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| Meeting Date |
| 5/3/16 |



| AGENDA | |
|----------|---------------------|
| Section | Unfinished Business |
| Item No. | V.B. |

**AGENDA REPORT
BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS**

| | |
|--------------|---------------------------------------------------------------------------------------------|
| SUBJECT: | APPROVAL; RE: COMMUNITY BASED ORGANIZATION (CBO) FUNDING PROGRAM (FISCAL IMPACT: \$510,200) |
| DEPT/OFFICE: | COMMUNITY SERVICES GROUP/HOUSING AND HUMAN SERVICES DEPARTMENT/CENTRAL SERVICES DEPARTMENT |

Requested Action:

It is requested that the Board of County Commissioners (BOCC) approve the CBO process, Request for Proposal (RFP), and the Commitment of Funding for FY 2016-2017.

Summary Explanation & Background:

On November 17, 2015 in regular session the BOCC approved the 2015-2016 Community Action Board's (CAB) CBO funding recommendations providing \$510,200 to twelve (12) eligible organizations. Additionally, during this meeting, the BOCC asked staff to bring back the CBO Funding Program on an agenda item for further discussion by the BOCC. The Board of County Commissioners has been awarding grants to agencies through an RFP process in Brevard County for numerous years, but the concept of an organized process overseen by citizens originated more than twelve years ago through resolution 95-109. In February of 2002, resolution 02-82 was adopted which combined the CBO Board and the Community Action Agency Board in order to maximize the efficiency of both Boards. This concept has been embraced as a means of addressing community/resident needs for vital services that are outside of the County's ability to provide (such as: substance abuse treatment, mental health counseling, senior feeding programs, transportation for the disabled, etc.)

Each respondent is required to provide a match of at least 25%, and many agencies utilize the funds to draw down or leverage funds from State or Federal sources (for example, during FY 15/16, Aging Matters will leverage \$1,012,500 from the \$90,000 in awarded CBO funding).

During publically noticed meetings on February 23, 2016 and March 21, 2016, the CAB and Housing and Human Services Staff (HHS) reviewed the funding application and process for the upcoming funding cycle. After listening to input from the public (including agencies) and much discussion, the CAB voted to continue the process as is, which includes:

CBO Process

- Agencies will be asked to be available for questions and answers only, during the funding process. There will be no presentations, since the scoring of each proposal is based solely on the contents within the application.

(Continued on next page)

Clerk to the Board Instructions: None

Exhibits Attached: CBO Program Application RFP (strike through draft copy and original for signature)

| | | | | | | | |
|------------------------------------|-----------------------------|-----|--------------------------|----|-------------------------------------|----|--------------------------|
| Contract /Agreement (If attached): | Reviewed by County Attorney | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | PR | <input type="checkbox"/> |
|------------------------------------|-----------------------------|-----|--------------------------|----|-------------------------------------|----|--------------------------|

| | | |
|--------------------|------------------------------|------------------------------------------------------------------------------------------------------------|
| County Manager | Assistant County Manager | Department Director / Extension Ian Golden, Director (X52007) Teresa Camarata, Director (X57390) |
| Stockton Whitten | Venetta Valdengo | |

- Notice of funding availability will be published, emailed, and posted to the County Website
- Applications accepted in line with RFP guidelines
- Staff disqualifying criteria review
- Two technical assistance workshops (mandatory attendance at one) for agencies seeking funding
- Training for Board Members prior to disbursement of applications and funding recommendation meeting
- CBO awards posted and protest process carried out in line with County and RFP guidelines
- Recommendations to the BOCC for final approval
- Contracts developed

The CAB voted to recommend the following minimal changes to the RFP:

- Due date and time for application submission were updated.
- Applicable dates, years, and pages numbers were updated.
- The word fatal flaw was changed to disqualifying criteria throughout the application.
- Mileage reimbursement amount was updated to be in line with County Policy. (page 9)
- Added staffs contact information to disqualifying criteria section. (Page 10)

Fiscal Impact: FY 15/16 – There was impact to General Fund. \$510,200 in General Fund dollars were allocated.

FY 16/17 – If approved, there will be impact to the General Fund of \$510,200.

Contact: Juanita Davis, Assistant Department Director (633-2007)

**2016-2017
COMMUNITY BASED ORGANIZATIONS
PROGRAM APPLICATION**



BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS

HOUSING AND HUMAN SERVICES DEPARTMENT

Request for Proposal (RFP) No. HHS 16-CBO

Under the authority of the Brevard County Board of County Commissioners
and subject to the availability of funds,
the Housing and Human Services Department will accept applications from eligible
Community Based Organizations (CBO) in response to this Request for Proposal with a
receipt date of **June 28, 2016 at 11:00 a.m.**

Applications received after this date/time will not be accepted.

Ian Golden, Director
Housing and Human Services Department

Date of Issuance: 5/26/16

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NOTICE TO POTENTIAL APPLICANTS

The purpose of this Request for Proposal (RFP) is to provide services to Brevard County Residents consistent with Brevard County Board of County Commissioners' (BOCC) approved plans and strategies. Funding for this RFP will be provided through Brevard County's Community Based Organization (CBO) program.

The BOCC is interested in funding a wide range of services for the residents of Brevard County. Programs must be consistent with the priorities approved by the BOCC, as outlined below.

BOCC Priority Areas

- Anti-Crime Services
- Child Services (0 to 12 years old)
- Employment Training
- Health Services
- Senior Services
- Services for Individuals with Disabilities
- Substance Abuse Services
- Transportation Services
- Youth Services (13 to 17 years old)
- Homelessness

Examples of Programs and Services

- Address problem behaviors of youth and children
- Central Receiving Facility
- Create new permanent housing beds for chronic homeless
- Emergency Preparedness
- Employment for homeless
- Employment/Volunteers
- Female pod at County Jail
- Health and Wellness
- Housing
- Improve family management practices
- Increase commitment to school
- Increase number of Baker Act Beds
- Increase opportunities for academic success in elementary school
- Long Term Care
- Reduce availability of drugs
- Reduce family conflict
- Reduce family involvement in problem behaviors
- Reduce favorable parental attitudes toward drug use
- Short term Residential treatment facility
- Temporary housing for homeless
- Transportation
- Start-up program addressing a priority and to be funded for a limited time period

All applications will be initially reviewed for disqualifying criteria by Housing and Human Services (HHS) staff. All applicants requesting funding under this RFP will be considered on the basis of their overall merit as determined by the Community Action Board (CAB) and the BOCCs review processes.

This application contains information and the required forms for potential applicants to apply for grant awards. The Brevard County Housing and Human Services Department will be accepting funding applications from **May 26, 2016**, through **June 28, 2016**. Two (2) Technical Assistance Workshops are scheduled prior to the application deadline – **June 13, 2016**, and **June 14, 2016**. **Applicants are required to attend at least one (1) of the Technical Assistance Workshops in its entirety.**

All meeting places are handicap accessible. In accordance with the Americans with Disabilities Act and Section 286.26, Florida Statutes, persons needing accommodations or an interpreter to participate in the proceedings must notify the HHS Department, Brian Breslin, no later than forty-eight (48) hours prior to the meeting at (321) 633-2076.

Applicants are prohibited from contacting members of either the CAB or the BOCC regarding the application process and during the period that the applications are being reviewed by the CAB and being approved by the BOCC. Any contact with the BOCC or CAB will disqualify your application.

COMMUNITY BASED ORGANIZATIONS (CBO) FUNDING PROGRAM

The Housing & Human Services Department (HHS) operates under the direction of the Brevard County Manager's Office and the BOCC. The HHS plans for the organization, development and evaluation of Board sponsored programs designed to protect the health, safety and welfare of the general public, one of which is the CBO Program.

In accordance with the direction of the BOCC, the CBO Program was designed to ensure accountability of organizations awarded funding, to provide a fair and equitable means to establish and award funding to CBO's that are working creatively on "need-based" issues and concerns of Brevard County Citizens, and to assist in empowering CBO's to effectively plan and implement solutions to a wide range of needs which affect Brevard County citizens.

APPLICATION SUBMISSION

A maximum of two applications will be accepted from each agency. A separate application must be submitted for each program.

Applications must be received **on or before June 28, 2016, at 11:00 a.m.** at:

Brevard County Housing and Human Services Department
Attention: RFP No. HHS 2015 CBO
2725 Judge Fran Jamieson Way, B-106, Viera, FL 32940
www.brevardcounty.us/HumanServices

TECHNICAL ASSISTANCE

Two (2) Technical Assistance Workshops will be scheduled prior to the application due date. Additional technical assistance (T/A) is available for new applicants on an as-needed basis by contacting the HHS staff.

PROTEST PROCESS

Any bidder who is allegedly aggrieved in connection with the solicitation or pending award of a contract must file a formal written protest with the Community Development and Resource Manager and Purchasing Manager within five (5) business days of the posted award recommendation. A complete copy of this procedure can be found on the Housing & Human Services website at www.brevardcounty.us/HumanServices.

DESIGNATED LIAISONS

If you have any questions or require assistance concerning this application, contact Lesley Singleton, Contracts Supervisor, or Linda Graham, Community Development and Resources Supervisor, at (321) 633-2076.

TERMS AND CONDITIONS

1. Applicants acknowledge that all information contained within the response is public record to the extent required by State of Florida Public Records Laws. Sealed Proposals are exempt from public record until the agency provides notice of decision or within ten (10) days after Proposal opening, whichever is earlier. Financial statements, if required, are exempt from disclosure under 119.071(l)(b)(c), Florida Statutes.
2. Applications may be made only by the governing bodies of 501 (c) (3), not-for-profit organizations and public agencies. **This program is not a pass through grant program.** The applicant will be legally, administratively, and fiscally responsible for the grant.
3. Providers of services must be in compliance with all city, county, state licensing and/or accreditation/certification and regulatory requirements. Additionally, all applicants must provide verification regarding past suspensions/debarments. Without documentation of licenses/accreditation (or a statement as to why licensure is not required) and past explanation of suspensions/debarment, applications will be considered ineligible and will not be considered for review. These certifications must be submitted with the application, **Suspension/Debarment Certification (Attachment D).**
4. All applicants must read, sign, and comply with the **Sworn Statement of Public Entity Crimes (Attachment A)** prior to entering into a Contract with Brevard County (the County).
5. The County will not reimburse applicant for any costs associated with the preparation and submittal of any responses to this Request for Proposal.
6. The awards made pursuant to this Request for Proposal are subject to the provisions of Chapter 112, Part 111, Florida Statutes, **Conflict of Interest Certification (Attachment B).** All applicants must disclose with their responses the name of any officer, director, or agent who is also an employee of the County.

Further, all applicants must disclose the name of any County employee who owns, directly or indirectly, any interest of five percent (5%) or more in the applicant's firm or any of the applicant's branches/subsidiaries.

7. Applicants, their agents, and associates shall refrain from discussing or soliciting any County official regarding this Request for Proposal during the selection process. Failure to comply with this provision will result in disqualification of the applicant. Only the designated liaisons listed in this response may be contacted.
8. Applicant must not discriminate as to race, sex, color, creed, age, handicap, or national origin in the operations conducted under this engagement.
9. Due care and diligence has been exercised in the preparation of this Request for Proposal. The responsibility for determining the full extent of the services required rests solely with those making responses. Neither the County nor its representatives shall be responsible for exercising the professional judgment required in determining the final scope of services which may be required.
10. Each applicant is responsible for full and complete compliance with all laws, rules, and regulations including those of the Federal Government, State of Florida, and applicable local ordinances. Failure or inability on the part of the applicant to have complete knowledge and intent to comply with such laws, rules, and regulations shall not relieve any applicant from its obligation to honor its response and to perform completely in accordance with its response.
11. The County, at its discretion, reserves the right to waive minor informalities or irregularities in any responses, request clarification of information from applicant, reject any and all responses in whole or in part, with or without cause, and accept any response, if any, which in the County's judgment, will be in the County's best interest.
12. Any interpretation, clarification, correction, or change to the Request for Proposal will be made by written addendum issued by the Brevard County Housing and Human Services Department. Any oral or other type of communication concerning the Request for Proposal shall not be binding.
13. Any proposals submitted before the deadline may be withdrawn by written request received by the County before the time fixed for receipt of Proposals. Withdrawal of any Proposal will not prejudice the right of the applicant to submit a new or amended Proposal as long as Brevard County receives the Proposal by the deadline as provided herein.
14. For good and sufficient reason, the County may extend the response deadline. Should an extension occur, all parties who received a Request for Proposal will receive an addendum setting forth a new date and time for the response deadline. Notice will be provided by email and the addendum will be posted on the HHS website. Applicants are responsible for ensuring they have received all addenda.

15. All applicants must read, sign, and comply with the **2016-2017 Program Certification and Suspension/Debarment Certification (Attachments C and D)**.
16. Applicants must apply for a minimum of \$12,000 up to a maximum of \$75,000 per program.
17. Applicants must identify a minimum of a twenty-five percent 25% program match (cash, grants or in-kind service).
18. Applicants must demonstrate a community need for the proposed activity through the use of existing community studies or priorities identified by the Board of County Commissioners.
19. Applicants must demonstrate the ability to generate and/or acquire funding needed to carry out the proposed activity in its entirety.
20. If your agency has been monitored by any funding agency (other than HHS) within the past 12 months, please provide a copy of the monitoring report. If never monitored, please provide an explanation (**Appendix 1**).
21. Applicants must not utilize requested funding to supplant other funds.
22. The Community Action Board reserves the right to make funding recommendations at or below the amount requested by the applicant.
23. All awards are contingent upon funding availability from the BOCC.
24. The successful applicants shall be required to submit copies of all current **Licenses/Certifications** required to provide the services outlined in this Request for Proposal (**Appendix 6**).
25. The successful applicants shall be required to enter into a cost reimbursement contract that will be provided by the County that incorporates the requirements of this Request for Proposal.
26. The successful applicants shall hold harmless, indemnify and defend the County, its Commissioners, employees, representatives and agents against any claim, action, loss, damage, injury, liability, cost and expense of whatsoever kind of nature arising out of or incidental to applicant's services under this Agreement. Consideration for this indemnification provision will be included in the applicant's hourly rate.
27. Applicants awarded funding to provide services under this agreement will be required to procure and maintain, at their own expense and without cost to the County, until final acceptance by the County of all products or services covered by the purchase order or contract, the following types of insurance. The policy limits required are to be considered minimum amounts. Applicants, prior to the signing of

a contract and before starting any work on this project, shall be required to submit all **Certificate of Insurance for Program Activities (Appendix 7)** as follows:

- a. Worker's Compensation – The insurance required by this section shall comply with the Florida Worker's Compensation Law and include employer's liability insurance with limits of not less than those required by the State of Florida or local jurisdiction, whichever is higher.
- b. Comprehensive General Liability – in an amount of no less than those required by the State of Florida or local jurisdiction, whichever is higher, including coverage for operations, products completed operations, broad form property damage, and bodily personal injury, insuring the Contractor and any other interests, including but not limited to, any associated or subsidiary companies involved in the project. The Comprehensive General Liability Insurance shall include contractual liability insurance applicable to the Contractor's obligations under the Rehabilitation Construction Agreement.
- c. Liability Insurance - in an amount not less than \$1,000,000 for bodily injuries, including wrongful death to any one person, and subject to the same limit for each person, in an amount not less than \$1,000,000 for damages on account of all accidents. Policies shall name the Brevard County Board of County Commissioners as an additional insured, only in respect to liability arising out of operations on behalf of the Brevard County Housing and Human Services Department.
- d. Auto Liability Insurance which includes coverage for all owned, non-owned and rented vehicles with a \$1,000,000 combined single limit for each occurrence, if applicable.
- e. In the event that the contract involves professional or consulting services, in addition to the aforementioned insurance requirements, the applicant shall also be protected by a Professional Liability Insurance Policy in the amount of \$1,000,000 per claim.
- f. The applicant shall provide certificates of insurance to the County demonstrating that the aforementioned insurance requirements have been met prior to the commencement of work under this contract. The certificates of insurance shall indicate that the policies have been endorsed to cover the County as an additional insured and that these policies may not be cancelled or modified without thirty (30) days prior written notice to the County.
- g. The insurance coverage enumerated above constitutes the minimum requirements and shall in no way lessen or limit the liability of the applicant under the terms of the contract.

CBO REQUIREMENTS

Program Processes and Required Supporting Documents

Annually, a Request for Proposal process is conducted to allow Community Based Organizations the opportunity to competitively apply for funding for eligible public service activities.

All Community Based Organizations applying for funding shall provide proof of all required insurance necessary for carrying out the proposed activity (i.e., general liability, comprehensive liability, etc.)

I. Unallowable Cost

The following expenditures are not allowed. Public funds cannot be applied to these items directly or indirectly.

- a. Costs incurred prior to October 1, 2016. One exception is for an annual audit that is billed after October 1, 2016. Costs of the organization-wide audit must be prorated among the various funding sources that require such an audit.
- b. Outlay for Capital Projects, including acquisition of real property.
- c. Costs associated with services that have a sectarian religious component or basis.
- d. Local mileage reimbursements in excess of \$0.54 per mile. If the agency has a higher rate, it should be charged to other funds of the agency to cover the difference. However, no out-of-county or out-of-state travel reimbursement is allowed.
- e. Bad debts, fines, penalties, bonuses, and commissions.
- f. Organization's reserve accounts.
- g. Contributions or donations.
- h. Expenses associated with entertainment. This exclusion does not include an organization's regular recreational functions that are part of the organization's established client programming.
- i. Lobbying or other associated legislative expenses whether incurred for purpose of legislation or executive direction.
- j. "Miscellaneous" or "Other" line items.
- k. Legal expenses for the prosecution of claims against any public entity.
- l. Expenditures that are not applied to specific services. If county funds are requested to be applied to activities of the entire agency, e.g., rent, utilities, insurance, administrative salaries, etc., then these funds must be allocated proportionately to specific services or programs.
- m. Costs incurred by organizations in responding to this application.
- n. Memberships, dues, and paid subscriptions will not be reimbursed. National dues to a parent organization will not be reimbursed.
- o. Fund raising expenses.
- p. Construction and renovation cost.

II. Ineligible Funding Requests

- a. Requests from Federal, State and Local governmental agencies.
- b. Organizations whose primary function is fund raising for other agencies.
- c. Organizations that coordinate and distribute funds to local organizations with no direct services are not eligible for funding under this program.
- d. Proposals from any organization that does not have a non-profit incorporation and 501 (c) (3) designations, and has not filed I.R.S. 990, and not received an audit conducted by an independent auditor. Financial statement is acceptable if agency audit is not required.

PART I - APPLICATION GUIDELINES

A complete application will include all of the following components in the order specified and will adhere to the following limitations:

- Submitted applications must be bound with a binder clip, one (1) per copy.
- Applications must be completed in a minimum 12-point font, be single-spaced, single-sided and have one (1) inch margins.
- Applicants must submit one (1) original response and all required attachments and appendices to the RFP and **sixteen (16) copies** of the application and required attachments. **All pages of the original and all copies must be three (3) hole-punched. The application and all required attachments and appendices must be saved on a flash drive.** All pages must be numbered and sections should be tab.
- Applications must be formatted with the outline, headings and subheadings as identified in this RFP.
- All required attachments and appendices must be completed and submitted with the application.

An application will be disqualified if it contains any of the disqualifying criteria listed below. The following criteria will disqualify an application.

- If an agency contacts anyone regarding this RFP other than the HHS Designated Liaisons listed on page 5.
- If an agency submits more than the maximum of two applications, all will be disqualified.
- If all page limitations identified in this RFP are not met.
- If an application is not submitted by the due date and time of June 28, 2016, at 11:00 a.m.
- If an application does not clearly demonstrate a twenty-five percent (25%) match.
- If any sections or items are missing, including the official I.R.S. 990 signature page showing submittal of the I.R.S. 990 **and 2015** audit report and management letter conducted by an independent auditor (**audit must include management letter**) or financial statements. Financial statement is acceptable if agency audit is not required.
- If an application is missing the required CBO forms.
- If an applicant does not attend and sign in at one (1) mandatory Technical Assistance Workshop in its entirety.
- If an applicant requests less than the minimum (\$12,000) or more than the maximum (\$75,000) per program.

- If the amount requested on Cover Page (Page 13) does not match the amount requested on the CBO Program Budget Form (Page 33).

I acknowledge that I have read and understand the Application Guidelines, including the Disqualifying Criteria listed above. I further acknowledge that all of the required items listed on the checklist are included in this CBO application.

Agency Name: _____

Name/Title: _____

Signature/Date: _____

PART II - APPLICATION CHECKLIST

Agency Name: _____

PARTS I and II: APPLICATION GUIDELINES AND CHECKLIST

- A: Application Guidelines
- B: Application Checklist

PART III: COVER PAGE AND KEY AGENCY STAFF FORM

- A: Cover page
- B: Key Agency Staff

PART IV: PROGRAM DESCRIPTION

- A: Statement of Need
- B: Scope of Service
- C: Program Promotion
- D: Organizational Chart
- E: Job Description
- F: Collaboration Narrative

PART V: AGENCY PROFILE

- A: Profile

- B: Trends/Changes
- C: List of Partners. etc.

PART VI: PROGRAM LOGIC MODEL AND EVALUATION PLAN

- A: Program Logic Model (Attachment E)
- B: Evaluation Plan (Attachment G)

PART VII: AGENCY FINANCIAL PROFILE & AGENCY WIDE BUDGET

- A: Agency Financial Profile
- B: Agency Wide Budget (Attachment N)

PART VIII: PROGRAM BUDGET

- A: Program Budget (Attachment J)
- B: Program Budget Justification (Attachment L)
- C: Program Budget Narrative

ADDITIONAL ATTACHMENTS & APPENDICES TO APPLICATION

- Attachment A: Sworn Statement of Public Entity Crimes
- Attachment B: Conflict of Interest Certification
- Attachment C: 2016-2017 Program Certification
- Attachment D: Suspension/Debarment Certification
- Appendix 1: Monitoring Reports other than HHS
- Appendix 2: 501 (c) (3) Certification*
- Appendix 3: Recent IRS Form 990*(**signature page only**)
- Appendix 4: Job Descriptions/Biographical Sketches of key employees and contractors
- Appendix 5: Signed Board Minutes/Letter Approving Application Submittal and Signature Authority*
- Appendix 6: Licenses/Certifications*
- Appendix 7: Certificate of Insurance for Program Activities*
- Appendix 8: Leverage Documentation
- Appendix 9: Letters of Commitment (for funding or in-kind services) – **not Letters of Recommendation.**
- Appendix 10: Organization Chart *
- Appendix 11: Articles of Incorporation/By-Laws*
- Appendix 12: List of Board of Directors*
- Appendix 13: 2015 Audit Report **and** Management Letter or Financial Statement* (Financial Statement is acceptable if agency audit is not required.)

***Include those items indicated by (*) in the one (1) original application packet only.**

**PART III- APPLICATION COVER PAGE
AND KEY AGENCY STAFF INFORMATION**

2016-2017 COMMUNITY BASED ORGANIZATION APPLICATION

Agency Legal Name: _____

Agency dba (if applicable): _____

Street Address: _____

Mailing Address: _____

Agency Web Address: _____

Federal Identification Number: _____

Main Telephone: _____ Main Fax: _____

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|--------------------|
| Program Name: | | | |
| Program site(s): | | | |
| Primary Geographic Service Area: <input type="checkbox"/> North <input type="checkbox"/> Central <input type="checkbox"/> South <input type="checkbox"/> County-wide | | | |
| Application Type: | <input type="checkbox"/> New | <input type="checkbox"/> Continuing | |
| Amount Requested for CBO Funded Program | FY 2015-2016 | FY 2016-2017 | % of Change |
| Will CBO funds be used to leverage funds from another source? | Yes or No | Amount: | |
| Will CBO funds be used to match funds from another source? | Yes or No | Amount: | |
| Check which Brevard County Board of County Commissioner priority the program will address: | | | |
| <input type="checkbox"/> Anti-Crime Services | <input type="checkbox"/> Services for Individuals with Disabilities | | |
| <input type="checkbox"/> Child Care Services (0 to 12 years) | <input type="checkbox"/> Substance Abuse Services | | |
| <input type="checkbox"/> Employment Training | <input type="checkbox"/> Transportation Services | | |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Youth Services (13 to 17 years) | | |
| <input type="checkbox"/> Senior Services | <input type="checkbox"/> Homelessness | | |

KEY AGENCY STAFF

Chief Professional Officer (CPO):

Name & Title: _____

Length of service: _____ Email: _____

Telephone: _____ Fax: _____

Lead Agency Program Staff Person (if other than CPO):

Name & Title: _____

Length of service: _____ Email: _____

Telephone: _____ Fax: _____

Fiscal Officer:

Name & Title: _____

Length of service: _____ Email: _____

Telephone: _____ Fax: _____

Chief Volunteer Officer:

Name & Title: _____

Length of service: _____ Email: _____

Telephone: _____ Fax: _____

PART IV– PROGRAM DESCRIPTION

Program Description (Maximum two and a half (2.5) pages): The Program Description should be specific, clearly established and directly related to the goals and objectives of the program. **Applicant must complete Sections A through F for each program request.**

- A. Statement of Need:** What is the need or problem to be addressed and how is it consistent with one or more of the BOCC priorities? Describe how the specific problem or need was identified.
- B. Scope of Service:** Highlight your proposed program purpose, target population and proposed number of clients to be served (unduplicated), activities and services to be provided and goals and objectives of the program.
- C. Program Promotion:** Describe the efforts and methods used to promote this program, to ensure that appropriate individuals and/or families are aware of these services.
- D. Organizational Chart:** Provide copy of organizational chart. **(Appendix 10).**
- E. Job Description:** Describe the specific functions of the personnel, consultants, and collaborators. Identify job titles of persons responsible for managing the project and staff devoted to service provision. Provide job descriptions for the program(s) in which you are seeking funding **(Appendix 4).**
- F. Collaboration Narrative:** Provide a description of how the proposed program(s) will be coordinated with other service providers and list top five (5) collaborative partners and their contact information below:

| Agency | Executive Officer | Contact Number | Contact E-mail |
|---------------|--------------------------|-----------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If not, please explain: _____

PART V – AGENCY PROFILE

Agency Name _____

A. Profile – Maximum two (2) pages:

Provide a narrative that will assist staff and Board Members in understanding the overall agency operations and provide a broad view of the context in which the program for which funding is requested operates. Narrative shall include information regarding the following:

- a. Mission
- b. Service area and target populations
- c. Brief summary of programs offered, excluding program(s) for which funding is sought

B. Trends/Changes – Maximum one (1) page:

What are the most significant trends and/or changes that are currently affecting the organization's operation, the people served, the type of programs offered, etc? Are there anticipated changes that will have significant impact in the foreseeable future, such as over the next two (2) to three (3) years?

C. List of partners, affiliates or subsidiaries:

Include subsidiaries, affiliates, and/or partners, programs supported, funding source and amount. For example:

| Partners, Affiliates Or Subsidiaries | Program Supported | Funding Source | Amount |
|---------------------------------------------|--------------------------|-----------------------|---------------|
| ACB Local Pantry | Food Bank | Community | \$1,000 |
| State Child Welfare | Child Care | State | \$1,000 |

PART VI- PROGRAM LOGIC MODEL AND EVALUATION PLAN

Instructions:

Use the Program Logic Model (Attachment E) and Evaluation Plan (Attachment G) included to provide an overview of how you will achieve its intended results and/or outcomes during the twelve (12) month contract period. (Applicant must complete Attachments E and G for each program request.)

A. PROGRAM LOGIC MODEL: Describes how the program flows or works from resources to goals. It should be a breakdown of your scope of services.

Program Resources – list various resources included in the program. These resources may include, but are not limited to, Service Provider(s), Program Setting, Collaborations, Service Technologies, Funding Sources, and Participants.

Activities – list program activities relating to resources.

Units of Service/Outputs – how many will be served (duplicated or unduplicated) by how much service, number and type of participants, activities provided, and the durations. For example, ninety (90) parents will receive parenting classes in three (3) sessions during a six (6) week workshop.

Outcome(s) – expected result based on program activities for a one (1) year period. What difference does this program make in the life of your clients?

Goal(s) – overall aim of the program, the end result that activities will achieve and the outcomes describe.

B. EVALUATION PLAN: Describes how the agency will measure and track program outcomes and attain the defined goals.

Outcome(s) – expected result based on program activities. What difference does this program make in the life of your clients?

Indicators – number and percentage of what is being measured. Indicators will determine whether or not measurable outcomes are being met. **Examples of indicators are action words** such as increase, decrease, maintain and expand.

Baseline Measure – starting point for evaluation of the program. For example, number of meals delivered last year, number of students at target school who are reading at below grade level, etc.

Measurement Tool/Approach – way in which the program will determine a change has occurred, i.e. number of meals distributed, assessment of nutrition levels for individuals on the meal program, pre and post reading level tests.

Sampling Strategy and Sample Size – how will program determine who to measure, such as all participants, 20% of participants?

Frequency & Schedule of Data Collection – when will data be collected, such as pre- and post-testing, key points during the program, quarterly, or monthly.

PART VII– AGENCY FINANCIAL PROFILE & AGENCY WIDE BUDGET

A. Agency Financial Profile:

Respond to the following:

1. What is the percentage of program cost in relation to total agency budget?
2. What is the percentage of CBO program funding requested in relation to total program funding?
3. Does your agency have at least three (3) months operating reserves available? If not, why?
4. Does your agency provide subsidies, scholarships or a sliding fee scale? If yes, provide a brief explanation. If no, what is your referral procedure for clients who do not qualify for services?
5. Does your agency follow General Accepted Accounting Practices (GAAP)?
6. Does your agency have internal accounting procedures for revenue and expenses? If no, explain:
7. Does your board review financial activity on a monthly basis?
8. Does your agency have a strategic and/or long-range plan?
9. Does your agency have any areas of noncompliance with funding, regulatory or licensing bodies?

B. Agency Wide Budget:

Attach your agency wide budget, which will be referred to and labeled as **Attachment N** in your application, to include last year's and current year's revenue and expenses, for your agency's fiscal year.

PART VIII– PROGRAM BUDGET

A. PROGRAM BUDGET (Attachment J):

When completing the Program Budget, include all identified potential expenses required to achieve successful completion of programs. Please submit a twelve (12) month budget for the period of October 1, 2016 through September 30, 2017.

B. PROGRAM BUDGET JUSTIFICATION (Attachment L):

Enter program and local match information and a detailed budget with justification for each budget category on the required forms. The budget justification should address each of the major costs categories, as well as any additional categories. A thorough written budget justification will explain both the necessity and the basis for the proposed costs.

C. PROGRAM BUDGET NARRATIVE:

Answer the following questions in the numerical order as noted below. Do not repeat the entire question; only repeat numbers. **All questions must be answered.**

1. What percent of your total program budget will go for direct services versus administration?
2. Describe your required match. Is it cash, grants, or in-kind? (**Attachment Q - Definitions**). **If an award is made, all funds identified as dedicated to this program (including funds used for match/in-kind) will be subject to applicable cost principles, auditing, and reporting requirements (OMB #'s A-110, A-122, and A-133).**
3. If applicable, describe additional resources that will be utilized to implement this program.
4. List all other funding entities for which you have applied for funds to support this program.
5. List other funding sources that have already committed resources for this program.
6. Funding Reduction: Explain in detail what will happen to the program if less than the requested amount of CBO funding is received?
7. Has your award ever been recaptured by another funding entity due to non-performance of contract provisions? If yes, please explain?
8. Will CBO funding be used to leverage (see definition in **Attachment Q**) funds from another source (i.e. federal, state)? If so, what is the source (i.e. federal, state) and amount of funding that will be leveraged using CBO funds? **Provide Leverage Documentation, Appendix 8.** Documentation may include copies contract or application stating use of leveraged funds.
9. Describe the agency's long term plan (3 to 5 years) to conduct this program and provide the service(s), with reduced or no County funding.

**ATTACHMENT A
SWORN STATEMENT OF PUBLIC ENTITY CRIMES**

RFP NO: HHS 2016 CBO

**SWORN STATEMENT UNDER SECTION 287.133(3) (a) FLORIDA STATUTES
ON PUBLIC ENTITY CRIMES**

(To be signed in the presence of a Notary Public or other officer authorized to administer oaths.)

State of _____
County of _____

Before me, the undersigned authority, appeared _____ who, being by me first duly sworn, made the following statement:

1. The business address of _____ (name of applicant or contractor) is _____.
2. My relationship to _____ (name of applicant or contractor) is _____ (relationship such as sole proprietor, partner, president, vice president, etc.).
3. I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes a violation of any State or Federal law by a person with respect to and directly related to the transaction of business with any public entity in Florida or with an agency or political subdivision of any other State or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that "convicted" or "conviction" is defined by the statute to mean a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any Federal or State trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury verdict, non-jury trial, or entry of a plea of guilty or novo contend.
5. I understand that "affiliate" is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

6. Neither the applicant or contractor nor any officer, director, executive, partner, shareholder, employee, member of agent who is active in the management of the applicant or contractor nor any affiliate of the applicant or contractor has been convicted of a public entity crime subsequent to July 1, 1989.

(Draw a line through Paragraph 6 if Paragraph 7 applies)

7. There has been a conviction of a public entity crime by the applicant or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the applicant or contractor who is active in the management of the applicant or contractor or an affiliate of the applicant or contractor. A determination has been made pursuant to Section 287.133(3) by order of Division of Administrative Hearings that is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is _____.

A copy of the order of the Division of Administrative Hearings is attached to this Statement (with a line through Paragraph 6 if Paragraph 7 applies).

Type Authorized Official's Name

Authorized Official's Title

Authorized Official's Signature

Date

Sworn to and subscribed before me in the State and County first mentioned above on the _____ day of _____ 2016.

Affix Seal

Notary Public: _____

My commission expires _____

**ATTACHMENT B
CONFLICT OF INTEREST CERTIFICATION**

RFP Number _____

Applicant must execute either Section I or Section II relative to Florida Statute 112.313(12). Failure to execute the appropriate section may result in rejection of this proposal.

Section I

I hereby certify that no official or employee of the Brevard County Board of County Commissioners requiring the goods for services described in these specifications has a material financial interest in this company.

Signature

Company

Type or Print Name of Official

Business Address

Section II

I hereby certify that the following named Brevard County Board of County Commissioner's official(s) and employee(s) having material financial interest(s) (in excess of 5%) in this company and have filed Conflict of Interest statements with the Brevard County Housing and Human Services Department, prior to bid opening.

| Name | Title or Position | Date of Filing |
|-------|-------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature

Company Name

Type or Print Name of Official

Business Address

**ATTACHMENT C
2016-2017 PROGRAM CERTIFICATION**

PROGRAM CERTIFICATION

I do hereby certify that all facts, figures, and representations made in the application are true and correct, and that the purpose of this request is consistent with our organization's Article of Incorporation, By-Laws and Mission. Furthermore, all applicable statutes, terms, conditions, regulations and procedures for program compliance and fiscal control will be implemented to ensure proper accountability of grant funds. I certify that the funds requested in this application will not supplant funds that would otherwise be used for the purposes set forth in this project.

The filing of this application has been authorized by the Agency Board of Directors, and I have been duly authorized to act as the representative of the agency in all matters in connection with this application. I also agree to follow all terms, conditions, and applicable federal and state statutes.

Type or Print Authorized Official's Name

Authorized Official's Title

Authorized Official's Signature

Date

ATTACHMENT D SUSPENSION/DEBARMENT CERTIFICATION

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; and

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(D) Have not within a three (3) year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition; and

(b) Establishing an ongoing drug-free awareness program to inform employees about--

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs;

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above; and

ATTACHMENT D – SUSPENSION/DEBARMENT CERTIFICATION (Continued)

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--

(1) Abide by the terms of the statement;

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction; and

(e) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), and (e).

3. Certification Regarding Environmental Tobacco Smoke

F.S. 386.201–212, the Florida Clean Indoor Air Act, has as its purpose to protect the public health, comfort, and environment by creating areas in public places and at public meetings that are reasonably free from tobacco smoke by providing a uniform statewide maximum code. This part shall not be interpreted to require the designation of smoking areas.

(1) "Public place" means the following enclosed, indoor areas used by the general public:

(a) Government buildings; (b) Public means of mass transportation and their associated terminals not subject to federal smoking regulation; (c) Elevators; (d) Hospitals; (e) Nursing homes; (f) Educational facilities; (g) Public school buses; (h) Libraries; (i) Courtrooms; (j) Jury waiting and deliberation rooms; (k) Museums; (l) Theaters; (m) Auditoriums; (n) Arenas; (o) Recreational facilities; (p) Restaurants which seat more than 50 persons; (q) Retail stores, except a retail store the primary business of which is the sale of tobacco or tobacco related products; (r) Grocery stores; (s) Places of employment; (t) Health care facilities; (u) Day care centers; and (v) Common areas of retirement homes and condominiums.

(2) "Public meeting" means all meetings open to the public, including meetings of homeowner, condominium, or renter or tenant associations unless such meetings are held in a private residence.

(3) "Common area" means any hallway, corridor, lobby, aisle, water fountain area, restroom, stairwell, entryway, or conference room in any public place.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any sub-awards, which contain provisions for services and that all sub-recipients shall certify accordingly.

The Housing and Human Services Department strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products.

| | |
|---------------------------------------------|----------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |
| APPLICANT ORGANIZATION | DATE SUBMITTED |

Intentionally Left Blank

ATTACHMENT E - PROGRAM LOGIC MODEL FORM

Agency Name: _____

Program Name: _____

Focused Care Area: _____

| |
|--------------------------|
| PROGRAM RESOURCES |
| SERVICE PROVIDERS: |
| PROGRAM SETTING: |
| COMMUNITY FACTORS: |
| COLLABORATIONS: |
| SERVICE TECHNOLOGIES: |
| FUNDING SOURCES: |
| PARTICIPANTS: |

| |
|-------------------|
| ACTIVITIES |
| |

| |
|---------------------------------|
| OUTPUTS/UNITS OF SERVICE |
| |

| |
|-----------------|
| OUTCOMES |
| |

| |
|--------------|
| GOALS |
| |

ATTACHMENT F – SAMPLE PROGRAM LOGIC MODEL

Agency Name: Youth & Development Agency

Program Name: Child/Parent Literacy

Focused Care Area: Children & Families

| PROGRAM RESOURCES | ACTIVITIES | UNITS OF SERVICE for CBO Program Only | OUTCOMES | GOALS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <p>SERVICE PROVIDERS: Staff, teachers, and volunteers from partner agencies</p> <p>PROGRAM SETTING: Facilities and classrooms at partner agency sites</p> <p>COLLABORATIONS: Schools Libraries</p> <p>SERVICE TECHNOLOGIES: Books, curriculum, & classroom handouts</p> <p>FUNDING SOURCES: Governments United Way Grants</p> <p>PARTICIPANTS: Parents/Children/. Schools</p> | <p>Outreach to identify program participants</p> <p>One hour class sessions where parents read children's books together, practice reading aloud, talk about the books, take books home to read and talk about them with their children</p> <p>Home visits by program staff to distribute books and talk with parents and children together about reading</p> | <p>Outreach provided to 200 families</p> <p>100 parents and 50 children will participate in a 12-week series of one hour classes</p> <p>50 families will receive 2 home visits twice per year</p> | <p>Improve parent skill in reading aloud to their children</p> <p>Increase parent child interaction in reading</p> <p>Increased involvement of parents in their children's education</p> <p>Increased comprehension and use of language by children</p> <p>Increased reading skills among children</p> | <p>Children will do better in school</p> <p>Parents will be better readers</p> <p>Stronger parent/child relationships</p> |

ATTACHMENT G – EVALUATION PLAN FORM

Agency Name: _____

Program Name: _____

Focused Care Area: _____

Have you made any changes to the *evaluation plan*? Yes No Date Revised: _____

| OUTCOMES | INDICATORS | MEASUREMENT TOOL/APPROACH | BASELINE MEASURE | SAMPLING STRATEGY & SIZE | FREQUENCY & SCHEDULE OF DATA COLLECTION |
|----------|------------|---------------------------|------------------|--------------------------|-----------------------------------------|
| 1. | 1.1 | | | | |
| | 1.2 | | | | |
| | 1.3 | | | | |
| | 1.4 | | | | |
| 2. | 2.1 | | | | |
| | 2.2 | | | | |
| | 2.3 | | | | |
| | 2.4 | | | | |
| 3. | 3.1 | | | | |
| | 3.2 | | | | |
| | 3.3 | | | | |
| | 3.4 | | | | |

ATTACHMENT H – SAMPLE EVALUATION PLAN

Agency Name: Youth and Development Agency

Program Name: Child/Parent Literacy

Focused Care Area: Children & Families

| OUTCOMES | INDICATORS | MEASUREMENT TOOL/APPROACH | BASELINE MEASURE | SAMPLING STRATEGY & SIZE | FREQUENCY & SCHEDULE OF DATA COLLECTION |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------|
| 1. Improve parent skill in reading aloud to children | 1. 50% or 50 parents increase use of reading aloud skills and techniques by parents | Observation by program staff | Pre-test of parents | All parents | At entry into the program At the end of the workshop |
| 2. Increase parent child interaction in reading | 2. 100% or 100 parents increase time spent on storytelling, reading or assisting children with homework | Survey of parents developed by program staff | Pre-test, self report of parents | All parents | At entry into the program At the end of the workshop At three and six month follow-up |
| 3. Increase involvement of parents in their children's education | 3. 50% or 50 parents increase in attendance at conferences and amount of time parents spent helping at the school or in the classroom | Survey of teachers and parents developed by program staff | self report of parents | All teachers and parents | Monthly, throughout the school year |
| 4. Increased comprehension and use of language by children | 4. 50% or 25 children demonstrate an increase in vocabulary and speaking ability | Observation by teachers | Pre-test of children | Every third child entering the program | Monthly, throughout the school year |

**ATTACHMENT I - PROGRAM BUDGET INFORMATION
INSTRUCTIONS FOR COMPLETION**

Each section of the **PROGRAM(S) - BUDGET INFORMATION** must be completed. The following information will assist you with providing the required information for each section of the form. A **SAMPLE PROGRAM - BUDGET INFORMATION** has also been included (Attachment K).

Section A – Program Budget Summary:

CBO Program and County CBO Contribution - enter the name of the program for which you are requesting CBO funding from the Board of County Commissioners (BOCC). Please enter your CBO fund request for a twelve (12) month period starting October 1 through September 30. **If you are requesting funds for more than one (1) program, please submit a separate budget for each program.**

CBO Match - enter the amount of CBO match for each program. Applicants are required to provide a minimum twenty-five percent (25%) match. This amount should equal CBO Match in Section E.

Total – enter the total amount of your CBO fund request and CBO match. (CBO Fund Request + CBO Match = Total).

Section B – Program Budget Categories to be Funded by CBO:

Program – amount for each budget category that will be provided by CBO funding. Include eligible identified expenses required to achieve successful completion of the program. Any category of expense not applicable to your budget may be deleted and any category of expense that is not listed can be inserted. Section B should coincide with the Budget Justification.

Section C – Unit Cost Budget Breakdown Information: Enter the description of the unit, the number of units, the cost per unit and the total unit program cost for your program. The unit cost is the amount of funds required to provide one given unit of service. For example, a fifteen (15) minute Unit of Case Management Services costs \$12.50. This amount is based on staff salary/time, allotted facility costs, etc.

Section D – Cost per Unit Justification: List program Units of Service and their costs. Enter the expenses that total the cost per unit and/or justify the cost per unit.

Section E – CBO Match:

CBO match must be at least 25%.

Program Name - enter the name of the program for which you are requesting funding from the Board of County Commissioners (BOCC).

Unrestricted Agency Cash – funds contributed by the agency that have not been designated for any other program or purpose.

In-Kind Goods and Services – goods or services (i.e. donated items, volunteer time) that will be contributed as an integral part of this program.

Other Sources Restricted Non-Agency Funds – funds provided by another source (i.e. state grant) that will be dedicated to this program.

Totals – total of all sources of CBO match.

ATTACHMENT K - SAMPLE PROGRAM BUDGET INFORMATION

Section A – Program Budget Summary

| Program Name | CBO Fund Request | CBO Match (Section E) | CBO + Match |
|---------------------------------|------------------|-----------------------|--------------|
| Teen Mother Parenting Education | \$ 56,350.00 | \$ 15,350.00 | \$ 71,700.00 |

Section B – Program Budget Categories to be Funded by CBO

| Budget Categories | Program Amount per Category |
|--------------------|-----------------------------|
| a. Personnel | \$ 35,550.00 |
| b. Fringe Benefits | \$ 6,000.00 |
| c. Travel | \$ 1,500.00 |
| d. Equipment | \$ 2,000.00 |
| e. Supplies | \$ 5,300.00 |
| f. Contractual | \$ 3,500.00 |
| g. Other | \$ 2,500.00 |
| h. Total CBO Funds | \$ 56,350.00 |

Section C – Unit Cost Budget Breakdown

| Description of Unit | # Units | Cost per Unit | Unit Program Cost |
|--------------------------------------------------------|---------|---------------|---------------------|
| Teen Mother Parenting Education | | | |
| Parenting Class – weekly 1.5 hour class over 12 weeks. | 11 | \$ 4,100.00 | \$ 45,100.00 |
| Client intake – 1 hour with case manager | 100 | \$ 50.00 | \$ 5,000.00 |
| Case management/client follow-up – 15 minutes per unit | 500 | \$ 12.50 | \$ 6,250.00 |
| Requested CBO Program Funding Total | | | \$ 56,350.00 |

Section D – Cost Per Unit Justification

List program Units of Service and their costs:

Parenting class – Course of weekly 1.5 hour classes conducted over a 12 week period. Each 12 week course costs \$4,100. Cost is comprised on staff time (\$3,000), facility costs (\$600), and supplies (\$500). The Cost Per Unit and Budget Justifications (Attachment L) should coincide.

ATTACHMENT K – SAMPLE PROGRAM BUDGET INFORMATION (Continued)

| Section E – CBO Match | | | | |
|---------------------------------|---------------------------------|-----------------------------------|--------------------------------------------------|---------------|
| Program Name | Unrestricted Agency Cash | In-Kind Goods and Services | Other Sources Restricted Non-Agency Funds | Totals |
| Teen Mother Parenting Education | \$ 5,000.00 | \$ 350.00 | \$ 10,000.00 | \$ 15,350.00 |

**ATTACHMENT L
PROGRAM BUDGET JUSTIFICATION FORM**

PROGRAM:

Local Match:

| Year | Total Program Cost | Funds Requested (County) | Local Match (25% minimum) |
|------|--------------------|--------------------------|---------------------------|
| | | | |

| Local Match | | | |
|-------------|--------|------|--------|
| Year | Amount | Type | Source |
| | | | |

Personnel:

| Job Title | Name | Annual Salary | Level of Effort | Salary Requested |
|---------------------------------|------|---------------|-----------------|------------------|
| | | | | |
| | | | | |
| Subtotal Personnel Costs | | | | |

Justification:

Fringe Benefits:

| | |
|---------------------------------|--|
| Subtotal Fringe Benefits | |
|---------------------------------|--|

Justification:

Travel:

| Description | Method of Calculation | Requested Amount |
|------------------------|-----------------------|------------------|
| | | |
| Subtotal Travel | | |

Justification:

**ATTACHMENT L
PROGRAM BUDGET JUSTIFICATION (Continued)**

Equipment:

| Description | Method of Calculation | Requested Amount |
|---------------------------|-----------------------|------------------|
| | | |
| | | |
| Subtotal Equipment | | |

Justification:

Supplies:

| Type | Cost |
|--------------------------|------|
| | |
| | |
| Subtotal Supplies | |

Justification:

Contractual:

| Type | Service Provided | Requested Amount |
|---------------------------|------------------|------------------|
| | | |
| | | |
| Subtotal Equipment | | |

Justification:

Other:

| Type | Cost |
|-----------------------|------|
| | |
| | |
| Subtotal Other | |

Justification:

Total Direct Charges:

ATTACHMENT M
SAMPLE PROGRAM BUDGET JUSTIFICATION

PROGRAM: Feed Brevard

Local Match:

| Year | Total Program Cost | Funds Requested (County) | Local Match (25% minimum) |
|---------|--------------------|--------------------------|---------------------------|
| FY 2016 | \$20,000.00 | \$15,000.00 | \$5,000.00 |

| Local Match | | | |
|-------------|------------|---------|------------------------------------------|
| Year | Amount | Type | Source |
| FY 2016 | \$2,500.00 | Cash | Brevard Community Foundation |
| | \$2,500.00 | In-kind | Volunteer hours (250 hours at \$10/hour) |

Personnel:

| Job Title | Name | Annual Salary | Level of Effort | Salary Requested |
|---------------------------------|-----------|---------------|-----------------|--------------------|
| Cook | H. Potter | \$25,000.00 | .50 FTE | \$12,500.00 |
| Subtotal Personnel Costs | | | | \$12,500.00 |

Justification: Ms. Potter oversees the preparation luncheon meal for on-site lunch program.

Fringe Benefits:

| | |
|---------------------------------|-----------------|
| Subtotal Fringe Benefits | \$937.50 |
|---------------------------------|-----------------|

Justification: 7.5% of requested salary for federal taxes

Travel:

| Description | Method of Calculation | Requested Amount |
|---------------------------|------------------------------------------------------------|------------------|
| Safe food handling course | Cost of annual re-certification for food preparation staff | \$200.00 |
| Subtotal Travel | | \$200.00 |

Justification: Ms. Potter attends training session to remain certified in safe food handling techniques and ensure that the kitchen will be maintained in a safe, legal, hygienic manner.

**ATTACHMENT M
SAMPLE PROGRAM BUDGET JUSTIFICATION (Continued)**

Equipment:

| Description | Method of Calculation | Requested Amount |
|---------------------------|-----------------------|------------------|
| Not Applicable | | |
| | | |
| Subtotal Equipment | | |

Justification:

Supplies:

| Type | Cost |
|------------------------------------------|------------------|
| Copy paper – 1 case | \$10.00 |
| Food for annual Holiday meal for clients | \$1000.00 |
| Subtotal Supplies | \$1010.00 |

Justification: Copy paper used to generate sign-in sheets, client applications and program rules forms. Food for annual Holiday meal used to provide special event for homeless and low income community resident who may otherwise not have a Holiday meal.

Contractual:

| Type | Service Provided | Requested Amount |
|---------------------------|------------------|------------------|
| RICOH Services | Copy Machine | \$352.30 |
| | | |
| Subtotal Equipment | | \$352.50 |

Justification: Program portion of agency copy machine costs.

Other:

| Type | Cost |
|-----------------------|------|
| | |
| | |
| | |
| Subtotal Other | |

Justification:

Total Direct Charges:

| |
|--------------------|
| \$15,000.00 |
|--------------------|

**ATTACHMENT N
AGENCY WIDE BUDGET**

PLEASE PROVIDE YOUR AGENCY WIDE BUDGET.

ATTACHMENT O REVIEW CRITERIA

A. REVIEW PROCESS

The Review Process for this RFP consists of three (3) stages:

1. Initial staff reviews of submitted applications for disqualifying criteria.
2. CAB reviews applications and makes funding recommendations to the BOCC.
3. BOCC approves, denies or modifies funding recommendations.

B. SCORING

All applications will be initially reviewed for disqualifying criteria by HHS staff. All applicants requesting funding under this RFP will be considered on the basis of their overall merit as determined by the Community Action Board (CAB), and the BOCCs review processes.

Each organization's application will be scored based upon the following criteria:

- Program Description
- Program Logic Model
- Program Evaluation Plan
- Agency Financial Profile
- Program Budget/Narrative

A more detailed description of each section can be found in **Attachment P, Community Based Organizations FY 2016-2017 Score Sheet.**

**ATTACHMENT P
COMMUNITY BASED ORGANIZATIONS
FY 2016/2017 SCORE SHEET**

AGENCY: _____

PROGRAM: _____

| Description | Points Available | Points Awarded |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|
| Program Description | 1-25 | |
| <ul style="list-style-type: none"> • Has the agency clearly defined its scope of work and is it directly related to the goals and objectives of the program? • Was a specific problem or need identified? • Does the agency have the organizational capacity to successfully undertake proposed program(s)? • Did the agency include the number of anticipated, unduplicated clients to be served by program? • Did the agency provide a description of how the agency collaborated with identified partners? | | |
| Please provide comments for a score less than 15 | | |
| Program Logic Model | 1-10 | |
| <ul style="list-style-type: none"> • Did the agency provide specific program resources? • Did the agency describe the specific activities of the program? • Did the agency clearly define the units of service to include; # and types of participants and the duration of the identified service? | | |
| Please provide comments for a score less than 6 | | |
| Program Evaluation Plan | 1-10 | |
| <ul style="list-style-type: none"> • Did the agency clearly define its expected outcomes? • Did the agency define the indicators in terms of number and percentages that will determine the outcome is being met? • Did the agency clearly define the tools and approach to be used to measure the program? • Did the agency clearly define the baseline for the evaluation of the activity/activities? • Did the agency identify the sampling strategy and size? • Did the agency identify how data will be collected? | | |

Please provide comments for a score less than 6

| Agency Financial Profile | 1-25 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| <ul style="list-style-type: none"> • Does the agency have the financial capacity, staff, administrative and fiscal systems in place to carry out proposed program? • Does the agency have internal accounting procedures for revenue and expenses? • Does the agency have any areas of noncompliance with funding, regulatory or licensing bodies? • Does the agency have at least 3 months of operating Reserve? | | |

Please provide comments for a score less than 15

| Program Budget/Narrative | 1-30 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| <ul style="list-style-type: none"> • Did the agency provide detailed (agency wide and program) budget information? • Is the budget directly related to the scope of services (<i>see program description</i>)? • Is the cost per unit reasonable and justified? • Did the agency identify the percentage of the total program budget to be used for direct services and for administration? • Did the agency identify additional resources available to implement the program? • Did the agency apply for funding through other entities? • Has an award to the agency been recaptured due to non-performance of contract provisions? • Did the agency describe its long term plan to conduct the program with reduced or no County funding? • Is it clear how the agency would implement the program if less funding is awarded than was originally requested? | | |

Please provide comments for a score less than 18

| | | |
|-------------------------------------|--|--|
| | | |
| | | |
| | | |
| TOTAL AVAILABLE POINTS - 100 | | |

Board Member Signature & Date: _____

ATTACHMENT Q DEFINITIONS

Administrative costs – costs required to cover general agency administrative expenses, such as executive director, financial staff, clerical staff, and similar items not directly related to the services provided by the agency.

Baseline – number of units provided in the previous program year.

Cash match - un-obligated agency funds set aside for the program.

Core services – priorities areas as defined by the Brevard County Board of County Commissioners as matching the “core goals” of Brevard County Government.

Direct service costs – costs required to cover the provision of services directly to the intended recipients. This cost may include costs of case manager or other staff that works directly with clients, materials needed to provide the service, or physical space for the service.

Financial Statement – a formal record of the financial activities of a business, person or other entity.

IRS 990 – also titled "Return of Organization Exempt from Income Tax." This form is submitted by tax-exempt organizations and non-profit organizations to provide the Internal Revenue Service with annual financial information.

In-kind match – match provided through use of agency staff, volunteer service, or donated goods and services. The dollar value of an “in-kind” match can be included in the match requirement.

Letter of Commitment – a letter from a group stating active collaboration/participation in your agency’s program/project. The letter specifies the resources the group will commit to the program/project and identifies what role the group and/or resources will play in bringing the program/project to a successful conclusion.

Leverage – funding an agency will be able to obtain that is only available if CBO funding or other source is committed to the program. The greater the amount of funds committed to the program, the greater the amount of funding that is drawn in from another source. For example, for every \$1.00 the Soup Kitchen provides, the U.S. Department of Agriculture (USDA) will provide \$5.00 in bulk food stuffs. Therefore \$1,000 brings in \$5,000; \$2,000 brings in \$10,000, as so on. The USDA will not provide any food stuffs to the Soup Kitchen if no leverage funds are provided.

Match – funding provided by an agency out of its own resources that will be part of the program budget. For example, the Soup Kitchen’s total program budget is \$10,000, of which they are requesting \$7,500. The Soup Kitchen will provide the remaining \$1,875 from its own resources as match for the program. Match can be either “in-kind”, “cash” or “grants”.

Unit Cost – the amount of funds required to provide or produce one unit of a service or product based.

~~2015/2016~~ 2016-2017
COMMUNITY BASED ORGANIZATIONS
PROGRAM APPLICATION



BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
HOUSING AND HUMAN SERVICES DEPARTMENT

Request for Proposal (RFP) No. HHS ~~15~~ 16-CBO

Under the authority of the Brevard County Board of County Commissioners
and subject to the availability of funds,
the Housing and Human Services Department will accept applications from eligible
Community Based Organizations (CBO) in response to this Request for Proposal with a
receipt date of ~~June 30, 2015~~ June 28, 2016 at ~~3:00 p.m.~~ 11:00 a.m.

Applications received after this date/time will not be accepted.

Ian Golden, Director
Housing and Human Services Department

Date of Issuance: ~~5/28/15~~ 5/26/16

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NOTICE TO POTENTIAL APPLICANTS

The purpose of this Request for Proposal (RFP) is to provide services to Brevard County Residents consistent with Brevard County Board of County Commissioners' (BOCC) approved plans and strategies. Funding for this RFP will be provided through Brevard County's Community Based Organization (CBO) program.

The BOCC is interested in funding a wide range of services for the residents of Brevard County. Programs must be consistent with the priorities approved by the BOCC, as outlined below.

BOCC Priority Areas

- Anti-Crime Services
- Child Services (0 to 12 years old)
- Employment Training
- Health Services
- Senior Services
- Services for Individuals with Disabilities
- Substance Abuse Services
- Transportation Services
- Youth Services (13 to 17 years old)
- Homelessness

Examples of Programs and Services

- Address problem behaviors of youth and children
- Central Receiving Facility
- Create new permanent housing beds for chronic homeless
- Emergency Preparedness
- Employment for homeless
- Employment/Volunteers
- Female pod at County Jail
- Health and Wellness
- Housing
- Improve family management practices
- Increase commitment to school
- Increase number of Baker Act Beds
- Increase opportunities for academic success in elementary school
- Long Term Care
- Reduce availability of drugs
- Reduce family conflict
- Reduce family involvement in problem behaviors
- Reduce favorable parental attitudes toward drug use
- Short term Residential treatment facility
- Temporary housing for homeless
- Transportation
- Start-up program addressing a priority and to be funded for a limited time period

All applications will be initially reviewed for ~~fatal flaws~~ disqualifying criteria by Housing and Human Services (HHS) staff. All applicants requesting funding under this RFP will be considered on the basis of their overall merit as determined by the Community Action Board (CAB) and the BOCCs review processes.

This application contains information and the required forms for potential applicants to apply for grant awards. The Brevard County Housing and Human Services Department will be accepting funding applications from ~~May 28, 2015~~ May 26, 2016, through ~~June 30, 2015~~ June 28, 2016. Two (2) Technical Assistance Workshops are scheduled prior to the application deadline – ~~June 9, 2015~~ June 13, 2016, and ~~June 11, 2015~~ June 14, 2016. **Applicants are required to attend at least one (1) of the Technical Assistance Workshops in its entirety.**

All meeting places are handicap accessible. In accordance with the Americans with Disabilities Act and Section 286.26, Florida Statutes, persons needing accommodations or an interpreter to participate in the proceedings must notify the HHS Department, Brian Breslin, no later than forty-eight (48) hours prior to the meeting at (321) 633-2076.

Applicants are prohibited from contacting members of either the CAB or the BOCC regarding the application process and during the period that the applications are being reviewed by the CAB and being approved by the BOCC. Any contact with the BOCC or CAB will disqualify your application.

COMMUNITY BASED ORGANIZATIONS (CBO) FUNDING PROGRAM

The Housing & Human Services Department (HHS) operates under the direction of the Brevard County Manager's Office and the BOCC. The HHS plans for the organization, development and evaluation of Board sponsored programs designed to protect the health, safety and welfare of the general public, one of which is the CBO Program.

In accordance with the direction of the BOCC, the CBO Program was designed to ensure accountability of organizations awarded funding, to provide a fair and equitable means to establish and award funding to CBO's that are working creatively on "need-based" issues and concerns of Brevard County Citizens, and to assist in empowering CBO's to effectively plan and implement solutions to a wide range of needs which affect Brevard County citizens.

APPLICATION SUBMISSION

A maximum of two applications will be accepted from each agency. A separate application must be submitted for each program.

Applications must be received on or before ~~June 30, 2015~~ June 28, 2016, at 11:00 a.m. at:

Brevard County Housing and Human Services Department
Attention: RFP No. HHS 2015 CBO
2725 Judge Fran Jamieson Way, B-106, Viera, FL 32940
www.brevardcounty.us/HumanServices

TECHNICAL ASSISTANCE

Two (2) Technical Assistance Workshops will be scheduled prior to the application due date. Additional technical assistance (T/A) is available for new applicants on an as-needed basis by contacting the HHS staff. ~~Typically one staff is the contact.~~

PROTEST PROCESS

Any bidder who is allegedly aggrieved in connection with the solicitation or pending award of a contract must file a formal written protest with the Community Development and Resource Manager and Purchasing Manager within five (5) business days of the posted award recommendation. A complete copy of this procedure can be found on the Housing & Human Services website at www.brevardcounty.us/HumanServices.

DESIGNATED LIAISONS

If you have any questions or require assistance concerning this application, contact Lesley Singleton, Contracts Supervisor, or Linda Graham, Community Development and Resources Supervisor, at (321) 633-2076.

TERMS AND CONDITIONS

1. Applicants acknowledge that all information contained within the response is public record to the extent required by State of Florida Public Records Laws. Sealed Proposals are exempt from public record until the agency provides notice of decision or within ten (10) days after Proposal opening, whichever is earlier. Financial statements, if required, are exempt from disclosure under 119.071(l)(b)(c), Florida Statutes.
2. Applications may be made only by the governing bodies of 501 (c) (3), not-for-profit organizations and public agencies. **This program is not a pass through grant program.** The applicant will be legally, administratively, and fiscally responsible for the grant.
3. Providers of services must be in compliance with all city, county, state licensing and/or accreditation/certification and regulatory requirements. Additionally, all applicants must provide verification regarding past suspensions/debarments. Without documentation of licenses/accreditation (or a statement as to why licensure is not required) and past explanation of suspensions/debarment, applications will be considered ineligible and will not be considered for review. These certifications must be submitted with the application, **Suspension/Debarment Certification (Attachment D)**.
4. All applicants must read, sign, and comply with the **Sworn Statement of Public Entity Crimes (Attachment A)** prior to entering into a Contract with Brevard County (the County).
5. The County will not reimburse applicant for any costs associated with the preparation and submittal of any responses to this Request for Proposal.

6. The awards made pursuant to this Request for Proposal are subject to the provisions of Chapter 112, Part 111, Florida Statutes, **Conflict of Interest Certification (Attachment B)**. All applicants must disclose with their responses the name of any officer, director, or agent who is also an employee of the County. Further, all applicants must disclose the name of any County employee who owns, directly or indirectly, any interest of five percent (5%) or more in the applicant's firm or any of the applicant's branches/subsidiaries.
7. Applicants, their agents, and associates shall refrain from discussing or soliciting any County official regarding this Request for Proposal during the selection process. Failure to comply with this provision will result in disqualification of the applicant. Only the designated liaisons listed in this response may be contacted.
8. Applicant must not discriminate as to race, sex, color, creed, age, handicap, or national origin in the operations conducted under this engagement.
9. Due care and diligence has been exercised in the preparation of this Request for Proposal. The responsibility for determining the full extent of the services required rests solely with those making responses. Neither the County nor its representatives shall be responsible for exercising the professional judgment required in determining the final scope of services which may be required.
10. Each applicant is responsible for full and complete compliance with all laws, rules, and regulations including those of the Federal Government, State of Florida, and applicable local ordinances. Failure or inability on the part of the applicant to have complete knowledge and intent to comply with such laws, rules, and regulations shall not relieve any applicant from its obligation to honor its response and to perform completely in accordance with its response.
11. The County, at its discretion, reserves the right to waive minor informalities or irregularities in any responses, request clarification of information from applicant, reject any and all responses in whole or in part, with or without cause, and accept any response, if any, which in the County's judgment, will be in the County's best interest.
12. Any interpretation, clarification, correction, or change to the Request for Proposal will be made by written addendum issued by the Brevard County Housing and Human Services Department. Any oral or other type of communication concerning the Request for Proposal shall not be binding.
13. Any proposals submitted before the deadline may be withdrawn by written request received by the County before the time fixed for receipt of Proposals. Withdrawal of any Proposal will not prejudice the right of the applicant to submit a new or amended Proposal as long as Brevard County receives the Proposal by the deadline as provided herein.
14. For good and sufficient reason, the County may extend the response deadline.

Should an extension occur, all parties who received a Request for Proposal will receive an addendum setting forth a new date and time for the response deadline. Notice will be provided by email and the addendum will be posted on the HHS website. Applicants are responsible for ensuring they have received all addenda.

15. All applicants must read, sign, and comply with the ~~2015-2016~~ 2016-2017 **Program Certification and Suspension/Debarment Certification (Attachments C and D)**.
16. Applicants must apply for a minimum of \$12,000 up to a maximum of \$75,000 per program.
17. Applicants must identify a minimum of a twenty-five percent 25% program match (cash, grants or in-kind service).
18. Applicants must demonstrate a community need for the proposed activity through the use of existing community studies or priorities identified by the Board of County Commissioners.
19. Applicants must demonstrate the ability to generate and/or acquire funding needed to carry out the proposed activity in its entirety.
20. If your agency has been monitored by any funding agency (other than HHS) within the past 12 months, please provide a copy of the monitoring report. If never monitored, please provide an explanation (**Appendix 1**).
21. Applicants must not utilize requested funding to supplant other funds.
22. The Community Action Board reserves the right to make funding recommendations at or below the amount requested by the applicant.
23. All awards are contingent upon funding availability from the BOCC.
24. The successful applicants shall be required to submit copies of all current **Licenses/Certifications** required to provide the services outlined in this Request for Proposal (**Appendix 6**).
25. The successful applicants shall be required to enter into a cost reimbursement contract that will be provided by the County that incorporates the requirements of this Request for Proposal.
26. The successful applicants shall hold harmless, indemnify and defend the County, its Commissioners, employees, representatives and agents against any claim, action, loss, damage, injury, liability, cost and expense of whatsoever kind of nature arising out of or incidental to applicant's services under this Agreement. Consideration for this indemnification provision will be included in the applicant's hourly rate.

27. Applicants awarded funding to provide services under this agreement will be required to procure and maintain, at their own expense and without cost to the County, until final acceptance by the County of all products or services covered by the purchase order or contract, the following types of insurance. The policy limits required are to be considered minimum amounts. Applicants, prior to the signing of a contract and before starting any work on this project, shall be required to submit all **Certificate of Insurance for Program Activities (Appendix 7)** as follows:
- a. Worker's Compensation – The insurance required by this section shall comply with the Florida Worker's Compensation Law and include employer's liability insurance with limits of not less than those required by the State of Florida or local jurisdiction, whichever is higher.
 - b. Comprehensive General Liability – in an amount of no less than those required by the State of Florida or local jurisdiction, whichever is higher, including coverage for operations, products completed operations, broad form property damage, and bodily personal injury, insuring the Contractor and any other interests, including but not limited to, any associated or subsidiary companies involved in the project. The Comprehensive General Liability Insurance shall include contractual liability insurance applicable to the Contractor's obligations under the Rehabilitation Construction Agreement.
 - c. Liability Insurance - in an amount not less than \$1,000,000 for bodily injuries, including wrongful death to any one person, and subject to the same limit for each person, in an amount not less than \$1,000,000 for damages on account of all accidents. Policies shall name the Brevard County Board of County Commissioners as an additional insured, only in respect to liability arising out of operations on behalf of the Brevard County Housing and Human Services Department.
 - d. Auto Liability Insurance which includes coverage for all owned, non-owned and rented vehicles with a \$1,000,000 combined single limit for each occurrence, if applicable.
 - e. In the event that the contract involves professional or consulting services, in addition to the aforementioned insurance requirements, the applicant shall also be protected by a Professional Liability Insurance Policy in the amount of \$1,000,000 per claim.
 - f. The applicant shall provide certificates of insurance to the County demonstrating that the aforementioned insurance requirements have been met prior to the commencement of work under this contract. The certificates of insurance shall indicate that the policies have been endorsed to cover the County as an additional insured and that these policies may not be cancelled or modified without thirty (30) days prior written notice to the County.
 - g. The insurance coverage enumerated above constitutes the minimum

requirements and shall in no way lessen or limit the liability of the applicant under the terms of the contract.

CBO REQUIREMENTS

Program Processes and Required Supporting Documents

Annually, a Request for Proposal process is conducted to allow Community Based Organizations the opportunity to competitively apply for funding for eligible public service activities.

All Community Based Organizations applying for funding shall provide proof of all required insurance necessary for carrying out the proposed activity (i.e., general liability, comprehensive liability, etc.)

I. Unallowable Cost

The following expenditures are not allowed. Public funds cannot be applied to these items directly or indirectly.

- a. Costs incurred prior to October 1, ~~2015~~ 2016. One exception is for an annual audit that is billed after October 1, ~~2015~~ 2016. Costs of the organization-wide audit must be prorated among the various funding sources that require such an audit.
- b. Outlay for Capital Projects, including acquisition of real property.
- c. Costs associated with services that have a sectarian religious component or basis.
- d. Local mileage reimbursements in excess of ~~\$0.565~~ \$0.54 per mile. If the agency has a higher rate, it should be charged to other funds of the agency to cover the difference. However, no out-of-county or out-of-state travel reimbursement is allowed.
- e. Bad debts, fines, penalties, bonuses, and commissions.
- f. Organization's reserve accounts.
- g. Contributions or donations.
- h. Expenses associated with entertainment. This exclusion does not include an organization's regular recreational functions that are part of the organization's established client programming.
- i. Lobbying or other associated legislative expenses whether incurred for purpose of legislation or executive direction.
- j. "Miscellaneous" or "Other" line items.
- k. Legal expenses for the prosecution of claims against any public entity.
- l. Expenditures that are not applied to specific services. If county funds are requested to be applied to activities of the entire agency, e.g., rent, utilities, insurance, administrative salaries, etc., then these funds must be allocated proportionately to specific services or programs.
- m. Costs incurred by organizations in responding to this application.
- n. Memberships, dues, and paid subscriptions will not be reimbursed. National dues to a parent organization will not be reimbursed.
- o. Fund raising expenses.
- p. Construction and renovation cost.

II. Ineligible Funding Requests

- a. Requests from Federal, State and Local governmental agencies.
- b. Organizations whose primary function is fund raising for other agencies.
- c. Organizations that coordinate and distribute funds to local organizations with no direct services are not eligible for funding under this program.

- d. Proposals from any organization that does not have a non-profit incorporation and 501 (c) (3) designations, and has not filed I.R.S. 990, and not received an audit conducted by an independent auditor. Financial statement is acceptable if agency audit is not required.

PART I - APPLICATION GUIDELINES

A complete application will include all of the following components in the order specified and will adhere to the following limitations:

- Submitted applications must be bound with a binder clip, one (1) per copy.
- Applications must be completed in a minimum 12-point font, be single-spaced, single-sided and have one (1) inch margins.
- Applicants must submit one (1) original response and all required attachments and appendices to the RFP and **sixteen (16) copies** of the application and required attachments. **All pages of the original and all copies must be three (3) hole-punched. The application and all required attachments and appendices must be and saved on a flash drive.** All pages must be numbered and sections should be tab.
- Applications must be formatted with the outline, headings and subheadings as identified in this RFP.
- All required attachments and appendices must be completed and submitted with the application.

An application will be disqualified if it contains any of the disqualifying criteria listed below. The following criteria will disqualify an application. Incomplete application will not be considered. Applications with Fatal Flaws will be disqualified. Fatal Flaws include:

- If an agency contacts anyone regarding this RFP other than the HHS Designated Liaisons listed on page 5.
- ~~All applications will be disqualified~~ If an agency submits more than the maximum of two applications, all will be disqualified.
- If all page limitations identified in this RFP must be are not met.
- If an applications are is not submitted by the due date and time of ~~June 30, 2015~~ June 28, 2016, at 3:00 p.m. 11:00 a.m.
- If an applications does not clearly demonstrate a twenty-five percent (25%) match.
- If any sections or items are missing, including the official I.R.S. 990 signature page showing submittal of the I.R.S. 990 and 2014 2015 audit report and management letter conducted by an independent auditor (**audit must include management letter**) or financial statements. Financial statement is acceptable if agency audit is not required.
- If an application is missing the required CBO forms.

- If an applicant **agency** does not attend and sign in at one (1) mandatory Technical Assistance Workshop in its entirety.
- If an **submitting** applicant requested less than the minimum (\$12,000) or more than the maximum (\$75,000) per program.
- If the amount requested on Cover Page (Page 13) does not match the amount requested on the CBO Program Budget Form (Page 33).

I acknowledge that I have read and understand the Application Guidelines, including the ~~Fatal Flaws that would disqualify an application~~ Disqualifying Criteria listed above. I further acknowledge that all of the required items listed on the checklist are included in this CBO application.

Agency Name: _____

Name/Title: _____

Signature/Date: _____

PART II - APPLICATION CHECKLIST

Agency Name: _____

PARTS I and II: APPLICATION GUIDELINES AND CHECKLIST

- A: Application Guidelines
- B: Application Checklist

PART III: COVER PAGE AND KEY AGENCY STAFF FORM

- A: Cover page
- B: Key Agency Staff

PART IV: PROGRAM DESCRIPTION

- A: Statement of Need
- B: Scope of Service
- C: Program Promotion
- D: Organizational Chart
- E: Job Description
- F: Collaboration Narrative

PART V: AGENCY PROFILE

- A: Profile

- B: Trends/Changes
- C: List of Partners. etc.

PART VI: PROGRAM LOGIC MODEL AND EVALUATION PLAN

- A: Program Logic Model (Attachment E)
- B: Evaluation Plan (Attachment G)

PART VII: AGENCY FINANCIAL PROFILE & AGENCY WIDE BUDGET

- A: Agency Financial Profile
- B: Agency Wide Budget (Attachment N)

PART VIII: PROGRAM BUDGET

- A: Program Budget (Attachment J)
- B: Program Budget Justification (Attachment L)
- C: Program Budget Narrative

ADDITIONAL ATTACHMENTS & APPENDICES TO APPLICATION

- Attachment A: Sworn Statement of Public Entity Crimes
- Attachment B: Conflict of Interest Certification
- Attachment C: ~~2015-2016~~ 2016-2017 Program Certification
- Attachment D: Suspension/Debarment Certification
- Appendix 1: Monitoring Reports other than HHS
- Appendix 2: 501 (c) (3) Certification*
- Appendix 3: Recent IRS Form 990* (**signature page only**)
- Appendix 4: Job Descriptions/Biographical Sketches of key employees and contractors
- Appendix 5: Signed Board Minutes/Letter Approving Application Submittal and Signature Authority*
- Appendix 6: Licenses/Certifications*
- Appendix 7: Certificate of Insurance for Program Activities*
- Appendix 8: Leverage Documentation
- Appendix 9: Letters of Commitment (for funding or in-kind services) – **not Letters of Recommendation.**
- Appendix 10: Organization Chart *
- Appendix 11: Articles of Incorporation/By-Laws*
- Appendix 12: List of Board of Directors*
- Appendix 13: 2014 2015 Audit Report **and** Management Letter or Financial Statement* (Financial Statement is acceptable if agency audit is not required.)

***Include those items indicated by (*) in the one (1) original application packet only.**

**PART III- APPLICATION COVER PAGE
AND KEY AGENCY STAFF INFORMATION**

2015-2016 2016-2017 COMMUNITY BASED ORGANIZATION APPLICATION

Agency Legal Name: _____

Agency dba (if applicable): _____

Street Address: _____

Mailing Address: _____

Agency Web Address: _____

Federal Identification Number: _____

Main Telephone: _____ Main Fax: _____

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|--------------------|
| Program Name: | | | |
| Program site(s): | | | |
| Primary Geographic Service Area: <input type="checkbox"/> North <input type="checkbox"/> Central <input type="checkbox"/> South <input type="checkbox"/> County-wide | | | |
| Application Type: | <input type="checkbox"/> New | <input type="checkbox"/> Continuing | |
| Amount Requested for CBO Funded Program | FY 2014-2015 2015-2016 | FY 2015-2016 2016-2017 | % of Change |
| Will CBO funds be used to leverage funds from another source? | | Yes or No | Amount: |
| Will CBO funds be used to match funds from another source? | | Yes or No | Amount: |
| Check which Brevard County Board of County Commissioner priority the program will address: | | | |
| <input type="checkbox"/> Anti-Crime Services | <input type="checkbox"/> Services for Individuals with Disabilities | | |
| <input type="checkbox"/> Child Care Services (0 to 12 years) | <input type="checkbox"/> Substance Abuse Services | | |
| <input type="checkbox"/> Employment Training | <input type="checkbox"/> Transportation Services | | |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Youth Services (13 to 17 years) | | |
| <input type="checkbox"/> Senior Services | <input type="checkbox"/> Homelessness | | |

KEY AGENCY STAFF

Chief Professional Officer (CPO):

Name & Title: _____

Length of service: _____ Email: _____

Telephone: _____ Fax: _____

Lead Agency Program Staff Person (if other than CPO):

Name & Title: _____

Length of service: _____ Email: _____

Telephone: _____ Fax: _____

Fiscal Officer:

Name & Title: _____

Length of service: _____ Email: _____

Telephone: _____ Fax: _____

Chief Volunteer Officer:

Name & Title: _____

Length of service: _____ Email: _____

Telephone: _____ Fax: _____

PART IV- PROGRAM DESCRIPTION

Program Description (Maximum two and a half (2.5) pages): The Program Description should be specific, clearly established and directly related to the goals and objectives of the program. **Applicant must complete Sections A through F for each program request.**

- A. Statement of Need:** What is the need or problem to be addressed and how is it consistent with one or more of the BOCC priorities? Describe how the specific problem or need was identified.
- B. Scope of Service:** Highlight your proposed program purpose, target population and proposed number of clients to be served (unduplicated), activities and services to be provided and goals and objectives of the program.
- C. Program Promotion:** Describe the efforts and methods used to promote this program, to ensure that appropriate individuals and/or families are aware of these services.
- D. Organizational Chart:** Provide copy of organizational chart. **(Appendix 10).**
- E. Job Description:** Describe the specific functions of the personnel, consultants, and collaborators. Identify job titles of persons responsible for managing the project and staff devoted to service provision. Provide job descriptions for the program(s) in which you are seeking funding **(Appendix 4).**
- F. Collaboration Narrative:** Provide a description of how the proposed program(s) will be coordinated with other service providers and list top five (5) collaborative partners and their contact information below:

| Agency | Executive Officer | Contact Number | Contact E-mail |
|---------------|--------------------------|-----------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If not, please explain: _____

PART V – AGENCY PROFILE

Agency Name _____

A. Profile – Maximum two (2) pages:

Provide a narrative that will assist staff and Board Members in understanding the overall agency operations and provide a broad view of the context in which the program for which funding is requested operates. Narrative shall include information regarding the following:

- a. Mission
- b. Service area and target populations
- c. Brief summary of programs offered, excluding program(s) for which funding is sought

B. Trends/Changes – Maximum one (1) page:

What are the most significant trends and/or changes that are currently affecting the organization's operation, the people served, the type of programs offered, etc? Are there anticipated changes that will have significant impact in the foreseeable future, such as over the next two (2) to three (3) years?

C. List of partners, affiliates or subsidiaries:

Include subsidiaries, affiliates, and/or partners, programs supported, funding source and amount. For example:

| Partners, Affiliates Or Subsidiaries | Program Supported | Funding Source | Amount |
|---------------------------------------------|--------------------------|-----------------------|---------------|
| ACB Local Pantry | Food Bank | Community | \$1,000 |
| State Child Welfare | Child Care | State | \$1,000 |

PART VI- PROGRAM LOGIC MODEL AND EVALUATION PLAN

Instructions:

Use the Program Logic Model (Attachment E) and Evaluation Plan (Attachment G) included to provide an overview of how you will achieve its intended results and/or outcomes during the twelve (12) month contract period. (Applicant must complete Attachments E and G for each program request.)

A. PROGRAM LOGIC MODEL: Describes how the program flows or works from resources to goals. It should be a breakdown of your scope of services.

Program Resources – list various resources included in the program. These resources may include, but are not limited to, Service Provider(s), Program Setting, Collaborations, Service Technologies, Funding Sources, and Participants.

Activities – list program activities relating to resources.

Units of Service/Outputs – how many will be served (duplicated or unduplicated) by how much service, number and type of participants, activities provided, and the durations. For example, ninety (90) parents will receive parenting classes in three (3) sessions during a six (6) week workshop.

Outcome(s) – expected result based on program activities for a one (1) year period. What difference does this program make in the life of your clients?

Goal(s) – overall aim of the program, the end result that activities will achieve and the outcomes describe.

B. EVALUATION PLAN: Describes how the agency will measure and track program outcomes and attain the defined goals.

Outcome(s) – expected result based on program activities. What difference does this program make in the life of your clients?

Indicators – number and percentage of what is being measured. Indicators will determine whether or not measurable outcomes are being met. **Examples of indicators are action words** such as increase, decrease, maintain and expand.

Baseline Measure – starting point for evaluation of the program. For example, number of meals delivered last year, number of students at target school who are reading at below grade level, etc.

Measurement Tool/Approach – way in which the program will determine a change has occurred, i.e. number of meals distributed, assessment of nutrition levels for individuals on the meal program, pre and post reading level tests.

Sampling Strategy and Sample Size – how will program determine who to measure, such as all participants, 20% of participants?

Frequency & Schedule of Data Collection – when will data be collected, such as pre- and post-testing, key points during the program, quarterly, or monthly.

PART VII– AGENCY FINANCIAL PROFILE & AGENCY WIDE BUDGET

A. Agency Financial Profile:

Respond to the following:

1. What is the percentage of program cost in relation to total agency budget?
2. What is the percentage of CBO program funding requested in relation to total program funding?
3. Does your agency have at least three (3) months operating reserves available? If not, why?
4. Does your agency provide subsidies, scholarships or a sliding fee scale? If yes, provide a brief explanation. If no, what is your referral procedure for clients who do not qualify for services?
5. Does your agency follow General Accepted Accounting Practices (GAAP)?
6. Does your agency have internal accounting procedures for revenue and expenses? If no, explain:
7. Does your board review financial activity on a monthly basis?
8. Does your agency have a strategic and/or long-range plan?
9. Does your agency have any areas of noncompliance with funding, regulatory or licensing bodies?

B. Agency Wide Budget:

Attach your agency wide budget, which will be referred to and labeled as **Attachment N** in your application, to include last year's and current year's revenue and expenses, for your agency's fiscal year.

PART VIII– PROGRAM BUDGET

A. PROGRAM BUDGET (Attachment J):

When completing the Program Budget, include all identified potential expenses required to achieve successful completion of programs. Please submit a twelve (12) month budget for the period of October 1, ~~2015~~ 2016 through September 30, ~~2016~~ 2017.

B. PROGRAM BUDGET JUSTIFICATION (Attachment L):

Enter program and local match information and a detailed budget with justification for each budget category on the required forms. The budget justification should address each of the major costs categories, as well as any additional categories. A thorough written budget justification will explain both the necessity and the basis for the proposed costs.

C. PROGRAM BUDGET NARRATIVE:

Answer the following questions in the numerical order as noted below. Do not repeat the entire question; only repeat numbers. **All questions must be answered.**

1. What percent of your total program budget will go for direct services versus administration?
2. Describe your required match. Is it cash, grants, or in-kind? (**Attachment Q - Definitions**). **If an award is made, all funds identified as dedicated to this program (including funds used for match/in-kind) will be subject to applicable cost principles, auditing, and reporting requirements (OMB #'s A-110, A-122, and A-133).**
3. If applicable, describe additional resources that will be utilized to implement this program.
4. List all other funding entities for which you have applied for funds to support this program.
5. List other funding sources that have already committed resources for this program.
6. Funding Reduction: Explain in detail what will happen to the program if less than the requested amount of CBO funding is received?
7. Has your award ever been recaptured by another funding entity due to non-performance of contract provisions? If yes, please explain?
8. Will CBO funding be used to leverage (see definition in **Attachment Q**) funds from another source (i.e. federal, state)? If so, what is the source (i.e. federal, state) and amount of funding that will be leveraged using CBO funds? **Provide Leverage Documentation, Appendix 8.** Documentation may include copies contract or application stating use of leveraged funds.
9. Describe the agency's long term plan (3 to 5 years) to conduct this program and provide the service(s), with reduced or no County funding.

**ATTACHMENT A
SWORN STATEMENT OF PUBLIC ENTITY CRIMES**

RFP NO: HHS 2015 2016 CBO

**SWORN STATEMENT UNDER SECTION 287.133(3) (a) FLORIDA STATUTES
ON PUBLIC ENTITY CRIMES**

(To be signed in the presence of a Notary Public or other officer authorized to administer oaths.)

State of _____
County of _____

Before me, the undersigned authority, appeared _____ who, being by me first duly sworn, made the following statement:

1. The business address of _____ (name of applicant or contractor) is _____.
2. My relationship to _____ (name of applicant or contractor) is _____ (relationship such as sole proprietor, partner, president, vice president, etc.).
3. I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes a violation of any State or Federal law by a person with respect to and directly related to the transaction of business with any public entity in Florida or with an agency or political subdivision of any other State or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that "convicted" or "conviction" is defined by the statute to mean a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any Federal or State trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury verdict, non-jury trial, or entry of a plea of guilty or novo contend.
5. I understand that "affiliate" is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

6. Neither the applicant or contractor nor any officer, director, executive, partner, shareholder, employee, member of agent who is active in the management of the applicant or contractor nor any affiliate of the applicant or contractor has been convicted of a public entity crime subsequent to July 1, 1989.

(Draw a line through Paragraph 6 if Paragraph 7 applies)

7. There has been a conviction of a public entity crime by the applicant or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the applicant or contractor who is active in the management of the applicant or contractor or an affiliate of the applicant or contractor. A determination has been made pursuant to Section 287.133(3) by order of Division of Administrative Hearings that is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is _____.

A copy of the order of the Division of Administrative Hearings is attached to this Statement (with a line through Paragraph 6 if Paragraph 7 applies).

Type Authorized Official's Name

Authorized Official's Title

Authorized Official's Signature

Date

Sworn to and subscribed before me in the State and County first mentioned above on the _____ day of _____ 2015 2016.

Affix Seal

Notary Public: _____

My commission expires _____

**ATTACHMENT B
CONFLICT OF INTEREST CERTIFICATION**

RFP Number _____

Applicant must execute either Section I or Section II relative to Florida Statute 112.313(12). Failure to execute the appropriate section may result in rejection of this proposal.

Section I

I hereby certify that no official or employee of the Brevard County Board of County Commissioners requiring the goods for services described in these specifications has a material financial interest in this company.

Signature

Company

Type or Print Name of Official

Business Address

Section II

I hereby certify that the following named Brevard County Board of County Commissioner's official(s) and employee(s) having material financial interest(s) (in excess of 5%) in this company and have filed Conflict of Interest statements with the Brevard County Housing and Human Services Department, prior to bid opening.

| Name | Title or Position | Date of Filing |
|-------|-------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature

Company Name

Type or Print Name of Official

Business Address

ATTACHMENT C
2015-2016 2016-2017 PROGRAM CERTIFICATION

PROGRAM CERTIFICATION

I do hereby certify that all facts, figures, and representations made in the application are true and correct, and that the purpose of this request is consistent with our organization's Article of Incorporation, By-Laws and Mission. Furthermore, all applicable statutes, terms, conditions, regulations and procedures for program compliance and fiscal control will be implemented to ensure proper accountability of grant funds. I certify that the funds requested in this application will not supplant funds that would otherwise be used for the purposes set forth in this project.

The filing of this application has been authorized by the Agency Board of Directors, and I have been duly authorized to act as the representative of the agency in all matters in connection with this application. I also agree to follow all terms, conditions, and applicable federal and state statutes.

Type or Print Authorized Official's Name

Authorized Official's Title

Authorized Official's Signature

Date

ATTACHMENT D SUSPENSION/DEBARMENT CERTIFICATION

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; and

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(D) Have not within a three (3) year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition; and

(b) Establishing an ongoing drug-free awareness program to inform employees about--

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs;

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above; and

ATTACHMENT D – SUSPENSION/DEBARMENT CERTIFICATION (Continued)

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--

(1) Abide by the terms of the statement;

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction; and

(e) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), and (e).

3. Certification Regarding Environmental Tobacco Smoke

F.S. 386.201–212, the Florida Clean Indoor Air Act, has as its purpose to protect the public health, comfort, and environment by creating areas in public places and at public meetings that are reasonably free from tobacco smoke by providing a uniform statewide maximum code. This part shall not be interpreted to require the designation of smoking areas.

(1) "Public place" means the following enclosed, indoor areas used by the general public:

(a) Government buildings; (b) Public means of mass transportation and their associated terminals not subject to federal smoking regulation; (c) Elevators; (d) Hospitals; (e) Nursing homes; (f) Educational facilities; (g) Public school buses; (h) Libraries; (i) Courtrooms; (j) Jury waiting and deliberation rooms; (k) Museums; (l) Theaters; (m) Auditoriums; (n) Arenas; (o) Recreational facilities; (p) Restaurants which seat more than 50 persons; (q) Retail stores, except a retail store the primary business of which is the sale of tobacco or tobacco related products; (r) Grocery stores; (s) Places of employment; (t) Health care facilities; (u) Day care centers; and (v) Common areas of retirement homes and condominiums.

(2) "Public meeting" means all meetings open to the public, including meetings of homeowner, condominium, or renter or tenant associations unless such meetings are held in a private residence.

(3) "Common area" means any hallway, corridor, lobby, aisle, water fountain area, restroom, stairwell, entryway, or conference room in any public place.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any sub-awards, which contain provisions for services and that all sub-recipients shall certify accordingly.

The Housing and Human Services Department strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products.

| | |
|---------------------------------------------|----------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |
| APPLICANT ORGANIZATION | DATE SUBMITTED |

Intentionally Left Blank

ATTACHMENT E - PROGRAM LOGIC MODEL FORM

Agency Name: _____

Program Name: _____

Focused Care Area: _____

PROGRAM RESOURCES

SERVICE PROVIDERS:

PROGRAM SETTING:

COMMUNITY FACTORS:

COLLABORATIONS:

SERVICE TECHNOLOGIES:

FUNDING SOURCES:

PARTICIPANTS:

ACTIVITIES

OUTPUTS/UNITS OF SERVICE

OUTCOMES

GOALS

ATTACHMENT F – SAMPLE PROGRAM LOGIC MODEL

Agency Name: Youth & Development Agency

Program Name: Child/Parent Literacy

Focused Care Area: Children & Families

| PROGRAM RESOURCES | ACTIVITIES | UNITS OF SERVICE for CBO Program Only | OUTCOMES | GOALS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <p>SERVICE PROVIDERS: Staff, teachers, and volunteers from partner agencies</p> <p>PROGRAM SETTING: Facilities and classrooms at partner agency sites</p> <p>COLLABORATIONS: Schools Libraries</p> <p>SERVICE TECHNOLOGIES: Books, curriculum, & classroom handouts</p> <p>FUNDING SOURCES: Governments United Way Grants</p> <p>PARTICIPANTS: Parents/Children/ Schools</p> | <p>Outreach to identify program participants</p> <p>One hour class sessions where parents read children's books together, practice reading aloud, talk about the books, take books home to read and talk about them with their children</p> <p>Home visits by program staff to distribute books and talk with parents and children together about reading</p> | <p>Outreach provided to 200 families</p> <p>100 parents and 50 children will participate in a 12-week series of one hour classes</p> <p>50 families will receive 2 home visits twice per year</p> | <p>Improve parent skill in reading aloud to their children</p> <p>Increase parent child interaction in reading</p> <p>Increased involvement of parents in their children's education</p> <p>Increased comprehension and use of language by children</p> <p>Increased reading skills among children</p> | <p>Children will do better in school</p> <p>Parents will be better readers</p> <p>Stronger parent/child relationships</p> |

ATTACHMENT G – EVALUATION PLAN FORM

Agency Name: _____

Program Name: _____

Focused Care Area: _____

Have you made any changes to the *evaluation plan*? Yes No Date Revised: _____

| OUTCOMES | INDICATORS | MEASUREMENT TOOL/APPROACH | BASELINE MEASURE | SAMPLING STRATEGY & SIZE | FREQUENCY & SCHEDULE OF DATA COLLECTION |
|----------|------------|---------------------------|------------------|--------------------------|-----------------------------------------|
| 1. | 1.1 | | | | |
| | 1.2 | | | | |
| | 1.3 | | | | |
| | 1.4 | | | | |
| 2. | 2.1 | | | | |
| | 2.2 | | | | |
| | 2.3 | | | | |
| | 2.4 | | | | |
| 3. | 3.1 | | | | |
| | 3.2 | | | | |
| | 3.3 | | | | |
| | 3.4 | | | | |

ATTACHMENT H – SAMPLE EVALUATION PLAN

Agency Name: Youth and Development Agency

Program Name: Child/Parent Literacy

Focused Care Area: Children & Families

| OUTCOMES | INDICATORS | MEASUREMENT TOOL/APPROACH | BASELINE MEASURE | SAMPLING STRATEGY & SIZE | FREQUENCY & SCHEDULE OF DATA COLLECTION |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------|
| 1. Improve parent skill in reading aloud to children | 1. 50% or 50 parents increase use of reading aloud skills and techniques by parents | Observation by program staff | Pre-test of parents | All parents | At entry into the program At the end of the workshop |
| 2. Increase parent child interaction in reading | 2. 100% or 100 parents increase time spent on storytelling, reading or assisting children with homework | Survey of parents developed by program staff | Pre-test, self report of parents | All parents | At entry into the program At the end of the workshop At three and six month follow-up |
| 3. Increase involvement of parents in their children's education | 3. 50% or 50 parents increase in attendance at conferences and amount of time parents spent helping at the school or in the classroom | Survey of teachers and parents developed by program staff | self report of parents | All teachers and parents | Monthly, throughout the school year |
| 4. Increased comprehension and use of language by children | 4. 50% or 25 children demonstrate an increase in vocabulary and speaking ability | Observation by teachers | Pre-test of children | Every third child entering the program | Monthly, throughout the school year |

**ATTACHMENT I - PROGRAM BUDGET INFORMATION
INSTRUCTIONS FOR COMPLETION**

Each section of the **PROGRAM(S) - BUDGET INFORMATION** must be completed. The following information will assist you with providing the required information for each section of the form. A **SAMPLE PROGRAM - BUDGET INFORMATION** has also been included (Attachment K).

Section A – Program Budget Summary:

CBO Program and County CBO Contribution - enter the name of the program for which you are requesting CBO funding from the Board of County Commissioners (BOCC). Please enter your CBO fund request for a twelve (12) month period starting October 1 through September 30. **If you are requesting funds for more than one (1) program, please submit a separate budget for each program.**

CBO Match - enter the amount of CBO match for each program. Applicants are required to provide a minimum twenty-five percent (25%) match. This amount should equal CBO Match in Section E.

Total – enter the total amount of your CBO fund request and CBO match. (CBO Fund Request + CBO Match = Total).

Section B – Program Budget Categories to be Funded by CBO:

Program – amount for each budget category that will be provided by CBO funding. Include eligible identified expenses required to achieve successful completion of the program. Any category of expense not applicable to your budget may be deleted and any category of expense that is not listed can be inserted. Section B should coincide with the Budget Justification.

Section C – Unit Cost Budget Breakdown Information: Enter the description of the unit, the number of units, the cost per unit and the total unit program cost for your program. The unit cost is the amount of funds required to provide one given unit of service. For example, a fifteen (15) minute Unit of Case Management Services costs \$12.50. This amount is based on staff salary/time, allotted facility costs, etc.

Section D – Cost per Unit Justification: List program Units of Service and their costs. Enter the expenses that total the cost per unit and/or justify the cost per unit.

Section E – CBO Match:

CBO match must be at least 25%.

Program Name - enter the name of the program for which you are requesting funding from the Board of County Commissioners (BOCC).

Unrestricted Agency Cash – funds contributed by the agency that have not been designated for any other program or purpose.

In-Kind Goods and Services – goods or services (i.e. donated items, volunteer time) that will be contributed as an integral part of this program.

Other Sources Restricted Non-Agency Funds – funds provided by another source (i.e. state grant) that will be dedicated to this program.

Totals – total of all sources of CBO match.

ATTACHMENT K - SAMPLE PROGRAM BUDGET INFORMATION

| Section A – Program Budget Summary | | |
|-------------------------------------------|-------------------------|------------------------------------|
| Program Name | CBO Fund Request | CBO Match (Section E) |
| Teen Mother Parenting Education | \$ 56,350.00 | \$ 15,350.00 |
| | | CBO + Match \$ 71,700.00 |

| Section B – Program Budget Categories to be Funded by CBO | |
|------------------------------------------------------------------|------------------------------------|
| Budget Categories | Program Amount per Category |
| a. Personnel | \$ 35,550.00 |
| b. Fringe Benefits | \$ 6,000.00 |
| c. Travel | \$ 1,500.00 |
| d. Equipment | \$ 2,000.00 |
| e. Supplies | \$ 5,300.00 |
| f. Contractual | \$ 3,500.00 |
| g. Other | \$ 2,500.00 |
| h. Total CBO Funds | \$ 56,350.00 |

| Section C – Unit Cost Budget Breakdown | | | |
|--------------------------------------------------------|----------------|--------------------------------------------|--------------------------|
| Description of Unit | # Units | Cost per Unit | Unit Program Cost |
| Teen Mother Parenting Education | | | |
| Parenting Class – weekly 1.5 hour class over 12 weeks. | 11 | \$ 4,100.00 | \$ 45,100.00 |
| Client intake – 1 hour with case manager | 100 | \$ 50.00 | \$ 5,000.00 |
| Case management/client follow-up – 15 minutes per unit | 500 | \$ 12.50 | \$ 6,250.00 |
| | | Requested CBO Program Funding Total | \$ 56,350.00 |

Section D – Cost Per Unit Justification

List program Units of Service and their costs:

Parenting class – Course of weekly 1.5 hour classes conducted over a 12 week period. Each 12 week course costs \$4,100. Cost is comprised on staff time (\$3,000), facility costs (\$600), and supplies (\$500). The Cost Per Unit and Budget Justifications (Attachment L) should coincide.

ATTACHMENT K – SAMPLE PROGRAM BUDGET INFORMATION (Continued)

| Section E – CBO Match | | | | |
|---------------------------------|---------------------------------|-----------------------------------|--------------------------------------------------|---------------|
| Program Name | Unrestricted Agency Cash | In-Kind Goods and Services | Other Sources Restricted Non-Agency Funds | Totals |
| Teen Mother Parenting Education | \$ 5,000.00 | \$ 350.00 | \$ 10,000.00 | \$ 15,350.00 |

**ATTACHMENT L
PROGRAM BUDGET JUSTIFICATION FORM**

PROGRAM:

Local Match:

| Year | Total Program Cost | Funds Requested (County) | Local Match (25% minimum) |
|------|--------------------|--------------------------|---------------------------|
| | | | |

| Local Match | | | |
|-------------|--------|------|--------|
| Year | Amount | Type | Source |
| | | | |

Personnel:

| Job Title | Name | Annual Salary | Level of Effort | Salary Requested |
|---------------------------------|------|---------------|-----------------|------------------|
| | | | | |
| | | | | |
| Subtotal Personnel Costs | | | | |

Justification:

Fringe Benefits:

| | |
|---------------------------------|--|
| Subtotal Fringe Benefits | |
|---------------------------------|--|

Justification:

Travel:

| Description | Method of Calculation | Requested Amount |
|------------------------|-----------------------|------------------|
| | | |
| Subtotal Travel | | |

Justification:

**ATTACHMENT L
PROGRAM BUDGET JUSTIFICATION (Continued)**

Equipment:

| Description | Method of Calculation | Requested Amount |
|---------------------------|-----------------------|------------------|
| | | |
| | | |
| Subtotal Equipment | | |

Justification:

Supplies:

| Type | Cost |
|--------------------------|------|
| | |
| | |
| Subtotal Supplies | |

Justification:

Contractual:

| Type | Service Provided | Requested Amount |
|---------------------------|------------------|------------------|
| | | |
| | | |
| Subtotal Equipment | | |

Justification:

Other:

| Type | Cost |
|-----------------------|------|
| | |
| | |
| Subtotal Other | |

Justification:

Total Direct Charges:

| |
|--|
| |
|--|

**ATTACHMENT M
SAMPLE PROGRAM BUDGET JUSTIFICATION**

PROGRAM: Feed Brevard

Local Match:

| Year | Total Program Cost | Funds Requested (County) | Local Match (25% minimum) |
|------------------------|--------------------|--------------------------|---------------------------|
| FY 2015 <u>2016</u> | \$20,000.00 | \$15,000.00 | \$5,000.00 |

| Local Match | | | |
|------------------------|------------|---------|------------------------------------------|
| Year | Amount | Type | Source |
| FY 2015 <u>2016</u> | \$2,500.00 | Cash | Brevard Community Foundation |
| | \$2,500.00 | In-kind | Volunteer hours (250 hours at \$10/hour) |

Personnel:

| Job Title | Name | Annual Salary | Level of Effort | Salary Requested |
|---------------------------------|-----------|---------------|-----------------|--------------------|
| Cook | H. Potter | \$25,000.00 | .50 FTE | \$12,500.00 |
| Subtotal Personnel Costs | | | | \$12,500.00 |

Justification: Ms. Potter oversees the preparation luncheon meal for on-site lunch program.

Fringe Benefits:

| | |
|---------------------------------|-----------------|
| Subtotal Fringe Benefits | \$937.50 |
|---------------------------------|-----------------|

Justification: 7.5% of requested salary for federal taxes

Travel:

| Description | Method of Calculation | Requested Amount |
|---------------------------|------------------------------------------------------------|------------------|
| Safe food handling course | Cost of annual re-certification for food preparation staff | \$200.00 |
| Subtotal Travel | | \$200.00 |

Justification: Ms. Potter attends training session to remain certified in safe food handling techniques and ensure that the kitchen will be maintained in a safe, legal, hygienic manner.

ATTACHMENT M
SAMPLE PROGRAM BUDGET JUSTIFICATION (Continued)

Equipment:

| Description | Method of Calculation | Requested Amount |
|---------------------------|-----------------------|------------------|
| Not Applicable | | |
| | | |
| Subtotal Equipment | | |

Justification:

Supplies:

| Type | Cost |
|------------------------------------------|------------------|
| Copy paper – 1 case | \$10.00 |
| Food for annual Holiday meal for clients | \$1000.00 |
| Subtotal Supplies | \$1010.00 |

Justification: Copy paper used to generate sign-in sheets, client applications and program rules forms. Food for annual Holiday meal used to provide special event for homeless and low income community resident who may otherwise not have a Holiday meal.

Contractual:

| Type | Service Provided | Requested Amount |
|---------------------------|------------------|------------------|
| RICOH Services | Copy Machine | \$352.30 |
| | | |
| Subtotal Equipment | | \$352.50 |

Justification: Program portion of agency copy machine costs.

Other:

| Type | Cost |
|-----------------------|------|
| | |
| | |
| | |
| Subtotal Other | |

Justification:

Total Direct Charges:

\$15,000.00

**ATTACHMENT N
AGENCY WIDE BUDGET**

PLEASE PROVIDE YOUR AGENCY WIDE BUDGET.

ATTACHMENT O REVIEW CRITERIA

A. REVIEW PROCESS

The Review Process for this RFP consists of three (3) stages:

1. Initial staff reviews of submitted applications for **fatal-flaws** disqualifying criteria.
2. CAB reviews applications and makes funding recommendations to the BOCC.
3. BOCC approves, denies or modifies funding recommendations.

B. SCORING

All applications will be initially reviewed for **fatal-flaws** disqualifying criteria by HHS staff. All applicants requesting funding under this RFP will be considered on the basis of their overall merit as determined by the Community Action Board (CAB), and the BOCCs review processes.

Each organization's application will be scored based upon the following criteria:

- Program Description
- Program Logic Model
- Program Evaluation Plan
- Agency Financial Profile
- Program Budget/Narrative

A more detailed description of each section can be found in **Attachment P, Community Based Organizations FY ~~2015/2016~~ 2016-2017 Score Sheet.**

**ATTACHMENT P
COMMUNITY BASED ORGANIZATIONS
FY 2015/2016 2016/2017 SCORE SHEET**

AGENCY: _____

PROGRAM: _____

| Description | Points Available | Points Awarded |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|
| Program Description | 1-25 | |
| <ul style="list-style-type: none"> • Has the agency clearly defined its scope of work and is it directly related to the goals and objectives of the program? • Was a specific problem or need identified? • Does the agency have the organizational capacity to successfully undertake proposed program(s)? • Did the agency include the number of anticipated, unduplicated clients to be served by program? • Did the agency provide a description of how the agency collaborated with identified partners? | | |
| Please provide comments for a score less than 15 | | |
| Program Logic Model | 1-10 | |
| <ul style="list-style-type: none"> • Did the agency provide specific program resources? • Did the agency describe the specific activities of the program? • Did the agency clearly define the units of service to include; # and types of participants and the duration of the identified service? | | |
| Please provide comments for a score less than 6 | | |
| Program Evaluation Plan | 1-10 | |
| <ul style="list-style-type: none"> • Did the agency clearly define its expected outcomes? • Did the agency define the indicators in terms of number and percentages that will determine the outcome is being met? • Did the agency clearly define the tools and approach to be used to measure the program? • Did the agency clearly define the baseline for the evaluation of the activity/activities? • Did the agency identify the sampling strategy and size? • Did the agency identify how data will be collected? | | |

Please provide comments for a score less than 6

| Agency Financial Profile | 1-25 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| <ul style="list-style-type: none"> • Does the agency have the financial capacity, staff, administrative and fiscal systems in place to carry out proposed program? • Does the agency have internal accounting procedures for revenue and expenses? • Does the agency have any areas of noncompliance with funding, regulatory or licensing bodies? • Does the agency have at least 3 months of operating Reserve? | | |

Please provide comments for a score less than 15

| Program Budget/Narrative | 1-30 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| <ul style="list-style-type: none"> • Did the agency provide detailed (agency wide and program) budget information? • Is the budget directly related to the scope of services (<i>see program description</i>)? • Is the cost per unit reasonable and justified? • Did the agency identify the percentage of the total program budget to be used for direct services and for administration? • Did the agency identify additional resources available to implement the program? • Did the agency apply for funding through other entities? • Has an award to the agency been recaptured due to non-performance of contract provisions? • Did the agency describe its long term plan to conduct the program with reduced or no County funding? • Is it clear how the agency would implement the program if less funding is awarded than was originally requested? | | |

Please provide comments for a score less than 18

| | | |
|-------------------------------------|--|--|
| | | |
| | | |
| | | |
| TOTAL AVAILABLE POINTS - 100 | | |

Board Member Signature & Date: _____

ATTACHMENT Q DEFINITIONS

Administrative costs – costs required to cover general agency administrative expenses, such as executive director, financial staff, clerical staff, and similar items not directly related to the services provided by the agency.

Baseline – number of units provided in the previous program year.

Cash match - un-obligated agency funds set aside for the program.

Core services – priorities areas as defined by the Brevard County Board of County Commissioners as matching the "core goals" of Brevard County Government.

Direct service costs – costs required to cover the provision of services directly to the intended recipients. This cost may include costs of case manager or other staff that works directly with clients, materials needed to provide the service, or physical space for the service.

Financial Statement – a formal record of the financial activities of a business, person or other entity.

IRS 990 – also titled "Return of Organization Exempt from Income Tax." This form is submitted by tax-exempt organizations and non-profit organizations to provide the Internal Revenue Service with annual financial information.

In-kind match – match provided through use of agency staff, volunteer service, or donated goods and services. The dollar value of an "in-kind" match can be included in the match requirement.

Letter of Commitment – a letter from a group stating active collaboration/participation in your agency's program/project. The letter specifies the resources the group will commit to the program/project and identifies what role the group and/or resources will play in bringing the program/project to a successful conclusion.

Leverage – funding an agency will be able to obtain that is only available if CBO funding or other source is committed to the program. The greater the amount of funds committed to the program, the greater the amount of funding that is drawn in from another source. For example, for every \$1.00 the Soup Kitchen provides, the U.S. Department of Agriculture (USDA) will provide \$5.00 in bulk food stuffs. Therefore \$1,000 brings in \$5,000; \$2,000 brings in \$10,000, as so on. The USDA will not provide any food stuffs to the Soup Kitchen if no leverage funds are provided.

Match – funding provided by an agency out of its own resources that will be part of the program budget. For example, the Soup Kitchen's total program budget is \$10,000, of which they are requesting \$7,500. The Soup Kitchen will provide the remaining \$2,500 \$1,875 from its own resources as match for the program. Match can be either "in-kind", "cash" or "grants".

Unit Cost – the amount of funds required to provide or produce one unit of a service or product based.