



**SEMINOLE COUNTY
COMMUNITY SERVICES DEPARTMENT**

FISCAL YEAR 2021-2022

**Emergency Solutions Grant (ESG)
Coronavirus Aid Relief Economic Security (CARES Act)
Funding**

REQUEST FOR APPLICATIONS

**Community Services Department
Seminole County
534 West Lake Mary Blvd.
Sanford FL 32773
Attn: Carrie Longsworth & Kiauna Carbin**

ESG – CARES (ESG-CV) RFA Application for FY 2021-2022

INTRODUCTION

Seminole County is the recipient of funds from the U.S. Department of Housing and Urban Development. (HUD). The ESG-CV funds are to prevent, prepare for and respond to coronavirus as authorized by the CARES Act.

This RFA is currently seeking applications from multiple qualified non-profit organizations interested in providing and expanding services to address the homeless impact due to the coronavirus. The eligible funding activities under this application are: Street Outreach and Prevention. The successful applicant(s) will enter into an 18 month term agreement with the County for services and operational costs.

DEFINITION(s):

Street Outreach – These activities are designed to meet the immediate needs of unsheltered homeless people by connecting them with emergency shelter, housing and/or critical health services.

Prevention – These activities are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation through housing relocation and stabilization services and short and/ medium-term rental assistance.

Applicants are invited to submit applications for consideration to be scored and ranked for staff recommendation of approval to the Board of County Commissioners.

FUNDING AVAILABILITY

The total available funding for ESG-CV is \$465,649. Administrative costs are not included in available funding. Funding will be allocated for eligible funding activities identified in the introduction.

Eligible ESG_CV Components	Funding Amount
Street Outreach	Up to \$225,649
Prevention	Up to \$240,000
Total Available Funding	\$465,649

SUBMISSION REQUIREMENTS

In order for an application to be considered responsive, it must include the completed Application Checklist, Title Page, Table of Contents, Project Summary, and Parts I-VII outlined in the Instructions to Applicants, including all required Attachments and Applicant Certification. Each applicant must submit one original application along with 4 paper copies and one electronic .pdf copy (scanned into one file). Applications must be submitted in a three ring binder.

Applications must be submitted to the Community Services Department by 4:00 p.m. Thursday, February 11, 2021. Applications must be date stamped by the official time clock located in our lobby or recorded as delivered by Fed Ex, UPS or similar courier agency.

APPLICANT WORKSHOP

Seminole County Community Services will hold a mandatory virtual information workshop for applicants. The purpose of the workshop is to outline the County's expectations, provide an overview of the funding sources used and field questions. A representative from each agency interested in applying must attend one of the following workshops: **Tuesday, January 26, 2021 at 2:30p.m. and Friday, January 29, 2021, at 10:00 a.m.**

FUNDING WAIVERS

- Increase of income limit from 30% to 50% AMI for Homeless Prevention component
- Matching requirement
- Rent reasonableness standards must be met.

EVALUATION OF APPLICATIONS

An Application Evaluation Committee will review and evaluate all applications submitted in response to this Request for Applications (RFA). The Committee will conduct a preliminary evaluation of all applications to ensure they are complete and meet the minimum qualifications and mandatory requirements of the RFA. Failure to comply with any mandatory requirements may disqualify an applicant. Upon successful completion of the preliminary evaluation, the Application Evaluation Committee will review and rank each proposal based upon the evaluation criteria as set forth below:

1. **Demographic Commitment (10 points).** Applicant(s) will receive scores ranging from 0 to 10 points for projects that commit to exclusively serve those experiencing or at risk of homelessness Seminole County.
2. **Resident Programs and Services (20 points).** Applicant(s) will receive scores ranging from 0 to 20 points based upon the number of resident programs and linkage to support services that will be made available to program participants. Recommended services include case management, financial literacy training, self-sufficiency programs, transportation, etc.
3. **Team Capacity and Relevant Experience (15 points).** Applicant(s) will receive scores ranging from 0 to 20 points based upon the relative experience of the applicant, previous work with extremely low income households with barriers to housing stability and outreach related activities.
4. **Past Performance (15 points).** Applicant(s) will receive scores ranging from 0 to 20 points for the quality of past performance with regards to providing prevention assistance households experiencing financial hardships and/or homeless outreach and engagement.
5. **Goals, Objectives, and Outcomes. (15 points).** Applicant(s) will receive scores ranging from 0 to 15 based upon proposed program related objectives, goals and measurable outcomes.
6. **Adherence to a low barrier, Housing First approach (10 points).** Applicant(s) will receive scores ranging from 0 to 15 based upon acknowledgment of the adoption of Housing First and commitment to limiting or reducing restrictions based upon program participants past or current barriers to housing. Points will be awarded based on demonstration of commitment to housing first and low barrier screening requirements.
7. **Project Financial Viability (15 points).** Applicant(s) will receive scores ranging from 0 to 15 based upon evidence of long-term financial viability demonstrated through providing the applicant's current budget, most recent audit and funding request budget.

RECOMMENATION PROCESS

The Application Evaluation Committee will make recommendations based upon the final scores to the Board of County Commissioners for approval. Subsequent to that recommendation approval, Seminole County will enter into an agreement for property management services of the affordable rental properties and master leases will be executed as properties become ready for tenancy.

DISCLAIMER

The County reserves the right to: 1) accept or reject any or all Applications received; 2) waive any non-substantive deficiency or irregularity; 3) negotiate with any qualified Applicant; 4) award a contract in what it believes to be the best interest of the County; 5) cancel this request, in part or its entirety, if it is deemed to be in the best interest of the County; 6) reject the Proposal of any Applicant who has previously failed to perform properly; 7) reject the Proposal of any Applicant who has failed to complete a contract within the specified timeframe; 8) reject the Proposal of any Applicant that is not in a position to fulfill a resulting contractual obligation. This NOFA does not commit the County to award any contract, pay any pre-award expenses, or pay any costs incurred in the preparation of a Proposal.

APPEAL PROCESS

In the event an Applicant (1) did not submit a complete proposal and will not be considered for a recommendation of selection, (2) is ineligible to receive funding for their proposal, or (3) was not recommended for selection by the Review Committee, the Community Services Department will notify the Applicant in writing. This notice will be sent via certified mail with the return receipt requested.

If the Applicant wishes to appeal, it must do so no later than five working days from the date the letter was sent by sending a letter to the Director of the Community Services Department that includes all pertinent documents and information necessary to support the Applicant's position.

If the Community Services Department receives an appeal within the five (5) working day period, the appropriate staff will review the appeal and provide a recommendation to the Community Services Director. If the Community Services Director concurs with the Applicant, the Applicant will be notified, and the process will be concluded. If the Director of the Community Services Department does not concur with the Applicant, the Applicant will be notified in writing of the decision and that it may make an appeal to the Board of County Commissioners on the date and time specified for RFA applicant selection. This notice will be sent via certified mail with the return receipt requested.

If an Applicant fails to object or respond at any point in the process, that Applicant waives its rights to appeal. Objections or responses received after the five (5) day time period will not be considered. The Director of the Community Services Department has the authority to determine whether or not a recommendation will be deferred pending the outcome of a protest.

Instructions to Applicants

Applications must be submitted in a three ring binder with tabs to separate Parts I through VII. Failure to follow these instructions may result in application disqualification.

- **Application Checklist.** Form is provided.
- **Cover Letter.** The cover letter shall include: 1) a statement of intent to perform the services as outlined, 2) express the agencies willingness to enter into an agreement and master lease under the terms and conditions outlined by this RFA, 3) include a brief summary of the applicant's qualifications, and 4) identify a single point of contact for the duration of the RFA review process.
- **Applicant Information.** Applicant(s) must complete the Applicant Form included in this application, describe experience relevant to project. **Attachment 1.** Provide proof of 501 (c) 3 status, Florida Tax Exemption Certificate, and Board of Directors Information **Attachment 2.**
- **PART I Demographic Commitment.** Applicant(s) must detail commitment to service Seminole County residents experiencing or at risk of homelessness and how applicant(s) will ensure those persons are served exclusively.
- **PART II Programs and Services - Partnership Agreements.** Applicant(s) must describe programs and services that would be available to residents. **Attachment 3** Provide copies of MOUs or Agreements with any providers that may be assisting with resident programs or services.
- **PART III Team Capacity and Relevant Experience.** Applicant(s) must describe experience relevant to project. Provide resumes **Attachment 4** of key staff demonstrating previous work focused upon homeless prevention across multiple service categories and/or direct engagement and street outreach activities.
- **PART IV Past Performance.** Applicant(s) must describe in detail past performance with regards to assisting in the prevention of homelessness and maintaining housing stability and/or meeting the immediate needs of the unsheltered homeless population.
- **PART V Goals, Objectives and Outcomes.** Applicant will identify the program objective, goals and proposed outcomes, to include method of capturing, maintaining and reporting data.
- **PART VI Adherence to Housing First, Low Barrier Approach.** Applicant(s) must describe how applicant(s) plan to adopt Housing First, limit restrictions for eligibility and how services will be provided in accordance to the Housing First methodology.
- **PART VII Financial Viability.** Applicant(s) must demonstrate financial viability. Provide an agency budget and agency financials including most recent audited financials. **Attachment 5.**
- **PART VIII Applicant Certification.** Provide signed acknowledgement that all statements in this application are truthful and accurate and applicant(s) agrees to follow all local, State and Federal reporting, rules and/or regulations that may apply based on funding sources. Applicant must execute the notarized Applicant Certification form- **Attachment 6.**



APPLICATION CHECKLIST

Please return this checklist with the following documents attached: one (1) original, four (4) hard copies and one (1) electronic pdf copy of the application prior to the deadline of Thursday, February 11, 2021 at 4:00pm. Please include all information as instructed in the RFA. **Applications submitted without the required attachments will not be reviewed.**

Organization Name: _____

Address: _____

A complete Application will include the following items and must be presented in the following sequence:

_____ Application Checklist (signed at the bottom, with initials beside each item)

_____ Cover Letter

_____ Applicant Information (Attachment 1)

_____ Copy of Internal Revenue Service – 501 (c) 3

_____ Board of Directors (Attachment 2)

_____ Part I – Demographic Commitment

_____ Part II – Programs and Services (MOUs & Agreements – Attachment(s) 3)

_____ Part III – Team Capacity and Relevant Experience

_____ Resumes of Program Director and Key Staff (Attachment(s) 4)

_____ Part IV – Past Performance

_____ Part V – Financial Viability (Attachment(s) 5)

_____ Part VI – Adherence to Housing First, Low Barrier Approach

_____ Part VII – Applicant Certification (Attachment 6)

_____ Copies of Certifications and Licenses (if applicable)

_____ State of Florida Tax Exemption Certificate

Copies of Insurance:

General Liability

Worker's Compensation

- Auto Liability
- Directors & Officers
- Professional
- Other:

Signed By

Submitting Official Title



2021-2022 ESG-CV
Emergency Solutions Grant (ESG) Coronavirus
Aid Relief and Economic Security Act (CARES
Act) Application

Non-profit Organization Name: _____

Address: _____

Contact Person: _____ Telephone (____) _____

E-mail: _____ Fax: (____) _____

Date Designated as 501(c) (3): _____ Federal Identification Number: _____

Application for (Check One): [] Outreach [] Prevention [] Other (please
specify): _____

Indicate the Population to be served by the proposed
program/Service (check all that apply):

- [] Youth [] Elderly/Seniors [] Persons with Disabilities [] Families w/minor children
[] Homeless
[] Other (please be specific): _____

Total Funding Amount Requesting: \$ _____

Provide a brief description of project/program including name and location (no
more than 50 words):

Please insert a Text Box Here

Is this a new project? Yes _____ No _____

If No, Is the project currently funded by Seminole County? Yes _____ No _____

Funding Source: _____ Amount: \$ _____

AUTHORIZATION:

Our signatures acknowledge that the information contained in this funding proposal is
accurate and may be shared with other funders. In addition, this certifies that this request
is consistent with our organization's mission/articles of Incorporation and Bylaws and has
been approved by a majority of the Board of Directors on (date):

Typed Name of President, Board of
Directors

Typed Name of Secretary, Board of
Directors

Signature of President, Board of Directors

Signature of Secretary, Board of Directors

Part I

Demographic Commitment (10 points). Is your agency committed to exclusively serving Seminole County homeless population referred through the Coordinated Entry System (CES)?

Yes No

Does your agency actively participate in CES or utilize the Homeless Management Information System (HMIS) currently?

Yes No

Please describe how will you ensure only those families are served?

Part II

Resident Programs and Services (20 points). Describe agency proposed programs and services that would be available to residents under ESG-CV eligible components. Please include the impact of the services related to the prevention, preparation and response to coronavirus and any collaborations with community partners.

Part III

Team Capacity and Relevant Experience (15 points). Please describe your agency's capacity to implement the project, staff's relative experience related to the applied component, income qualification, and assisting the homeless? Include staff responsible for project oversight and day-to-day operations. Attach resumes. **(ATTACHMENT 2)**

Part IV

Past Performance (15 points). Describe in detail past performance with regards to providing assistance and outreach services to the homeless population and/or homeless prevention services?

Part V

Goals, Objectives and Outcomes (15 points). Identify and describe the project goals, objectives and outcomes. Identify measurable outcomes that are consistent with the identified goals and objectives.

Part VI

Adherence to Housing First, Low Barrier Approach. (10 Points) Please describe how the applicant will adopt and commit to a low barrier, non-restrictive eligibility criteria and approach to avoid and reduce evictions of participants?

Part VII

Financial Viability (15 points). Please provide an agency budget and agency financials including most recent audited financials.

ATTACHMENT 3- AGENCY BUDGET/FINANCIALS

FINANCIAL/AGENCY EXPENSES

The expenses on this page should reflect your total agency budget for current and next fiscal year.

TOTAL AGENCY EXPENSES:	Current Agency Expenses 2020/2021	Projected Agency Expenses 2021/2022
PROGRAM PERSONNEL EXPENDITURES:		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
TOTAL PERSONNEL EXPENSES:		
PROGRAM OCCUPANCY EXPENDITURES:		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
TOTAL OCCUPANCY EXPENSES:		
PROGRAM OPERATING/PROGRAMMATIC EXPENDITURES:		
Office Supplies		
Office Expense/Computer		
Communication		
Printing		
Direct Services		
Professional Fees/Outside Consultants		
Staff Travel		
Staff Development/Training		
Volunteer Expenses		
Awards		
Advertising		
Subscriptions/Publications		
Fundraising Expenses		
Support to Parent Organization		
Dues		
Licenses, Taxes, Insurance		
Equipment Lease/Maintenance		
Vehicle Maintenance		
Depreciation Expense		
Interest Expense		
Annual and Special Meetings		
Miscellaneous Expenses		
Other		
TOTAL OPERATING/PROGRAMMATIC EXPENSES:		
TOTAL AGENCY EXPENSES:		
REVENUE MINUS EXPENSES:		

FINANCIAL/PROGRAM EXPENSES

The expenses on this page should reflect only the specific program for which Seminole County funding is requested.

	Current 2021/2022	Requested 2021/2022
TOTAL PROGRAM EXPENSES:		
STREET OUTREACH:	Eligible Expenses	
Outreach/Engagement		
Case Management		
Emergency Health Services		
Emergency Mental Health Services		
Transportation		
Services for Special Populations (Homeless youth, victim services and persons living with HIV/AIDS)		
TOTAL EXPENSES:		
PREVENTION:	Eligible Expenses	
Rental Assistance		
Short-term Rental Assistance (up to 3 mo.)		
Medium-term Rental Assistance (more than 3 mo, not to exceed 12 months)		
Rental Arrears (one-time payment-not to exceed 6 mo including late fees)		
Financial Assistance		
Rental Application Fees		
Security Deposits		
Last Month's Rent		
Utility Deposits		
Utility Payments		
Moving Costs		
Services Costs		
Housing Search and Placement		
Housing Stability Case Management		
Mediation		
Legal Services		
Credit Repair		
TOTAL EXPENSES:		
TOTAL PROGRAM EXPENSES:		
TOTAL PROGRAM EXPENSES REQUESTED:		

Part VIII

ATTACHMENT 6- APPLICANT CERTIFICATION

I have carefully examined the Request for Applications and any other documents accompanying or made a part of this Application for Funding.

I agree to abide by all conditions of this Request for Applications.

I agree to submit all additional information and updates to the application if the proposed project is considered for award of funding by Seminole County.

I certify that all information contained in this application is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this application on behalf of the _____ as its act and deed and that _____ is ready, willing and able to perform if awarded the contract.

I further certify, under oath, that this application is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting an application for the same product or service; that no officer, employee or agent of Seminole County or of any other applicant is interested in said application; and that the undersigned executed this Applicant Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

Name of Organization

Signature

Name and Title (Printed)

Mailing Address
City
State, Zip Code
Telephone Number

The foregoing instrument was acknowledged before me this _____ day of _____, 2021 by _____ who is ___ personally known to me or ___ who have produced _____ as identification.

Notary Public
Print Name _____
Notary Public in and for the County and
State Aforementioned
My commission expires: _____