.

|  |
| --- |
|  |

1. **Budgeted amount:**

|  |
| --- |
| **$** |

**Total Budget for Section IV:**

|  |
| --- |
| **$** |

**OPTIONAL: Research & Innovation Award 📣**

**(up to $80,000 over a 2-year project period)**

The CSU has demonstrated itself to be a leader and innovator in education by embedding strategies to help students succeed both in and out of the classroom. In continuing with this tradition, the CSU is providing campuses the opportunity to receive additional funding for research & innovative approaches to help alleviate need related to food and housing insecurity for students. The innovative idea or research project must be relatively new, an upgrade to efficiency, and demonstrate effectiveness.  Please describe your campus method in detail, including a prospective budget and an evaluation plan.

The Chancellor’s Office is making available eleven (11) awards up to $80,000 each for a 2-year period.  Please note: one award per campus.

 **Program Details**

Concept Model or Research Idea

* Please describe the proposed model or research idea, including how this will address the need or add to the evidence-based research for basic needs.  Also, provide details about the idea and proposed model (i.e., discovery, collaborations, etc.).

|  |
| --- |
|  |

Scalability

* Please provide details about how this model and/or research idea could be used at various campuses throughout the system, or used as a larger study systemwide.

|  |
| --- |
|  |

Impact

* Please explain both the immediate and long-term impact on students grappling with basic needs, and how this model and/or research might inspire others to action.

|  |
| --- |
|  |

**Attach your prospective budget and evaluation plan:**

|  |
| --- |
| Image result for upload icon |

**Total Budgeted amount for Innovation Award:**

|  |
| --- |
| **$** |

**Total Budget Requested for this RFP: 📌**

Please add all the budgeted amounts\*

|  |
| --- |
| **$** |

**Prior Approval: 📌 ✉**

**Has your VPSA provided approval of this funding submission?** \* (Yes/No)

NOTE: If your VPSA is unaware of this submission, they will be notified (and asked to provide approval) before funding is dispersed to your campus if your proposal is awarded.

**Miscellaneous: 📣**

**If there were additional basic needs dollars available for this funding opportunity, would your campus be interested in receiving them?** \* (Yes/No)

The current funding structure is based on each campus receiving the maximum amount available; however, if some campuses request for less, there could be dollars left over that can go to other campuses, if needed.