



SEMINOLE COUNTY

NOTICE OF FUNDING AVAILABILITY (NOFA)

AMERICAN RESCUE PLAN ACT (ARPA) FUNDING

COMMUNITY HEALTH INITIATIVE (Countywide)

MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

Seminole County Community Services Department
Community Health
520 W. Lake Mary Blvd., Suite 100
Sanford, FL 32773-7400

Seminole County

**SEMINOLE COUNTY COMMUNITY HEALTH INITIATIVE
FY2022-2024 Notice of Funding Availability (NOFA)
SUBMISSION DEADLINE: Thursday, August 25, 2022 at 4:00 p.m.**

**ARPA Funded Community Health Initiative
Notice of Funding Availability (NOFA)
Mental Health and Substance Use Services**

INTRODUCTION

The Coronavirus State and Local Fiscal Recovery Funds (SLFRF), a part of the American Rescue Plan Act, delivered \$350 billion to state, local, and Tribal governments across the country to support their response to and recovery from the COVID-19 public health emergency. The program ensures that governments have the resources needed to:

- Fight the pandemic and support families and businesses struggling with its public health and economic impacts,
- Maintain vital public services, even amid declines in revenue, and
- Build a strong, resilient, and equitable recovery by making investments that support long-term growth and opportunity.

The Department of the Treasury’s final rule recognizes that the pandemic caused broad-based impacts that affected many communities, households, and small businesses across the country. It also presumed low- or moderate-income households and communities to have been most impacted by the pandemic. Treasury’s final rule recognizes programs or services to support State, territorial, local, and Tribal governments in responding to the economic and public health impacts of COVID-19 and in their efforts to contain impacts on their communities, residents, and businesses.

SLFR Funds provide resources for governments to meet the public health and economic needs of those impacted by the pandemic in their communities, as well as address longstanding health and economic disparities, which amplified the impact of the pandemic in disproportionately impacted communities, resulting in more severe pandemic impacts. The eligible use category to respond to public health and negative economic impacts is organized around the types of assistance a recipient may provide and includes several sub-categories including public health.

Seminole County requested Coronavirus SLFRF through ARPA for activities that support a strong and equitable recovery and primarily benefit low- and moderate-income families or persons. Proposals are now solicited for projects to help meet the needs that are identified in the Seminole County Recovery Plan State and Local Fiscal Recovery Funds 2021 Report – Community Health Initiative.

Community Health Initiative	Available ARPA Funds
Mental Health and Substance Use Disorder Services	\$750,000

NOTE: Projects will be recommended for funding only up to the total amount published in the NOFA.

ARPA PROGRAM GUIDELINES

The U.S. Department of Treasury (Treasury) recognizes that the pandemic has broadly impacted Americans’ behavioral health and recipients can provide these services to the public to respond. According to the Treasury’s Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule (January 2022), SLFRF eligible uses include:

- Prevention, outpatient treatment, inpatient treatment, crisis care, diversion programs, outreach

to individuals not yet engaged in treatment, harm reduction & long-term recovery support

- Enhanced behavioral health services in schools
- Services for pregnant women or infants born with neonatal abstinence syndrome
- Support for equitable access to reduce disparities in access to high-quality treatment
- Peer support groups, costs for residence in supportive housing or recovery housing, and the 988 National Suicide Prevention Lifeline or other hotline services
- Expansion of access to evidence-based services for opioid use disorder prevention, treatment, harm reduction, and recovery
- Behavioral health facilities & equipment
- Food assistance

In partnership with the Central Florida Collaborative, Crescendo Consulting Group, Inc. completed a comprehensive Community Health Needs Assessment (CHNA) that identified priority issues, many of which were exacerbated by the COVID-19 pandemic. Seminole County Government Community Services Department is seeking to partner with qualified non-profit providers to provide the following services to respond to the top priority needs identified in the CHNA.

Community Mental Health (including substance use disorder) Services – Eligible services minimally include, but are not limited to:

- Provide proactive peer recovery community outreach to targeted areas of the community where overdose episodes are high to link individuals with information and timely service intervention.
- Promote integrated community collaboration to address individual needs of residents served.
- Provide Medication-Assisted Treatment (MAT)
- Facilitate supported recovery transitional housing assistance through a voucher program.
- Provide crisis response services to individuals in the community who are experiencing acute mental health problem (coordinate with the Heart of Florida United Way 988 service).
- Focus on evidence-based practices, health equity and inclusion. Address social determinants of health and barriers to access to treatment including transportation.

FUNDING TERMS

The ARPA funding will be issued on a cost reimbursement basis with an initial startup disbursement of up to 25% of the total awarded amount (if requested). All funds awarded under this NOFA, including the initial startup disbursement must adhere to ARPA funding guidelines, itemized and supported by approved receipts. All funds must be spent by December 31, 2024:

Any project funded under this NOFA should prioritize low-income household and communities. The Treasury presumes certain households and communities are disproportionately impacted by the pandemic. “Disproportionately impacted” entities are those that experienced disproportionate public health or economic outcomes from the pandemic. The Treasury recognizes that pre-existing disparities, in many cases, amplified the impacts of the pandemic, causing more severe impacts in underserved communities. For example, a household living in a neighborhood with limited access to medical care and healthy foods may have faced health disparities before the pandemic, like a higher rate of chronic health conditions, that contributed to more severe health outcomes during the COVID-19 pandemic. Additionally, eligibility includes low-income households and communities which are those with income at or below 185 percent of the Federal Poverty Guidelines for the size of its household based on the most recently published poverty guidelines ([Treasury Federal Poverty Level Tool](#)).

The income limit for 185 percent of the Federal Poverty Guidelines for a household of three is \$40,626 per year. In other words, recipients can always presume that a household earning below this level or a community with median income below this level, is disproportionately impacted by the pandemic and eligible for services to respond.

Federal Poverty Guidelines	Income Limits by Number of Persons in Household (Seminole County)							
	1	2	3	4	5	6	7	8
185%	\$23,828	\$32,227	\$40,626	\$49,025	\$57,424	\$65,823	\$74,222	\$82,621

By submitting the attached application, the Applicant acknowledges their understanding of and agrees to adhere to all applicable State and local requirements associated with these funds.

DISCLAIMER

The County reserves the right to: 1) accept or reject any or all applications received; 2) waive any non-substantive deficiency or irregularity; 3) negotiate with any qualified Applicant; 4) award a contract in what it believes to be the best interest of the County; 5) cancel this request, in part or its entirety, if it is deemed to be in the best interest of the County; 6) reject the application of any Applicant who has previously failed to perform properly; 7) reject the application of any Applicant who has failed to complete a contract within the specified timeframe; 8) reject the application of any applicant that is not in a position to fulfill a resulting contractual obligation. This RFA does not commit the County to award any contract, pay any pre-award expenses, or pay any costs incurred in the preparation of an application.

REDISTRIBUTION OF FUNDS

If the County has committed funds to a project that can no longer proceed (as determined by the County), the County reserves the right to redistribute funds to the next highest ranked Applicant.

APPEAL PROCESS

In the event an Applicant (1) did not submit a complete proposal and will not be considered for funding, (2) is ineligible to receive funding for their proposal, or (3) was not recommended for funding by the Review Committee, the Community Services Department will notify the Applicant in writing. This notice will be sent via certified mail with the return receipt requested.

If the Applicant wishes to object, they must do so no later than five working days from the date the letter was sent by sending a letter to the Director of the Community Services Department that includes all pertinent documents and information necessary to support the Applicant's position.

If the Community Services Department receives an objection within the five (5) working day period, the appropriate staff will review the objection and provide a recommendation to the Director of the Community Services Department. If the Director of the Community Services Department concurs with the Applicant, the Applicant will be notified, and the process will be concluded. If the Director of the Community Services Department does not concur with the Applicant, the Applicant will be notified in writing of the County's intent to proceed. The Director of the Community Services Department's response will constitute the Applicant's final administrative action with regard to its appeal.

If an Applicant fails to object or respond at any point in the process, that Applicant waives its rights to appeal. Objections or responses received after the five (5) daytime period will not be considered. The Director of the Community Services Department has the authority to determine whether or not a recommendation will be deferred pending the outcome of a protest.

SUBMISSION REQUIREMENTS

Each applicant must submit one (1) original application, one (1) paper copy and one (1) electronic copy (PDF Format) saved on a USB flash drive is required. **Applications are due to Seminole County Community Services Division no later than Thursday, August 25, 2022, at 4:00pm.** Applications should be delivered to the address below. Applications must be date stamped by the official time clock located in our lobby. **Faxed or email applications will not be accepted.**

**Seminole County Community Services Department
520 West Lake Mary Boulevard, Suite 100
Sanford, FL 32773
Attention: Kelly Welch**

Two virtual technical assistance information session will be held on **Monday, August 1, 2022, at 2:00p.m.**, and **Wednesday, August 3, 2022, at 2:00pm** to provide interested applicants an opportunity to gain additional information and ask questions regarding NOFA. To be considered for funding, all interested applicants **must have a representative present at one of the two workshops.**

You can access the meeting at via **Microsoft Teams.**

Meeting ID: 266 558 204 703

Passcode: o6d7Wm

Or call in (audio only)

[+1 929-335-6927, 244314116#](tel:+19293356927) United States, New York City

Phone Conference ID: 244 314 116#

If you have questions or need additional information, contact Kelly Welch at 407-665-2391 or kwelch@seminolecountyfl.gov.

CONTENT OF PROPOSALS

Applications must be submitted in a **three-ring binder** with tabs labeled as listed below. *Failure to follow these instructions may result in application disqualification.*

1. **Title Page:** Type the name of the Applicant's agency/firm, address, telephone number, name of contact person, date, and the title of the Application.
2. **Table of Contents:** Include a clear identification of the written material by section and by page number.
3. **Summary:** Follow the guidance contained in the Community Health Initiative 22-24 NOFA Application.

EVALUATION OF PROPOSALS

An Evaluation Committee will review and evaluate all applications submitted in response to this Notice of Funding Availability (NOFA). The Committee will conduct a preliminary evaluation of all applications to ensure they are complete and meet the minimum qualifications and mandatory requirements of the NOFA. Failure to comply with any mandatory requirements **will** disqualify an applicant.

PROJECT SELECTION CRITERIA

The Application Review Committee will consider the following criteria a proper response to the NOFA, in the project recommendation process:

- Applicants must submit all required documents listed in the application NOFA package. Incomplete applications will be deemed unresponsive and will not be scored.

- Program recipients must be a 501(c)(3) as determined by the Internal Revenue Service and operating for at least three years.
- Project must respond to COVID-19 and the broader health impacts of COVID-19 and the COVID-19 public health emergency.
- Project must provide services to communities disproportionately impacted by the COVID-10 public health emergency
- Reasonableness of cost will be considered in evaluating all applications.
- The long-term viability of the project will be considered in evaluating applications.
- Awarded applicants will be reimbursed for services provided in their agreement. In some cases, the County may pay the awarded applicant’s vendor directly for services provided in their agreement.

Upon successful completion of the preliminary evaluation, the Evaluation Committee will review and rank each proposal based upon the evaluation criteria as set forth below:

Evaluation Criteria	Maximum Points
Organizational Capacity/Qualifications Applicant’s qualifications as it relates to the proposed scope of work; include certifications and licenses applicable to the scope of work. Must have been in business for a minimum 3 years. Applicant’s track record and prior experience in the proposed activity	15
Project Description Project description includes a clear program design which document the severity of the problem, describes the need and how it relates to the COVID-19 pandemic (include data where available), and the clientele who will to benefit from program.	20
Collaborative Partnership Project includes partner collaboration to ensure comprehensive service delivery to address all required elements and describes the significance and responsibilities of each collaborative partnership.	15
Goals, Objectives and Outcomes Applicant provides a clear understanding on how it proposes to perform the scope of work using best practices and evidenced based practices. Applicant demonstrates the ability to develop SMART goals and measure success through documented outcome measurements.	20
Work Plan Applicant provides a clear timeline for project implementation, service delivery and reporting.	10
Equitable and Inclusive Service Delivery Applicant demonstrates the ability to identify and serve marginalized and disproportionately impacted communities. Applicant describes clear plan to identify and address social determinants of health.	10
Budget Justification Applicant provides a detailed budget projection, inclusive of sources and uses; Budget details total cost for service delivery outlined in the scope of work.	10
Total	100
Bonus Points	Maximum Points
Innovative Services Scope of Work includes innovative approaches to service delivery.	10



FY2022 – 2024 Community Health – Mental Health & Substance Use Disorder Services Notice of Funding Opportunity Application

Non-profit Organization Name: _____

Address: _____

Contact Person: _____ Telephone (_____) _____

E-mail: _____ Fax: (_____) _____

Date Designated as 501(c)(3): [Click here to enter a date.](#)

Federal Identification Number: _____

DUNS Number: _____

Provide a brief summary of your project/program including name and location (no more than 50 words):

Use this area for your response.

Amount Requesting for project/program: \$ _____

Is the project currently funded by Federal, State, or other local funds? Yes No

If yes, please explain and include the amount: _____

AUTHORIZATION:

Our signatures acknowledge that the information contained in this funding proposal is accurate and may be shared with other funders. In addition, this certifies that this request is consistent with our organization's mission/articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors on (date): [Click here to enter a date.](#)

Typed Name of President, Board of Directors

Typed Name & Title of Official Agency Signatory

Signature of President, Board of Directors

Signature of Official Agency Signatory

SECTION B: PROJECT NARRATIVE (70 POINTS)

Answer each question below. Do not exceed the number of pages indicated.

I. Organizational Capacity & Qualifications (15 points): Briefly describe the agency's capacity to implement the project and the competencies of the staff assigned to the project. Include a description of any collaborating partner agency's organizational capacity and qualifications? Include a list of agencies in Seminole County that you are aware of providing similar services. Are you collaborating with these agencies? If so, describe how.

Response should be no more than 1 page, single spaced.

Use this area for your response.

II. Project Description (20 points): Include program description, document the severity of the problem, clearly describing the need and how it relates to the COVID-19 pandemic (include data where available), and the clientele who will benefit from program, specific use of funds, etc. (must be 250 words or less). **Response should be no more than 1 page, singled spaced).**

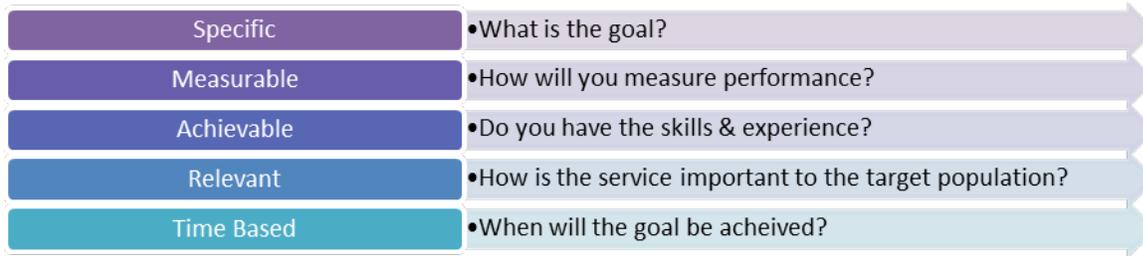
Use this area for your response.

III. Collaborative Partnerships (15 Points): Describe how collaborative partnerships will positively impact the program. Itemize tasks to be completed by each partnering agency and the plan for payment for services. Include letters of support clearly demonstrating inter-agency agreement and collaboration. **(Response should be no more than 1 page).**

Use this area for your response.

IV. Goals, Objectives and Outcomes (20 Points): Identify and describe the project goals, objectives and outcomes. Identify at measurable outcomes that are consistent with the identified goals and objectives. Describe how the lead agency will measure performance of collaborating partner agencies. **Response should be no more than 1 page, singled spaced).**

Goals, objectives and outcomes should be written using the SMART format:



Example:

Essential Life Services Goal: *Decrease Hunger among Seminole County Residents*
Objective 1: *Provide food boxes to 100 low-income Seminole County Households by September 30, 2023.*

Use this area for your response.

V. Work plan (10 Points): The application shall include a Work plan/Timeline (in chart format) with the estimated timeline for implementation, tasks, and specific activities to be accomplished. **(Response should be no more than 1 page).**

Use this area for your response.

VI. Equitable and Inclusive Service Delivery (10 Points): The Treasury encourages uses of funds that advance strong, equitable growth, including economic and racial equity. For the purposes of the SLFRF, equity is described in the [Executive Order 13985 On Advancing Racial Equity and Support for Underserved Communities](#)

In this section, recipients should describe, as applicable, their efforts to promote equitable outcomes, including economic and racial equity, and their efforts to design, implement, and measure their program and projects with equity in mind. In describing their efforts to design their SLFRF program and projects with equity in mind, recipients may consider the following:

- a. Goals: Are there particular historically underserved, marginalized, or adversely affected groups that recipients intend to serve within their jurisdiction?
- b. Awareness: How equitable and practical is the ability for residents or businesses to become aware of the services funded by SLFRF?
- c. Access and Distribution: Are there differences in levels of access to benefits and services across groups? Are there administrative requirements that result in disparities in ability to complete applications or meet eligibility criteria?

d. Outcomes: How are intended outcomes focused on closing gaps and/or reaching universal levels of service? How is the considering disaggregating outcomes by race, ethnicity, and other equity dimensions where relevant for the policy objective?

application (**Response should be no more than 1 page**).

Use this area for your response.

VII. Budget Justification (10 Points): Attach an itemized activity budget, including any necessary supplemental information. The itemized activity budget must include a detailed, line-item budget, including a description of tasks and implementation costs. NOTE: Salary, fringes and related costs are allowed, as long as the salaries are related to specific activity tasks. Narrative justification for each line item (including each salary item) must be provided. The narrative should justify each salary by describing the activity tasks associated with each salary. (**Response should be no more than 1 page**).

Use this area for your response.

VIII. Innovative Services (10 Bonus Points): Describe the plan to provide innovative services to meet the need of County residents. Provide specific innovative approaches and how they will augment service delivery. (**Response should be no more than 1/2 page**).

Use this area for your response.

ATTACHMENTS A-G (REQUIRED):

- A. List of Board of Directors and offices held
- B. Organizational Chart (operation of organization)
- C. Florida Department of Corporations Current Filing (print from www.sunbiz.org)
- D. IRS 990 Forms with Schedules
- E. Positions, Salaries, Job Descriptions of proposed project staff (including collaborative partner positions)
- F. Itemized Project Budget (incorporating collaborative partner project budget/payments)
- G. Certified Independent Audit
- H. Copy of Agency IRS 501 (C)(3)
- I. Copies of Certifications and Licenses (as applicable)
- J. State of Florida Tax Exemption Certificate
- K. Copies of Insurance:
 - General Liability
 - Worker's Compensation
 - Auto Liability
 - Directors & Officers
 - Professional
 - Other: _____

AGENCY INSURANCE REQUIREMENTS:

Seminole County requires awarded Agencies or organizations to provide a **Certificate of Insurance** which reflects current liability insurance, naming **Seminole County Board of County Commissioners as an additional insured**; current workers' compensation insurance; automobile insurance etc. Can you provide such documentation, if funded?

Yes No



**Seminole County Community Health
All Applicants - Due Diligence Affidavit**

Applicant Name: _____

Address: _____

Telephone Number: _____

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. Within the past five (5) years, neither the Entity nor its directors, partners, principals, members or board members:
 - i. Have been sued by a funding source for breach of contract or failure to perform obligations under a contract. Have been cited by a funding source for non-compliance or default under a contract.
 - ii. Have been a defendant in a lawsuit based upon a contract with a funding source.
 - iii. Have been charged with a crime that is unresolved at the time of signing this document; have been convicted at any time of a crime of fraud or bribery; or have been convicted at any time of a criminal act in connection with any County program.
 - iv. Please list any matters which prohibit the Entity from making certifications required and explain how the matters are being resolved (use separate sheet if necessary):

This is certified by my signature:

Applicant's Signature Date Print Name

Subscribed and sworn to (or affirmed) before me this ____ day of _____, 20__ by

_____. He/she is personally known to me or has presented _____ as

identification number: _____. (Print or Stamp of Notary):

Expiration Date: _____

Notary Public – State of _____