

City of Merced

August 23, 2021

REQUEST FOR INTEREST: Stephen Leonard Park Community Center



OVERVIEW:

Merced is seeking a qualified non-profit group or organization to operate and provide programming primarily for youth at the Stephan Leonard Park Community Center. The City will provide the use of the building at no cost to the provider and will pay up to \$7,500 a year in utility costs.

The City is open to a wide variety of youth-oriented programming at the site that could include, but is not limited to:

Safe Haven After School program, youth center, enrichment classes, teen parenting classes, job training, educational assistance, and other programming to serve the residents of Merced.

THE SITE:

The Community Center is located at 640 T Street, in a neighborhood park with a playground, picnic area, basketball court, grass play area, skate park and splash park. The Community Center is in an ethnically and culturally diverse neighborhood and is across the street from Sheehy Elementary School, grades K-6.

The Community Center is an approximately 3,856-square-foot facility with a game room, lounge room, equipment room, an office, restrooms, kitchen, storage rooms

and janitor closet.

QUALIFICATIONS/REQUIREMENTS:

To provide maximum flexibility to the winning provider, a group may apply individually or jointly with other groups. Qualifications and requirements for the successful provider:

- Possess a current and active 501 (c) (3) tax exempt status with the Internal Revenue Service; and,
- Possess a current and active state business filing with the California Secretary of State; and,
- \$1 million insurance policy listing the City as an additional insured; and,
- Have been in existence for at least 6 months with a demonstrated track record.

Operation after school and during summer vacation is expected, between the hours of 2:00pm to 7:00pm, Monday – Friday.

The provider will be expected to perform the routine cleaning and maintenance of the facility at their expense, including adherence to COVID-19 cleaning guidelines if applicable. The provider also is expected to provide a monthly report of activities to the City of Merced Parks and Recreation Department staff, and may be asked to present before the Recreation and Parks Commission. The form of the monthly report shall be worked on between the City of Merced and selected provider.

The awarded facility many only be used for the approved youth-oriented programs and may not be rented or leased for private use.

Applications will be evaluated to ensure they meet the City's requirements and qualifications. In the event of competing applications from similar organizations, groups will be encouraged to form a joint application.

<u>The deadline for Request for Interest applications is noon, Friday, September 24, 2021.</u>

(The deadline may be extended if there are no qualified applicants.)

APPLICATION REVIEW

All applications will be reviewed and evaluated by the Parks and Recreation Department staff and other City staff. Applications making the first cut will be forwarded to the Recreation and Parks Commission for review, and will provide a recommendation for the selected provider to the Merced City Council.

APPLY NOW

Applications are available on our website (www.cityofmerced.org/departments/parks-community-services) or at the City of Merced Parks and Community Services office located at 632 W. 18th St., Monday through Friday between the hours of 8:00 a.m. and 12:00 p.m. and from 1:00 p.m. to 5:00 p.m. For further information on the Center, contact Michelle Reid, Recreation Supervisor, at 209-385-6895.

A courtesy copy of the application is attached for review.



Fiscal Year 2021 YOUTH CENTER PROVIDER APPLICATION

Prograi	mTitle:		
Agency	Name:		
INSTRU	JCTIONS		
	n " X " next to each item below as you complete it. note: Incomplete application packets will be returned for missing items.		
APPLIC	ATION CHECKLIST		
The fol	lowing must be submitted to be considered for funding:		
	Application for Funding		
	Appendix A: Narrative of Project		
	Appendix B: Program Implementation		
!	State and Federal Tax Exemption Determination Letters		
	Copy of Insurance Certificate		
	NAL DOCUMENTS: Not required from any applicant, but enter an "X" next to the items ed in your application submittal		
	Exhibits: These refer to no more than two 8.5" X 11" pages of exhibits that you may use to supplement your application materials. You may include photographs, charts, pictures, conceptual drawings, and/or anything else you consider suitable within the 2-page limit (may be in color or black and white).		
	Letters: You may submit up to 3 letters of support for your project as part of your		

application submittal.



Program Funding

Funds already secured for program	Miscellaneous funds not listed
Funds not yet secured for program	Donations for program (does not have to
Total cost to conduct the program	be money – est. value of donation)

Program	Information
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Youth Center Site(s) Requeste	od:		
Touth center she(s) nequeste	u.		
Dravida a cancica deceriation of	f the proposed program Chase	for a fullor parrative is provided	in Annandiy A
Provide a concise description of	f the proposed program. Space j	jor a julier narrative is providea	III Аррениіх A.
Anticipated start date:		Anticipated end date:	
Program days/hours of operation	tion:		
Provide statistics and other su	upporting documentation that s	upport program viability:	
· -			
Type response here]			
List each service provided by t	the program. For each service, i	indicate whether it is new or an	expansion of an existina
service:	- p - ig		
[Type response here]			
List up to three outcomes of the	he program (at least one is requ	uired):	
List up to three outcomes of th	ne program (at least one is requ	an cuj.	
[Type response here]			
	rate with other service providers	in the community? If yes, list th	em Yes No
and briefly describe the	collaboration:		



Applicant Information

Applicant contact name:	
Type of agency:	501(c)(3) Gov't./Public For Profit Faith-Based Other:
Number of paid staff:	Tax ID number:
Number of volunteers:	Annual operating budget:
Agency Capa	acity
Who will be the person re	esponsible for the overall oversight of the program?
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	
Who will be the alternate	e person responsible for the overall oversight of the program?
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	
•	esponsible for the day-to-day operations and management of the program?
(DO NOT COMPLETE IF SA	IME AS ABOVE)
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	
List the qualitation to also	vous against plans to ampley to track and monitor the programs
List the evaluation tools y	our agency plans to employ to track and monitor the program.



Agency Experience

Briefly explain your agency's experience and major accomplishments in providing services to the community. You may expand in Appendix A.

[Type response here]

Back-U	p Plan
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Back-Up Plan				
6.1. Will your agency still implement this program should a City site not be awarded? If yes, how will the implementation be achieved?		Yes		No
[Type response here]				
If awarded, how will your agency continue this program when the lease agreement expires?				
if awarded, now will your agency continue this program when the lease agreement expires:				



Appendix A: Narrative of Project (Max Length: 2 Pages)

In two pages or less, explain your proposed program and make the case why it should be awarded a site:



Appendix B: Program Implementation

Provide a listing of the specific tasks or activities needed to implement the proposed program. Number each task or activity, and provide a brief description. Add additional rows as needed.

#	Task/Activity	Description

