



**FY2008 - 2009 REQUEST FOR PROPOSALS  
LAKE COUNTY DEPARTMENT OF COMMUNITY SERVICES  
GRANT FUNDING**

The Lake County Children's Department of Community Services is requesting proposals for grant funding for FY2008-09 for the following:

- **CHILDREN'S SERVICES COUNCIL** - Youth intervention and prevention programs emphasizing one or more of the following needs: at-risk children, children of incarcerated parents, physical and inner fitness, nutritional education and reduction of childhood obesity, academic success, school dropout reduction and positive life choices.

**SUBMISSION DEADLINE  
Friday, February 22, 2008, 5:00 PM**

**Submit all Children's Services Council proposals to:**

Rebecca Foley-Kearney

Phone: 352-742-6520

Fax 352-742-6505

Email: [rkearney@lakecountyfl.gov](mailto:rkearney@lakecountyfl.gov)

**LAKE COUNTY  
CHILDREN'S SERVICES COUNCIL (CSC))  
2008-2009 REQUEST FOR PROPOSALS**

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1. **Release of RFP (Request For Proposals)** November 15, 2007.
2. **Bidder's Conference: Tuesday**, January 8, 2008, 9:30 a.m. – 11:30 a.m. at the Lake County Agriculture Center Auditorium, Woodlea Road, Tavares, Florida.
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 12, 2008, 8:00 a.m. to 12:00 p.m., Ingraham Civic Center, 305 S. Ingraham Avenue, 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 25, 2008, 8:00 a.m. to 12:00 p.m., Lake County Agriculture Center Auditorium, 1951 Woodlea Road, Tavares, Florida.

\* Grant Writing Workshops are **strongly** recommended for all bidders. Please prepare your questions in advance by reviewing the RFP prior to conference and workshops.

4. **Proposal Submission Deadline: 5:00 PM, Friday, February 22, 2008.** Mail one original and ten (10) copies; eleven (11) total to:

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

**Use the address listed below for hand-deliver or overnight deliveries only. Do not mail to this address:**

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

5. **Selection of Proposals: RFP Committee** March 3, 2008

6. **Funding Recommendations to CSC Board:** March 19, 2008, 9:00 AM

➔ **ANY PROPOSALS SUBMITTED AFTER THE DEADLINE OF FRIDAY, FEBRUARY 22, 2008 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 Thursday, November 15, 2007. CSC proposals are available through electronic copy or written document by contacting Rebecca Foley-Kearney at 352-742-6520.

Funds will be available as follows:

<u>Category</u>	<u>Max funds per application</u>
Children's Services Council Grants	\$25,000

Funds will be available on a competitive basis to organizations that meet certain criteria established. 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 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 items, equipment, 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.

Agencies submitting proposals must show evidence of ability to raise additional funds to sustain program.

### **III. Eligibility for Funds**

Organizations eligible for funding from Children's Services Council 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 service 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, 2008 through September 30, 2009. Funding agreements/contracts with selected agencies will be in place on or shortly after October 1, 2008. **Funds awarded must be expended by September 30, 2009.**

### **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 quarterly 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 will 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 costing less than \$1,000 needed to provide direct services

**Grants may not be used:**

- to supplement the annual operating budget of an organization
- for activities to serve people living outside of Lake County
- For any indirect costs of administration, inclusive of administrative fees, non-program specific expenditures, etc.
- 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 \$1,000.00 or greater.

**VI. Submission Requirements**

1. **Deadline and Address** - Proposals **must be received** on or before Friday, February 22, 2008 at 5:00 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 (d).
  - (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 ten (10) copies of the proposal in the order listed below:
    - Attachment B: Coversheet
    - Proposal Summary
    - Items II through VII (to be no more than nine pages)
    - Attachment C: Agency Financial Disclosure Statement
    - Attachment D: Proof of Non-profit Status (*First page of most recent IRS 501 C 3 tax exemption determination letter*)
    - Attachment E: Proof of Current Liability Insurance
    - Attachment F: Affirmation of Compliance with Background Screening
  - (e) Submit one original proposal, signed **IN BLUE INK**, and ten (10) copies, total of eleven (11) 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 Children's Services Council of \$25,000.

**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 RFP committee, comprised of five members of the Children's Services Council, meets to review the proposals. The recommendations from the RFP Committee are presented to the Children's Services Council to approve for funding. Each applicant/proposer will be notified of the CSC's recommendations in writing. The Board of County Commissioners has the final decision in accepting or rejecting the recommendations of the CSC.

The RFP 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
- Outcomes and Evaluation
- 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 two)

## **Items II. through VII. should be no more than nine pages.**

- II. Administrative and Operational Capacity** - (This should start at page number three.) Describe the organization's history and previous experience in program design, development and delivery, including administrative capacity. List similar programs that were successfully operated.
- III. Description of Target Population or Community and Need for the Program** - Describe how your program will benefit your target population or community. List the number of individuals to be served by the program. Describe why the program is needed. How will the creation or expansion benefit the target population? 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 outcomes expected as a result of the program and how they will be measured.
- VI. Program Sustainability/Maintenance** - Describe how your program will be continued/ maintained or sustained in the absence of grant funds.
- VII. 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. 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.



## PROGRAM 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 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.
14. 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 \_\_\_\_\_

14. Affidavit Confirming Compliance (background screenings), **notarized**        \_\_\_ Yes        \_\_\_ No

**Lake County Children’s Services Council  
Agency Financial Disclosure Statement, Fiscal Year 2008-2009 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 Programs 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 F**

**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: \_\_\_\_\_