LAKE COUNTY HEALTH & HUMAN SERVICES
FY2015 - 2016 REQUEST FOR PROPOSALS

Lake County Health & Human Services is requesting proposals for grant funding for the following:

Children's Services Council (CSC) Funding Priorities

Prevention and/or intervention programs that serve at-risk children to include:

- abuse and neglect
- afterschool and out of school programs
- developmental screening and assessments for children with special physical and behavioral needs
- kinship care (grandparents/relatives raising children)
- subsidized child care
- abstinence from unhealthy choices
- social media awareness
- nutritional education and the reduction of childhood obesity to safeguard physical health

Human Services (HS) Funding Priorities

Prevention and/or intervention programs that serve at-risk individuals, elders and families to include:

- rental or mortgage assistance
- utilities assistance
- deposits (for utilities and housing)
- food
- achieving economic self-sufficiency
- services that assist with independent living for elders and disabled

Agencies, or their subsidiaries, may apply for either the CSC grant or the HS grant.

Agencies or their subsidiaries, may not apply for both.

SUBMISSION DEADLINE

Friday, May 1, 2015, 5:00 PM

Contact:

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

RFP SEQUENCE

1. Release of RFP (Request for Proposals) **Thursday, March 12, 2015.**

2. First Bidder's Conference: **Thursday, March 26, 2015, 1:00 p.m.– 4:00 p.m.** at the Lake County Emergency Communications & Operations Center, 2nd floor, Rooms A&B, 425 W. Alfred Street (across from the parking garage), Tavares, Florida. ***This conference is designed specifically for the CSC and HS grants, and is mandatory if applying for either of these grants.***

3. Second Bidder's Conference: **Friday, April 3, 2015, 9:00 a.m. – 12:00 p.m.** at the Lake County Emergency Communications & Operations Center, 2nd floor, Rooms A&B, 425 W. Alfred Street (across from the parking garage), 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.

4. **Proposal Submission Deadline: 5:00 PM, Friday, May 1, 2015.** Mail one original and ten (10) copies; eleven (11) total to:

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

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
315 W Main Street, Suite 233
Tavares, FL 32778
Phone: 352-742-6520

5. Selection of Proposals: Date & Location TBD

Note: All agencies applying for funding must attend the proposal review meeting. Appointments will be made once date is determined.

➡ **ANY PROPOSALS SUBMITTED AFTER THE DEADLINE OF FRIDAY, MAY 1, 2015 AT 5:00 PM WILL NOT BE CONSIDERED FOR FUNDING.**

ALL FUNDING DECISIONS ARE FINAL AND NOT SUBJECT TO APPEAL.

APPLICATION INSTRUCTIONS

1. Fund Availability

The availability of the grant fund proposal is available through electronic copy or written document by contacting Rebecca Foley-Kearney at 352-742-6520, or at www.lakecountyfl.gov.

Funds will be available as follows:

Category	Maximum Request	Minimum Request
Children's Services Council Grants (CSC)	$25,000.00	$5,000.00
Human Services (HS)	$10,000.00	$5,000.00

Funds will be available on a competitive basis to organizations that meet the criteria established, which 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.

2. Funding Criteria:

The CSC/HS seeks proposals:

- **CSC:** Addressing enhancement or improvement of children's services in Lake County by innovative effective collaborations addressing prevention and intervention services for children and families.
- **HS** Addressing enhancement or improvement of services by innovative effective collaborations addressing prevention and intervention services for at-risk individuals, elders and families.

There is a requirement of a minimum commitment of three (3) years (past initial funding) of any program/agency utilizing these 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.

The "need statement" should clearly identify a community need consistent with funding priorities focused on the following:

- **CSC:** youth prevention and/or intervention programs emphasizing one or more of the following needs: abuse and neglect; afterschool and out of school programs to address delinquency prevention; developmental screening and assessments for children with special physical and behavioral needs; kinship care (grandparents/relatives raising children); subsidized child care; abstinence from unhealthy choices, social media awareness, nutritional education and the reduction of childhood obesity to safeguard physical health.
- **HS:** individuals, elders and families prevention and/or intervention programs emphasizing one or more of the following needs: rental or mortgage assistance; utilities assistance; deposits (for utilities and housing); food; achieving economic self-sufficiency and services that assist with independent living for elders and disabled.

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

APPLICATION INSTRUCTIONS (Cont'd)

3. Eligibility for Funds

Organizations eligible for funding from Children's Services Council and 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 to serve Lake County residents only.**

4. Grant Period

The grant period will be the County's Fiscal Year from October 1, 2015 through September 30, 2016. Funding agreements with selected agencies will be in place shortly after October 1, 2015. **Funds awarded must be expended by September 30, 2016.**

5. 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 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.

a) **Quarterly Progress Reports** – Will detail goals, outcomes, measurements and client served in a format prescribed in the award agreement.

b) **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).

c) **Audit** - Financial accountability to insure the integrity of grant funds awarded is a requirement for funding. The County may exercise their right to request an audit as directed in the agreement.

d) **Method of Payment** - Methods of payment will be defined through the award agreement.

e) **Uses and Prohibitions on Use of Funds**

Funds <u>may</u> be used for direct services only that could include:

- new programs or program expansions
- community collaborations
- grant match requirements
- direct assistance to targeted groups
- educational activities
- electronic hardware valued at $1,000.oo or less, needed to provide direct services
- operating equipment valued at $1,000.00 or less, needed to provide direct services

APPLICATION INSTRUCTIONS (Cont'd)

Funds 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
- for the cost of entertainment expenses
- electronic hardware valued at over $1,000 .00
- operating equipment valued at over $1,000.00
- cost of background checks

6. Submission Requirements

a) Proposals must be received on or before **Friday, May 1, 2015 at 5:00 P.M.** Late proposals will not be considered for funding.

b) Faxed or e-mailed proposals will not be accepted.

c) Proposal Format

i. 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**.

ii. ***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.

iii. Original Proposal to be signed IN **BLUE INK.**

iv. ALL pages should be numbered in correct sequence.

v. Signature - The authorized signature on the proposal should be the person or persons who have the authority to contractually bind the organization.

vi. All the pages and attachments must be included with the original and ten (10) copies for a total of eleven (11) of the proposal in the order listed below:

1. Program Requirements Check List
2. Proposal Cover Sheet
3. Proposal Summary, **one page only**
4. Items II through VII (not to exceed nine (9) pages)
5. Budget Form
6. Agency Financial Disclosure Statement
7. Proof of Non-profit Status (First page of most recent IRS 501 C 3 tax exemption determination letter)
8. Proof of Current Liability Insurance
9. Affirmation of Compliance with Background Screening ***(for CSC grant only)***

APPLICATION INSTRUCTIONS (Cont'd)

iv. **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 by the Director or authorized representative of the organization.

7. **Review and Award Notification**

The Children's Services Council Proposal Review Committee/Human Services Proposal Review Committee meets to review the proposals, and approve funding recommendations. ***All agencies applying for funding must attend the proposal review meeting. Appointments will be made once date is determined.*** 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.

The Council/committee will evaluate and rank proposals based on the following criteria:

I. Proposal Summary (5 points)
II. Administrative and Operational Capacity (15 points)
III. Program Narrative (10 points)
IV. Goals, Outcomes and Measurements (20 points)
V. Description of Target Population and Need for the Program (20 points)
VI. Program Sustainability (10 points)
VII. Budget/Financial (20 points)

Fatal Flaws

I. Incomplete Proposal: missing any Roman Numerals I. – XII. for CSC grant, and I.-XI. for HS grant, as well as Program Requirements Checklist and Proposal Cover Sheet.
II. Failure to attend Mandatory Bidder's Conference and proposal review meeting.

8. **Agreement**

Organizations selected for funding should expect to enter into a written agreement for the provision of services or activities as outlined in the proposal. The agreement 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.

PROGRAM REQUIREMENTS CHECKLIST – Page One (1)

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 HS Funding ***(check one only).***
   ☐ **CSC** ☐ **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. Signature (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.

☐ 14. Affidavit affirming agency's compliance with staff/volunteer background screenings.
   (For CSC grants only)

PROPOSAL COVER SHEET – Page Two (2)

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_____ **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. ***(Please list additional partners in your program narrative)***

___ Yes No___ _____
___ Yes No___ _____
___ Yes No___ _____
___ Yes No___ _____

_____ _____ _____
10. Authorized LEAD AGENCY signature **11**. Date **12.** Type/Print Name and Title

_____ _____ _____
10 a. Authorized FISCAL AGENT signature (if different) **11 a.** Date **12 a.** Type/Print Name and Title

13. Proof of Liability Insurance included _____ Yes _____ No

14. Affidavit Confirming Compliance (background screenings), **notarized** _____Yes _____No
(For CSC grants only)

PROPOSAL FORMAT

I. **PROPOSAL SUMMARY** - Please summarize the proposed program/ activity using one (1) page only.

ITEMS II. THROUGH VII. SHALL BE NO MORE THAN NINE (9) PAGES.

II. **ADMINISTRATIVE AND OPERATIONAL CAPACITY** - Describe the organization's history and previous experience in program design, development and delivery, including administrative capacity.

III. **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.

IV. **GOALS, OUTCOMES AND MEASUREMENTS** - Describe the specific measurable goals, expected outcomes as a result of the program and how the outcomes will be measured.

V. **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?

VI. **PROGRAM SUSTAINABILITY** - Describe how your program will be continued/ maintained or sustained in the absence of these grant funds.

VII. **BUDGET NARRATIVE** - Should be a simple justification of expenses and how the budget relates back to the grant program.

VIII. **BUDGET FORM** - Complete a line-item budget, itemizing program revenues and expenses, listing other sources of funding support for your program. If listing direct services as a line-item, please describe exactly what services those are in the budget narrative.

IX. **AGENCY FINANCIAL DISCLOSURE STATEMENT**

X. **PROOF OF NON-PROFIT STATUS** *(First page of most recent IRS 501 C 3 tax exemption determination letter)*

XI. **PROOF OF CURRENT LIABILITY INSURANCE**

XII. **AFFIRMATION OF COMPLIANCE WITH BACKGROUND SCREENING** ***(for CSC grants only)***.

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.

VIII. 2015-2016 Budget Form

REVENUE: (How Program is financed):

☐ CSC Grant Amount Requested: $

☐ HS 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, other cash and in-kind)

EXPENSES: Total Cost of the Program

Define expense: Cost of the Program

	Grant	Other Cash	In-Kind
TOTAL EXPENSES	**$**	**$**	**$**

Grand Total Program Expenses: $ _____ (Includes grant, other cash and in-kind)

IX. 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 _____

Income	Amount	% of Current Year 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 Current Year 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 or 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

X. PROOF OF NON-PROFIT STATUS

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

XI. PROOF OF CURRENT LIABILITY INSURANCE

XII. AFFIDAVIT REGARDING BACKGROUND SCREENING REQUIREMENTS FOR CERTAIN SERVICE PROVIDER PERSONNEL

(For CSC grants only)

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, 775.082 and 775.083, Florida Statutes, the undersigned affiant makes the following statement:

STATE OF FLORIDA
COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared,_____
Authorized Agency Representative Signature

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 has performed background screening checks on all personnel or contractual personnel who have direct contact with children, and that such background screening checks include, at a minimum, fingerprinting for statewide criminal history records checks through the Florida Department of Law Enforcement, and national criminal history records checks through the Federal Bureau of Investigation. I further swear and affirm that the security background investigations provided pursuant to this affidavit will be utilized to ensure that no personnel or contractual personnel who have direct contact with children have been:

- arrested for and are awaiting final disposition of,
- found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to,
- or have been adjudicated delinquent and the record has not been sealed or expunged for,

any offense prohibited under any of the provisions of state law listed in Section 435.04(2), Florida Statutes, or similar law of another jurisdiction.

SWORN TO AND SUBSCRIBED before me this _____day of _____ 201___, by

_____, who is [ ] personally known to me, or [ ] has produced

_____ as identification.

(NOTARIAL SEAL) Notary Public: _____

Printed Name: _____