

**Nevada County Board of Supervisors
Nevada County Adult & Family Services Commission**

**Community Initiative Funding (CIF) 2018/2019
Request for Funding**

Program Overview

The Nevada County Adult & Family Services Commission announces a Request for Funding (RFF) for the Nevada County Community Initiative Funding (CIF). These funds will allow local non-profit agencies an opportunity to provide services that will enhance the priorities set forth by the Community Services Block Grant Community Action Plan (CSBG CAP).

A total of \$15,000 Community Initiative Funding (CIF) has been allocated to support a single, one-time only funded project subject to the Nevada County Board of Supervisors' approval and fiscal resources.

Non-Profit organizations may submit an application for CIF funds.

CIF Funding

Funding requests are for fiscal year July 1, 2018 - June 30, 2019. The maximum funds available will be \$15,000. These funds have been allocated to support a single, one-time-only funded project subject to the Nevada County Board of Supervisors' approval and fiscal resources. These funds are NOT intended to provide long-term support of a program and are not to be used to pay for administrative overhead costs, which includes staff and operating cost of the non-profit, or supplant other funding sources. Funding priorities are aligned and set forth by the Community Services Block Grant Community Action Plan (CSBG CAP).

CIF funding must be targeted to very low-income residents, (See ATTACHMENT F - 2017 CSBG Poverty Guidelines are to be used to determine the targeted population). Proposals must meet the priority objectives outlined in the CSBG CAP. The CSBG CAP priorities are listed below and may found at <https://www.mynevadacounty.com/ArchiveCenter/ViewFile/Item/697> .

Awards will be prioritized for funding proposals that provide services in one of the following areas as identified in the County of Nevada's CSBG CAP priorities.

**FOOD/NUTRITION
TRANSPORTATION**

**SAFE & STABLE AFFORDABLE HOUSING
ACCESS TO MAINSTREAM BENEFITS**

A downloadable copy of the proposal application will be available January 18, 2018 at:

<https://www.mynevadacounty.com/1434/Adults-Family-Services-Commission> For questions or additional information, contact rob.choate@co.nevada.ca.us

**Nevada County Department of Social Services
950 Maidu Avenue, Nevada City, CA 95959
Phone: (530) 265-1645
rob.choate@co.nevada.ca.us**

The Application Deadline is February 16, 2018, no later than 3:00 P.M.

Proposal Application Instructions

The proposal application consists of the following:

- Cover Sheet (not to exceed one (1) page)
 - A Proposal Narrative that has two sections: The Organization and the Proposed Project (not to exceed two (2) pages)
 - Attachments – required attachments
 - Attachments A and B are required and may not to exceed one (1) page each
 - Attachments C and D are required
 - Attachment E is required for proposals of services that are aligned with other agencies
- Documents or materials not specifically requested will NOT be reviewed.
- No font smaller than 10 point.
- Incomplete applications will result in proposals not being considered for funding. All required attachments must be submitted as part of the application.

E-mail one (1) PDF version of your Proposal Application. The proposal must include the signature of the Authorized Representative for the agency submitting the application.

- **E-Mailed PDF applications must be received by February 16, 2018 no later than 3:00 P.M.**
- Any applications other than e-mailed versions will not be accepted.
- Any applications received after the due date will not be accepted.
- Submit applications to rob.choate@co.nevada.ca.us

Nevada County Department of Social Services
950 Maidu Avenue, Nevada City, CA 95959
Phone: (530) 265-1645
rob.choate@co.nevada.ca.us

Cover Sheet

I. Applicant Information:

Submitting Organization Phone Number

Physical Address City State Zip

Mailing Address City State Zip

Contact Person Phone Fax

Job Title E-mail address

Authorized Agency Representative, if different from Contact Person:

II. Project Information:

Project Title

Type of Funding Requested: CIF

Requested amount **MUST** equal \$15,000

Priority Objective(s):

Awards will be considered for funding proposals that meet at least one objective of the CSBG Community Action Plan (CAP)

Check which objective(s) your funding proposal is addressing.

<input type="checkbox"/>	1. FOOD/NUTRITION
<input type="checkbox"/>	2. SAFE & STABLE AFFORDABLE HOUSING
<input type="checkbox"/>	3. TRANSPORTATION
<input type="checkbox"/>	4. ACCESS TO MAINSTREAM BENEFITS

Listed below are the required attachments to the project application. Proposals will not be considered if the following attachments are not included with the application:

- Attachment A** - Itemized Agency and Proposed Project Budget
- Attachment B** - Proposed Project Budget Narrative
- Attachment C** – Most recently filed copy of IRS 990
- Attachment D** - Attach your 501 (C) (3) status verification and/or related documentation (*current* IRS tax-exempt status classification letter)
- Attachment E** - 2017 CSBG Poverty Guidelines are to be used to determine the targeted population (low-income) for the use of funding.

If awarded, your agency will be required to enter into a County Funding Agreement and must comply with all of the following requirements:

- Insurance Documents (proof of):
 - Up-to-date Commercial General Liability, minimum of one million dollars coverage (certification and additional insured endorsement with matching policy numbers)
 - Up-to-date Auto Commercial, minimum of one million dollars coverage (certification and endorsement with matching policy numbers)
 - Workers' Compensation certification (indicate if not applicable)
 - Errors and Omissions Insurance or Professional Liability insurance certification, minimum of one million dollars coverage
- One of the following Financial Statements:
 - Professionally prepared audit, if available
 - Self-prepared /contracted audit, if available
 - Most current Profit and Loss statement
 - Most current Balance Sheet
 - Copy of most recently submitted tax return

PROPOSAL NARRATIVE

This Proposal Narrative has two sections: 1) The Organization and 2) The Proposed Project. Please read the instructions on the left hand side of the chart and type your responses in the corresponding box to the right. The boxes will expand as you type. Please remember that the total Proposal Narrative **cannot exceed two (2) typed pages.**

I. The Organization (Please use 10 point font or larger)

State your organization's mission	
Describe your organization's short and long term financial solvency	

II. The Proposed Project (Please use 10 point font or larger)

<p><u>Community Impact:</u></p> <ul style="list-style-type: none"> • What will change for low-income individuals/families as a result of your project? 	
<p><u>Program Description:</u></p> <ul style="list-style-type: none"> • Specific service(s) that will be provided • Specific population to be served • Geographic area(s) to be served • Estimated number of people that will be served/impacted 	
<p><u>Program Objectives:</u></p> <ul style="list-style-type: none"> • List the objectives that will lead to the changes you envision. • Include the specific activities that will be performed to meet each objective. 	
<p><u>Program Results:</u></p> <ul style="list-style-type: none"> • How will you show success in meeting these objectives? • What will be measured? • How will it be measured? List any formalized programs or tools you will use, if any. • How will you verify the Low-income status of each individual served (Refer to ATTACHMENT E) 	

CHECKLIST – Before you submit your proposed project application, did you remember to:

- Complete the one (1) page Cover Sheet
- Have your Authorized Representative sign the Cover Sheet
- Ensure the Proposal Narrative does not exceed two (2) typed pages
- Complete and submit required attachments A, B, C and D
- E-mail a PDF version (1) copy of your Proposal Application. **The application must be received no later than 3 P.M. on February 16, 2018. An e-mail receipt will be sent to you upon timely submission.**

Signature of Authorized Representative:

I hereby certify that information in this application is true and correct and reflects our agency's intended use of funds.

Name and Title:

Signature: _____ **Date:** _____

Community Initiative Funding (CIF) Application

Application Evaluation Criteria 70 Total Possible Points

- A. Community Impact** (20 points)
Points are awarded to applications that demonstrate the extent to which the activity will address this CSBG CAP need and the number of unduplicated clients served.
- B. Program Description** (5 points)
Points are awarded to applications that demonstrate a well-conceived program.
- C. Program Objectives** (15 points)
Points are awarded to applications that demonstrate the steps that lead to the change.
- D. Program Results** (20 points)
Points are awarded to applications that include specific, measurable, attainable, realistic and timely (SMART) results.
- E. Budget and Budget Narrative (Attachments A & B)** (10 points)
Points are awarded to applications that have clear and realistic budgets that support the proposed project.

ATTACHMENT A

(Required)

Agency and Project Budget

Directions: The Agency and Project Budget should not exceed one page and should follow the format below. Please indicate the dates covered by your annual Agency Budget as different fiscal calendars use different time frames (i.e., some fiscal calendars start January 1st, some start July 1st and others start October 1st).

Annual revenue to the Agency for the time period starting _____ and ending on _____:
(month/year) (month/year)

Agency Revenue Source	Amount
Government grants	
Foundations	
Corporations	
United Way	
Individual contributions	
Fundraising events and products	
Membership income	
Investment Income	
Other (specify):	
Total Revenues	

Annual expenses for the Agency for the time period starting _____ and ending on _____:
(month/year) (month/year)

Agency Expenses	Amount
Salaries and Wages	
Benefits	
Consultants and professional fees	
Travel	
Equipment	
Supplies	
Rent and Utilities	
In-kind expenses	
Other (specify):	
Total	

Please provide a budget for the proposed project and amount of matching funds from the agency.

Project Expenses	Amount Requested from CIF Award	As applicable, show amount to be funded from other sources. List the amount and source.	Total Budget from all sources
Salaries and Wages (Program Only)		\$ from	
Benefits (Program Only)		\$ from	
Consultants and professional fees		\$ from	
Travel		\$ from	
Equipment		\$ from	
Supplies		\$ from	
In-kind expenses		\$ from	
Other (specify):		\$ from	
		\$ from	
		\$ from	
Total - Must equal \$15,000			

ATTACHMENT B
(Required)

Proposed Project Budget Narrative

Directions: The Budget Narrative should not exceed one page and should follow the format below.

<p align="center">Salaries and Wages (Program Staff Only)</p> <p>List each position by title and name of employee, if available. Show annual salary rate and the percentage of time to be devoted to the project.</p>	
<p align="center">Benefits (Program Staff Only)</p> <p>Fringe benefits should be based on actual known costs or an established formula.</p>	
<p align="center">Consultants and Professional Fees</p> <p>For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.</p>	
<p align="center">Travel</p> <p>Itemized travel expenses of project personnel by purpose (i.e., staff to training, home visits, community outreach, etc).</p>	
<p align="center">Equipment</p> <p>List non-expendable items that are to be purchased. Explain how the equipment is necessary for the success of the project.</p>	
<p align="center">Supplies</p> <p>List items by type (office supplies, postage, training material, copying paper, and other expendable items) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.</p>	
<p align="center">Other (specify)</p>	
<p align="center">Total</p> <p>The total is the sum of the requested amount.</p>	

ATTACHMENT C
Most recent copy of IRS 990
(Required)

ATTACHMENT D
(501 (C) 3 Status)
(Required)

ATTACHMENT E

**2017 Community Services Block Grant (CSBG)
Income Eligibility Chart**

Size of Family Unit or Number in Household	Annual Income
1	\$ 12,060
2	\$ 16,240
3	\$ 20,420
4	\$ 24,600
5	\$28,780
6	\$ 32,960
7	\$ 37,140
8	\$ 41,320
For families/households with more than 8 persons, add \$4,180 for each additional person.	