



SOCIAL ACTION FUNDING Guidelines 2009 – 2010

Pinellas County

Health and Human Services Department

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**PINELLAS COUNTY HEALTH & HUMAN SERVICES
SOCIAL ACTION FUNDING**

BOARD CALENDAR FY 2009-2010

<u>DATE</u>	<u>TIME</u>	<u>DESCRIPTION</u>	<u>LOCATION</u>
Aug 6		Notice of Intent to Public	
Aug 11		Application LIVE on-line pinellascounty.org/humanservices/social-action-fund.htm	Pinellas County Health & Human Svc. (PCHHS) 2189 Cleveland St., Ste. 266 Clearwater, FL.
Aug. 20	BD	WEBINAR	
Aug 21 or 25	2:00	Board Orientation	PCHHS 2189 Cleveland St., Ste. 266 Clearwater, FL.
Sept 1	12:00pm	APPLICATIONS DUE	PCHHS 2189 Cleveland St., Ste. 266 Clearwater, FL.
Sept 14	2:00 p.m.	Board Training	PCHHS 2189 Cleveland St., Ste. 230 Clearwater, FL.
Oct 7	1:00-5:00p.m.	SAF Board Deliberations	
Nov. 3		BCC approval	

~DEADLINE IS FINAL~

NOTE: PROJECT FUNDING CANNOT BEGIN BEFORE THE DATE OF CONTRACT EXECUTION NOR EXTEND BEYOND SEPTEMBER 30, 2010.

PURPOSE

The purpose of the Social Action Funding Program is to provide financial support for community based social service programs that positively impact the residents of Pinellas County and enhance the quality of life.

SAF – applications shall be specific to program services responsive to Health, Food/Nutrition, Self Sufficiency, and Day/Drop-in program services. \$415,000 is available for funding.

HI – applications shall be specific to program services responsive to Shelter (Emergency) \$200,000 is available for funding.

ONE X Time Funding – applications shall be specific to program services responsive to homelessness. \$900,000 is available for funding.

(There will be an adjunct component to the One Time funding designated specifically to address technology needs that improve the operational capacity of the electronic homeless information system (HMIS). Evaluation of system requirements necessary to ensure HUD compliance will be conducted by the Health & Human Services Department separately from the SAF/HI/One X Time Funding process. Up to \$100,000 is allocated for this purpose. Should the total of the allocated funds be less than \$100,000, the remaining balance would be returned to the 1 X Only homeless program services funding category to be distributed among the applicant agencies.)

PANEL REVIEW

All meetings of the Social Action Funding Review Panel are open to the public. All eligible grant applications are distributed to the Panel for their review.

The Panel will rate proposals as they read the applications. An average score will be calculated for each agency. *Note: An average score of **80 points** (80% of 100 possible points) must be obtained to move into Deliberations.*

The significance of the proposal score is twofold:

- ❖ Scores and reviewer feedback will aid the agencies in determining the strengths and weaknesses of their applications.
- ❖ Programs will be placed in descending order of score for discussion during Review Panel deliberations.
- ❖ A copy of the rating form is included for your reference – Appendix A.
- ❖ During the deliberation meeting, the Review Panel will review the applications in-depth.
- ❖ A high score on the rating of your application will not necessarily guarantee funding for your program in its entirety. Other criteria may be utilized to justify funding award decisions. (e.g. – current contract compliance)
- ❖ The funding recommendations will go to the Pinellas County Board of County Commissioners for final approval.

Definitions are provided in the Glossary. (Appendix B.)

ELIGIBILITY REQUIREMENTS - All organizations applying for funding shall comply with the following:

- Services provided must be available to all residents in Pinellas County.
- The mission of organizations shall be to advance the health, economic, or social well being of persons in need of such assistance.
- Agencies must make all program and financial information available and must permit on-site visits by staff.
- Agencies and their respective programs must be nonprofit and incorporated under the State of Florida and have an IRS 501(c)(3) designation or have an application in progress.
- Agencies and/or new programs must be established for a minimum of one (1) year prior to date of application.
- Programs must not be restrictive with regard to race, sex, age, religion or disability.
- Faith-based organizations may apply for funding for programs that provide services in a secular manner. Worship, religious instruction, proselytizing and similar activities must be voluntary, privately funded, and separate in time or location from the program funded with Social Action Funding dollars.

EXCLUSIONS - The County will not consider the following for funding:

- Capital expenses.
- Improvements to rental properties.

FATAL CRITERIA - Applications will be rejected and not reviewed for funding if the program does not address 1 or more of the following:

- | | | |
|---------------------------|---|------------------------------|
| HOMELESS SERVICES | - | HOMELESS PREVENTION SERVICES |
| NUTRITIONAL/FOOD SERVICES | - | HEALTH SERVICES |
| SELF SUFFICIENCY SERVICES | - | DAY/DROP-IN SERVICES |

OR

- AGENCY IS NOT CURRENTLY REGISTERED WITH THE STATE OF FLORIDA.
- AGENCY IS NOT IN COMPLIANCE WITH COUNTY CONTRACT AT TIME OF APPLICATION SUBMISSION.
- APPLICATION IS LATE.
- THE AGENCY DOES NOT HAVE A 501(c)(3) OR AN APPLICATION IN PROGRESS.

APPLICATION INSTRUCTIONS

ALL APPLICATIONS SHOULD BE LEGIBLE. Type should be no smaller than standard 10-point font (equivalent to type used in this sentence). Margins should be ½ inch. Do not condense line spacing.

SUBMISSION INSTRUCTIONS

- **Deadline:** **Submit all copies by 12:00 p.m. on SEPTEMBER 1, 2009.** Applications will not be accepted after that date & time.
- **# of Copies:** Submit one (1) signed original plus 8 copies of the completed application.
- **Location:** Deliver applications to Pinellas County Health and Human Services, 2189 Cleveland Street, Suite 266, Clearwater.

Please do not wait until the last minute, in case corrections need to be made.
After the deadline, applications stand and no corrections can be made.

FOR QUESTIONS: Contact Kathy Mitchell, Pinellas County Health & Human Services, at 464-8402 or email kamitche@co.pinellas.fl.us

GENERAL APPLICATION GUIDELINES

Please review the **Eligibility Requirements, Funding Policies and Exclusions** to insure that your application meets the criteria set forth. No index dividers or covers are necessary. No handouts are to be included.

Do not change page numbers. If additional sheets are necessary for any section, use the corresponding page number, adding letters for each consecutive page (3A, 3B, etc.).

Leave nothing blank. If an item does not apply, write or type "NA."

PAGE-BY-PAGE GUIDELINES AND REQUIRED ATTACHMENTS



Page 1: Agency Information and Funding Requests and Priorities

- Provide complete and accurate contact information for your agency and programs. If funded, legal agreements will be executed using this information.
- If the funding request is for more than one program, the agency must prioritize requests.
- Indicate appropriate funding stream. (e.g. Social Action Funding (SAF), Homeless Initiative (HI) or 1X Only Homeless Funding(1X Only)

Page 2: STAFF USE ONLY

Page 3: Efforts to Secure Additional Funding

- From this page forward, please include your "Agency Name" at the top of every page.



Refer to Rating Form (Appendix A). Address all related items.

- List all efforts to obtain other funding during FY 2008/2009. Include efforts to obtain funding for your entire agency, not just the programs for which funding is being requested.

Page 4: Total Agency Budget



Refer to Rating Form (Appendix A). Address all related items.

- Identify your agency's fiscal year at the top of each column; e.g. 10/08 – 9/09.
- Include your request for SAF, HI or 1 X Only Homeless Funding in the Projected Fiscal Year Revenue.
- Please pay attention to NOTES and asterisks (***) at the bottom of the page. If you have a deficit or surplus, please provide an explanation; e.g. "Our agency will be closing on a new property at the start of the next fiscal year and funds are being held in reserve for the purchase and closing costs." or "Our agency maintains a cash surplus equivalent to two months operating expenses to ensure a stable cash flow throughout the year."



ATTACH an agency organizational chart that includes the proposed program.

(Include agency organizational chart in all copies being submitted.)



ATTACH a current copy of the agency's IRS designation letter/501(c)(3).

(THIS ATTACHMENT is required only to be submitted with the one original application only.)

Page 5: Program Narrative



Refer to Rating Form (Appendix A). Address all related items.

- From this page forward, please include your "Program & Agency Name" at the top of every page. Complete the information box at the top of the page COMPLETELY and SUCCINCTLY. Include a brief description (seven words or fewer) of the funding request; e.g., "Food/nutrition for homeless individuals."



Refer to the Glossary (Appendix B) for the definition of "Sole Source." Please follow this definition and identify whether the program is a "sole source." Remember, staff has the authority to confirm or deny this, as the funder defines sole source.

TIP regarding "Sole Source": Answer this question: If your program didn't exist, is there any other agency from which they could receive a similar service? If NOT, your program is likely a "sole source." It is not sole source if there are other agencies providing the same service elsewhere in the county and/or to a generalized population.



ATTACH a program organizational chart. *(Include a chart in every copy submitted.)*

The chart should show staff relationships within the program (both paid and volunteer) and show lines of authority. If your program is the same as your agency organizational chart, please indicate this in your narrative; e.g., "Our program organizational chart is the same as agency organizational chart."

- At the bottom, please provide a brief explanation of the funding request. Summarize: Why are you submitting this request? For what will the funding be used? Please be brief.
- Do not to exceed ONE (1) page.
- If you are submitting requests for multiple programs, refer to the instructions for Application Assembly Order.

Page 6 & 7: Program Outcome Objectives Matrices – Note – 2 matrices are provided; the first (pg 6) is for SAF and 1X Only non-shelter applications. The second matrix (pg 7) is for Homeless Initiative and 1 X Only shelter applications.



Refer to Rating Form (Appendix A). Address all related items.

- All applicants MUST use the prescribed outcomes applicable to the program services for this application.
- Program requests may additionally provide realistic, detailed and measurable outcomes, for which you will be able to document your progress and achievements during the course of the year.
- Homeless Initiative applicants shall use the Shelter Program Outcome Objectives Matrix.
- 1 X Only Homeless Funding applicants for Shelter Services shall use the Shelter Program Outcome Objectives Matrix for programs providing shelter.
- SAF and 1 X Only Homeless Funding applicants for non-shelter programs shall use the Program Outcome Objectives Matrix.

Page 8: Program Budget



Refer to Rating Form (Appendix A). Address all related items.



Also, refer to the Glossary (Appendix B) for definitions of budget line items.

- Identify your agency's fiscal year at the top of each column; e.g. 10/08 – 9/09.
- Do not leave any lines blank; if not applicable, show "0" (zero).
- If you are requesting match funding, provide a breakout of detailed line item expenditures. (Do not request one lump sum under a line item of "match".)
- At the bottom of page 8, identify what percentage of your total program budget will be covered by your funding request. Do the same, as it applies to the percentage of your total agency budget.

Page 9 : Budget Narrative and Match Requirement

Budget Narrative:



Refer to the Rating Form (Appendix A) and to the Glossary (Appendix B) for definitions of budget line items.

- Identify under Budget Narrative, personnel positions & amount for which funding is requested. Also identify & detail items for which funding is requested.



ATTACH job descriptions for every position for which you are requesting funding. Do not include descriptions for other positions. *(Include job descriptions in every application copy submitted.)*

MATCH REQUIREMENT:



Refer to the Glossary (Appendix B) for a definition and examples of "Match."

- Only complete this section if your funding request will fulfill a “match requirement” —that is, you need to secure these local funds to provide **REQUIRED** match for some other funding source, such as a state or federal grant or a foundation challenge grant.



REVIEW OF REQUIRED ATTACHMENTS

Your application should include the following ATTACHMENTS:

- 501(c)(3)** - A copy of the agency’s current IRS designation letter
- Florida State Registration** – A copy of current registration
- Certificate of Insurance** - A copy of current Certificate of Insurance
- Program & Agency Organizational charts**
- Job Descriptions** – if requesting funding for positions

APPLICATION ASSEMBLY ORDER

If you are submitting a request for funding a single program, your application should include page 1 through 9, with all applicable attachments.

If you are submitting funding requests for multiple programs, you will need to include the following:

- Pages 1 – 4 for the Agency
- Pages 5-9 for your first/only Program (#1) and Pages 5-9 for each additional Program

See the table below for a detailed overview of assembly order and required attachments.

Page #	Description	Include in all packets	Notes
1	Agency Information Funding Requests & Priorities	✓	
2	(Staff use only)		
3	Efforts to Secure Funding	✓	
4	Total Agency Budget	✓	
4A	Agency organizational chart	✓	Agency organizational chart that includes the proposed program
First Program			List “Program Name” at top of every page
5	Program Narrative	✓	
5A	Program organizational chart	✓	
6 & 7	Program Outcome Objective Matrix	✓	Pg 6 – SAF and 1X only non shelter applications. Pg 7 – HI and 1 X only shelter applications.
8	Program Budget	✓	
9	Program Budget Narrative Match Requirements	✓	
9A	Job Descriptions	✓	If applicable
ATTACHMENTS			
A	IRS 501(c)(3) designation	✓	Current copy of agency’s IRS designation letter
B	Certificate of Insurance	✓	Current copy of agency’s Insurance Certificate
C	Florida State Registration	✓	Current copy of agency’s Registration

PROGRAM OUTCOME OBJECTIVES MATRIX:

Program Goal(s): Maintain the stamina of Social Action Funding contract managers
and support staff through the provision of physical and mental health support services.

<p>Objectives</p> <p>Include qualitative and/or quantitative objectives as appropriate to your program.</p>	<p>Outcome Indicators</p> <p>How will we know when objective is achieved?</p>	<p>Status of Last Year's Objectives</p> <p>Only list those that are comparable to this year.</p>
<p>All objectives are for FY 2010:</p> <ol style="list-style-type: none"> 1. Weekly physical support services will be provided to help keep our contract staff sustained. Estimated physical support services will include: <ul style="list-style-type: none"> ▪ provision of weekly Starbuck's goodies (52); and ▪ provision of other surprises as needed, based on assessment data (approximately 20 or 38 %). 2. Monthly support groups will be provided. 3. Contract staff will report a 50% increase in stamina levels over the course of the year. 4. 100 % of support staff (seven, 7) will be served in FY 2010. 	<ol style="list-style-type: none"> 1. Documentation of physical support services will be maintained in the client files and database – Tampa Bay Information Network (TBIN). 2. Documentation of monthly support groups will be maintained in the client files and in TBIN. 3. Clients will report a 50% increase in stamina as a result of interventions, as reported in client surveys and needs assessment data. 4. Documentation of service will be maintained in client files and TBIN. 	<ol style="list-style-type: none"> 1. We achieved our objective of providing physical support services last year: 28 Starbuck's treats and 10 other surprises. 2. Not applicable in 2007. 3. Clients reported a 20% increase in stamina. (This exceeded our objective to increase by 15%.) 4. We served 5 contract staff last year, underachieving our objective to serve 7 staff by 29%.

Appendix A - Funding Proposal Rating Form

FUNDING WILL BE CONSIDERED IN THE FOLLOWING ADULT AREAS:

SOCIAL ACTION FUNDING: HEALTH ____ FOOD/NUTRITIONAL SVC ____
 SELF SUFFICIENCY ____ DAY/DROP-IN SVC. ____

HOMELESS INITIATIVE: EMERGENCY SHELTER ____

1 X (Time) ONLY HOMELESS FUNDING: PROGRAM SVC. ____

Review Panel Member:

AGENCY: _____ PROGRAM: _____

<p>1. Service Strategies</p> <p style="text-align: right;"><i>(40 points possible)</i></p> <p>Program is a "sole source" (p. 5) _____</p> <p>"Needs" and service strategies are clearly described (p. 5) _____</p> <p>Methodology for service delivery is efficient and effective (p. 5) _____</p> <p>Degree which volunteers are effectively utilized in the program (p. 5) _____</p> <p>The agency collaborates with others in terms of meeting client needs (p. 5) _____</p> <p>Client/community needs are well assessed, e.g. surveys, waiting lists (p. 5) _____</p> <p>Program fulfills a key need in the community (p. 5) _____</p> <p style="text-align: right;">Subtotal _____</p>
<p>2. Goals/Program Objectives</p> <p style="text-align: right;"><i>(25 points possible)</i></p> <p>Objectives support the agency's mission (p. 1, 6, 7) _____</p> <p>Outcome indicators are detailed with specific time frames (p. 6, 7) _____</p> <p>Measurement tools are clearly described (p. 6, 7) _____</p> <p style="text-align: right;">Subtotal _____</p>
<p>3. Budget</p> <p style="text-align: right;"><i>(25 points possible)</i></p> <p>Agency budget is balanced and able to support the program (p. 4) _____</p> <p>Program budget is balanced and costs are justifiable (p. 8) _____</p> <p>Agency demonstrates efforts to obtain additional support and funding (p. 3) _____</p> <p>Funding request is reasonable and reflective of actual need (p. 4, 8, 9) _____</p> <p style="text-align: right;">Subtotal _____</p>
<p>5. Match</p> <p style="text-align: right;"><i>(10 points possible)</i></p> <p>Request for Match in not in excess of match need. (p.9) _____</p> <p>Proposal request is based on the need to obtain match (p. 9) _____</p> <p style="text-align: right;">Subtotal _____</p>

COMMENTS REQUIRED ON BACK TOTAL POINTS _____

