



**Supplemental Material
Received at the Meetings of
City Council
Redevelopment Agency
Housing Authority
Financing Authority
For**

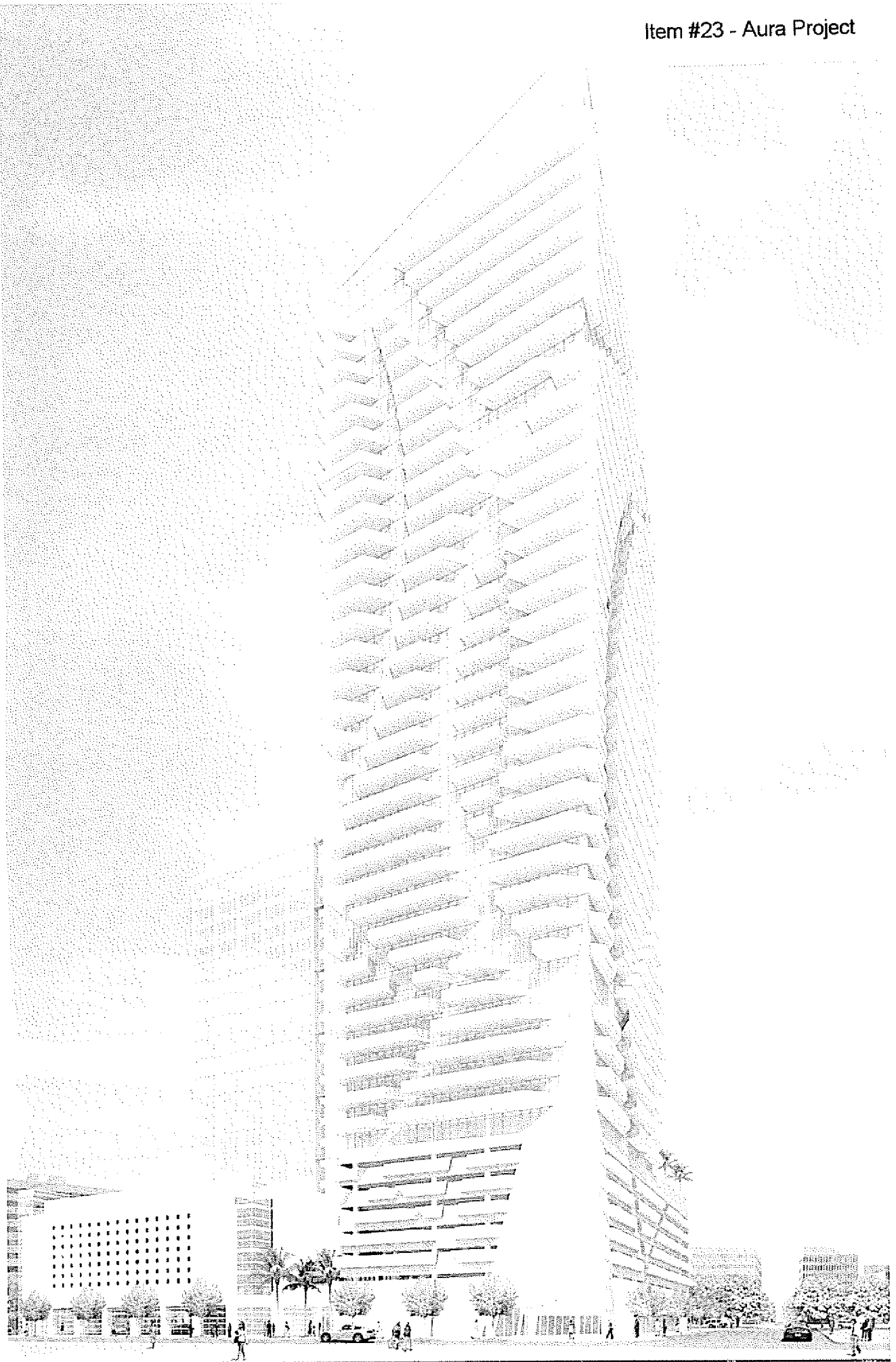
February 6, 2007

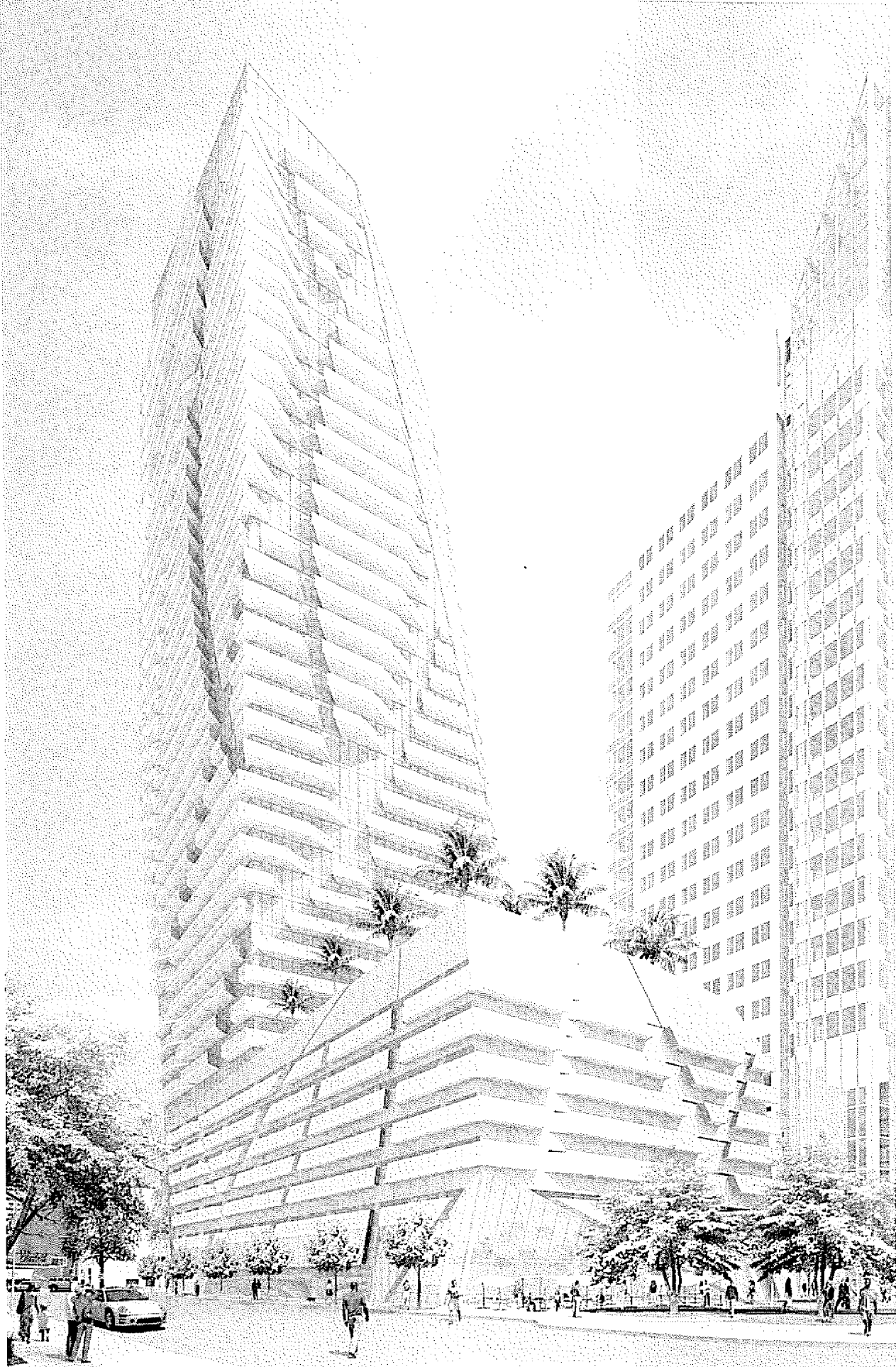
Item 23: Aura Project

- a. Two renderings of the Aura Project provided by Developer.

Special Presentation 7:00 p.m.:

- a. Resolution Proclaiming February 2007 as Sacramento ACT Honoring Mentor Month
 - Greater Sacramento Mentoring Coalition Primary Contacts List
 - Greater Sacramento Mentoring Coalition Guidelines on Structure and Governance
 - Quality Assurance Application Worksheet
 - Greater Sacramento Mentoring Coalition Director and Recruiting Activities Inclusion/Participation Agreement





The Greater Sacramento Mentoring Coalition Primary Contacts (in no particular order)

As we develop our official directory, this list can serve as a way to get a hold of us:

Erica Urbani, CARS,
771 Oak Avenue Parkway, Suite 2
Folsom, CA 95630
983-9506
eurbani@cars-rp.org

Sonja Stires, Navigators Mentoring,
5735 47th Ave. Box 767
Sacramento, CA 95824,
643-7990,
sonja-stires@sac-city.k12.ca.us

Rick Small, Wonder Inc.
P.O. Box 188008
Sacramento CA 95818

Rhonda Staley-Brooks, Big Brothers Big Sisters of Sacramento,
1540 River Park Dr # 214
Sacramento CA 95815
646-9300
rhonda@bbbs-sac.org

Jenifer Savin, Project LIFT,
5625 Stockton Blvd
Sacramento 95824

Dan Thompson, Sacramento Juvenile Hall Chaplaincy Program,
9601 Keifer Blvd.
Sacramento CA 95827
366-6025

Heather Spano, People Reaching Out,
5299 Auburn Blvd.
Sacramento CA 95841
576-3300 x323
heathers@peoplereachingout.org

Katie Willse, Roots and Horizons,
10840 Gadsten Way #D7,
Rancho Cordova,
365-6920cell, 861-0631 x 155,
katie.willse@gmail.com

Austin Aslan, Sacramento ACT,
2510 J. Street, Ste 200
Sacramento, CA, 95816
251-6096, Austin@sacact.org

Greater Sacramento Mentoring Coalition
Guidelines on Structure and Governance
January 19, 2006

- I. Coalition Membership
 - a. The coalition will have an open-door policy and will have two levels of involvement: members and learning community
 - b. **Members** will have completed the Quality Assurance Standards (QAS) and will submit their program information to be added into the Mentoring Directory.
 - i. **Member Benefits**
 1. Inclusion in the Mentoring Directory
 2. Potential Discount for Association of Mentoring Professionals (AMP) membership
 3. Link to Coalition website
 4. Inclusion in recruitment materials distributed by coalition
 5. Acknowledge agency and its representatives as active participants in the coalition
 6. notify members of funding opportunities, best practices, educational workshops and inform members of recent mentoring developments at the state and national level
 7. advocate for programs locally and at the state level
 8. distribute information concerning activity opportunities for mentors and mentees
 - c. **The Learning Community** will incorporate those programs that have not yet met the QA standards. The learning community will be able to attend monthly meetings and all training events. They will not be able to submit their program information for the database until they have met the QA requirements.
 - i. **Learning Community Benefits**
 1. Receive information related to mentoring best practices
 2. Attend monthly coalition meetings and trainings
 3. Be mentored by a coalition member
 4. Notify members of funding opportunities, best practices, educational workshops and inform members of recent mentoring developments at the state and national level
 5. Advocate for programs locally and at the state level
 6. Distribute information concerning activity opportunities for mentors and mentees
 - d. **Mentoring Directory**
 - i. The purpose of the mentoring directory is to have one location where interested volunteers can be referred to when seeking to

volunteer with a program in Sacramento. A collaboration between the Volunteer Centers in Sacramento and other volunteer databanks will be developed for future referrals.

II. Coalition Structure

a. Meetings

- i. The coalition will host one meeting each month to be held at the Sacramento City Unified School District office located at 47th Avenue from 3:00pm to 4:30pm the second Friday of every month

b. Mission Statement

- i. The mission of the Greater Sacramento Mentoring Coalition is to improve the lives of children by sharing and promoting mentoring best practices through trainings, technical assistance, and by providing networking opportunities to mentoring program staff in Sacramento County.

c. Governance Structure

- i. The coalition will operate with a Steering Committee that will include two co-chairs. Additional leadership positions will include chairs for the following committees:
 1. recruitment
 2. funding
 3. training

d. Staffing

- i. It is the hope of the coalition that a 20% employee will eventually be provided to assist with meeting notification, maintenance of the directory and website, and other duties as necessary.

e. Meeting Structures

- i. Monthly meetings that do not include trainings or workshops will include the following agenda items:
 1. networking
 2. educational information regarding mentoring
 3. program highlight (one program each meeting)
- ii. Additional agenda items such as quarterly day-long trainings, speakers, presentations, and panel questions and answers will be added as deemed necessary by the members and learning community.

Quality Assurance (QA) Application Worksheet Consultant Version

*This worksheet is provided for your review prior to your scheduled phone call with the QAS Consultant. You will **not** be submitting this form*

<i>Consultant Use Only</i>	
Date Survey Requested	
Phone Survey Date Conducted	
Date Report Forwarded to Program	
Date Rec'd Verified Program Information	
Date Forwarded to QAS Committee	

Program Name: _____

MINIMUM QUALIFICATIONS SECTION

Please read the following minimum qualifications before checking the boxes. Please note:

- If you are in the process of developing your program, or are applying for funding to start a mentor program, please retain this survey and submit it once your program has been operational for at least six months.
- You must answer "yes" to all of the questions below in order to submit a survey for review.

Please check each box with respect to your mentor program:

- ρ Yes ρ No Program has been in existence for at least six months and is able to accept mentor/mentee matches.
- ρ Yes ρ No Program requires fingerprinting for a criminal background check of all adult mentors.
- ρ Yes ρ No Program has an established policy which prohibits discrimination on the basis of gender, race, color, ancestry, national origin, physical disability, mental disability, or medical condition.
- ρ Yes ρ No Program has liability insurance that covers mentor/mentee activities.
(NOTE: this does not refer to workers' compensation insurance).
- ρ Yes ρ No Program provides direct services to mentees and mentors.
(NOTE: this does not mean a collaborative organization).
- ρ Yes ρ No For the purpose of inclusion into the mentor program database and directory, mentors must be volunteers.

STOP!! *If you have answered "no" to any of the above, do not submit your survey.*

PROGRAM IDENTIFICATION DATA

Agency: _____
Mentor Program Name: _____
Director: _____ Program Start Date: _____
Coordinator: _____
Program Designee for phone conference (if different) _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Telephone: _____ FAX: _____
E-mail Address: _____
Internet website address, if any: _____

Type of Mentoring Program:

- One-to-One Group Team
 Other, please describe:

Number of current matches.....	
Number of matches last year	
Number of matches proposed for upcoming year.....	
Number of male mentees on waiting list	
Number of female mentees on waiting list	
Number of male mentors on waiting list	
Number of female mentors on waiting list	
Volunteer minimum time requirement per month	
Volunteer minimum time commitment (duration) in months.....	
Percentage of volunteers who complete their minimum commitment	
Mentors can meet mentees offsite? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Review of Phone Interview Process

During the phone interview, you will be asked to describe your program's utilization of each of the standards. As there are ten standards to go over, please remember that the amount of time allotted to discuss each standard is approximately five minutes.

If you wish, you may make brief notes below to prepare yourself for the phone interview.

The consultant will be taking notes as you describe each of the ten standards. After the phone conference is over, the consultant will mail or fax you the notes taken during the interview. You may then comment by making additions and/or corrections to the worksheet.

After you review the consultants report, make any necessary revisions, the program manager should sign the application and return it the consultant as expeditiously as possible.

1. A statement of purpose and a long-range plan that includes:

- *Who, what, where, when, why and how activities will be performed*
- *Input from originators, staff, funders, potential volunteers, and participants*
- *Assessment of community need*
- *Realistic, attainable, and easy-to-understand operational plan*
- *Goals, objectives, and timelines for all aspects of the plan*
- *Funding and resources development plan*

A. Does your organization have a long-range plan?

Yes No

If yes, please state three of your highest priority goals:

- 1.
- 2.
- 3.

B. Does your organization have a long-range funding and resource development plan to insure program sustainability? (Do not include grants. See item C below.)

Yes No

Please list two future fundraising events planned for your organization and tentative dates:

- 1.
- 2.

C. The following information reflects funding and fiscal resources that sustain your mentor program.

Of the total mentor funding, what percent is provided by:

Grants:

Local government agencies	%
State government agencies	%
Federal government agencies	%

Other:

Foundations	%
United Way	%
Fundraising	%
Donations	%
In-Kind	%
Other:	%

Of the total percentage of State funding, how much is provided by:

Alcohol and Drug Programs	%
Community Services and Development	%
Health Services	%
Office of the Secretary for Education	%
Office of Criminal Justice Planning	%
Youth Authority	%

Of the total mentor funding, what percent does other state funding provide:

Other:

_____	____%
_____	____%
_____	____%
_____	____%

2. A recruitment plan for both mentors and mentees that includes:

- *Strategies that portray accurate expectations and benefits. Year round marketing and public relations. Targeted outreach based on participant's needs.*
- *Volunteer opportunities beyond mentoring (i.e., event organization, office support, etc.)*
- *A basis in your program's statement of purpose and long-range plan*

Do you have a recruitment plan for mentors and mentees?

Mentors: Yes No
Mentees: Yes No

If yes, what is your recruitment goal for the next year? # mentors: _____ # mentees: _____

3. An orientation for mentors and mentees that includes:

- *Program overview.*
- *Description of eligibility, screening process, and suitability requirements.*
- *Level of commitment expected (time, energy, and flexibility).*
- *Expectations and restrictions (accountability).*
- *Benefits and rewards they can expect*
- *A separate focus for potential mentors and participants.*
A summary of program policies, including written reports, interviews evaluation, and reimbursement.

Does your program have an orientation process for mentors and mentees?

Mentors: Yes No
Mentees: Yes No

4. Eligibility screening for mentors and mentees that includes:

- *An application process and review*
- *Face-to-face interview*
- *Reference checks for mentors which must include criminal history record checks (fingerprinting), and may include character references, child abuse registry check, and driving record checks*
- *Suitability criteria that relate to the program statement of purpose and needs of the target population. Could include some or all of the following: personality profile; skills*

identification; gender; age, language and racial requirements; level of education, career interests; motivation for volunteering; and academic standing

- *Successful completion of pre-match training and orientation*

Does your program have an eligibility screening process for new adult mentors?

Yes No

Please check all of the following that apply:

- Criminal history record (fingerprinting)
- Application
- Department of Motor Vehicles
- Face-to-face interview
- Personal references (No. required ___)
- Other, please explain:

Suitability criteria that relate to the program statement of purpose and needs of the target population. Could include some or all of the following:

(Check each criterion that your program uses)

- | | | |
|--|---|---|
| <input type="checkbox"/> Personality profile | <input type="checkbox"/> Skills identification | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Age | <input type="checkbox"/> Language and racial requirements | <input type="checkbox"/> Level of education |
| <input type="checkbox"/> Career interests | <input type="checkbox"/> Motivation for volunteering | <input type="checkbox"/> Academic standing |

If you have youth mentors, does your program have an eligibility screening process for new youth mentors?

Yes No

Please check all of the following that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Face-to-face interview | <input type="checkbox"/> Must attend training orientation |
| <input type="checkbox"/> Parent consent | <input type="checkbox"/> Two personal adult references (no relatives) | |
| <input type="checkbox"/> Other, explain below: | | |

5. A readiness and training curriculum for all mentors and mentees that includes:

- *Trained staff trainers*
- *Orientation to program and resource network, including information and referral, other supportive services, and schools.*
- *Skills development as appropriate.*
- *Cultural/heritage sensitivity and appreciation training*
- *Guidelines for participants on how to get the most out of the mentoring relationship.*
- *Do's and don'ts of relationship management.*
- *Job and role descriptions.*
- *Confidentiality and liability information.*
- *Crisis management/problem solving resources.*
- *Communication skills development.*

- *Ongoing sessions as necessary.*

Does your program have a readiness and training curriculum for mentors? Yes No

How long (in hours) is your initial mentor training?.....

Does your program have a readiness and training curriculum for mentees? Yes No

How long (in hours) is your initial mentee training?.....

6. A matching strategy that includes:

- *A link with the program's statement of purpose.*
- *A commitment to consistency.*
- *A grounding in the program's eligibility criteria.*
- *A rationale for the selection of this particular matching strategy from the wide range available models.*
- *Appropriate criteria for matches, including some or all of the following: gender; age; language; requirements, availability, needs; interests; preferences of volunteer and participant, life experience, temperament*
- *Signed statements of understanding that both parties agree to the conditions of the match and the mentoring relationship.*
- *The program may have pre-match social activities between mentor and mentees.*
- *Team building activities to reduce the anxiety of the first meeting.*

Does your mentor program have criteria for matching mentors with mentees?

Yes No

If yes, do the matching criteria include any of the following? Check all applicable:

- | | | |
|--|--|---|
| <input type="checkbox"/> Personality profile | <input type="checkbox"/> Skills identification | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Age level | <input type="checkbox"/> Language | <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Level of education | <input type="checkbox"/> Career/Occupation | <input type="checkbox"/> Shared interests |
| <input type="checkbox"/> Life experiences | <input type="checkbox"/> Needs & Preferences of mentor or mentee | |
| <input type="checkbox"/> Other, specify below: | | |

7. A monitoring process that includes:

- *Consistent scheduled meetings with staff, mentors, and mentees.*
- *A tracking system for ongoing assessment.*
- *Written records.*
- *Input from family, community partners, and significant others*
- *A process for managing grievances, praise, rematching, interpersonal problem solving, and premature relationship closure*

Does your program have a monitoring process that tracks the progress and challenges of the mentoring relationship?

Yes No If yes, how is this done?

8. A support, recognition and retention component that may include:

- *A formal kick-off event.*
- *Ongoing peer support groups for volunteers, participants, and others*
- *Ongoing training and development*
- *Relevant issue discussion and information dissemination.*
- *Networking with appropriate organizations*
- *Social gatherings of different groups as needed.*
- *Annual recognition and appreciation event.*
- *Newsletters or other mailings to mentors, mentees, supporters, and funders*

Does your program have a way to support and recognize your mentors and mentees?

Yes No

9. Closure steps that include:

- *Private and confidential exit interviews to de-brief the mentoring relationship between:*
 - *Mentee and staff*
 - *Mentor and staff*
 - *Mentor and mentee without staff*
- *Clearly stated program policy for future contacts between the mentor and mentee*
- *Assistance for participating in defining next steps for achieving personal goals (for the mentee).*

Does your program have a process for closure of the match?

Yes No

10. An evaluation process based on:

- *Clear outcome measures and appropriate data collection instruments and procedures.*
- *Process assessment based on program criteria and statement of purpose.*
- *Information needs of board, funders, community partners, and other supporters of the program.*

Does your program have a process for evaluating the effectiveness of the mentor/mentee match?

Yes No If yes, how is this done? (*Probe: surveys, pre/post test, etc.*)

What types of evaluation data do you currently collect? (*e.g. grades, satisfaction, attitudinal, behavioral, program performance, etc.*)

How is the data used? (*Probe: Do you prepare separate report on evaluation results. If yes, how frequently do you prepare this report? Or do you simply tabulate the results?*)

For the past three years, the Mentor Summit has presented a synopsis of outcome results achieved by California mentoring programs. This year the Governor's office has assumed primary responsibility to collate and present this information. If you have any evaluation results, reports or outcome data could you please submit it to the Governor's Mentoring Partnership? Let me assure you that (1) all information provided will be kept confidential with no names used in the summary report and (2) your participation or non-participation will in no way affect the results of your QA application.

If it's available, can we count on you to send the data/information to the Governor's Office?

Yes No

Please send this information to:

Jim Kooler
Governor's Mentor Partnership
1400 10th Street
Sacramento, CA 95814

If no, why not?

Does your program need any technical assistance that can be provided by the State's Technical Assistance Provider, EMT, at no cost to your organization?

Yes No

If yes, please describe your technical assistance needs.

**The Greater Sacramento Mentoring Coalition
Directory and Recruiting Activities Inclusion/Participation Agreement**

The _____
(Name of mentoring program)

hereby agrees that the inclusion of our program in the Greater Sacramento Mentoring Coalition's Directory and recruiting activities is contingent upon our staff and organization consistently fulfilling the following obligations that will serve to provide prompt and professional interaction with prospective mentors and mentees, caregivers and referral sources.

Our Program's Promise

Our mentoring program pledges to:

1. Respond to inquiries for program information by phone within two business days.
2. Send program information by mail to arrive no later than five working days after the initial inquiry.
3. Provide the opportunity for potential mentors to begin formal interaction with our program within one month of initial inquiry; formal interaction includes one or more of the following: orientation(s), mentor training(s), or interview(s).
4. Refer potential volunteers back to the Greater Sacramento Mentoring Coalition if our agency cannot match them or utilize their services within a reasonable time period.
5. Facilitate the inclusion of mentees in our program as quickly as possible. It is understood that waiting lists for mentees might be extremely long. Within seven working days of the initial contact, we will provide mentees and/or their caregivers or referral sources a realistic estimate of the length of the wait for our program. If space is not available in our program, and if appropriate, we will refer the potential mentee to other programs, to hotlines, or to the Mentoring Coalition. It is our pledge to respond to mentees and their parents and caregivers in a timely fashion.
6. Attend or send a representative to at least 6 of the 12 scheduled monthly General Body meetings of the Greater Sacramento Mentoring Coalition per year.
7. If requested, we will supply the Greater Sacramento Mentoring Coalition with the number of matches, the number of mentors and mentees on our waiting lists, and our targeted short and long-term goals for obtaining a specific number of program participants. We understand that this information is requested so that the Mentoring Coalition can become aware of supply and demand issues.

Notification of Changes Within Our Program

In addition, within 15 business days of occurrence, our staff will inform the Mentoring Coalition of any major changes at our agency that would substantially affect the program. This includes, but is not limited to:

- Address, phone or email address changes;
- turnover in program coordinator/manager, or loss of other staff that would preclude us from running a safe and efficient program;

- changes in the type of mentoring done, to include addition or subtraction of specific mentoring models;
- major changes in the requirements of our program;
- changes in program scope, to include changes in the numbers of participants, length of the mentoring cycle, or termination of funding;
- cessation of mentoring within our agency.

We also understand that with a change in program or administrative staff, we may be asked to sign this agreement (once) again.

Permission to Conduct Surveys

We also give permission to the Mentoring Coalition to conduct spontaneous surveys and solicit feedback to ensure that these requirements are met, and we hereby give permission to be included in this evaluation process. We understand that late or inappropriate responses to calls from mentors, mentees, parents, guardians, referral sources and personnel from the Mentoring Coalition, or the late or inaccurate forwarding of information about major changes in our program may be grounds for exclusion from the directory and other recruiting activities.

Potential Benefits From Inclusion and Participation

In return, as a program in good standing, our program can rely the Greater Sacramento Mentoring Coalition to:

1. Include our agency's name, contact information, and program description in the Mentoring Coalition Directory, and make it available for distribution in Sacramento County.
2. Make referrals of potential mentors and mentees to our agency received through the Referral Hotline or other sources.
3. Include our agency in possible future referral sources, such as web sites and recruitment events sponsored by the Coalition.
4. Include our agency's literature in recruitment events, when possible.
5. Facilitate our program's inclusion in the Coalition Website.
6. Acknowledge our agency and its representatives as active participants in the Coalition (in letter form if requested).
7. Notify our program of funding opportunities, best practices, educational workshops and inform us of recent mentoring developments at the state and national level.
8. Advocate for our program locally and at the state level.
9. Distribute information concerning activity opportunities for our mentors and mentees.

Program Approval / Explanation Process

Circle one and initial:

Our program has either:

- 1) Obtained approval of the Quality Assurance Standards through the California Mentor Initiative review process;
- 2) Is currently actively seeking approval, or
- 3) Our program considers itself a non-traditional mentoring program (group, team, e-mentoring, or other type of non-traditional mentoring program), and is providing a

one to two-page explanation of specifically why we believe our program is currently unable to meet the Quality Assurance Standards approval process, along with a description of any past attempts for program approval through the California Mentor Initiative process.

In addition, we agree that providing the Mentoring Coalition with proof of Quality Assurance Approval and/or an explanation of why we have not been approved is not a guarantee for inclusion in the Directory or in recruiting activities of the Mentoring Coalition, and we will abide by the Mentoring Coalition's evaluation process. We understand that if we are not initially included in Mentoring Coalition efforts, Coalition staff will notify us of the reasons why and we will be given the opportunity to resubmit our program for inclusion. We also understand that the Mentoring Coalition will attempt to refer us to the appropriate written materials and/or technical assistance support should we desire to improve the practices within our mentoring program.

We also understand that the Greater Sacramento Mentoring Coalition does not engage in screening activities, and that our agency is solely responsible for ensuring the appropriateness of all referrals. We also understand that the inclusion in the directory as well as other recruiting opportunities are provided as a service to our organization at no charge, and in the event that our program is dropped from the directory or excluded from recruiting opportunities for any reason, we agree to hold the Greater Sacramento Mentoring Coalition harmless. In addition, we agree to review the directory entry for our program in advance of publication, and hold harmless the Greater Sacramento Mentoring Coalition for any errors that may occur therein.

Name of Mentoring Program

Name of Organization (if different)

Name of Organization Director / Leader

Signature of Name of Organization Director / Leader

Date

Name of Program Coordinator / Manager

Signature of Program Coordinator / Manager

Date

Name of GSMC Representative

Signature of GSMC County Representative

Date