



## LAKE COUNTY HEALTH & HUMAN SERVICES FY2014 - 2015 REQUEST FOR PROPOSALS

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

### Children's Services Council Funding Priorities

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

- ✧ abuse and neglect
- ✧ afterschool and out of school programs to address delinquency
- ✧ developmental screening and assessments for children with special physical and behavioral needs
- ✧ kinship care (grandparents/relatives raising children)
- ✧ subsidized child care
- ✧ nutritional education and the reduction of childhood obesity to safeguard physical health

### Human Services 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
- ✧ elder fraud and exploitation prevention

### SUBMISSION DEADLINE

**Wednesday, April 30, 2014, 5:00 PM**

### Contact:

Rebecca Foley-Kearney  
Phone: 352-742-6520  
Email: [rkearney@lakecountyfl.gov](mailto:rkearney@lakecountyfl.gov)

## 2014 - 2015 LAKE COUNTY HEALTH & HUMAN SERVICES REQUEST FOR PROPOSALS

### RFP Sequence

1. Release of RFP (Request for Proposals) **Monday, March 10, 2014.**
2. First Bidder's Conference: **Thursday, March 20, 2014, 9:00 a.m. – 12:00 p.m.** at the Lake County Extension Ag Center Auditorium, 1951 Woodlea Road, 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: **Monday, March 24, 2014, 9:00 a.m. – 12:00 p.m.** at the Lake County Emergency Communications & Operations Center, 2<sup>nd</sup> 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, Wednesday, April 30, 2014.** Mail one original and twenty (20) copies; twenty-one (21) 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  
315 W Main Street, Suite 520  
Tavares, FL 32778  
Phone: 352-742-6520

5. **Selection of Proposals:**      Date & Location      TBD

***Note: All agencies applying for funding are strongly encouraged to attend the Selection of Proposals meeting.***

➔ **ANY PROPOSALS SUBMITTED AFTER THE DEADLINE OF WEDNESDAY, APRIL 30, 2014 AT 5:00 PM WILL NOT BE CONSIDERED FOR FUNDING.**

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

# 2014 - 2015 LAKE COUNTY HEALTH & HUMAN SERVICES REQUEST FOR PROPOSALS

## 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](http://www.lakecountyfl.gov).

Funds will be available as follows:

<u>Category</u>	<u>Max funds per application</u>
Children's Services Council Grants (CSC)	\$25,000.00
Human Services (HS)	\$10,000.00

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; 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; elder fraud and exploitation prevention.

**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, 2014 through September 30, 2015. Funding agreements/contracts with selected agencies will be in place shortly after October 1, 2014. **Funds awarded must be expended by September 30, 2015.**

**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) **Progress Reports** - Will be in narrative form submitted in a format prescribed in the award agreement/contract.
- 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/contract.
- d) **Method of Payment** - Methods of payment will be defined through the award agreement/contract.
- e) **Uses and Prohibitions on Use of Funds**  
**Funds may 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
  - equipment valued at \$1,000 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
- capital equipment defined as tangible or intangible assets that have a purchase price of \$1,000.00 or greater.

**6. Submission Requirements**

- a) Proposals must be received on or before **Wednesday, April 30, 2014 at 5:00 PM**. 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 twenty (20) copies 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. Agency Financial Disclosure Statement
    - 6. Proof of Non-profit Status (First page of most recent IRS 501 C 3 tax exemption determination letter)
    - 7. Proof of Current Liability Insurance
    - 8. 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 of the Director or authorized representative of the organization.

**7. Review and Award Notification**

The Children's Services Council/appropriate committee meets to review the proposals, and approve funding recommendations. 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 Council/committee will evaluate proposals based on the following criteria:

- Administrative and Operational Capacity
- Description of Target Population and Need for the Program
- Program Narrative
- Measurable Outcomes and Evaluation
- Program Sustainability/Maintenance
- Budget
- In compliance if currently funded

**8. 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. 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.

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**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)***

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**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. 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  
***(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. **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 these grant funds.
- VII. **Budget Narrative** - Should be a simple justification of expenses and how the budget relates back to the program.
- VIII. **Budget Form** - Complete a line-item budget, itemizing program revenues and expenses, listing other sources of funding support for your program.
- 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. **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.



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**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 \_\_\_\_\_  
*(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*

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- X. Proof of Non-profit Status** (*First page of most recent IRS 501 C 3 tax exemption determination letter*)

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**XI. AFFIDAVIT AFFIRMING COMPLIANCE WITH SECTION 397.451, BACKGROUND CHECKS OR SERVICE PROVIDER PERSONNEL (For CSC grants only)**

**F.S. 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 F.S. 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 F.S. 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 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 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 \_\_\_\_\_ 201\_\_\_\_, by

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

(NOTARIAL SEAL)

Notary Public: \_\_\_\_\_

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