

*Changed to 5/24/18
going meeting V.I.B.I.*



**AGENDA REPORT
May 22, 2018**

FY 18-19 Community Based Organization (CBO)



**AGENDA REPORT
May 22, 2018**

FY 18-19 Community Based Organization (CBO)

SUBJECT:

Discussion and Approval, Re: FY 18-19 Community Based Organization (CBO) Funding Categories, Process, RFP, and Commitment of Funds (FY 18/19 Fiscal Impact \$306,120)

FISCAL IMPACT:

FY 17/18 – There is fiscal impact to the General Fund. \$408,160 was budgeted in Business Area 0001, Cost Center 201500.

FY 18/19 – There will be fiscal impact to the General Fund. \$306,120 will be budgeted to Business Area 0001, Cost Center 201500.

DEPT/OFFICE:

Housing and Human Services

REQUESTED ACTION:

It is requested that the Board of County Commissioners review, discuss, and direct staff regarding (1) the funding categories, (2) the funding recommendation process for the Community Based Organization Request for Proposal, (3) approve the Request for Proposal (RFP) incorporating any directed changes, and (4) commit funds for Fiscal Year 18 – 19.

SUMMARY EXPLANATION and BACKGROUND:

During the October 24, 2017 and November 7, 2017 Board of County Commission's (BOCC) Regular Meetings, discussion ensued which indicated that both the priorities and the process for recommending agencies for funding under the Community Based Organization (CBO) Request for Proposal (RFP) required review and input from the BOCC.

The Housing and Human Services Department (HHS) utilizes an RFP to competitively select the services which are funded through the CBO process. The RFP requires that requested services be connected to categories approved by the BOCC. The current categories are:

- 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

Part I Prioritization - Requested Board Direction

Option 1: Basic Needs – BOCC discussion during the October 24, 2017 Regular Meeting suggested potentially prioritizing categories tied to basic needs (e.g., feeding, shelter, etc.). Under this option, scoring would be modified to provide 25 preference points for programs addressing feeding and/or sheltering needs.

Option 2: No Change - The Community Action Board will continue to review CBO applications and make funding recommendations based upon the current funding categories.

Option 3: Other modifications as determined by the BOCC.

Part II Process - Requested Board Direction

Submitted applications are reviewed, scored, and recommended for funding by the Community Action Board, which is a volunteer Advisory Board made up of representatives from Public, Private, and Low Income sectors of the County. There are several options available for future review of these applications:

Option 1: No Change – The Community Action Board will continue to review CBO applications and make funding recommendations to the BOCC per Resolution 02-82.

Option 2: Another designated group (existing or new creation) reviews the CBO applications and makes funding recommendations to the BOCC.

Option 3: The BOCC reviews the CBO applications and directly decides funding allocations.

Option 4: Other method(s) as determined by the BOCC.

CLERK TO THE BOARD INSTRUCTIONS:

None

ATTACHMENTS:

- Description**
- **Resolution 02-82**
- **Draft CBO Timeline**
- **Draft RFP**



Tammy Rowe, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001
Fax: (321) 264-6972
Tammy.Rowe@brevardclerk.us

May 23, 2018

MEMORANDUM

TO: Ian Golden, Housing and Human Services Director

RE: Item VI.B.1., FY 18-19 Community Based Organizations (CBO) Funding Categories, Process, Request for Proposals (RFP), and Commitment of Funds

The Board of County Commissioners, in regular session on May 22, 2018, tabled consideration of FY 18-19 Community Based Organizations Funding Categories, Process, RFP, and Commitment of Funds, to the May 24, 2018, Zoning meeting.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
SCOTT ELLIS, CLERK

Tammy Rowe, Deputy Clerk

/kp

APR. 02 2002

RESOLUTION 02-82

A RESOLUTION CREATING THE "COMMUNITY ACTION BOARD"; ESTABLISHING BY LAWS FOR MEMBERSHIP AND GOALS; PROVIDING FOR AN EFFECTIVE DATE AND REPORTING REQUIREMENTS AND RESCINDING PREVIOUS AUTHORITY FOR CBO AND CAA ADVISORY BOARDS.

WHEREAS, the Board of County Commissioners is designated as the Lead Agency for the "Continuum of Care" by the Florida Department of Children & Families, Office of Homelessness; Local Coalition for the Homeless IAW F.S. 420.623 and recognized by Public Law 97-35 and Administrative Rule 9B-22 F.A.C as the local governing body for local Community Services Block Grant funding; and

WHEREAS, the Board of County Commissioners understands the common factors that contribute to those citizens experiencing homelessness, economic deprivation and other social problems; and

WHEREAS, The Brevard County Board of County Commissioners recognizes the need for citizen involvement in the development, planning, implementation, evaluation and funding of community based programs; and

WHEREAS, the Board of County Commissioners believes that integrating the analogous processes of the Community Action Agency Committee, Community Based Organizations Advisory Board and Homeless Coalition is a responsible and effective method to address community issues and ensure improved quality of life for all of our citizens; and

WHEREAS, the establishment of a tripartite board to fulfill the aforementioned responsibilities is considered to be in the best interest of citizens residing in Brevard County,

WHEREAS, this resolution rescinds resolution 01-181, 97-183 and all other authority for the "Community Action Agency" and "Community Based Organizations" advisory boards.

NOW, THEREFORE BE IT RESOLVED THAT THE BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS (BOARD) DOES HEREBY ESTABLISH A BREVARD COUNTY "COMMUNITY ACTION BOARD" AS FOLLOWS:

Section 1: By Laws

By Laws will be approved by the Board of County Commissioners and include:

1. Board Goals and Objectives

APR 02 2002

2. Organization and Composition of the Board
3. Officers of the Board
4. Board Member Responsibilities
5. Meetings and Records
6. Rules of Order

Section 2: Special Reports.

The Board of County Commissioners, the County Manager or designee may request a report of the CAB's activities, which must be satisfied within 30 days of the request.

Section 3: Staff Assistance.

The Housing & Human Services Department, shall provide coordination efforts specified in Board of County Commissioners Policy BCC-26 including all accountability, scheduling of matters requiring Board attention, notification of vacancies, communications with the Board Secretary regarding address, telephone numbers, terms, starting dates of appointees and replacements.

The County Attorney shall provide services of an Assistant County Attorney as requested by the Chairman of the CAB.

Section 4: Special Membership Provisions:

The tripartite board shall consist of all currently appointed CBO and CAA board members pro tem until December 31st, 2002 at which time each of the eighteen board positions will require new appointments or reappointments to meet all membership criteria set-forth in the by-laws.

Section 4: Sunset Provisions.

The intended life of this committee shall be permanent as stipulated by the Governor for an entity to be designated as a "Community Action Agency"

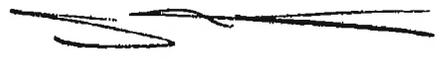
DONE, ORDERED AND ADOPTED this 26th day of February, 2002.

ATTEST:


Scott Ellis, Clerk



BREVARD COUNTY BOARD
OF COUNTY COMMISSIONERS


Truman Scarborough, Chairman

As approved by the Board on
April 2, 2002

**BREVARD COUNTY COMMUNITY ACTION BOARD
BY-LAWS**

ARTICLE I: NAME AND DESCRIPTION

The name of this tripartite board shall be "The Community Action Board" of Brevard County, hereinafter referred to as the "Community Action Board". Acting under the direction of the Brevard County Commissioners, Brevard County Florida and recognized by Public Law 97-35 and Administrative 9B-22, F.A.C., as the governing body to carry out the purposes and functions set forth in these by-laws.

ARTICLE II: GOALS AND OBJECTIVES

- A. Review and recommend the programs for use of the Community Services Block Grant (CSBG) funds.
- B. In partnership with other local workgroups, provide input to the Brevard County Housing & Human Services Department, which serves as the local homeless coalition through the Florida Department of Children & Families, Office of Homelessness in accordance with F.S. 420.623.
- C. Recommend funding of CBO (Community Based Organization) dollars, designated annually by the Board of County Commissioners, to local organizations who present solutions to a wide range of needs, which affect the citizens of Brevard County.
- D. Identify other funding resources for program expansion and maintenance.
- E. Coordinate efforts through community and county programs so as to avoid duplication, improve delivery of services, and eliminate gaps in service.
- F. Strengthen community capabilities for planning by coordinating assistance related to self-sufficiency through the efforts of the Consolidated Plan, Community Action Agency Plan and other Board of County Commissioners approved plans and strategies.

APR 02 2002

- G. Provide a range of projects and activities which enhance, expand, or create services that contribute to a continuum of care that is comprehensive and consistent with the priorities of the Board of County Commissioners approved plans and strategies.
- H. Provide activities designed to produce benefits for low-income participants including but not limited to homeless individuals and families, migrants, and the elderly poor:
- To secure and retain meaningful employment
 - To attain adequate education
 - To make better use of available income
 - To obtain and maintain adequate housing and a suitable living environment
 - To obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs, including the need for health services, nutritious food, housing, and employment related assistance.
 - To remove obstacles and solve problems which block the achievement of self-sufficiency.
 - To achieve greater participation in the affairs of the community
 - To provide on an emergency basis the provision of such supplies and services, as may be necessary to counteract conditions of starvation and malnutrition among the low income.
 - To coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low income individuals; and
 - To encourage the use of entities in the private sector of the community in efforts to alleviate poverty in the community.

ARTICLE III: ORGANIZATION AND COMPOSITION OF BOARD

The Community Action Board shall consist of eighteen (18) members. One-third of the members of the Board are elected public officials or their representatives. At least one-third of the members of the Board are persons chosen to represent the low income. One third of the representatives of the Board shall be officials or member of business, labor, community advisory boards, veterans groups, religious/faith based alliances, or

affordable housing groups. All representatives elected, or appointed to the Board must be a resident of Brevard County and not less than eighteen (18) years of age.

A. Public Officials: One third of the Board membership shall be elected public officials who are currently holding office, or their representatives. These representatives need not be public officials, but they shall have full authority to act for the public official they represent in all matters brought before the Board. The following offices shall be the public offices representing the Community Action Board:

1. Board of County Commissioners; they shall hold two (2) seats on the Board.
2. League of cities (Elected Public officials); they shall have one (1) seat,
3. Brevard County Sheriff; shall have one (1) seat,
4. Brevard County School Board; shall have one (1) seat,
5. State or federal legislators; shall have one (1) seat.

Names of all public officials or their representatives will be provided to the Community Action Board in an introduction letter, signed by the elected officials making the appointment. Public officials or their representative designated for Board membership must reside in Brevard County.

B. Representatives of Low-Income: At least one third of the Community Action Board members shall be elected in accordance with democratic selection procedure adequate to assure that they are representative of the low income in the area served, even though they themselves may not be low income. Elections will be held through a voting process in accordance with the following format:

1. The populace shall be divided into five (5) Commission districts, and one representative shall be elected in each of the five (5) districts.
2. A sixth (6th) representative shall be elected as an at-large representative from one of the county neighborhood strategy areas.
3. The time, place, and date of the election meetings shall be determined by the Housing and Human Services Department staff.
4. Notice of Board vacancies, time, place, and date of the election shall be published in newspapers having circulation in the respective area(s) where the

vacancies exist at least one time, no later then seven (7) days and no sooner than thirty (30) days before the date of the election.

5. The meeting to elect representatives of the low income shall be presided over by the staff.
 6. The staff shall call the meeting to order and explain the election process and expected results before opening the floor up for nomination of eligible candidates.
 7. The floor shall be open for nomination of eligible low-income candidates or others qualified to represent this membership class of the Board.
 8. After nominations have been properly noted and closed by the staff, each person nominated shall be presented to the people and permitted to make brief comments and solicitations.
 9. The staff shall call for a vote on each candidate nominated in the order of the nomination and require person's casting votes to stand until they have been properly recognized and counted.
 10. The person receiving the highest number of votes shall be declared, immediately following the election, to be the elected representative of the low-income persons in the area served.
- C. Representative of the Private Sector: The private sector representatives are selected to ensure that the Board will benefit from broad community involvement. The Community Action Board, through the membership and staff will solicit private representation based on expertise and membership needs. Applications will be accepted from prospective representatives and delivered to the Board of County Commissioners who shall select and make appointments to the Community Action Board. Appointments shall be made to assure diverse representation of the private sector throughout the five commission districts.
- D. Compensation – No member of the Board shall receive compensation in performing duties of the Community Action Board. However, compensation for travel or babysitting expenses incurred to and from and during board meetings may be provided to board members who meet CSBG income eligibility guidelines, if budget allows.

- E. Conflict of Interest: No person may sit on the Board who is an officer, board member or an employee of an organization, which receives funding from any source administered by the Community Action Board. Public officials sitting on the Board will not be in conflict if the Community Action Board should contract with his/her jurisdiction for services.

ARTICLE IV: TERMS OF REPRESENTATION

- A. There are no tenure restrictions for public sector representatives. The term of the Public Officials, or their appointees shall be concurrent with their term of office. A representative of a public official shall serve at the pleasure of the appointing official, and have an annual letter of reappointment
- B. Representative of the low-income and private sectors may serve for two (2) consecutive three (3) year terms.
- C. For purposes of continuity, annual terms shall begin on, or be retroactive to, 1 January and end on 31 December during the year of appointment regardless of appointment date.

Intervening Time: A period of twelve (12) months must transpire after serving two (2) consecutive terms on the Board before being re-elected or re-appointed to serve.

ARTICLE V: RESPONSIBILITIES OF THE BOARD MEMBERS

1. Each board member shares equally in the Boards actions. Each board member represents the interests of a constituency, or group, on the board. He or she also represents the views of that group to the board and reports the board's actions back to that group.
2. Review grant applications, proposed programs, goals and objectives, and assist in development of programs and policy.

APR 02 2002

3. Recommend to the staff changes in grant applications, proposed programs, goals and objective, and program policy.
4. Assist in identifying and developing new programs to expand services to the low income.
5. Review and make recommendations for policies, rules, and procedures of the Board.
6. Monitor programs through the submission of monthly reports of ongoing activities.
7. Recommend Board changes.
8. Notify staff of problems identified from on-site visits or the general public.
9. Implement and carry out the purposes and functions of the Board as set forth in Article II.
10. The Board shall conduct an annual goal setting session where they will outline their work plan for the year. The Board will make a presentation to the County Commissioner on the accomplishment of their work plan.

ARTICLE VI: OFFICERS OF THE BOARD

- A. Definition: To provide guidance and leadership for the Board, a Chairperson, and Vice Chairperson shall be elected by the Board.
 1. Chairperson: The chairperson shall be the principal representative of the Board. The Chairperson shall work closely with Housing and Human Services Department staff to coordinate the meeting agenda. The Chairperson shall sign minutes upon approval by the Board, shall perform all duties incident to the office of the Chairperson and such other duties as may be prescribed by the Board.
 2. Vice-Chairperson: In the absence of the Chairperson, the Vice-Chairperson shall chair Board meetings and assume other duties as designated by the Chairperson, and the Board.
- B. Election of Officers:

All officers of the Board shall be elected and installed at the first regular meeting of the calendar year. Each officer shall serve a period of one (1) year. No officer may be elected for more than two (2) consecutive years.

ARTICLE VII: REMOVAL OF BOARD MEMBERS

- A. Public officials, or their representatives, may be removed from the Board only by the designating officials. The Board can petition the designating officials to remove public officials or their representatives for whatever cause, including absenteeism.
- B. Representatives of the low-income private organizations of the Board may be removed from membership for absenteeism such as excess unexcused absences or violations of the by-laws of the Board. Removal for cause must be supported by two-thirds (2/3) vote of the members present at a meeting in which a quorum is present.
- C. Any member of the Board, who is absent from three (3) regularly scheduled meetings of the Board within the calendar year, may be removed, subject to review by the Executive Committee.
- D. Any member of the Board who ceases to be a member of the target area group or private community organization which he represents on the Board, or any public official who ceases to hold the office which entitles him to sit on the Board shall no longer be a member of the Board.
- E. Formal notification requires that prior to removing a Board member from the private or low-income sector that notice be given stating the grounds for removal, including dates, times, and places applicable and notice of opportunity to be heard by the Board prior to actual removal.

ARTICLE VIII: QUORUM

The presence of fifty percent (50%), plus one member of the total filled seats on the Community Action Board at any meeting shall constitute a quorum. No business may be conducted at any meeting unless a quorum is present. Each member of the Board shall be entitled to one vote. No proxy or absentee vote will be counted.

ARTICLE IX: RULES OF ORDER

Robert's Rules of Order shall govern the conduct of all regular meetings of the Community Action Board. The meetings shall also be conducted in accordance to the provisions of the Sunshine Law.

ARTICLE X: TECHNICAL SUPPORT

The Community Action Board may appoint non-voting technical advisors by majority vote to provide information and data relevant to the mission of the Board.

ARTICLE XI: STAFF SUPPORT

The Brevard County Housing and Human Services Department shall provide staff support. The staff under the direction of the Department Director is responsible for day-to-day operations, and actively manages the CAB, by:

- Hiring, firing, and supervising the staff
- Planning and implementing projects
- Mobilizing resources to carry out the programs
- Scheduling activities
- Delineating staff responsibilities
- Evaluating staff performance
- Monitoring all projects
- Evaluating program effectiveness and outcomes

The staff shall be the liaison between the CAB and the Board of County Commissioners. Staff shall be responsible for taking and preparing minutes, and reporting on the status of activities to the board.

APR 02 2002

ARTICLE XII: MEETINGS & RECORDS

Regular meetings shall be held at a time and location approved by the board members and announced by the Housing and Human Services Department staff. All meetings shall be publicly advertised and open to the public. Meetings shall be held at least quarterly. The Housing & Human Services Department, shall provide coordination efforts specified in Board of County Commissioners Policy BCC-26 including all accountability, scheduling of matters requiring Board attention, notification of vacancies, communications with the Board of County Commissioners Secretary regarding address, phone numbers, terms, starting dates and replacements.

ARTICLE XIII: COMMITTEES OF THE BOARD

A. Executive Committee:

1. The officers of the Board and a representative of each tripartite section of the Board, appointed by the Chairperson, will be deemed to be the Executive Committee for the purpose of transacting routine and ordinary business or handling matters of an emergency nature of the affairs of the Board which cannot be held in abeyance until the next regular meeting of the Board. It shall report on all action it takes between meetings to the full Board.
2. The Executive Committee in lieu of the full Board shall have the right/responsibility for approval of all matters. All actions of the Executive Committee shall be ratified by the full Board except when transacting routine and ordinary business.

B. Special Committees:

The Board shall from time to time establish such other Special Committees, as it deems necessary to carry on the affairs of the Board. The Chairperson, subject to the approval of the full board shall appoint members of the Special Committees. All Special Committees of the Board shall reflect the one-third (1/3) composition of the Board as closely as possible. The standing committees shall have a minimum of three (3) members.

APR 02 2002

ARTICLE XIV: SPECIAL MEETINGS

Special meetings may be called at the direction of the Chairman, or at the request of six (6) members, for the transaction of business as stated in the call for the meeting. Advertisement will be by posting if adequate time for publication is not available.

ARTICLE XV: AMENDING THE BY-LAWS

A recommendation for amending the by-laws may take place at any meeting of the Board, regular or special, by a majority vote of the members, provided that specific notice of the proposed change shall have been made in writing to all Board members, seven (7) days prior to the date of the meeting at which said by-laws are to be amended. Approval of the by-laws is subject to the approval of the Board of County Commissioners.

3-14-02

**BREVARD COUNTY
HOUSING & HUMAN SERVICES DEPARTMENT
COMMUNITY BASED ORGANIZATIONS (CBO)
FY 2018-2019 PROCESS SCHEDULE (DRAFT)**

Date	Activity	Responsible Team
5/22/18	BOCC – CBO RFP & Commitment of Funding Final Approval	CDR
5/31/18	Notice of Funding Availability to Community Based Organizations (HHS Website & email agencies, Newspaper by Thursday, 5/31)	CDR/Contracts
6/12/18	CBO Technical Assistance Workshop – 9:30-11:30 a.m., (Florida Room)	Contracts
6/14/18	CBO Technical Assistance Workshop – 9:30- 11:30 a.m., (Florida Room)	Contracts
6/21/18	Deadline for CBO Applicant Questions (HHS Website)	Contracts/CDR
6/25/18	Staff-Distribute 2018-2019 Application Review Sheet	Contracts
6/28/18	Deadline for CBO Applications – 11:00 a.m.	Contracts
6/28/18-7/6/18	Staff - CBO Application Review	CDR/Contracts
7/9/18-7/10/18	Staff-Disqualifying Criteria Review	Assistant Director
7/11/18-7/16/18	Staff-Prepare Notebooks	CDR/Contracts
7/17/18	CAB CBO Member Training/Updates and Handout Notebooks (Florida Room) 9:00 – 11:00 a.m.	CDR
7/17/18-8/20/18	CAB Review Applications	CAB members
8/21/18	CBO Meetings -9:00-4:00 p.m., (Florida Room) <ul style="list-style-type: none"> ▪ Questions and Answers ▪ CBO Recommendations 	Contracts/CDR
8/22/18	Recommended CBO Awards Posted	Contracts
8/29/18	Deadline for Protests Appeals Meeting To Be Determined (5 days after awards are posted).	CDR
TBD	Develop Draft Contracts	Contracts
TBD	Review/Approval of Contracts – HHS/County Attorney/Risk Management	Contracts
9/6/18	CBO Recommendations – BOCC Agenda Item to Ian	Contracts
9/13/18	CBO Recommendations – BOCC Agenda Item to County Manager	Contracts
September	BOCC Final Budget Hearing	
October	BOCC Regular Meeting – Approval of CBO Recommendations	
TBD	Agencies/County Officials – Execute Contracts	Contracts
TBD	Closeout FY 17/18 and Set-Up FY 18/19 Contract Files	Contracts

**2018-2019
COMMUNITY BASED ORGANIZATIONS
PROGRAM APPLICATION**



**BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
HOUSING AND HUMAN SERVICES DEPARTMENT**

Request for Proposal (RFP) No. HHS 17 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, 2018 at 11:00 a.m.**

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

Ian Golden, Director
Housing and Human Services Department

Agency Name and Program: _____

Date of Issuance: 5/31/18

TABLE OF CONTENTS

NOTICE TO POTENTIAL APPLICANTS	3
CBO PROGRAM	4
APPLICATION SUBMISSION	4
TECHNICAL ASSISTANCE	4
PROTEST PROCESS	5
DESIGNATED LIAISONS	5
TERMS AND CONDITIONS	5
CBO REQUIREMENTS	9
PART I Disqualifying Criteria	10
PART II Application Checklist	12
PART III Application Cover Page & Key Agency Staff Information	13
PART IV Program Description	15
PART V Agency Profile	16
PART VI Program Logic Model and Evaluation Plan	17
PART VII Agency Financial Profile & Agency Wide Budget	18
PART VIII Program Budget	18
ATTACHMENT A: Sworn Statement of Public Entity Crimes	20
ATTACHMENT B: Conflict of Interest Certification	22
ATTACHMENT C: 2017-2018 Program Certification	23
ATTACHMENT D: Suspension/Debarment Certification	24
ATTACHMENT E: Program Logic Model Form	27
ATTACHMENT F: SAMPLE Program Logic Model	28
ATTACHMENT G: Evaluation Plan Form	29
ATTACHMENT H: SAMPLE Evaluation Plan	30
ATTACHMENT I: Program Budget Information - Instructions	31
ATTACHMENT J: Program Budget Form	33
ATTACHMENT K: SAMPLE Program Budget Information	34
ATTACHMENT L: Program Budget Justification Form	36
ATTACHMENT M: SAMPLE Program Budget Justification	38
ATTACHMENT N: Agency Wide Budget	40
ATTACHMENT O: Review Criteria	41
ATTACHMENT P: Community Based Organizations Score Sheet	42
ATTACHMENT Q: Definitions	44

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 31, 2018**, through **June 28, 2018**. Two (2) Technical Assistance Workshops are scheduled prior to the application deadline – **June 12, 2018**, and **June 14, 2018**. **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, 2018, at 11:00 a.m.** at:

Brevard County Housing and Human Services Department
Attention: RFP No. HHS 2018 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.brevardfl.gov/HumanServices/Home

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 Manager, 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 **2018-2019 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, 2018. One exception is for an annual audit that is billed after October 1, 2018. 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 \$.535 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 - DISQUALIFYING CRITERIA

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

- If an application is not bound with a binder clip, one (1) per copy.
- If an application is not completed in a minimum 12-point font, be single-spaced, single-sided and have one (1) inch margins.
- If an agency does not 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.
- If an application is not formatted with the outline, headings and subheadings as identified in this RFP.
- If all required attachments and appendices are not completed and submitted with the 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, 2018, at 11:00 a.m.
- If an application does not clearly demonstrate a twenty-five percent (25%) match.
- If any requested information is missing, then the application is disqualified.
- If an application is missing the current CBO forms provided within this application.
- 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 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: _____

DRAFT

PART II - APPLICATION CHECKLIST

Agency Name: _____

PARTS I and II: DISQUALIFYING CRITERIA AND CHECKLIST

- A: Disqualifying Criteria
- 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: 2018-2019 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: 2017 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**

2018-2019 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: North Central South County-wide

Application Type:	<input type="checkbox"/> New	<input type="checkbox"/> Continuing		
--------------------------	------------------------------	-------------------------------------	--	--

Amount Requested for CBO Funded Program	FY 2017-2018	FY 2018-2019	% 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 three (3) 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 at each meeting?
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, 2018 through September 30, 2019.

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 2018 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 _____ 2018.

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
2018-2019 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

DRAFT

ATTACHMENT E - PROGRAM LOGIC MODEL FORM

Agency Name: _____

Program Name: _____

Focused Care Area: _____

PROGRAM RESOURCES	ACTIVITIES	OUTPUTS/UNITS OF SERVICE	OUTCOMES	GOALS
SERVICE PROVIDERS: PROGRAM SETTING: COMMUNITY FACTORS: COLLABORATIONS: SERVICE TECHNOLOGIES: FUNDING SOURCES: PARTICIPANTS:				

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 J - PROGRAM BUDGET INFORMATION FORM

Section A – Program Budget Summary				
Program Name	CBO Fund Request	CBO Match (Section E)	CBO + Match	
	\$	\$	\$	
Section B – Program Budget Categories to be Funded by CBO				
Budget Categories		Program Amount per Category		
a. Personnel		\$		
b. Fringe Benefits		\$		
c. Travel		\$		
d. Equipment		\$		
e. Supplies		\$		
f. Contractual		\$		
g. Other		\$		
h. Total CBO Funds		\$		
Section C – Unit Cost Budget Breakdown				
Description of Unit	# Units	Cost per Unit	Unit Program Cost	
Requested CBO Program Funding Total				
Section D – Cost Per Unit Justification				
List program Units of Service and their costs:				
Section E – CBO Match				
Program Name	Unrestricted Agency Cash	In-Kind Goods and Services	Other Sources Restricted Non- Agency Funds	Totals
	\$	\$	\$	\$

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

DRAFT

**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 2018	\$20,000.00	\$15,000.00	\$5,000.00

Local Match			
Year	Amount	Type	Source
FY 2018	\$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.

DRAFT

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 2018-2019 Score Sheet.**

**ATTACHMENT P
COMMUNITY BASED ORGANIZATIONS
FY 2018-2019 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 Name:

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.