

**COMMUNITY DEVELOPMENT BLOCK GRANT  
CORONAVIRUS PROGRAM  
REQUESTS FOR PROPOSAL**



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

**Amendment to Request for Proposal Number:  
2021 Community Development Block Grant Coronavirus Program**

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 Organizations in response to this Request for Proposal with a receipt date of:

**December 6, 2021 at 11:00 AM**

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

Ian Golden, Director  
Housing and Human Services Department

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## **NOTICE TO POTENTIAL APPLICANTS**

The purpose of this Request for Proposal is to provide services to Brevard County Residents consistent with Brevard County Board of County Commissioners' approved plans and strategies. Funding for this Request for Proposal will be provided through Brevard County's Community Development Block Grant Program. In addition to a balance of \$553,856.78 Coronavirus (CDBG-CV1) funding, the County was allocated an additional \$1,021,248 in Coronavirus (CDBG-CV3) funding for the Prevention, Preparation and Response to Coronavirus. The total available funding for this Request for Proposal will be **\$1,575,104.78**.

The Brevard County Board of County Commissioners 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 Brevard County Board of County Commissioners, as outlined below.

### **Brevard County Board of County Commissioners Priority Areas for Coronavirus Program**

- Case Management
- Community Nutrition Program
- Health Services
- Substance Abuse Services
- Child or Adult Day Care Services
- Education Services
- Mortgage Assistance
- Transportation Services

## **BACKGROUND AND PRIMARY OBJECTIVES**

The Community Development Block Grant Program was established by Congress through the Housing and Community Development Act of 1974, as amended, to provide local governments and residents with the funds needed to work in a comprehensive manner towards the improvement of the quality of life in low- and moderate-income areas. It allows for local flexibility in determining needs and to develop strategies to address those needs. Community Development Block Grant Program funds are distributed to areas and agencies which are determined eligible for funding.

Each Community Development Block Grant Program activity **must** address one of three national objectives:

- **Benefit low- and moderate-income persons;**
- **Aid in the prevention or elimination of slums or blight; or**
- **Meet community development needs having a particular urgency.**

Any activity available to residents in an area, where at least 51% of the residents are low-and moderate-income persons is considered an area benefit activity. The service area must be primarily residential, and meet the identified needs of low-and moderate-income persons. Client services are limited to residents from the unincorporated areas of Brevard County outside the boundaries of the cities of Titusville, Cocoa, Melbourne and Palm Bay.

Low to moderate income residents of the incorporated municipalities included in the 2022-2024 Housing and Urban Development and Brevard County Interlocal Agreement are

eligible. These are Cocoa Beach, Indialantic, Indian Harbour Beach, Melbourne Village, Palm Shores, Rockledge and Satellite Beach.

Brevard County is interested in funding Community Development Block Grant Coronavirus programs for eligible Brevard County residents. Programs must meet one of the Community Development Block Grant National Objectives and be consistent with the Priorities listed in the Consolidated Plan. Coronavirus programs must prevent, prepare for and/or respond to the Coronavirus.

All applications will be initially reviewed for disqualifying criteria by Housing and Human Services staff. All applicants requesting funding under this Request for Proposal will be considered on the basis of their overall merit as determined by the Community Development Block Grant Advisory Committee 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 **November 15, 2021** through **December 6, 2021**.

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 Housing and Human Services Department, Brian Breslin, no later than forty-eight hours prior to the meeting at (321) 633-2076.

**Applicants are prohibited from contacting members of either the Advisory Committee or the Brevard County Board of County Commissioners regarding the application process during the period that the applications are being reviewed by the Advisory Committee and being approved by the Brevard County Board of County Commissioners. Any contact with the Brevard County Board of County Commissioners or the Advisory Committee will disqualify your application.**

#### **COMMUNITY DEVELOPMENT BLOCK GRANT ORGANIZATIONS FUNDING PROGRAM**

The Housing & Human Services Department operates under the direction of the Brevard County Manager's Office and the Brevard County Board of County Commissioners. The Housing and Human Services 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 Community Development Block Grant Program.

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

### APPLICATION SUBMISSION

**A maximum of two applications for Coronavirus Program will be accepted from each agency.**

Applications must be received **on or before December 6, 2021 at 11:00 AM** at:

Brevard County Housing and Human Services Department

Attention Request for Proposal:

Number 2021 Community Development Block Grant Coronavirus Program

2725 Judge Fran Jamieson Way, B-106, Viera, Florida 32940

### TECHNICAL ASSISTANCE

Attendance at one mandatory Technical Assistance Workshop is required. Two Technical Assistance workshops are scheduled as follows: **November 18, 2021 from 11:00 AM to 2:00 PM and December 1, 2021 at 9:00 AM to 12:00 PM, at the Brevard County Government Center, Commission Chambers, Building C, 1st Floor, 2725 Judge Fran Jamieson Way Viera, Florida 32940. Applicants must attend ONE Technical Assistance Workshop in its entirety. We are requesting everyone R.S.V.P. by contacting Kim Ervin at [kim.ervin@brevardfl.gov](mailto:kim.ervin@brevardfl.gov) or Siphikelelo Chinyanganya at [Siphikelelo.chinyanganya@brevardfl.gov](mailto:Siphikelelo.chinyanganya@brevardfl.gov) or call 321-633-2007 with your preferred date. We are further requesting that you limit attendees to 2 people per agency to maintain social distancing protocols.**

### 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 Assistant Director and Purchasing Manager within five business days of the posted award recommendation. Please contact designated liaisons for a copy of the procedure.

### DESIGNATED LIAISONS

If you have any questions or require assistance concerning this application contact Alan Woolwich, Community Planner at [alan.woolwich@brevardfl.gov](mailto:alan.woolwich@brevardfl.gov), or Siphikelelo Chinyanganya at [siphikelelo.chinyanganya@brevardfl.gov](mailto:siphikelelo.chinyanganya@brevardfl.gov) 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 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 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 have 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 Housing and Human Service's website. Applicants are responsible for ensuring they have received all addenda.

15. All applicants must read, sign, and comply with the 2020-2021 Program Certification and Suspension/Debarment Certification (Attachments C and D).

16. Applicants must apply for a minimum of \$25,000.

17. Applicants must demonstrate a community need for the proposed activity through the use of existing community studies or priorities identified in the 5 Year Consolidated Plan or by the Board of County Commissioners.

18. Applicants must demonstrate the ability to generate and/or acquire funding needed to carry out the proposed activity in its entirety.

19. If your agency has been monitored by any funding agency (other than Housing and Human Services) within the past 12 months, please provide a copy of the monitoring report. If never monitored, please provide an explanation (Appendix 1).

20. Applicants must not utilize requested funding to supplant other funds.

21. The Advisory Committee reserves the right to make funding recommendations at or below the amount requested by the applicant.

22. All awards are contingent upon funding availability from the Board of County Commissioners.

23. 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).

24. 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.

25. 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.

26. 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 any applicable 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 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.

**COMMUNITY DEVELOPMENT BLOCK GRANT CORONAVIRUS PROGRAM  
REQUIREMENTS**

**Program Processes and Required Supporting Documents**

All 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.)

## 1. **Unallowable Cost**

The following expenditures are not allowed. Community Development Block Grant Coronavirus Program funds cannot be applied to these items directly or indirectly.

- a. Outlay for Capital Projects, including acquisition of real property.
- b. Costs associated with services that have a sectarian religious component or basis.
- c. Local mileage reimbursements in excess of \$0.56 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.
- d. Bad debts, fines, penalties, bonuses, and commissions.
- e. Organization's reserve accounts.
- f. Contributions or donations.
- g. 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.
- h. Lobbying or other associated legislative expenses whether incurred for purpose of legislation or executive direction.
- i. "Miscellaneous" or "Other" line items.
- j. Legal expenses for the prosecution of claims against any public entity.
- k. 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.
- l. Costs incurred by organizations in responding to this application.
- m. Memberships, dues, and paid subscriptions will not be reimbursed. National dues to a parent organization will not be reimbursed.
- n. Fund raising expenses.
- o. Construction and renovation cost.

## 2. **Ineligible Funding Requests**

- a. Organizations whose primary function is fund raising for other agencies.

- b. Organizations that coordinate and distribute funds to local organizations with no direct services are not eligible for funding under this program.
- c. 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.
- d. Proposals from organizations that do not meet one of three national Community Development Block Grant objectives.

### **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 the application is not consistent with the following technical requirements:
- **Applicants must submit; one original printed and signed application, and ten application copies, that are a minimum 12 point in font, single-spaced, two-sided, have one-inch margins, three-hole punched on the left side, with numbered tab dividers for each part, attachments and appendices. All pages must be numbered, and tab dividers must be legible and be included in a table of contents at the beginning of the Request for Proposal. Submitted applications and supporting documents must be bound using single binder clips  $\frac{3}{4}$  inch or larger per copy. Applications shall not include undersized clips, staples, rubber bands or ring binders. The original application copy shall be provided on a flash drive in a labeled and secured envelope or sleeve.**
- If an agency does not submit one original response and all required attachments and appendices to the Request for Proposal.
- If an application is not formatted with the outline, headings and subheadings as identified in this Request for Proposal.
- If all required attachments and appendices are not completed and submitted with the application.
- If an agency contacts anyone regarding this Request for Proposal other than the Housing and Human Services Designated Liaisons listed on page 6.
- If an agency submits more than the maximum of two applications for the Coronavirus Program, all will be disqualified.
- If all page limitations identified in this Request for Proposal are not met.
- If an application is not submitted by due date and time of **December 6, 2021, 11:00 AM.**
- If any requested information is missing, then the application is disqualified.
- If an application is missing the current forms provided within this application.

- If an applicant does not attend and sign in at mandatory Technical Assistance Workshop in its entirety.
- If an applicant requests less than the minimum (\$25,000).
- If the amount requested on Cover Page (Page 15) does not match the amount requested on the Program Budget Form (Page 37).

**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 application.**

**Agency Name:** \_\_\_\_\_

**Name/Title:** \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_

## PART II - APPLICATION CHECKLIST

Agency Name: \_\_\_\_\_

### **PARTS I and II: TABLE OF CONTENTS, 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 F)

### **PART VII: AGENCY FINANCIAL PROFILE & AGENCY WIDE BUDGET**

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

### **PART VIII: PROGRAM BUDGET**

- A: Program Budget (Attachment H)
- B: Program Budget Justification (Attachment I)
- 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: 2020-2021 Program Certification\*
- Attachment D: Suspension/Debarment Certification\*
- Appendix 1: Monitoring Reports other than Housing and Human Services\*
- Appendix 2: 501(c)(3) Certification\*
- Appendix 3: Recent IRS Form 990\***(signature page only)**
- Appendix 4: Job Descriptions, Resumes/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 9: Letters of Commitment (for funding or in-kind services) – **not Letters of Recommendation**. Shall include detail on contribution amount.
- Appendix 10: Organization Chart

- Appendix 11: Articles of Incorporation/By-Laws
- Appendix 12: List of Board of Directors
- Appendix 13: 2018 Audit Report **and** Management Letter, or Financial Statement\* (Financial Statement is acceptable if agency audit is not required.)
- Appendix 14: Balance Sheet & Income Statements. Last year to present.

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

**PART III- APPLICATION COVER PAGE**  
**AND KEY AGENCY STAFF INFORMATION**  
**COMMUNITY DEVELOPMENT BLOCK GRANT**  
**CORONAVIRUS PROGRAM 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:**

**Primary Geographic Service Area:**    North            Central            South            County-wide

**Check which Brevard County Board of County Commissioner priority the program will address:**

- Transportation Services
- Community Nutrition
- Case Management
- Mortgage Assistance
- Security Deposits
- Health Services
- Child or Adult Day Care
- Education Services
- Substance Abuse Services

**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:** 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.**

1. **Statement of Need:** What is the need or problem to be addressed and how is it consistent with one or more of the Brevard County Board of County Commissioners' priorities and Community Development Block Grant Programs National Objectives? Describe how the specific problem or need was identified.
  
2. **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.
  
3. **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.
  
4. **Organizational Chart:** Provide copy of organizational chart. (Appendix 10).
  
5. **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**).

6. **Collaboration Narrative:** Provide a description of how the proposed program(s) will be coordinated with other service providers and list top five collaborative partners and their contact information below:

Agency: \_\_\_\_\_

Executive Officer: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Executive Officer: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Executive Officer: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Executive Officer: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**If not, please explain:**

## PART V – AGENCY PROFILE

Agency Name \_\_\_\_\_

1. **Profile – Maximum two 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.

d. Examples of past performance and achievements over the last three years.

**2. Trends/Changes – Maximum one 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 to three years?

**3. List of partners, affiliates or subsidiaries:**

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

Partners, Affiliates or Subsidiaries: \_\_\_\_\_

Program Supported: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Partners, Affiliates or Subsidiaries: \_\_\_\_\_

Program Supported: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Partners, Affiliates or Subsidiaries: \_\_\_\_\_

Program Supported: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Partners, Affiliates or Subsidiaries: \_\_\_\_\_

Program Supported: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Partners, Affiliates or Subsidiaries: \_\_\_\_\_

Program Supported: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Partners, Affiliates or Subsidiaries: \_\_\_\_\_

Program Supported: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Partners, Affiliates or Subsidiaries: \_\_\_\_\_

Program Supported: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Partners, Affiliates or Subsidiaries: \_\_\_\_\_

Program Supported: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

## **PART VI - PROGRAM LOGIC MODEL AND EVALUATION PLAN**

### **Instructions:**

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

1. 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 parents will receive parenting classes in three sessions during a six-week workshop.

**Outcome(s)** – expected result based on program activities for a one-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.

2. 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**

### **1. Agency Financial Profile:**

Respond to the following:

- a. What is the percentage of program cost in relation to total agency budget?
  
  
  
  
  
  
  
  
  
  
- b. What is the percentage of Community Development Block Grant Coronavirus program funding requested in relation to total program funding?
  
  
  
  
  
  
  
  
  
  
- c. Does your agency have at least three months operating reserves available? If not, why?
  
  
  
  
  
  
  
  
  
  
- d. 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?
  
  
  
  
  
  
  
  
  
  
- e. Does your agency follow General Accepted Accounting Practices?



- f. Does your agency have internal accounting procedures for revenue and expenses?  
If no, please explain:
  
- g. Does your board review financial activity at each meeting?
  
- h. Does your agency have a strategic and/or long-range plan?
  
- i. Does your agency have any areas of noncompliance with funding, regulatory or licensing bodies?

**2. Agency Wide Budget:**

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

## PART VIII – PROGRAM BUDGET

### 1. PROGRAM BUDGET (Attachment H):

When completing the Program Budget, include all identified potential expenses required to achieve successful completion of programs. Please submit a budget to cover the entire program year for which you are requesting funding.

### 2. PROGRAM BUDGET JUSTIFICATION (Attachment I):

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.

### 3. 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.**

a. What percent of your total program budget will go for direct services versus administration?

b. If applicable, describe additional resources that will be utilized to implement this program.

c. List all other funding entities for which you have applied for funds to support this program.

d. List other funding sources that have already committed resources for this program.

e. Funding Reduction: Explain in detail what will happen to the program if less than the requested amount of Community Development Block Grant Coronavirus funding is received.

f. Has your award ever been recaptured by another funding entity due to non-performance of contract provisions? If yes, please explain.

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

**Request for Proposal Number:  
2020-2021 Community Development Block Grant Coronavirus Program**

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 applicant or contractor is:

\_\_\_\_\_.

2. My relationship to 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 by means of  physical presence or  online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

Affix Seal:

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

My commission expires \_\_\_\_\_

**ATTACHMENT B  
CONFLICT OF INTEREST CERTIFICATION**

**Request for Proposal 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.

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Type or Printed Name of Official: \_\_\_\_\_

Signature: \_\_\_\_\_

**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.

Employee Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Date of Filing: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Date of Filing: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Type or Printed Name of Official: \_\_\_\_\_

Signature: \_\_\_\_\_

**ATTACHMENT C  
2021-2022 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-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;
- a. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
- b. 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
- c. 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 calendar days after such conviction; and
  - 3) 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.

- a. "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.
- b. "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.
- c. "Common area" means any hallway, corridor, lobby, aisle, water fountain area, restroom, stairwell, entryway, or conference room in any public place.
  - 1) 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.
  - 2) 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.

- 3) 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 Title of Authorized Certifying Official

---

Title

---

Applicant Organization

---

Date Submitted

**ATTACHMENT E – PROGRAM LOGIC MODEL FORM**

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Focused Care Area: \_\_\_\_\_

Service Providers:

Activities:

Outputs / Units of Service:

Outcomes:

Goals:

Program Settings:

Activities:

Outputs / Units of Service:

Outcomes:

Goals:

Community Factors:

Activities:

Outputs / Units of Service:

Outcomes:

Goals:

Collaborations:

Activities:

Outputs / Units of Service:

Outcomes:

Goals:

Service Technologies:

Activities:

Outputs / Units of Service:

Outcomes:

Goals:

Funding Sources:

Activities:

Outputs / Units of Service:

Outcomes:

Goals:

Participants:

Activities:

Outputs / Units of Service:

Outcomes:

Goals

**ATTACHMENT F – EVALUATION PLAN FORM**

**Agency Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Focused Care Area:** \_\_\_\_\_

**Have you made any changes to the evaluation plan?**                      **Yes**                      **No**

**If revised, the revised date:** \_\_\_\_\_

Outcomes:

Indicators:

Measurement Tools / Approach:

Baseline Measure:

Sampling Strategy & Size:

Frequency & Schedule of Data Collection:

Outcomes 2:

Indicators 2:

Measurement Tools / Approach 2:

Baseline Measure 2:

Sampling Strategy & Size 2:

Frequency & Schedule of Data Collection 2:

Outcomes 3:

Indicators 3:

Measurement Tools / Approach 3:

Baseline Measure 3:

Sampling Strategy & Size 3:

Frequency & Schedule of Data Collection 3:

Outcomes 4:

Indicators 4:

Measurement Tools / Approach 4:

Baseline Measure 4:

Sampling Strategy & Size 4:

Frequency & Schedule of Data Collection 4

## **ATTACHMENT G - 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.

#### **Section A – Program Budget Summary:**

**Community Development Block Grant Coronavirus Program** - enter the name of the program for which you are requesting funding from the Brevard County Board of County Commissioners. **Please enter your fund request for a twelve-month period starting November 1, 2021 through October 31, 2022.**

#### **Section B – Program Budget Categories to Be Funded by Community Development Block Grant Coronavirus Program:**

**Program** – amount for each budget category that will be provided by Community Development Block Grant Coronavirus 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-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.



**ATTACHMENT H-PROGRAM BUDGET INFORMATION FORM**

**Section A- Community Development Block Grant Coronavirus Program Budget Summary**

Program Name: \_\_\_\_\_

Community Development Block Grant- Coronavirus Program Fund Request: \_\_\_\_\_

**Section B- Program Budget Categories to be Funded**

<u>Budget Categories</u>	<u>Program Amount per Category</u>
1a.	1b.
2a.	2b.
3a.	3b.
4a.	4b.
5a.	5b.
6a.	6b.
7a.	7b.

**Total Community Development Block Grant Coronavirus Program Funds: \$** \_\_\_\_\_

**Section C- Unit Cost Budget Breakdown**

<u>Description of Unit</u>	<u>Number of Units</u>	<u>Cost per Unit</u>	<u>Unit Program Cost</u>
1a.	1b.	1c.	1d.
2a.	2b.	2c.	2d.

**Requested Community Development Block Grant Coronavirus Program Funding Total: \$** \_\_\_\_\_

**ATTACHMENT I  
PROGRAM BUDGET JUSTIFICATION FORM**

**PROGRAM:** \_\_\_\_\_

**Source: Please use categories listed on Attachment H Section B, see below for category examples.**

**Personnel:**

Job Title: \_\_\_\_\_

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

Annual Salary: \_\_\_\_\_

Level of Effort: \_\_\_\_\_

Salary Requested: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Annual Salary: \_\_\_\_\_

Level of Effort: \_\_\_\_\_

Salary Requested: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Annual Salary: \_\_\_\_\_

Level of Effort: \_\_\_\_\_

Salary Requested: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Annual Salary: \_\_\_\_\_

Level of Effort: \_\_\_\_\_

Salary Requested: \_\_\_\_\_

**Justification:** \_\_\_\_\_

**Fringe Benefits:**

Type of Benefit: \_\_\_\_\_

Subtotal Fringe Benefits: \_\_\_\_\_

**Justification:** \_\_\_\_\_

**Travel:**

Description: \_\_\_\_\_

Method of Calculation: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Description: \_\_\_\_\_

Method of Calculation: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Description: \_\_\_\_\_

Method of Calculation: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Description: \_\_\_\_\_

Method of Calculation: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

**Subtotal Travel:** \_\_\_\_\_

**Justification:** \_\_\_\_\_

**Equipment:**

Description \_\_\_\_\_

Method of Calculation \_\_\_\_\_

Requested Amount \_\_\_\_\_

Description \_\_\_\_\_

Method of Calculation \_\_\_\_\_

Requested Amount \_\_\_\_\_

Description \_\_\_\_\_

Method of Calculation \_\_\_\_\_

Requested Amount \_\_\_\_\_

Description \_\_\_\_\_

Method of Calculation \_\_\_\_\_

Requested Amount \_\_\_\_\_

**Justification:** \_\_\_\_\_

**Supplies:**

Type: \_\_\_\_\_

Cost: \_\_\_\_\_

Type: \_\_\_\_\_

Cost: \_\_\_\_\_

Type: \_\_\_\_\_

Cost: \_\_\_\_\_

**Subtotal Supplies:** \_\_\_\_\_

**Justification:** \_\_\_\_\_

**Contractual:**

Type: \_\_\_\_\_

Service Provide: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Type: \_\_\_\_\_

Service Provide: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Type: \_\_\_\_\_

Service Provide: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

**Subtotal Equipment:** \_\_\_\_\_

**Justification:** \_\_\_\_\_

**Other:**

Type: \_\_\_\_\_

Cost: \_\_\_\_\_

Type: \_\_\_\_\_

Cost: \_\_\_\_\_

Type: \_\_\_\_\_

Cost: \_\_\_\_\_

**Subtotal Other:** \_\_\_\_\_

**Justification:** \_\_\_\_\_

**Total Direct Charges:** \_\_\_\_\_

**ATTACHMENT J**  
**AGENCY WIDE BUDGET**

**PLEASE PROVIDE YOUR AGENCY WIDE BUDGET.**

## **ATTACHMENT K** **REVIEW CRITERIA**

### **1. REVIEW PROCESS**

The Review Process for this Request for Proposal consists of:

- a. Initial staff reviews of submitted applications for disqualifying criteria.
- b. Advisory Committee reviews applications.
- c. Organizations may be asked to make a presentation (Limit of 5 Minutes) and/or answer questions on their application before the Advisory Committee.
- d. Advisory Committee makes funding recommendations.
- e. Recommendations will be posted for five business days as required by the appeals process
- f. Agreements drafted and executed

### **2. SCORING**

All applications will be initially reviewed for disqualifying criteria by Housing and Human Service staff. All applicants requesting funding under this Request for Proposal will be considered on the basis of their overall merit as determined by the Advisory Committee 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 L, Coronavirus Program Score Sheet**.

**ATTACHMENT L**  
**CORONAVIRUS PROGRAM**  
**SCORE SHEET**

AGENCY: \_\_\_\_\_

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

**Section A- Program Description:**

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? Did Agency meet the National Objective of Urgent Need by demonstrating services will prevent, prepare for or respond to the Coronavirus?

**Points available 1-25.** Points awarded: \_\_\_\_\_

Please provide comments for a score less than 15.

**Section B- Program Logic Model:**

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?

**Points available 1-10.** Points awarded: \_\_\_\_\_

Please provide comments for a score less than 6.

**Section C- Program Evaluation Plan:**

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?



**Points available 1-10.** Points awarded: \_\_\_\_\_

Please provide comments for a score less than 6.

**Section D- Agency Financial Profile:**

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?

**Points available 1-25.** Points awarded: \_\_\_\_\_

Please provide comments for a score less than 15.

**Section E- Program Budget/Narrative:**

Did the agency provide detailed (agency wide and program) budget information? Is the budget directly related to the scope of services (see program description)? 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?

**Points available 1-30.** Points awarded: \_\_\_\_\_

Please provide comments for a score less than 18.

**Total available points 100. Total points awarded =** \_\_\_\_\_

**Board Member Name:** \_\_\_\_\_

**Board Member Signature & Date:** \_\_\_\_\_

**ATTACHMENT M**  
**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.

**Coronavirus** - any of a group of ribonucleic acid viruses that cause a variety of diseases in humans and other animals.

**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.

**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.

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

**ATTACHMENT N**  
**COMMUNITY DEVELOPMENT BLOCK GRANT**  
**REQUIREMENTS AND NATIONAL OBJECTIVES**

**1. Consolidated Plan & Annual Action Plan**

The Brevard County Consolidated Plan is a five-year (FY 2016-2020) collaborative process whereby a community establishes a unified vision for community development actions with one-year Annual Action Plan updates. Consolidating the submission requirements offers local jurisdictions a better chance to shape the various programs into effective, coordinated neighborhood and community development strategies. It also creates the opportunity for strategic planning and citizen participation to take place in a comprehensive context, and to reduce duplication of effort at the local level.

**2. Background**

The Community Development Block Grant Program was established by Congress through the Housing and Community Development Act of 1974, as amended, to provide local governments and residents with the funds needed to work in a comprehensive manner towards the improvement of the quality of life in low- and moderate-income areas. It consolidated the old categorical funding programs to allow for local flexibility in determining needs and to develop strategies to address those needs.

Community Development Block Grant funds are distributed to areas and agencies which are determined eligible for funding. Therefore, everyone in Brevard County benefits from community development activities. Not only does community development enhance the quality of life, but it also provides a stepping-stone to public improvements in all types of community issues.

**Basic Federal Role**

- Enact program and raise money to fund it.
- Allocate program funds among communities based on a formula.
- Establish minimum federal standards for the use and administration of program funds, including standards on eligibility, national objectives, citizen participation, equal opportunity, environmental protection, etc.
- Monitor to ensure federal standards are met.

**Basic Local Role**

Accomplish the following with citizens' involvement:

- Identify the development and housing needs of the community;
- Set short and long-term community development objectives that are in accordance with the primary objective and the requirements of Title I;

- Set local priorities in deciding which of the large number of eligible activities are to be carried out;
- Administer the implementation of the chosen activities in a manner consistent with national standards; and
- Monitor the use of program funds and the relationship of such use to the local and national objectives.

### 3. Overview of the Program Primary Objectives

The primary objective of the Community Development Block Grant program is the development of viable urban communities. The Housing and Human Services Department works toward meeting this objective by providing decent housing, a suitable living environment and expanding economic opportunities, principally for persons of low and moderate income.

National Objectives: Each CDBG activity **must** address one of three national objectives:

- Benefit low- and moderate-income persons;
- Aid in the prevention or elimination of slums or blight; or
- Meet community development needs having a particular urgency.
- For the Coronavirus Program-All activities must prevent, prepare for or respond to coronavirus.
- Is the activity designed to alleviate existing conditions?
- Does the condition pose a serious and immediate threat to the health or welfare to the community that is of recent origin or that recently became urgent?

### 4. Activities to Benefit Low- and Moderate-Income Persons

The activity must meet one of the following qualifying criteria:

- a. An activity, available to all the residents in a particular area, where at least 51% of the residents are low-and moderate-income persons is considered an area benefit activity. The service area must be primarily residential, and meet the identified needs of low-and moderate-income persons. Examples include: street improvements; water and sewer lines; neighborhood facilities; and facade improvements in neighborhood commercial districts.
  - 1) Activities which benefit a specific group of persons where at least 51% of whom are low- and moderate-income persons meet qualifications for funding. The activity must benefit a clientele that is generally presumed to be principally low and moderate income such as abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, or persons living with AIDS, and migrant farm workers; or

- 2) Be a special project directed for removal of material and architectural barriers, which restrict mobility and accessibility of elderly or handicapped persons to publicly and privately-owned non-residential buildings, facilities, improvements and the common areas of residential structures containing more than one dwelling unit.
- 3) Information must be required on family size and income to document that at least 51% of the clientele are persons whose family income does not exceed Section 8 low- and moderate-income limits.
- 4) The activity must have income eligibility requirements which limit the activity exclusively to low- and moderate-income persons.
- 5) The activities must be of such nature and in such location that it may be concluded that the activity's clientele will primarily be low and moderate-income persons.

**5. Activities which aid in the prevention or elimination of slums or blight:**

- a. An activity which aids in the prevention or elimination of slums or blight outside a slum or blighted area. Examples include elimination of faulty wiring, falling plaster, or other similar conditions which are detrimental to all potential occupants; historic preservation of a public facility; and demolition of a vacant deteriorated, abandoned building. The activity must meet the following qualifying criteria:
  - 1) The activity must be designed to eliminate specific conditions of blight or physical decay on a spot basis.
  - 2) The activity must be limited to acquisition, clearance, relocation, historic preservation, and/or rehabilitation of buildings. Rehabilitation is limited to the extent necessary to eliminate specific conditions detrimental to public health and safety.

**6. Activities designed to meet community development needs having a particular urgency. Examples include major catastrophes or emergencies. The activity must meet the following qualifying criteria:**

- a. Pose a serious threat to the health or welfare of the community;
- b. Are of recent origin or recently became urgent;
- c. The grantee is unable to finance on its own; and
- d. Other resources of funds are not available

**ATTACHMENT O  
HUD 2021\*\* AREA MEDIAN INCOME (AMI) LIMITS PROGRAM**

	<b>UP TO 30% AMI (EXTREMELY LOW)</b>	<b>UP TO 50% AMI (VERY LOW)</b>	<b>UP TO 80% AMI (LOW)</b>
1 PERSON	\$0 to \$15,300	\$15,301 to \$25,450	\$25,451 to \$40,700 (Over \$40,701 Ineligible)
2 PERSONS	\$0 to \$17,450	\$17,451 to \$29,050	\$29,051 to \$46,500 (Over \$46,501 Ineligible)
3 PERSONS	\$0 to \$21,960	\$21,961 to \$32,700	\$32,701 to \$52,300 (Over \$52,301 Ineligible)
4 PERSONS	\$0 to \$26,500	\$26,501 to \$36,300	\$36,301 to \$58,100 (Over \$58,101 ineligible)
5 PERSONS	\$0 to \$31,040	\$31,041 to \$39,250	\$39,251 to \$62,750 (Over \$62,751 Ineligible)
6 PERSONS	\$0 to \$35,580	\$35,581 to \$42,150	\$42,151 to \$67,400 (Over \$67,401 Ineligible)
7 PERSONS	\$0 to \$40,120	\$40,121 to \$45,050	\$45,051 to \$72,050 (Over \$72,051 Ineligible)
8 PERSONS	\$0 to \$44,660	\$44,661 to \$47,950	\$47,951 to \$76,700 (Over \$76,701 Ineligible)

**NOTE: HOUSING AND URBAN DEVELOPMENT INCOME GUIDELINES CHANGE ANNUALLY.**