



**STANDARD: Community Services Agency Partnership Program**

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**POLICY STATEMENT**

Seminole County, through its Department of Community Services, is committed to providing financial assistance to nonprofit agencies that assist Seminole County Government in fulfilling its Mission and Vision Statement.

**Mission Statement:** *To deliver excellent public service that enhances quality of life and addresses our community's needs, now and in the future. (O'Bryan & Stettner, Agenda Item A-0348-10: Brief the Board on the Strategic Plan, 02/09/2010)*

**Vision Statement:** *Providing excellent service to create a vibrant community. (O'Bryan & Stettner, Agenda Item A-0348-10: Brief the Board on the Strategic Plan, 02/09/2010)*

Annually, or as determined by the Seminole County Board of County Commissioners (BCC), grant funds are provided for programs and services which the County has determined to be an essential or supportive service.

**1.0 PURPOSE**

The purpose of this policy is to set forth parameters and establish guidelines for the funding of nonprofit agencies.

**2.0 DEFINITIONS**

As used in this policy:

- (1) "Administrative Expenses" means costs associated with overall program management, coordination, monitoring and evaluation. Costs include purchase of equipment, insurance, office supplies, leasing/utilities, supervision of program staff and administrative salaries, etc.
- (2) "Community Services Agency (CSA)" means nonprofit agency providing comprehensive essential and/or supportive services.
- (3) "Conflict of interest" means a substantial probability that action taken by an individual will result in measurable direct benefits accruing to the individual as opposed to benefits accruing in general to an industry.
- (4) "County Staff" means designated County or Community Services Department staff
- (5) "Director" means the Director of the Community Services Department of the County.
- (6) "Essential" means services that meet the basic needs for daily survival that sustain the quality of life for residents, including food, childcare, medical, mental and/or behavioral health, and housing activities not funded by any other Federal programs administered through the County.
- (7) "Grant" means an appropriation of public funds to a nonprofit organization for a public purpose.
- (8) "Nepotism" means appointing persons to positions on the basis of their blood or marital relationship to the appointing authority, rather than on merit or ability.
- (9) "Nonprofit organization/agency" means an organization organized for other than profit-making purposes and which has a current 501(c)3 tax-exemption from the Internal Revenue Code.

- (10) "Perquisite" means a privilege furnished or a service rendered by an organization to an employee, officer, Director, or member of that organization to reduce the individual's personal expenses.
- (11) "Service" means the act of providing essential or supportive goods and/or activities required by vulnerable populations.
- (12) "Supportive Service" means services that enhance the quality of life for residents, including legal or youth services, and any services not previously defined as essential.

### **3.0 NONPROFIT AGENCY ELIGIBILITY FOR COUNTY FUNDS**

Seminole County Government will consider providing assistance to nonprofit agencies meeting the following criteria:

#### **3.1 Eligibility Requirements**

- (1) The nonprofit agency is chartered or otherwise authorized to do business in the State of Florida for charitable purposes and exempted from the Federal income tax by the Internal Revenue Service [501(c)(3)] for a minimum of three years.
- (2) The purposes for which the nonprofit agency is organized provides benefits to Seminole County residents.
- (3) The services or activities to be provided by the nonprofit agency, and funded with County funds, shall address an essential or supportive service, such as, but not limited to, the needs of the poor, youth, seniors, those with disabilities, education, culture and arts, and health crisis.
- (4) The nonprofit agency shall have a governing board whose members serve without compensation and have no conflict of interest between their regular occupations and the services provided by the nonprofit.
- (5) The nonprofit agency has bylaws or policies which describe the manner in which business is conducted, including management, audit, and fiscal policies and procedures, policies on nepotism, and policies on management of potential conflict of interest.
- (6) The nonprofit has at least one year's experience providing the service or activity for which the funds are requested or can otherwise demonstrate to the satisfaction of the County sufficient expertise to successfully carry out the service or activity.
- (7) The nonprofit must be licensed and accredited in accordance with applicable requirements of Federal, State and County laws.
- (8) The nonprofit agency may not use a funding agency or other third-party arrangement to meet program requirements for eligibility.
- (9) Nonprofit must provide the previous year's fundraising plan and a statement on future fundraising efforts.
- (10) Only one application per agency will be considered – essential or supportive services.
- (11) Grants will be made only to nonprofit agencies whose programs and activities benefit the residents of Seminole County.
- (12) Capital improvement, construction projects, property or home purchases are ineligible.
- (13) Projects supporting homeless services such as Rapid Re-Housing or homeless shelters are ineligible.
- (14) No less than two-thirds (2/3) of the total funding amount will be allocated to essential services.

### **3.2 Accountability**

- (1) Nonprofit agencies must adhere to accountability standards set by the County and as required by law. Compliance with these standards is a criterion for funding. These standards include but are not limited to:
  - a. Submission of financial statements or audits as specified by the Request for Proposal (RFP) and/or contract.
  - b. Clearly identify quantifiable indicators of public and client benefits for the proposed service or activity.
  - c. Agree not to use any public funds for purposes for entertainment or perquisites.
  - d. Comply with such other requirements as the Director may prescribe to ensure adherence by the nonprofit agency with Federal, State, and County laws, and established standards for fiscal and program management.
  - e. Full and complete funding expenditure of total award for eligible expenses.
  - f. If the County has had to recapture funds within the last twenty-four (24) months, or if agency fails to fully expend funds, future funding may be impacted.
  - g. Allow County staff, and the County Clerk's staff access to records, reports, files and other related documents in order that the program, management, and fiscal practices of the nonprofit organization may be monitored and evaluated to assure the proper and effective expenditure of public funds for a period of five (5) years after the contract has ended.

## **4.0 FUNDING APPLICATION PROCEDURE**

### **4.1 Application Schedule**

- (1) Annually, before June 1, County staff shall publish a notice soliciting applications in the newspaper and the Community Services Department website.
- (2) Applications are competitive.
  - A maximum of \$100,000 can be requested and/or awarded per agency
  - Administrative expenses are ineligible
    - Administrative expenses are defined as costs associated with overall program management, coordination, monitoring and evaluation. Costs include purchase of equipment, insurance, office supplies, leasing/utilities, supervision of program staff and administrative staff salaries, etc.
- (3) All **completed** applications must be submitted to the Director on or before the date and time indicated in each year's published notice. Applications shall be prepared on forms provided by the County. Applications not in conformance with the requirements of the County may be rejected.

### **4.2 Application Submission**

- (1) A **completed** County nonprofit funding application is required, along with **all required documentation** on or before the advertised date and time. Late applications will not be accepted, no exceptions.

### **4.3 Funding Award**

- (1) County staff will submit all qualifying applications for review and appropriation of funds to the CSA Review Team.
- (2) The CSA Review Team will score the applications pursuant to this policy, the

- application requirements and the goals/objectives as established by the BCC.
- (3) The Community Assistance Division Manager and key program staff will review the CSA Review Team scores, rank the results, recommend funding allocations, and provide the information to the Director.
  - (4) County staff will notify all agencies of either recommendation or non-recommendation of funding status
  - (5) The Community Assistance Division Manager will make nonprofit funding recommendations to the County Manager, Deputy County Manager, and the BCC.
  - (6) Upon favorable action by the BCC to appropriate funds for the grant, County staff will notify the agencies of their funding or lack thereof.
  - (7) County Staff will develop the contract for services as well as the Scope of Service/Work and Budget that reflects the services outlined in the nonprofit's applications and funding award by the BCC.
  - (8) Insurance coverage amounts will be reviewed and approved by the County's Risk Management Division prior to contract execution.
  - (9) The agency awarded program funding must accept the funds by executing a contractual agreement which must be signed by the authorized representative of the agency and the BCC Chairman.

## **5.0 GRANT REPORTING AND MONITORING**

### **5.1. Grant Reporting**

Each funded agency will submit a monthly program report. This report shall be submitted with the monthly reimbursement request. The report should describe the program outcomes signed by the agency's authorized representative. At a minimum, County staff will monitor the program and activities on an annual basis.

### **5.2 Monitoring**

Monitoring is one of the core elements of a well-designed internal control system. County Staff is responsible for compliance monitoring with all the applicable rules/citations for a particular program and/or agreement and must ensure that program funds are used in accordance with all program rules and regulations, determine the adequacy of performance under the written agreements and take appropriate action when performance problems arise.

Monitoring Process determines program and financial performance, regulatory compliance and is completed in one (1) or more of the following four (4) stages:

- (1) Desk Audit Compliance Review of records and files
- (2) On-site Monitoring of files
- (3) On-site Physical Inspection of projects/activities, if applicable
- (4) Technical Assistance

#### **5.2.1 Desk Audit Compliance Review**

The Desk Audit Compliance Review begins with a notification letter that details the Audit/Monitoring process and requires the nonprofit to submit pertinent information to ensure compliance with the terms and conditions of the agreement.

#### **5.2.2 On-site Records Review**

The Desk Audit Compliance Review will be followed by an on-site inspection of the files to review program performance, management practices, financial management practices, and record-keeping/reporting practices.

The onsite review will consist of an entrance interview, documentation, and data acquisition, exit conference and monitoring/corrective action letter.

### **5.2.3 The Entrance Conference**

An entrance conference on-site with the nonprofit's Director and/or Board Chairman and appropriate financial and program staff immediately before monitoring begins is essential. The entrance conference ensures that all sub-recipients' staff have a clear understanding of the purpose, scope, and schedule of the monitoring compliance visit.

### **5.2.4 Documentation and Data Acquisition**

While on-site at the agency, all relevant records will be reviewed in accordance with the terms and conditions of the contract/agreement.

This documentation is necessary in analyzing information, developing conclusions from the monitoring visit and explaining the basis for any findings that appear in the monitoring letter.

A preliminary on-site report or monitoring/corrective action letter of all findings and concerns will be drafted on site in preparation for the exit interview.

### **5.2.5 The Exit Conference**

At the end of the visit, County staff that participated in the on-site visit will meet again with key representatives of the nonprofit agency organization to present the **tentative conclusions** from the monitoring conference. This exit conference should have four objectives:

1. To present preliminary results of the monitoring visit;
2. To provide an opportunity for the nonprofit to correct any misconceptions or misunderstandings;
3. To secure additional information from nonprofit Staff to clarify or support their position; and
4. For any deficiency which the nonprofit agrees with, to provide an opportunity for nonprofit Staff to report on steps they are already taking to correct the matter.

At the end of the conference, there should be a clear understanding of the areas of agreement and or disagreement about the monitoring results.

### **5.2.6 The Monitoring/Corrective Action Letter**

The nonprofit will be given a formal written document, Monitoring/Corrective Action Plan Letter, within thirty (30) days of the onsite monitoring visit, recognizing their success and/or inadequacies in complying rules and regulations. The letter will describe all

deficiencies, if any, pursuant to the regulations and recommendations for improvement.

The monitoring/corrective action letter will identify every finding and concern and cite the regulation that is applicable. A **finding** is for non-compliance with the terms and findings of the contract/agreement. A **concern** is an issue that can become a finding if not corrected and/or addressed. Each finding will specify a corrective action plan to cure the deficiency.

Typically, each nonprofit will have thirty (30) days to respond in writing to the corrective action plan.

## **6.0 SPECIAL PREFERENCES**

- 6.1** Preference will be given to organizations that have the ability to leverage the County's funds at a minimum of 2:1 ratio.

Agencies may demonstrate such leveraging by using matching funds, working in partnership with other agencies, or other means. Funding to this program should lead to broad and lasting benefits to the community.

- 6.2** Priority will be given to projects or programs where funds will have a positive, long-term spillover effect to reduce vulnerable problems in the community.

- 6.3** The County encourages social service agencies to collaborate in order to solve common problems and better address local social service's needs. To serve these ends, the County will allow agencies to submit an application for funding as a Collaborative Project.

- 6.3.1.1** Preference will also be given to organizations that partner with other social service agencies and respond as a collaborative.
- The Collaborative must select a lead agency that will submit the application; and
  - Must include a list of other organizations that will be included in the implementation and ongoing operation of the project; and

Must include current letters (within 60 days prior to application) from the organizations that have agreed to partner with your agency detailing the specific resources and services they will provide.

## **7.0. APPEAL PROCESS**

- 7.1** Appeals must be submitted in writing to the Seminole County Community Services Director within ten (10) business days of receiving denial notification. Late, non-eligible services, or incomplete applications are ineligible for appeal.

Attachments:

Sample Application  
Sample Score Sheet

**Agency Name:** \_\_\_\_\_

(Name of Organization as filed in Florida Division of Corporation)

**Executive Director:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Program Contact:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Agency FISCAL YEAR:** \_\_\_\_\_ **Years Funded by BCC:** \_\_\_\_\_

<i>Name of Program for which County funds are being requested</i>	<i>County Funding Requested 20__/20__</i>	<i>Projected Program Budget 20__/20__</i>	<i>Projected Agency Budget 20__/20__</i>	<i>Essential Life Y/N</i>	<i>Supportive Y/N</i>
TOTALS:					

Available funding will be divided between two categories; Essential Life Services and Supportive Services. Preference will be given to Essential Life Services requests. Only complete applications from agencies that have been in operations for a minimum of three (3) years will be reviewed. Please make sure that all items in this application are completed (with the exception of the spaces provided for points) and that the following documents are provided:

Completed Application	Copies of Certifications and Licenses
_____ Board of Director's Meeting Schedule	Copies of Internal Revenue Service 501(c) (3)
Resumes of Program Director and Key Staff	State of Florida Tax Exemption Certificate
Most Recent Independent Financial Audit	Most Recent Independent Financial Audit
Copies of Insurance (Required): General Liability Worker's Compensation	Copies of Insurance (Required): Auto Liability Directors & Officers Professional Other:

**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):

\_\_\_\_\_  
Typed Name of President, Board of Directors

\_\_\_\_\_  
Typed Name of Secretary, Board of Directors

\_\_\_\_\_  
Signature of President, Board of Directors

\_\_\_\_\_  
Signature of Secretary, Board of Directors

**Please answer the following questions related to your Board of Directors and attach a copy of the \_\_\_\_\_ Board of Directors Meeting Schedule to this application. A total of 5 points are available for this section. The points will be completed by the evaluation committee; please do not complete that portion of this form.**

Number of meetings held during the past year: \_\_\_\_\_ Average attendance \_\_\_\_\_ %

[illegible]

## SECTION B: PROGRAM SUMMARY

Answer each question below in the space provided in relationship to the specific program for which you are requesting county funding (being as specific as possible). The total available points for this section are 70 for questions 1-5; questions 6-8 are required additional information. The points will be completed by the evaluation committee; please do not complete that portion of this form.

COMMITTEE  
SCORE

____/15	1	<b>Need:</b> What Essential Life or Supportive Service NEED(S) OR PROBLEM(S) are addressed? (Be sure you demonstrate the need for services by including any relevant facts, research, data & statistics).
____/15	2	<b>Proposed Services:</b> Give a brief summary of the service(s) your organization would provide to the citizens of Seminole County if approved for requested funding. How many residents will benefit from the services funded by Seminole County?  How many residents benefited from these services in the previous year?  How will services be delivered (when, where)?
____/15	3	<b>Program Goals, Objectives and Outcomes:</b> What specific outcomes do you plan on achieving as they relate to the services offered with Seminole County funds? Please use numbers and/or percentages in this section. <i>Example: With \$15,000 of Seminole County funds we plan on increasing the amount of services we offer by 10% and decreasing hunger in the community by 4%.</i>
____/15	4	<b>Capacity:</b> Fully describe the agency's organizational capabilities to implement the project and the competencies of the staff assigned to the project. Attach a resume for the program director and other key staff members.
____/10	5	<b>Collaboration:</b> How has your agency collaborated with other agencies to maximize resources? 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.
____	6	<b>Special Factors:</b> Why should your agency receive County funds for the service(s) your organization plans to provide? Include awards or recognition.
____	7	<b>Unit of Service:</b> Define what a Unit of Service is for purposes of the program you are requesting funding for.
____	8	<b>Cost Per Unit of Services:</b> Provide a breakdown of the cost per Unit of Service is for the program you are requesting funding for.

## SECTION C: FINANCIAL/ PROGRAM BUDGET

The budget on this page should reflect only the specific program for which Seminole County funding is requested. A total of 10 points will be available for Section C, Section D and the audit.

	Current FY _____	Proposed FY _____	Secured FY _____
<b>TOTAL PROGRAM BUDGET:</b>	\$ _____	\$ _____	\$ _____

Funding Source	Category*	Current FY _____	Proposed FY _____	Secured FY _____
<b>Federal Sources</b>				
<b>State Sources</b>				
<b>Seminole County</b>				
BCC				
<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>				

## SECTION D: FINANCIAL/PROGRAM EXPENSES

The expenses on this page should reflect only the specific program for which Seminole County funding is requested. A total of 10 points will be available for Section C, Section D and the audit.

TOTAL PROGRAM REVENUE:	Current FY _____	Proposed _____
<b>PROGRAM PERSONNEL EXPENDITURES:</b>		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
TOTAL PERSONNEL EXPENSES:		
<b>PROGRAM OCCUPANCY EXPENDITURES:</b>		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
TOTAL OCCUPANCY EXPENSES:		
<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		
TOTAL OPERATING/PROGRAMMATIC EXPENSES:		
<b>TOTAL PROGRAM EXPENSES:</b>		
<b>REVENUE MINUS EXPENSES:</b>		

## SECTION E: FINANCIAL SUMMARY

Answer each question below in the space provided in relationship to the specific program for which you are requesting county funding (being as specific as possible). The total available points for this section are 15. The points will be completed by the evaluation committee; please do not complete that portion of this form.

### COMMITTEE SCORE

_____/2	<b>1</b>	<p><b>Fund Raising:</b> List the fundraising activities you had planned for October 20__/September 20__. What made the events successful?</p> <p>What was your FUND-RAISING GOAL for the previous year \$____ Did you meet your goal? Why or why not?</p>
_____/5	<b>2</b>	<p><b>Reductions:</b> Identify any current reductions to your agency's 2012/2013 budget and your agency's plan to handle these reductions and future budget reductions.</p>
_____/5	<b>3</b>	<p><b>Matching Funds:</b> Will the funds requested be used as matching funds? Yes ____ No ____ If so, what is the source of this funding? Total amount of funding through this source ("b" above): \$_____ How much total match is required to draw down these funds? \$_____</p>
_____/3	<b>4</b>	<p><b>Administrative Funds:</b> What are your administrative costs: _____ %? How is this determined?</p>

Community Service Agency Partnership Program Scoring Sheet				
Fiscal Year 2012/2013				
<b>Name of Agency:</b>				
<b>Requested Funding:</b>				
<b>Funding Source:</b>	CSA			
<b>Financial Score:</b>				
<b>Type of Service:</b>				
		Essential Life Supportive	*Agency is requesting funding for two programs	
<b>Number of Years Funded Through CSA</b>	26			
<b>Section A</b>				
<b>Agency Board Members</b>	possible points		<b>A minimum of 75% of board members attended meetings during the last year</b>	
	5		75% or greater	
	3		50%-74%	
	0		Under 50%	
			0 Score	
<b>Section B: Program Summary</b>				
<b>B1: Need</b>	possible points		<b>Identifies Needs and Problems in the Community</b>	
	15		Clearly provides relevant facts to support claim and identifies Essential Life or Supportive service	
	10		Provides some relevant facts but is missing information to clearly support claim or identify as Essential Life or Supportive service	
	5		Provides little or no supporting information to support the claim and identify as Essential Life or Supportive service	
	0		Does not answer question	
			0 Score	
<b>B2: Proposed Services</b>	possible points		<b>Addresses How the Program will Impact Seminole County Residents</b>	
	15		Completely addresses direct impact to residents	
	10		Addresses impact to residents missing critical details	
	5		Somewhat addresses impact to residents indirectly	
	0		Does not answer question	
			0 Score	
<b>B3: Program Goals Objectives, and Outcomes</b>	possible points		<b>Identifies Outcomes and Services Offered with Seminole County Funds</b>	
	15		Specifically identifies with numbers and/or percentages	
	10		Identifies with numbers and/or percentages but missing some information	
	5		Identifies but numbers and/or percentages are not clear	
	0		Does not answer question	
			0 Score	
<b>B4: Capacity</b>	possible points		<b>Identifies Organizational Capabilities to Implement the Project</b>	
	15		Clearly identifies and attached resumes for key staff indicate competencies	
	10		Identifies but attached resumes are vague and missing some information	
	5		Somewhat identifies but attached resumes are missing critical information and competencies of organization and staff is unclear	
	0		Does not answer question	
			0 Score	
<b>B5: Collaboration</b>	possible points		<b>Identifies Collaboration within the Community</b>	
	10		Clearly identifies how and who they have collaborated with to stretch resources	
	5		Identifies how and who they have collaborated with but is missing some information to make clear	
	0		Does not answer question	
			0 Score	
<b>Section E: Financial Summary</b>				
<b>E1: Fundraising</b>	possible points		<b>Fundraising Goals and Activities</b>	
	2		Met goal and explained how goal was met and the activities planned for future fundraising	
	1		Did not meet goal but did explain the activities planned for the future	
	0		Does not answer the question	
			0 Score	
<b>E2: Reductions</b>	possible points		<b>Identifies Reductions and Plans to Manage Reductions</b>	
	5		Clearly identifies reductions and plan to handle them should they occur	
	3		Identifies reductions and plan to handle them but is missing information	
	0		Does not answer the question	
			0 Score	
<b>E3: Matching Funds</b>	possible points		<b>Agency Uses County Funds as Matching Funds</b>	
	5		Use as matching funds and will create a hundred percent or higher return on investment	
	3		Use as matching funds	
	0		Will not use as matching funds	
			0 Score	
<b>E4: Administrative Funds</b>	possible points		<b>Administrative Costs</b>	
	3		Less than 10%	
	2		Between 10%-15%	
	1		Over 15%	
			0 Score	
<b>CSA Partnership Grant Criteria Page 13 of 13</b>				
<b>TOTAL SCORE</b>				
<b>Rater:</b>				
<b>Date:</b>				

## Community Service Agency –

[illegible]



Community Services  
Agency Partnership Grant  
FY2023-2024  
Request for Applications

Seminole County Community Assistance  
520 West Lake Mary Blvd., Suite #100  
Sanford, FL 32773  
Phone: 407-665-2300 ♦ Fax: 407-665-2358

## **COMMUNITY SERVICES AGENCY (CSA) PARTNERSHIP GRANT MISSION STATEMENT**

The purpose of the CSA Partnership Grant program is to further the County's mission to deliver excellent public service that enhances quality of life and addresses our community's needs, now and in the future.

### **PROGRAM BACKGROUND**

The CSA Partnership Grant program was initiated by the Board of County Commissioners to address human service needs in Seminole County. Seminole County has an extensive history of partnership with local non-profit agencies to benefit and improve the quality of life for residents.

It is deemed to be in the best interest of the citizens of Seminole County that funds be made available to establish partnerships with non-profit agencies who serve the community's social interests and needs. Therefore, it is the intent of this program to assist agencies that provide essential and supportive services, such as, but not limited to, the needs of the poor, youth, seniors, those with disabilities, education, culture and arts, food, childcare, medical, mental and/or behavioral health, and housing activities not funded through Federal programs administered through Seminole County.

The CSA program collaborates with community organizations in assisting residents with specific needs in the County. The program provides grant funds to qualified non-profit organizations that meet federal and state tax exemption requirements and have been in existence for a minimum of three years. Agencies must provide services to benefit and improve the quality of life for Seminole County. CSA funded programs must assist residents of Seminole County. The definitions of each are below:

**Essential Services:** Services that meet the basic needs for daily survival that sustain the quality of life for residents including food, childcare, medical, mental and/or behavioral health, and housing activities not funded by any other Federal programs administered through the County.

**Supportive Services:** Services that enhance the quality of life for residents including legal or youth services, and any services not previously defined as essential.

Funds will be provided as approved by the Seminole County Board of County Commissioners and as requirements are clearly shown and proven by the various agencies that meet the guidelines as set by the County. The intent of the County is to provide funding for the good and welfare of its citizens.

## **TIMELINE OF FUNDING APPLICATION PROCESS**

A Notice of Funding Availability (NOFA) will be released in the Seminole Section of the Orlando Sentinel on Sunday, April 2, 2023. The Request for Applications (RFA) will be posted by Monday, April 3, 2023 on the Seminole County Community Services website. Agencies are required to attend a mandatory pre-application workshop. For further details and to RSVP, please email [mcahill@seminolecountyfl.gov](mailto:mcahill@seminolecountyfl.gov).

- The completed application is due by 4:00 p.m. on Thursday, May 4, 2023 to the address below:  
Seminole County Community Services Department  
Community Services Agency (CSA) Partnership Program  
ATTN: Michelle Cahill  
520 West Lake Mary Blvd., Suite #100  
Sanford, Florida 32773
- Late applications will not be accepted, no exceptions
- After applications are submitted, the Community Services Agency Application Review Committee will meet in May to review applications and scoring instructions pursuant to the formalized process as approved by the Seminole County Board of County Commissioners. Members of the team individually review and score each application and then meet again in June to compile their scores for County staff.
- Funding recommendations are compiled and finalized during the month of June. The Board of County Commissioners receives staff recommendations on CSA funding and makes the final award determination. All agencies that applied are notified of the funding recommendations provided to the Commissioners by July.
- During the months of August and September, the Community Services Department will be working with the County Attorney's Office and the recommended agencies to draft agreements for review and execution. Once the County issues the agreement to an agency for review and signature, the agency must have the original signed agreement back to the County Community Services Department within 10 business days. Failure to provide the original signed agreement with appropriate signatures within the 10 business days may result in denial of funding.
- All agencies that applied for the CSA Partnership Grant are notified in writing of the Board of County Commissioner's decision by October. Those that were awarded funding receive a contractual agreement outlining the responsibilities of the County and the collaborating agency, which must be executed by both parties before reimbursement can be made.
- The CSA contract year begins October 1 and the distribution of an executed agreement to the funded agencies typically occurs in October. A mandatory

training session for any agency awarded funds is held to describe and explain funding and reporting requirements, which include monthly reimbursement, and performance measurement reports. It is recommended that the organization's Finance Manager, Monitor, Manager/Supervisor that oversees the program attends this session. There are also monitoring requirements that are carried out to secure and maintain contract compliance throughout the year.

## **C.S.A. PARTNERSHIP GRANT APPLICATION GUIDELINES**

### **REQUEST FOR APPLICATIONS (RFA):**

The Request for Applications (RFA) is distributed in March to currently funded agencies and the general public on the Seminole County Community Assistance website. Each agency is required to submit four (4), hard copies of the application prior to the posted deadline. Each agency will also be required to submit an electronic version on a USB drive of their complete application as well. Emailed applications will not be accepted.

### ***"PLEASE DO NOT SUBMIT APPLICATIONS IN BINDERS"***

### **ELIGIBILITY CRITERIA:**

This criterion was approved by the Seminole County Board of County Commissioners on March 28, 2023. Only the applications meeting the following criteria will be considered:

- ❖ The nonprofit agency is chartered or otherwise authorized to do business in the State of Florida for charitable purposes and exempted from the Federal income tax by the Internal Revenue Service 501(c)(3) for a minimum of three years.
- ❖ The purposes for which the nonprofit agency is organized provides benefits to Seminole County residents.
- ❖ The services or activities to be provided by the nonprofit agency, and funded with County funds, shall address an essential or supportive services, such as, but not limited to, the needs of the poor, youth, seniors, those with disabilities, education, culture and arts, and health crisis.
- ❖ The nonprofit agency shall have a governing board whose members serve without compensation and have no conflict of interest between their regular occupations and the services provided by the nonprofit.
- ❖ The nonprofit agency has bylaws or policies which describe the manner in which business is conducted, including management, audit, and fiscal policies and procedures, policies on nepotism, and policies on management of potential conflict of interest.
- ❖ The nonprofit has at least one year's experience providing the service or activity for which the funds are requested or can otherwise demonstrate to the satisfaction of the County sufficient expertise to successfully carry out the service or activity.
- ❖ The nonprofit must be licensed and accredited in accordance with applicable requirements of Federal, State and County laws.

- ❖ The nonprofit agency may not use a funding agency or other third-party arrangement to meet program requirements for eligibility.
- ❖ Nonprofit must provide the previous year's fundraising plan and a statement on future fundraising efforts.
- ❖ Only one application per agency will be considered per program – essential life or supportive life services.
- ❖ Grants will be made only to nonprofit agencies whose programs and activities benefit the residents of Seminole County.
- ❖ Capital improvement, construction projects, property or home purchases are ineligible.
- ❖ Projects supporting homeless services such as Rapid Re-Housing or homeless shelters are ineligible.
- ❖ No less than two-thirds (2/3) of the total funding amount will be allocated to essential services.
- ❖ A maximum of \$100,00 can be requested and/or awarded per agency
- ❖ Administrative expenses are ineligible
  - Administrative expenses are defined as costs associated with overall program management, coordination, monitoring and evaluation. Costs include purchase of equipment, insurance, office supplies, leasing/utilities, supervision of program staff and administrative staff salaries, etc.

An application that does not meet these minimum requirements will not be scored and the agency will be notified.

#### CSA REVIEW TEAM:

The CSA Review Team will be selected by the Community Services Division Manager to evaluate all approved applications based on the categories of essential services and supportive services. The CSA Review Team will be comprised of a minimum of three (3) individuals who are familiar with social service programs in Seminole County. Each team member will individually review and score the submitted applications. The team will meet at a time & date as designated by the Project Manager to review and discuss the results of the scoring process. At this time, the team will review scores and submit to the Project Manager.

#### RECOMMENDATION SUMMARY:

The Community Assistance Division Manager and key program staff will review the CSA Review Team scores, rank the results, recommend funding allocations, and provide information to the Director. County staff will notify all agencies of either recommendation or non-recommendation of funding status. The Community Assistance Division Manager will make non-profit funding recommendations to the County Manager, Deputy County Manager, and the BCC.

### FUNDING DECISIONS:

Final funding decisions will be determined by the Board of County Commissioners at the designated Board meeting. Upon favorable action by the BCC to appropriate funds for the grant, County staff will notify agencies of funding, or lack thereof. Agreements will be prepared for the agencies that were granted funding, and letters will be sent to all agencies who applied to notify them of the final funding decisions.

### SPECIAL PREFERENCES:

Preference will be given to organizations that have the ability to leverage the County's funds at a minimum of 2:1 ratio.

- ❖ Agencies may demonstrate such leveraging by using matching funds, working in partnership with other agencies, or other means. Funding to this program should lead to broad and lasting benefits to the community.

Priority will be given to projects or programs where funds will have a positive, long-term spillover effect to reduce vulnerable problems in the community.

The County encourages social service agencies to collaborate in order to solve common problems and better address local social services needs. To serve these ends, the County will allow agencies to submit an application for funding as a Collaborative Project.

Preference will also be given to organizations that partner with other social service agencies and respond as a collaborative.

- ❖ The Collaborative must select a lead agency that will submit the application; and must include a list of other organizations that will be included in the implementation and ongoing operation of the project; and
- ❖ Must include current letters (within 60 days prior to application) from the organizations that have agreed to partner with your agency detailing the specific resources and services they will provide.

### APPEAL PROCESS:

Appeals must be submitted in writing to the Seminole County Community Services Director within ten (10) business days of receiving the denial notification. Late, non-eligible services, or incomplete applications are ineligible for appeal.



**FY2023 – 2024 Community Services  
Agency (CSA) Partnership  
Grant 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:** \_\_\_\_\_

**Application for (Check One):** ☐ **Essential Services** ☐ **Supportive Services**

**Indicate the type of Essential Service to be provided: (Please check one):**

- ☐ Food ☐ Medical ☐ Childcare ☐ Housing Services  
☐ Mental and/or Behavioral Health ☐ Other (please specify): \_\_\_\_\_

**Indicate the type of Supportive Service to be provided (Please check one):**

- ☐ Youth Program ☐ Before/After School Program ☐ Legal Services ☐ Senior Program  
☐ Services for Persons with Disabilities ☐ Other (please specify): \_\_\_\_\_

**Provide a brief description of 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 Seminole County CSA funds? Yes** ☐ **No** ☐ **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 of Secretary, Board of Directors

\_\_\_\_\_  
Signature of President, Board of Directors

\_\_\_\_\_  
Signature of Secretary, Board of Directors

## SECTION A: BOARD OF DIRECTORS (5 POINTS)

Please answer the following questions related to your Board of Directors and attach a copy of the 2023-2024 Board of Directors Meeting Schedule to this application.

Number of meetings held during the past year: \_\_\_\_\_ Average attendance % \_\_\_\_\_

Name	Board Position	Business/Government & member(s) representing client population (list Affiliation)	Telephone Number	Email Address	Continuous Years on Board	Current Term Expiration

## SECTION B: PROJECT NARRATIVE (70 POINTS)

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

**I. Need (10 points):** What Essential or Supportive Service NEED(S) OR PROBLEM(S) in the community does this program address? Be sure you demonstrate the need for services by including any relevant facts, research, data & statistics. Data provided must be specific to Seminole County and information provided should be within the last 2 (two) years **Response should be no more than 1 page, single spaced.**

Use this area for your response.

**II. Proposed Services and Unit Cost (10 points):** Describe the number of persons to be served and the unit cost of the service(s) to be provided. Include a breakdown of the cost per unit of service. Is the proposed project a new service or a quantifiable increase of a previous CSA funded service? If a quantifiable increase, please state how many new clients will access the proposed service? **Response should be no more than 1 page, singled spaced).**

<u>Service(s)</u>	<u># of People to be Served with County Funding</u>	<u>Unit/Service Cost</u>

Use this area for your response.

**III. Goals, Objectives, and Outcomes (25 Points):** Identify and describe the project goals, objectives, and outcomes. Identify at least one measurable outcome that is consistent with the identified goals and objectives. **Response should be no more than ½ page, singled spaced).**

<u>Annual Program Goal(s)</u>	<u>Annual Program Objective(s)</u>	<u>Annual Outcome(s)</u>

Use this area for your response.

**IV. Capacity and Collaborations (15 points):** Describe the agency's capacity to implement the project. Provide staff resumes and describe competencies of staff assigned to the project. Include a description of any collaboration with other agencies to maximize resources? Include a list of agencies in Seminole County that you are aware of providing similar services. How is your agency ensuring there is no duplication of benefits with these agencies? Are you collaborating with these agencies? If so, describe how. **Response should be no more than 1/2 page, singled spaced).**

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.

**SECTION C: FINANCIAL/PROGRAM BUDGET**

The budget on this page should reflect only the specific program for which Seminole County CSA funding is requested. A total of 15 points will be available for Section C, D, and E.

TOTAL PROGRAM BUDGET:

2022/2023

2023/2024

\$

\$

Service	Total Amount Needed to Fund Program	Funding Source	Current 2022/2023 Funding	2023/2024 Funding Amount Request

## SECTION D: FINANCIAL BREAKDOWN

The expenses on this page should reflect only the specific program for which Seminole County CSA funding is requested. **DO NOT INCLUDE ENTIRE AGENCY BUDGET INFO**

TOTAL PROGRAM REVENUE:	Current 2022/2023	Proposed 2023/2024
<b>PROGRAM PERSONNEL EXPENDITURES:</b>		
Professional Staff Salaries*		
Support Staff Salaries *		
Benefits/Payroll Taxes, etc. *		
Administrative Staff *		
Benefits/Payroll, taxes, etc.*		
Direct Program Staff (not management or admin staff)		
Benefits/Payroll Taxes, etc.		
<b>TOTAL PERSONNEL EXPENSES:</b>		
<b>PROGRAM ADMINISTRATIVE EXPENDITURES:</b>		
Building Lease/Rent		
Office Supplies		
Other Administrative Expenses		
<b>TOTAL ADMINISTRATIVE EXPENSES:</b>		
<b>DIRECT SERVICE EXPENDITURES:</b>		
Direct Services		
List Costs to provide direct services:		
<b>TOTAL OPERATING/PROGRAMMATIC EXPENSES:</b>		
<b>TOTAL PROGRAM EXPENSES:</b>		

**\*Considered Administrative and not eligible for CSA funding**

## SECTION E: FINANCIAL SUMMARY

Answer each question below in the space provided in relationship to the specific program for which you are requesting county funding (being as specific as possible).

- I. What was your Fundraising goal for 2022/2023 \$ \_\_\_\_\_  
Did you meet your goal? \_\_\_\_\_ Why or why not? \_\_\_\_\_
- II. Provide Fundraising Plan for October 2023 - September 2024. \_\_\_\_\_
- III. Are you a direct recipient of another award for the same program? Yes ☐ No ☐
- IV. If yes, have you been monitored/audited by that entity (another federal, state, or local agency)? Yes ☐ No ☐ If yes, provide the most recent completed program management monitoring report.
- V. Will the requested CSA funds be matched with other program funds? Yes ☐ No ☐
  - a. If yes, what is the source of this funding? \_\_\_\_\_
  - b. Total amount of matching funds \$ \_\_\_\_\_
- VI. What are your administrative costs: \_\_\_\_\_ %?
- VII. If you are not awarded the full amount of funding through the CSA program, will you be able to run this program? Yes ☐ No ☐
- VIII. If you are currently receiving CSA funds, are you on track to fully expend the award? If not, why?
- IX. How many years have you received CSA funding for this program? \_\_\_\_\_
- X. If you have previously received funding, what is your agency doing to ensure sustainability for this program if funding becomes unavailable?

CSA Score Sheet FY23/24 Funding		
Scoring Criteria		
Agency Name:	Possible Points	Awarded Points
<b>Section A: Board of Directors (Maximum 5 Points)</b>		
<b>Good:</b> 75% or higher attendance rate for last year and meeting schedule provided?	5	
<b>Acceptable:</b> 50% - 74% attendance rate and meeting schedule provided?	3	
<b>Unacceptable:</b> Under 50% attendance rate and/or no meeting schedule provided	0	
<b>Comments:</b>		
<b>Section B1: Need (Maximum 10 Points)</b>		
<b>Good:</b> Agency provides clear, relevant facts and statistics to support community need and identifies Essential Life or Supportive Services	10	
<b>Acceptable:</b> Agency provides some relevant facts but lacks detailed information or statistics to support community need	7	
<b>Marginal:</b> Agency provides little information or statistics to support community need	5	
<b>Unacceptable:</b> Agency did not answer the question	0	
<b>Comments:</b>		
<b>Section B2: Proposed Services and Unit Cost (Maximum 10 Points)</b>		
<b>Good:</b> Agency clearly identifies the direct impact to residents and unit cost of services to be provided	10	
<b>Acceptable:</b> Agency addresses impact to residents and unit cost of services but is missing some critical details	7	
<b>Marginal:</b> Agency provides basic information on impact and unit cost of services but lacks specific details on impact	5	
<b>Unacceptable:</b> Agency did not answer the question	0	
<b>Comments:</b>		

<b>Section B3: Goals, Objectives and Outcomes (Maximum 25 Points)</b>		
<b>Good:</b> Agency identifies clear and concise program goals, objectives and outcomes with numbers and/or percentages. Goals and objectives are measurable, quantifiable and realistic	25	
<b>Acceptable:</b> Agency identifies several goals, objectives and program outcomes, however goals may not be realistic and/or quantifiable	15	
<b>Marginal:</b> Agency identifies some goals and objectives, however, goals are not clearly stated or are not measurable or quantifiable	5	
<b>Unacceptable:</b> Agency did not answer the question (goals and objectives are not identified in the proposal)	0	
<b>Comments:</b>		
<b>Section B4: Capacity and Collaboration (Maximum 15 Points)</b>		
<b>Good:</b> Agency provides comprehensive information on its capacity to implement the program, including a description of staff, resources and facility. Agency demonstrates that staff has the skills and expertise to deliver the services. Agency demonstrates collaboration with other entities in the community to minimize duplication of services	15	
<b>Acceptable:</b> Agency provides adequate information on its staff, facility and resources, however, the proposal lacks some details and/or is missing minor information	10	
<b>Marginal:</b> Agency provides some information on its capacity, however, specific information is not provided or is unclear or agency addresses some but not all areas of the criteria	5	
<b>Unacceptable:</b> Agency did not answer the question	0	
<b>Comments:</b>		
<b>Section B5: Work Plan (Maximum 10 Points)</b>		
<b>Good:</b> Agency clearly identifies a Work Plan/Timeline (in chart form) with timeframe for the implementation of key tasks/activities that will be accomplished within 12 months	10	
<b>Acceptable:</b> Agency identifies a Work Plan/Timeline (in chart form) but is missing key information or information is not clearly presented	5	
<b>Unacceptable:</b> Agency did not answer the question (Workplan or Timeline not provided)	0	
<b>Comments:</b>		

<b>Section C: Program Budget (Maximum 5 Points)</b>			
<b>Good:</b> Agency provided complete program budget information for the specific program requesting funding and budget is reasonable		5	
<b>Acceptable:</b> Agency provided an adequate budget, however budget items are not clear or may be unreasonable based on program description		3	
<b>Unacceptable:</b> Agency did not answer the question		0	
<b>Comments:</b>			
<b>Section D: Agency Expenses (Maximum 3 Points)</b>			
<b>Good:</b> Applicant provided complete information on agency's expenses		3	
<b>Acceptable:</b> Applicant provided adequate information on agency's expenses		1	
<b>Unacceptable:</b> Agency did not answer the question		0	
<b>Comments:</b>			
<b>Section E: Program Expenses (Maximum 5 Points)</b>			
<b>Good:</b> Applicant provided complete information on program expenses		5	
<b>Acceptable:</b> Applicant provided adequate information on program expenses		3	
<b>Unacceptable:</b> Agency did not answer the question		0	
<b>Comments:</b>			
<b>Section F: Administrative Funds (Maximum 2 Points)</b>			
<b>Good:</b> Were administrative costs less than 10%?		2	
<b>Unacceptable:</b> Were administrative costs more than 10%?		0	
<b>Comments:</b>			

Financial Review (Community Services Staff)		
Agency submitted complete and acceptable audit and financials.	10	
Total:		
Comments:		
Sections F1, F2, F3, and F4 have purposely been omitted.		

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Committee Member Name

\_\_\_\_\_

Rank