Santa Rosa 2050 General Plan Healthy City Update

Status:Under ConsiderationDate:10/25/2019

Organization Information

The ID for this Proposal is #105202. Please make a note of it for future reference.

Application Contact First Name	Andy
Application Contact Last Name	Gustavson
Application Contact Prefix	Mr.
Application Contact Title	Senior Planner
Application Contact Phone Number	707-543-3236
Application Contact Email Address	agustavson@srcity.org
Organization Legal Name	City of Santa Rosa
Federal Tax ID or Employer Identification Number	94-6000428
(IRS): Classification	
(IRS): Affiliation	
(IRS): Foundation Code	
(IRS): Assets	
(IRS): Income	
(IRS): NTEE Code	
(IRS): NTEE Activity	
Tax Status	Local, State, or Federal government agencies
Upload Your Organization's W9 Form	W9 signed 2019.pdf
Upload Your Organization's W9 Form Organization Website	W9 signed 2019.pdf www.srcity.org
Organization Website	www.srcity.org
Organization Website Organization Primary Address (line 1)	www.srcity.org 100 Santa Rosa Avenue
Organization Website Organization Primary Address (line 1) Organization Primary Address (line 2)	www.srcity.org 100 Santa Rosa Avenue Room 3
Organization Website Organization Primary Address (line 1) Organization Primary Address (line 2) Organization City	www.srcity.org 100 Santa Rosa Avenue Room 3 Santa Rosa
Organization Website Organization Primary Address (line 1) Organization Primary Address (line 2) Organization City Organization State	www.srcity.org 100 Santa Rosa Avenue Room 3 Santa Rosa California
Organization WebsiteOrganization Primary Address (line 1)Organization Primary Address (line 2)Organization CityOrganization StateOrganization Zip CodeIs your Primary Address the same as your	www.srcity.org 100 Santa Rosa Avenue Room 3 Santa Rosa California 95404
Organization WebsiteOrganization Primary Address (line 1)Organization Primary Address (line 2)Organization CityOrganization StateOrganization Zip CodeIs your Primary Address the same as your Mailing Address?Is the person submitting the application also the	www.srcity.org 100 Santa Rosa Avenue Room 3 Santa Rosa California 95404 Yes
Organization WebsiteOrganization Primary Address (line 1)Organization Primary Address (line 2)Organization CityOrganization StateOrganization Zip CodeIs your Primary Address the same as your Mailing Address?Is the person submitting the application also the CEO/Executive Director of the organization?Organization CEO/Executive Director Contact	www.srcity.org 100 Santa Rosa Avenue Room 3 Santa Rosa California 95404 Yes No
Organization WebsiteOrganization Primary Address (line 1)Organization Primary Address (line 2)Organization CityOrganization StateOrganization Zip CodeIs your Primary Address the same as your Mailing Address?Is the person submitting the application also the CEO/Executive Director of the organization?Organization CEO/Executive Director Contact First NameOrganization CEO/Executive Director Contact	www.srcity.org 100 Santa Rosa Avenue Room 3 Santa Rosa California 95404 Yes No Sean

Organization CEO/Executive Director Contact Phone Number	707-543-3032		
Organization CEO/Executive Director Contact Email	Smcglynn@srcity.org		
What is your organization's mission statement?	P To provide high-quality public services and cultivate a vibrant, resilie and livable City.		
	https://srcity.org/2476/M	lission-Vision-Values-Goa	als-Priorities
Please provide a brief overview of your organization's history.	Santa Rosa was incorporated as a City by the State Legislature on March 16, 1868. City Government has played a key role in the City of Santa Rosa's development. The Department of Planning and Econom Development provides a wide range of development services to the community, developing long range plans for the growth of Santa Rosa and reviewing development proposals for consistency with those plans		
What year was your organization founded?	1868		
Does your organization have a Board of Directors?	Yes		
Jpload a document that lists your organization's current Board of Directors	City Council.docx		
Jpload a listing of your Executive Officers or _eadership Team	Executive Team.docx		
s your organization engaged in one or more active contractual agreements for supplier/vendor or member services with Kaiser Permanente?	Yes		
Provide a description of your organization's contract(s) with Kaiser Permanente, including start and end dates.	Kaiser Permanente is o options.	ne of the City employee h	ealth care provider
Do any Kaiser Permanente employees or ohysicians serve as a Board member or employee of the organization?	No		
Does Kaiser Permanente currently provide a significant amount of technical assistance, supplies, equipment, or other resources to support this organization and/or project?	No		
iscal Sponsor			
Does your application include a fiscal sponsor?	No		
Request Overview			
Is the person submitting the application also the contact for questions about the proposed project?	Yes		
Project Title	Santa Rosa 2050 General Plan Healthy City Update		
Grant Term	Proposed start date of grant term	Proposed end date of grant term	Duration of grant term in months
Enter Info	1/1/2020	1/1/2023	36
Grant Range	Tier 3		
	600,000.00		

3,100,000.00

Please attach the Project Budget	Budget 201	91025 DRAF	T.pdf		
Project Information					
Briefly describe the population(s) and location(s) who will be impacted by this project	The resident population of the City of Santa Rosa is approximately 177,000 which is about one-third of Sonoma County's total population. While the Project will impact the entire population, the expanded community engagement will help to ensure the General Plar Healthy City Update will directly benefit lower income individuals, who are primarily persons of Hispanic descent and other non-white persons which comprise 28% and 12% of the City's population, respectively (2010 Census). The City's youth and elderly will also be beneficiaries of the Project. The lower income population groups are concentrated in the Roseland Community in southwest Santa Rosa, in the Downtown and West End neighborhoods in the center of the City, and in the Monroe neighborhood in the northwest quadrant of the City.			al Ition, the General Plan viduals, who vhite persons, spectively eneficiaries of centrated in the wntown and	
Please select the city or cities within the Kaiser Permanente service area where your project activities will take place. If your request is not related to a specific project, select the city or cities that your organization serves.	Option	Ρ	ercentage	Primar	/
	Santa Rosa	1	00		
Please select the Community Health Need which your project will address. If your request is not for a specific project, select the Community Health Need(s) most aligned with your organization's work.	Option		Prim	ary	
	Access to Ca	re & Coverag	e		
	Mental & Beh	avioral Healt	h		
	Early Childho	od Developm	ient		
	Healthy Eatin	g, Active Livi	ng Yes		
	Community &	Family Safe	ty		
	Economic Op	portunity/Sec	curity		
s your project intended to benefit a particular age group?	No				
Is your project intended to benefit a particular racial or ethnic group?	No				
Please provide a 1-2 sentence executive summary of your project, including your organization's full name, the project title, goal(s), and target population and communities. If your request is not related to a specific project, please refer to your organization's overall work.	livable neight	orhoods, vib sources by ir	neral Plan Health rant commercial nplementing env the City.	areas and equi	itable access to
Please provide a high-level overview of the project activities and explain how the project will address the identified Community Health Need. Please note any evidence-based strategies utilized in the project design. If your request is not related to a specific project, please refer to your organization's overall work.	Project will increase public awareness and involvement of population groups not typically engaged in civic activities through enhanced innovative and inclusive public outreach, including collaboration with trusted community organizations. Input from these population groups wi help to ensure comprehensive integration of Healthy City policy within the General Plan will help to replace the City's disadvantaged communities with livable neighborhoods through equitable land use and transportation development, improved access to community amenities, public services and employment, and improved local environmental conditions.				
Measurable Objectives: List up to 5 concise "SMART" objectives for the proposed request. If you are responding to a request for proposals	List of Objectives	Activities	Timeline 😐	Outcomes	Measureme nt 💷

that does not require you to determine measurable objectives at this time, please enter N/A.

Objective 1	Engage residents who ordinarily do not participate in civic activities	Meetings with local community organization s including neighborhoo d and business groups, charitable social service/housi ng groups	1/1/2020 to 12/30/2022	Increased engagement	community organization representativ e participation and comments
Objective 2	Engage residents who ordinarily do not participate in civic activities	Reach out to school aged residents	1/1/2020 to 12/30/2022	Increased engagement	youth representatio n on CAC; completion of intern activity
Objective 3	Engage residents who ordinarily do not participate in civic activities	Provide information and receive comments at public events	1/1/2020 to 12/30/2022	Increased engagement	number of documents distributed and survey results received.
Objective 4	Engage residents who ordinarily do not participate in civic activities	Stage pop- up events at local gatherings.	1/1/2020 to 12/30/2022	Increased engagement	number of events held within a year.
Objective 5	Engage residents who ordinarily do not participate in civic activities	Provide Spanish translation information	1/1/2020 to 12/30/2022	Increased engagement	number of translated documents provided
How many people will be directly served by this funding?	177000				
Upload any additional information that you would like Kaiser Permanente to consider (annual report, strategic plan, relevant media coverage, success stories, etc.)	Work Plan Draft 20191025 x.docx				
Program Information					
Please list key partners who have a significant role in this project, and indicate whether an MOU (Memorandum of Understanding) or a Letter of Agreement is in place. If your project does not involve key partners, please enter N/A.	N/A				
Describe how you will evaluate the success of the program, including the methods that will be				Department pro n, commercial c	

used to collect and analyze the data measurements listed in your workplan. Please identify the internal or external evaluator and be clear on how we will know that the project is successful. If you are responding to a Request for Proposals which does not require an evaluation plan at this time, enter N/A.	and attainment of general plan policy. The program success will be based adoption of the General Plan Health City Update measures.		
Provide a brief overview of your organization's goals for the next three years. How does this project fit in with those goals?	In January 2019, the Council affirmed its top priorities include the General Plan Update, which includes the addition of new environmental justice policy. The Council's other top priorities to increase affordable housing production, reduce homelessness, and the adoption of a climate action plan are supportive of the preparation of the general plan update.		
Please describe how you engage community constituents in your organization's planning, goal-setting, or other activities that help determine the organization's overall direction.	The Department hosted eight meetings and conducted a survey which underscored the affordable housing, homelessness, and neighborhood character are foremost community concerns. This input informs the scope of the GPU and revealed outreach must accommodate residents time-constraints, language preferences, and civic awareness. This Project will provide resources to implement an effective and inclusive community engagement program.		
If there are any significant challenges or risks which could affect the success of the project, please describe and explain how you will mitigate those risks. What organizational or community assets will help you ensure success for the project?	The Department has capacity to fulfill routine advance planning activities. The GPU, including the addition of Environmental Justice policy, is a stated Council priority. The GPU is funded by the Advance Plan Fee, which has sufficient monies to complete baseline statutory requirements. The requested funds will augment this revenue source to allow the update to fully incorporate Healthy City policy and initiatives.		
Financial Information			
Indicate the start and end of your organization's fiscal year.	Start	End	
Fiscal Year start/end	July	June	
Did your organization have an operating surplus or an operating deficit on your income statement for the previous fiscal year?	Operating Surplus		
Enter the dollar amount of the surplus for the previous fiscal year, using only numbers, no currency symbols.	9,333,000.00		
What is the amount of your organization's total operating expenses for the current and previous fiscal year?	Current	Previous	
Enter Info	168,731,000.00	161,556,000.00	
From your balance sheet, what are your organization's current assets?	81,398,000.00		
From your balance sheet, what are your organization's current liabilities?	4,631,000.00		
From your balance sheet, what was your organization's total cash at the end of your previous fiscal year?	60,383,039.00		

Attestation

Non-Discrimination Policy - Applicant: Does the Yes applicant organization have a documented policy which prohibits discrimination in its programs, services, policies, hiring practices and administration on the basis of race, color, ethnicity, ancestry, national origin, age, gender, gender identity or expression, sexual orientation, marital status, or physical or mental disability?

Non-Proselytizing Policy - Applicant: If the applicant organization is a religious or faith- based organization, will any portion of the grant be used to support general operations, services and programs of the congregation/membership/students, or to advance religious doctrine or philosophy?	N/A - not a religious or faith-based organization
Non-political activity policy: Will any portion of the grant be used for political advocacy, partisan activities, gifts to or on behalf of state and federal government officials, lobbying, election campaigns, or participation in fundraising events for the purpose of supporting a political action committee (PAC) or committee on political education (COPE)?	No