



Seminole County  
Childcare Services  
Request for Qualifications

Program Year  
2016-2017

## SUBMITTAL PROCEDURES

### TO WHOM AND WHERE:

Melody B. Frederick, HUD Administrator  
SEMINOLE COUNTY COMMUNITY DEVELOPMENT OFFICE  
534 W. LAKE MARY BOULEVARD  
SANFORD FL 32773  
(407) 665-2394

### WHEN:

- **NO LATER THAN 4:00 P.M., FRIDAY, November 4, 2016.**
- **SUBMISSIONS RECEIVED AFTER 4:00 P.M. ON THAT DATE (as per County time-stamp) WILL NOT BE ACCEPTED—NO EXCEPTIONS.**

### IMPORTANT INFORMATION:

- Completed Proposals must be mailed or hand-delivered. Faxed or e-mailed submissions will not be accepted.
- The Community Development Division will time and date stamp all proposals.
- Any application will be denied if it does not provide all requested information.
- There will be no opportunity for amending any funding proposal after submittal.
- The County reserves the right to request additional information or clarification after the submittal due date, when necessary.
- Please submit one (1) original hard copy, six (6) duplicated paper copies, and one (1) pdf copy (on CD or USB flash drive) of each completed application with all required back-up documents.

## PROJECT SELECTION IMPERATIVES

The Application Review Team will use the following criteria, and a proper response to the NOFA and the Specific Objectives of the 2015-2019 Consolidated Plan, in the project recommendation process:

- Program Recipients must be a 501(c)(3).
- Program Recipients must provide childcare services for households at or below 80% of median income guidelines with the funding.
- Program recipients are expected to provide matching or leveraging funds in the cost of any project.
- Reasonableness of cost will be considered in evaluating proposals.
- Projects that require CDBG funds for salaries or other administrative expenses will be given a very low priority for funding recommendation.

# CDBG Childcare Services Project Submission Sheet

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1. Name of Project:

\_\_\_\_\_

2. Contact Person: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. Name of Applicant: \_\_\_\_\_

5. Address of applicant: \_\_\_\_\_

6. Include a copy of Articles of Incorporation.

7. Include a copy of occupational license.

8. Include a copy of Bylaws/purpose of organization.

9. Include an organizational chart of your agency.

10. Include a list of board of directors and their occupations.

11. Include a copy of IRS designation as tax-exempt.

12. Include a resume of the project administrator.

13. Include a resume of the chief financial officer.

14. Include resumes of staff directly responsible for administering the project.

15. Provide a year-end certified audit (most recent audit) or audited financial statement.

16. Provide a copy of current insurance (including liability/worker's compensation, property insurance, etc.).

17. Provide proof that the organization has been serving Seminole County for a minimum of 2 years in the capacity similar to the funding request.

18. Has this agency previously received County funding? YES  NO

If yes, when were the funds received and how much did you receive?

CDBG \$ \_\_\_\_\_

ESG \$ \_\_\_\_\_

BCC \$ \_\_\_\_\_

19. Location of Target Population.

20. Provide references and a history of recently completed projects.

21. Number of households to benefit from the project:

## PROJECT DESCRIPTION

1. Attach a description of the Project (not exceeding one page).
2. Does this activity currently exist? \_\_\_\_ Yes \_\_\_\_ No  
If yes, where? \_\_\_\_\_
3. Attach a justification of the Project; why is this project needed? (not exceeding one page).
4. Describe how will your goals, performance and success be measured if you are awarded funds?  
(not exceeding one page).

# PROJECT BUDGET

TOTAL PROJECT BUDGET:    \$     \$     \$

Funding Source	Category*	Current 2015/2016	Proposed 2016/2017	Secured 2016/2017
<b>Federal Sources</b>				
<b>State Sources</b>				
<b>Seminole County</b>				
<b>CDBG (Requested Amount)</b>				
<b>General</b>				
United Way				
Client Service Fees				
Fund Raisers				
Thrift Shop				
General Sales				
Investment Income				
Memberships				
Individual Contributions				
Other:				
<b>Business Contributions</b>				
<b>Foundations/Trust</b>				
<b>Other Grants</b>				

<b>TOTAL PROJECT REVENUE:</b>	<b>Current 2015/2016</b>	<b>Proposed 2016/2017</b>
<b>PROGRAM PERSONNEL EXPENDITURES:</b>		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
<b>TOTAL PERSONNEL EXPENSES:</b>		
<b>PROGRAM OCCUPANCY EXPENDITURES:</b>		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
<b>TOTAL OCCUPANCY EXPENSES:</b>		
<b>PROGRAM OPERATING/PROGRAMMATIC EXPENDITURES:</b>		
Office Supplies		
Office Expense/Computer		
Communication		
Printing		
Direct Services		
Professional Fees/Outside Consultants		
Staff Travel		
Staff Development/Training		
Volunteer Expenses		
Awards		
Advertising		
Subscriptions/Publications		
Fundraising Expenses		
Support to Parent Organization		
Dues		
Licenses, Taxes, Insurance		
Equipment Lease/Maintenance		
Vehicle Maintenance		
Depreciation Expense		
Interest Expense		
Annual and Special Meetings		
Miscellaneous Expenses		
Other		
<b>TOTAL OPERATING/PROGRAMMATIC EXPENSES:</b>		
<b>TOTAL PROJECT EXPENSES:</b>		
<b>REVENUE MINUS EXPENSES:</b>		

Please attach documentation for funds you are providing (grant awards, letters of credit, cash, in-kind, etc.). Also please list these sources on the Certification of Other Funding.

Please provide a description of all funds that will be used to pay for staffing and operational costs (the County will not pay for operational costs).

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**ADDITIONAL FUNDING**

What other funds have been sought for this project, and what is the status of those requests? Provide documentation that other sources of funds have been sought or are in place, and are committed to the project. Please also submit the Certificate of Other Funding Form.

<u>Source of funds:</u>	<u>Amount:</u>	<u>Status:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## DISCLOSURE FORM

Answer the following questions by placing an "X" after "YES" or "NO".

Has your agency, any officer or employee, or anyone involved in the operation, management, direction or decision making of your agency, received a reprimand or a sanction or warning of any nature, or been suspended by the Florida Department of Professional and Business Regulation or any other Florida agency, the U.S. Government, or any professional association within the last five (5) years?

YES  NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, been declared in default, terminated, or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES  NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, had filed against it, him, or her, or filed any requests for equitable adjustment, contract claims or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES  NO

I hereby certify that all statements made are true and accurate. I understand that any misstatement, misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this application. Should my agency receive funding and it is determined at a later date that this statement was misstated, misrepresented or contains falsification of facts, my agency understands and agrees that our Agreement with Seminole County is to be declared null, void, and terminated immediately, and that any and all funds spent shall be returned to the County.

\_\_\_\_\_  
FIRM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
OFFICER TITLE

\_\_\_\_\_  
PRINTED OR TYPED NAME

## DOCUMENTATION OF OTHER FUNDING

### DETERMINATION OF LEVERAGING AND/OR MATCHING FUNDS TO BE USED FOR THE REQUESTED PROJECT

Please show all other sources of funding to be used on this project. This includes any cash, loan, grant, donation, guarantee, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect financial assistance from any government, foundation, financial institution, agency, or individual, or any other source of funds for use in, or in connection with the requested CDBG project.

I, \_\_\_\_\_, being a duly authorized representative of \_\_\_\_\_, hereby certify that, in addition to the assistance being sought through Seminole County Government, funds from other sources will will not be provided for the project. Maintenance and operation costs are not considered match or leverage.

The following financial assistance will match or leverage the project referenced above:

Funding Amount	Source	Use of Funds

The information provided above is a true and complete representation of the financial assistance being provided for this project.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Title]

State of Florida

County of:

Sworn to (or affirmed) and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_. He/she is personally known to me or has produced FL DL or ID \_\_\_\_\_ as identification.

\_\_\_\_\_  
[Notary's Signature]

\_\_\_\_\_  
[Printed Name]

**THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH  
EVERY CDBG APPLICATION**

- Articles of Incorporation / Date of Incorporation.
- Occupational License.
- Bylaws / Purpose of Organization.
- Organization Chart, including a list of the Board of Directors and their occupations.
- If a nonprofit organization, submit IRS designation as tax exempt.
- Resume of Program Administrator.
- Resume of Chief Financial Officer.
- Resumes of staff directly responsible for project administration.
- Certified Audit (most recent), year-end, & interim financial statements (statements since last audit) If no audit has been performed, please provide a recent audited financial statement. The more information provided by the applicant will be beneficial in demonstrating financial capacity.
- Proof of current insurance including liability/worker's compensation/etc.
- Proof of a minimum 2 year history serving Seminole County with experience in the area for which funding is being requested.
- A detailed Project Budget.
- Information regarding current year grants received and any proposed grant applications for this project.
- Disclosure Form.
- Documentation of Other Funding including copies of approved loans, grants, donations, guarantees, rebates, subsidies, credits, tax benefits, or any other form of direct or indirect assistance from any government, foundation, financial institution or individual or any other source of funds.