Financially Assisted Agencies
FY 2018
Request for Proposals Bidder's Conference

March 6, 2017

Palm Beach County

Community Services Department

AGENDA
Financially Assisted Agency (FAA) Request for Proposals (RFP)
Bidder's Conference
March 6, 2017
1:00 p.m.

Sign In

Welcome & Introductions

        James Green, Director, CSD

        Taruna Malhotra, Assistant Director, CSD

Overview of 2018 FAA RFP Process and Guidance

        Sonja Holbrook, Manager of Planning and Evaluation, CSD

Outcomes Overview of Logic Model and Evaluation Plan

        Vivian Blackmon-Taylor, Program Evaluator, CSD

Developing the Scope of Work

        Amalia Hernandez, Contracts Manager, CSD

Fiscal Overview for RFP Budgets

        Thomas Eaton, Fiscal Manager, CSD

FAA Application Website Overview

        Stessy Cocerez, Planning Technician, CSD

Questions & Answers

Adjournment & Distribution of RFP Invitation Code

WELCOME & INTRODUCTIONS

James Green
Department Director

Taruna Malhotra
Assistant Department Director

Community Services Department
FAA Objectives and Performance Measures

FAA Goal
To follow the Health and Human Services Element of the *Comprehensive Plan of Palm Beach County* goals and objectives and the recommendations of the Citizens Advisory Committee that address the availability of health and human services necessary to protect the health, safety and welfare of its residents, by providing funding to qualifying non-profit organizations to provide health and human services related to the approved service categories.

FAA Objectives
- Provide monitoring, evaluation and technical assistance to contracted providers to improve program effectiveness and performance.
- Enhance quality management activities to measure the quality of services and program effectiveness utilizing the newly implemented network of client databases.

FAA Performance Measures for Special Needs/Developmental Disabilities and Behavioral Health Services
Special Needs/Developmental Disabilities Program participant's will increase independence by building social, emotional, intellectual, and/or physical skills.
Behavioral Health Program participant's will increase strategies to reduce behavioral health challenges.

Community Services Department
FAA Program

There will be additional details throughout today's presentation regarding the proposal components. There are a few that I would like to highlight. It will be critical in this year's proposals to:

Data Driven Decision-Making We continue to strengthen our capacity to make more informed, data driven decisions. Using data to support your proposal and citing the sources of the data will be critical.

Avoid Duplication To emphasize proposed services are not a duplication of what other agencies provide. It is encouraged that the FAA funding only be used when there are no other existing resources.

Collaboration Strong community collaboration and service linkage will be important in the success of your proposal. Describing how your program will leverage community resources and link clients to the broad array of health and human services within Palm Beach County will be important.

Applicant "Insider Tips"

- Make sure to review all of the resource documents that have been posted online for both Behavioral Health and Special Needs / Developmental Disabilities.
- Make sure that your Letters of Support:
  - ✓ Are well-written
  - ✓ Outline the partnership(s) between community agencies as detailed as possible
  - ✓ Are as updated as possible
- Be mindful that FAA dollars are limited and we receive many proposals.
- Make sure to follow the proposal outline as written in the application so the reviewers can easily follow what is being asked for and what the responses are.
- Be very careful with copying and pasting sections; if sections are copied and pasted, make sure that any necessary updates are made to match what is being asked.
- Use the total work time allotted to complete your grant application. Do not wait until the last minute as rushing often leads to mistakes.
- Any incomplete or inconsistent proposals will not be reviewed or considered.
- Answers should be simple, concise, and to the point while still informing the reviewer of what your program does.
- While going through your grant application, please keep in mind that this is a highly competitive grant and we often receive more applications than we can fund.

Overview of 2018 FAA RFP Process and Guidance

Sonja Holbrook
Manager of Planning and Evaluation

FAA Funding Cycle

FY 2018 RFP Categories:
Behavioral Health Services
Special Needs/Developmental Disabilities

Contract Extension through FY 2018 Categories:
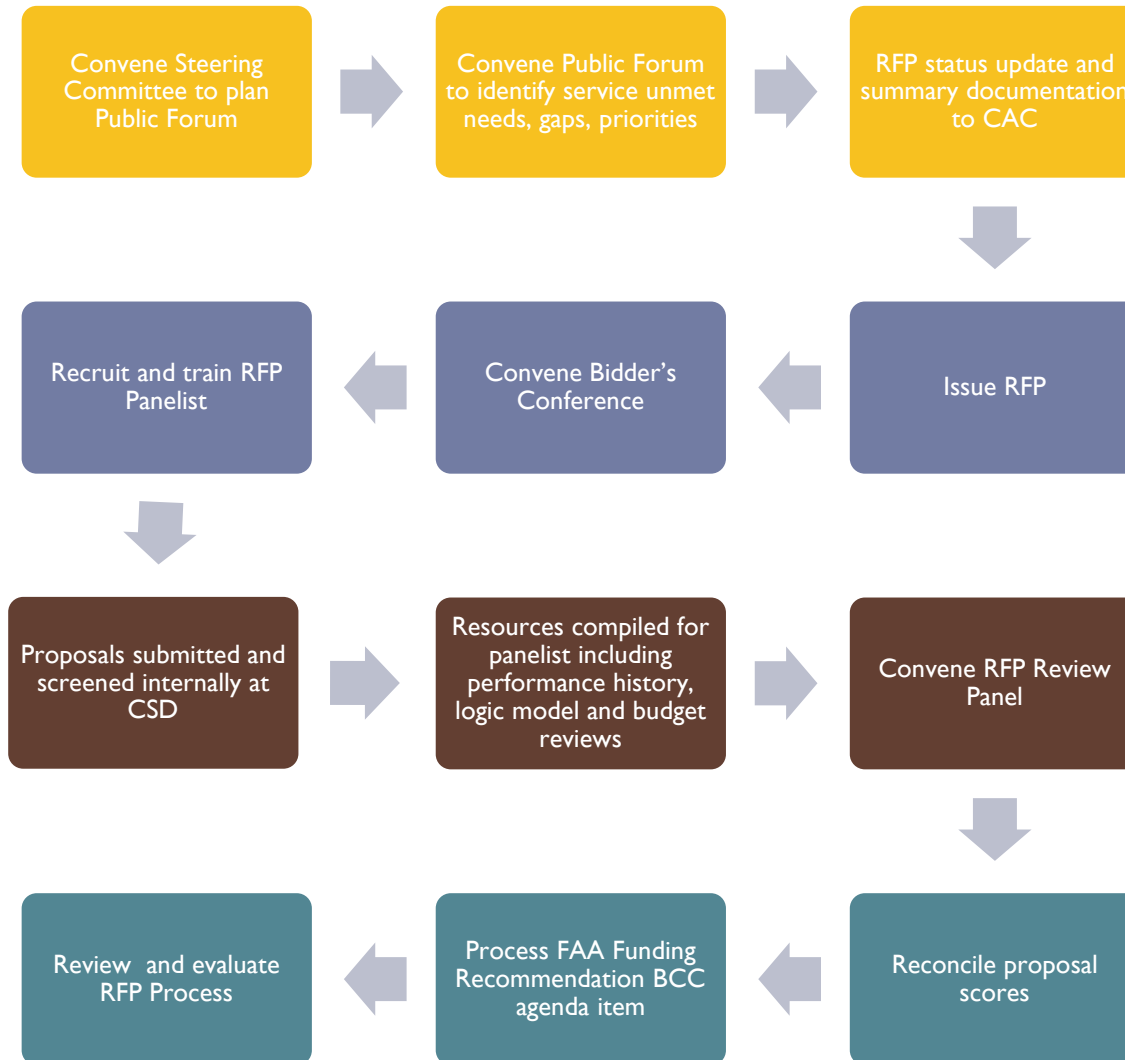Homelessness
Domestic Abuse/Sheltering

Contract Extension through FY 2019 Categories:
Economic Stability/Poverty
Seniors

FAA RFP Process

FINANCIALLY ASSISTED AGENCIES FY 2018
REQUEST FOR PROPOSAL
TIMELINE

February 26:   RFP advertised
February 27:   RFP available for public
March 6:   Mandatory Bidder's Conference
March 15-31:   Reviewer Training
March 30:   Final day to submit written questions

March 31 @ NOON: RFPs submission deadline

April 24-25:   Special Needs/Developmental Disabilities Review Panel
        CSD Administration, 810 Datura Street, Basement
        Behavioral Health Review Panel
        CSD Administration, 810 Datura Street, Basement
April 29-31:   Staff reconciles committee rankings, funding availability
        and develops recommended allocations
June: County Administration reviews FAA recommendations
July: Presentation of FY 2018 FAA recommendations to BCC

CONE OF SILENCE

This RFP includes a Cone of Silence. The Cone of Silence will apply from the date the RFP is due, which is March 31, 2017, until the final FAA contracts are approved by the Board of County Commissioners.

Respondents are advised that the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance), a copy of which can be accessed at: http://www.pbcgov.com/legislativeaffairs/pdf/Lobbyist_Registration_Ordinance.pdf is in effect. The Respondent shall read and familiarize themselves with all of the provisions of said Ordinance, but for convenience, the provisions relating to the Cone of Silence have been summarized here. **"Cone of Silence" means a prohibition on any non-written communication regarding this RFP between any Respondent or Respondent's representative and any County Commissioner or Commissioner's staff, any member of a local governing body or the member's staff, a mayor or chief executive officer that is not a member of a local governing body or the mayor or chief executive officer's staff, or any employee authorized to act on behalf of the commission or local governing body to award a contract.** A Respondent's representative shall include but not be limited to the Respondent's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the Respondent.

The Cone of Silence is in effect as of the submittal deadline. The provisions of this Ordinance shall not apply to oral communications at any public proceeding, including pre-bid conferences, oral presentations before selection committees, and contract negotiations during any public meeting. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, rejects all proposals or otherwise takes action which ends the solicitation process.

Ethics Commission
If anyone has a question regarding ethics they should not be addressed to our department, but should be addressed directly with the Ethics Commission.
http://www.palmbeachcountyethics.com/

Non Profits First Certification and Exemption Process

County recognizes the certification process for nonprofit agencies through Nonprofits First: www.nonprofitsfirst.com.

Currently certified and exempted agencies will receive 3 additional points in the proposal evaluation process.

Non-Profits First Certification may be exempt for agencies that provide documentation of certification from another funding or oversight body recognized by their industry or if their agency has received two (2) consecutive monitoring reports from FAA with no findings. Exemptions must be requested and approved by the Department of Community Services each contract year.

Requests for exemption must be indicated in the proposal Cover Page- Non Profits First section with supporting documentation uploaded into the Additional Information field within Request Information.

All non-exempted agencies contracting with the County will be required to maintain certification or be certified within 18 months of their initial contract date.

Proposal Highlights

All applicants attending the mandatory bidder's conference will be approved to submit a full proposal.

The full proposal is due no later than

March 31, 2017 at 12:00 p.m. NOON.

Proposals should:
- Address all components of the Community Services FAA RFP Submission website https://www.cybergrants.com/pbc/proposal.
- Be written in plain language; a narrative that fully addresses all questions in the FAA RFP Guidelines.
- Be understandable to people unfamiliar with your organization or your area of expertise.
- Specifically address the funding priorities set out in this Request for Proposal.

Proposal Components

Cover Page: Complete all fields.

Need: Describe the need & priority population (10 points)

Describe & cite PBC data or evidence documenting the need (10 points)

Approach and Design:

Complete the Scope of Work. Describe Project Innovation, Anticipated Challenges, Program Activities, Collaboration. (15 points)

Describe prior or anticipated trainings: Racial Equity, ACEs, Cultural Competency, Trauma Informed, BH ONLY: Co-occurring & Wraparound. (10 points)

Evaluation Approach:

Describe evaluation methods. Upload logic model (using template) and evaluation measurement tool sample. (10 points)

Performance History: Discuss prior outcome/data. CSD staff members. will provide information from their reviews.

Describe Non-Profits First Certification/Exemption information here as well as on the cover page. (10 points)

Available Resources and Sustainability: (15 points)

Describe funding, partners, volunteers, organizational capacity.

Upload all MOAs/MOUs as one pdf file.

Strong demonstration of collaborative efforts and linkage to services is encouraged.

Budget: (20 points)

Follow directions in the budget template.

Unit cost service description and Unit cost of service.

Priority Area Score

The Review Panel will rank all proposals based on how critical they deem the program is for the system of care.

The <u>SCORE</u> awarded to a proposal is reflective of how competitive the proposal is.

The <u>RANKING</u> of the proposals is reflective of how imperative and critical the services are to ensure availability and access.

Special Needs/Developmental Disabilities Recommendations

Resource Documents

Ranking Guide

Special Needs/Developmental Disabilities Recommendations

Outcomes
It is recommended that programs and services in this category address outcomes and performance measures that work to increase program participant's independence by building social, emotional, intellectual, and/or physical skills.

Funding Priorities
Services provided in this category should address at least one of the following life areas: Employment/Income, Residential/Living, Special Needs and Support Services, Community Based Day Supports, and Advocacy. Respondents should be able to demonstrate how the provision of their service maximizes the independence of participants.

Preference will be given to services that demonstrate
Preference will be given to services that demonstrate: strong community collaboration and service linkage particularly for affordable housing, benefits access, mental health and substance abuse services. Proposals must demonstrate how assurances will be made to avoid duplication of existing services.

FY 2017 Allocation $1,583,721

Behavioral Health Recommendations

Resource Documents

Ranking Guide

Behavioral Health Recommendations

Outcomes
it is recommended that programs and services in this category address outcomes and performance measures that work to increase program participant's strategies to reduce behavioral health challenges.

Funding Priorities
Family Behavioral Health Services & Adult Behavioral Health Services
        Care Coordination Services
        Treatment Options
        Acute Care Services

Preference
Preference will be given to services that demonstrate: strong community collaboration and service linkage particularly for affordable housing, benefits access, care coordination and support services. Proposals must demonstrate how assurances will be made to avoid duplication of existing services.

FY 2017 Allocation: $5,554,327

LOGIC MODEL/ EVALUATION PLAN

Bidder's Conference FY 2017-18 RFP Funding

March 6, 2017

Mayme Frederick Building

1440 MLK Boulevard

Riviera Beach

Presented By

Vivian Blackmon-Taylor, MPA

Program Evaluator

Logic Model/Evaluation Plan

The **FY 2017-18 Logic Model/Evaluation Plan** will establish the foundation for evaluating FAA funded programs.

- The template has been revised!
- **Be sure to use the FY 2017-18 template!**
- FY 2017-18 template is a two page document.

Logic Model/Evaluation Plan
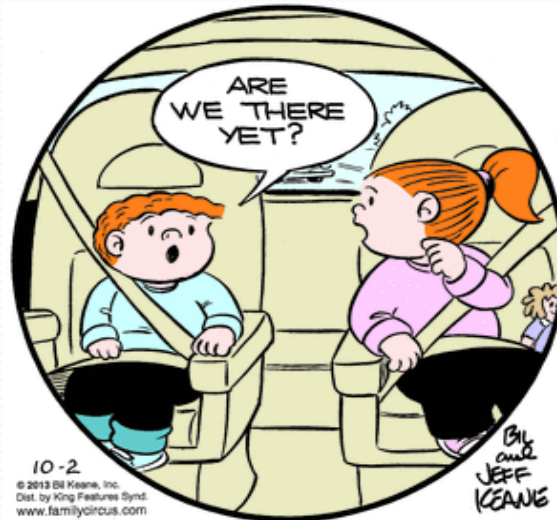
Program Outcome

Program Procedures

Program Performance

Keys to Creating A Good Logic Model/Evaluation Plan

Who What Where When How

Who, What, Where, When, Why, How?

- Who are you helping?
- What activities, interventions, services will be provided? What **CHANGE** (outcome) is expected from participation in the program?
- When will the program begin and end? When are clients expected to accomplish the program outcome?
- Where are activities conducted? (agency, job site, client's home, etc.)
- Why are you running this program? Does the need exist?
- How is the program outcome measured?

Keys to Creating A Good
Logic Model/Evaluation Plan

Read The Description For Each Section

Use Specific & Concise Bullet Points

Provide Only What Is Asked For Each Section

Page 1 - Logic Model

COMMUNITY SERVICES DEPARTMENT
FY 2017-18 Financially Assisted Agencies (FAA) Logic Model/Evaluation Plan
All INFO MUST FIT ON THIS PAGE
Page 1

Agency Name		Program Name	
Problem Statement			
Program Goals			

ACTIVITIES	OUTPUTS	OUTCOME STATEMENT	OUTCOME INDICATOR
The activities or interventions provided to the priority population in order to achieve the outcome.	(1) The size and scope of the activities (interventions, treatments, workshops, classes, services, etc.) that result in a change in the participant (successful outcome). (2) Timeframe for completion of the activity. (3) Total # of participants provided the activity/intervention.	The qualitative statement of positive change in knowledge, attitude, skills, behavior, or condition of the participant(s) receiving the activity/intervention for the specified timeframe. The statement does not include numbers. Example: Participants will improve their living conditions evidenced by becoming employed after 9 months.	The quantitative measure of the projected number/percentage of participants to achieve the outcome in the expected timeframe during the contract period. Enter the outcome indicator in the following format example: 25 out of 50 participants, or 50%, will increase their living condition as evidenced by becoming employed after 9 months.

ACTIVITIES

ACTIVITIES

The activities or interventions provided to the target population in order to achieve the outcome.

ACTIVITIES

NO

- At least 10 persons will be provided **training** in **personal financial management** to improve the quality of life for the entire family.

YES

- Financial management classes including:
  - Budgeting
  - Savings
  - Credit
  - Checking Account

OUTPUTS

The size and scope of the activities

Result in a change in the participant

Timeframe for completion of the activity

Number of participants

OUTCOME STATEMENT

- Only **one outcome** will be measured for FAA programs.

- The **qualitative** statement of positive change in knowledge, attitude, skills, behavior, or condition of participants for the specified timeframe.

- Does not include **participant quantitative measure**

- Example: Participants will improve their living conditions as evidence by becoming employed after 9 months.

OUTCOME INDICATOR

- The quantitative measure of the projected number of participants to achieve the outcome in the expected timeframe during the contract period, written in the following format:

25 out of 50 participants, or 50%, will improve their living condition as evidenced by becoming employed after 9 months.

Page 2 - Evaluation Plan

COMMUNITY SERVICES DEPARTMENT

FY 2017-18 Financially Assisted Agencies (FAA) Logic Model/Evaluation Plan

All INFO MUST FIT ON THIS PAGE

Page 2

Agency Name:		Program Name:	
TRACKING	**MEASURING**	**INTERNAL REPORTING**	**INTERNAL EVALUATION**
Describe the process for tracking or documenting clients, from program entry to exit, that will be served by FAA funds. Describe how data is maintained. If a data management system is used include the name of the data system.	(1) Describe the method (when, how, any requirements and/or exceptions) for measuring clients, beginning with baseline data when clients enter program, and additional measurement periods (example - quarterly, after 6 months, upon exiting program). (2) Enter name of the tool (survey, instrument, attendance log, case record, pre/post test, etc.) used to measure achievement of outcome.	(1) Identify staff, by name and title, responsible for compiling an INTERNAL FAA outcome report. (2) Describe the content and frequency of the report. Include program accomplishments and/or challenges. (3) Submit the FAA Outcome Report by the 15th of the month following the end of the preceeding quarter as shown below: Qtr 1: Oct - Dec (Report by Jan 15) Qtr 2: Jan - Mar (Report by Apr 15) Qtr 3: Apr - Jun (Report by July 15) Qtr 4: Jul - Sep (Report by Oct 15)	Describe the process for internal evaluation of the FAA program outcome including, but not limited to the following: (1) When and by whom are FAA data reports reviewed. (2) Determination if program is on track for achievement. The program must define the requirements for being on track. If not on track for achievement provide explanation and/or strategy for improving.

EXTERNAL REPORTING: Following the FAA Program Data Reporting Instructions, quarterly reports from Client Track and SAMIS CDG will be run by Community Services staff on the 15th of the month as shown above for Internal Reporting. For Concordia and other data systems submit reports based on the same quarterly schedule.

TRACKING

Describe the process for tracking or documenting the clients, from program entry to exit, that will be served by the FAA funds.

MEASURING

Describe the method (when, how and any requirements and/or exceptions) for measuring clients <u>beginning with baseline data</u>, when clients enter program, and additional measurement periods (please identify).

Enter name of the tool (scale, survey, instrument, attendance log, case record, pre/post test, etc.) used to measure achievement of outcome.

"Don't step on it... it makes you cry."

REPORTING

"This is gobbledygook. I asked for mumble jumble"

INTERNAL REPORTING

- Identify staff, by name and title, responsible for compiling internal FAA outcome report.

- Describe the content and frequency of the report. Include program accomplishments and/or challenges

So What Do We Do With the Reports?

INTERNAL EVALUATION

Describe the process for internal evaluation of the FAA program outcomes including, but not limited to the following:

1. When and by whom are reports reviewed.

2. Determination if program is on track for achievement. The program must define the requirements for being on track.

3. If not on track for achievement provide explanation and/or strategy for improving.

BENEFIT OF INTERNAL EVALUATION

EFFECTIVE INTERNAL PROGRAM EVALUATION:

- Is a formative and summative tool that will help manage your organization.
- Will help identify when to change tactics, expand, or cut your losses.

BEHAVIORAL HEALTH OUTCOMES

FAA outcomes for Behavioral Health programs should reflect Department of Children and Families Substance Abuse and Mental Health performance measures.

It is recommended that programs and services in this category address outcomes and performance measures that work to increase program participant's strategies to reduce behavioral health challenges.

SPECIAL NEEDS / DEVELOPMENTAL DISABILITIES OUTCOMES

FAA outcomes for Special Needs/Developmental Disabilities programs that receive Medicaid Waiver funding should reflect the Medicaid Waiver performance measure.

It is recommended that programs and services in this category address outcomes and performance measures that work to increase program participant's independence by social, emotional, intellectual and/or physical skills at an appropriate level.
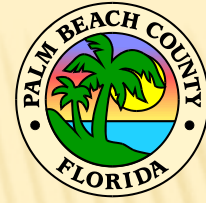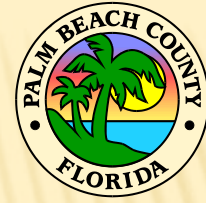
GOAL: AVOID ANY AMBIGUITY

The problem with most Scopes of Work (SOW) is a lack of specificity; namely, when the two parties disagree on what should have been delivered between the overview and services section of the SOW, there should be no ambiguity as to what is expected of the performing party.

Together, these elements should paint a thorough picture of what is expected, when, and in what form, while noting any special requirements.

CONTRACT

The Contract is made up of the terms and conditions required by the County. Also included in the contract is the Scope of Work and Payment Terms.*

*Note: A Logic Model is also required prior to the approval of the final contract and will be part of the contract negotiations; however, it is not part of the contract going to BCC for approval.

SCOPE OF WORK

The Scope of Work (SOW) is the section in the contract specifying the work that will be performed. This information will be on Exhibit A of the contract.

The information contained in the SOW will be included in the yearly monitoring. A good SOW must include an overview of the program and the services within the program that each Agency will perform for the clients they serve.

The SOW can be written as deliverable based or by cost units. This information will be on Exhibit B of the contract.
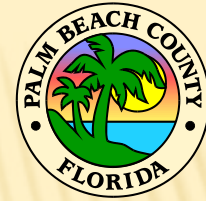
OVERVIEW

The Overview section gives essential information about the content of the services to be provided. The overview only summarizes the provisions of the services. It is not intended to cover every aspect of the services to be provided.

In the overview, explain the area of need or the problem that you are trying to solve. Then, explain how your Agency can fill that need or provides a solution.

OVERVIEW - EXAMPLE

According to the 2016 Annual Report done by the Council on Homelessness, Palm Beach County is the 9th largest county in Florida facing the problem of Homelessness. Many of those homeless are unemployed or do not have the education needed to obtain a job that help avoid becoming homeless.

The ABC Stabilization Program was designed to help families living in Palm Beach County who because of their employment, education and other barriers are a paycheck away from becoming homeless. The program provides a variety of services such as case management, financial literacy classes, emergency rental and utility assistance and transportation to social services or medical appointments, as well as assistance to grants and education program to help each family reach their full potential.
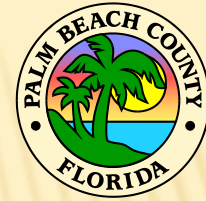
SERVICES

In this section, please describe the services that your agency will provide for the clients. A service is a means of delivering value to clients by facilitating want needs to be achieve.

As the Agency entering into the contract, you are responsible for a particular type of activity or for providing a particular service that the client needs.

Identifying the service enables both the client and the service provider to know what to expect and not expect from a service. This clearly defines the services provided and enable each party to understand what is being offered.
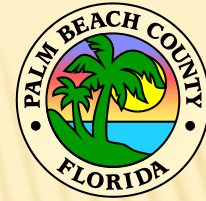
OVERVIEW - SERVICES

The Agency will provide a Case Manager, through the ABC Stabilization Program, who will provide the following services:

- Coordination of Interpretation and translation Services
- Coordination Navigational Services for Entitlement Benefits
- Coordination Transportation Monthly support groups
- Coordination Transportation Social Services Appointments
- Coordination Adult Education Programs (ESOL, Literacy and Computer)
- Coordination Children Education Programs (Pre-K, After School Tutoring and Art Classes)
- Coordination Micro Loans for individuals opening their own small business
- Coordination Scholarships

Fiscal Overview for RFP Budgets
Thomas Eaton
Fiscal Manager

Department of Community Services Financially Assisted Agencies (FAA)
RFP Financial Review

Budget Template

- Simplified and easier to use
- No macros
- To be completed with all FY18 submissions
- Includes clearly defined sections for programmatic and admin expenses
- Will allow for better transparency and understanding of each program

FAA Budget Items	FAA Program Name	Palm Beach County FAA	Program Funder #2	Program Funder #3	Program Funder #4	Total Program Funding (All Sources)
Program Period: FY 2018		Proposed	Confirmed	Pending	Pending	Pending
TOTAL PROGRAM FUNDING AMOUNT =		$112,045.00	$45,000.00	$17,500.00	$7,500.00	$ 182,045.00
Program Expenses	Narrative	Amount	Amount	Amount	Amount	Amount
Personnel		$ 72,445.00	$45,000.00	$17,500.00	$7,500.00	$ 142,445.00
Program Manager	Program manager position for community support service. Salary expense is 100% funded by PBC FAA award and includes fringe benefits.	$ 25,000.00	$30,000.00			$ 55,000.00
Program Assistant	Program Assistant role is to support the program manager and community educator with daily tasks. This salary expense is 50% funded by PBC FAA award. Total salary expense is $15,000 , with 50% allocated to PBC ($7,500). (Salary expense does not include fringe benefits)	$ 7,500.00	$15,000.00	$ 7,500.00	$7,500.00	$ 37,500.00
Fringe Benefits - Program Assistant	Fringe benefits expense for Program Assistant. Fringe benefits for this position total ($1,800), with 50% allocated to Palm Beach County FAA in the amount of $900.	$ 900.00				$ 92,500.00
Community Educator	Community Educator position is the primary interface with local schools, charities and support groups. Total Salary (including fringe benefits) billed to Palm Beach County FAA = $39,045	$ 39,045.00		$10,000.00		$ 49,045.00
Building /Occupancy		$ 27,050.00	$ -	$ -	$ -	$ 27,050.00
Programmatic Rent/Lease	*Note: Rent for areas that house admin staff should be listed seperately under admin seciton* Rent expense for Lake Worth facility. Total rental expense for FY16 = $35,000. Allocation to Palm Beach County FAA award= $20,000. Remaining $15,000 will be paid by other operating income.	$ 20,000.00				$ 20,000.00
Building Maintenance	Maintenance expense for building XYZ	$ 3,800.00				$ 3,800.00
Insurance	Commercial, General, Liability Insurance	$ 3,250.00				$ 3,250.00
Utilities		$ 2,400.00	$ -	$ 1,500.00	$ -	$ 3,900.00
Electric	Electric Utility Services expense for location X	$ 1,200.00		$ 1,000.00		$ 2,200.00
Water	Water Utility service for location X	$ 850.00		$ 500.00		$ 1,350.00
Telephone	Telephone expense for landline at location X	$ 350.00				$ 350.00
Project Supplies/Equipment		$ 4,900.00	$ -	$ -	$ -	$ 4,900.00
Office Supplies	Office supplies for program staff	$ 500.00				$ 500.00
Postage/Shipping	Postage expense for client related mailing	$ 750.00				$ 750.00
Printing	Printing expense for program brochures	$ 650.00				$ 650.00
Materials/Program Supplies	Program related supplies used to support client base	$ -				$ -
Equipment Rental	Monthly Equipment rental fee for use of X = $500 ($6000 per year). Palm Beach County to cover 50% of this expense ($3000).	$ 3,000.00				$ 3,000.00
Professional Fees		$ 2,950.00	$ -	$ -	$ -	$ 2,950.00
Conference Registration Fees	Professional development program fee	$ 350.00				$ 350.00
Training	Staff training expense for program/medical/intervention training for client support	$ 1,500.00				$ 1,500.00
Travel/Mileage	Program staff mileage reimbursement for client and training related meetings	$ 1,100.00				$ 1,100.00
TOTAL PROGRAM EXPENSES =		$104,845.00	$45,000.00	$19,000.00	$7,500.00	$ 176,345.00
Administrative Expenses	Narrative					
Personnel		$ 4,250.00	$ -	$ -	$ -	$ 4,250.00
Executive Position #1 (JL)	A 5% allocation of the Executive Director salary expense (including fringe benefits) will be billed to Palm Beach County FAA. Executive Director total salary expense = $85,000. 5% allocation to Palm beach County FAA = % $4,250	$ 4,250.00				$ 4,250.00
Consulting Fees		$ 2,950.00	$ -	$ -	$ -	$ 2,950.00
XYZ Consultants	Accounting and audit expenses for FAA program. Annual Accounting fee = $950, Annual Audit fee = $2,000. Total expense = $2,950	$ 2,950.00				$ 2,950.00
TOTAL ADMINISTRATIVE EXPENSES =		$ 7,200.00	$ -	$ -	$ -	$ 7,200.00
Administrative % of PBC Award		6%				

Budget Template

- Sheet will tally your program and admin expenses and show what your budgeted % is at

FAA Budget Items	FAA Program Name	Palm Beach County FAA	Program Funder #2	Program Funder #3	Program Funder #4	Total Program Funding (All Sources)
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Program Expenses	**Narrative**	Amount	Amount	Amount	Amount	Amount
Personnel		$ 72,445.00	$45,000.00	$17,500.00	$7,500.00	$ 142,445.00
Building /Occupancy		$ 27,050.00	$ -	$ -	$ -	$ 27,050.00
Utilities		$ 2,400.00	$ -	$ 1,500.00	$ -	$ 3,900.00
Project Supplies/Equipment		$ 4,900.00	$ -	$ -	$ -	$ 4,900.00
Professional Fees		$ 2,950.00	$ -	$ -	$ -	$ 2,950.00
TOTAL PROGRAM EXPENSES =		$104,845.00	$45,000.00	$19,000.00	$7,500.00	$ 176,345.00
Administrative Expenses	**Narrative**					
Personnel		$ 4,250.00	$ -	$ -	$ -	$ 4,250.00
Consulting Fees		$ 2,950.00	$ -	$ -	$ -	$ 2,950.00
TOTAL ADMINISTRATIVE EXPENSES =		$ 7,200.00	$ -	$ -	$ -	$ 7,200.00
Administrative % of PBC Award		6%				

- Will allow us to review and discuss with you any items that may be questionable before approving contracts
- Narratives should be completed for each item with details about the cost to clarify

Other Funders

FAA Budget Items	FAA Program Name	Palm Beach County FAA	Program Funder #2	Program Funder #3	Program Funder #4	Total Program Funding (All Sources)
Program Period: FY 2018		Proposed	Confirmed	Pending	Pending	Pending
TOTAL PROGRAM FUNDING AMOUNT =		$112,045.00	$45,000.00	$17,500.00	$7,500.00	$ 182,045.00
Program Expenses	**Narrative**	Amount	Amount	Amount	Amount	Amount
Personnel		$ 72,445.00	$45,000.00	$17,500.00	$7,500.00	$ 142,445.00
Building /Occupancy		$ 27,050.00	$ -	$ -	$ -	$ 27,050.00
Utilities		$ 2,400.00	$ -	$ 1,500.00	$ -	$ 3,900.00
Project Supplies/Equipment		$ 4,900.00	$ -	$ -	$ -	$ 4,900.00
Professional Fees		$ 2,950.00	$ -	$ -	$ -	$ 2,950.00
TOTAL PROGRAM EXPENSES =		$104,845.00	$45,000.00	$19,000.00	$7,500.00	$ 176,345.00
Administrative Expenses	**Narrative**					
Personnel		$ 4,250.00	$ -	$ -	$ -	$ 4,250.00
Consulting Fees		$ 2,950.00	$ -	$ -	$ -	$ 2,950.00
TOTAL ADMINISTRATIVE EXPENSES =		$ 7,200.00	$ -	$ -	$ -	$ 7,200.00
Administrative % of PBC Award		6%				

- The form has been further revised from the FY17 version to include columns for other funders of you program
- Please complete as much detail as you are able to in order to allow reviewers to have a full scope of the program
- If funding is not confirmed you can list is as pending

Administrative Costs

- Must be approved in your submitted budget

- Must be tracked separately in your General Ledger

- 15% cap on admin costs

- Cost allocation plan or activity logs needed for split funded/dual responsibility staff members

- If submitting an indirect cost rate for admin costs, you must also include the approved cost plan from a cognizant agency

Development of Unit Rates

- Agency should determine all costs that will be incurred to run the program (including administrative costs) and how much of those will be charged to the FAA program.

- Agency should review historical outputs (if available) to determine the total amount of units they expect to produce.

- The total dollar amount of the program divided by the number of units expected should be your proposed unit rate.

Backup Documentation

- General ledgers should be kept for each program, split by admin and program costs

- Costs in the general ledger should align to the costs in the submitted budget and any changes to the budget should be submitted to the County for review <u>before</u> they are incurred.

- General ledgers should not include excess costs above the revenue being earned for the program year. If it is not being paid for with FAA funds it should not be in the general ledger.

- Submitted units must have backup documentation readily available for review upon request or at time of annual monitoring. Units being submitted should be for services and employees that are paid for by the FAA funding when at all possible.

FAA Application Website Overview

By:

Stessy Cocerez

Planning Technician

Where do I go to access the online grant application?

https://www.cybergrants.com/pbc/proposal/

https://www.cybergrants.com/pbc/proposal/

133%

Q Search

Most Visited   Getting Started   Developer Site SAMIS ...   SAMIS 2.0   Financially Assisted A...

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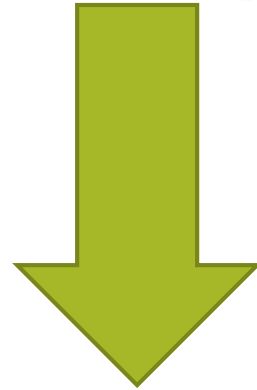
Enter the Grant Application website for FAA

+|+   **Board of County Commissioners**   **County Public**

If you have never created an account with CyberGrants before, please click on "Create your password"

First time user? Create your password

Please Log In

* indicates required field

If you already have an account, type in your email address, your password, and the invitation code that has been provided to you today. Click "Log In" to proceed.

* **E-mail Address:**   scocerez@pbcgov.org

* **Password:**   ••••••••••

Invitation Code (optional):   FAA2018RFP

Log In

Forgot your password?

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

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Logout

Welcome, Stessy Cocerez!

The organization you are currently associated with is PALM BEACH COUNTY TEST ORGANIZATION.

If you work with multiple organizations, click here to add a new organization to your account. ←

The Apply Online grant application consists of three main sections, each of which must be completed for your proposal to be considered.

1. Contact information pertaining to your organization.
2. Basic information pertaining to your organization.
3. The proposal your organization is submitting for approval.

Once completed, all applications created in Apply Online are immediately submitted to Palm Beach County Board of County Commissioners.

We recommend that you familiarize yourself with the online application before you begin. To create a new application, click the "Start a New Application" link at the bottom of this page. You may also save your applications now and return to work on them later. To continue work on an unsubmitted application, click the "Continue" link next to the application's Project Title. To view an application previously submitted to Palm Beach County Board of County Commissioners, click the "View" link next to the appropriate Project Title.

Each page will have a timeline like the one below to help you monitor your progress. The line and text will indicate your current position within the application process. If you have technical questions regarding this application, use the link located at the bottom of every page to contact our support team.

Make sure to read all of the instructions provided on the screen.
If possible, familiarize yourself with the links on how to "Add a new organization to your account" and "Familiarize yourself with the online application"

Welcome Page	Contact Information	Organization Information	Organization Financial Information	Request Information

————»

Applications Requiring Action

Action	Project Title	Application Date	Application Amount
Revise	Financially Assisted Agencies	04/12/2016	$500,000.00
Continue	(No Project Title) 🗑	02/24/2017	$0.00

Start a New Application

Once you've started an application, you can save and proceed to work on it at a later time if need be. Just select "Continue" from this Welcome page.

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| Welcome Page | Contact Information | Organization Information | Organization Financial Information | Request Information |

You will be able to navigate through the different tabs at your own pace and in the order that you desire. Just make sure that every required question from each section is completely filled out to the best of your ability. Make sure to press "Save and Proceed" every time that you wish to save your changes in each section and move onto a different tab to ensure that you do not lose any information.

Contact Information

* indicates required field

☐ Match: Check the box to associate this individual with this application.

Name: STESSY COCEREZ
Telephone Number: 561-355-4718
E-mail Address: scocerez@pbcgov.org
Contact Type: Primary Contact

Save and Proceed   Create New

On the Contact Information page, you will be prompted to select a main contact for the application from the available list IF you have already used CyberGrants before. If not, you will have to add new contacts by clicking on "Create New".

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Logout

| Welcome Page | Contact Information | Organization Information | Organization Financial Information | Request Information |

Organization Information

* indicates required field

* Organization Name   Please enter that name associated with the specific tax ID in the IRS Business Master File.

PALM BEACH COUNTY TE

* Address   Please enter your organization's address.

810 Datura Street

Address 2   Please enter your organization's address.

* City   Please enter your organization's city.

West Palm Beach

* State   Please select your organization's state.

Florida

* Zip   Please enter your organization's zip code.

33401

* Telephone   Please enter your organization's telephone number, including area code: XXX-XXX-XXXX

561-355-4700

Fax   Please enter your organization's fax number, including area code: XXX-XXX-XXXX

561-355-3863

* CEO/Executive Director   Please provide the name of your organization's CEO or Executive Director.

James Green

* CEO/Executive Director Email Address   Please provide the Email address of your organization's CEO or Executive Director.

jgreen1@pbcgov.org

Be sure to answer every required question to the best of your ability. Note that all required fields are marked with an asterisk to the left side of the question header.

Website Address   Please enter your organization's web address.

com/communityservices/

* Agency Purpose and Mission   Please describe your organization's purpose and provide your organization's mission statement.

Helping people build better communities.

(1960 character(s) remaining)

* Tax ID or EIN Number   Please enter the Tax ID or EIN Number in the IRS Business Master File for your organization.

59-6000785

* Date of Incorporation   What year was your organization established? Please use a 4 digit YYYY format for your response.

1980

* Board of Directors   Please provide the full name of each member of your organization's board of directors. After you type the name, click "Add to List". If you need to remove someone, highlight their name and click "Remove from List."

Add to List

Board O. Director

Remove from List

* Organizational Chart   Please upload an organizational chart that shows the structure of your organization and the relationships and relative ranks of personnel.

Note that certain required questions may actually be file upload

Upload File

• Upload Field Test Doc.doc (19.5 K), uploaded by Charlene Buco on 11/10/2010   [Delete File]

Save and Proceed

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Logout

Welcome Page   **Contact Information**   **Organization Information**   **Organization Financial Information**   **Request Information**

»

Organization Financial Information

* indicates required field

* Agency Total Operating Budget Current Fiscal Year
Please enter your organization's annual operating budget for the current fiscal year.

$1,000,000.00

* Fiscal Year Beginning Date
Please enter the beginning date of your organization's fiscal year.

10/01/2017

* Operating Budget Current Fiscal Year
Please upload the operating budget for the current fiscal year. The operating budget should reflect revenues and expenses for the **ENTIRE** agency, **NOT** the project specific information.

Upload File

- UWPBCLookandFeel.zip (394.04 K), uploaded by Charlene Buco on 12/01/2010   [Delete File]

* Year-End Financial Statement
Please upload your organization's most recent fiscal year-end financial statement, audited if available.

Upload File

- Upload Field Test Doc.doc (19.5 K), uploaded by Charlene Buco on 11/10/2010   [Delete File]

Be mindful of your file sizes. Although we encourage you to submit as much detailed information as possible, it also needs to be concise and to the point.

* Audit
If applicable, please upload your organization's **most recent** *signed and dated* audit, as well as any accompanying management and response letters. More than 1 document can be uploaded to this field (i.e., audit, management letter). If the most recent financial audit and most recent IRS Form 990 reflect different fiscal years, then please also provide the financial audit and IRS form 990 for the most recent year in which the information reflected in both is for the same fiscal year.

Upload File

- test.docx (9.66 K), uploaded by Charlene Buco on 03/24/2016   [Delete File]

IRS Form 990
Please upload your organization's **most recent** *signed and dated* IRS Form 990. If the most recent IRS Form 990 and the most recent financial audit reflect different fiscal years, then please also provide the IRS form 990 and financial audit for the most recent year in which the information reflected in both is for the same fiscal year.

Upload File

- Upload Field Test Doc.doc (19.5 K), uploaded by Charlene Buco on 11/10/2010   [Delete File]

IRS Form 990 Not Provided
If IRS Form 990 is not provided, please explain why.

(2000 character maximum)

Save and Proceed

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Logout

Welcome Page	Contact Information	Organization Information	Organization Financial Information	**Request Information**

»

Request Information

* indicates required field

* Required FY 2018 cover sheet Click here to download REQUIRED cover sheet template. Please upload once you have completely filled it out.

[Upload File]

* Focus Area In what area are you applying for funding?

[▼]

* Type of Support Requested Please select the type of support you are requesting. See the requirements of the individual funder(s) for more details on types of support.

[▼]

* Project Title Please enter your Project Title

[ ]

* Project Status Is this a new or existing project?

[▼]

* Anticipated Project Start Date If applicable, please enter the anticipated start date of your project.

[MM/DD/YYYY]

* Geographic Area Served Please identify the geographic area(s) served by this project.

[All of Palm Beach County
North Coastal Palm Beach County
South Coastal Palm Beach County
Central Coastal Palm Beach County
Western Palm Beach County]

★ **Be very meticulous during this section.**
This is the MEAT of your Grant sandwich.
The majority of your program will be described in this section.
Many important details about your program will be outlined in this and many important documents will need to be downloaded and re-uploaded in this section. ★

* Total Project Budget What is the project's total budget during the time period for which you are requesting funding?

[ ]

* Amount of Request How much funding are you requesting from the funder?

[ ]

* Unit Cost of Service Is this an industry standard and if so please state source. If this is not an industry standard please describe how the unit cost was determined.

[ ]

(2000 character maximum)

* Unit Cost Service Description Is this an industry standard and if so please state source.

[ ]

(2000 character maximum)

* Duration of Request (months) What is the duration of funding that you are requesting from the funder (in months)? For example, if the amount of funding you are requesting would support the project over two years, you would enter 24.

[ ]

* Overview Please provide a three sentence overview of your project. Funders use the overview to communicate the purpose of approved requests in publications.

- In the first sentence, state the priority population and the need (or problem) to address (or solve).
- In the second sentence, describe the work your organization will do to address the need (or solve the problem).
- In the third sentence, describe the accomplishments your organization expects to achieve.

[ ]

(1000 character maximum)

Description

To help us better understand your project, please provide a full and clear project description.

When preparing your Description, please keep in mind the following:

- Use local statistics and data, research, times/dates, numbers, and percentages to quantify and qualify your statements.
- Refer to hyperlinks for examples of the types of information and level of detail we need to understand your organization's project.
- The description is limited to 25,000 characters which is approximately 10 pages.

Description, continued

Use the Description to:

- Convince us that the Need you want to address (or problem you want to solve) is important. Provide demographics, statistics, and other local data to describe your Priority Population.
- Establish that the Approach and Design of your project is evidence based and/or based on best practices.
- Discuss your project's Evaluation Approach and detail the specific steps that will be taken to measure and document progress towards completing your scope of work and achieving your expected results. If your project is an existing project, please describe your project's success to date and how that success was determined. Upload your logic model (based on provided template) and measurement tool in designated sections below.
- Describe what resources are available for the project; as well, your organization's strategies for achieving financial Sustainability & Available Resources of the project after grant funding ends.

For more information on what funders are interested in for each component of the description field, click on the relevant link(s) in the text above.

* **Description Response** Based on the instructions provided above, please provide a description of your project.

(25000 character maximum)

* **Scope Of Work Template** Describe project activities and services and include a timeline and work plan as part of a Scope of Work for the project. The scope of work should establish an organized and logical series of project activities, services, and expected results that are specific, measurable, achievable, realistic, and time sensitive. Please upload a completed Scope of Work Template for the project.

Upload File

* **Measurement Tool** Please upload a sample of your measurement tool.

Upload File

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* **Evaluation Plan/Logic Model** Please upload a completed evaluation plan/logic model for the project using the FAA Evaluation Plan/Logic Model form.
Click here for FAA Evaluation Plan/Logic Model template and instructions (refer to different tabs).

Upload File

Partners Please list all partners or organizations that will be collaborating with your organization on this project.

Add to List

Remove from List

Partner Letter or MOU Please upload a letter of support or MOU from each project partner listed above.

Each letter of support (or MOU) must include detail regarding:

- partner roles and responsibilities
- partner capacity to assist your organization with this project
- resources the partner brings to the project

Upload File

Partner Explanation If you do not have a letter of support or MOU from a project partner, please indicate:

- why no letter is provided
- how your organization will engage this partner in the project
- when you expect to receive a letter of support

(2000 character maximum)

---

* **Budget** Please provide a budget for the project using the FAA budget template provided. Instructions are embedded in the document.
Click here for FAA Budget Template.

Upload File

Letters of Funding Confirmation If applicable, please upload a copy of your award letter or similar documentation for each confirmed revenue source included in your budget.

Upload File

Previous Funding History If this is an existing project, please list all sources of revenue that have supported the project over the past two years. For each revenue source, please indicate the amount of funding provided.

(2000 character maximum)

Additional Information If needed, please upload any additional information you feel may assist us in reviewing your application. Additional Information may include:

- General letters of recommendation or support
- Brochures or other outreach materials
- Articles or pictures

NOTE: Additional information is not mandatory. No more than three pieces of additional information will be reviewed.

Upload File

* **Official Authorization** By submitting this proposal, I certify that:

- I have the authority or I have been given authority to legally bind and represent the organization(s) with which I am associated, to this proposal.
- The information contained in this application is true and correct to the best of my knowledge.
- If I used information that was from a previous grant application, I reviewed and updated it.
- I understand that the submission of information that is not current and valid may nullify my organization's application.
- I am the sole user of the user name and password provided and that I will not share my user name and password.

* **Sharing of Application** Please indicate whether you agree to share this application with other funders who may be interested in your project. By selecting "I agree", you authorize your proposal to be shared with multiple funders participating in the FCA.

Save and Proceed

Need Support?

Annotations (red):

Make sure that your Letters of Support are well-written. Make sure they outline the partnership(s) between community agencies as detailed as possible. And make sure they are as updated as possible.

The Description section has been changed this year. Please note that there are different aspects of your program that we are asking you to outline under this one question. Be sure to download and review each of the documents so you are fully aware of what is being asked and what is to be expected of your responses.

There are many sections throughout the application that ask you to upload multiple files per question. IF POSSIBLE - PLEASE TRY TO CONSOLIDATE THESE FILES INTO ONE PDF FILE. EX. if you have four Letters of Support, combine them into one PDF file and upload that in the appropriate field.

Welcome Page	**Contact Information**	**Organization Information**	**Organization Financial Information**	**Request Information**

›»

Request Information

* indicates required field

Your work has been saved, however, you must address the following item(s) before you can submit your application:

- "Sharing of Application" is required.

NOTE: If you try to save and proceed in a section without filling out all the required fields, you will get a notice at the top of the screen that will inform you of the required sections still needing a response.
Once all the required questions have been answered, you can then "Save and Proceed" to move onto the next section OR to move onto the final application Review.

![Palm Beach County logo - PALM BEACH COUNTY FLORIDA]

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Review Your Application

Please review your proposal information. If you are not ready to submit your proposal at this time, click the "Save Only" button. The proposal will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the application to Palm Beach County Board of County Commissioners and you will then be unable to perform further editing.

Contact Information

Organization Information

Organization Financial Information

Request Information

[Submit]   [Save Only]

The final page will allow you to Review your application.
You can either "Save Only" to save your responses and come back to work on the application at a later time OR click "Submit" to submit your application.

Need Support?

Any questions ?

scocerez@pbcgov.org

Information

All questions must be emailed to:

James Green at jgreen1@pbcgov.org

All questions and answers will be posted on the FAA website:

http://www.pbcgov.com/communityservices/programs/financiallyassisted/

All proposals must be submitted electronically to

http://www.cybergrants.com/pbc/proposal
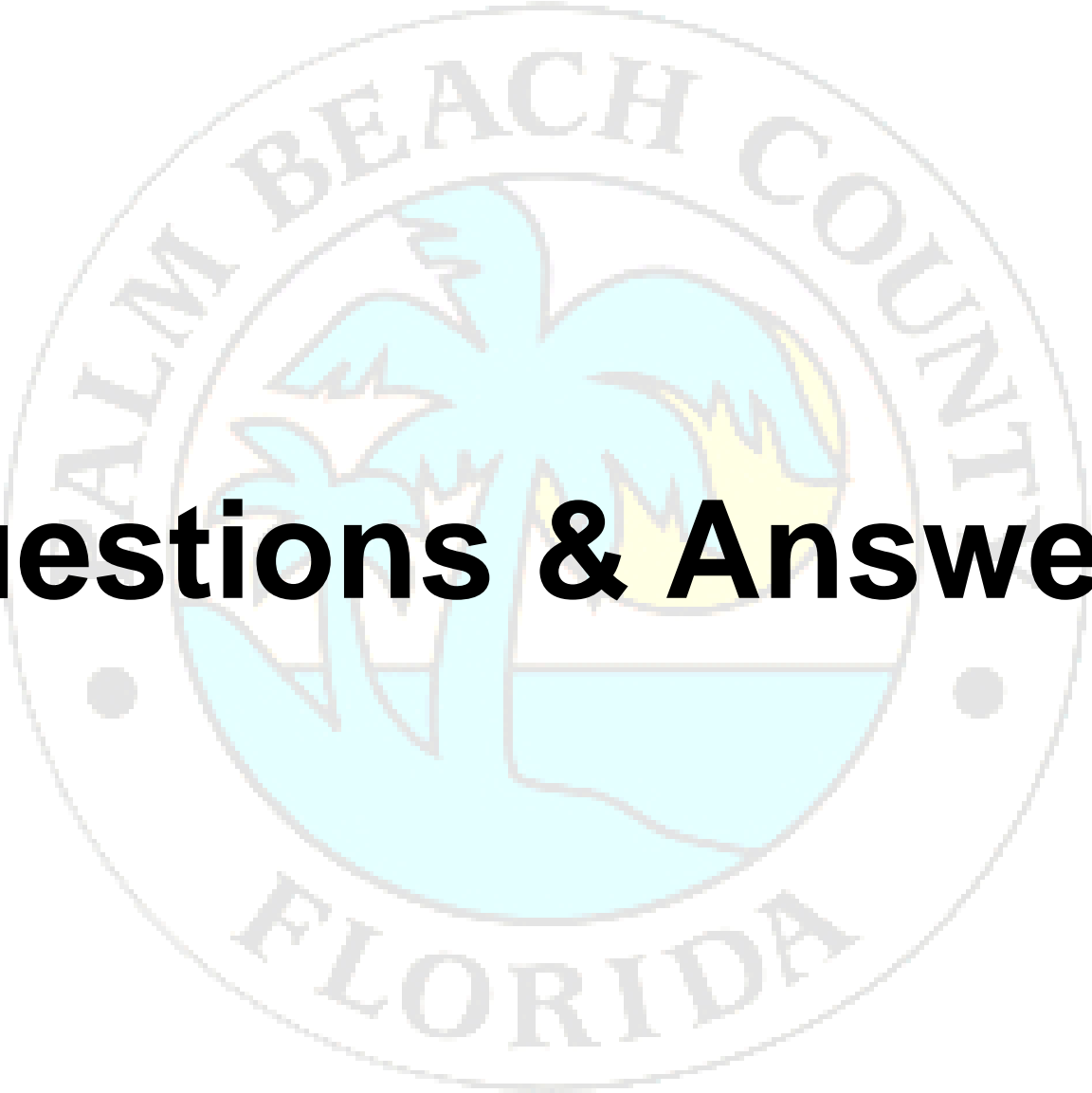
by

Friday, March 31, 2017 before 12:00 NOON

INVITATION CODE:
FAA2018RFP

Questions & Answers

Remember to like us on Facebook

https://www.facebook.com/pbccsd/