



**FY2013 - 2014 REQUEST FOR PROPOSALS  
LAKE COUNTY HEALTH & HUMAN SERVICES  
GRANT FUNDING**

The Lake County Department of Community Services is requesting proposals for grant funding for FY2013-14 for the following:

- **HEALTH & HUMAN SERVICES:** Assisting individuals / families by providing prevention or intervention services for one of the following emergency needs:
  - rental or mortgage
  - utilities
  - deposits (for both utilities and housing)
  - food
  - achieving economic self-sufficiency

**SUBMISSION DEADLINE**

**Tuesday, April 30, 2013, 5:00 PM**

**Contact:**

Rebecca Foley-Kearney  
Phone: 352-742-6520  
Fax: 352-742-6505  
Email: rkearney@lakecountyfl.gov

**LAKE COUNTY  
HEALTH & HUMAN SERVICES (H&HS)  
2013-2014 REQUEST FOR PROPOSALS**

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1. Release of RFP (Request for Proposals) **Monday, February 4, 2013.**
2. Bidder's Conference: **Friday, February 15, 2013, 9:00 a.m. – 12:00 p.m.** at the Lake County Agriculture Center Auditorium, 1951 Woodlea Road, Tavares, Florida.  
*This conference is designed specifically for the CSC and HS grant, and is mandatory if applying for either of these grants.*
3. Second Bidder's Conference: **Friday, March 15, 2013, 9:00 a.m. – 12:00 p.m.** at the Lake County Agriculture Center Auditorium, 1951 Woodlea Road, Tavares, Florida.  
*This conference is designed specifically for the CSC and HS grant, and is mandatory if applying for either of these grants. Please note if you attended the first conference, you are not required to attend this one.*

*Please prepare your questions in advance by reviewing the RFP prior to conference and workshop.*

4. United Way of Lake & Sumter FREE Grant Writing Workshop: **Monday, February 25, 2013, 1:30 – 4:30 p.m.,** at the Sumter County Health Department, 415 East Noble Avenue, Bushnell, FL. To avoid duplication, Lake County will not conduct a grantwriting workshop for this fiscal year. We encourage you to attend this workshop, facilitated by Adraine Kreglo, Serendipity Solutions. Please contact Barbara Crewell, 352.787.7530, Ext. 221 to RSVP.
5. **4. Proposal Submission Deadline: 5:00 PM, Tuesday, April 30, 2013.** Mail one original and eight (8) copies; nine (9) total to:

Rebecca Foley-Kearney  
Lake County Children & Elder Services  
P.O. Box 7800  
Tavares, FL 32778

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

Rebecca Foley-Kearney  
Lake County Children & Elder Services  
1300 S Duncan Drive, Building E  
Tavares, FL 32778  
Phone: 352-742-6520

5. **Selection of Proposals:** HS Committee                      TBD

**➔ ANY PROPOSALS SUBMITTED AFTER THE DEADLINE OF TUESDAY, APRIL 30, 2013 AT 5:00 PM WILL NOT BE CONSIDERED FOR FUNDING.**

***ALL FUNDING DECISIONS ARE FINAL AND NOT SUBJECT TO APPEAL.***

**LAKE COUNTY HEALTH & HUMAN SERVICES**  
**APPLICATION FOR GRANT FUNDS**

Application Instructions and Required Format

**I. Fund Availability**

The availability of grant funds is announced on Monday, February 4, 2013. Health & Human Services 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>
Health & Human Services Grants	\$10,000

Funds will be available on a competitive basis to organizations that meet certain criteria established by the Health & 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:**

Health & Human Services seeks proposals which address enhancement or improvement of programs that serve the residents of Lake County.

The “needs statement” should clearly identify a community need consistent with H&HS funding priorities focused on assisting individuals / families by providing prevention or intervention services for one of the following emergency needs: rental or mortgage; utilities ; deposits (for both utilities and housing); food; achieving economic self-sufficiency.

The H&HS will require a minimum commitment of three (3) years (past initial funding) of any program/agency utilizing H&HS 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 H&HS.

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

**III. Eligibility for Funds**

Organizations eligible for funding from Health & 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 only Lake County residents.

#### **IV. Grant Period**

The grant period will be the County's Fiscal Year from October 1, 2013 through September 30, 2014. Funding agreements/contracts with selected agencies will be in place shortly after October 1, 2013. **Funds awarded must be expended by September 30, 2014.**

#### **V. Administrative Requirements**

In order to evaluate the impact of programs selected for funding, and to ensure 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 or 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 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
- 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 Tuesday, April 30, 2013 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 to be completed using the following formatting: 8 1/2 x 11 inch paper, typewritten or computer generated using a **size 12 font** and single line spacing.
  - (b) **ALL** pages should be numbered for quick page/section access.
  - (c) **All the pages and attachments must be included with the original and eight (8) copies of the proposal in the order listed below:**
    - Attachment A
    - Attachment B
    - Proposal Summary
    - Items II through VII (not to exceed nine (9) pages)
    - Budget Form
    - 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
  - (d) Submit one original proposal, signed **IN BLUE INK**, and eight (8) copies, total of nine (9) documents. **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.
  - (e) Funding requests may not exceed the maximum amounts specified by the Health & 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 once deadline is past. A proposal may be withdrawn by the submitting organization upon request of the Director or authorized representative of the organization.

## **VII. Review and Award Notification**

The Health & Human Services Grant Advisory Committee, comprised of 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. Each applicant/proposer will be notified of the H&HS Grant Advisory Committee recommendations in writing. The Board of County Commissioners has the final decision in accepting or rejecting the recommendations of the Health & Human Services Grant Advisory Committee.

The Health & 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 FORMAT

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

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

- II. Administrative and Operational Capacity** - 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 and Community Need for the Program** - Describe target population and community. 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? 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. 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, listing 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.**

## 2013-2014 H&HS Budget Form

**REVENUE:** (How H&HS Program is financed):

Health & Human Services  
 Grant Amount Requested: \$ \_\_\_\_\_

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

	Other Cash	In-Kind
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>TOTAL REVENUE</b>	\$	\$

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

**EXPENSES:** Cost of the Program

Define expense: Cost of the Program

	H&HS Grant	Other Cash	In-Kind
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
<b>TOTAL EXPENSES</b>	\$	\$	\$

**Grand Total of H&HS 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 and Program Name and check each item to assure that nothing has been omitted. **THIS FORM SHOULD BE ATTACHED TO ORIGINAL AND ALL 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 or H&HS Funding (**choose/check one only**).
  - CSC**
  - H&HS**
  
- 5. Proposed Program name.
  
- 6. Dollar amount Requested.
  
- 7. Anticipated number of unduplicated clients to be served by this proposed program in Lake County.
  
- 8. Cost per unduplicated client to be served in Lake County (amount of request divided by number of unduplicated clients = number to be served).
  
- 9. Collaborative partners (list and answer yes or no to whether a written agreement exists).
  
- 10. Signatures(s) with original in blue ink of authorized lead agency and fiscal agent, if different.
  
- 11. Date(s) of signature(s).
  
- 12. Title(s) of lead agency executive with signature authority, and if different, fiscal agent executive.
  
- 13. Proof of organization's Liability Insurance.

**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 \_\_\_\_\_
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 \_\_\_\_\_
3. **OPERATIONS ADDRESS** of program **(if different)** \_\_\_\_\_
4. Please identify which grant you are applying for **(check ONLY ONE):**  
CSC \_\_\_\_\_ H&HS \_\_\_\_\_
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 Children’s Services Council  
Agency Financial Disclosure Statement**

**Statement of Income and Expenditures for the Most Recently Completed Fiscal Year  
(Local agency only - NOT parent organization)**

Name of Lead Agency: \_\_\_\_\_

Fiscal Year Start Date \_\_\_\_\_ Fiscal Year End Date \_\_\_\_\_  
(Most recently completed year)

<b>Income</b>	<b>Amount</b>	<b>% of Current Year 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 Current Year 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 statement*

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

\_\_\_\_\_  
*Typed or printed name of person preparing statement*