



**LAKE COUNTY**  
FLORIDA

**FY2007 - 2008 COMBINED REQUEST FOR PROPOSALS  
LAKE COUNTY DEPARTMENT OF COMMUNITY SERVICES  
GRANT FUNDING**

The Lake County Department of Community Services is requesting proposals for grant funding for FY2007-08. Three programs are covered under this combined Request for Proposals (RFP):

- **CHILDREN'S SERVICES COUNCIL** - Youth intervention and prevention programs emphasizing one or more of the following needs: at-risk children of incarcerated parents, physical and inner fitness, nutritional education and reduction of childhood obesity, academic success, school dropout reduction and positive life choices.
- **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.
- **COMMUNITY ENHANCEMENT AREA** - Partnerships that will enable eligible unincorporated communities to improve quality of life in their neighborhoods by addressing infrastructure and public facilities deficiencies and to leverage funds to address underlying socioeconomic issues.

**SUBMISSION DEADLINE**  
**Friday, February 16, 2007, 5:00 PM**

**Submit all proposals to:**

Lake County Children's Services Council  
P.O. Box 7800  
Tavares, FL 32778-7800

**Contacts:**

Children's Services Council Grants	Emily Lee	352-742-6520
Human Services Grants	Brenda Quattlebaum	352-742-6503
Community Enhancement Area Partnership	Bill Gearing	352-742-6515

**LAKE COUNTY  
CHILDREN'S SERVICES COUNCIL (CSC)  
HUMAN SERVICES (HS) and  
COMMUNITY ENHANCEMENT AREA (CEA)  
2007-2008 REQUEST FOR PROPOSALS**

---

**SCHEDULE OF EVENTS** (TBD = To be determined)

1. **Release of RFP (Request For Proposals)** November 15, 2006.
2. **Bidder's Conference: Monday**, December 11, 2006, at the Lake County Agriculture Center Auditorium, Woodlea Road, Tavares, Florida.  
  
\* Conference: 9:30 AM – 11:30 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, December 9, 2006, 8:00 a.m. to 12:00 p.m., Lake County Administration Building, (Round Building) Room 233, 315 W. Main St., Tavares, Florida.

**Grant Workshop #2, Writing Goals and Objectives** is designed to assist grant writers in developing goals and objectives for their proposals. This workshop will be held on Friday, January 12, 2007, 9:00 a.m. to 11:00 a.m., Lake County Agriculture Center Auditorium, 1951 Woodlea Rd., Tavares, Florida.

\* Grant Writing Workshops are strongly recommended for all bidders.

4. **Grant Writing Workshop: Goals and Objectives** To be held \_Lake County Agriculture Center Auditorium, Woodlea Road, Tavares, Florida,

\*Friday, January 12, 2007 9:00 AM-11:00 AM

5. **Proposal Submission Deadline: 5:00 PM, Friday, February 16, 2007.** Mail one original and ten (10) copies; eleven (11) total to:

Lake County Children's Services Council  
P.O. Box 7800  
Tavares, FL 32778

Use the address listed below to hand-deliver only. Do not mail to this address:

Lake County Children's Services Council  
1300 S Duncan Drive Building "B" Suite "3"  
Tavares, FL 32778  
Phone: 352-742-6520

Late proposals **will not** be considered for funding.

- |                                   |            |                |                   |
|-----------------------------------|------------|----------------|-------------------|
| 6. <b>Selection of Proposals:</b> | <b>CSC</b> | March 31, 2007 | 9:00 AM to finish |
|                                   | <b>HS</b>  | * TBD          | * TBD             |
|                                   | <b>CEA</b> | * TBD          | * TBD             |

7. **Funding Recommendations to CSC Board:** April 19, 2007, 9:00 AM

➔ **ANY PROPOSALS SUBMITTED AFTER THE DEADLINE OF FRIDAY, FEBRUARY 16, 2007 AT 5:00 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 Wednesday, November 15, 2006. CSC and HS proposals are available through electronic copy or written document by contacting the Children's Services Council at 352-742-6520. CEA proposals are available by contacting Bill Gearing at 352-742-6515. Human Service proposals are available by contacting Brenda Quattlebaum 742-6503.

Funds will be available through several categories as follows:

Category	Max funds per application
Children's Services Council Grants	\$25,000
Human Services Grants	\$10,000
Community Enhancement Areas	\$100,000

Funds will be available on a competitive basis to organizations that meet certain criteria established by each of the specific program areas identified above. These criteria will be specifically defined by category in this RFP. In general, applicants may apply to only one program for funds. The exception will be for applicants in a designated Community Enhancement Area who may be considered for funding in multiple categories.

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

**II. Eligibility for Funds**

Organizations eligible for funding from Human Services and Children's Services Council grants include public and private non-profit organizations, local governments and public or private schools. Community organizations or groups representing low to moderate income constituents in a particular geographic area are eligible for CEA funds only.

Applicants must demonstrate a sufficient level of administrative capacity to effectively manage funds received. All proposals selected for funding will service Lake County residents.

**III. Grant Period**

The grant period will be the County's Fiscal Year from October 1, 2007 through September 30, 2008. Funding agreements/contracts with selected agencies will be in place on or shortly after October 1, 2007. Funds awarded must be expended by September 30, 2008.

#### **IV. Bidder's Conference**

Proposers/applicants are encouraged to attend the bidder's conference on December 11, 2006. Workshop begins at 9:30 a.m. and ends at 11:30 AM. Attendance is recommended in order that questions may be answered so that all prospective bidders may have the same information.

#### **V. Grant Writing Assistance Workshops**

In order to encourage the best possible proposal development, the Children's Services Council and the Community Enhancement Area will sponsor free Grant Writing Assistance Workshops for proposers/applicants in all funding categories.

**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, December 9, 2006, 8:00 a.m. to 12:00 p.m., Lake County Administration Building, (Round Building) Room 233, 315 W. Main St., Tavares, Florida.

**Grant Workshop #2, Writing Goals and Objectives** is designed to assist grant writers in developing goals and objectives for their proposals. This workshop will be held on Friday, January 12, 2007, 9:00 a.m. to 11:00 a.m., Lake County Agriculture Center Auditorium, 1951 Woodlea Rd., Tavares, Florida.

#### **VI. Administrative Requirements**

In order to evaluate the impact of projects selected for funding, and to insure accountability for the funds disbursed, organizations will be required to provide periodic progress and financial reports. These are not envisioned as lengthy, cumbersome documents, but rather will be used to evaluate both the merits of the project 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 project 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

### 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 project
- to limit public access
- for the cost of food or entertainment expenses that do not directly benefit service recipients identified in the proposal
- equipment

## VII. Submission Requirements

1. **Deadline and Address** - Proposals must be received on or before Friday, February 16, 2007 at 5:00 PM. **Faxed or e-mailed proposals will not be accepted. Late proposals will not be considered for funding.**

**\*Please note that the mailing address and the hand-delivery address are different.**

### Proposals may be mailed to:

Lake County Children's Services Council  
P.O. Box 7800  
Tavares, FL 32778

### Hand-deliver to the address below only. Do not mail to this address:

Lake County Children's Services Council  
1300 S Duncan Drive Building "B" Suite "3"  
Tavares, FL 32778

2. **Format** - Proposals must be submitted following the attached proposal format. The proposal narrative may not exceed ten (10) pages, **excluding** the cover sheet and budget.
3. **Copies** - One original proposal (with original signatures signed **IN BLUE INK**) and ten (10) copies are required with submission of the proposal for funding consideration. All documents must be stapled and 3 hole punched.

4. **Submission Details** - Proposals may be submitted with a cover letter. Proposals must not be in binders or covers, but should be secured in the upper left corner with a staple. Both the original and the copies should contain the required attachments.
5. **Attachments** - Required attachments that are common for all proposals include current proof of agency liability insurance and proof of non-profit status (unless otherwise specified). Proof of non-profit status is the first page only of most recent IRS 501 C 3 tax exemption determination letter. Other attachments may be required by a specific grant program.
6. **Signature** - The authorized signature on the proposal should be the person or persons who have the authority to contractually bind the organization.
7. **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.

**VIII. Fatal Flaws**

Listed below are items that will be considered as “**fatal flaws**” to this application process. Any item missing from this list will be considered a fatal flaw. Proposals with "fatal flaws" defined in the following criteria will not be reviewed.

1. Proposals **must be received** on or before Friday, February 16, 2007 at 5:00 PM.
2. Proposals must follow the format prescribed including the coversheet, the required outline narrative topics and budget page.
3. Proposers/applicants must submit a signed original proposal **IN BLUE INK** and ten (10) copies; eleven (11) pieces total. All documents must be stapled and 3 hole punched.
4. Attachments must be submitted as required by the individual grant programs. Be certain to check the specific proposal requirements on pages 8-10 for any required attachments.
5. Funding requests may not exceed the maximum amounts specified by the individual grant program as follows:

Children’s Services Council	\$25,000
Human Services	\$10,000
Community Enhancement Area Program	\$100,000

## **IX. Review and Award Notification**

Proposal review committees will be established to review each category of proposals received and will have sole responsibility for making recommendations for funding to the Board of County Commissioners. The Board of County Commissioners has the final decision in selecting or rejecting of proposals. Each applicant/proposer will be notified of the County Commission's decision in writing.

## **X. 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.

# CHILDREN'S SERVICES COUNCIL (CSC) SPECIFIC PROPOSAL REQUIREMENTS

**Funding Criteria:** The CSC seeks proposals which address enhancement or improvement of children's services in Lake County. Innovative effective collaborations addressing prevention and intervention services for children and families are the highest priority to the CSC.

The CSC will require a minimum commitment of three (3) years (past initial funding) of any program/agency utilizing CSC funds for capital items, computer hardware or any other electronic equipment. Should the agency fail to remain in service for that period of time, they will be required to return said equipment to the Board of County Commissioners through the CSC.

The "need statement" should clearly identify a need consistent with CSC funding priorities focused on youth intervention and prevention programs emphasizing one or more of the following needs: at-risk children and children of incarcerated parents, physical and inner fitness, nutritional education and reduction of childhood obesity, academic success, school dropout reduction and positive life choices.

**Grant Amount:** Proposals requesting more than \$25,000 will not be accepted.

**Sustainability:** Agencies submitting proposals must show evidence of ability to raise additional funds to sustain program. Proposals will be funded for a maximum of three (3) years. At that point, the agency must submit a proposal with a different program component to be considered for further funding.

**Eligible Applicants:** Incorporated private, not-for-profit agencies, organizations, or community groups serving children and youth of Lake County. Proof of incorporation required. Applicants must be incorporated at the time of proposal submission.

**Proof of Liability Insurance:** Proof of current liability insurance is required.

**Attachments:** Include attachments with the original and ten (10) copies of the proposal.

Required: Attachment A: Proof of Incorporation Status

(first page of most recent 501 C 3 tax exemption determination letter)

Attachment B: Proof of Current Liability Insurance

Attachment C: Agency Financial Disclosure Statement

Attachment D: Affirmation of Compliance with Background Screening

## **Questions:**

Questions about the Children's Services Grant Program will be addressed at the bidder's workshop on Monday, December 11, 2006 at 9: 30 AM, Lake County Agriculture Center Auditorium, Woodlea Road, Tavares, Fl . For additional information please call Emily Lee, Children Services Director, 352-742-6520.

# HUMAN SERVICES GRANT PROGRAM SPECIFIC PROPOSAL REQUIREMENTS

**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 of 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 projects 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 others.

**Grant Amount:** HS Proposals requesting more than \$10,000 will not be accepted.

**Eligible Organizations:** Public and private incorporated not-for-profit organizations that provide service to Lake County residents are eligible for funding consideration. Only Lake County residents may be served with funds under this grant. Proof of incorporation required.

**Proof of Liability Insurance:** Proof of current liability insurance is required.

**Direct Services:** Funds under the Human Services Grant Program must be used for direct client services and may not be used for any administrative costs.

**Attachments:** Attachments should be included with the original and ten (10) copies of the proposal.

Attachments required: Attachment A - Proof of Incorporation Status.  
(First page of most recent IRS 501 c 3 tax exemption determination letter)  
Attachment B - Proof of Current Liability Insurance.  
Attachment C - Financial Disclosure Statement.

**Questions:** Questions about the Human Services Grant Program will be addressed at the bidder's workshop on Monday, December 11, 2006 at 9: 30 AM, Lake County Agriculture Center Auditorium, Woodlea Road, Tavares, Fl . For additional information please call Brenda Quattlebaum, Special Projects Coordinator 352-742-6503.

# COMMUNITY ENHANCEMENT AREA SPECIFIC PROPOSAL REQUIREMENTS

**Funding Criteria:** In addition to the Proposal Narrative and budget described in this packet, communities submitting proposals for the Community Enhancement Area Program are required to submit the following (copies of attachments A, C, D and H and the Community Enhancement Area Partnership Program Handbook will be available at the bidder's workshop on Monday, December 11, 2006 or by contacting Bill Gearing, Community Enhancement Coordinator at 352-742-6515.

**Attachment A** -

List your community, community spokesperson and representatives and organizations supporting your proposal.

**Attachment B** -

Attach all letters of support for your proposal. Topics of these letters include but are not limited to: support, committing cash or materials donations or committing volunteers.

**Attachment C** -

List of community volunteers.

Attachment D –

Community Conditions Survey which is explained in the handbook which will also be distributed to those applying to the Community Enhancement Area Program.

**Attachment E** –

A sketch map, site plan and/or landscape plan for your project, if applicable.

**Attachment F** –

Up to four (4) photographs of the site of the proposed project.

**Attachment G** -

Copy of any notification (flyer, newspaper ad, etc.) advertising a community-wide meeting at which your proposed project was discussed.

**Attachment H** -

Checklist of items that are required to be returned.

Questions: For Questions regarding the Community Enhancement Area Proposals please contact Bill Gearing, Community Enhancement Coordinator, 352-742-6515

## PROGRAM/PROJECT 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:** \_\_\_\_\_

**PROJECT/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 project 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 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. Affidavit affirming agency's compliance with staff/volunteer background screenings (required for applicants for CSC funding only).
- 14. Follow the attachment requirement by category (CSC, HS, CEA) as specified

**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 project **(if different)** \_\_\_\_\_

4. Please identify which grant are you applying for **(check ONLY ONE)**:  
CSC \_\_\_\_\_ HS \_\_\_\_\_ CEA \_\_\_\_\_

5. **Proposed program/project 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 \_\_\_\_\_

14. Affidavit Confirming Compliance (background screenings), **notarized** (required for CSC funding applicants only). Is the affidavit applicable? \_\_\_\_\_ Yes \_\_\_\_\_ No

# PROPOSAL NARRATIVE FORMAT

- I. **Proposal Summary** - Please summarize the proposed project/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 project design, development and delivery, including, if applicable, administrative capacity. List similar projects that were successfully operated. **Evaluation: 10 points**
- III. **Description of Target Population or Community and Need for the Program** - Describe how your project will benefit your target population or community. If applicable, list the number of individuals to be served by the project. Describe why the project is needed. How will the creation or expansion benefit the target population? If applicable, what purpose does the program serve in the community? **Evaluation: 10 points.**
- IV. **Project Narrative** - Describe the project, and implementation process; who will be responsible for the project, collaborative partnerships, when and where the activity will occur, and why this is significant to your target population and the community. Provide a timeline for tasks to be accomplished. **Evaluation: 30 points**
- V. **Outcomes and Evaluation** - Describe the specific outcomes expected as a result of the program and how they will be measured. Explain what evaluation methods will be used to evaluate the outcomes. The project's success will be measured by these outcomes. Outcomes should be attainable and measurable. **Evaluation: 20 points**
- VI. **Project Sustainability/Maintenance** - Describe how your project will be continued/maintained or sustained in the absence of grant funds. **Evaluation: 10 points**

Completing this section should result in no more than ten pages, sequentially numbered, including the Proposal Summary, I..

Section I. (page one) Proposal Summary (Page 1)

Sections II. - VI. (begin page two not to exceed 9 pages) (example 2-11)

- VII. **Budget** - Complete a line-item budget using the "Budget" form attached. **Evaluation: 20 points**

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

**REVENUE:** (How project is financed)

Grant Amount Requested: \$ \_\_\_\_\_

Other Funds Supporting Project (Cash and In-Kind-List by Source, Description and Amount):

	Other Cash	In-Kind
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Revenue:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Grand Total of Project Revenue:** \$ \_\_\_\_\_ (includes grant, cash and in-kind)

**EXPENSES:** Cost of the Project  
(Define expense line-staff, supplies, etc.)

	Grant	Other Cash	In-Kind
_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Expenses:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Grand Total of Project Expenses:** \$ \_\_\_\_\_ (includes grant, other cash and in-kind)

Note: Project expenditures and revenue should equal.

### **VIII. Budget Narrative:**

Attach a narrative justification of how all budget figures (line items) were derived, a simple justification of expenses and how the budget relates back to the program/project.

**PROPOSAL CONTENT REQUIREMENTS - 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.

#### **A. Proposal Format Requirements**

1. Proposal is limited to no more than **ten (10) pages** in length **exclusive** of the required cover sheets, budget forms and attachments.
2. 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.
3. **ALL** pages should be numbered, including **any/all attachments**, for quick page/section access. Hand written numbering is acceptable.
4. All the required pages/attachments as listed in each of the specific proposal requirements for each grant area must be included. Proposers/applicants must carefully review the attachment requirements for each grant category because they differ significantly from one to the other.
5. Submit one original proposal, signed **IN BLUE INK**, and ten (10) copies, total of eleven (11) documents. All documents must be stapled and 3 hole punched. 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**.

**Lake County Children’s Services Council, Human Services and Community Enhancement Area  
Agency Financial Disclosure Statement, Fiscal Year 2007-2008 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.

<b>Income</b>	<b>Amount</b>	<b>% of Total Income</b>
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 . . . . .	\$	
<b>Expenditures</b>	<b>Amount</b>	<b>% of Total Expenditures</b>
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 Projects or Individuals		
Paid to National Organization		
Other (please define)		
Total Expenditures . . . . .	\$	
Excess (Surplus) of Income over Expenditures	\$	
<b>Comments or Explanations:</b>		

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*



**Attachment D (for CSC only)**

**AFFIDAVIT AFFIRMING COMPLIANCE WITH SECTION 397.451, BACKGROUND CHECKS OR SERVICE PROVIDER PERSONNEL**

**397.451 Background checks of service provider personnel.**

**(1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND EXCEPTIONS.**

A.) Background checks shall apply as follows:

1. All owners, directors, and chief financial officers of service providers are subject to level 2 background screening as provided under chapter 435.
2. All service provider personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services are subject to level 2 background screening as provided under chapter 435.

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment not to exceed one year and/or a fine not to exceed \$1000, pursuant to Sections 837.012 and 775.082, F.S., the undersigned affiant makes the following statement under oath:

**STATE OF FLORIDA  
COUNTY OF LAKE**

**BEFORE ME**, the undersigned authority, personally appeared \_\_\_\_\_,  
Authorized Agency Representative

of \_\_\_\_\_, who, being by me first duly sworn, deposes and says:  
Name of Service Provider

I swear and affirm that the above-named service provider is compliant with the requirements for personnel background checks detailed in Section 397.451(1)(a), Florida Statutes (2004).

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, by

\_\_\_\_\_, who is [ ] personally known to me, or [ ] has produced  
\_\_\_\_\_ as identification, and who did take an oath.

(NOTARIAL SEAL)

Notary Public

\_\_\_\_\_  
Printed Name: \_\_\_\_\_