



## LAKE COUNTY HOUSING & HUMAN SERVICES GRANTS FY2021 - 2022 REQUEST FOR PROPOSALS

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

### Children's Services Council (CSC) Funding Priorities

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

- ✧ abuse and neglect
- ✧ afterschool and out of school programs
- ✧ mental, physical or behavioral health
- ✧ subsidized child care
- ✧ healthy choices / good decisions

### Human Services (HS) Funding Priorities

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

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

***Agencies, or their subsidiaries, may apply for either the CSC grant or the HS grant.  
Agencies or their subsidiaries, may not apply for both.***

### SUBMISSION DEADLINE

**Wednesday, June 2, 2021 at 12:00 PM (NOON)**

#### **Contact:**

Rene Bass  
Phone: 352-742-6519  
Email: [rbass@lakecountyfl.gov](mailto:rbass@lakecountyfl.gov)



# 2021 - 2022 LAKE COUNTY HEALTH & HUMAN SERVICES GRANTS REQUEST FOR PROPOSALS

## APPLICATION INSTRUCTIONS

### 1. Fund Availability

The availability of the grant fund proposal is available through electronic copy or written document by contacting Rene Bass at 352-742-6519 or [rbass@lakecountyfl.gov](mailto:rbass@lakecountyfl.gov)

Funds will be available as follows:

<u>Category</u>	<u>Maximum Request</u>	<u>Minimum Request</u>
Children’s Services Council Grants (CSC)	\$25,000.00	\$5,000.00
Human Services Grants (HS)	\$25,000.00	\$5,000.00

Funds will be available on a competitive basis to organizations that meet the criteria established, which will be specifically defined in this RFP.

Organizations that are awarded funding shall demonstrate the ability and capacity to deliver services through identified objectives, outcomes and measurements.

### 2. Funding Criteria:

The CSC/HS seeks proposals:

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

There is a requirement of a minimum commitment of three (3) years (past initial funding) of any program/agency utilizing these funds for items, equipment, computer hardware or any other electronic equipment. Should the agency fail to remain in service for that period of time, they will be required to return said equipment to the Board of County Commissioners.

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

- ✧ **CSC:** youth prevention and/or intervention programs emphasizing one or more of the following needs: abuse and neglect; afterschool and out of school programs to address delinquency prevention; mental, physical or behavioral health; subsidized child care; or healthy choices/good decisions.
- ✧ **HS:** individuals, elders and family’s prevention and/or intervention programs emphasizing one or more of the following needs: rental or mortgage assistance; utilities assistance; deposits (for utilities and housing); food; achieving economic self-sufficiency and services that assist with independent living for elders and disabled.

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

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### APPLICATION INSTRUCTIONS (Cont'd)

#### 3. Eligibility for Funds

Organizations eligible for funding from Children's Services Council and Human Services grants include public and private non-profit organizations, local governments and public or private schools.

Applicants must demonstrate a sufficient level of administrative capacity to effectively manage funds received. **All proposals selected for funding to serve Lake County residents only.**

#### 4. Grant Period

The grant period will be the County's Fiscal Year from October 1, 2021 through September 30, 2022. Funding agreements with selected agencies will be in place shortly after October 1, 2021. **Funds awarded must be expended by September 30, 2022.**

#### 5. Administrative Requirements

In order to evaluate the impact of programs selected for funding, and to ensure accountability for the funds disbursed, organizations will be required to provide quarterly progress and financial reports. These documents will be used to evaluate both the merits of the program and the ability of the organization to deliver the specified services and activities.

- a) **Quarterly Progress Reports** – Will detail objectives, outcomes, measurements, and clients served in a format prescribed in the award agreement.
- b) **Expenditure Reports/Accountability** - Will detail actual expenditures of the program by budget line item or performance outcome as applicable. Source documentation will be required to track expenditures (purchase receipts, invoices, time sheets, and other documentation).
- c) **Audit** - Financial accountability to ensure the integrity of grant funds awarded is a requirement for funding. The County may exercise their right to request an audit as directed in the agreement.
- d) **Method of Payment** - Methods of payment will be defined through the award agreement.
- e) **Uses and Prohibitions on Use of Funds**

**Funds may be used for direct services only that could include:**

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

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### APPLICATION INSTRUCTIONS (Cont'd)

#### Funds may not be used:

- to supplement the annual operating budget of an organization
- to supplant any operational funding of an organization
- for activities to serve people living outside of Lake County
- for any indirect costs of administration, inclusive of administrative fees, non-program specific expenditures, etc.
- to benefit for-profit individuals or entities
- to purchase goods or services that provide no benefit to the focus of the program
- for the cost of entertainment expenses
- electronic hardware valued at over \$1,000 .00
- operating equipment valued at over \$1,000.00
- cost of background checks, licenses or insurance
- costs associated with development of RFP

#### 6. Submission Requirements

- a) Proposals must be received on or before **Wednesday, June 2nd, 2021 at 12:00 P.M. NOON**  
**Late proposals will not be considered for funding.**
- b) **Proposal Format**
  - i. Proposal is to be completed using the following formatting: 8 1/2 x 11 inch paper, **typewritten or computer generated using a size 12 font and single line spacing.**
  - ii. **Proposals should be stapled in the top left corner and should not be placed in binders or folders. Do not submit any other information not requested by the RFP. One** single page cover letter or memo from the lead agency is acceptable, submitted separate from the proposals.
  - iii. Original Proposal to be signed IN **BLUE INK.**
  - iv. ALL pages should be numbered in correct sequence.
  - v. Signature - The authorized signature on the proposal should be the person or persons who have the authority to contractually bind the organization.
  - vi. All the pages and attachments must be included with the original and four (4) copies for a total of five (5) of the proposal in the order listed below:
    1. Program Requirements Check List
    2. Proposal Cover Sheet
    3. Proposal Summary, **one page only**
    4. Items II through VII (not to exceed nine (9) pages)
    5. Budget Form
    6. Agency Financial Disclosure Statement
    7. Proof of Non-profit Status (**First page of most recent IRS 501 C 3 tax exemption determination letter**)

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8. Proof of Current Liability Insurance
9. Board of Directors and/or Advisory Board
10. Affirmation of Compliance with Background Screening *(for CSC grant only)*

- iv. **Alterations/Modifications/Withdrawal** - Once a proposal is received no modifications or alterations will be permitted once deadline is past. A proposal may be withdrawn by the submitting organization upon request by the Director or authorized representative of the organization.

### 7. **Review and Award Notification**

The Children's Services Council Proposal Review Committee/Human Services Proposal Review Committee meets to review the proposals and approve funding recommendations. **Applicants may not contact any of the Proposal Review Committee during the proposal review process.**

***All agencies applying for funding must attend the proposal review meeting. Appointments will be made once date is determined.*** Each applicant/proposer will be notified of the CSC/HS's recommendations in writing. The Board of County Commissioners has the final decision in accepting or rejecting the recommendations.

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

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

### **Fatal Flaws**

Incomplete Proposals: missing any Roman Numerals I. – XII. for CSC grant, and I.-XI. for HS grant, as well as Program Requirements Checklist and Proposal Cover Sheet may result in the application being discarded or recommended for reduced funding.

### 8. **Agreement**

Organizations selected for funding should expect to enter into a written agreement for the provision of services or activities as outlined in the proposal. The agreement will specify the expectations of both parties, define financial and progress report requirements, and establish payment parameters. The person or persons who can legally bind the organization will be the required signatory(ies) on the agreement.

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PROGRAM REQUIREMENTS CHECKLIST – Page One (1)

Fill in Lead Agency and Program Name and check each item to assure that nothing has been omitted.  
**THIS FORM SHOULD BE ATTACHED TO ORIGINAL AND ALL COPIES.**

LEAD AGENCY NAME: \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_

- 1. Precise name of lead agency including:
  - a. Executive Officer’s Name and Title
  - b. Federal ID Number
  - c. Complete mailing and physical address, if different
  - d. Phone/Fax/E-Mail
- 2. Precise name of fiscal agent **IF DIFFERENT** from lead agency (note if N/A).
  - a. Executive Officer’s Name and Title
  - b. Federal ID Number
  - c. Complete mailing and physical address, if different
  - d. Phone/Fax/E-Mail
- 3. Precise **location** of program operations (either “at lead agency” or operations physical address).
- 4. Check if applying for CSC or HS Funds (**check one only**).
  - CSC**    **HS**
- 5. Proposed Program name.
- 6. Dollar amount requested.
- 7. Anticipated number of unduplicated clients to be served by this proposed program in Lake County.
- 8. Cost per unduplicated client to be served in Lake County (amount of request divided by number of unduplicated clients = number to be served).
- 9. Collaborative partners (list and answer yes or no to whether a written agreement exists).
- 10. Signature (s) with **original in blue ink** of authorized lead agency and fiscal agent, if different.
- 11. Date(s) of signature(s).
- 12. Title(s) of lead agency executive with signature authority, and if different, fiscal agent executive.
- 13. Proof of nonprofit status
- 14. Proof of organization’s Liability Insurance.
- 15. List of Board of Directors/Advisory Board
- 16. Affidavit affirming agency's compliance with staff/volunteer background screenings.  
**(For CSC grants only)**

PROPOSAL COVER SHEET – Page Two (2)

1. **Lead agency name:** *(who will operate the program?)* \_\_\_\_\_  
 a. Contact executive’s name and title \_\_\_\_\_  
 b. Agency’s Federal ID number \_\_\_\_\_  
 c. Mailing address *(with zip code)* \_\_\_\_\_  
 d. Phone No. \_\_\_\_\_  
 Fax No. \_\_\_\_\_  
 E-mail address \_\_\_\_\_

2. **Fiscal agent if different** from lead agency \_\_\_\_\_  
 a. Executive officer’s name and title \_\_\_\_\_  
 b. Fiscal agent’s Federal ID number \_\_\_\_\_  
 c. Mailing address *(with zip code)* \_\_\_\_\_  
 d. Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 E-mail address \_\_\_\_\_

3. **OPERATIONS ADDRESS** of program **(if different)** \_\_\_\_\_

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

5. **Proposed program name:** \_\_\_\_\_

6. \_\_\_\_\_ Dollar amount being requested.

7. \_\_\_\_\_ Anticipated number of unduplicated clients to be served.

8. \_\_\_\_\_ Cost per unduplicated client to be served **(amount requested divided by number of unduplicated clients)**.

9. Collaborative partners; is there a written agreement? Please list with answer Yes or No. **(Please list additional partners in your program narrative)**

- Yes    No   \_\_\_\_\_
- Yes    No   \_\_\_\_\_
- Yes    No   \_\_\_\_\_
- Yes    No   \_\_\_\_\_

10. Authorized LEAD AGENCY signature

11. Date

12. Type/Print Name and Title

10 a. Authorized FISCAL AGENT signature  
**(If different)**

11 a. Date

12 a. Type/Print Name and Title

13. Proof of nonprofit status                       Yes

14. Proof of Liability Insurance included                       Yes

15. List of Board of Directors/Advisory Board                       Yes

16. Affidavit Confirming Compliance (background screenings), **notarized**                       Yes **(CSC grants only)**



# 2021 - 2022 LAKE COUNTY HEALTH & HUMAN SERVICES GRANTS REQUEST FOR PROPOSALS

## PROPOSAL FORMAT

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

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

- II. **ADMINISTRATIVE AND OPERATIONAL CAPACITY** - Describe the organization's history and previous experience in program design, development and delivery, including administrative capacity.
- III. **PROGRAM NARRATIVE** - Describe the program, and implementation process; who will be responsible for the program, collaborative partnerships, when and where the activity will occur, and why this is significant to your target population and the community.
- IV. **OBJECTIVES, OUTCOMES AND MEASUREMENTS** - Describe the specific measurable objectives, expected outcomes as a result of the program and how the outcomes will be measured.
- V. **DESCRIPTION OF TARGET POPULATION AND COMMUNITY NEED FOR THE PROGRAM** - Describe target population and community. List the number of individuals to be served by the program. Describe the need being addressed using documented statistics. How will the creation or expansion benefit the target population? What purpose does the program serve in the community?
- VI. **PROGRAM SUSTAINABILITY** - Describe how your program will be continued/ maintained or sustained in the absence of these grant funds.
- VII. **BUDGET NARRATIVE** - Should be a simple justification of expenses and how the budget relates back to the grant program.
- VIII. **BUDGET FORM** - Complete a line-item budget, itemizing program revenues and expenses, listing other sources of funding support for your program. If listing direct services as a line-item, please describe exactly what services those are in the budget narrative.
- IX. **AGENCY FINANCIAL DISCLOSURE STATEMENT**
- X. **PROOF OF NON-PROFIT STATUS** (*First page of most recent IRS 501 C 3 tax exemption determination letter*)
- XI. **PROOF OF CURRENT LIABILITY INSURANCE**
- XII. **LIST OF BOARD OF DIRECTORS/ADVISORY BOARD**
- XIII. **AFFIRMATION OF COMPLIANCE WITH BACKGROUND SCREENING** (*for CSC grants only*).



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**IX. AGENCY FINANCIAL DISCLOSURE STATEMENT**

**Statement of Income and Expenditures for the Most Recently Completed Fiscal Year  
(Local agency only - NOT parent organization)**

**Name of Lead Agency:** \_\_\_\_\_

Fiscal Year Start Date \_\_\_\_\_

Fiscal Year End Date \_\_\_\_\_

<b>Income</b>	<b>Amount</b>	<b>% of Current Year Income</b>
Income from Federal, State and Local Governments		%
Income from United Way		%
Donations from Corporations and Foundations		%
Donations from Individuals		%
Membership Dues		%
Annual Income from Fund-Raising Events		%
In-Kind Contributions		%
Other (please define)		%
Total Income . . . . .		%
		<b>% of Current Year Expenditures</b>
<b>Expenditures</b>	<b>Amount</b>	
Fund-Raising Costs		%
Salaries, Payroll Taxes and Benefits for Paid Staff		%
Rent, Utilities, Telephone		%
General Expense and Supplies (postage, printing, duplicating equipment, insurance, vehicles, etc.)		%
Advertising, Promotion, Travel		%
Donations to Community Programs or Individuals		%
Paid to National Organization		%
Other (please define)		%
Total Expenditures . . . . .		
Excess (Surplus) of Income over Expenditures		
<b>Comments or Explanations:</b>		

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

\_\_\_\_\_  
*Signature of person preparing statement*

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

\_\_\_\_\_  
*Typed or printed name of person preparing statement*

X. PROOF OF NON-PROFIT STATUS

***Note: The first page of your most recent IRS 501 C 3 tax exemption determination letter, not the Consumer's Certificate of Exemption.***

**XI. PROOF OF CURRENT LIABILITY INSURANCE**

*Such policies of insurance, and confirming certificates of insurance, shall insure the vendor is in accordance with the following minimum limits:*

*General Liability insurance on forms no more restrictive than the latest edition of the Occurrence Form Commercial General Liability policy (CG 00 01) of the Insurance Services Office or equivalent without restrictive endorsements, with the following minimum limits and coverage:*

<i>Each Occurrence/General Aggregate</i>	<i>\$1,000,000/2,000,000</i>
<i>Products-Completed Operations</i>	<i>\$2,000,000</i>
<i>Personal &amp; Adv. Injury</i>	<i>\$1,000,000</i>
<i>Fire Damage</i>	<i>\$50,000</i>
<i>Medical Expense</i>	<i>\$5,000</i>
<i>Contractual Liability</i>	<i>Included</i>

*Automobile liability insurance, including owned, non-owned, and hired autos with the following minimum limits and coverage:*

<i>Combined Single Limit</i>	<i>\$1,000,000</i>
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*Workers' compensation insurance based on proper reporting of classification codes and payroll amounts in accordance with Chapter 440, Florida Statutes, and/or any other applicable law requiring workers' compensation (Federal, maritime, etc.). If not required by law to maintain workers compensation insurance, the vendor must provide a notarized statement that if he or she is injured; he or she will not hold the County responsible for any payment or compensation.*

*Employers Liability insurance with the following minimum limits and coverage:*

<i>Each Accident</i>	<i>\$1,000,000</i>
<i>Disease-Each Employee</i>	<i>\$1,000,000</i>
<i>Disease-Policy Limit</i>	<i>\$1,000,000</i>

*Errors and Omissions insurance as applicable, with minimum limits of \$1,000,000 and annual aggregate of \$2,000,000.*

**XII. LIST OF BOARD OF DIRECTORS/ADVISORY BOARD (PLEASE ATTACH)**

**XIII. AFFIDAVIT REGARDING BACKGROUND SCREENING REQUIREMENTS FOR CERTAIN SERVICE PROVIDER PERSONNEL**

***(For CSC grants only)***

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment not to exceed one year and/or a fine not to exceed \$1000, pursuant to Sections 837.012, 775.082 and 775.083, Florida Statutes, the undersigned affiant makes the following statement:

**STATE OF FLORIDA  
COUNTY OF LAKE**

**BEFORE ME**, the undersigned authority, personally appeared, \_\_\_\_\_  
Authorized Agency Representative Signature

of \_\_\_\_\_, who, being by me first duly sworn, deposes and says:  
Name of Service Provider

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

- arrested for and are awaiting final disposition of,
- found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to,
- or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the provisions of state law listed in Section 435.04(2), Florida Statutes, or similar law of another jurisdiction.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_\_, by

\_\_\_\_\_, who is [ ] personally known to me, or [ ] has produced  
\_\_\_\_\_ as identification.

(NOTARIAL SEAL)

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

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