

BOARD OF COUNTY COMMISSIONERS



APPLICATION FOR FUNDING

SOCIAL ACTION  
HOMELESS INITIATIVE

FY 2010 – 2011

PREPARED BY:

HEALTH AND HUMAN SERVICES DEPARTMENT  
2189 CLEVELAND STREET, SUITE 266  
CLEARWATER, FLORIDA 33765  
(727) 464-8416

**PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS**  
Health and Human Services Department

FY 2010 – 2011  
Request for Funding

Pinellas County Health and Human Services Department is accepting applications from private non-profit organizations desiring to provide community based social services to residents of Pinellas County. As part of its application response, the private non-profit organization shall demonstrate incorporation with a certificate from the State of Florida; if the incorporation is not in Florida, the private non-profit organization is required to obtain a certificate of authority from the Florida Department of State pursuant to Section 671-1501 F.S. and shall provide a copy of the certification; and, shall demonstrate its non-profit status with a copy of the declaration from the Internal Revenue Service indicating it is a 501(c) (3) organization.

The FY 2010-2011 Social Action Funding/Homeless Initiative Application has been designed to provide a summary of your proposed program. The program must meet a need identified as a priority funding area as indicated in **Use of Awards Section**. Funding considerations must meet the prerequisites identified in the **Eligibility Criteria Section** of the application.

The application does not attempt to list the federal, state, or county laws, ordinances, rules or regulations that may affect your proposal or performance under any resulting contract. Lack of knowledge will not relieve the applicant from complying with applicable laws. We encourage you to read the application packet carefully and respond to the request on the forms provided.

The submission deadline for all applications is **12:00 Noon, Friday, September 24, 2010** delivered to:

Jean Vleming  
Pinellas County Health and Human Services Department  
2189 Cleveland Street, Suite 266  
Clearwater, Florida 33765  
(727) 464-8410  
e-mail address

You must provide one (1) original application and seven (7) copies.

The application outlines the competitive process for selecting organizations to provide community based services through funds allocated by the Board of County Commissioners for FY October 1, 2010 through September 30, 2011.

### **PURPOSE**

The Social Action Funding/Homeless Initiative Funding Program is designed to provide an opportunity for Pinellas County private non-profit social service agencies to provide the most needed social services and to serve the greatest number of citizens. Eligible programs must seek to directly impact the community through the provision of its services.

### **USE OF AWARDS**

It is the intent to provide funding to social service organizations for programs that directly serve citizens whose ability to purchase needed services are limited and to those citizens whose incomes are near or at the poverty level. The types of services to be funded under **Social Action Funding** are specific to: **food/nutritional services programs; health programs (with preference for programs that align with Pinellas County Health Plan; provide dental, vision or basic hearing services; or serve as a sole source health services program for special populations); and legal assistance programs providing homeless prevention services.** Funding under the **Homeless Initiative Program** is limited to **emergency shelter services.**

## **ELIGIBILITY CRITERIA**

The Board is especially interested in programs that include creative measures for sustainability and that incorporate collaborative partnerships designed to better integrate services and further the use of limited resources. Additionally, proposed programs must operate in and serve residents of Pinellas County.

Organizations seeking funding under this process must meet all the following criteria to be considered:

- 1) Programs/services must serve the adult population
- 2) Services provided must be available to all residents of Pinellas County
- 3) Programs must not be restrictive with regard to race, sex, age, religion or disability
- 4) The mission of the organization shall be to advance the health, economic, and/or social well-being of persons in need of assistance
- 5) Agency must be a private non-profit 501 (c) (3) organization incorporated in the State of Florida for at least one (1) year prior to date of application and provide proof of its 501 (c) (3) status (or application)
- 6) Agency must be currently providing direct social services to Pinellas County citizens for a minimum of one (1) year
- 7) Agency must make all program and financial information available and must permit on-site visits by contract management staff
- 8) Only one application per Agency permitted although Agency may apply for more than one program

Funding may be recommended for programs provided by faith-based organizations provided they have a secular purpose, will neither advance nor inhibit religion, and must not require worship or religious instruction activities as a condition of participation per federal guidelines. Faith-based programs must be available to all Pinellas County residents, not solely for congregation members.

## **FUNDING PRIORITIES**

### *Social Action Funding:*

- 1) Food/Nutritional Services Programs – (ie Food pantries, soup kitchens)
- 2) Health Services Programs - (preference to programs that align with Pinellas County Health Plan; programs providing dental, vision or basic hearing services; and those that serve as a sole source health services program for special populations)
- 3) Legal assistance programs providing homeless prevention services

### *Homeless Initiative Funding:*

- 1) Emergency Shelter Services

Even though **Match** is not required, preference may be given to agencies seeking match

## **EXCLUSIONS**

The County will **NOT** consider the following for funding:

- 1) Capital Expenses
- 2) Improvements to Rental Properties

3) Proposals that do not follow application instructions

4) **Funding requests for research studies or technical assistance will not be considered.**

5) Applications that do not include all completed and pertinent forms may lead to disqualification and/or reduction in scoring

### **FATAL CRITERIA**

Applications will be rejected and not reviewed if the programs fails to address one (1) or more of the following:

- Food/Nutritional Services Programs
- Health Services Programs
- Legal Assistance Programs for homeless prevention services
- Emergency Shelter Services - **Homeless Initiative Only**

OR

- Agency is not currently registered with the State of Florida
- Agency does not have a 501 (c) (3) status or application for same in progress
- Agency is not in compliance with a County contract at the time of submission
- Application is late

### **SUBMISSION**

Applications must be typed in a **12 point font** and submitted on this application form. Organizations are required to submit **one (1) original and seven (7) copies** including all supporting documentation. Applications should be delivered to the Health and Human Services Department, to the attention of Jean Vleming, Contract Manager, 2189 Cleveland Avenue, Suite 266, Clearwater, Florida 33765 by 12:00 Noon, September 24, 2010.

The applicant must thoroughly describe the program (including resources, expenditures and measurable outcome objectives) in a manner consistent with the application. The application response shall be prepared using **only** the forms provided in the application packet. Additional pages, as requested in the application, may be attached and should be labeled and numbered as necessary.

Please note all materials and supporting documentation included with the application become public documents and the property of Pinellas County.

**The County will accept only one application for funding from an organization. Organizations seeking funding for more than one program may apply for multiple programs only if the programs are independent and meet the established criteria of the specific funding category.**

### **REVIEW AND SELECTION PROCESS**

All **eligible** grant applications will be reviewed and evaluated by the County staff prior to presentation to the Social Action Funding Board. Applicants are **not** required to personally appear during the review process; however, we may contact an agency representative who can respond to questions concerning the application.

Applications will be ranked and prioritized based on the final points accrued by each eligible applicant. The score of an application may not necessarily be the sole means by which funding recommendations are determined. County Staff reserve the right to determine the appropriateness of the requests and recommend awards based on what it believes to be in the best interest of the county and may choose to negotiate and/or modify any of the requests prior to funding.

County Staff recommendations will be presented to the Social Action Funding Committee who may modify, accept and/or reject the recommendations. Final acceptance of the recommended funding awards will be presented to the Board of County Commissioners for their approval. Applicants will receive the appropriate

notification after the Board's final approval of the FY 2011 budget. All Board funding decisions are based on continued availability of funds and the outcome of any appeals filed.

## **FUNDING PROCESS**

Organizations selected to receive funding will enter into a formal Agreement specifying the dollar amount awarded, scope of service or level of service contracted, how outcomes will be measured, and the Agreement duration. The funding process covers a one (1) year funding cycle and is subject to Board approval in September 2010. Should a full funding request not be awarded, organizations may be required to negotiate terms as a result in order to align service levels and outcome expectations with the amount awarded.

Any misrepresentation and/or failure to carry out the programs as set forth in the contract may result in immediate termination of the Agreement. The contract period for applications selected for funding will cover the period from October 1, 2010 through September 20, 2011.

## **ANTICIPATED OR PROJECTED RESOURCES**

Resources which are identified to support the program will remain the responsibility of the applicant. If an agency's resources are reduced or prove to be unattainable, the County will not be obligated to replace anticipated or projected resources. The applicant's failure to obtain or otherwise replace such resources, to sustain the program, may constitute a breach of contract and forfeiture of funding, and may result in, among other things, termination of the Agreement.

## **DISCLAIMER**

Pinellas County Government reserves the right to: 1) cancel the application process; 2) accept or reject any or all applications received; 3) waive any non-substantive deficiency or irregularity, waive or remedy any technical or immaterial errors; 4) request any necessary clarifications of proposal data without changing the terms of the proposal; 5) negotiate with any qualified applicant; 6) award a contract in what it believes to be the best interest of the County; 7) cancel the request, in part or its entirety, if it is deemed to be in the best interest of the County; 8) reject the program of any applicant that has previously failed to perform properly; 9) reject the program of any applicant who has failed to complete a contract within the specified timeframe; 10) reject the program of any applicant that is not in a position to fulfill a resulting contractual obligation.

## **OFFICIAL CONTACT PERSON**

Jean Vleming, Programs Analyst/Contract Manager  
Pinellas County Health and Human Services  
2189 Cleveland Street, Suite 266  
Clearwater, FL 33765  
Phone: (727) 464-8417  
FAX: (727) 464-8409  
e-mail: [jvleming@pinellascounty.org](mailto:jvleming@pinellascounty.org)

## **APPEAL PROCESS**

Appeals alleging significant error made by the County Staff/SAF Board must be submitted in writing to the HHS Department within five (5) business days from the date of the Applicant's notification of funding recommendation letter. To warrant review, an appeal must clearly state the oversight and are limited to substantive issues.

Appeal submitted to: Jean Vleming

Submitted appeals are presented to the SAF Board for consideration. Once reviewed, the SAF Board recommendation is considered a final decision. The applicant will receive the appropriate written notice of the outcome of the appeal.

**PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Health and Human Services Department**  
**FY 2010 – 2011**  
**Application for Social Action and Homeless Initiative Funding**

Food/ Nutritional Services Program     Health Services Program

Legal Services – Homeless Prevention Program     Homeless Initiative – Emergency Shelter Program

Organization Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Taxpayer/Employer ID#: \_\_\_\_\_

Organization/Incorporation:     Registered in Florida     Not Registered in Florida

Date of incorporation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Print Name and Title  
Of Authorized Official \_\_\_\_\_

Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice: Applicant is required to disclose any conflict of interest they may have in connection with this application. The official signing this application certifies to the best of their knowledge that the information contained in the application is accurate, true, and complete.**

**Program Description:**

Summarize program to be funded. Describe the population to be served. Identify the geographic service area(s) to be impacted. Describe the need for the services proposed. (Maximum Length – in space provided)

**Organization Profile:**

What strengths or features does the organization possess that enhances its capability to implement the proposed program? Explain the organization's experience relevant to the proposed program. Attach a list of the Board of Directors and an organization chart. (Maximum Length – in space provided, without the attachments.)

**Community Need:**

Clearly identify the problem area to be addressed through the program. Why is the problem important and who does it affect in Pinellas County? Provide supporting statistics or data specific to the County such as needs assessments, interviews, waiting lists, surveys, trends, analyses or crime rates. Identify the client population to be served and the geographic area that will be affected. Discuss what is currently being done in the community to address the need. Will this program be coordinated with existing programs in the community, if so, which ones and include the organization providing the program. How is your program different from similar programs currently operating in the County? (Maximum length – in space provided)

**Scope of Services**

Describe the program. How will the program address and help solve the problem identified? What are the specific services to be provided? What is the actual “unit of service” to be provided? (A unit of service is defined as a quantitative measurement of the activity the client will receive by participating in the program such as a therapy session, training day, job placement, etc.) What is the total number of units of service to be provided in the program? Is the location accessible to the target population? Why is this service of value to the community? How does this program respond to the County’s targeted priorities? (Maximum length – in space provided)



**Financial Capabilities**

Briefly describe the financial procedures utilized to assure compliance with generally accepted accounting principles, laws, rules and regulations applicable to the organization. (Maximum length – in space provided)

**Budget Information**

Submit a Total Organization Budget Summary using the attached form to report all support and revenue, Expenditures and related differences in revenues and expenses.

Additionally, using the attached Program Budget Form, submit a budget which clearly outlines program operational expenses using all funding source dollars including the County. The expenses information should include personnel costs such as position, salary and benefit information, and non-personnel expenses such as facility costs (rent/mortgage, utilities, maintenance, and taxes, fundraising expenses, travel, postage, equipment costs, supplies, insurance. Sources of funding should include fees for service, government funds, corporate/private grants, in-kind, individual donations, etc and all pending funding requests and dollars received. **Budgets developed in narrative form will not be accepted and gives cause for the application to be deemed disqualified.**

**Match Requirement** - (if applicable)

Describe the need for and use of match. Be specific.

Source of Funding Requiring Local Match Example: HUD	Total of Funding from Source \$80,000	Required Local Match \$20,000	Match Ratio 4:1
_____	\$ _____	\$ _____	_____ : _____
_____	\$ _____	\$ _____	_____ : _____

## SAF PROGRAM OUTCOME OBJECTIVES MATRIX

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Please identify the program's required performance standards and outcomes (*Program objectives - i.e. specify the quantitative and qualitative indicators used to measure program performance and effectiveness, describe your strategy for meeting those goals and objectives, and indicate if you are meeting your current objectives, etc.*)

**This matrix will be your quarterly reporting tool.**

### Evaluation Plan

Describe the evaluation measures to be used to track the program performance impact. Include a measure for each of the desired outcomes to be met as a result of providing the services to the client. Provide prior outcome measurements for the proposed services. Has the measure changed from FY 10 contract year?

<b>Measurable Objectives</b> Include both process and outcome objectives as appropriate to your program. (qualitative and quantitative please show #'s and %'s)	<b>Evaluation Method</b> How will we know when the objectives are achieved? Identify the tracking system used to measure clients served/services provided.	<b>Actual FY 10</b>	<b>Proposed FY 11</b>	<b>Goal</b> Did we meet our objectives? What were the final results?
Use unduplicated numbers				

Note: use this to reflect your agency's objectives and define how the success of your program will be measured.

## HOMELESS INITIATIVE PROGRAM OUTCOME OBJECTIVES MATRIX

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Please identify the program's required performance standards and outcomes (*Program objectives - i.e. specify the quantitative and qualitative indicators used to measure program performance and effectiveness, describe your strategy for meeting those goals and objectives, and indicate if you are meeting your current objectives, etc.*)

**This matrix will be your quarterly reporting tool.**

**PROGRAM GOAL:** To improve the living situation of homeless persons by providing emergency shelter and supportive services and assisting them in obtaining and sustaining permanent housing.

Objectives	Outcome Indicators	Actual FY 10	Proposed FY 11
1. 80% of shelter residents who remain in the shelter for 72 hours will have completed the Client Assessment.	1. As determined by electronic tracking through TBIN, electronic client tracking logs, and responses on Client Assessment and Case Plan forms.	Use unduplicated numbers	Use unduplicated numbers
2. 60% of shelter residents remaining for 72 hours will have a completed Case Plan within 7 days.	2. As measured by responses on agency's electronic client tracking logs and Case Plan forms. Exit Assessment form.		
3. 45% of shelter residents will secure stable transitional or permanent housing (includes public housing, Section 8, private landlord, transitional housing, program placement, living with family or friends) upon program discharge or case closure.	3. As measured by TBIN, electronic client tracking logs and Exit Assessment form.		
4. 25% of shelter residents will obtain/maintain employment or some source of income, which includes county vouchers, by program completion/discharge or case closure.	4. As measured by TBIN, electronic client tracking logs and Exit Assessment form.		
5. 40% of successfully housed shelter residents, excluding those placed in programs, will remain housed for at least six (6) months after program completion or discharge	5. As measured by electronic tracking logs, case plans, exit assessment and follow-up tracking process.		
6. 90% compliance with TBIN data entry.	6. As measured by TBIN UDE/PSDE Reports on accuracy and completion rates.		
7. ___ persons will receive shelter in 2010/2011.	7. Daily census will be maintained in TBIN as well as the electronic client tracking logs.		

**Note: use this to reflect your agency's objectives and define how the success of your program will be measured.**

AGENCY NAME \_\_\_\_\_

TOTAL AGENCY BUDGET SUMMARY

	ACTUAL FY 09	BUDGET FY 10	PROPOSED BUDGET FY 11
<b>SUPPORT And REVENUE:</b>			
Federal			
State			
Local Government:			
City/Municipal*			
City/Municipal*			
City/Municipal*			
County*			
JWB			
School Board			
United Way			
Contributions			
Fundraising			
In-kind (Specify)**			
Interest (Specify)			
Foundation/Endowment			
Program Fees (Explain)			
Miscellaneous (Dues/Sales)			
<b>TOTAL SUPPORT AND REVENUE</b>			
<b>Expenditures</b>			
Salaries			
Fringe Benefits			
Operating Expense			
In-Kind Costs (Specify)**			
Capital Expenses			
<b>TOTAL EXPENSES</b>			
<i>Difference in Revenue Total and Expenditures Total + or (-) (Surplus or Deficit)***</i>			

AGENCY FISCAL YEAR BEGINS: \_\_\_\_\_ ENDS: \_\_\_\_\_

\*Note: Include this Social Action and/or Homeless Initiative Funding request in your proposed revenue for FY 11

\*\*Note: In-Kind income and expense should balance

\*\*\*Explain reason for any significant surplus or deficit

**Program Name:**

<b>PROGRAM REVENUE</b>	<b>PROJECTED FY - 10/10 – 9/11</b>	<b>COUNTY REQUEST</b>
Federal/State		
Social Action Funding (this request)		
County – Other		
Other Local Gov't (city, JWB, School Board)		
United Way		
Contributions/Fundraising		
In-Kind		
Program Fees		
Interest (specify)		
Foundation/Endowment		
Misc. (dues, sales, etc.)		
Other (specify)		
<b>TOTAL PROGRAM REVENUE</b>		
<b>PROGRAM – PERSONNEL EXPENSES</b>		
Regular Salaries and Wages		
Benefits(FICA, health, unemployment, WC, etc.		
<b>Subtotal Personnel Expenses</b>		
<b>OPERATING EXPENSES</b>		
In-Kind		
Travel (including conference/training)		
Professional/Contractual Services		
Accounting/Auditing		
Advertising/Promotional Activities		
Insurance		
Dues/Memberships/subscriptions		
Communications (telephone, internet)		
Utility Services (electric, water, etc.)		
Rentals/Leases (buildings, land, vehicles)		
Maintenance/Repair (bldg,equip, vehicles)		
Office Supplies		
Printing/Binding/Copying		
Postage/Shipping		
Specific Assistance to Individuals		
Other (specify)		
<b>Subtotal Operating Expenses</b>		
<b>TOTAL EXPENSES</b>		

**TOTAL COUNTY REQUEST** \_\_\_\_\_

**Total Program** budget is what percentage of **AGENCY** budget? \_\_\_\_\_%

**County** funding request is what percentage of the **PROGRAM** budget? \_\_\_\_\_%

**County** funding request is what percentage of the **AGENCY** budget? \_\_\_\_\_%

A unit of service is defined as a quantitative measurement of the activity the client will receive (See Scope of Service)

The total program expense \$ \_\_\_\_\_ divided by the number of units of service to be provided \_\_\_\_\_ equals the per unit cost rate of \$ \_\_\_\_\_