

GRANTEE CONTRACTING MEETING

WEDNESDAY, JUNE 15TH, 2022





WELCOME ACTIVITY

In the chat, share with
us your summer plans!



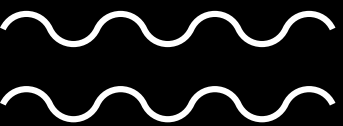
INTRODUCTIONS



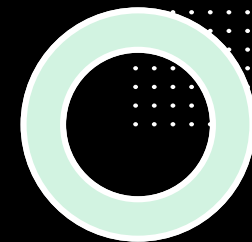
OFCY TEAM:

TERRY, SCOTT & KIA





TECH CHECK



- **Please keep yourself muted** while you are not talking.
- Please feel free to put questions in the chat and or ask questions, using the raise hand feature. We will address your questions.
- This **meeting is being recorded for you all to reference**. The recording will be uploaded on our website, OFCY.org.

RENAME ON ZOOM

- Click the three dots in the upper right corner of your zoom square and choose “Rename”.

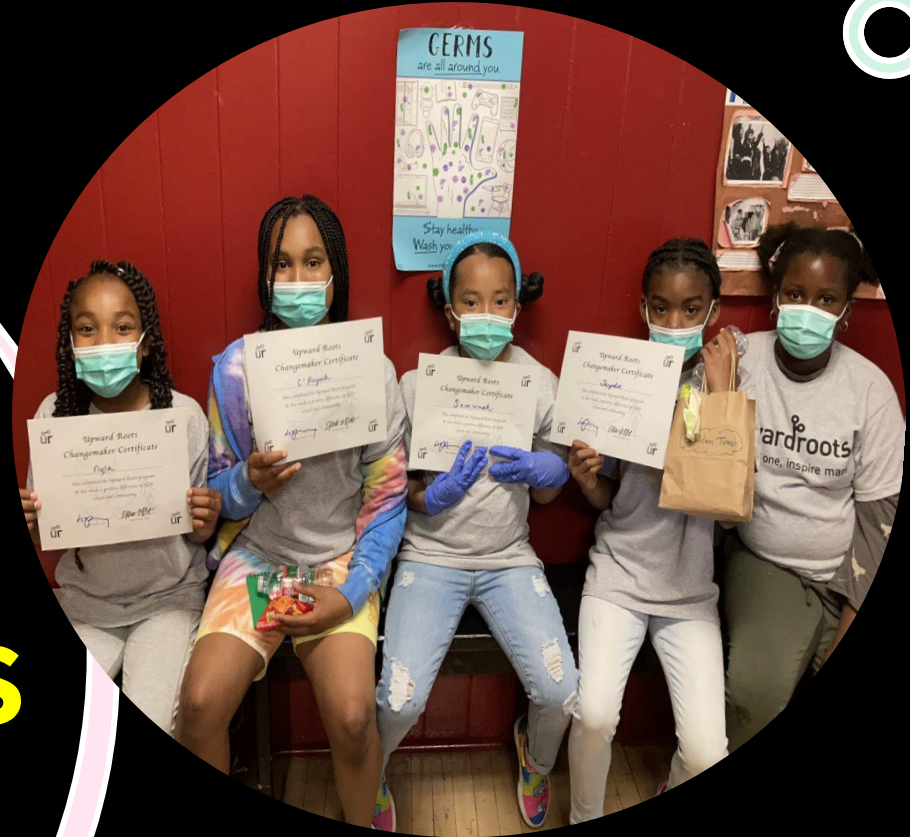


AGENDA

- **Contract Documents Overview**
- **Grant Compliance**
- **Contracting Timeline**
- **Resources and Contacts**
- **Questions**
- **Break**
- **Cityspan** 
- **Questions**









CONTRACT DOCUMENTS OVERVIEW

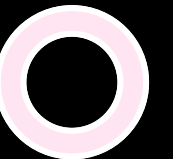


SCOPE OF WORK

▼

 Version 1

1	Program Information	<input checked="" type="checkbox"/> Submitted	
2	Population & Geography	<input type="checkbox"/> Unsubmitted	
3	Service Projections	<input type="checkbox"/> Unsubmitted	
4	Budget	<input type="checkbox"/> Unsubmitted	
5	Sign & Submit	<input type="checkbox"/> Unsubmitted	
You must submit all prior forms before you can access this form.			
6	Scope Of Work Approval	<input type="checkbox"/> Unsubmitted	
You must submit all prior forms before you can access this form.			



GRANT AGREEMENT

**GRANT AGREEMENT
BETWEEN THE CITY OF OAKLAND
AND ~~ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY~~**

This Grant Agreement (the "Agreement") is made and entered into by and between the City of Oakland, a municipal corporation (the "City"), and ~~Alameda County Health Care Services Agency~~ ("Grantee") (collectively the "Parties").

RECITALS

This Agreement is entered into upon the basis of the following facts, understandings and intentions of the City and Grantee:

- A. The City Council, pursuant to Resolution No. _____ C.M.S., has allocated grant funds in an amount not to exceed One Hundred Thousand Dollars and No Cents (\$100,000.00) to Grantee to fund its community-related programs and activities as specified herein.
- A. The City wishes to enter into this Agreement with Grantee for the provision of children and youth-related programs as described in an attached Scope of Work (Attachment A) and Budget (Attachment B).

NOW, **THEREFORE**, the Parties to this Agreement covenant as follows:

1. Effective Date

This Agreement shall become effective on the date it is executed by all Parties. If the Agreement is not executed by all Parties on the same date, the Agreement shall be effective on the date it is last executed by a Party.

2. Grant

Subject to the terms and conditions of this Agreement, the City agrees to provide a grant of funds to Grantee in an amount up to One Hundred Thousand Dollars and No Cents (\$100,000.00) (the "Grant").

3. Scope of Work

As a condition of this Grant, Grantee must diligently and in good faith perform the community-related work, services, and activities ("Work") specified in the **Scope of Work** attached to this Agreement as **Schedule A** and incorporated herein by reference.

Grantee shall designate an individual who shall be responsible for communications with the City for the duration of this Agreement. The Project Manager for the City shall be Estelle Clemons.

"CITY"

CITY OF OAKLAND, a municipal corporation

By: _____
City Administrator (date)

Approved for forwarding:

By: _____
Department Head (date)

Resolution Number

Approved as to form and legality:

By: _____
Deputy City Attorney

"GRANTEE"

~~ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY~~

By: _____

Print Name: _____

Title: _____

Date: _____

[END OF AGREEMENT]

COMBINED GRANTS SCHEDULE

Combined Grants Schedules



Project Name: _____
Business Name _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ Federal ID # _____
City of Oakland Business License Number _____ Completed by: _____ Phone if different _____

Schedule C-1 – (Declaration of Compliance with the Americans with Disabilities Act)

☐ I declare under penalty of perjury that my company will comply with the City Of Oakland American with Disabilities Act obligations.

Schedule K – (Pending Dispute Disclosure)

- Are you or your firm involved in a pending dispute or claim Against the City of Oakland or its Agency? (Please check one) ☐ Yes ☐ No
- If “Yes”, please list existing and pending lawsuit(s) and claim(s) with the title, contract date, brief description of the issues, officials or staff persons involved in the matter and the City department/division administering the contract. Contract Title and Number: _____
Date: _____ Official(s), Staff person(s) involved: _____
Administering Department/Division: _____ Issues: _____
- ☐ (check) Additional Disputes listed on Attachment

Schedule N – (Living Wage – Declaration of Compliance) Grants accumulating over \$100K, Grants under \$100K mark N/A

Employment Questionnaire: Please respond to the following questions:

	Responses
(1) How many permanent employees are employed with your company? (If less than 5, stop here)	
(2) How many of your permanent employees are paid above the Living Wage rate?	
(3) How many of your permanent employees are paid below the Living Wage rate?	
(4) Number of compensated days off per employee? (Refer to item “a” above)	
(5) Number of trainees in your company?	
(6) Number of employees under 21 years of age, employed by a nonprofit corporation for after school or summer employment for a period not longer than 90 days.	

Schedule N-1 – (Equal Benefits – Declaration of Nondiscrimination) Grants accumulating over \$25K, Grants under 25K mark N/A

Section A. Grantee Information

- (1) Are you an EBO certified firm (Please check one) ☐ Yes ☐ No (if yes, please attached certificate and skip Schedule N-1)
(2) Approximate Number of Employees in the U.S. _____ (3) Are any of your employees covered by a collective bargaining agreement or union trust fund? (Please check one) ☐ Yes ☐ No (4) Union name(s) _____

Section B. Compliance

- (1) Does your company provide or offer access to any benefits to employees with spouses or to spouses of employees? (Please check one) ☐ Yes ☐ No
(2) Does your company provide or offer access to any benefits to employees with domestic partners? (Please check one) ☐ Yes ☐ No

Section C. Benefits PLEASE CHECK EACH BENEFIT THAT APPLIES

Benefits	Offered to Employees only	Offered to Employees and their spouses	Offered to Employees and their Domestic Partners	Not Offered at all	Documentation attached
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement (Pension, 401K, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relocation & Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Discount, Facilities & Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) CFAR is a City Financial Recipient. (2) Domestic Partner is defined as a same sex couples or opposite sex couples registered as such with a state or local government domestic partnership registry

Schedule V – (Affidavit of Non-Disciplinary or Investigatory Action)

I certify that the following entities: Equal Employment Opportunity Commission (EEOC), Department of Fair Employment & Housing (DFEH) or the Office of Federal Contract Compliance Programs (OFCCP) has not taken disciplinary or investigatory action against the Firm. If such action has been taken, attached hereto is a detailed explanation of the reason for such action, the party instituting such action and the status or outcome of such action. Initial: _____

Oakland's Minimum Wage Law – (Resolution 85423 C.M.S. - Oakland Municipal Code Section 5.92, et seq.) I certify that I have read Oakland's minimum wage law and I am in full compliance with all its provisions. Initial: _____

Affirmative Action - I certify that I/we shall not discriminate against any employee or applicant for employment because of race, color, creed, sex, sexual orientation, national origin, age, disability, Acquired Immune Deficiency Syndrome (AIDS) AIDS related complex, or any other arbitrary basis and shall insure compliance with all provisions of Executive Order No. 11246 (as amended by Executive Order No. 11375). I certify that I/we shall not discriminate against any employee or applicant for employment because they are disabled veteran of the Vietnam era and shall insure compliance with all provisions of 41CFR60-250.4 where applicable. Initial: _____

ACORD 25 (2016/02)

SAMPLE

CERTHOLDER COPY

STATE
COMPENSATION
INSURANCE
FUND

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 07-01-2007

GROUP:
POLICY NUMBER: 1800328-2007
CERTIFICATE ID: 1
CERTIFICATE EXPIRES: 07-01-2008
07-01-2007/07-01-2008

CITY OF OAKLAND
OAKLAND FUND FOR CHILDREN AND YOUTH
250 FRANK OGAWA PLAZA, SUITE 6308
OAKLAND CA 94612

NB

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
AUTHORIZED REPRESENTATIVE

J. Andor
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT AGREEMENT
WAIVER OF SUBROGATION

STATE
COMPENSATION
INSURANCE
FUND

HOME OFFICE
SAN FRANCISCO

ALL EFFECTIVE DATES ARE
AT 12:01 AM PACIFIC
STANDARD TIME OR THE
TIME INDICATED AT
PACIFIC STANDARD TIME

1458968-20
RENEWAL
NA
4-72-43-61
PAGE 1

EFFECTIVE AUGUST 31, 2020 AT 12.01 A.M.
AND EXPIRING AUGUST 31, 2021 AT 12.01 A.M.

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING,
IT IS AGREED THAT THE STATE COMPENSATION INSURANCE FUND
WAIVES ANY RIGHT OF SUBROGATION AGAINST,

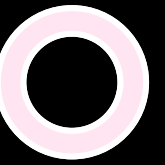
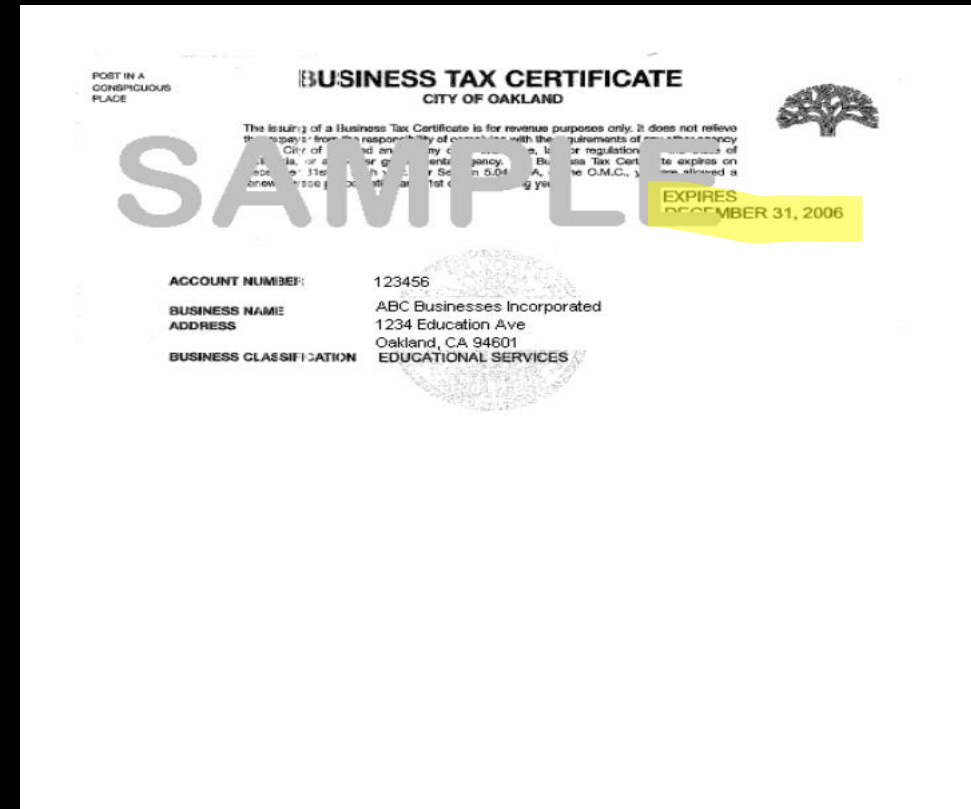
CITY OF OAKLAND

WHICH MIGHT ARISE BY REASON OF ANY PAYMENT UNDER THIS
POLICY IN CONNECTION WITH WORK PERFORMED BY,

IT IS FURTHER AGREED THAT THE INSURED SHALL MAINTAIN
PAYROLL RECORDS ACCURATELY SEGREGATING THE REMUNERATION
OF EMPLOYEES WHILE ENGAGED IN WORK FOR THE ABOVE
EMPLOYER.

IT IS FURTHER AGREED THAT PREMIUM ON THE EARNINGS OF SUCH
EMPLOYEES SHALL BE INCREASED BY 03%.

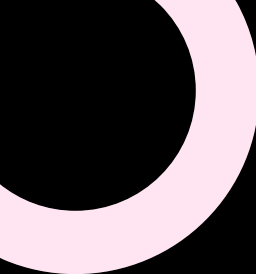
EBO & OAKLAND BUSINESS TAX CERTIFICATES





GRANT COMPLIANCE HIGHLIGHTS





Grant compliance is defined as submitting accurate and complete reports by deadline, submitting no more than one late report annually, and meeting contractual obligations.



iSUPPLIER

- Ensure that your payment address in iSUPPLIER is the same address listed in Cityspan.
- If you are unable to access your iSUPPLIER account, please contact your grant manager.

REPORTING & INVOICING

- Grantees are required to submit four quarterly Progress Reports.
- Invoicing is included in the quarterly report. Supporting documentation for the following categories must be uploaded: Personnel, Subcontractors, Consultants, and Youth Wages and Stipends.
- Your agency's Executive Director should review and **Sign-Off** on the reports, unless another staff member is designated to review and sign.

SITE VISITS & FILE REVIEW

- Every grantee shall have a formal Site Visit at least once during the three-year funding cycle. This may include a desk audit, program observation and or program file review.
- Your grant manager will contact you in advance to schedule the visit.





EVALUATION

- Grantees are required to participate in OFCY's data management and evaluation systems. You are also required to cooperate and collaborate with OFCY's evaluation consultants.

CONSENT

- Grantees are required to have enrolled participants sign a Release of Information giving consent to share data entered in Cityspan with the City and the evaluation consultant.
- Parent and Adult Consent Forms can be found on OFCY's website under Grantee Corner: Grant Policies tab.
<https://www.ofcy.org/grantee/grant-policies/>
- Consents forms must be kept on file and may be requested by your grant manager during a site visit.

MEDIA & PUBLICATION

- Any publicity or marketing materials generated by the grantee for a OFCY funded project must adhere to our media and publication policy. Please refer to the Grantee Manual, for the required language and for the required placement of the logo.
- Logos can be found on OFCY's website under Grantee Corner: Logos.
<https://www.ofcy.org/grantee/ofcy-logos/>





NON-COMPLIANCE



In the case of grantees that are not in compliance, OFCY staff will follow these guidelines in making efforts to improve the outcomes of the grantee's work.

1. Notify grantees of the deficiencies and ask them to explain the cause, define solutions, and state steps taken to-date to address the shortfall.
2. Keep in contact with the grantee and provide support and identify supporting resources as needed, and confer with the external evaluator on grantee progress if necessary.
3. Perform site visits as necessary.
4. If problems persist, arrange a face-to-face meeting with the grantee and partners. The goal of the meeting will be to clarify roles and responsibilities, improve communications, devise solutions, and develop a plan of action to address ongoing problems.
5. Follow-up with grantees to provide support as needed. Check in with grantee on their implementation of the action plan.
6. If problems persist, a possible plan of action may include a reduction in funding or Grant agreement termination.



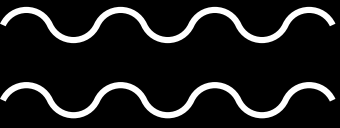


GRANT RENEWAL POLICY 22-23

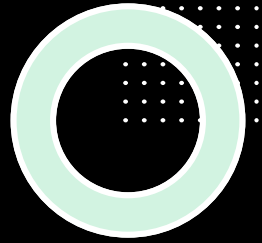


- Satisfactory performance is defined as fully achieving (100%) the annual benchmarks for client enrollment and hours of services to be provided set for each program.
- Minimum satisfactory performance is defined as achieving 80% of the annual benchmarks set for each program.
- Programs falling below performance standards will be monitored by OFCY staff to ensure improvements in programming and progress towards projections.
- Programs that continue to fall below standards may not be recommended for renewal funding. Staff may also recommend revisions to a program's budget and/or scope of work prior as a consideration for a renewal.





TIMELINE



June 15th – You are here! 😊

Please review the Grantee Contract Checklist to start preparing your documents. An Agency Admin account was created and sent to the Executive Director and Proposal Contact listed on the application to access the Cityspan GMS.

PRE-CONTRACTING

CITYSPAN

June 16th – “I love data entry”!

Begin to upload and submit the required contracting documents, in addition to, completing your Scope of Work. New Users can be created by the Executive Director or Proposal Contact.



Friday, July 1st – Contract Documents Due

All required contract documents are due in Cityspan.

CONTRACT
DOCUMENT
SUBMISSION

EXECUTED CONTRACT

It will take 2-3 weeks to execute the agreement. Once executed, it will be uploaded into Cityspan under the Executed Contract tab.

It will take an additional 2-3 weeks for you to receive an advance payment (if applicable). **Please note: You will not receive an advance payment if your contract is not executed by October 15th, 2022, the due date of the Quarter 1 Progress Report.**

FIRST PAYMENT



RESOURCES & CONTACTS

OFCY WEBSITE

GRANTEE CORNER: Cityspan, Contract Documents, Grantee Policies (**Updated Grantee Manual Coming Soon**), OFCY Grantee Convenings & Report, Resources, Trainings & Events, Grantee Spotlight, and OFCY Logos.

TRAININGS

OFCY in partnership with Oakland ReCAST and BE THE CHANGE will be hosting a series of trauma-informed workshops that **we HIGHLY encourage you all to attend.**

More information and registration for the first training will be sent out later this month. Prizes will be provided to the first ten registrants of each training!

Training Name	Date	Location	Audience
Culturally Responsive Supervision	July 14th 10:00-12:30pm	Virtual: Zoom	[All Levels] All staff
Approaches to Decision-Making	July 28th 10:00-12:30pm	Virtual: Zoom	[All Levels] All staff
Trauma Literacy 101	August 11th 10:00-12:30pm	Virtual: Zoom	[Supervisors] YD Orgs TAY Orgs Violence Prevention Orgs
Restorative Conflict Resolution	August 25th 10:00-12:30pm	Virtual: Zoom	YD Orgs: Program Staff Coordinators Managers
Healing Centered Case Management: Creative Resourceful and Whole	Sept. 8th 10:00-12:30pm	Virtual: Zoom	TAY Orgs Highschool Orgs Case Managers Program Staff
Full Day - Closing Session Facilitation as a Practice for Equity, Inclusion, and	Sept. 22nd 10:00-4:00pm	In Person	All staff





OFCY CITYSPAN OFFICE HOURS

OFCY will be hosting four office hours on the following days for those who may need further assistance as you navigate User Roles, Agency Documents, and Scope of Work Version 1 in the newly designed Cityspan GMS.

- Tuesday, June 21, 2022, 10am-11am
- Thursday, June 23, 2022, 10am-11am
- Tuesday, June 28, 2022, 10am-11am
- Thursday, June 30, 2022, 10am-11am

Join Zoom Meeting

<https://us06web.zoom.us/j/89696682867>





GRANT MANAGERS



Terry Hill

510-238-6380

thill@oaklandca.gov

Scott Kim

510-238-2209

sskim@oaklandca.gov

Kia Wallace

510-238-6532


kwallace@oaklandca.gov



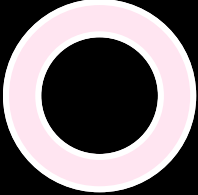




QUESTIONS!





We'll take a
5-minute
break now



Please
return in **5**
minutes for
the Cityspan
training!