

**REQUEST FOR APPLICATION
FOR
FIDUCIARY ORGANIZATION
STATE OF OREGON
INDIVIDUAL DEVELOPMENT ACCOUNT
INITIATIVE**

**2009 PROGRAM YEAR
TO SUPPORT ADULT AND YOUTH IDA PROGRAMS**

**APPLICATION DUE AT NPF:
By 4:30 PM Monday, January 5, 2009**

*Postmark and email not accepted.
Late responses will be considered non-responsive
and will not be accepted.*

SUBMIT COMPLETE APPLICATION TO:

Neighborhood Partnership Fund
Attn. Cynthia Winter

Delivery/Mail Address:

1020 SW Taylor #680, Portland OR 97205



Oregon's IDA Initiative is a program of Oregon Housing and Community Services, and is managed by the Neighborhood Partnership Fund. The Initiative is funded by contributions which qualify for a unique tax credit.

Application & Renewal Instructions

The Oregon Housing and Community Services Department (or "department") invites qualified organizations to become a fiduciary organization or renew their status in the Oregon Individual Development Account (IDA) Initiative through this Fall 2008 selection process.

Application Purpose: This Request for Application (RFA) will solicit non-profit organizations and federally recognized Indian tribes or bands in Oregon to become a fiduciary organization or renew their status as a fiduciary organization at this time pursuant to ORS 458:670-700 and OAR 813-300, and to utilize Oregon IDA tax credit resources to administer their IDA programs. To qualify, an applicant must meet minimum statutory requirements and demonstrate capacity to fulfill all required roles and responsibilities of a fiduciary organization. The department will review and assess the capacity and experience of applicants. The department will also make available resources from Oregon's IDA tax credit revenues to selected organizations for matching account holders' savings and program administration.

This RFA will assist the department in allocating funds to support the expanded scope of the Oregon IDA Initiative to include youth ages 12 and older, to reach all geographic areas of the state and to provide IDAs to underserved populations in Oregon.

Submittal Deadline & Location: Complete applications for the 2009 selection process must be received **no later than 4:30pm Pacific Standard Time, on Monday, January 5, 2009**. Deliver or mail applications to: **Neighborhood Partnership Fund, Attn: Cynthia Winter, 1020 SW Taylor #680, Portland OR 97205**. Facsimile, emailed or postmarked copies will not be accepted.

Application Materials: The application includes four sections and an Appendix:

- Section I:** Cover Sheet completed and signed by the individual(s) having legal authority to bind the organization to the application - one page.
- Section II:** Narrative description of applicant's and partners' capacity to fulfill all fiduciary organization responsibilities - three page limit.
- Section III:** Applicant's Individual Development Account (IDA) Program Plan - six page limit.
- Section IV:** Budget summary including completed budget template, program budget, and budget narrative - three page limit.
- Appendix:** Required supplemental documents to be attached.

Required Copies: An unstapled original and five copies plus two copies of all supplemental documents required for the Appendix shall constitute a complete application submittal.

Please Note: Applications must be complete to be considered, and will not be accepted out of cycle.

Application Format: Excepting the **Appendix**, the application must be type-written, using a standard type font (size 11pts. or larger). **Do not exceed the page limits indicated** for each section. Please do not staple the pages. Length/size of the Appendix will vary by applicant. All requested information and materials must be provided for an application to be considered eligible, however additional detailed information may be requested to assist with the evaluation process.

Application Process Timeline:

November 3, 2008	Request for Application (RFA) Issued
December 31, 2008	Final Day of 2008 IDA Tax Credit Marketing
January 5, 2009	Applications Received at NPF no later than 4:30 PM
January 15, 2009	FO Quarterly Reports Due
By January 31, 2009	Applications Reviewed
February 5, 2009	Applicants Notified, Public Notice of Awards
Mid February 2009	Funds Released for 2009 Program Funding

Modification or Withdrawal of Application: Prior to the deadline date and time designated for receipt of applications, any submittal may be modified or withdrawn by notice to the party receiving submittals at the place designated for receipt of submittals. Such notice shall be in writing over the signature of the individual(s) having legal authority to bind the organization, and shall be delivered on or before the date and time set for receipt of submittals. At the sole discretion of and within timeframes specified by the department, modifications of an application may be requested to remedy minor deficiencies and assure that the applicant's program meets all legal requirements.

Disclosure of Application Contents: Following the applicant selection process, a summary of qualifications for all selected fiduciary organizations will be made available. Except for a summary of budget details, all financial information in the submittal will be held in confidence and will not be revealed or discussed with competitors except as provided in ORS 192.410-192.505. If a submittal contains any information that the applicant organization does not wish disclosed to the public or used by the Government for any purpose other than evaluation of the offer, each such sheet of such information must be marked with the following legend:

Subject to ORS 192.410-192.505 this information shall not be disclosed outside the State or be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate the submittal; provided, that if an award is made to this applicant, or as a result of, or in connection with the submission of such information, the State shall have the right to duplicate, use, or disclose this information to the extent provided in its agreement with the department. This restriction does not limit the State's right to use information contained herein if obtained from another source.

References & Past Performance: The department reserves the right to research and inquire to references and others regarding past performance of the applicant. The department may postpone selection of a fiduciary organization in order to complete its research and inquiry.

Questions and Clarifications: Any questions regarding the intent of work or technical aspects of the work must be submitted in writing to Cynthia Winter (mail, fax or email are acceptable). **All questions must be received no later than seven (7) calendar days prior to the application submittal due date.** When appropriate, revisions, substitutions, or clarifications shall be issued as official addenda to this Request for Application (RFA). Changes or modifications to this RFA shall be binding on the department only if in the form of written addenda issued by the department.

All inquiries relating to this application process must be directed to:
Cynthia Winter, Program Director
Neighborhood Partnership Fund
1020 SW Taylor, Suite 680, Portland OR 97205
PH: (503) 226-3001 x 101
FAX: (503) 226-3027
E-Mail: cwinter@tnpf.org

**STATE OF OREGON
INDIVIDUAL DEVELOPMENT ACCOUNT (IDA)
2008 FIDUCIARY ORGANIZATION APPLICATION & RENEWAL FOR ADULT AND YOUTH IDAS**

SECTION I: COVERSHEET (use the separate Coversheet form provided for your application)

NOTE: *To be eligible to become a fiduciary organization, an applicant must be a non-profit, fund raising organization that is exempt from taxation under section 501(c)(3) of the Internal Revenue Code as amended and in effect on January 1, 1999, or a federally recognized Indian tribe or band located primarily in Oregon.*

Applicant Organization: _____
New Application Renewing Application

Mailing Address: _____ City: _____ Zip: _____
IDA Key Contact Person: _____
E-mail Address: _____
Phone Number: _____
Fax Number: _____

IRS Employer ID Number: _____
Geographic Area Served (list counties) _____
Population Targeted (be specific) _____

2009 Funding Request: _____ Most recent OR IDA Award: _____
Amount of other funds _____
Supporting your IDA Program: _____ Sources: _____

Number of accounts you will open in 2009: _____
2008 Goal: _____ # of these Accounts opened to date: _____ # Participants on Wait List: _____
2009 Goal and Carryover from all previous years: _____
Number of years serving as Fiduciary Organization: _____
Number of graduates to date: _____

This application must be signed by the individual(s) having legal authority to bind the organization to the commitments herein. The undersigned certifies that the information provided within this application is complete, and accurately describes the proposal. For purposes of review and evaluation, the undersigned authorizes release of this information to the review committee.

Executive Director Signature Print Name Date

Board Chair Signature Print Name Date

B. New Organizations Applying to Become a Fiduciary Organization

1. Please list the existing FOs you have met and why you felt partnering with them would not be a fit for your organization.
2. Please describe what capacity you offer the Oregon IDA Initiative to serve racial or ethnic populations, other population categories, or to expand the OR IDA Initiative's geographic capacity.

SECTION II: ORGANIZATION CAPACITY (Three page limit)

A. Applicant's capacity to serve as a fiduciary organization: Describe your organization's capacity to serve as a fiduciary organization (FO) for the State of Oregon Individual Development Account (IDA) Initiative. Please include relevant experience with asset building strategies and delivery of IDA programs or similar programs and your plan to build your internal capacity to manage the IDA Initiative. If you are an existing FO with accounts available from previous program years, please explain the challenges you faced and provide a plan and timeline to fill these accounts.

B. Third-party Contractors, Partners and Others Integral to Implementing Proposal: Describe contractors, partners, and others that will be integral to the implementation of your organization's IDA program delivery system. If your organization performs this role internally, please describe.

C. Financial Institution(s): Identify the Financial Institution(s) that will hold and administer the participants' accounts and matching funds. Provide name and address of the institution and phone number of your key contact person at the institution.

SECTION III: ORGANIZATION'S INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PROGRAM PLAN (Six page limit)

A. Program Plan Description: Describe your organization's proposed IDA program plan. Be sure to describe the following:

1. Applicant Recruitment Plan including ages and demographics of target populations.
2. Financial and Asset Literacy Plan, coaching and other supports targeted to participants. Please be specific about which curricula you use or will use as well as all primary program partners.
3. Maximum participant savings per year, duration of each account, proposed match rate for individuals' savings, and types of uses by target population. Please be specific about the structure of your program and the reasons underlying your program design. **NOTE:** *Standard match rates are now 3 OR IDA dollars to each participant dollar. If you propose a different match rate, please provide detailed reasoning for your proposal.*
4. Please describe how you will leverage other resources in support of enhanced program management and outreach.
5. How you will support participants as they set and achieve personal financial and savings goals.
6. How you will work to ensure compliance and success.

B. Additional Program Information

1. Please describe specific underserved populations you will target and how you will target them
2. List all geographic areas (counties) of the state that your program will serve
3. Describe your area(s) of emphasis for account use permitted by state law (i.e., Homeownership, Secondary Education, Small Business Development, Rehab of Primary Dwelling, Employment Related Equipment/Technology, Youth)
4. For programs serving youth, please describe any interim asset goals you will work with youth to achieve and how you will structure your program.

Primary Program Outcomes :

Use the separate Requested Allocation form provided for your application.

OR IDA Program	Most Recent Award Goal	Progress to date	Difference	2009 Goal
# of Participants Enrolled in 2008				
# of Accounts Opened in 2008				
# of Participants Completing Training in 2008 from all previous years				
# of Participants Reaching Savings Goal in 2008 from all previous years				
# of Participants Purchasing Asset in 2008 from all previous years				

NOTE: All fiduciary organizations are provided with a database to track program outcomes. This database captures additional outcome measures other than those listed above. All FOs are required to participate fully in the evaluation of the OR IDA Initiative and utilize the common database system.

C. Work Plan and “Measurable” Outcomes: Please use attached work plan form for your 2009 IDA program. Be sure to include:

1. SMART Goals (**S**pecific, **M**easurable, **A**ggressive yet Achievable, **R**elevant, **T**ime-bound)
2. Activities
3. Outcomes (Impacts, Consequences, Effects) by June 30, 2009 and December 31, 2009
4. Measurements (how will you know you have achieved success? **Be specific!**)

D. Administrative Systems & Controls Assurances: Briefly describe your organization's policies and procedures for the following:

1. Fund accounting and reporting;
2. Use of interest on IDA funds;
3. Remedies for dealing with account holder noncompliance;
4. How program results will be measured;
5. How required data will be collected, maintained and used in operations;
6. How program performance will be monitored and by whom, focusing on the involvement of the fiduciary organization's administrative staff and members of the Board of Directors and how their findings and recommendations will be used to operate the project; and resolving monitoring and auditing findings.

SECTION IV: BUDGET SUMMARY FOR USE OF 2009 OREGON IDA PROGRAM FUNDS

Use the following template to show how your requested allocation of state IDA tax credit revenues (OR IDA funds) will be used and leverage other sources of funding in your IDA program to benefit account holders.

Application acceptance and approval does not grant budget approval; the department reserves the right to negotiate all awards of pre-designated tax credits and/or cash revenues. Both new applicants and renewal applicants must complete a budget. Actual awards will depend on revenues and tax credit availability, at the discretion of the department.

Use the separate Requested Allocation form provided for your application.

2009 OR IDA Award Request	<input type="text"/>			
	2009 OR IDA Funds	Other Funds	In-Kind	Total
Program Administration				
Account Holder Intake	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Max 5% of OR IDA Funds, unless exception granted)			
Account Holder Referral	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Support				
Participant Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Max 20% of OR IDA Funds)			
Match Funds				
For Participant Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Account Funds will open in 2009	<input type="text"/>			
Total minimum anticipated participant savings:	<input type="text"/>			
Total maximum anticipated participant savings:	<input type="text"/>			
Budget Total	<input type="text"/>			
Investment per Participant	<input type="text"/>			
<i>Award Request/Goal</i>	<input type="text"/>			

DEFINITIONS

Other Funds: Grants, contributions, value of volunteer hours and other program funds that enhance your OR IDA Program.

Value of Volunteer Hours: Calculated at \$19.51/Hour

In Kind Donation: The donated retail value of supplies, printing, facilities, staff time, etc. used to enhance your OR IDA Program. Value is estimated at the retail cost to the FO.

Interest Income: Interest earned on your OR IDA Funds.

SECTION V: APPENDIX

Make three copies of each the following supplemental documents in the order listed and identify each appropriately to create an Appendix for your application. Keep one copy on file and readily accessible at all times at your organization's office. Submit two copies with your application. This information and the documents requested will serve as evidence of your organization's capacity to serve in the FO role and to verify that your organization is in good standing and is authorized to transact business in the state of Oregon:

- Copy of **IRS Letter of 501 (c) (3) status** recognition (This item is not required for nine federally recognized Oregon tribes);
- Your organization's current **Mission Statement**;
- Organizational Budget** that clearly shows how your IDA program fits into the rest of your organizational system and identify revenues and expenses for the IDA Initiative. Please be sure to include interest income;
- Your organization's current **Bylaws**. *For "renewal applicants" that have not changed their Bylaws, a new copy is not required. If small changes have been made to the Bylaws, those applying for renewal shall list and describe what has been changed. If major changes have been made to the Bylaws, please submit a current set;*
- Your organization's **current Board Roster**. Must include name, address, and profession of board members;
- Map of Geographic Area** to be served with applicant's proposed IDA program, no larger than 8 1/2 x 11 inches in size;
- Your **most recent Organizational Audit**;
- A current **Organizational Chart** showing key personnel specifically responsible for administering the IDA program and their reporting structure through the organization. Please be sure to identify the person responsible for entering and maintaining Outcome Tracker data;
- Job Description(s)** of all key IDA personnel;
- List** the name, mailing address, phone number, fax number, email, and contact person for all proposed third-party contractors, partners, and others, if any, through which the applicant organization intends to fulfill any fiduciary organization responsibilities;
- Letter(s) of Commitment** from each contractor/partner and/or other organizations affirming acceptance of the specific role(s) and responsibility(ies) described, as well as additional funders;
- A **Flow Chart of Roles and Responsibilities** between fiduciary organization and others integral to implementing your proposed IDA program;
- A **Signed Agreement(s)** (or at least a letter of commitment) with financial institution(s) describing the relationship between, and responsibilities of, the account holder, the bank, and your organization;
- Account Holder Noncompliance Policies and Procedures**; and
- Work plan** showing goals, activities, outcomes and measurements.