



**Seminole County Community Services Department
Emergency Solutions Grant (ESG)
Notice of Funding Availability (NOFA)
Program Year 2021–2022**



Emergency Solutions Grant (ESG) – On February 28, 2021, the Seminole County Community Development Division published its Notice of Funding Availability (NOFA), listing activities the County will consider funding during the 2021-2022 Program Year. Applications that do not address the priorities detailed in the 2020-2024 Consolidated Plan will not be considered for funding. Applications will not be funded unless the organization has developed reasonable cost estimates, established an activity implementation timeline and can show financial stability. Funding award amounts are subject to be reduced from the agency's application based on the priority of needs, ranking of applications, and actual funds available. The Evaluation Committee's final funding recommendations will give priority to the Objectives and priorities identified in the 2020-2024 Consolidated Plan.

Submission Requirements

Each applicant must submit one (1) original application along with four (4) paper copies and one (1) electronic copy in PDF format on an USB flash drive.

Applications must be mailed or hand-delivered to the Community Services Department by Friday, April 2, 2021 at 4 PM. Applications must be date stamped by the official time clock located in our lobby.

**Seminole County Community Services Department
534 W. Lake Mary Boulevard
Sanford, Florida 32773
Attention: Bonnye Deese, HUD Administrator**

APPLICATIONS RECEIVED AFTER 4:00 PM WILL NOT BE CONSIDERED

There are two (2) virtual technical assistance workshops scheduled for Monday, March 8, 2021, at 10 a.m. and Monday, March 15, 2021 at 2 p.m. to provide interested applicants an opportunity to ask questions regarding this funding notice. Workshop login instructions are available at www.seminolcountyfl.gov/comsrvs.

APPLICATION REVIEW AND RANKING

During the project recommendation process, the Application Review Committee will consider the Applicant's response to the NOFA, the objectives of the 2020-2024 Consolidated Plan, and the following criteria:

- All Applicants must submit the required documents. Incomplete applications will be considered unresponsive and will not be forwarded to the Application Review Committee for scoring.
- Program Recipients must be a 501(c)(3)
- The project must serve at risk populations
- Reasonableness of cost will be considered in evaluating proposals
- Awarded applicants will be reimbursed for services provided in their agreement. In no cases will funds be advanced to the awarded applicants.

ESG Requirements:

If requesting ESG funding, Program Recipients must provide one of the following services: rapid re-housing of homeless families or homeless shelter operating & maintenance expenses. Recipients are also **required** to provide a minimum of a **match**, and must make matching contributions to supplement the recipient's ESG program in an amount that **equals** the amount of ESG funds.

The Application Review Committee will score all applications based on how well the applicant responds to the following scoring criteria:

| | Maximum Points |
|---|----------------|
| Organizational Capacity/Experience Applicant's skills, abilities to and track record to successfully deliver services to the community. | 15 |
| Activity/Project Description Applicant's ability to clearly describe the activity/project that is being proposed and the need for the service in Seminole County? | 20 |
| Approach Applicant provides a clear understanding on how it proposes to achieve the delivery of the activity/project? | 10 |
| Timeliness Applicant's project is ready to proceed and has the ability to begin within 6 months of award notice and completed within the 18 months. | 20 |
| Outcomes Applicant proposed project outcomes are attainable and meet County goals. | 15 |
| Budget/Reasonableness of Cost/Leverage Applicant provides a detailed Project and Activity budget, with reasonable costs, and has adequate leverage. | 10 |
| Financial Review (Community Services Staff) Agency submitted complete and acceptable audit and financials. | 5 |
| Responsiveness Does the agency provide a complete and clear package? | 5 |
| Total: | 100 |

PROJECT SUBMISSION SHEET

APPLICANT NAME AND ADDRESS

| | | |
|---|--------|------|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Federal Employer Identification Number: | | |
| DUNS Number: | | |

CONTACT INFORMATION

| | |
|----------------------------|--------|
| Name: | Title: |
| Phone: | Fax: |
| E-Mail: | |
| Relationship to Applicant: | |

Legal Status of Agency / Organization: ☐ Non-Profit ☐ Public Agency ☐ Neighborhood Organization

☐ Other (specify) _____

Project Name: _____

Proposed Project: _____

ESG Funds Requested: \$ _____

1. Explain why this project is needed. Indicate how it meets a National Objective, and is eligible based on the County's Objectives.
2. Eligible Activity (**Select only one**): ☐ Shelter Operation and Maintenance ☐ Rapid Re-Housing
3. Has the Agency previously received Seminole County funding for this project: ☐ YES ☐ NO
 - a. If yes, how much was received and when were the funds awarded? _____
 - b. Were all funds expended within the grant agreement timeframe? ☐ YES ☐ NO
4. Is your Agency a direct recipient of another award: ☐ YES ☐ NO
 - a. If yes, has your Agency been monitored/audited by the funding entity (Federal, State, or Local agency)? ☐ YES ☐ NO
 - b. If yes, provide the most recent completed Program Monitoring Report.

A. Organizational Capacity / Experience (15 Points)

1. Briefly describe your track record and prior experience in the proposed activity and include the following information:
 - i. Unique qualifications or characteristics of staff, the facility or operations (*include specifics that separate your organization from others serving in the same capacity*).
 - ii. Number of years of related experience of the organization or key staff
 - iii. Specify key staff skills, assignments, and/or tasks
 - iv. Summary of past outcomes (*for the past two (2) years*)
 - v. Perceived challenges in meeting the goals of this application
 - vi. Illustrate how your agency has the capacity to overcome perceived challenges in meeting the goals of this application.
 - vii. Provide a Year-End Report of accomplishments from previous funding year.

ATTACHMENTS A-G (REQUIRED):

- A. List of Board of Directors and offices held
- B. Organizational Chart (*operation of organization*)
- C. Resumes of Chief Executive Officer, Chief Fiscal Officers, and key staff members assigned to the proposed activity
- D. Organizational Business Plan (If activity is in operation for less than 3 years)
- E. Letter of Support from other agencies demonstrating that the “activity” as conducted by the applicant has impacted the documented need
- F. Florida Department of Corporations Current Filing (*print from www.sunbiz.org*)
- G. IRS 990 Forms with Schedules

B. Project / Activity Description (20 Points) *(attach additional sheets if necessary)*

1. Describe the “activity”, in detail, and be very specific about how the ESG funds are proposed to be used. Be certain to include the following information:
 - a. Identify and document the need or problem.
 - b. Document the severity of the problem, clearly describing the need, to include statistics and reliable sources that are quantifiable and supported by appropriate data.
 - c. Affected population and percentage of low- and moderate-income persons to be benefited (*Area of service*).
 - d. Geographic area to be served. Include activity location, U.S. Census Tract. If activity is held in multiple locations, list all locations and the Census Tract Numbers (<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>). If the activity is County-wide, indicate as such.
 - e. State whether organization participates directly or indirectly in the proposed activity and document the number of clients served directly and indirectly.

C. Approach (10 Points)

1. Provide a narrative (250 words or less) describing how the organization anticipates implementing the proposed activity/project within the EGG funding year beginning October 1, 2021 through September 30, 2022.

D. Timeliness (20 Points)

1. Provide a schedule of activities sorted by tasks necessary to implement the proposed activity/project within the EGG funding year beginning October 1, 2021 through September 30, 2022.

| Activity Schedule and Activity Timeline | |
|---|----------------------|
| Task | Date to be Completed |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

2. Identify any strategies for collaborative approaches, such as volunteer recruitment and training, community building or strategic alliances. (If none, indicate N/A):
3. Identify any cooperative approaches and describe how they will improve the performance of the activity. (If none, indicate N/A):

E. Outcome Measurement Goals: (15 Points)

Seminole County Community Development Division determines actual benefits of funded activities by using Outcome Measurement Goals. The Application Review Committee will review these goals closely when recommending applications for funding to the Board of County Commissioners.

The Outcomes Measurement section measures the actual benefits or changes for individuals as a result of participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. The purpose of this section of the application is to identify these outcomes in measurable terms.

Table 1 of this section is designed to allow the applicant to briefly describe the proposed activities initial, intermediate, and long term outcomes.

Table 2 of this section is designed to allow the applicant to declare goals to be measured throughout the contract period.

A copy of this section will be given to the Review Committee and to the Seminole County Board of County Commissioners as back-up material.

Provide an outcome tracking table, using the attached tables as a model, being as brief as possible, using the guidelines below:

Resources – money, staff, staff time, volunteers, volunteer time, facilities, equipment, or supplies.

Inputs – resources dedicated to or used by the program.

Activities – what the program does with the inputs to fulfill its mission.

Outputs – direct products of program activities.

Benefits – new knowledge, increased skill, change in attitudes or values, modified behavior, improved condition, altered status.

Outcomes – benefits or changes for individuals of target populations during or after participating in program activities.

Initial Outcomes – first benefits or changes participants experience.

Longer-term Outcomes – ultimate benefits of the program.

Intermediate Outcomes – benefits that connect initial outcomes and Longer-term Outcomes.

Quantifiable Measurement Goals – a defined goal of measurement per quarter (i.e. proof of academic achievement, proof of new or increased skills- certifications, etc.)

1. Provide a brief narrative justification with proposed inputs, output, and outcome, and state why this project is needed.

2. Provide a brief narrative describing how goals, performance and success will be measured if awarded funds.

3. Does this activity currently exist? ☐ YES ☐ NO

If yes, where?

OUTCOME MEASUREMENT TABLE 1

Program: _____

| Inputs | Activities | Outputs | Outcomes | | |
|--------|------------|---------|----------|--------------|-------------|
| | | | Initial | Intermediate | Longer-term |
| | | | | | |

QUANTIFIABLE GOALS TABLE 2

First Quarter:

Second Quarter:

Third Quarter:

Fourth Quarter:

F. Project / Activity Budget (10 Points)

1. Provide a proposed project/active budget. Applications submitted without a budget will be considered incomplete and **will not be considered for funding**.
 - a. Agencies awarded FY2020-2021 ESG funding must show past award amounts for comparison of request. The Sample provided below is recommended.

| DETAIL OF 2020/2021 ESG FUNDING REQUEST | Current 2020/2021 | Proposed 2021/2022 |
|---|----------------------|-----------------------|
| PROGRAM PERSONNEL | | |
| Professional Staff Salaries | | |
| Support Staff Salaries | | |
| Employee Benefits | | |
| Payroll Taxes/Other | | |
| PERSONNEL EXPENSES: | | |
| PROGRAM OCCUPANCY | | |
| Building Lease/Rent | | |
| Maintenance | | |
| Utilities | | |
| Insurance | | |
| TOTAL OCCUPANCY: | | |
| PROGRAM OPERATING/PROGRAM EXPENDITURES | | |
| Office Supplies | | |
| Direct Client Services | | |
| Office Expense/Computer | | |
| Communication | | |
| Printing | | |
| Advertising | | |
| Professional Fees/Outside Consultants | | |
| Staff Travel | | |
| Staff Development/Training | | |
| Volunteer Expenses | | |
| Licenses, Taxes, Insurance | | |
| Equipment Lease/Maintenance | | |
| Vehicle Maintenance | | |
| Program Materials | | |
| Miscellaneous (provide detailed descriptions and breakdowns separately) | | |
| TOTAL OPERATING/PROGRAM EXPENSES: | | |
| | | |
| TOTAL 2019/2020 ESG AWARD : | | |
| | | N/A |
| TOTAL 2020/2021 ESG REQUEST: | | |
| | N/A | |

2. Please attach documentation of funds the Applicant is providing its source of Matched funding (grant awards, letters of credit, cash, in-kind, etc.).
 - a. List these sources on the Certification of Other Funding.

DISCLOSURE FORM

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

Has your agency, any officers, employees, or anyone involved in the operations, management, leadership, or decision making, received a reprimand, sanction, warning of any nature, or been suspended by the Florida Department of Professional Regulation or any other Florida agency, the U.S. Government, or any professional association within the past five (5) years?

☐ YES ☐ NO

Has your agency, any officers, employees, or anyone involved in the operations, management, leadership, or decision making, 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 past five (5) years?

☐ YES ☐ NO

Has your agency, any officers, employees, or anyone involved in the operations, management, leadership, or decision making, 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

Has your agency, any officers, employees, or anyone involved in the operations, management, leadership, or decision making, had filed against it, him, or her any liens (property liens, tax liens, mechanic's liens) for non-payment in the past five (5) years?

☐ 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.

| | |
|----------------------------------|-------|
| Authorized Official's Signature | Date |
| Print Authorized Official's Name | Title |

CERTIFICATE OF OTHER FUNDING OR MATCHING FUNDS

Please show all other sources of funding to be used on this project. This includes any cash, loans, grants, donations, guarantees, rebates, subsidy, credit, tax benefits, or any other form of direct or indirect financial assistance from any government, foundation, financial institution, agency, individual, or any other source of funds for use in, or in connection with the requested ESG 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 _____, 20____, by

_____ He/she is personally known to me or has produced a Florida Driver License or ID

_____ as identification.

Notary's Signature

Printed Name

ESG APPLICATION CHECKLIST

- ☐ Project Submission Sheet
- ☐ Project/Activity Information
- ☐ Articles of Incorporation / Date of Incorporation
- ☐ Occupational License (If Applicable)
- ☐ By-laws / Purpose of Organization
- ☐ Organization Chart, including a list of the Board of Directors and their occupations.
If non-profit organization, submit IRS Determination Letter.
- ☐ Resume of Program Manager/Administrator
- ☐ Resume of Chief Financial Officer or Finance Manager
- ☐ Resumes of staff directly responsible for project administration
- ☐ Certified Independent Audit (most recent), year-end, and interim financial statements. If no audit has been performed, please provide recent audited financial statement(s) including cash flow statement and balance sheet. The more information provided by the applicant will be beneficial in demonstrating financial capacity.
- ☐ Federal, state, or local agency most recent monitoring report (if applicable)
- ☐ 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
- ☐ Detailed Project/Activity Budget
- ☐ Information regarding current year grants received and any proposed grant applications for this project
- ☐ Disclosure Form
- ☐ Documentation of other funding. (Include 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.)