



# NOTICE OF FUNDING OPPORTUNITY (NOFO) INFORMATION GUIDANCE

Financially Assisted Agencies (FAA)  
Homelessness Amendment 3  
FY 2022 - FY 2024  
(October 1, 2021 - September 30, 2024)

**Released: March 22, 2021**  
**Due date: April 20, 2021 at 12:00 PM EST**

Palm Beach County Board of County Commissioners (BCC)  
Community Services Department (CSD)  
810 Datura Street, Suite 200  
West Palm Beach, Florida 33401  
(561) 355-4700

# Table of Contents

SECTION I: GENERAL INFORMATION .....	4
INTRODUCTION .....	4
BACKGROUND .....	4
PROGRAM OVERVIEW .....	4
FUNDING AVAILABILITY .....	5
ELIGIBILITY .....	5
SECTION II: PROPOSAL SUBMISSION .....	5
SERVICE CATEGORY .....	6
PUBLISH/RELEASE DATE .....	6
DEADLINE DATE .....	6
TECHNICAL ASSISTANCE .....	6
CONTACT PERSON .....	7
SCHEDULE OF EVENTS/TIMELINE .....	7
EXPENSE OF PROJECT APPLICATION .....	8
PROJECT APPLICATIONS OPEN TO THE PUBLIC .....	8
CONE OF SILENCE .....	8
SECTION III: SCOPE OF SERVICES .....	9
TERMS OF SERVICE .....	9
TERMS AND CONDITIONS .....	9
RECOMMENDATIONS FOR SERVICES: HOMELESSNESS AND SUBCATEGORIES PALM BEACH COUNTY .....	11
SECTION IV: CONTENTS OF PROPOSAL AND INSTRUCTIONS .....	14
FY 2022 - 2024 FAA HOMELESSNESS AND SUBCATEGORIES APPLICATION COMPONENTS .....	16
SECTION V: APPLICATION REVIEW PROCESS .....	24
SECTION VI: GRIEVANCE NOTICE FORM .....	25
SECTION VII: DEFINITIONS .....	26
ATTACHMENT 1: REQUIRED COVER SHEET .....	28
ATTACHMENT 2: FY 2022 – 2024 FAA HOMELESSNESS NOFO RANKING GUIDE FOR REVIEW PANELIST – HOMELESSNESS .....	29
ATTACHMENT 3: FY 2022 – 2024 FAA HOMELESSNESS NOFO RANKING GUIDE FOR REVIEW PANELIST – DOMESTIC VIOLENCE AND SHELTERING SUBCATEGORY .....	30
ATTACHMENT 4: FY 2022 – 2024 FAA HOMELESSNESS NOFO RANKING GUIDE FOR REVIEW PANELIST – SENIORS SUBCATEGORY .....	31
ATTACHMENT 5: FY 2022 – 2024 FAA HOMELESSNESS NOFO RANKING GUIDE FOR REVIEW PANELIST – SPECIAL NEEDS SUBCATEGORY .....	32
ATTACHMENT 6: INTERNAL CONTROL QUESTIONNAIRE .....	33

ATTACHMENT 7: ROMA LOGIC MODEL..... 41  
ATTACHMENT 8: BUDGET WORKSHEET ..... 43  
ATTACHMENT 9: SCOPE OF WORK..... 47  
EXHIBIT 1: INSURANCE ..... 48

***INTENTIONALLY LEFT BLANK***

## READ CAREFULLY AND COMPLY WITH ALL REQUIREMENTS

IN ACCORDANCE WITH THE PROVISIONS OF THE ADA, THIS NOFO AND DOCUMENTS LISTED CAN BE REQUESTED IN AN ALTERNATE FORMAT. AUXILIARY AIDS OR SERVICES WILL BE PROVIDED UPON REQUEST WITH AT LEAST THREE (3) DAYS NOTICE. PLEASE CONTACT CSD AT (561) 355-4718 OR AT [CSD-FAAREP@PBCGOV.ORG](mailto:CSD-FAAREP@PBCGOV.ORG).

### SECTION I: GENERAL INFORMATION

#### INTRODUCTION

Palm Beach County Board of County Commissioners (BCC), Community Services Department (CSD) invites eligible entities to submit proposals for the Financially Assisted Agencies (FAA) Homelessness for Fiscal Years 2022 - 2024 (October 1, 2021 – September 30, 2024). Proposed Homelessness programs will participate in the system of care to provide housing and support services for individuals and families experiencing homelessness and domestic violence, and for homelessness and housing insecurity for seniors and special needs populations.

#### BACKGROUND

BCC established the FAA program within the Palm Beach County Administrative Code, Section 305.07 - Payments to Financially Assisted Agencies, in the early 1980s to augment the County's own service mix to address human service needs by providing financial assistance to community-based organizations. The Health and Human Services (HHS) Element of the *Comprehensive Plan of Palm Beach County* delineates goals and objectives that address the availability of health and human services necessary to protect the health, safety and welfare of County residents. In conjunction with the HHS Element, the BCC adopted Resolution R2013-1563, which created the Citizens Advisory Committee on Health & Human Services (CAC/HHS) to provide input on FAA processes. Additional guidance is also provided in *A Report of Health & Human Services in Palm Beach County – Based on Key Community Indicators 2017*, located at:

<http://discover.pbcgov.org/communityservices/Pages/Publications.aspx>.

CSD administers FAA for Health and Human Services on behalf of the County.

#### PROGRAM OVERVIEW

The FAA Homelessness and Subcategories program provides a system of care that works to demonstrate positive change towards Palm Beach County's goal of ending homelessness through the provision of rapid re-housing (RRH), permanent supportive housing (PSH), housing focused-case management, and homeless prevention activities. The Domestic Abuse/ Sheltering Subcategory programs work to assist victims of domestic violence through the provision of emergency shelter, rapid re-housing, education, and prevention services. The Seniors Subcategory programs work to address housing insecurities among seniors through the provision of homeless prevention and homeless services. The Special Needs Subcategory programs work to provide independence in group home housing to individuals and families with special needs, allowing participants to focus on building social, emotional, intellectual and/or physical skills.

## FUNDING AVAILABILITY

All proposals must be specific to the Homelessness Service Category or Subcategories described within the NOFO. Applicants are not limited in the number of proposals they may submit but must submit one application for each program. The funding available for this NOFO is determined by the BCC each year for each of the three (3) fiscal years covered by this NOFO.

The total funding estimated to be available for Fiscal Year (FY) 2022 is \$1,945,988 for the four (4) Subcategories, and will be distributed for each Subcategory as follows:

- Homelessness - \$1,127,573
- Domestic Violence/Sheltering Subcategory - \$421,234
- Seniors Subcategory - \$144,047
- Special Needs Subcategory - \$253,134

## ELIGIBILITY

Qualified entities submitting applications for FAA funding shall meet all statutory and regulatory requirements.

Applicants must be nonprofit organizations. For-profit and government entities are not eligible to apply for grants or to be sub-recipients of grant funds. All sub-recipients must also meet the eligibility standards as described below.

Organizations will clearly identify how their service/program(s) address the Service Category and system of care as approved by the BCC.

Nonprofit Applicants must:

- Hold current and valid 501(c)(3) status as determined by the Internal Revenue Service.
- Be chartered or registered with the Florida Department of State, have been incorporated for at least one agency fiscal year, and have provided services for at least six (6) months.
- Demonstrate accountability through the submission of acceptable financial audits performed by an independent auditor.
- Create a Vendor Registration Account OR activate an existing Vendor Registration Account through Palm Beach County Purchasing Department's Vendor Self Service (VSS) system, which can be accessed at <https://pbcvssp.co.palm-beach.fl.us/webapp/vssp/AltSelfService>.
- Maintain contractual liability insurance substantially similar to the terms listed in [EXHIBIT 1: INSURANCE](#), if awarded FAA funding.

## SECTION II: PROPOSAL SUBMISSION

Applicants shall submit project applications, along with required support materials, through the CSD NOFO submission website, located at:

<https://pbcc.samis.io/go/nofo/>

All documents must be submitted by the deadline date per application instructions.

**Late applications will not be accepted or reviewed.**

Applicants must submit at least one (1) online application package to be considered for funding.

## **SERVICE CATEGORY**

Homelessness and Subcategories (including Domestic Violence (DV), Seniors, and Special Needs Subcategories)

For a complete description of Service Category and Subcategories eligible activities, please refer to the [Recommendations for Services](#) section (page 10).

## **PUBLISH/RELEASE DATE**

Monday, March 22, 2021 EST

## **DEADLINE DATE**

Proposals, submitted through the online application website, must be completed and received by **12:00 PM (Noon) EST on April 20, 2021**. Proposals submitted after 12:00 p.m. to the website will not be accepted or reviewed.

## **TECHNICAL ASSISTANCE**

CSD will hold a **Mandatory Bidders Conference** for Applicants from 10:00 am to 12:00 pm (noon) on **Wednesday, March 24, 2021** using WebEx (Online). Please check the FAA website for changes to the meeting location.

<https://pbc-gov.webex.com/pbc-gov/onstage/g.php?MTID=e4090f61958819a5407bf537ea469bcc0>

Meeting number/Access Code: 180 324 2603  
Password: fB9wfphE39y

Join by phone: 1-844-621-3956 United States Toll  
+1-415-655-0001 United States Toll Free

Members of the public who plan to attend the meeting in person are asked to please notify CSD as soon as possible by email at [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG) or by phone at (561) 355-4718.

Communication Media Technology (CMT) may be accessed at the following location, which is normally open to the public at 810 Datura Street, West Palm Beach, FL 33401, Basement Conference Room.

People wishing to attend in person may do so at 810 Datura Street, West Palm Beach FL 33401, Basement Conference Room.

Anyone interested in additional information may contact FAA by mail at 810 Datura Street, West Palm Beach, FL 33401, by email at [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG) or by phone at (561) 355-4718.

Also, those wishing to make public comments may contact FAA by sending your comments via traditional mail to at 810 Datura Street, West Palm Beach, FL 33401, or email at [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG).

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

In accordance with the Americans with Disabilities Act (“ADA”), persons with disabilities requiring accommodations in order to participate in this public meeting can contact [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG) no later than three (3) business days prior to such meeting.

Persons who require special accommodations under the Americans with Disabilities Act or persons who require translation services for a meeting (free of charge), please call (561) 355-4718 or email [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG) at least five business days in advance. Hearing impaired individuals are requested to telephone the Florida Relay System at #711.

Technical assistance questions must be made in writing and emailed to [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG). All questions and answers will be made available for the public to review at:

<http://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx>.

The deadline for submitting questions to CSD is 12:00 PM (Noon) EST on April 19, 2021, which is one (1) business day before the submission deadline.

## CONTACT PERSON

This NOFO is issued, as with any addenda, for the BCC by CSD. The contact for all FAA Homelessness and Subcategories application inquiries is by email at [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG).

## SCHEDULE OF EVENTS/TIMELINE

### FY 2022 - 2024 FAA HOMELESSNESS AND SUBCATEGORIES NOFO TIMELINE

Please check the FAA website for changes to the time, date, and location of meetings in this timeline.

DATE	ITEM	RESPONSIBLE
March 11, 2021	Citizens Advisory Committee on Health and Human Services (CAC/HHS) information update on NOFO process	CSD CAC/HHS
March 22, 2021	FAA Homelessness and Subcategories NOFO Release Day - Available for Public	CSD
March 24, 2021	Mandatory Bidders Conference 10:00 AM EST	CSD Applicants
March 26, 2021	Homelessness and Subcategories NOFO Reviewer Training	CSD Reviewers
April 19, 2021	Final day to submit written questions 12:00 PM (Noon) EST	Applicants
<b>April 20, 2021</b>	<b>FAA HOMELESSNESS NOFO PROPOSAL SUBMISSION DEADLINE - 12:00 PM (Noon) EST</b>	<b>Applicants</b>
April 20, 2021	Cone of Silence Begins for FAA Homelessness and Subcategories NOFO	CSD, Applicants, Reviewers, BCC

May 18, 2021 – May 19, 2021	Homelessness Review Panels meet to review and score proposals	CSD Reviewers
May 20, 2021	Subcategories (Domestic Violence, Seniors, Special Needs) Review Panels meet to review and score proposals	CSD Reviewers
May 24, 2021 – May 28, 2021	Staff reconciles review panel rankings and funding availability to develop recommended allocations	CSD
June 10, 2021	CAC/HHS Meeting Presentation of FAA Funding Recommendations	CSD CAC/HHS
June 10, 2021	Funding Recommendations Posted on FAA Website	CSD
June 21, 2021	Final date to file a Funding Grievance – 7 Business Days following Funding Recommendations Posted on FAA Website	Applicants
July 13, 2021	Presentation of FY 2022 - 2024 FAA Funding Recommendations to BCC for Approval	CSD BCC
September 14, 2021	FAA Contracts Presented to the BCC for Approval	CSD BCC
September 14, 2021	Cone of Silence Ends for FAA Homelessness and Subcategories NOFO	CSD, Applicants, Reviewers, BCC

## EXPENSE OF PROJECT APPLICATION

All expenses incurred with the preparation and submission of proposals to the County, or any work performed in connection therewith, shall be borne by applicants. No payment will be made for proposals received or for any other effort required of or made by applicants prior to commencement of work as defined by an agreement approved by the BCC.

## PROJECT APPLICATIONS OPEN TO THE PUBLIC

Applicants are hereby notified that all information submitted as part of, or in support of, FAA Homelessness applications will be available for public inspection in compliance with the Florida Public Records Act.

## CONE OF SILENCE

**This NOFO includes a Cone of Silence.** The Cone of Silence will apply from the date the NOFO is due back to the department, which is April 20, 2021, until the final FAA contract agreements are approved by the BCC, approximately September 14, 2021.

All parties interested in submitting a proposal will be advised of the following:

### Lobbying - Cone of Silence

Respondents are advised that the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance) is in effect. A copy of the Ordinance can be accessed at:

[http://discover.pbcgov.org/legislativeaffairs/Pages/Lobbying\\_Regulations.aspx](http://discover.pbcgov.org/legislativeaffairs/Pages/Lobbying_Regulations.aspx)

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 NOFO 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 not apply to contract negotiations between any employee and the intended awardee and any dispute resolution process following the filing of a protest. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, when all proposals are rejected, or when an action is otherwise taken that ends the solicitation process.

## **SECTION III: SCOPE OF SERVICES**

### **TERMS OF SERVICE**

FAA Homelessness and Subcategories Funding Term:	12 months, automatically renewable for up to two (2) additional 12-month periods
FAA Homelessness and Subcategories Start Date:	October 1, 2021
FAA Homelessness and Subcategories End Date:	September 30, 2024

All contracts are contingent upon annual appropriations by the BCC.

### **TERMS AND CONDITIONS**

#### **1. Proposal Guarantee**

Proposer guarantees their commitment, compliance and adherence to all requirements of the NOFO by submission of their proposal.

#### **2. Modified Proposals**

Proposer may save any unfinished proposal online and continue to modify the proposal until the proposal is submitted. Once submitted, the proposal is final.

#### **3. Late Proposals, Late Modified Proposals**

Proposals and/or modifications to proposals submitted after the deadline are late and shall not be considered.

#### **4. Palm Beach County Office of the Inspector General Audit Requirements**

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code 2- 421 through 2-440, as may be amended, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General has the

power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the AGENCY, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud. Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code 2-421 through 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

#### **5. Commencement of Work**

The County's obligation will commence when the contract is approved by the Board of County Commissioners or their designee and upon written notice to the proposer. The County may set a different starting date for the contract. The County will not be responsible for any work done by the proposer, even work done in good faith, if it occurs prior to the contract start date set by the County.

#### **6. Non- Discrimination**

The County is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2017-1770, as may be amended, the Applicants warrants and represents that throughout the term of the Agreement, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity or expression, or genetic information. Failure to meet this requirement shall be considered default of the Agreement.

As a condition of entering into the agreement, the Applicants represents and warrants that it will comply with the County's Commercial Nondiscrimination Policy as described in Resolution 2017-1770, as amended. As part of such compliance, the Applicants shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity or expression, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of sub-contractors, vendors, suppliers, or commercial customers, nor shall the Applicants retaliate against any person for reporting instances of such discrimination. The Applicants shall provide equal opportunity for sub-contractors, vendors and suppliers to participate in all of its public sector and private sector sub-contracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the County's relevant marketplace in Palm Beach County. The Applicants understands and agrees that a material violation of this clause shall be considered a material breach of the agreement and may result in termination of the agreement, disqualification or debarment of the company from participating in County contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. Applicants shall include this language in its sub-contracts.

#### **7. Homeless and Housing Alliance (HHA)**

Agencies that are awarded funding will be expected to participate in coordinated-entry in collaboration with the Palm Beach County Continuum of Care (CoC) - Homeless and Housing Alliance (HHA). Any agency receiving FAA funding will be expected to adhere to the Standards of Care for their component, as adopted by the HHA. Funded agencies must also become a member in good standing of the HHA within the first year of their project. To qualify as a member in good standing, organizations must meet the HHA attendance requirements – sixty percent (60%) attendance at the general HHA meetings and seventy percent (70%) attendance at sub-committee meetings, as defined in the HHA Bylaws, Article 3, Section 2 found at [www.hhapbc.org](http://www.hhapbc.org).

## 8. Homeless Management Information System (HMIS)

All agencies awarded FAA funds must participate in HMIS. All clients served with FAA funds must be entered into HMIS. Funding requires that all clients served be entered and exited in HMIS during the applicable fiscal year. Agencies must execute the required partner and user agreements with Palm Beach County and must participate in the data sharing of HMIS on an on-going basis throughout the term of their FAA agreement in order to maintain eligibility for reimbursement. Provisions are in place within HMIS to protect client confidentiality, yet still report statistical data. Domestic Violence Agencies are exempt from this requirement and will be required to enter into SAMIS.

## 9. Participate in Annual Point in Time (PIT) Count and Housing Inventory Chart (HIC)

The PIT Count is an annual count of those experiencing homelessness in Palm Beach County on the streets and in shelters. The PIT Count is a community-wide undertaking that requires a large amount of volunteers and coordination to accomplish the goal of accurately counting all unsheltered homeless in Palm Beach County. FAA recipients are required to assign staff volunteers in outreach teams or fixed locations to help complete surveys with homeless individuals.

The Homeless Inventory Chart (HIC) is a required report by the U.S. Department of Housing and Urban Development (HUD) that counts every bed available (Permanent Supportive Housing, Hotel/Motel, Emergency Shelter, Transitional Housing and Safe Haven) in the CoC. It is completed by the CSD Division of Human and Veteran Services with input from every agency in the CoC. Reporting for the HIC will be required of all FAA Agencies.

Additional terms and conditions will be included in the program agreement and are contained on the FAA website, as **FAA Standard Terms and Conditions**, located at:

<http://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx>

## RECOMMENDATIONS FOR SERVICES: HOMELESSNESS AND SUBCATEGORIES PALM BEACH COUNTY

Qualified entities are invited to submit applications to provide Homelessness and Subcategories to Palm Beach County residents. The Review Panel will rank all proposals based on how critical they deem the program is for the system of care. The SCORE awarded to a proposal is reflective of how competitive the proposal is. The RANKING of the proposals is reflective of how imperative and critical the services are to ensure availability and access. Ranking will be based on priorities developed using data gathered by CSD's Division of Human and Veteran Services (DHVS). Data include the annual 2020 Point-In-Time (PIT) Count, *Leading the Way Home – Palm Beach County's Plan to End Homelessness* (located at: <http://www.thehomelessplan.org/ourgoals/endhomelessness.htm>), and *The Future of Homelessness: A System's Response to Eviction and Homelessness* Community Meeting held in November 2020.

### Point-in-Time (PIT) Count

The PIT Count is an annual measurement required by the U.S. Department of Housing and Urban Development (HUD) for data gathering purposes. The results of the 2020 PIT Count indicated that 1,510 people were experiencing homelessness in Palm Beach County at the time of the count in January 2020. The results further indicated that family homelessness has decreased by sixty-seven percent (67%), senior homelessness increased by forty-three percent (43%), and persons experiencing chronic homelessness increased by eleven percent (11%).

## **Leading the Way Home, Palm Beach County's Plan to End the Cycle of Homelessness**

In 2008, a community-based, multi-stakeholder leadership group launched an ambitious strategy to end homelessness in Palm Beach County within ten years. The Ten-Year Plan, provided a blueprint for ending homelessness through seven (7) goals and sixty-three (63) action steps that focused on the development of a robust, coordinated service delivery system to ensure that every homeless person has a place to call home. *Leading the Way Home, Palm Beach County's Plan to End the Cycle of Homelessness* was developed after the Ten-Year Plan to End Homelessness concluded in 2018. The new Plan outlines six (6) key areas of focus: 1. Engage Healthcare/Primary Care/Behavioral Health entities in Homelessness efforts; 2. Increase access to Permanent Supportive and other Permanent Housing; 3. Align Funding and Investments; 4. Expand Support Services; 5. Expand Engagement and Advocacy; and 6. Enhance Homeless System of Care.

## **The Future of Homelessness: A Systems Response to Evictions and Homelessness**

Providers and collaborating partners gathered on November 19, 2020 for *The Future of Homelessness: A Systems Response to Evictions and Homelessness* community meeting. Common themes that emerged from the meeting included: Future evictions and their impact on Palm Beach County's homeless system of care in light of the COVID pandemic and end to the eviction moratorium; and the continued need for safe, decent, and affordable housing.

See [ATTACHMENT 2](#), [ATTACHMENT 3](#), [ATTACHMENT 4](#), and [ATTACHMENT 5](#) for the priority guidance that proposal reviewers will use for the review process. See [SECTION VII](#) for definitions.

## **FUNDING PRIORITY FOR FY 2021 – 2024 FAA HOMELESSNESS AND SUBCATEGORIES NOFO**

### **1. HOMELESSNESS**

Strategy:

- a. Permanent Supportive Housing or Rapid-Re Housing with Housing-Focused Case Management
- b. Permanent Supportive Housing or Rapid- Re Housing in Western Communities. Western communities are defined as communities west of 20-Mile Bend (Intersection of State Road 80 and State Road 880)
- c. Homeless Prevention programs that provide financial assistance

### **2. DOMESTIC VIOLENCE AND SHELTERING - SUBCATEGORY**

- a. Emergency Shelter to Rapid Re-Housing Program
- b. Emergency Shelter

### **3. SENIORS - SUBCATEGORY**

- a. Permanent Supportive Housing/Rapid Re-Housing for Homeless Seniors
- b. Homeless Prevention that provides financial assistance for Seniors

#### **4. SPECIAL NEEDS - SUBCATEGORY**

- a. Housing (Group Homes) for individuals or families with documented disabilities to prevent homelessness

Programs and services in the Homelessness Service Category should address outcomes and performance measures that demonstrate positive change toward the County's goal of ending homelessness. All efforts should align with the following:

- *Palm Beach County Leading the Way Home, Palm Beach County's Plan to End the Cycle of Homelessness*
- 2020 PIT Count Data

Both documents are located at:

<http://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx>.

Proposals should include strategies and interventions that respond to the data provided.

#### **REQUIRED OUTCOMES**

##### **Required Outcomes for Logic Models for the Homelessness Service Category**

*For Agency-provided percentages, please use prior data and outcomes to choose an appropriate percentage*

##### **Rapid Re-Housing**

- Eighty percent (80%) of clients that exit to Permanent Housing locations.
- (Agency-provided) Percent of clients do not return to homelessness.

##### **Permanent Supportive Housing**

- (Agency-provided) Percent of clients remain in or exit to Permanent Housing locations.
- (Agency-provided) Percent of clients do not return to homelessness.

##### **Homeless Prevention**

- (Agency-provided) Percent of individuals who maintain their housing for 6 months or more after receiving financial assistance.

##### **Required Outcomes for Logic Models for Domestic Violence and Sheltering**

- Provide a transition from emergency shelter to housing resulting in Eighty percent (80%) of clients exiting to safe, violence-free housing.

##### **Required Outcomes for Logic Models for Seniors**

- (Agency-provided) Percent of individuals who maintain their housing for 6 months or more after receiving financial assistance.

- (Agency-provided) Percent of individuals who move from homelessness into permanent housing and maintain housing for 6 months or more.

### **Required Outcomes for Logic Models for Special Needs**

- (Agency-provided) Percent of residents who achieved at least one goal from their plan during the program year.

## **SECTION IV: CONTENTS OF PROPOSAL AND INSTRUCTIONS**

The NOFO Guidance as well as additional resources and information are available at:

<http://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx>

<http://discover.pbcgov.org/BusinessOpportunities/Pages/default.aspx>

Paper copies are available upon request.

The FAA Homelessness and Subcategories NOFO Guidance is for reference purposes only as the proposal must be submitted through the CSD NOFO Application Submission website.

Except where noted, all agencies applying for FAA funds must complete and submit all items listed below.

The deadline for application package submission is **Monday, April 20, 2021 at 12:00 PM (Noon) EST**. In order to be considered for funding, Application Packages shall be timely submitted on the CSD NOFO Application Submission Website:

<https://pbcc.samis.io/go/nofo/>

Applications may be revised prior to final submission. Once submitted, applications cannot be changed.

Applications must (be):

- Written in plain language in a narrative that fully addresses all questions in the FAA Homelessness and Subcategories NOFO Guidelines.
- Understandable to people unfamiliar with the agency or its area of expertise.
- Specifically address the funding priorities set out in this NOFO.

Please refer to this FAA Homelessness and Subcategories NOFO guidance for further description or definitions.

FAA Review Committee meetings, during which the Review Committee will review and score all applications, is scheduled as follows. Each meeting will be held online using WebEx from 9 am to 5 pm (end time is dependent on the number of applications received). Please check the FAA website for changes to the meeting location.

**Homelessness (Day 1)**

**May 18, 2021(9:00 am to 5:00 pm)**

<https://pbc-gov.webex.com/pbc-gov/onstage/g.php?MTID=e4c9e9f271ced0b139cc99484c8da66f9>

Meeting number/Access Code: 180 833 2159

Password: 4UvJnJ3xiy7

Join by phone: 1-844-621-3956 United States Toll  
+1-415-655-0001 United States Toll Free

**Homelessness (Day 2)**

**May 19, 2021 (9:00 am to 1:00 pm)**

<https://pbc-gov.webex.com/pbc-gov/onstage/g.php?MTID=ede93b9aef5cf2e4c87fb26a940a3d3b7>

Meeting number/Access Code: 180 178 3352

Password: A8BvUh7E96F

Join by phone: 1-844-621-3956 United States Toll  
+1-415-655-0001 United States Toll Free

**Subcategories (Domestic Violence, Seniors, Special Needs)**

**May 20, 2021 (9:00 am to 5:00 pm)**

<https://pbc-gov.webex.com/pbc-gov/onstage/g.php?MTID=e78274a3408cef4f78b77f37f42e40306>

Meeting number/Access Code: 180 422 1214

Password: mfMdeZiM364

Join by phone: 1-844-621-3956 United States Toll  
+1-415-655-0001 United States Toll Free

Members of the public who plan to attend the meeting in person are asked to please notify FAA, as soon as possible at [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG) or call (561) 355-4718.

Communication Media Technology (CMT) may be accessed at the following location, which is normally open to the public at 810 Datura Street, West Palm Beach, FL 33401, Basement Conference Room.

People wishing to attend in person may do so at 810 Datura Street, West Palm Beach FL 33401, Basement Conference Room.

Anyone interested in additional information may contact FAA by mail at 810 Datura Street, West Palm Beach, FL 33401, by email at [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG), or by phone at (561) 355-4718.

Also, those wishing to make public comments may send your comments via traditional mail to at 810 Datura Street, West Palm Beach, FL 33401 or email at [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG).

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

In accordance with the Americans with Disabilities Act (“ADA”), persons with disabilities requiring accommodations in order to participate in this public meeting can contact [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG) no later than three (3) business days prior to such meeting.

Persons who require special accommodations under the Americans with Disabilities Act or persons who require translation services for a meeting (free of charge), please call (561) 355-4718 or email [CSD-FAARFP@PBCGOV.ORG](mailto:CSD-FAARFP@PBCGOV.ORG) at least five business days in advance. Hearing impaired individuals are requested to telephone the Florida Relay System at #711.

## **FY 2022 - 2024 FAA HOMELESSNESS AND SUBCATEGORIES APPLICATION COMPONENTS**

**\*\*START A NEW APPLICATION – DO NOT USE AN OLD ONE\*\***

### **Proposal**

**NOFO Invitation Code**

**Federal ID**

**Agency Name**

**Doing Business As (DBA)**

Please indicate name(s) by which agency is known or does business.

**Address**

**City**

**State**

**Zip Code**

**NOFO/RFP**

**Additional Editors**

**Program Name**

**FAA Required FY 2022 - 2024 Cover Sheet**

Click to download the REQUIRED FAA FY 2022 - 2024 Cover Sheet Template. See [ATTACHMENT 1](#).

Please upload once you have completed the form.

- **Please upload your document in the same format as the template: .doc OR .docx**
- **Please name your document as such: *(Agency Name or Initials)Coversheet\_FY22***

**NOFO Information Document**

Click to download the **FY 2022 - 2024 FAA HOMELESSNESS AND SUBCATEGORIES NOFO Guidance** document for reference throughout the application.

### **General Contact Information**

**CEO/Executive Director Name and Title**

**CEO/Executive Director Email**

**Agency Contract Person Name and Title**

**Agency Contract Person Phone**

## Agency Contract Person Email

### Total Funding Amount Requested

Please enter total funding amount across all service categories that you are requesting.

### Total People Expected to Serve

Please enter total number of unduplicated people expected to be served with the funding requested.

### Internal Control Questionnaire

Click to download the REQUIRED **Internal Control Questionnaire**. Please upload once you have completed the form. See [ATTACHMENT 6](#).

- Please upload your document in the same format as the template: .doc OR .docx
- Please name your document as such: *(Agency Name or Initials)*InternalControl

### Policies and Procedures

Please upload your agency's policies and procedures.

- Please upload your document in the same format as the template: .doc OR .docx
- Please name your document as such: *(Agency Name or Initials)*Policies

### Performance Improvement Plan (2000 Characters)

Please describe how your agency responds to requests for performance improvement plan.

## I. Homelessness Project Narrative (25 Points)

### Homelessness and Subcategories

#### 1. Program Type

Select the program type.

- Permanent Supportive Housing or Rapid Re-Housing with Housing-Focused Case Management
- Permanent Supportive Housing or Rapid Re-Housing in Western Communities. Western communities are defined as communities west of 20-Mile Bend (Intersection of State Road 80 and State Road 880)
- Homeless Prevention programs that provide financial assistance (Homelessness and Seniors Subcategory only)Permanent Supportive Housing/Rapid Re Housing for Homeless Seniors (Senior Subcategory only)
- Emergency Shelter to Rapid Rehousing Program (DV Subcategory Only)
- Emergency Shelter (DV Subcategory Only)
- Housing/Group Homes for individuals or Families (Special Needs Subcategory Only)

#### 2. Client Population

Select the client population.

- Homeless Families with Children
- Homeless Individuals
- Homeless Youth (Ages 18-24)
- Subcategory: Domestic Violence (DV)

- Subcategory: Special Needs
- Subcategory: Seniors

### **3. Clients/Population to be served (1500 Characters)**

Describe the clients/population that will be served.

### **4. Number Served (500 Characters)**

List the total number of unduplicated persons that will be served. Specify the number on a monthly and annual basis. Specify if agency will be serving individuals or households (families).

### **5. Coordination (1500 Characters)**

How will your proposed activity coordinate with the County's Homeless Resource Centers and the current system of care? How has your agency been involved with Coordinated Entry? If your agency has not been involved, please describe your willingness to become involved and timeline for participation.

### **6. Key Staff (1500 Characters)**

Describe key staff that will be working on your project. The description should include position titles, education and experience required. Including specific staff names is optional.

### **7. Organizational Capacity (4000 Characters)**

Describe the capacity of your organization. Include the following in your description:

- Length of time in business
- Length of time undertaking activity for which funding is being requested
- Number of full-time, paid administrative and/or fiscal staff
- Number of full-time, paid programmatic staff
- Number of active volunteers

### **8. Inclusivity (4000 Characters)**

Describe how your agency is (or is working to become more) inclusive and equitable, both in terms of internal practices and programming, and in terms of external partnerships, and within the community.

### **9. Racial Equity (4000 Characters)**

Describe the steps your agency has taken or plans to take in order to establish, develop or continue policies, practices, and procedures that increase racial equity in the following areas: Training, hiring and retention, board development, community engagement and partnerships, and other organizational work?

### **10. Trainings (4000 Characters)**

Describe on-going or planned efforts to ensure staff receives the following trainings and how they would be incorporated into service delivery:

- Racial Equity Training
- Trauma-Informed Care (TIC), Adverse Childhood Experiences (ACEs), Motivational Interviewing (MI) training
- Cultural Competency/Humility Training
- Lesbian, Gay, Bi-Sexual, Transgender, Questioning (LGBTQ) Cultural Competency

### **11. How Clients Selected (4000 Characters)**

Describe how clients will be selected for service(s).

## **12. Type of Service (2000 Characters)**

Describe the types of services to be offered.

## **13. COC-HHA Standards (3000 Characters)**

Describe how the CoC-HHA RRH or PSH standards and Housing-Focused Case Management standards have been utilized in establishing/operating the program.

## **14. Rapid Re-Housing (RRH) (6000 Characters)**

### **FOR RRH PROJECTS ONLY**

For RRH Projects, Housing-Focused Case Management that supports RRH, and Seniors Subcategories, describe the following information:

- a. The maximum amount of assistance to be provided per individual/family.
- b. The maximum period to receive assistance.
- c. Who will provide the service(s)?
- d. The process for procuring rental property for clients.

## **15. Domestic Violence (DV) (2000 Characters)**

### **FOR DV PROJECTS ONLY**

For DV projects, describe how the program will ensure the safety of clients.

## **16. Seniors Services (2000 Characters)**

### **FOR SENIORS SERVICES ONLY**

Describe the unique challenges seniors face with housing. How will you approach a housing or housing prevention program for Seniors to address these challenges?

## **II. Evaluation Approach (15 Points)**

### **17. FAA Logic Model**

Click to download the ROMA Plan/Logic Model. Please upload once you have completed the form. See [ATTACHMENT 7.](#)

- Ensure outcomes are SMART (specific, measurable, achievable, realistic, time bound).
- Ensure outcomes are reflective of the required outcomes stated in the FAA NOFO Guidance.
  
- **Please upload your document in the same format as the template: doc OR .docx**
- **Please name your document as such: *(Agency Name or Initials)*ROMALM\_FY22**

### **18. Program Evaluation and Best Practices (4000 Characters)**

How does your agency use program evaluation and best practice program models to develop and implement the programs that you operate?

### **19. Overall Evaluation Approach (4000 Characters)**

What is your agency's overall approach to building these practices into your programs? Please give an example of a change made to an existing program or a time your agency developed a new program based on a best

practice or the results of an evaluation.

### **III. Prior Outcomes And Response To Community Data (10 Points)**

#### **20. Prior Outcomes (4000 Characters)**

Discuss prior outcomes and other relevant data that demonstrates success of the services in this proposal.

- For PSH Programs include data that can be supported in CMIS
  - The percent of clients that have increased or maintained their income in the last year of the program
  - The percent of leavers that exited to Permanent housing
  - The percent of returns to homelessness within the last two years
- For RRH Program include data that can be supported in CMIS
  - The percent of clients that have increased or maintained their income in the last year of the program
  - The percent of leavers that exited to Permanent housing
  - The percent of returns to homelessness within the last two years
- For Homeless Prevention Program that provides financial assistance
  - Number of clients served with prevention services
  - The percent of clients returning for prevention services within the last two years
  - The average amount of financial assistance provided to each client
- For Subcategory - Domestic Violence include data that can be supported by your data management system
  - The percent of clients that exited to safe, violence free housing from housing programs including the type of program (shelter, transitional housing, rapid rehousing)
  - The percent of clients that learned strategies to enhance personal safety
  - Discuss the bed cost of your program
- For Subcategory- Special Needs
  - The percent of clients that achieved at least one goal from their plan during the program year.
  - Discuss the bed cost of your program

#### **21. Data Sources (4000 Characters)**

Review the data sources provided that demonstrate a need for services in the category for which you are applying. Describe how your proposal will respond to the need demonstrated by the data provided.

### **IV. Data Management (10 Points)**

#### **22. ClientTrack - HMIS (4000 Characters)**

##### **FOR ALL PROGRAMS AND SUBCATEGORIES EXCEPT DV PROGRAMS**

How does your agency ensure quality data collection, data entry, and reporting for service programs in ClientTrack, the Homeless Management Information System (HMIS)? If your program is not currently participating in ClientTrack, describe your plan for increasing agency capacity to quickly begin collecting and entering data.

**All agencies awarded FAA funds must participate in ClientTrack/HMIS. All clients served with FAA funds must be entered into ClientTrack/HMIS. Funding requires that all clients served be entered and exited in ClientTrack/HMIS during the applicable fiscal year. Agencies must execute the required partner and user agreements with Palm Beach County and must participate in the data sharing of ClientTrack/HMIS on an on-going basis throughout the term of their FAA contract in order to maintain eligibility for reimbursement. Provisions are in place within ClientTrack/HMIS to protect client confidentiality, yet still report statistical data.**

**23. Data Collection (4000 Characters)  
FOR DV PROGRAMS ONLY**

How does your agency ensure quality data collection, data entry, and reporting for programs in your data management system?

**24. Program Changes (4000 Characters)**

Provide a specific example of program changes your agency has made based on data collection, analysis and program evaluation. For each example, describe briefly (a) how the problem was identified, (b) what steps your agency took to make the improvement, and (c) the measurable impacts of these changes.

Examples may come from ClientTrack/HMIS as well as other data sources such as participant feedback and staff observations.

**V. Partnerships, Resources And Collaboration (20 Points)**

**25. Partnerships (4000 Characters)**

Describe how your agency is part of the local CoC, also known as HHA. Give an example of how your agency is connected to other organizations that are or have supported your agency's program participants.

**26. PIT and HIC (3000 Characters)**

Describe your agency's previous participation in the Point in Time (PIT) Count and Housing Inventory Chart (HIC) data collection. If your agency did not participate previously, describe your agency's plan for participation in the PIT and HIC if awarded FAA funding.

**27. Collaboration (4000 Characters)**

How will your agency work collaboratively to support program outcomes as needed in a seamless, person-friendly way? Describe any key, formal partnerships that are jointly designed with other agencies and indicate whether they are formalized through a Memorandum of Understanding (MOU) or subcontract.

**27a. Partner Letters or MOUs**

Please upload a Partner Letter or MOU for all project partners. Each Partner Letter or MOU must include details regarding the following:

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

Please combine all partner letters into **ONE** (1) PDF document and name your document as such:

**PartnerLettersMOU\_FY21.pdf**

## 28. Resources (4000 Characters)

How will your organization continue to address this need (or solve this problem) if current funding ends?

## VI. Budget (20 Points)

### 29. FY 2022 Proposed Program Budget

- Complete proposed program budget using the template provided in the online application. Review the “sample” and “guidelines” tabs provided before completing the template. Ensure the requested fund justifications are complete.
- Ensure administration expenses are limited to 15%. The Budget Justification must be thoroughly completed. (Please describe in detail each of the line items requested in the budget. Employee positions should include brief descriptions of their duties in the program). If you are charging an indirect/administrative cost rate then you must remove any other line items related to indirect/administrative expenses. If an indirect cost rate is being requested, an approved cost plan from a cognizant agency must be included.
- Ensure FAA requested funding is not more than 25% of the Total Agency Budget

Click to download the REQUIRED FY 2022 Budget Worksheet Template. See [ATTACHMENT 8](#). Please upload once you have completed the form.

- Please submit budget in one of the following formats: .xls OR .xlsx OR .pdf
- Please name your budget as such: *(Agency Name or Initials)Budget\_FY22*

### 30. Total Agency Budget

The Total Agency Budget must be attached to the proposal. The Budget forms that are part of the proposal do not need to be utilized for this budget as it can be in any form, but it should include all agency funding sources as well as expenditures by program.

- Please submit Total Agency Budget in one of the following formats: .pdf OR .xls OR .xlsx
- Please name your Total Agency Budget as such: *(Agency Name or Initials)TAB\_FY22*

### 31. Audit Report

Submit most recent audit report. If there were findings, describe corrective actions.

- Please submit Audit Report in the following format: .pdf
- Please name your Audit Report as such: *(Agency Name or Initials)Audit\_FY(Year of most recent audit).pdf*

### 32. Audit Report Corrective Actions Explanation (1000 Characters)

Please provide any Audit Report Corrective Actions Explanation, if applicable.

### 33. Year End Financials

Please submit agency’s Year-End Financial Statements. If not submitted explain why.

- Please submit Year-End Financial Statements in the following format: .pdf
- Please name your Year-End Financial Statements as such: *(Agency Name or Initials)YEFS\_FY20.pdf*

### **34. IRS Form 990**

Please submit agency's IRS Form 990. If not submitted explain why.

- **Please submit IRS Form 990 in the following format: .pdf**
- **Please name your IRS Form 990 as such: *(Agency Name or Initials)IRS990\_FY20.pdf***

### **35. YEF/IRS 990 Explanation (1000 Characters)**

Please provide any Year End Financials/IRS Form 990 explanation, if applicable.

### **36. Unit Cost (4000 Characters)**

Submit proposed Unit Cost service description and unit cost of service rate. Is this an industry standard? If so, please state source.

Ensure both the unit cost service description and cost rate are clear and accurately calculated. Formulas used to arrive at the cost rate should be included.

### **37. FAA Funding**

Is FAA funding being used as match for another funding source? If so please explain.

Choose Yes or No

### **38. FAA Funding Match Explanation (1000 characters)**

Please provide any FAA Funding Explanation (only applicable if "YES" was selected for Question 37).

## **VII. Scope of Work (No Points)**

This section will be used to develop agency contract agreement if program is funded. These items will be monitored by contract monitors.

### **39. Target Population (200 Characters)**

Briefly explain your target population.

### **40. Overview (400 Characters)**

Please provide a brief overview of the proposed program.

### **41. Services (1000 Characters)**

List in bullet points the services you will be providing to clients.

### **42. Scope of Work (SOW) Template**

Click to download the REQUIRED FY 2022 Scope of Work Template. See [ATTACHMENT 9](#). Please upload once you have completed the form.

- Specific activity to be completed (including when, where, and how often they are provided)
- The timeline for completing each component of the implementation
- The target population
- The roles and responsibilities of your organization and your project partners (if any)

- Please submit SOW in one of the following formats: .doc OR .docx OR .pdf
- Please name your budget as such: *(Agency Name or Initials)*SOWFY22.doc

## SECTION V: APPLICATION REVIEW PROCESS

The application review process is welcoming to persons with disabilities, persons who have experienced homelessness, and persons with limited English proficiency. If you need any accommodations, please contact (561) 355-4718 or [CSD-FAARFP@pbcgov.org](mailto:CSD-FAARFP@pbcgov.org).

- CSD shall recruit FAA Review Committee members.
- Review Committee members shall be trained, as appropriate, and receive submitted applications.
- Applications shall be reviewed, discussed and scored by the FAA Review Committee.
- Funding recommendations, based in part by the scoring, are submitted to the CAC/HHS for comments.
- Funding recommendations are posted to the FAA website.
- Applicant(s) have seven (7) business days following the posting of funding recommendations to file a grievance notice.
- Funding recommendations are submitted to the BCC for final approval.
- Contract agreements, based on the funding recommendations, are submitted to the BCC for final approval.

## SECTION VI: GRIEVANCE NOTICE FORM

### Grievance Notice Form Palm Beach County Community Services Department- FAA Program

Grievances may be filed by an entity submitting a NOFO (Proposer) that is aggrieved in connection with deviations from the established PROCESS for reviewing proposals and making recommended awards. The amount of recommended awards may not be grieved through this procedure.

If you wish to file a grievance with the Palm Beach County Community Services Department, Financially Assisted Agencies Program, this Grievance Notice Form must be completed, submitted, and received by the Director of the Community Services Department within seven (7) business days of posted funding recommendations. You will receive a written response within fifteen (15) business days of the receipt of this form by the Director of the Community Services Department. There is no administrative fee associated with filing this grievance.

When completed, submit this Grievance Notice Form via mail or email to:

Mr. James Green, Director Community Services Department  
810 Datura Street, First Floor, West Palm Beach, Florida 33401  
[JGreen1@pbcgov.org](mailto:JGreen1@pbcgov.org)

Entity Filing Grievance: \_\_\_\_\_

Which process was allegedly deviated from? \_\_\_\_\_

Describe in detail the alleged deviation; include how you were directly affected and what remedy you seek (add additional pages as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What remedy does the applicant seek?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Agency Representative Name and Title

\_\_\_\_\_  
Agency Filing Grievance

\_\_\_\_\_  
Authorized Agency Representative Signature

\_\_\_\_\_  
Date

## SECTION VII: DEFINITIONS

**Centralized or Coordinated Assessment System** – A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

**Coordinated Entry** – A process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

**Disability:** Defined under the Americans with Disabilities Act, is a person who has a physical or mental impairment that substantially limits one or more major life activity, a person who has a history or record of such and impairment OR a person who is perceived by others as having such an impairment. A disability does not require a formal medical diagnosis. Self-disclosure of a disability and how it may impact a person's major life activities is the only requirement to document a disability.

**Domestic Violence:** Any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.

**Family or Household Member:** Spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.

### **Homeless:**

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground;
  - b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals); or
  - c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
2. An individual or family who will imminently lose their primary nighttime residence, provided that:
  - a. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  - b. No subsequent residence has been identified; and
  - c. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- a. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. § 5732a), section 637 of the Head Start Act (42 U.S.C. § 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. § 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. § 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. § 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. § 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11434a);
  - b. Have not had a lease, ownership interest or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
  - c. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
  - d. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
4. Any individual or family who:
- a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
  - b. Has no other residence; and
  - c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

**Housing-Focused Case Management:** A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's housing and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost effective interventions and outcomes.

**Permanent Supportive Housing (PSH):** Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

**Rapid Re-Housing (RRH):** An intervention designed to help individuals and families exit homelessness as quickly as possible, return them to permanent housing, and achieve long-term housing stability. Rapid Re-Housing is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are tailored to the unique needs of each household. The core components of a Rapid Re-Housing program are housing identification and relocation, short and/or medium term rental assistance, move-in (financial) assistance, case management and housing stabilization services.

**Seniors:** Persons over the age of 60

**Special Needs:** For Financially Assisted Agencies (FAA) programs, persons with Special Needs are individuals with disabilities.

# ATTACHMENT 1: REQUIRED COVER SHEET

## REQUIRED COVER SHEET



### PALM BEACH COUNTY DEPARTMENT OF COMMUNITY SERVICES FINANCIALLY ASSISTED AGENCIES FY 2022

**PLEASE RESPOND TO ALL QUESTIONS LISTED BELOW:**

***(NOTE: This form is formatted using MS Word, Cambria, and 10pt font)***

QUESTIONS:	AGENCY RESPONSES:
NAME OF AGENCY:	
SERVICE CATEGORY (identify the service category for which the proposal is being submitted):	
PROGRAM TITLE:	
PRIORITY POPULATION (include the unduplicated number to be served annually):	
GEOGRAPHIC AREA TO BE SERVED:	
COMMISSION DISTRICT(S) TO BE SERVED:	
PROGRAM STATUS (existing or new program):	
PROGRAM START DATE (if new program):	
TOTAL PROGRAM BUDGET:	\$
AMOUNT OF FUNDING REQUEST (how much you are requesting in the proposal):	\$
UNIT COST SERVICE DESCRIPTION:	
UNIT COST OF SERVICE:	
IDENTIFY IF AGENCY IS CURRENTLY CERTIFIED BY NONPROFITS FIRST: (Yes or No)	
OVERVIEW (3 sentence overview of the program – this must be short and concise and will be used to communicate the purpose of programs and services to the Board of County Commissioners and various publications):	

#### **SPECIAL NOTICE:**

Contracted agencies must comply with the current Health Insurance Portability and Accountability Act (HIPAA). If your agency does not provide services that fall under HIPAA Privacy Rules, please state that in the above overview.

## **ATTACHMENT 2: FY 2022 – 2024 FAA HOMELESSNESS NOFO RANKING GUIDE FOR REVIEW PANELIST – HOMELESSNESS**

As stated in the FY 2022 - 2024 FAA Homelessness and Subcategories NOFO Guidance, all scored proposals will be ranked. The Guidance states the following: The Review Panel will rank all proposals based on how critical they deem the program is for the system of care. The SCORE awarded to a proposal is reflective of how competitive the proposal is. The RANKING of the proposals is reflective of how imperative and critical the services are to ensure availability and access.

The following data and information should be considered when ranking the proposals. This is to serve as a guide to ensure the ranking decisions are data driven.

The proposal considered the most critical to the system of care will be ranked #1. All proposals shall be ranked.

No two proposals shall be ranked the same, as a tie. If there are 10 proposals, then the ranking should ultimately have 10 proposals ranked 1 through 10, with 1 being deemed the most critical.

### **PRIORITIES TO CONSIDER IN RANKING**

Funding priorities for the FY 2022 - 2024 NOFO are ranked in order of priority below:

#### ***HOMELESSNESS***

Strategy:

- a. Permanent Supportive Housing or Rapid-Re Housing with Housing-Focused Case Management
- b. Permanent Supportive Housing or Rapid- Re Housing in Western Communities. Western communities are defined as communities west of 20-Mile Bend (Intersection of State Road 80 and State Road 880)
- c. Homeless Prevention programs that provide financial assistance

## **ATTACHMENT 3: FY 2022 – 2024 FAA HOMELESSNESS NOFO RANKING GUIDE FOR REVIEW PANELIST – DOMESTIC VIOLENCE AND SHELTERING SUBCATEGORY**

As stated in the FY 2022 - 2024 FAA Homelessness and Subcategories NOFO Guidance, all scored proposals will be ranked. The Guidance states the following: The Review Panel will rank all proposals based on how critical they deem the program is for the system of care. The SCORE awarded to a proposal is reflective of how competitive the proposal is. The RANKING of the proposals is reflective of how imperative and critical the services are to ensure availability and access.

The following data and information should be considered when ranking the proposals. This is to serve as a guide to ensure the ranking decisions are data driven.

The proposal considered the most critical to the system of care will be ranked #1. All proposals shall be ranked.

No two proposals shall be ranked the same, as a tie. If there are 10 proposals, then the ranking should ultimately have 10 proposals ranked 1 through 10, with 1 being deemed the most critical.

### **PRIORITIES TO CONSIDER IN RANKING**

Funding priorities for the FY 2022 - 2024 NOFO are ranked in order of priority below:

#### ***DOMESTIC VIOLENCE AND SHELTERING - SUBCATEGORY***

- a. Emergency Shelter to Rapid Rehousing Program
- b. Emergency Shelter

**Tie Breaker:** Rank by lowest bed cost/rate

## **ATTACHMENT 4: FY 2022 – 2024 FAA HOMELESSNESS NOFO RANKING GUIDE FOR REVIEW PANELIST – SENIORS SUBCATEGORY**

As stated in the FY 2022 - 2024 FAA Homelessness and Subcategories NOFO Guidance, all scored proposals will be ranked. The Guidance states the following: The Review Panel will rank all proposals based on how critical they deem the program is for the system of care. The SCORE awarded to a proposal is reflective of how competitive the proposal is. The RANKING of the proposals is reflective of how imperative and critical the services are to ensure availability and access.

The following data and information should be considered when ranking the proposals. This is to serve as a guide to ensure the ranking decisions are data driven.

The proposal considered the most critical to the system of care will be ranked #1. All proposals shall be ranked.

No two proposals shall be ranked the same, as a tie. If there are 10 proposals, then the ranking should ultimately have 10 proposals ranked 1 through 10, with 1 being deemed the most critical.

### **PRIORITIES TO CONSIDER IN RANKING**

Funding priorities for the FY 2022 - 2024 NOFO are ranked in order of priority below:

#### ***SENIORS - SUBCATEGORY***

- a. Permanent Supportive Housing/Rapid Re Housing for Homeless Seniors
- b. Homeless Prevention that provides financial assistance to Seniors

## **ATTACHMENT 5: FY 2022 – 2024 FAA HOMELESSNESS NOFO RANKING GUIDE FOR REVIEW PANELIST – SPECIAL NEEDS SUBCATEGORY**

As stated in the FY 2022 - 2024 FAA Homelessness and Subcategories NOFO Guidance, all scored proposals will be ranked. The Guidance states the following: The Review Panel will rank all proposals based on how critical they deem the program is for the system of care. The SCORE awarded to a proposal is reflective of how competitive the proposal is. The RANKING of the proposals is reflective of how imperative and critical the services are to ensure availability and access.

The following data and information should be considered when ranking the proposals. This is to serve as a guide to ensure the ranking decisions are data driven.

The proposal considered the most critical to the system of care will be ranked #1. All proposals shall be ranked.

No two proposals shall be ranked the same, as a tie. If there are 10 proposals, then the ranking should ultimately have 10 proposals ranked 1 through 10, with 1 being deemed the most critical.

### **PRIORITIES TO CONSIDER IN RANKING**

Funding priorities for the FY 2022 - 2024 NOFO are ranked in order of priority below:

#### ***SPECIAL NEEDS - SUBCATEGORY***

- a. Housing (Group Homes) for individuals or families with documented disabilities to prevent homelessness

**Tie Breaker:** Rank by lowest bed cost

# ATTACHMENT 6: INTERNAL CONTROL QUESTIONNAIRE

## INTERNAL CONTROL QUESTIONNAIRE (to be completed by applicant)

GENERAL	YES	NO	N/A
The following questions relate to the internal accounting controls of the overall organization.			
1. Are the duties for key employees of the organization defined?			
2. Is there an organization chart which sets forth the actual lines of responsibility?			
3. Are written procedures maintained covering the recording of transactions?			
a. Covering an accounting manual?			
b. Covering a chart of accounts?			
4. Do the procedures, chart of accounts, etc., provide for identifying receipts and expenditures of program funds separately for each grant?			
5. Does the accounting system provide for accumulating and recording expenditures by grant and cost category shown in the approved budget?			
6. Does the organization maintain a policy manual covering the following:			
a. approval authority for financial transactions?			
b. guidelines for controlling expenditures, such as purchasing requirements and travel authorizations?			
7. Are there procedures governing the maintenance of accounting records?			
a. Are subsidiary records for accounts payable, accounts receivable, etc., balanced with control accounts on a monthly basis?			
b. Are journal entries approved, explained and supported?			
c. Do accrual accounts provide adequate control over income and expense?			
d. Are accounting records and valuables secured in limited access areas?			
8. Are duties separated so that no one individual has complete authority over an entire financial transaction?			
9. Does the organization use an operating budget to control funds by activity?			

	YES	NO	N/A
10. Are there controls to prevent expenditure of funds in excess of approved, budgeted amounts? For example, are purchase requisitions reviewed against remaining amount in budget category?			
11. Has any aspect of the organization's activities been audited within the past 2 years by another governmental agency or independent public accountant?			
12. Has the organization obtained fidelity bond coverage for responsible officials?			
13. Has the organization obtained fidelity bond coverage in the amounts required by statutes or organization policy?			
14. Are grant financial reports prepared for required accounting periods within the time imposed by the grantors?			
15. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate?			
<b>CASH RECEIPTS</b>			
1. Does the organization have subgrant agreements which provide for advance payments and/or reimbursement of cost?			
2. If advance payments have been made to the organization:			
a. Are funds maintained in a bank with sufficient federal deposit insurance?			
b. Is there an understanding of the terms of the advance (i.e. to be used before costs can be submitted for reimbursement)?			

**PURCHASING, RECEIVING, AND ACCOUNTS PAYABLE**

The following conditions are indicative of satisfactory control over purchasing, receiving, and accounts payable.

1. Prenumbered purchase orders are used for all items of cost and expense.
2. There are procedures to ensure procurement at competitive prices.
3. Receiving reports are used to control the receipt of merchandise.
4. There is effective review by a responsible official following prescribed procedures for program coding, pricing, and extending vendors' invoices.
5. Invoices are matched with purchase orders and receiving reports.
6. Costs are reviewed for charges to direct and indirect cost centers in accordance with applicable grant agreements and applicable Federal Management circulars pertaining to cost principles.
7. When accrual accounting is required, the organization has adequate controls such as checklists for statement closing procedures to ensure that open invoices and uninvoiced amounts for goods and services received are properly accrued or recorded in the books or controlled through worksheet entries.





	YES	NO	N/A
4. Are extensions on invoices and applicable freight charges checked by accounts payable personnel?			
5. Is the program to be charged entered on the invoice and checked against the purchase order and approved budget?			
6. Is there an auditor of disbursements who reviews each voucher to see that proper procedures have been followed?			
7. Are checks adequately cross referenced to vouchers?			
8. Are there individuals responsible for accounts payable other than those responsible for cash receipts?			
9. Are accrual accounts kept for items which are not invoiced or paid on a regular basis?			
10. Are unpaid vouchers totaled and compared with the general ledger on a monthly basis?			

**CASH DISBURSEMENTS**

The following conditions are indicative of satisfactory controls over cash disbursements.

1. Duties are adequately separated; different persons prepare checks, sign checks, reconcile bank accounts, and have access to cash receipts.
2. All disbursements are properly supported by evidence of receipt and approval of the related goods and services.
3. Blank checks are not signed.
4. Unissued checks are kept in a secure area.
5. Bank accounts are reconciled monthly.
6. Bank accounts and check signers are authorized by the board of directors or trustees.
7. Petty cash vouchers are required for each fund disbursement.
8. The petty cash fund is kept on an imprest basis.

	YES	NO	N/A
1. Are checks controlled and accounted for with safeguards over unused, returned, and voided checks?			
2. Is the drawing of checks to cash or bearer prohibited?			
3. Do supporting documents, such as invoices, purchase orders, and receiving reports, accompany checks for the check signers' review?			
4. Are vouchers and supporting documents appropriately cancelled (stamped or perforated) to prevent duplicate payments?			

	YES	NO	N/A
5. If check signing plates are used, are they adequately controlled (i.e., maintained by a responsible official who reviews and accounts for prepared checks)?			
6. Are two signatures required on all checks or on checks over stated amounts?			
7. Are check signers responsible officials or employees of the organization?			
8. Is the person who prepares the check or initiates the voucher other than the person who mails the check?			
9. Are bank accounts reconciled monthly and are differences resolved?			
10. Concerning petty cash disbursements:			
a. Is petty cash reimbursed by check and are disbursements reviewed at that time?			
b. Is there a maximum amount, reasonable in the circumstances, for payments made in cash?			
c. Are petty cash vouchers written in ink to prevent alteration?			
d. Are petty cash vouchers canceled upon reimbursement of the fund to prevent their reuse?			

**PAYROLL**

The following conditions are indicative of satisfactory controls of payroll.

1. Written authorizations are on file for all employees covering rates of pay, withholdings and deductions.
2. The organization has written personnel policies covering job descriptions, hiring procedures, promotions, and dismissals.
3. Distribution of payroll charges is based on documentation prepared outside the payroll department.
4. Payroll charges are reviewed against program budgets and deviations are reported to management for follow-up action.
5. Adequate timekeeping procedures, including the use of timeclock or attendance sheets and supervisory review and approval, are employed for controlling paid time.
6. Payroll checks are prepared and distributed by individuals independent of each other.
7. Other key payroll and personnel duties such as timekeeping, salary authorization and personnel administration are adequately separated.

- |   | YES | NO | N/A |
|---|-----|----|-----|
| 8. Are payroll and personnel policies governing compensation in accordance with the requirements of grant agreements?                       |     |    |     |
| 9. Are there procedures to ensure that employees are paid in accordance with approved wage and salary rates?                                |     |    |     |
| 10. Is the distribution of payroll charges checked by a second person and are aggregate amounts compared to the approved budget?            |     |    |     |
| 11. Are wages paid at or above the Federal minimum wage?  |     |    |     |
| 12. Are procedures adequate for controlling: (a) overtime wages, (b) overtime work authorization, and (c) supervisory approval of overtime? |     |    |     |
| 13. Are payroll checks distributed by persons not responsible for preparing the checks?   |     |    |     |

**PROPERTY AND EQUIPMENT**

The following conditions are indicative of satisfactory control over property and equipment.

- There is an effective system of authorization and approval of capital equipment expenditures.
  - Accounting practices for recording capital assets are reduced to writing.
  - Detailed records of individual capital assets are kept and periodically balanced with the general ledger accounts.
  - There are effective procedures for authorizing and accounting for disposals.
  - Property and equipment is stored in a secure place.
- |  | YES | NO | N/A |
|--|-----|----|-----|
| 6. Are executive authorizations and approvals required for originating expenditures for capital items? |     |    |     |
| 7. Are expenditures for capital items reviewed for board approval before funds are committed?          |     |    |     |

	YES	NO	N/A
9. Does the organization have established policies covering capitalization and depreciation?			
10. Does the organization charge depreciation or use allowances on property and equipment against any grant programs which it administers?			
11. Is historical cost the basis for computing depreciation or use allowances?			
12. Are the organization's depreciation policies or methods of computing use allowances in accordance with the standards outlined in Federal circulars or agency regulations?			
13. Are there detailed records showing the asset values of individual units of property and equipment?			
14. Are detailed property records periodically balanced to the general ledger?			
15. Are detailed property records periodically checked by physical inventory?			
16. Are differences between book records and physical counts reconciled and are the records adjusted to reflect shortages?			
17. Are there procedures governing the use of property and equipment?			

**INDIRECT COSTS**

	YES	NO	N/A
1. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate?			
2. Is the plan prepared in accordance with the provisions of 2 CFR 200?			
3. Has audit cognizance for the plan been established and are the rates accepted by all participating Federal and State agencies?			
2. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges as direct or indirect costs to all grants?			

# ATTACHMENT 7: ROMA LOGIC MODEL

## ROMA Logic Model – Family Level Example National ROMA Peer-To-Peer Training Program

Identified Problem, Need or Situation	Service or Activity	Outcome <i>General statement of results expected</i>	Projected Indicator <i># to achieve/# to be served, %, time frame</i>	Actual Indicator <i># achieved/# served, %, time frame</i>	Measurement Tool	Data Procedures	Frequency <i>Data Collection and Reporting</i>
					Output Tool:  Outcome Tool:	Who does it?  What is the process?  Where is data stored?	
<b>Mission:</b>							

Calculating Agency's Targeting Success Rate:  
Actual number achieving outcome/Projected number to achieve outcome=

# Logic Model Checklist

- ❑ Was the mission of the organization or program identified? (foundation)
- ❑ Was a Family, Agency, or Community box checked? (*Note: in Introduction this will be a Family Level Logic Model. Community and Agency will come in RNG*)
- ❑ Is the need statement clear? (not a “need for a service” but the identification of what is needed or lacking) (Column 1)
- ❑ Does the service or activity match the need? (Columns 1-2)
- ❑ Does the service include the number to be served and the timeframe?  
Is the timeframe realistic? (Column 2)
- ❑ Does the outcome (column 3) match the need (column 1)? Can the outcome be produced by the identified service? (column 2) Ensure the outcomes are the required outcomes listed in the guidance (column 3)?
- ❑ Is the outcome realistic, clear, and attainable? (Column 3) (*does the outcome avoid words like “received” as this makes the statement appear to relate only to the receipt of a service and not an outcome – rather say what has changed*)
- ❑ Does the projected outcome indicator provide a way to measure the outcome? Are the indicators realistic, clear, and attainable? (column 4)
- ❑ Does the **projected indicator** include number to achieve the outcome, number to be served, the percent that represents the relationship between these two numbers and a timeframe? (column 4)
- ❑ If this is a logic model created after services have been delivered, identify the **actual indicator**, including actual numbers who achieved, actual number who were served, the percent that represents the relationship between the actual numbers, and the time frame (column 5)
  - ❑ *Analysis guidance: Are the actual results consistent with the projected numbers? What is the agency’s ability to target its performance? Note: this is the percent that represents the relationship between the number who actually achieved and the number projected to achieve.*
- ❑ Was a specific measurement tool(s) identified? Were both output and outcome measurement tools identified? (Column 6)
- ❑ Are the data collection procedures and personnel specific? (Column 7)
- ❑ Is the frequency of data collection sufficient to support monitoring progress and outcomes? Are the intervals of reporting clearly identified? (Column 8)



INSERT AGENCY NAME	INSERT PROGRAM NAME HERE				Palm Beach County Funds	Program Funder #2	Program Funder #3	Program Funder #4	Total Program Funding (All Sources)
Program Period:					Pending	Pending or Confirmed?	Pending or Confirmed?	Pending or Confirmed?	Pending
<b>UNIT RATE</b>	Insert Unit Rate Amount:								

Insert Unit Rate Amount:

Please Describe Proposed Unit Rate or Bed Night Rate Below. Include Detailed Calculations of How Rate Was Determined

Insert Unit Rate Description/Details

**PROGRAM BUDGET WORKSHEET (SAMPLE)**

Budget Items	Program Name	Palm Beach County		Program Funder #2	Program Funder #3	Program Funder #4	Total Program Funding (all Sources)
		Proposed	Confirmed	Pending	Pending	Pending	Pending
Program Period: FY 2021		\$ 129,500.00	\$ 45,000.00	\$ 37,500.00	\$ 7,500.00	\$ 199,500.00	
<b>TOTAL PROGRAM FUNDING AMOUNT =</b>							
<b>Program Expenses</b>	<b>Narrative</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
<b>Personnel</b>		\$ 89,900.00	\$ 25,000.00	\$ 10,000.00	\$ -	\$ 124,900.00	
Program Manager	Program manager position for community support service. Salary expense is 100% funded by PBC award and includes fringe benefits.	\$ 60,000.00	\$ -			\$ 60,000.00	
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 award. Total salary expense is \$15,000, with 50% allocated to PBC (\$7,500). (Salary expense does not include fringe benefits)	\$ 25,000.00	\$ 25,000.00	\$ -	\$ -	\$ 50,000.00	
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 in the amount of \$900.	\$ 900.00				\$ 110,000.00	
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 = \$30,045. pays .8 FTE	\$ 4,000.00		\$ 10,000.00		\$ 14,000.00	
<b>Building /Occupancy</b>		\$ 27,050.00	\$ -	\$ -	\$ -	\$ 27,050.00	
Programmatic Rent/Lease	*Note: Rent for areas that house admin staff should be listed separately under admin section* Rent expense for Lake Worth facility. Total rental expense for FY16 = \$35,000. Allocation to Palm Beach County 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	
<b>Utilities</b>		\$ 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	
<b>Project Supplies/Equipment</b>		\$ 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	
Material/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	
<b>Professional Fees</b>		\$ 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	

Budget Items	Program Name	Palm Beach County		Program Funder #2	Program Funder #3	Program Funder #4	Total Program Funding (All Sources)
		Proposed	Confirmed				
Program Period: FY 2021							
Travel/Mileage	Program staff mileage reimbursement for client and training related meetings	\$ 1,100.00					\$ 1,100.00
	<b>TOTAL PROGRAM EXPENSES =</b>	<b>\$ 122,300.00</b>	<b>\$ 25,000.00</b>	<b>\$ 1,150.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 138,800.00</b>
<b>Administrative Expenses:</b>							
<b>Personnel</b>	<b>Narrative:</b>						
Executive Position #1 (A)	A 5% allocation of the Executive Director salary expense (including fringe benefits) will be billed to Palm Beach County - Executive Director total salary expense = \$95,000. 5% allocation to Palm beach County = \$ 4,250	\$ 4,250.00	\$ -	\$ -	\$ -	\$ -	\$ 4,250.00
<b>Consulting Fees</b>							
XYZ Consultants	Accounting and audit expenses for programs. Annual Accounting fee = \$950, Annual Audit fee = \$2,000. Total expense = \$2,950	\$ 2,950.00	\$ -	\$ -	\$ -	\$ -	\$ 2,950.00
<b>Administrative % of PBC Award</b>	<b>TOTAL ADMINISTRATIVE EXPENSES =</b>	<b>\$ 7,200.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,200.00</b>
		6%					
<b>UNIT RATE</b>	Insert Unit Rate Amount: \$350/night						

Unit rate is equal to (insert description). OR Unit Rate is 1 bed night and will be \$350. This was calculated by determining the total number of beds in the facility (XXX) and maximum occupancy; OR Unit/Bed rate is a standard rate as determined by (insert agency/funder).

Please Describe Proposed Unit Rate or Bed Night Rate Below. Include Detailed Calculations of How Rate Was Determined

## ATTACHMENT 9: SCOPE OF WORK

### 2022 – 2024 FINANCIALLY ASSISTED AGENCIES SCOPE OF WORK AND SERVICES

**Agency Name:**

**Program Name:**

**Location:** Palm Beach County

**Priority Population:** *Example: Individuals and Families who are homeless in Palm Beach County*

**Funding Priority:**

**Overview:**

*Example: AGENCY through Coordinated Entry will assess clients for housing needs. Clients will be placed in a Rapid Rehousing program to include rental assistance, housing location and case management services.*

**Services:**

**Number of (unduplicated) Clients Served through FAA:**

*Indicate if you will be serving Individuals or Families: (if Families the number above should be the number of households you will serve).*

## EXHIBIT 1: INSURANCE

Prior to execution of the agreement by the COUNTY, the AGENCY must obtain all insurance required under this article and have such insurance approved by the COUNTY's Risk Management Department.

- A. AGENCY shall, at its sole expense, agree to maintain in full force and effect at all times during the term of the agreement, insurance coverage and limits (including endorsements), as described herein. AGENCY shall agree to provide the COUNTY with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as COUNTY's review or acceptance of insurance maintained by AGENCY are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by AGENCY under the Agreement. Where permitted by the policy, coverage shall apply on a primary and non-contributory basis.
- B. **Commercial General Liability** AGENCY shall maintain Commercial General Liability at a limit of liability not less than **\$500,000** Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by COUNTY's Risk Management Department.
- C. **Business Automobile Liability** AGENCY shall maintain Business Automobile Liability at a limit of liability not less than **\$500,000** Each Accident for all owned, non-owned and hired automobiles. In the event AGENCY does not own any automobiles, the Business Auto Liability requirement shall be amended allowing AGENCY to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form.
- D. **Workers' Compensation Insurance & Employers Liability** AGENCY shall maintain Workers' Compensation & Employers Liability in accordance with Florida Statute Chapter 440.
- E. **Professional Liability** AGENCY shall maintain Professional Liability or equivalent Errors & Omissions Liability at a limit of liability not less than **\$1,000,000** Each Claim. When a self-insured retention (SIR) or deductible exceeds **\$10,000**, COUNTY reserves the right, but not the obligation, to review and request a copy of AGENCY's most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, AGENCY shall maintain a Retroactive Date prior to or equal to the effective date of the agreement. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims - made" form. If coverage is provided on a "claims - made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of the agreement, AGENCY shall purchase a SERP with a minimum reporting period not less than three (3) years.
- F. **Additional Insured** AGENCY shall endorse the COUNTY as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents."
- G. **Waiver of Subrogation** AGENCY hereby waives any and all rights of Subrogation against the

COUNTY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss contract to waive subrogation without an endorsement to the policy, then AGENCY shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which specifically prohibits such an endorsement, or which voids coverage should AGENCY enter into such a contract on a pre-loss basis.

- H. **Certificate(s) of Insurance** No later than the execution of the agreement, AGENCY shall deliver to the COUNTY's representative as identified in Article 24, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by the agreement have been obtained and are in full force and effect. The Certificate of Insurance shall be issued to

Palm Beach County Board of Commissioners  
c/o Community Services Department  
810 West Datura Street  
West Palm Beach, FL 33401  
ATTN: Office of Behavioral Health and Substance Use Disorders

- I. **Umbrella or Excess Liability** If necessary, AGENCY may satisfy the minimum limits required above for Commercial General Liability, Business Auto Liability, and Employer's Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for either Commercial General Liability, Business Auto Liability, or Employer's Liability. The COUNTY shall be specifically endorsed as an "Additional Insured" on the Umbrella or Excess Liability, unless the Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.
- J. **Right to Review** COUNTY, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverage, or endorsements, herein from time to time throughout the term of the agreement. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.