

Palm Beach County Office of Equal Opportunity  
Handicap Accessibility and Awareness Grant Proposal  
2023



**PALM BEACH COUNTY OFFICE OF EQUAL OPPORTUNITY HANDICAP  
ACCESSIBILITY AND AWARENESS GRANT PROGRAM GUIDELINES**

**A. PURPOSE**

Palm Beach County Office of Equal Opportunity is seeking proposal(s) from qualified respondents to improve accessibility and equal opportunity and promote or increase awareness of the rights and ambitions of persons with disabilities through an Awareness Program.

**B. BACKGROUND AND  
JUSTIFICATION**

Ordinance 92-29 Palm Beach County Physically Disabled Parking Space Ordinance designates that two thirds of the handicapped parking revenues be used to improve accessibility and equal opportunity to qualified physically disabled persons in the County and to provide funds to conduct public awareness programs in the County concerning physically disabled persons.

Handicap Accessibility and Awareness Grant Program will improve accessibility and increase awareness for the approximately 99,000 disabled persons living in Palm Beach County. The General Fund is the funding source and \$30,000 is proposed to be slated for funding. The grant program will enable any non-profit (501) (c)(3) status agency within Palm Beach County, that provides service to persons with disabilities, to apply for funding to improve accessibility and equal opportunity and/or increase public awareness for persons with disabilities. The proposals will be reviewed through the Palm Beach County Office of Equal Opportunity and must meet program, application and grant criteria.

In Palm Beach County there exists many barriers that persons with disabilities must face on a daily basis. These barriers can range from physical inaccessibility to attitudinal barriers to communicative barriers as cited by the Barrier Free Design Committee. It is the responsibility of all members of the community to eliminate these barriers. The inclusion of the agencies that provide services to persons with disabilities, in a synergistic effort toward improving accessibility and increasing public awareness, is the goal of the grant.

The grant money will be awarded on an annual basis through a twelve (12) month period, by execution of a Contract for Consulting/Professional Services between Palm Beach County and the selected agency.

### **C. GRANT PERIOD**

- a. Each proposed grantor will enter into a contract with the Board of County Commissioners to be administered and monitored by the Office of Equal Opportunity.
- b. The Contract grant period may be a maximum 12-month time frame starting on the effective date of the agreement and ending no later than September 30, 2023.
- c. Each agency who receives the grant money must submit a written project report and a financial statement as required by the signed contract informing the Office of Equal Opportunity as to the status of the project.
- d. **No contract will be extended beyond September 30, 2023.**

### **D. AGENCY ELIGIBILITY**

1. Agency must be located within Palm Beach County.
2. Agency must be a non-profit organization with Internal Revenue Code 501(c) (3) status or governmental agency with Consumer Certificate of Exemption status.

### **E. PROGRAM CRITERIA**

1. Proposed action for the grant monies must be in line with the Palm Beach County Office of Equal Opportunity Handicapped Accessibility Service Goals and Ordinance 92-29.
2. Projects, program or equipment must directly contribute toward greater integration and/or building a positive public image of persons with disabilities in Palm Beach County.
3. Projects should be unique in nature and should not duplicate already existing services in Palm Beach County.
4. Funds may not be used for administration or staff salaries, employee benefits or any indirect service cost.

5. Due to the total amount of money being slated for grants, funds requested should not exceed *\$10,000.00*.
6. Agencies applying for Palm Beach County Office of Equal Opportunity Awareness Grant Program will not be eligible for any other funding from Palm Beach County for the same program.
7. Non-profit (501) (c)(3) agencies may reapply for funding annually when requests for proposals are advertised.
8. Governmental agencies may only be one time recipients of grant funding and are encouraged to adopt Florida Statute 316.008 as a local ordinance for the promotion of equal opportunity, accessibility and awareness of persons with disabilities.
9. Be exact in the dollar amount requested and a line item for dollar requested.

#### **F. HANDICAPPED ACCESSIBILITY SERVICE GOALS**

1. To increase the awareness of the general public as to the rights and abilities of persons with a disability through awareness programs, sensitivity training, special events and publications.
2. To promote greater physical accessibility of buildings and program accessibility to services throughout Palm Beach County.
3. To promote integration and equal opportunity of persons with disabilities in schools, the workplace, recreational settings, residential opportunities and general aspects of community living.
4. To promote information and referral services to the community at large as well as to persons with disabilities in the community.
5. To promote the use of existing accessible services and facilities.
6. To promote career and vocational opportunities for persons with disabilities.

#### **G. SELECTION PROCESS**

1. Proposals received in accordance with the submittal deadline will be reviewed first by Palm Beach County Office of Equal Opportunity to determine if each proposer has submitted the required information and/or mandatory requirements. Those proposals found to be non-responsive to submittal requirements shall be rejected from further consideration.
2. The selection committee is comprised of members of the Palm Beach County Fair Housing

and Equal Employment Board (“Board”).

3. Each board member will review, rank and select proposals, individually according to listed program criteria.
4. The Board will then meet collectively and review the tabulations, through consensus vote; will choose the top rated proposals for the grant money and make recommendations to the Director of Office of Equal Opportunity. A total of \$30,000.00 has been slated for this Program but the grant application fund request should not exceed \$10,000.00.
5. Grant applicants will be notified in writing as to the status of funding for their projects.

#### **H. WHAT TO COMPLETE AND SUBMIT**

1. Completed Proposal Fact Sheet with attachments must be submitted by **4 p.m. on August 18, 2022**. You may submit your proposal electronically to [kp baker@pbcgov.org](mailto:kp baker@pbcgov.org) or via hand or carrier delivery to: Palm Beach County Office of Equal Opportunity (“OEO”), 301 North Olive Avenue, 10<sup>th</sup> Floor, West Palm Beach, FL 33401. OEO will send a confirmation of receipt of your submitted proposal. **It is the agency’s responsibility to contact the OEO if they do not receive confirmation of a submitted proposal by 4 p.m. on August 18, 2022**
2. A letter of support signed by the chief officer of the agency’s governing board.
3. A brief background of the organization.
4. The concept, goals and objective of the project.
5. Benefits to be derived from the use of the funds requested.
6. Data supporting continuation of service or use of equipment.
7. A copy of the most recent Internal Revenue Service Code 501 (c) (3) Tax Exemption letter or consumer certificate of exemption issued pursuant to State Use Tax Law, Chapter 213 of Florida Statutes.
8. Authorized Signature Form
9. Three Letters of Recommendation, on letterhead, which includes the name, address, dates and telephone number.
10. The agency’s Certificate of Insurance evidencing commercial general liability coverage. If no proof of insurance is provided, the County reserves the right to require that the agency, determined on a case-by-case basis, to obtain commercial general liability insurance as a condition of receiving funds..
11. A check for \$10.00 made payable to the Palm Beach County Board of County Commissioners. This is a non-refundable service charge. Add “Office of Equal Opportunity” in the memo portion of the check

**\*FAILURE TO INCLUDE AND SUBMIT ALL REQUIRED INFORMATION ABOVE WILL RESULT IN DISQUALIFICATION\***

**IN ACCORDANCE WITH THE PROVISIONS OF ADA, THIS DOCUMENT MAY BE  
REQUESTED IN AN ALTERNATE FORMAT**

**PROPOSAL FACT SHEET**

Date \_\_\_\_\_

Agency/Organization Name:

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person

\_\_\_\_\_

Title \_\_\_\_\_

Agency/Organization Mission

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency Annual Budget \_\_\_\_\_

Major Funding Source(s) and Amounts

\_\_\_\_\_

\_\_\_\_\_

PROPOSAL INFORMATION:

Total Project Budget? \_\_\_\_\_

Amount Requesting from Palm Beach County for this Project? \_\_\_\_\_

Statement of Need or Justification for the Project

Lined area for writing the Statement of Need or Justification for the Project.

1. Have you ever applied for the Office of Equal Opportunity Awareness Grant?

If yes, when? \_\_\_\_\_

Name of formerly proposed project? \_\_\_\_\_

Was the proposal granted or denied?

\_\_\_\_\_ Granted

\_\_\_\_\_ Denied

2. If you are applying for funding for this project from other sources, please list those sources:

---

---

---

---

---

---

3. Is this a new project?

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

Yes

No; If no, how long has the project been in existence?

4. How does the Program/Service increase the awareness of the general public as to the rights and abilities of persons with disabilities throughout Palm Beach County?

---

---

---

---

---

---

---

---



5. How does the Program/Service promote greater physical accessibility to buildings or program accessibility to services throughout Palm Beach County?

---

---

---

---

---

---

---

---

6. How does the Program/Service promote integration and equal opportunity of persons with disabilities in schools, the workplace, recreational settings and residential opportunities in Palm Beach County?

---

---

---

---

---

---

---

7. Is the proposed Program/Service unique in Palm Beach County? If so, please describe how you made the determination of its uniqueness.

---

---

---

---

---

---

---

8. Is the proposed Program/Service provided elsewhere in Palm Beach County? If so, by what agency?

---

---

---

---

---

---

---

9. What is the estimate of individuals to be served in Palm Beach County during the one year period of the grant? Please describe how you arrived at that estimate.

---

---

---

---

---

---

---

10. Please provide a three (3) sentence overview of the proposed program/service – this must be short and concise, and will be used to communicate the purpose of the proposed program/services to the BCC and various publications.

---

---

---

---

---

**AUTHORIZED SIGNATURE FORM**

**THIS PAGE MUST BE PROPERLY SIGNED BY THE INDIVIDUAL  
AUTHORIZED OFFICER IN THE AGENCY**

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

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
DATE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TAXID#: \_\_\_\_\_

IN THE EVENT YOUR AGENCY IS AWARDED A CONTRACT/GRANT ON THE BASIS OF THE PROPOSAL, PLEASE TYPE BELOW THE NAME AND TITLE OF THE OFFICIAL WHO WILL SIGN THE CONTRACT, (MUST BE AN OFFICER OF THE BOARD OF DIRECTORS).

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_