

2015 - 2016 LAKE COUNTY HEALTH & HUMAN SERVICES REQUEST FOR PROPOSALS

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?) Lake County Children Services
a. Contact executive’s name and title Rebecca Foley-Kearney, Director
b. Agency’s Federal ID number 00-1234567
c. Mailing address (with zip code) P.O. Box 7800, Tavares, FL 32778-7800
d. Phone No. 352-742-6520 Fax No. 352-742-6505
E-mail address rkearney@lakecountyfl.gov

2. **Fiscal agent if different** from lead agency: N/A
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) 315 W. Main Street, Tavares, FL 32778

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

5. **Proposed program name:** Children’s Safety Always First (CSAF)

6. \$25,000.00 Dollar amount being requested.

7. 200 Anticipated number of unduplicated clients to be served.

8. \$ 125.00 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 Lake County Schools
- Yes No Department of Children & Families
- Yes No Kids Central, Inc.
- Yes No United Way of Lake & Sumter Counties

Rebecca Foley-Kearney 03.31.15 Rebecca Foley-Kearney, Director
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.**

SAMPLE

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.

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VIII. 2015-2016 Budget Form

REVENUE: (How Program is financed):

CSC Grant Amount Requested: \$ 25,000.00

HS Grant Amount Requested: \$

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

	Grant	Other Cash	In-Kind
CSC Grant			
United Way of Lake & Sumter Counties			
Publix Supermarket Charities			
Contribution/Fund Raising			
Volunteers			
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
Salary/Benefits for Program Director			
Benefits			
Training/Travel			
Equipment			
Bulding Occupancy			
Volunteers			
TOTAL EXPENSES	\$	\$	\$

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

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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: Lake County Children Services

Fiscal Year Start Date 10/01/13

Fiscal Year End Date 09/30/14

Income	Amount	% of Current Year Income
Income from Federal, State and Local Governments	\$270,000.00	27%
Income from United Way	\$ 40,000.00	4%
Donations from Corporations and Foundations	\$125,000.00	12.5%
Donations from Individuals	\$ 65,000.00	6.5%
Membership Dues	\$ 0	0%
Annual Income from Fund-Raising Events	\$310,000.00	31%
In-Kind Contributions	\$ 75,000.00	7.5%
Other (please define)	\$115,000.00	11.5%
Total Income	\$1,000,000.00	100%
Expenditures	Amount	% of Current Year Expenditures
Fund-Raising Costs	\$ 35,000.00	3.5%
Salaries, Payroll Taxes and Benefits for Paid Staff	\$650,000.00	65%
Rent, Utilities, Telephone	\$150,000.00	15%
General Expense and Supplies (postage, printing, duplicating equipment, insurance, vehicles, etc.)	\$ 85,000.00	8.5%
Advertising, Promotion, Travel	\$ 45,000.00	4.5%
Donations to Community Programs or Individuals	\$ 15,000.00	1.5%
Paid to National Organization	\$ 0	0%
Other (please define)	\$ 0	0%
Total Expenditures	\$980,000.00	98%
Excess (Surplus) of Income over Expenditures	\$ 20,000.00	2%
Comments or Explanations: Lake County Children Services maintains 2% reserve for emergencies.		

We hereby certify that the information contained in this application is true to the best of our knowledge and belief.

Susie Beancounter

Signature of person preparing statement

Susie Beancounter

Typed or printed name of person preparing statement

Rebecca Foley Hearney

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

X. Proof of Non-Profit Status - SAMPLE

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248167571
Feb. 11, 2014 LTR 4168C 0
59-1524504 000000 00
00018475
BODC: TE

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



007856

Employer Identification Number: [REDACTED]
Person to Contact: Ms. Lee
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 03, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in September 1973.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

[REDACTED]

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, Rebecca Foley-Kearney
Authorized Agency Representative Signature

of Lake County Children's Services, 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 31st day of March 2015, by

Rebecca Foley-Kearney, who is [X] personally known to me, or [] has produced _____ as identification.

(NOTARIAL SEAL)

Notary Public: Ima Notary

Printed Name: Ima Notary