



LAKE COUNTY
FLORIDA

**FY2009 - 2010 REQUEST FOR PROPOSAL
LAKE COUNTY DEPARTMENT OF COMMUNITY SERVICES
GRANT FUNDING**

The Lake County Department of Community Services is requesting proposals for grant funding for FY2009-2010 for the following:

- **HUMAN SERVICES** - Assisting individuals or families and identify one or more of the following needs: Maintaining a healthy and safe living environment, achieving economic self-sufficiency, prevention or intervention services, reducing barriers to service acquisition and emerging and/or urgent community needs.

SUBMISSION DEADLINE
Monday, February 23, 2009 6:00 PM

Submit all Human Service proposals to:

Brenda Quattlebaum
Human Service Grants

Phone: 352-742-6525
FAX 352-742-6505
Email: bquattlebaum@lakecountyfl.gov

LAKE COUNTY

HUMAN SERVICES (HS)

2009-2010 REQUEST FOR PROPOSAL

- 1. Release of RFP (Request For Proposals) December 2, 2008.**
- 2. Bidder's Conference: Wednesday, January 7, 2009,** at the Lake County Agriculture Center , 1951 Woodlea Road, Tavares, Florida.

* Conference: 9:00 AM – 11:00 AM

- 3. Grant Writing Workshops:** Two free grant writing workshops designed to assist applicants in writing effective grant applications will be offered.

Grant Workshop #1 is designed for beginner to intermediate grant writers and will be held Saturday, January 10, 2009, 8:00 a.m. to 11:00 p.m., Ingraham Center , 305 S Ingraham Avenue, Tavares, Florida.

Grant Workshop #2, Logic Model Development is designed to assist grant writers in developing goals and objectives for their proposals. This workshop will be held on Thursday, January 15, 2009, 8:00 a.m. to 12:00p.m., Lake County Agriculture Center Auditorium, 1951 Woodlea Rd., Tavares, Florida.

* Grant Writing Workshops are strongly recommended for all bidders. Prepare your questions in advance by reviewing RFP prior to Bidders Conference and Workshops.

- 4 Proposal Submission Deadline: 6:00 PM, Monday, February 23, 2009.** Mail one original and six (6) copies; seven (7) total to:

Brenda Quattlebaum
Human Service Grants
P.O. Box 7800
Tavares, FL 32778

Use the address listed below to hand-deliver or overnight deliveries only. DO NOT MAIL TO THIS ADDRESS:

Brenda Quattlebaum
Human Service Grants
1300 S Duncan Drive Building "B" Suite "3"
Tavares, FL 32778
Phone: 352-742-6525

- 5. Selection of Proposals: Human Service Committee will meet in March 2009**



ANY PROPOSALS SUBMITTED AFTER THE DEADLINE OF MONDAY, FEBRUARY 23, 2009 AT 6:00 PM WILL NOT BE CONSIDERED FOR FUNDING.

LAKE COUNTY COMMUNITY SERVICES
APPLICATION FOR GRANT FUNDS

Application Instructions and Required Format

I. Fund Availability

The availability of grant funds is being announced on Tuesday, December 2,, 2008. Human Service proposals are available through electronic copy or written document by contacting Brenda Quattlebaum at 352-742-6525.

Funds will be available as follows:

<u>Category</u>	<u>Max funds per application</u>
Human Services Grants	\$10,000

Funds will be available on a competitive basis to organizations that meet certain criteria established by the Human Service Grant Program. These criteria will be specifically defined in this RFP.

Organizations that are awarded funding shall demonstrate the ability and capacity to deliver services through identified goals and objectives.

II. Funding Criteria:

The intent of Human Services is to provide funding to community organizations to initiate or expand programs that meet a community need and improve the quality of life for individuals and families. Human Services Grant programs should identify assistance in one or more of the following needs areas: maintaining a healthy and/or safe living environment; gaining economic self-sufficiency; providing prevention or intervention services or activities; reducing barriers to service acquisition.

Examples or programs that have been funded in the past are: Providing for urgent or emergency/ rent/mortgage and /or utility assistance, providing for necessary costs to operate an emergency homeless shelter, employability skills programs for residents with developmental disabilities, purchase of medical diagnostic equipment for use with low-income health programs, instruction in life skills/adaptive skills for disabled residents and transportation vouchers.

III. Eligibility for Funds

Organizations eligible for funding from Human Services grants include public and private non-profit organizations, local governments and public or private schools.

Applicants must demonstrate a sufficient level of administrative capacity to effectively manage funds received. All proposals selected for funding will serve Lake County residents. Agencies or organizations currently receiving, or applying for other county funds are not eligible.

IV. Grant Period

The grant period will be the County's Fiscal Year from October 1, 2009 through September 30, 2010. Funding agreements/contracts with selected agencies will be in place on or shortly after October 1, 2009. Funds awarded must be expended by September 30, 2010.

V. Administrative Requirements

In order to evaluate the impact of programs selected for funding, and to insure accountability for the funds disbursed, organizations will be required to provide periodic progress and financial reports. These documents will be used to evaluate both the merits of the program and the ability of the organization to deliver the specified services and activities.

- 1. Progress Reports** - Will be in narrative form submitted in a format prescribed in the award agreement/contract.
- 2. Expenditure Reports/Accountability** - Will detail actual expenditures of the program by budget line item or performance outcome as applicable. Source documentation may be required to track expenditures (purchase receipts, invoices, time sheets, and other documentation).
- 3. Audit** - Financial accountability to insure the integrity of grant funds awarded is a requirement for funding. Where possible, an audit will be required at the organization's expense, and a copy of the audit report submitted as directed in the agreement/contract. In the absence of an audit, a financial statement by a certified public accountant will be required. Other situations will be handled on a case-by-case basis.
- 4. Method of Payment** - Methods of payment will be defined through the award agreement/contract.
- 5. Uses and Prohibitions on Use of Funds**

Grants may be used for activities that could include:

- new programs
- program expansions
- community collaborations
- grant match requirements
- direct assistance to targeted groups
- educational activities
- equipment valued at \$1,000 or less and needed to provide direct services

Grants may not be used:

- to supplement the annual operating budget of an organization
- for any costs of administration
- for activities to serve people living outside of Lake County
- to benefit for-profit individuals or entities
- to purchase goods or services that provide no benefit to the focus of the program
- to limit public access
- for the cost of food or entertainment expenses that do not directly benefit service recipients identified in the proposal

- capital equipment defined as tangible or intangible assets that have a purchase price of \$1,000 or greater and an initial useful life of more than one year.

VI. Submission Requirements

1. **Deadline and Address** - Proposals **must be received** on or before Monday, February 23, 2009 at 6:00 PM. **Faxed or e-mailed proposals will not be accepted. Late proposals will not be considered for funding.**
2. **Proposal Format**
 - (a) Proposal is limited to no more than ten (10) pages in length exclusive of the attachments listed below in # 4.
 - (b) Narrative is to be completed using the following formatting: 8 1/2 X 11 inch paper, typewritten or computer generated using a size 12 or larger font, one inch margins and single line spacing.
 - (c) **ALL** pages should be numbered for quick page/section access. Hand written numbering is acceptable.
 - (d) All the pages and attachments must be included with the original and six (6) copies of the proposal in the order listed below:
 - Cover Letter (Optional)
 - Attachment A: Requirements Checklist
 - Attachment B: Coversheet
 - Attachment C: Agency Financial Disclosure Statement
 - Attachment D: Proof of Non-profit Status (First page of most recent IRS 501C 3 tax exemption determination letter)
 - Attachment E: Proof of Current Liability Insurance
 - Proposal Narrative
 - Items II through VI (to be no more than nine pages)
 - (e) Submit one original proposal signed **IN BLUE INK**, and six (6) copies for a total of seven documents. All documents must be stapled. Proposals should be stapled in the top left corner and should not be placed in binders or folders. Do not submit any other information not requested by the RFP. A single page cover letter or memo from the lead agency is acceptable, submitted separate from the proposals.
 - (f) Funding requests may not exceed the maximum amounts specified by the Human Services Grants of \$10,000.
3. **Signature** - The authorized signature on the proposal should be the person or persons who have the authority to contractually bind the organization.
4. **Alterations/Modifications/Withdrawal** - Once a proposal is received no modifications or alterations will be permitted. A proposal may be withdrawn by the submitting organization upon written request of the Director or authorized representative of the organization.

VII. Review and Award Notification

The Human Services Grant Advisory Committee, comprised of 5 (five) individuals who are current members of existing Boards and Committees established by the Board of County Commissioners meets to review the proposals. The recommendations from the Grant

Advisory Committee are submitted to the Board of County Commissioners. The Board of County Commissioners has the final decision in accepting or rejecting the recommendations of the Human Service Grant Advisory Committee. Each applicant/proposer will be notified of the Board of County Commissioners recommendations in writing.

The Human Services Grant Advisory Committee will evaluate proposals based on the following criteria:

- Administrative and Operational Capacity
- Description of Target Population or Community and Need for the Program
- Program Narrative
- Measurable Outcomes and Evaluations
- Program Sustainability/Maintenance
- Budget

VIII. Agreement/Contract

Organizations selected for funding should expect to enter into a written agreement/contract for the provision of services or activities as outlined in the proposal or negotiated as alterations to the proposal. The agreement/contract will specify the expectations of both parties, define financial and progress report requirements, and establish payment parameters. The person or persons who can legally bind the organization will be the required signator(s) on the agreement/contract.

PROPOSAL NARRATIVE FORMAT

- I. Proposal Summary** - Please summarize the proposed program /activity using one page only. **This should be page number one.**

Items II. through VI. should be no more than nine pages.

- II. Administrative and Operational Capacity** - (This should start at page number two.) Describe the organization's history and previous experience in program design, development and delivery, including, if applicable, administrative capacity. List similar programs that were successfully operated.
- III. Description of Target Population and Community and Need for the Program** - Describe how your program will benefit your target population and community. If applicable, list the number of individuals to be served by the program. Describe the need being addressed using documented statistics. How will the creation or expansion benefit the target population? If applicable, what purpose does the program serve in the community?
- IV. Program Narrative** - Describe the program, and implementation process; who will be responsible for the program, collaborative partnerships, when and where the activity will occur, and why this is significant to your target population and the community.
- V. Outcomes and Evaluation** - Describe the specific measurable objectives/ outcomes expected as a result of the program and how they will be measured.
- VI. Budget** - Complete a line-item budget using the "Budget" form attached. Budget narrative should be a simple justification of expenses and how the budget relates back to the program.

Please itemize program revenues and expenses below. If your total program costs exceed the amount of grant funds requested, list other sources of funding support for your program. This will be the last page of your proposal except for required attachments.

Important Note: The cost of developing a proposal is entirely the responsibility of the bidders and cannot be charged to the grantors or included in the cost elements of the proposal budget.

REVENUE:

(How Human Service Program is financed):

Human Service
Grant Amount Requested: \$ _____

Other Funds Supporting Program (Cash and In-Kind- List by Source and Amount):

	Grant	Other Cash	In-Kind

TOTAL REVENUE	\$	\$	\$

Grand Total of Program Revenue: \$ _____ (Includes grant, cash and in-kind)

EXPENSES: Cost of the Human Service Program

Define expense: Cost of the Human Service Program
(Line-Staff, Supplies, etc.)

	Grant	Other Cash	In-Kind

TOTAL EXPENSES	\$	\$	\$

Grand Total of Human Service Program Expenses: \$ _____
(Includes grant, cash and in-kind)

Attachment A

REQUIREMENTS CHECKLIST

Please check each item to assure that nothing has been omitted. Fill in *Lead Agency name and submit **ONE COPY ONLY** of this checklist, **UNSTAPLED AND SEPARATE** from original proposal and copies.

LEAD AGENCY NAME: _____

PROGRAM NAME _____

- 1. Precise name of lead agency including:
 - a. Executive Officer’s Name and Title
 - b. Federal ID Number
 - c. Complete mailing and physical address, if different
 - d. Phone/Fax/E-Mail

- 2. Precise name of fiscal agent **IF DIFFERENT** from lead agency (note if N/A).
 - a. Executive Officer’s Name and Title
 - b. Federal ID Number
 - c. Complete mailing and physical address, if different
 - d. Phone/Fax/E-Mail

- 3. Precise **location** of program operations (either “at lead agency” or operations physical address).

- 4. Check if applying for CSC, HS or CEA Funding (**choose/check one only**).
 CSC **HS** **CEA**

- 5. Dollar amount Requested.

- 6. Anticipated number of unduplicated clients to be served by this program in Lake County.

- 7. Cost per unduplicated client to be served in Lake County (amount of request divided by number of unduplicated clients = number to be served).

- 8. Collaborative partners (list and answer yes or no to whether a written agreement exists).

- 9. Signatures(s) with **original in blue ink** of authorized lead agency and fiscal agent, if different.

- 10. Date(s) of signature(s).

- 11. Title(s) of lead agency program director/manager, and if different, fiscal agent executive.

- 12. Proof of organization’s Liability Insurance.

- 13. Follow the attachment requirement as specified

Attachment B

Proposal Cover Sheet

Please prepare on computer or typewriter only.

1. **Lead agency name:** *(who will operate the program?)* _____

a. Contact executive's name and title _____

b. Agency's Federal ID number _____

c. Mailing address *(with zip code)* _____

d. Phone No. _____ Fax No. _____

E-mail address if applicable (if none, write N/A) _____

2. **Fiscal agent if different** from lead agency: _____

a. Executive officer's name and title _____

b. Fiscal agent's Federal ID number _____

c. Mailing address *(with zip code)* _____

d. Phone No. _____ Fax No. _____

e-mail address if applicable _____

3. **OPERATIONS ADDRESS** of program **(if different)** _____

4. Please identify which grant are you applying for **(check ONLY ONE)**:

CSC _____ HS _____ CEA _____

5. **Proposed program name:** _____

6. _____ Dollar amount being requested.

7. _____ Anticipated number of unduplicated clients to be served.

8. _____ Cost per unduplicated client to be served (amount requested divided by number of unduplicated clients).

9. Collaborative partners; is there a written agreement? Please list with answer Yes or No.

___ Yes No ___ _____

___ Yes No ___ _____

___ Yes No ___ _____

___ Yes No ___ _____

10. _____ Authorized LEAD AGENCY signature 11. Date 12. Typed/Printed Name and Title

10 a. _____ Authorized FISCAL AGENT signature (if different) 11 a. Date 12 a. Typed/Printed Name and Title

13. Type of "**Proof of Liability**" Insurance included _____

**Lake County Human Services
Agency Financial Disclosure Statement, Fiscal Year 2009-2010 Funding**

Statement of Income and Expenditures for the Year (local agency only - NOT parent organization)

Name of Lead Agency: _____

Please use figures of the calendar year. If you use a fiscal year, please note the inclusive dates on the upper right hand corner of this sheet. Fill in all blanks, using "0" for those items that do not apply to your organization.

Income	Amount	% of Total Income
Income from Federal, State and Local Governments	\$	
Income from United Way		
Donations from Corporations and Foundations		
Donations from Individuals		
Membership Dues		
Annual Income from Fund-Raising Events		
In-Kind Contributions		
Other (please define)		
Total Income	\$	
Expenditures	Amount	% of Total Expenditures
Fund-Raising Costs	\$	
Salaries, Payroll Taxes and Benefits for Paid Staff		
Rent, Utilities, Telephone		
General Expense and Supplies (postage, printing, duplicating equipment, insurance, vehicles, etc.)		
Advertising, Promotion, Travel		
Donations to Community Programs or Individuals		
Paid to National Organization		
Other (please define)		
Total Expenditures	\$	
Excess (Surplus) of Income over Expenditures	\$	
Comments or Explanations:		

We hereby certify that the information contained in this application is true to the best of our knowledge and belief.

Signature of person preparing proposal

Authorized signature of lead agency (CEO, Chair, President, etc.)

Typed or printed name of person preparing proposal