

IMPACT AMERICA 2020

“VISION FOR THE FUTURE”

A NATIONAL MODEL FOR RECONCILIATION

*A program that offers our Youth
“Positive Alternatives”
to Gangs, Drugs and Violence.*



Feasibility Study

Project IMPACT:

2640 Industry Way, Suite G and H

Lynwood, CA 90262

(310) 631-9763

Fax (310) 631-6680



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Instructions for Completing the Feasibility Study Packet

The feasibility packet is divided into eight sections: General Information, Community Needs, Memorandum of Understanding, Primary Staff Identification, Facility Assessment, Community Interest and support, Availability of Funds and Church support. Please complete each section to the best of your ability following the instructions provided below. If you have any questions please call (909) 937-3300 and ask for Support Services for assistance. Upon completion, please return this packet along with any requested attachments to:

Project IMPACT USA, Inc.
Attn: Director of Support Services
430 N Vineyard Ave, Suite 303
Ontario, CA 91764

General Information:

Complete all applicable information including information on any current community outreach programs provided by the church. Please provide any brochures, business cards or other material for these programs, the Church and/or Pastor.

Community Need:

At a minimum, visit each of the Agencies listed on the check list. Complete a form for each Agency visited. If you have received a signed Memorandum of Understanding (see below) please indicated where requested on the form. In order for your center to be approved, it is vital that you receive agreements from as many agencies as possible. The goal is to receive a minimum of 1,000 referrals from all agencies combined.

Memorandum of Understanding (MOU):

Please complete an MOU for each agency that you receive a commitment for client referrals into your program. This form must be signed by the person who has the highest authority to authorize the referral. Provide the agency a copy of the Program Overview document that was included with this Feasibility Study. This will provide them with the information they will require to understand and approve the IMPACT program. The goal is to receive commitments from various agencies to provide a combined total of a minimum of 1000 clients.

Staff Information:

Complete the forms provided for the four key staff members. Please provide a brief resume' on each person if possible.



Instructions for Completing the Feasibility Study Packet_{Continued}

Facilities:

Complete the facility's questionnaire for the facilities you intend to use for the IMPACT center. If your facilities have other desirable features, please provide details. Please provide a floor plan if available.

Community Support:

This section is used to evaluate the support by your community leaders for a Project IMPACT Center in your community. Complete a form on each representative you contact from the government entities listed on the checkoff form. You should request a letter of support from each entity that addresses each of the questions provided on the form. It is imperative that you are able to demonstrate both sufficient community support and your ability to obtain it.

Availability of funds:

Identify at least four (4) sources of "potential" funding that will commit to providing financial support to your Project IMPACT center. The financial support can be both monetary as well as "in kind" donations such as volunteers, clients and services. The goal is to obtain enough resources to facilitate a minimum \$200,000 budget.

Church Support:

Complete the form for each sponsoring Church or Churches. This form should be signed by the Senior Pastor of the Church. The goal is to obtain sufficient financial support to cover the first eight months of operation or until sufficient grants are written by the center and they are funded.

Other Information:

How to contact various agencies for completion of MOUs:

- Court Referrals: Contact the local courthouse, ask the operator for the Judges in charge of referrals from both juvenile and adult courts
- Police: Contact the Chief of Police, the Police can provide direct referrals called "Street Justice"
- Probation: Call Police Department, ask for Juvenile Probation
- Children and Family Services: contact Police Dept. Ask which agency in your community works with domestic and child abuse. You want to contact the head of the agency.
- Schools: Contact Superintendent of Schools - ask for the agency or department that works with "at risk" youth.
- Juvenile Detention: Contact your local Probation Department or your state Department of Corrections, you want to ask for the agency who handles Juvenile Detention



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I. General Information

Name of Sponsoring Church: _____

Address: _____

City/State/Zip Code: _____

Church Size (Active Membership): _____ Date Established: _____

Name of Senior Pastor: _____ Position Since: _____

Name of Associate Pastor: _____ Position Since: _____

Church Phone: (____) _____ Fax: (____) _____ Email: _____

Name of Contact Person: _____

Phone Work: (____) _____ Home: (____) _____ Fax: (____) _____

Current Programs in Operations:

Describe the demographics of your community. This information can be obtained through your Chamber of Commerce.



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II. Community Need

Purpose:

To determine if there are sufficient Community need and support for the programs of Project IMPACT. This process will provide you the opportunity to introduce you and your vision for the community to your community leaders. It will also provide you with a clear understanding of the need in the community and help you identify the agencies you can draw clients from.

Program Requirement:

Project IMPACT requires signed Memorandum of Understanding (MOU) for referrals from at least three different agencies for a combined minimum of 1000 youths. (See Attached MOU form) This will provide you with an adequate pool to draw the minimum 250 annual participants that are required for a successful program.

Instructions:

Contact the agencies listed on Community Needs Assessment Form and collect the information requested.

Tips to help you through the process.

- **BE PREPARED!** Make your vision clear and concise. Be ready to discuss the specific problems the IMPACT program is designed to address. Provide a brief explanation on how you plan to carry the program out.
- Use any contacts that are in the Church, there is a wealth of relationships already established and this makes the initial meeting more relaxed and will help “break the ice.”
- Get letters of support from leaders in your community stating that they will support the program.
- Build on your successes, use letters of support and signed MOUs to demonstrate other agencies support, this will bring credibility to you.
- **BE SURE THE CONTACT PERSON HAS THE AUTHORITY TO MAKE A FINAL DECISION OF SUPPORT**



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Community Needs Assessment Form

Note: Complete this form for each agency contacted

Agency Contacted

- Youth Authority Department of
Children's Services
- Juvenile Courts Probation
Department
- Area Law Enforcement Agencies: _____
- Area Schools: _____ Other Agencies: _____
-

Name of Contact Person: _____

Title: _____

Phone: (____) _____ Ext. #: _____ Fax: (____) _____

Number of Youth this agency can refer to Project IMPACT: _____

What Other Agencies is Receiving "Non - Violent Juvenile Offenders" referrals from this agency?

Will this agency agree to participate in the program through signing an MOU and a letter of support? Yes No



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III. Memorandum of Understanding

Purpose:

The Memorandum of Understanding (MOU) is used to identify the sources of the client referrals for your program. It develops an agreement with various agencies to support your program and demonstrates a need for your services in the community. It also provides you the opportunity gain the support of your community leaders.

Program Requirements:

Your goal is to gather enough signed MOU's to provide you with a minimum pool of referrals of 1000 participants. This number of participants will provide you with an adequate pool to draw the minimum annual 250 clients you will serve. Keep in mind, that some of the clients that may be referred to you may not meet your specifications of the types of clients you wish to serve.

It is important that when making your request that you emphasize that these referrals are in addition to any referrals they are currently making to other similar agencies. This will make it easier politically for the agency to comply with your request.

Instructions:

Complete a signed MOU from as many agencies as possible from the agencies listed on the form. Be sure the MOU is signed by the person with the highest level of authority to authorize the referral.

Most agencies will request information on the program. The Program Overview document that was included with this Feasibility Study is provided for this purpose. Please feel free to review and provide these agencies with copies of this document. This should provide them with all of the information they require. If further information is requested, please contact our office for assistance.



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Memorandum of Understanding

This "Memorandum of Understanding" (MOU) stands as evidence that Project IMPACT and _____ intend to work together toward the mutual goal of providing maximum available assistance for Juvenile Delinquency prevention efforts. Both agencies believe that implementation of the Project IMPACT program as described herein will further this goal. To this end, each agency agrees to participate in the program by coordinating and/or providing the following services:

1. Project IMPACT will closely coordinate the following services with the _____ and will make itself available to provide:

1. Juvenile Diversion Counseling
2. School Dropout Prevention
3. Job training and Placement
4. Parent Education
5. Follow-up Mentor Program

2. It is further understood that _____ is able to provide to Project IMPACT _____ clients categorized as "First Time Nonviolent Juvenile Offenders," ages 10 -19 during a one year period of time for the aforementioned services. (These referrals are over and above existing referrals to other programs in our area.)

We, the undersigned, as authorized representatives of Project IMPACT and _____ do approve this Memorandum of Understanding.

Name of Referring Organization	Project IMPACT Name of Organization
Name	Name
Signature Date	Signature Date



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IV. Staff Qualifications and Responsibilities

Purpose:

This section is to be used to identify the four key staff positions required to start an IMPACT center. These positions can be either volunteer or paid.

Program Requirements:

Use the Qualifications provided for each position as the minimum guide for the selection of these positions. It is recommended that one of the staff is a Licensed Clinical Social Worker or an Marriage and Family Clinical Counselor. We recommend that the Director of Counseling fill that roll. If you are unable to find an appropriately licenced counselor, you should try to find someone who will volunteer to allow your staff to operate under their licence. The requirement in most states is that a licenced counselor review each case and meets with the counseling staff weekly. These requirements can vary state to state and is strongly recommended that you contact your state to determine what is required under your local law.

Instructions:

Complete that attached forms for the final candidates chosen for each position. Please include a copy of their resume' if available.



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Staff Qualifications and Responsibilities

Executive Director

Please use the following criteria when selecting this position:

Responsibilities:

To coordinate the overall program goals and objectives; to supervise and direct the work of the executive staff; to attract new program participants; setting and implementing priorities and long and short range plans for the program. To hire, negotiate staff salaries and screen all paid and volunteer staff. To maintain all personnel files; conduct staff and program evaluations; maintain and provide program reports to funding agencies, local Board and corporate office. To identify and secure funding for the Project IMPACT center to meet the requirements of it's yearly budget.

Qualifications:

Possess a college degree. Have at least two years experience as a director of an organization. Have the ability to raise program funds. Have good communication skills; have the ability to motivate and supervise executive staff. Have the ability to maintain a fiscal responsibility for the organization. Candidate should agree to the organizations values, guiding principles, and vision of Project IMPACT.

Please complete the following information on the final candidate chosen for this position.

Applicants Name: _____

Address: _____

City/State/Zip Code: _____

Phone: Home: (____) _____ Work: (____) _____ Fax: (____) _____

Email Address: _____

Social Security Number: _____



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Staff Qualifications and Responsibilities

Director of Counseling / School Dropout Prevention

Please use the following criteria when selecting this position:

Responsibilities:

To provide intake, assessment and counselor assignment of all clients. To supervise and direct the work of all counseling and School Dropout Prevention staff. To maintain a system of record keeping, collecting program statistics, evaluations (both staff and program) and maintaining client files. To coordinate all workshops, field trips and to interface regularly with all referring agencies regarding client progress and completion of the program. To coordinate and ensure adequate staff training.

Qualifications:

Possess a college degree. Have at least two years experience in counseling, training and supervising counseling staff. Must be a Licensed Clinical Social Worker or Marriage and Family Clinical counselor and is familiar with the responsibilities and codes governing nonprofit Counseling Centers as determined by the Board of Behavioral Science. Candidates should agree with the organizations values, guiding principles, and vision of Project IMPACT.

Please complete the following information on the final candidate chosen for this position.

Applicants Name: _____

Address: _____

City/State/Zip Code: _____

Phone: Home: (____) _____ Work: (____) _____ Fax: (____) _____

Email Address: _____

Social Security Number: _____



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Staff Qualifications and Responsibilities

Director of Job Training / Parent Education

Please use the following criteria when selecting this position:

Responsibilities:

To identify and secure participating employers; to coordinate training curriculum; to establish workshop agendas and training dates; to coordinate recruitment; to maintain a system of record keeping, collecting program statistics, evaluations (both staff and program) and maintaining client files; to interface regularly with all referring agencies/ employers regarding client progress and completion of the program.

Qualifications:

Must have at least one year supervising, directing or administrating a job training program (i.e., JTPA, CETA, or similar program). Must be Parent Effectiveness Certified. Candidates should agree with the organizations values, guiding principles, and vision of Project IMPACT.

Please complete the following information on the final candidate chosen for this position.

Applicants Name: _____

Address: _____

City/State/Zip Code: _____

Phone: Home: (____) _____ Work: (____) _____ Fax: (____) _____

Email Address: _____

Social Security Number: _____



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Staff Qualifications and Responsibilities

Office Manager

Please use the following criteria when selecting this position:

Responsibilities:

To provide secretarial and receptionist support to all aspects of the program. To provide support to all program directors and perform other duties as may be necessary. Shall be under the direct supervision of the Executive Director.

Qualifications:

Must have at least two years experience as a receptionist, office manager and clerk typist. Must be able to type 40 words per minute and have computer experience using preferably Windows WordPerfect, Lotus 123, Lotus Freelance and Microsoft Access. Must have experience in office management and inventory control. Needs to have good communication and human relations skills. Must have knowledge of proper office etiquette and present themselves in a professional manner to the public. Candidates should agree with the organizations values, guiding principles, and vision of Project IMPACT.

Please complete the following information on the final candidate chosen for this position.

Applicants Name: _____

Address: _____

City/State/Zip Code: _____

Phone: Home: (____) _____ Work: (____) _____ Fax: (____) _____

Email Address: _____

Social Security Number: _____



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V. Facilities

Purpose:

This questionnaire will help identify adequate facilities for the operation of the IMPACT program. The facility can be located within the church campus or in another location you may have available.

Program requirements:

Project IMPACT has determined a 1,500 sqft facility is the minimum space required to operate a successful IMPACT program. It is recommended that this space consist of at least one reception area, three counseling offices, one conference/group counseling room and men and women's restrooms.

Instructions:

Please complete the attached questionnaire, answering the questions for each section including the description of the facilities. Please include a floor plan of the facilities if available



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Facilities

Reception Area:

Size: _____ sq. ft. Seating Capacity: _____ Work areas: _____

This is the first impression of the organization. It should be large enough to fit a reception desk and seating for at least six persons. This room will also hold the office equipment such as the copier, fax, typewriter and computers. It should be a minimum of 350 sq. ft.

Counseling Offices:

Number of Counseling Offices: _____ Size each: _____ sq. Ft.

A minimum of three counseling offices are required. Each office should be a minimum of 150 sq. ft. These offices may also be used for administration purposes.

Conference Room:

Size: _____ sq. ft. Seating Capacity: _____

One large room for group counseling and workshop is required. This room should be able to accommodate a minimum of 40 people and should be at a minimum of 600 sq. ft.. This room will also be used for staff training and staff meetings.

Restrooms:

Number Male: _____ Female: _____

Restrooms should be clearly marked for male and female and should be accommodating to the physically challenged. Each restroom should be approximately 50 sq. ft.

Description of Facilities:

Do the facility meet ADA requirements for the Physically challenged? _____

Please describe the facilities, address condition, expansion options, location, costs, lease/ownership opportunities and other issues both pro and con:



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Facilities Continued

Office Equipment:

Indicate which of the following office equipment is currently or will be available either by donation or funds available to purchase

- Copier
- Typewriter
- Fax
- Phone system (minimum of 3 lines & 5 extensions)
- Computers (Pentium 200 PC Compatibles) minimum of 2 required
- Computer Printer
- File Cabinets for each office - Minimum of 3
- Desks and chairs for each office (minimum of 4)
- Reception area furniture (seating for 6 minimum)

If existing church equipment is to be used, can it handle the increased volume of use from the IMPACT program? _____



VI. Community Support

Purpose:

The following questionnaire is used to determine if sufficient community interest and availability of financial sources are present to support a Project IMPACT center.

Program Requirement:

At a minimum, you should contact each of the entities identified on the questionnaire.

Instructions:

Complete a form for each entity interviewed; answering each question and providing the information requested.

The governmental entities that should be interviewed include:

- School board Representative / Superintendent of Schools
- City Council Representative
- County Representative
- State Representative
- U.S. Congressional Representative
- U.S. Senate Representative

TIPS to help you through the process:

BE Prepared! Use the information you have already gathered for your presentation. Your appearance and presentation are going to say a lot about the determination and the amount of commitment your elected official will commit to you.

- By the time you meet with your political representative, you should have collected data on community need and established support from key agencies. This will have been documented through the feasibility study. Use this information in your presentation.
- Don't rush the process... take time to build relationships
- Use any and all connections you have already established with elected officials.
- Start at the local level with supportive City Council members. Gain advice from those that support your actions and encourage them to gain the support of other council members. Build momentum.
- "Work Your Way Up" with advice from the same supportive council members to gain support among other levels of government.
- All contact persons should have the authority to make a final decision of support.



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Community Need and Availability of Funds Questionnaire

(Complete a form for each entity interviewed)

Check One

- | | |
|--|--|
| <input type="checkbox"/> School Board Representative | <input type="checkbox"/> State Representative |
| <input type="checkbox"/> County Representative | <input type="checkbox"/> U.S. Congressional Representative |
| <input type="checkbox"/> City Council Representative | <input type="checkbox"/> U.S. Senate Representative |

Name of Representative: _____

Name of Contact Person: _____

Title: _____

Phone: (____) _____ Ext. # _____ Fax: (____) _____

Can Project IMPACT count on your support for this program? _____

What funds, including discretionary and defunded program funds, are available for this Project?

What should we do in order to secure or qualify for those funds? _____

Can you put us in contact with some key staff people that can help us apply for those funds? We need "technical assistance" _____

Name and Department of staff identified: _____



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VII. Availability of Funds

Purpose:

One of the key success factors of an IMPACT center are the ability to identify sufficient funding to support its budget. To facilitate the center in this effort, we have provided a list of possible sources of revenue. Use this form to record the sources of potential funding that you have identified to fund both the startup and operations of the IMPACT center. It is not expected that these funds have been guaranteed, but that they have been identified as targeted sources of funds that can reasonably be expected to be obtained.

Program Requirements:

The goal is to identify funding resources to support at least a \$200,000 budget. Keep in mind that support can come in various forms such as, in kind services, volunteers, clients, monthly or one time donations.

Instructions:

Please identify from the following list "Potential" funding resources that will commit financially to supporting your Project IMPACT center.

Tips to help you through the process:

Be prepared. It is important to have a clear vision and concise plan of action before contacting people for funds. The best approach is to get your plan on paper and present the project as a sound, viable investment that will change the lives of our youth that are at-risk. Don't let yourself get discouraged if you are told "no." Enlist people or businesses who are working toward the same goals and funds will come. Don't forget to use the contacts from within the church.



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VIII. Sponsoring Church Support

Purpose:

In order for the IMPACT center to be successful, it is important that the sponsoring church and Project IMPACT USA's share a common vision and goals for the center. The sponsoring church must have a clear understanding of its commitment to start and operate an IMPACT center. The Memorandum of Support clearly outlines the major commitments required of the Church.

Instructions:

Please have the Senior Pastor of each sponsoring Church sign the Memorandum of Support where indicated, pledging the church's support in the areas listed on the form.



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Sponsoring Church Memorandum of Support

This "Memorandum of Support" (MOS) stands as evidence that _____ has agreed to develop a Project IMPACT Center as a part of its community outreach program and agrees to the following:

- The Vision of the Church supports reducing youth crime, drug abuse and violence
- Obtain a minimum 1,500 square foot facility for the IMPACT Center
- Provide access to the office equipment listed in the feasibility study
- Assist with identifying and securing key staff and volunteer staff for the center
- Network with other Churches, community organizations, local, county, state and federal agencies for financial support
- Utilize the community influence of the church to secure MOUs and letters of support from government agencies and political leaders
- Develop a Board of Directors that can provide support for the IMPACT center
- Provide financial support for a minimum of eight (8) months to cover startup and operational costs of the IMPACT center

I, the undersigned, as the authorized representative of _____ do approve this Memorandum of Support and agree to its terms.

Name of Sponsoring Church

Senior Pastor

Signature

Date