**ATTACHMENT 4**

**Proposal Template (FY 2020)**

**INSTRUCTIONS**

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| --- | --- |
| * **8 ½ X 11 Paper** | * **Typed; Double-Spaced** |
| * **Times New Roman; 12-point** | * **Make Sure You Have Attached All Required Information to Your Proposals** |

3. **Guidelines/Requirements Scoring for Proposals include:**

**3.1 Description of Need (up to 10 points)**

3.1.1 What is the need in Palm Beach County that you are proposing to address?

Click or tap here to enter text.

3.1.2 Clearly define and identify who is impacted by the need, including identified subpopulations, if applicable?

Click or tap here to enter text.

3.1.3 What areas of the County will be served? Include zip codes and Board of County Commissioner’s Commission District information with underrepresented population that is clearly described.

Click or tap here to enter text.

3.1.4 Clearly define demographics and important socio-economic characteristics of your priority population.

Click or tap here to enter text.

3.1.5 Report the estimated number of the priority population your program will serve.

Click or tap here to enter text.

3.1.6 Detail how the priority population was involved in determining the need for the program.

Click or tap here to enter text.

3.1.7 Specify how the priority population was involved or will be involved in the development and/or implementation of the program.

Click or tap here to enter text.

**3.2 Local Data (up to 10 points)**

3.2.1 What local Palm Beach County data or evidence exists to document the need?

Click or tap here to enter text.

3.2.2 Underserved Population(s) Served: provide clear descriptive data showing a group needing services that are currently not provided to them. This should be documented by data that show that a subgroup of the population being served is underrepresented among service recipients.

Click or tap here to enter text.

3.2.3 Underserved Area(s) Served: provide a clearly defined zip code or census tract area with underserved population that lacks providers in the identified area or close proximity to the area.

**3.3 Approach and Design (up to 25 points)**

Click or tap here to enter text.

3.3.1 Explain what your program will do to meet the identified need.

Click or tap here to enter text.

3.3.2 Detail the services and specific activities your program will provide.

Click or tap here to enter text.

3.3.3 Indicate your program’s proposed outcomes during the funding period.

Click or tap here to enter text.

3.3.4 Demonstrate how your program will accomplish its goals.

Click or tap here to enter text.

3.3.5 Relate how your Proposal is in line with the Action Area as established by the Youth Master Plan (YMP).

Click or tap here to enter text.

3.3.6 Describe how the program assesses clients’ needs and links them to identified services.

Click or tap here to enter text.

3.3.7 Explain why you think this approach is the best way to engage the target population and to help them achieve the intended results. Include the research your agency did to identify and design the best approach to serve the target population and address the need.

Click or tap here to enter text.

3.3.8 Collective Impact: The YMP was developed utilizing a collective impact approach, which included a great deal of community participation. Accordingly, please describe how the community will be involved in the delivery and evaluation of services, as opposed to merely receiving the services.

Click or tap here to enter text.

3.3.9 Complete and attach to your Proposal, a Scope of Work using the template as provided hereto as **Attachment 5**. Describe the Scope of Work and include the services 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 agency and your program partners.

Click or tap here to enter text.

3.3.10 Program Innovation and Anticipated Challenges: provide a concise but detailed narrative that highlights particular program components that are ground-breaking and/or challenging.

Click or tap here to enter text.

3.3.11 Indicate prior and/or planned efforts to ensure staff receive cultural competency training and how this is/would be incorporated into service delivery.

Click or tap here to enter text.

3.3.12 Describe prior and/or planned efforts to ensure staff receive trauma-informed care training and how this is/would be incorporated into service delivery.

Click or tap here to enter text.

3.3.13 Identify and explain, if any, an evidence-based approach or promising practice your program will implement. Alternatively, describe supporting theoretical model, theory of change, or research-based rationale for the program.

Click or tap here to enter text.

**3.4 Evaluation Methods (up to 15 points)**

3.4.1 Clearly describe the evaluation methodology of the program being proposed.

Click or tap here to enter text.

3.4.2 Complete and attach to your Proposal, the 2020 Community Based Agency (CBA) Logic Model, using the template as provided hereto as **Attachment 8** and ensure outcomes are SMART (specific, measurable, achievable, realistic and time-bound).

Click or tap here to enter text.

3.4.3 Identify applicable evaluation measurement tools and explain how it appropriately measures and tracks outcomes.

Click or tap here to enter text.

3.4.4 Illustrate how evaluation processes are incorporated into agency policy and procedures.

Click or tap here to enter text.

**3.5 Performance History (up to 5 points)**

3.5.1 Discuss prior outcomes and other relevant data that demonstrate success of the services in your Proposal.

Click or tap here to enter text.

**3.6 Available Resources and Sustainability (up to 15 points)**

3.6.1 Disclose other funding that your agency has received to address this need.

Click or tap here to enter text.

3.6.2 Identify other funding that is available to support your agency in addressing this need.

Click or tap here to enter text.

3.6.3 Describe how your agency will continue to address this need if current funding ends.

Click or tap here to enter text.

3.6.4 Explain how awarded funds will allow you to leverage additional dollars, if any.

Click or tap here to enter text.

3.6.5 Partners: attach to your Proposal, the names of any partners that will assist your agency in addressing this need with partner letter(s) of support, and/or existing/proposed Memorandums of Understanding or Memorandums of Agreement. Explain the responsibility of each partnering agency.

Click or tap here to enter text.

3.6.6 Describe your use of volunteers in support of program and other agency activities.

Click or tap here to enter text.

3.6.7 Detail the process to ensure Level II background checks are performed for the staff and volunteers working with minors.

Click or tap here to enter text.

3.6.8 Describe the experience and expertise of your agency and your program partners (if applicable) in working with the target population (Why your agency and your program partners, if applicable, are the right agencies to address the need).

Click or tap here to enter text.

3.6.9 Describe the experience and expertise of your agency and your program partners (if applicable) in successfully implementing and sustaining programs of similar scope and size (Why your agency and your program partners, if applicable, are the right agencies to work with the target population).

Click or tap here to enter text.

3.6.10 Describe the roles, responsibilities, expertise, and experience of key program staff (including individuals from your agency, your partners, and consultants).

Click or tap here to enter text.

**3.7 Budget (up to 20 points)**

3.7.1 Complete and attach to your Proposal, a program budget using the template as provided hereto as **Attachment 6**. Review the ‘sample’ and ‘guidelines’ tabs provided before completing the template.

* ensure administrative expenses are limited to no more than 15%.
* ensure the requested fund justifications are complete.
* include a Budget Justification that describes 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 percentage fee, then you must remove any other line items related to indirect/administrative expenses. If an indirect cost percentage is being requested, an approved cost plan from a cognizant agency must be included.

Click or tap here to enter text.

3.7.2 **Attach to your Proposal:**

* a Total Agency Budget - The budget forms that are part of the Proposal do not need to be utilized for this budget. Ensure CBA portion of the budget (amount of funding request from Palm Beach County) is not more than 25% of the Total Agency Budget.

3.7.3. Complete and attach to your Proposal, a Unit Cost of Service Rate and Definition using the template as provided hereto as **Attachment 7**.

* Complete the Program name and the Agency name.
* Provide the Unit Cost of Service Rate Definition. Ensure the Unit Cost of Service Rate Definition is clearly stated and includes the proposed number of units to be provided.
* Provide the Unit Cost of Service Rate (Is this an industry standard? If so, please state source). Ensure the Unit Cost of Service Rate is accurately calculated and that formulas used to arrive at the cost are included.
* Provide the Total Contract amount.
* List the Deliverables that will be relied upon to support the number of units to be claimed by your agency on a monthly basis (ie, payroll reports, activity logs, attendance records, et al).

3.7.4 **Attach to your Proposal:**

* the most recent completed audit report, preferably the agency’s last fiscal or calendar year, and not older than two (2) years. If there were findings, describe corrective actions.
* the most recent completed year-end financial statements.
* IRS Form 990 – Return of Organization Exempt from Income Tax for 501(c)(3) corporations or Comprehensive Annual Financial Report (CAFR) for public entities.

Click or tap here to enter text.