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.

lan 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:

Agency	Executive Officer	Contact Number	Contact E-mail	

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.

Partners, Affiliates or Subsidiaries	Program Supported	Funding Source	Amount

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 six-month budget for the period of April 1, 2021 through September 30, 2021.

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. Describe your required match for Community Development Block Grant Public Services Application. Match requirement is waived for Community Development Block Grant Coronavirus Applications. Is it cash, grants, or in-kind? (Attachment M - Definitions). If an award is made, all funds identified as dedicated to this program (including funds used for match/in-kind) will be subject to applicable cost principles, auditing, and reporting requirements (OMB #'s A-110, A-122, and A-133). c. If applicable, describe additional resources that will be utilized to implement this program.

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

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

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

g. Has your award ever been recaptured by another funding entity due to nonperformance of contract provisions? If yes, please explain?

 Will Community Development Block Grant <u>Public Services</u> funding be used to leverage (see definition in Attachment M) funds from another source (i.e. federal, state)? If so, what is the source (i.e. federal, state) and amount of funding that will be leveraged using Community Development Block Grant Public Services funds? Provide Leverage Documentation, Appendix 8. Documentation to include copies of contract or application stating use of leveraged funds. Leveraging requirements are waived for Community Development Block Grant Coronavirus funds.

i. Describe the agency's long-term plan (3 to 5 years) to conduct this program and provide the service(s), with reduced or no County funding.