

**COMMUNITY DEVELOPMENT BLOCK GRANT  
PUBLIC SERVICES PROGRAM & CORONAVIRUS PROGRAM  
REQUESTS FOR PROPOSAL**



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

**SUPPLEMENTAL CORRECTIONS**

to the Brevard County Request for Proposal Number:  
2021 Community Development Block Grant Public Services  
and 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 Proposals.

Ian Golden, Director  
**Housing and Human Services Department**

## **Request for proposal 2021 Community Development Block Grant Public Services Program & Coronavirus Program Supplemental Corrections**

In the proposal sections IV, V, and VIII there are not fillable pdf spaces to answer the required questions. Applicants shall answer the questions with the attached pdf documents. The completed sections with the added text responses shall be included in the original application, the seventeen copies and on the required flash drive.

### **PART IV – PROGRAM DESCRIPTION (Maximum three pages)**

### **PART V – AGENCY PROFILE**

1. Profile – **Maximum two pages**
2. Trends/Changes – **Maximum one page**
3. List of partners, affiliates or subsidiaries

### **PART VIII – PROGRAM BUDGET**

3. PROGRAM BUDGET NARRATIVE

All other terms and conditions within the Request for Proposal remain unchanged.

If you have any questions, please contact the appropriate Housing and Human Services staff.

## PART IV – PROGRAM DESCRIPTION

**Program Description (Maximum three pages):** The Program Description should be specific, clearly established and directly related to the goals and objectives of the program. **Applicant must complete Sections 1 through 6 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:

<b>Agency</b>	<b>Executive Officer</b>	<b>Contact Number</b>	<b>Contact E-mail</b>

If your agency does not have a collaboration, 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.

<b>Partners, Affiliates or Subsidiaries</b>	<b>Program Supported</b>	<b>Funding Source</b>	<b>Amount</b>





