



FAIRFAX COUNTY, VIRGINIA

CONSOLIDATED COMMUNITY FUNDING POOL



WORKING TOGETHER

FY 2013 – FY 2014

FUNDING APPLICATION PACKAGE

for

July 1, 2013 – June 30, 2014

RFP# 12-226278-31

REQUEST FOR PROPOSAL

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL

RFP# 12-226278-31

FISCAL YEARS 2013-2014

INTRODUCTION

This Request for Proposals is to solicit applications for the Fairfax County Consolidated Community Funding Pool (CCFP), a County of Fairfax competitive contract award process for eligible programs and services offered by community-based organizations.

Funding in the CCFP is available from a combination of local, state and federal sources:

- Federal and State Community Services Block Grant (CSBG) (*approximately 6% of total funds*)
- Federal Community Development Block Grant (CDBG) (*approximately 17% of total funds*)
- Fairfax County General Fund (*approximately 77% of total funds*)

Contracts will be awarded for a two-year period, beginning July 1, 2012 through June 30, 2014. An estimated \$11 million will be available for each of the two fiscal years. The final amount will be determined upon the Fairfax County Board of Supervisors' approval of the Fiscal Year 2013 and Fiscal Year 2014 budgets.

HOW TO APPLY

This Request for Proposal includes the instructions to apply for funds. Applications may be submitted by mail or delivered in person. All applications must be received by **Monday, December 5, 2011, 2:00 p.m. at the following location:**

**Fairfax County Department of
Purchasing and Supply Management
12000 Government Center Parkway, Suite 427
Fairfax, Virginia 22035**

HOW PROGRAMS ARE SELECTED FOR FUNDING/BASIS FOR AWARDS

A Selection Advisory Committee (SAC), comprised totally of Fairfax County residents, is appointed by the County Executive to recommend proposals for awards. Individuals on the SAC serve on a volunteer basis, must reside in Fairfax County, may not be a current officer, employee or Board member of an applicant's agency, nor may they be a current County employee or member of the Consolidated Community Funding Advisory Committee (CCFAC). The SAC reviews and rates proposals according to the funding priorities and established evaluation criteria.

The committee will conduct a preliminary evaluation of all proposals on the basis of the technical information which includes the Need, Outcomes, Approach and Organizational Capacity per the evaluation criteria listed on page 5. Based upon this review, the cost proposal of the highest rated applicant(s) will then be reviewed.

Affordable Housing Capital Projects and Administration for the Development of Affordable Housing Capital Projects will be evaluated on five additional criteria.

Applicants will be notified of the committee's award recommendations in late April 2012, following approval by the Board of Supervisors. Approved programs will be awarded funds through a contractual agreement with the County, subject to negotiations of final terms and conditions conducted in May and June of 2012. Contracts will begin July 1, 2012.

BACKGROUND

In 1997, Fairfax County, Virginia developed and implemented a new competitive grant process for funding human services programs developed by nonprofit agencies. In 1998, the Board of Supervisors established the Consolidated Community Funding Advisory Committee to oversee the County's Consolidated Plan and Consolidated Community Funding Pool (CCFP) policy, planning and development of priorities and proposal evaluation criteria. The committee is comprised of representatives from 9 Fairfax County Human Services Boards and Commissions and several community sectors. The committee works in partnership with the Community Action Advisory Board to determine the program areas for CCFP awards funded through the Community Services Block Grant (CSBG) allocation to Fairfax County, and collaborates with the Fairfax County Redevelopment and Housing Authority (FCRHA) to allocate non-CCFP funding in the County's Consolidated Plan.

To determine how CCFP funds should be used, the CCFAC:

- Reviewed human services needs and program utilization data from county agencies and other sources, including existing CCFP programs.
- Conducted public input meetings, received briefings on several cross-cutting initiatives, and invited all interested parties to present their comments on the proposed priority areas.

For the FY 2013-2014 funding cycle, the CCFAC organized the Funding Priorities according to four priority areas listed on page 3 under Proposal Guidelines of this RFP. The Fairfax County Board of Supervisors approved the Funding Priorities on July 12, 2011. Funding Pool priorities and

requirements reflect the County's emphasis on outcome accountability that is based less on what is done for clients and more on how the lives and conditions of clients are improved as a result of that help.

The Board Action Item to approve the Priorities and a description of them is found in the Fiscal Years 2013 and 2014 Consolidated Community Funding Pool RFP Funding Application Resource Manual (hereafter called the Resource Manual), a supplemental guide to assist applicants in applying for funds.

This Request for Proposals is the tenth since the creation of the CCFP. For information on previously funded programs, please visit www.fairfaxcounty.gov/ccfp.

PROPOSAL GUIDELINES

All proposed programs should address no more than two of the funding priorities listed below. In the case of programs for which multiple organizations are collaborating on a joint program proposal, the proposal may target up to a maximum of three priority areas for funding consideration. A detailed description of the funding priorities is found in the Resource Manual, page 61.

PRIORITY	OUTCOME STATEMENT	TARGET FUNDING PERCENTAGES
I. PREVENTION	Families and individuals remain independent and have the tools and resources to prevent future dependence. Communities increase their ability to support their members in preventing dependence.	10% – 20%
II. CRISIS INTERVENTION	Individuals, families or communities in crisis overcome short-term problems (generally not more than three months) and quickly move back to independence.	15% – 25%
III. SELF-SUFFICIENCY	Families, individuals, neighborhoods and communities attain self-sufficiency over a period of three months to three years.	45% – 55%
IV. LONG-TERM SUPPORTIVE SERVICES	Individuals who have continuing long-term needs, and who therefore may not become self-sufficient, achieve and/or maintain healthy, safe, and independent lives to the maximum extent possible.	10% – 20%

1. ELIGIBLE APPLICANTS:

- a. Organizations with nonprofit 501(c)3 tax exempt status, or organizations who have established their 501(c)3 tax-exempt status by July 1, 2012.
- b. Faith-based or religious organizations.
- c. The City of Fairfax and Towns of Clifton, Herndon and Vienna are eligible applicants for Consolidated Community Funding Pool funds allocated from the Federal CDBG funds.
- d. Applicants for new housing construction must be Community Based Development Organizations (CBDO's) as defined in the Resource Manual, page 58.
- e. Applicants may be based in other jurisdictions, provided that the proposed program benefits eligible Fairfax County residents as defined in Section 3 (page 4).
- f. Organizations that are in receivership status or debarred by the U.S. Government and/or Fairfax County are not eligible.
- g. Organizations whose county contract award has been terminated for cause within the last 2 years are not eligible.

PROPOSAL GUIDELINES

2. ELIGIBLE AFFORDABLE HOUSING PROJECTS:

- a. Awards for Capital Projects or Administration of Capital Projects will only be made for projects that result in the production or preservation of affordable housing located in Fairfax County or the Cooperating Jurisdictions of Fairfax City and the Towns of Clifton, Herndon and Vienna.
- b. Affordable Housing Capital Projects and Administration for the Development of Affordable Housing Capital Projects awards must comply with CDBG regulations and guidelines.
- c. Administration for the Development of Affordable Housing Capital Projects must be related to the support of acquisition, construction and/or rehabilitation of affordable housing. Such projects may include but are not limited to salaries, wages and related staff costs, rental of office space, office supplies and equipment, insurance, utilities and accounting, audit and legal services. Funds may not be used for the on-going operational costs for completed capital projects.

3. ELIGIBLE CLIENTS:

- a. Awards funded through the CSBG must benefit residents at CSBG income levels referenced in the Resource Manual, page 37. Consolidated Community Funding Pool awards made with CSBG funds may be designated for housing, education, employment, health, and emergency programs.
- b. Programs funded through the Fairfax County General Fund must serve clients who reside in Fairfax County or the Towns of Clifton, Herndon or Vienna. Community Services Block Grant funded programs may also serve clients who reside in the Cities of Fairfax and Falls Church.

4. PROGRAM AWARD PROVISIONS:

- a. All awards are subject to the County of Fairfax General Conditions and Instructions to Bidders and Special Provisions found in the Resource Manual, page 4.
- b. All programs receiving funds from the Community Services Block Grant and Community Development Block Grant will be subject to all Federal and State laws, regulations and guidelines governing those grants.

EVALUATION CRITERIA

The Selection Advisory Committee will use evaluation criteria to rank each proposal submitted. Each criterion element is rated separately. Proposals may receive up to the maximum points allowed based on the ability to respond to each criterion element. A detailed description of each criterion is included in this RFP. Funding allocations are based on the applicant's ability to adequately address the following:

ALL APPLICATIONS

will be considered on the following criteria:

TECHNICAL PROPOSAL:		Maximum Points
Criterion I	Demonstration of Need	15 points
Criterion II	Outcomes	25 points
Criterion III	Approach	20 points
Criterion IV	Organizational Capacity	20 points
COST PROPOSAL:		
Criterion V	Budget and Budget Justification	20 points
TOTAL		100 points

APPLICATIONS FOR AFFORDABLE HOUSING

will also be considered on the following additional criteria:

TECHNICAL PROPOSAL:		Maximum Points
Criterion VI	Consolidated Plan Priorities	15 points
Criterion VII	Impact on Affordable Housing Stock	15 points
Criterion VIII	Project Readiness	10 points
COST PROPOSAL:		
Criterion IX	Project Financing & Operating Budget	10 points
Subtotal		50 points
TOTAL		150 points

PROPOSAL INSTRUCTIONS

1. PROPOSAL PREPARATION

Applicants must include the following in the order listed below, in their proposal submission:

- Form 1: Proposal Cover Sheet must include vendor authorized signature.
- Table of Contents
- Form 2: Proposal Summary Sheet
- Narrative Section
 - Demonstration of Need
 - Outcomes
 - Approach
 - Organizational Capacity
- Outcome Form(s) 3
- Budget and Budget Justification (Forms 4, 4A, 4B and 5)
- Affordable Housing Forms
All form templates are available at <http://www.fairfaxcounty.gov/dpsm>
- Attachments

Applicants submitting AFFORDABLE HOUSING CAPITAL PROJECTS should also respond to four (4) additional components and complete the appropriate forms:

- Consolidated Plan Priorities
- Impact on Affordable Housing Stock
- Project Readiness
- Project Financing & Operating Budget

A detailed description of each component is found on pages 7-12 of this RFP.

2. PROPOSAL SUBMISSION:

- a. All pages are to be numbered, including attachments. ***(Do not include promotional DVD's or videos in your proposal submission packet.)***
- b. There is no limit to the number of program requests an organization may submit. Each

proposal must be submitted and packaged separately with all requested forms and attachments. Applicants are required to submit two (2) CDs and three (3) hard copies of the complete proposal. The completed proposal, including required forms and attachments for **each** proposed program, is to be scanned as one file and copied to each CD. Each proposal submitted must be on a separate CD. **No floppy discs please.** Please check to ensure that each file opens properly and the document is readable.

The CD's should be labeled with the RFP number, the program and organization name. Proposals and CDs should be submitted *in sealed envelopes or boxes*. The RFP number, applicant's name and address should be indicated on the outside of each envelope or box.

- c. Proposals should be prepared electronically using appropriate software applications. The proposal narrative (exclusive of requested forms and attachments) should not exceed fourteen (14), single sided, 8¹/₂ by 11 inch pages and should be in a standard 12 point font or larger, preferably Times New Roman. Proposal forms, attachments and Table of Contents are exempt from the page limitation count. Applications that are incomplete, do not respond to the scope of the RFP, or fail to comply with format requirements may be deemed non-responsive.
- d. Applicant should not use colored, textured, heavy weight or tabbed paper. In addition, all attachments, originally published or printed on two sided, color and/or glossy paper, should be recopied on single 8¹/₂ by 11 inch white paper for submission in the proposal.
- e. Proposals must be held together with paper clips or rubber bands only. Staples, bindings, and notebooks are **unacceptable**.

PROPOSAL INSTRUCTIONS

- f. Submissions by facsimile machine or via the Internet *will not* be accepted.

Proposals must be received no later than 2:00 p.m. Monday, December 5, 2011 by the Fairfax County Department of Purchasing and Supply Management at 12000 Government Center Parkway, Suite 427, Fairfax, Virginia 22035.

- ***Late proposals (after 2:00 p.m.) WILL NOT BE ACCEPTED OR CONSIDERED FOR CONTRACT AWARD AND WILL BE RETURNED TO THE APPLICANT.***
- ***A proposal with an unsigned Form 1, Proposal Cover Sheet, WILL NOT BE ACCEPTED.***

3. FUNDING APPLICATION RESOURCE MANUAL:

A Resource Manual, which includes several reference documents to assist you in the development of your proposal, is available on the DPSM website at www.fairfaxcounty.gov/dpsm. The Resource Manual is also available on the CCFP website, www.fairfaxcounty.gov/ccfp.

4. LARGE PRINT VERSION:

This RFP is available in large print typeface through the Department of Administration for Human Services, Contracts and Procurement Management, by sending a request via email to CMCCFPMail@fairfaxcounty.gov. Please allow seven working days to process your request.

5. INTERNET VERSION:

This RFP, application forms and Resource Manual are available for downloading through the Internet at: <http://www.fairfaxcounty.gov/dpsm>. Application Forms can be downloaded at <http://www.fairfaxcounty.gov/service/ccfp/>.

6. QUESTIONS:

A Pre-Proposal Conference will be held Thursday, October 27, 2011 at 10:00 AM in the Board of Supervisors Auditorium at the Fairfax County Government Center, 12000 Government Center Parkway, Fairfax, Virginia. The purpose of the Pre-Proposal Conference is to give potential applicants an opportunity to ask questions regarding the RFP. *Attendance is strongly encouraged;* it will be the only conference held on this solicitation.

This pre-proposal conference will be simulcast live on Cable Channel 16, the Fairfax County Government television station. A DVD of the pre-proposal conference will be available on loan by requesting a copy via email to CMCCFPMail@fairfaxcounty.gov.

Questions regarding contractual matters should be directed to Sandy Benefit, Contract Specialist, Department of Purchasing and Supply Management via email at dpsmteam3@fairfaxcounty.gov.

Technical questions regarding Human Services programs should be directed to Alice Morris, Department of Administration for Human Services, at alice.morris@fairfaxcounty.gov.

Technical questions regarding Administration for the Development of Affordable Housing Projects or Affordable Housing Capital Projects should be directed to Steve Knippler, Department of Housing and Community Development, at stephen.knippler@fairfaxcounty.gov.

PROPOSAL CONTENT

Applicants are requested to respond to the following:

A. PROPOSAL COVER SHEET:

Proposal Cover Sheet (DPSM32) (Form 1) — Fill out completely. Applicant's legally authorized representative **must sign** a Proposal Cover Sheet for each proposal submitted. **Proposals without signed cover sheets will be deemed non-responsive and will not be considered for funding.** If the proposal is submitted jointly by multiple organizations one organization should be designated as the primary contact.

B. PROPOSAL SUMMARY:

The Proposal Summary (Form 2) describes the program. Narrative is to be brief and concise using the space provided. Include funding priorities that can best be met by the proposed program.

TECHNICAL SECTION APPLICANTS are required to use the Proposal Narrative & Outcome Forms to respond to the following sections (see page 7 "Internet Version" for downloading instructions):

C. DEMONSTRATION OF NEED:

Maximum Points – 15

Proposal describes need and relates it to no more than two Consolidated Community Funding Pool (CCFP) funding priorities. See page 61 of the Resource Manual.

1. Provide specific information about the neighborhoods, populations and targeted geographic area to be served that justifies the need for the proposed program and identifies how the identified need is not being adequately met. Include relevant and current information about the population to be served. Local statistical data should be used to provide evidence that the problem exists including size and scope of the problem in Fairfax County. Demographic information can be found at: <http://www.fairfaxcounty.gov/government/about/data/>.
2. Explain how the identified need relates to the proposal's selected funding priority.

D. OUTCOMES:

Maximum Points – 25

Proposal clearly identifies and describes one or more measurable program outcomes that are consistent with the identified need and program approach; and that outcome will have a significant impact on the population and/or the community affected by the identified need; and describes how program outcomes contribute to the selected CCFP Priority(ies).

1. Describe how program outcomes contribute to the selected CCFP priority(ies).
2. Describe how the program will change, reduce, or eliminate the problem described in the Demonstration of Need section. Provide supporting information demonstrating that the outcomes are realistic and achievable within the identified time frames. Describe how they will be objectively measured. **Note:** *Measurement tools must be submitted with the proposal.*
3. The Applicant must include a logic model for each proposed program that graphically illustrates how the performance measures are related to the program's need, approach, activities, and outcome(s). Sample logic models are available in the Resource Manual, page 48. The logic model must be submitted on Form 3a.
4. The Applicant must submit Form 3 (Program Outcome Worksheet) for each significant outcome using the information contained in your attached logic model. Outcomes must be clearly linked to the identified problem, objectively measurable, observable and within the capacity of the organization to achieve in each of the two fiscal years. Describe only one discreet service in each Form 3.
5. Submit a narrative that describes the plan for measurement implementation; identify the program person(s) responsible for collecting, evaluating and reporting the data. Indicate when the outcome measurement will be taken and reported to the county (which quarter(s)), how the measurement data will be collected, maintained, and reported, and what data collection software, if any, will be used to store and report the data. In addition:

PROPOSAL CONTENT

- a. Applicants that measure a change in behavior, status or condition with a measurement tool must submit the measurement tool as an attachment to the proposal along with a description of the tool (standardized or customized, etc.)
- b. Applicants that measure a change in behavior, status or condition on the basis of trained observation must submit the observation criteria, identification of the person(s) who will observe the change and a description of how observers will be trained.
- c. Applicants using a client feedback survey and strategy to measure achievement of the outcome must submit the survey questionnaire and implementation plan as an attachment.

E. APPROACH

Maximum Points – 20

Proposal describes what the program will do to achieve outcomes for individuals and groups. It will describe how strategies will be implemented, operated and administered within a realistic time period; how it will be provided within a cooperative service delivery approach; and how readily targeted clients will access services.

1. List and describe program strategies that will be used to achieve the goals/objectives and services that will address the identified need. Describe how the program services will be organized, implemented and completed. Include the total number of unduplicated individuals and households to be served by the program each fiscal year, and current data/statistics that addresses the effectiveness of the program.
2. If the program was funded in the previous year, please indicate the number of unduplicated individuals and households served in FY 2011.
3. Identify the number of individuals, households or communities each activity will serve and describe how the services will contribute to the program outcomes.
4. Identify potential barriers to access program services (i.e. transportation, language/culture, client fees, disabilities, etc.) and describe how the proposed program will facilitate client access to proposed services.

5. If program funding is required for both FY 2013 and FY 2014, describe what will be conducted and accomplished in each year.
6. Describe how the program will change each fiscal year, including any changes in the services to be provided and/or the clients to be served. For previously funded programs, include a description of how the program will differ from previous years.
7. Provide a program timeline (in chart format) that indicates major tasks, assigned responsibility for each and outlines the completion of each task by month or quarter during the contract period. The timeline must be submitted as a separate attachment. Currently funded emergency service programs providing basic needs (food, financial assistance) on an ongoing basis without programmatic modifications are exempt from this requirement. Examples of timelines can be found in the Resource Manual, page 50.
8. Describe how you will utilize other community resources to maximize service delivery, achieve efficiencies and minimize duplication.

AFFORDABLE HOUSING CAPITAL PROJECTS
must also provide the following when describing their approach:

9. Complete **Form 6** — Development Project Summary
10. If the project requires temporary displacement, indicate the number of households and describe specific assistance to be provided to households temporarily displaced. Include financial and other assistance, and the sources of such assistance. (**NOTE: Projects Requiring Permanent Relocation Will Not Be Considered.**)

F. ORGANIZATIONAL CAPACITY

Maximum Points – 20

The proposal demonstrates the applicant's organizational skills, experience and resources necessary to implement and manage the program. Two or more organizations may choose to submit a collaborative proposal.

PROPOSAL CONTENT

1. Describe roles and responsibilities of program staff and explain the organizational structure and agency operations and how the proposed program will be supported by the organization. Roles and responsibilities must be clearly connected to the program design. Applicants must describe the experience and capability of the organization and any contractors that may be used to effectively implement and manage the program. Staff can be paid or unpaid, employee, consultant, or volunteer.

2. Provide a brief overview of other types of programs and services with which the organization has had success in initiating and maintaining.

NOTE: *If you were a previous CCFP recipient, your performance reports will be provided to the selection advisory committee evaluating the proposals. You **do not** need to submit copies of these reports. If you are proposing a new program but have a third-party evaluation for a similar service, you may enclose that report as evidence of past successful performance.*

3. Identify any staff positions that will need to be filled after award start-up and when they will be in place.

4. Describe the work to be performed by professional and non-professional volunteers. Include job descriptions for categories of volunteers. List the estimated **number** of professional and non-professional volunteers and anticipated number of hours they will work each year.

5. Describe required facilities, equipment and other physical resources for the effective implementation of this program and applicant's access to these resources. Indicate if any state or regulatory licenses will be required for the proposed facility and how the applicant will comply with any applicable license requirements.

6. Describe how clients with disabilities will have access to the service. Explain how your organization and services comply with the Americans with Disabilities Act (ADA).

Fairfax County Government is fully committed to the Americans with Disabilities Act (ADA) which guarantees non-discrimination and equal access for persons with disabilities in employment, public accommodations, transportation,

and all county programs, activities and services. Fairfax County government contractors, subcontractors, vendors, and/or suppliers are subject to this ADA policy. All individuals having any county contractual agreement must make the same commitment.

Acceptance of a contract acknowledges your commitment and compliance with ADA.

7. Describe the program's fiscal management system to include:

a. ability to track CCFP funds separately from other funding streams

b. type of accounting records (manual or automated)

c. use of outside accounting and/or payroll services

d. amount and justification for cash reserve; if you do not have a cash reserve, explain your contingency plan

e. availability of a line of credit

8. Explain in detail any proposed leveraged resources for other cash and non-cash budget expenditures and discuss plans for sustainability during and beyond the funding period.

9. **Attach the following:**

(Proposals may be deemed non-responsive and therefore not reviewed by the Selection Advisory Committee (SAC) if specified documents are not submitted with the proposal).

a. Organization's mission statement and strategic plan.

b. Current Board of Directors' roster (including phone numbers and email addresses) and Board of Directors' roles and responsibilities.

c. Program staff position descriptions, including program management and fiscal staff positions. Identify position functions and required skills, experience and/or credentials.

NOTE: *Criminal background checks are required for individuals providing indirect or direct services within public schools via state police and Child Protective Services. Employees working with other vulnerable populations must also have criminal record checks.*

PROPOSAL CONTENT

- d. Program staff resumes for individuals directly assigned to work on the program.
- e. Applicants whose fiscal year ends June 30 must submit a financial audit and management letter for the period ending June 30, 2011. All other applicants must submit a fiscal year 2010 financial audit and management letter with the proposal and a fiscal year 2011 audit and management letter prior to the execution of the contract should funding be awarded. If a management letter was provided from the auditors, please explain steps taken to correct the deficiencies. Failure to include current audit and management letter and/or summary of a negative event/condition may result in proposal being deemed non-responsive.

If you are a start-up organization and do not have an audit at the time of submission, please note this in the application. If funded, the organization will be required to submit an audit following the first year of operation.

In addition, all applicants must sign and include the "Certification of Financial Solvency for Nonprofits" (Attachment 1), and current tax exempt status as part of their proposal submission.
- f. 2010 Federal Tax Form 990 (If not available, explain and submit most recent form.)
- g. Fiscal Year 2012 organization-wide budget.
- h. 501(c)3 certification or letter of proposal for 501(c)3 certification. If funded, proof of 501(c)3 certification will be required.

Place each in the attachment section of the proposal and identify by name and page number in the Table of Contents.

AFFORDABLE HOUSING CAPITAL PROJECTS also provide the following as part of your Organizational Capacity submission (additional items 9i through 11):

- i. Provide one or more of the most recent performance evaluation(s) of a housing project(s), preferably from a current funding source(s), and for projects the same as or similar to the proposal for this RFP. If performance evaluations have not been

provided in the past by the county or other resources, please provide any other supporting documentation that demonstrates project experience and successful completion of housing projects.

- 10. List the housing projects applicant has undertaken over the last three years. Provide the following for each: project name, location, type of project (rental/homeownership), number of units, year started and completed, estimated cost and population served.
 - a. Complete the Community-Based Development Organization (CBDO) Checklist found in the Resource Manual, page 58, if applicable, and place in form section.
 - b. If the applicant is requesting funding for a new construction project, and currently does not meet all the CBDO requirements as indicated in 10a. above, describe steps applicant has taken or that will be taken, and when, to meet all the CBDO requirements. *(Applicants recommended for funding will be required to submit CBDO documentation indicated in the checklist before award or execution of a contract.)*
- 11. Complete **Form 10: Applicant Experience and Qualifications**.

COST SECTION APPLICANTS are required to use the Budget Forms to respond to the following sections (see page 7 "Internet Version" for downloading instructions):

G. BUDGET AND BUDGET JUSTIFICATION

Maximum – 20 Points

Proposal presents a clear and reasonable program budget and identifies additional resources other than county funds or county contributions that can help support the proposed program. (Resources may include volunteers, in-kind contributions, cash donations, supplies and services, donations, grants and/or contracts.)

- 1. Complete **Form 4 and 4A: Program Budget and Personnel Costs**

(NOTE: "Total Program Budget" means the total cost of conducting the program in Fairfax County,

PROPOSAL CONTENT

CCFP funds requested included. "CCFP budget request" should reflect the portion of the total budget to be funded by CCFP only. Figures should reflect cash only and should not include non-cash resources.)

2. Describe and justify each budget line item using **Form 4B**, Budget Justification. Failure to adequately describe and justify each line item on Forms 4A and 4B will result in a loss of points.
3. Complete **Form 5**: Estimated Program Revenue
(NOTE: Cash resources include donations, grants, contracts and awards. Non-cash resources include volunteers, in-kind contributions and goods, supplies and service donations. Non-professional volunteers are to be valued at \$22.03 per hour in accordance with the Virginia

Employment Commission. Professional volunteers' hourly value is to be determined by the applicant and justified within the written narrative.)

4. If the program is not currently funded by CCFP, explain why funds are needed.
5. If the program received CCFP funds in the previous cycle and the amount requested represents an increase of 5% or more, provide justification of the requested increase. If the program is supported by other resources, explain why CCFP funds are needed.
6. If the proposal is for a capital project currently or previously funded by CDBG, indicate the year and amount of funding and briefly explain how previous funding was used and what more will be accomplished with the proposed CCFP award.

The following items are applicable ONLY to AFFORDABLE HOUSING PROJECTS.

H. CONSOLIDATED PLAN PRIORITIES

Maximum Points – 15

Proposal serves one or more of the priority household populations identified in the Fairfax County Consolidated Plan: Fiscal Years 2011-2015. Very low income means 50% or less of the MSA Median Income.

Complete **Form 7**: Consolidated Plan: Priorities for Household Categories

I. IMPACT ON AFFORDABLE HOUSING STOCK

Maximum Points – 15

Proposed project produces new affordable units in an area with limited existing affordable housing and there is a documented market for proposed affordable housing project; OR proposed project preserves and/or rehabilitates existing affordable units.

1. Describe amenities, assets of the neighborhood and available support services, if applicable.
2. Provide a market justification for this project.
3. What evidence can be shown that this project will rent up or sell?
4. Describe your marketing plan for this project.
5. Complete **Form 8**: Impact on Affordable Housing Stock

J. PROJECT READINESS

Maximum Points – 10

Proposal provides evidence that applicant has identified or controls a site and is ready to proceed with development, acquisition and/or rehabilitation.

Complete **Form 9**: Project Readiness and provide the requested attachments as applicable.

K. PROJECT FINANCING & OPERATING BUDGET

Maximum Points – 10

Proposal provides evidence that project financing and operating plans, if applicable, is feasible, and financing sources are committed or secured.

1. Complete **Forms 11, 13** through **16** for rental projects.
2. Complete **Forms 12, 13,** and **15** for homeownership projects.

CRITERIA

FISCAL YEARS 2013 & 2014

HUMAN SERVICE PROGRAMS & ADMINISTRATION FOR THE DEVELOPMENT OF AFFORDABLE HOUSING PROGRAMS

I DEMONSTRATION OF NEED:

MAXIMUM POINTS – 15

The proposal describes an identified need and relates it to no more than two CCFP funding priorities.

	CRITERIA	Points Per Element
A	The proposal includes local statistical data that provides evidence that the problem exists including size and scope of the problem, and clearly describes specific information about the neighborhoods and populations to be served.	0 – 5
B	The proposal justifies the need, the affected population and community to be addressed by the proposed program and how the identified need is not being adequately met for the proposed population, community, and targeted geographic area to be served; it explains how the identified need relates to the funding priority(ies) selected for the proposed program.	0 – 5
C	The proposal demonstrates that the need is not otherwise being adequately met for the population.	0 – 5

II OUTCOMES:

MAXIMUM POINTS – 25

Proposal clearly identifies and describes one or more measurable program outcomes that are consistent with the identified need and program approach. The proposal demonstrates that each outcome will have a significant impact on the population and/or the community affected by the identified need; and describes how program outcomes contribute to the selected CCFP Priority(ies).

	CRITERIA	Points Per Element
A	The proposal describes how program outcomes contribute to the selected CCFP priority(ies).	0 – 5
B	The proposal identifies and describes how measurable program outcomes will change, reduce, or eliminate the problem described in the Demonstration of Need section; and how each outcome is logically related to the identified need, approach, and activities. The logic model illustrates each outcome.	0 – 5
C	The proposal describes a plan for measurement implementation; identifies the program person(s) responsible for collecting, evaluating and reporting the data; and indicates when and how the outcome measurement will be collected, maintained and reported.	0 – 5
D	The proposal describes when the outcome measurement will be taken and reported to the county (which quarter); how the measurement data will be collected, maintained and reported; and what data collection software will be used to store and report the data.	0 – 5
E	The proposed outcomes are clearly linked to the identified problem, objectively measurable, observable and achievable within each fiscal year.	0 – 5

CRITERIA

III. APPROACH:

MAXIMUM POINTS – 20

Proposal describes what the program will do; how it will be implemented, operated and administered within a realistic time period; how it will be provided within a cooperative service delivery approach; and how readily targeted clients will access services.

	CRITERIA	Points Per Element
A	Proposal describes program services/strategies that will be used to achieve the goals and objectives; addresses the identified need and population; and describes how the program services will be organized, implemented and completed. The proposal specifies the total number of unduplicated individuals/households to be served by the program each fiscal year and current data/statistics that addresses the effectiveness of the program are included.	0 – 4
B	Proposal identifies the number of individuals & households each activity will serve and describes how services will contribute to the program outcomes; and identifies potential barriers to access program services and describes how the program will facilitate client access to services.	0 – 4
C	Proposal includes a clear and reasonable work plan and describes what will be conducted and accomplished each year.	0 – 4
D	Proposal describes how the program will change each fiscal year, and includes any changes in services and clients to be served; it includes a realistic timeline that indicates major tasks, assigned responsibility for each task and outlines the completion of each task.	0 – 4
E	Proposal describes how other community resources will be used to maximize service delivery, achieve efficiencies and minimize duplication.	0 – 4

CRITERIA

IV. ORGANIZATIONAL CAPACITY:

MAXIMUM POINTS – 20

The proposal demonstrates the applicant's organizational skills, experience and resources necessary to implement and manage the program. Two or more nonprofit organizations may choose to submit a collaborative proposal.

	CRITERIA	Points Per Element
A	Proposal describes roles and responsibilities of program staff, how they are connected to the program design and explains the organizational structure, agency operations and how the proposed program will be supported by the organization. It describes the experience and capability of the organization and any contractors that may be used to effectively implement and manage the program.	0 – 4
B	Proposal describes other types of programs and services with which the organization has had success in initiating and maintaining.	0 – 4
C	Proposal describes the work to be performed by professional and non-professional volunteers and includes job descriptions for categories of volunteers; and includes the estimated number of professional and non-professional volunteers and anticipated number of hours they will work each year.	0 – 4
D	Proposal describes how clients with disabilities will have access to the service and explains how the organization and services comply with the Americans with Disabilities Act (ADA).	0 – 4
E	Proposal describes the program's fiscal management system that includes that ability to track CCFP funds separately. It describes the accounting system, use of outside accounting /payroll services, contingency plan for sustaining the program if no cash reserve, available line of credit, and explains leveraged resources for other cash and non-cash expenditures including plans for sustainability during and beyond the funding period.	0 – 4

V. BUDGET AND BUDGET JUSTIFICATION:

MAXIMUM POINTS – 20

Proposal presents a clear and reasonable project budget and identifies additional resources other than county funds or county contributions that can help support the proposed program. (Resources may include volunteers, in-kind contributions, cash donations, goods, supplies and services donations, grants, and/or contracts.)

	CRITERIA	Points Per Element
A	Proposal includes completed forms 4, 4A, and 4B. The budget is reasonable; forms 4, 4A and 4B clearly describe and justify all costs for the program.	0 – 10
B	Proposal includes completed form 5 and describes additional resources that will significantly support and sustain the program during and beyond the funding period, including the use of volunteers, in-kind contributions, goods, supplies, etc.	0 – 5
C	For programs not currently funded with CCFP dollars, the proposal explains why funds are needed. <i>or</i> If currently funded, the proposal explains and justifies any increase over 5% and/or why CCFP funds are needed if the program is supported by other resources.	0 – 5

CRITERIA

FAIRFAX COUNTY COMMUNITY FUNDING POOL PROPOSAL EVALUATION CRITERIA AFFORDABLE HOUSING CAPITAL PROJECTS

VI. CONSOLIDATED PLAN PRIORITIES:

MAXIMUM POINTS – 15

Proposal serves one or more of the priority household populations identified in the Fairfax County Consolidated Plan: Fiscal Year 2011-2015. Very low income means 50% or less of the MSA Median Income.

	CRITERIA	Points Per Element
A	More than 50% of the population to be served meets a middle and/or high priority.	0 – 5
B	More than 50% of the population to be served by project meets a high priority.	0 – 5
C	More than 50% of the population to be served by project meets a high priority and will be very low income.	0 – 5

VII. IMPACT ON AFFORDABLE HOUSING STOCK:

MAXIMUM POINTS – 15

Proposed project produces new affordable units in an area with limited existing affordable housing and there is a documented market for the proposed affordable housing project; AND/OR proposed project preserves and/or rehabilitates existing affordable units.*

	CRITERIA	Points Per Element
A	Market is demonstrated for project.	0 – 5
B	Project preserves or adds affordable housing units through acquisition/rehab of existing at risk or market rate units.	0 – 5
C	Project serves a special needs population.	0 – 5

* Only Community-Based Development Organizations as defined by U.S. Department of Housing and Urban Development regulations may undertake new construction projects.

CRITERIA

VIII. PROJECT READINESS:

MAXIMUM POINTS – 10

Proposal provides evidence that the applicant has identified or controls a site and is ready to proceed with development, acquisition and/or rehabilitation.

	CRITERIA	Points Per Element
A	Applicant has site control and preliminary plan of development or site plan approval from local officials.	0 – 5
B	Applicant has zoning approvals, certified architect's plans, specifications, and unit-by-unit work write-up (as appropriate); project is ready to proceed.	0 – 5

IX. PROJECT FINANCING & OPERATING BUDGET:

MAXIMUM POINTS – 10

Proposal provides evidence that project financing and operating plans, if applicable, is feasible, and financing sources are committed or secured.

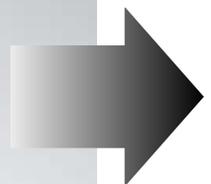
	CRITERIA	Points Per Element
A	Documentation provided that identifies total proposed project financing, sources and uses of funds, development budget, as well as pro forma information for rental projects.	0 – 5
B	Operating and financing plans are feasible. Financing, other than County funds, of at least 40% of the total project cost, has been committed or secured.	0 – 5

The next section consists of applicable forms that must be submitted with your proposal.

PLEASE NOTE THAT:

FORMS 1 THROUGH 5 MUST BE COMPLETED BY ALL APPLICANTS.

FORMS 6 THROUGH 16 MUST BE COMPLETED BY AFFORDABLE HOUSING CAPITAL PROJECT APPLICANTS ONLY.



FORM 1



FAIRFAX COUNTY

DEPARTMENT OF PURCHASING AND SUPPLY MANAGEMENT AGENCY
12000 Government Center Parkway, Suite 427
Fairfax, Virginia 22035-0013
www.fairfaxcounty.gov/dpsm
Telephone: 703-324-3201 • FAX: 703-324-3228 • TTY: 1-800-828-1140

Table with 3 columns: Issue Date, Request for Proposal, For; Department, Date/Time of Opening, Contract Administrator.

Fairfax County Consolidated Community Funding Pool
FISCAL YEARS 2013-2014
PROPOSAL COVER SHEET

PROPOSALS — In accordance with the following and in compliance with all terms and conditions, unless otherwise noted, the under- signed offers and agrees, if the proposal is accepted, to furnish items or services for which prices are quoted, at the price set opposite each item, delivered or furnished to designated points within the time specified.

NOTE: Fairfax County does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 2.2-4343.1 or against a bidder or applicant because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment in the performance of its procurement activity.

Organization Name: _____ Contact Person: _____
Address: _____ Telephone: (_____) _____
City, State, Zip: _____ Fax: (_____) _____
Program Title: _____ E-mail: _____

FUNDING REQUEST:

FY 2013 \$ _____ FY 2014 \$ _____ Federal Tax ID #: _____

Identify if proposal(s) is being submitted in collaboration with other nonprofit organization(s): [] YES [] NO State Corporation Commission ID #: _____

List Other Organization(s) by Name: _____

By signing this proposal, applicant certifies, acknowledges, understands, and agrees to be bound by the conditions set forth in the General Conditions and Instructions to Bidders as described in Appendix A.

Vendor Legally Authorized Signature: _____ Date: _____

Print Name and Title: _____

Sealed proposals subject to terms and conditions of this Request for Proposal will be received by the Fairfax County Purchasing Agent at 12000 Government Center Parkway, Suite 427, Fairfax, Virginia 22035-0013 until the date/time specified above.

MUST BE COMPLETED BY ALL APPLICANTS

FORM 2

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS

2013-2014 PROPOSAL SUMMARY SHEET

- 1. Program Title:
2. Organization Name:
3. Organization Address:
4. Funding Request: FY 2013 \$ FY 2014 \$
5. 501(c)3 Certification
6. FUNDING PRIORITY: Choose no more than two (2) priority areas and identify the percent of CCFP funding request allocated to each.

Table with 2 columns: Category (PREVENTION, CRISIS INTERVENTION, SELF-SUFFICIENCY, LONG-TERM SUPPORTIVE SERVICES) and Percent of CCFP Funding Request.

TOTAL 100%

- 7. Of the clients served, estimate percentage that meets the Community Services Block Grant (CSBG) income level...
8. Of the clients served, estimate percentage that meets the Community Development Block Grant (CDBG) income levels...
9. Please choose the appropriate box(es):
10. PROGRAM TYPE: (Please check one)
11. HUMAN SERVICE REGIONS: In what region(s) do the majority of the clients to be served reside?

12. PROGRAM SUMMARY: Provide a brief narrative that describes the proposed program and how funds will be used.

MUST BE COMPLETED BY ALL APPLICANTS

FORM 3

**FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014
(COMPLETE A SEPARATE FORM FOR EACH PROPOSED PROGRAM SERVICE/ACTIVITY OUTCOME.)**

(Outcome # _____ of _____)

ORGANIZATION:

PROGRAM:

A. NEED/SITUATION TO BE ADDRESSED:

B. OUTCOME TO BE ACHIEVED:*

C. SERVICE PROVIDED (OUTPUT):

D. STAFFING, MATERIALS, ETC. TO BE USED (INPUT):

E. MEASUREMENT SYSTEM:

F. OUTCOME INDICATORS:

G. Total Estimated Number of Individuals & Households to Receive Service:

FY 2013
Individuals: _____ Households: _____

FY 2014
Individuals: _____ Households: _____ **TOTAL**

H. Estimated Number & Percentage of Individuals & Households to Achieve Outcome:

FY 2013 Number Percentage Number Percentage
Individuals: _____ Households: _____

FY 2014 Number Percentage Number Percentage
Individuals: _____ Households: _____

* See definition for these terms in the Glossary of the Resource Manual.

FORM 4

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

PROGRAM BUDGET

PROGRAM: _____ ORGANIZATION: _____

BUDGET	ACTUAL FISCAL YEAR 2012		PROPOSED FISCAL YEAR 2013		PROPOSED FISCAL YEAR 2014	
	TOTAL PROGRAM BUDGET	CURRENT CCFP SUPPORT	TOTAL PROGRAM BUDGET	CCFP BUDGET REQUEST	TOTAL PROGRAM BUDGET	CCFP BUDGET REQUEST
A. PERSONNEL COSTS						
Fringe Benefits						
Payroll Taxes						
TOTAL PERSONNEL						
B. DIRECT COSTS						
Rent/Mortgage						
Space Utilities/Maintenance						
Audit						
Financial Services						
Consultants						
Insurance						
Equipment Purchase/Lease						
Supplies						
Telecommunications						
Printing/Copying						
Postage						
Training						
Travel						
Direct Assistance						
Software Purchase/License						
Depreciation						
Other (<i>Explain in narrative</i>)						
C. INDIRECT EXPENSES						
Management & General						
Other Indirect Costs (<i>Infrastructure</i>)*						
D. CAPITAL EXPENSES						
Hardware Purchases						
Equipment Purchases						
Other Capital Costs						
E. HOUSING CAPITAL COSTS						
Rehabilitation						
Acquisition						
Construction						
TOTAL DIRECT COSTS						
TOTAL BUDGET						

NOTE: "Total Program Budget" means the total cost of conducting that program in Fairfax County, CCFP funds requested included. "CCFP Budget Request" should reflect the portion of the total budget to be funded by CCFP only.

*See Resource Manual Glossary for definition.

FORM 4B

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

PROGRAM BUDGET JUSTIFICATION

PROGRAM: _____ ORGANIZATION: _____

BUDGET	ACTUAL FISCAL YEAR 2013	ACTUAL FISCAL YEAR 2014	BUDGET JUSTIFICATION
	CCFP BUDGET REQUEST	CCFP BUDGET REQUEST	<i>Explain and justify each proposed budget line item for which CCFP funds are being requested. The justification must relate the proposed line item to the appropriate project activity. Increases in requests from 2013 to 2014 must be explained. Failure to provide a detailed justification may result in a significant loss of points.</i>
B. DIRECT COSTS			
Rent/Mortgage			
Space Utilities/Maintenance			
Audit			
Financial Services			
Consultants			
Insurance			
Equipment Purchase/Lease			
Supplies			
Telecommunications			
Printing/Copying			
Postage			
Training			
Travel			
Direct Assistance			
Software Purchase/License			
Depreciation			
Other <i>(Explain in narrative)</i>			
C. INDIRECT EXPENSES			
Management & General			
Other Indirect Costs <i>(Infrastructure)*</i>			
D. CAPITAL EXPENSES			
Hardware Purchases			
Equipment Purchases			
Other Capital Costs			
E. HOUSING CAPITAL COSTS			
Rehabilitation			
Acquisition			
Construction			
TOTAL DIRECT COSTS			
TOTAL BUDGET			

1) If the program is currently being funded by a resource other than CCFP, explain why CCFP funds are needed. If funded in the previous cycle and the amount requested represents a substantial increase (over 5%), please justify the requested increase in funds.

MUST BE COMPLETED BY ALL APPLICANTS

FORM 5

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

ESTIMATED PROGRAM REVENUE (EXCLUDING CONSOLIDATED COMMUNITY FUNDING POOL FUNDS)

PROGRAM: _____ ORGANIZATION: _____

RESOURCE <i>(List each by name)</i>	FY 2012	FY 2013	FY 2014	RESOURCE STATUS	RESOURCE JUSTIFICATION <small>Briefly describe each proposed leveraged resource. Identify whether the resource will be used specifically for this program or shared between other agency programs. If not committed, when is the resource projected to be obtained.</small>
CASH RESOURCE					
Federal					
State					
County (<i>non-CCFP</i>)					
United Way					
Foundations					
Fund Raising/Donations					
Client Payments					
Financing/Loans					
Other					
TOTAL					
NON-CASH RESOURCE					RESOURCE JUSTIFICATION: <small>Explain how the value of non-cash resources was determined. If not committed, when is the resource projected to be obtained.</small>
Donations					
Space					
Other					
TOTAL					
VOLUNTEERS					RESOURCE JUSTIFICATION: <small>Briefly describe the functions to be performed by volunteers supporting this program. Non-professional volunteers are to be valued at \$22.03 per hour in accordance with the Virginia Employment Commission. Professional volunteers' hourly value is to be determined by the applicant and justified below.</small>
Number of Professional					
Number of Professional Hours					
Value of Volunteer Hours					
Number of Non-Professional					
Number of Non-Professional Hours					
Value of Volunteer Hours (\$22.03/hr)					
TOTAL Program Revenue					
Percent of Total Budget as Presented on Form 4	%	%	%		

MUST BE COMPLETED BY ALL APPLICANTS

FORM 6

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

**AFFORDABLE HOUSING CAPITAL PROJECTS
DEVELOPMENT PROJECT SUMMARY**

PROJECT: _____ ORGANIZATION: _____

1. PROJECT ADDRESS: _____

2. PROJECT LOCATION: _____

3. NUMBER OF UNITS: _____

4. TYPE OF PROJECT: Rental Home Ownership

5. TYPE OF UNITS: (single family, townhouse, condominiums, etc.) _____

6. TYPE OF DEVELOPMENT:

New Construction Rehabilitation Only Acquisition Acquisition & Rehabilitation

7. IF EXISTING, YEAR PROJECT BUILT: _____

8. PROJECT DEVELOPMENT TEAM MEMBERS: _____

MUST BE COMPLETED BY HOUSING CAPITAL PROJECTS APPLICANTS ONLY

FORM 7

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

AFFORDABLE HOUSING CAPITAL PROJECTS PRIORITIES FOR HOUSEHOLD CATEGORIES

PROJECT: _____ ORGANIZATION: _____

Indicate the number of households to be served on the following chart for each category of the priority household populations applicant's project is designed to serve. Include the total number (#) of households below for each priority. Indicate the number of very low-income households (at or below 50% MSA Median Income) for each priority. (See Resource Manual — CDBG Income Limits). Indicate grand total of households for all three priorities and for very low income.

<p style="text-align: center;">HIGH PRIORITY HOUSEHOLDS</p> <ul style="list-style-type: none"> Homeless persons, both families and individuals (with or without special needs) Small (2 to 4 persons) related renter households Large (5 or more persons) related renter households Non-homeless persons with special needs 	<p style="text-align: center;">NUMBER OF HOUSEHOLDS SERVED</p> <p># _____</p> <p># _____</p> <p># _____</p> <p># _____</p>
	<p style="text-align: center;">Total # High Priority:</p>
	<p style="text-align: center;">Total # Very Low Income:</p>
<p style="text-align: center;">MIDDLE PRIORITY HOUSEHOLDS</p> <ul style="list-style-type: none"> Elderly renter households (based on continuation of existing programs) Existing home owners (preservation of existing affordable owner-occupied housing) Low/moderate income first-time home buyers (with or without children) 	<p style="text-align: center;">NUMBER OF HOUSEHOLDS SERVED</p> <p># _____</p> <p># _____</p> <p># _____</p>
	<p style="text-align: center;">Total # Middle Priority:</p>
	<p style="text-align: center;">Total # Very Low Income:</p>
<p style="text-align: center;">LOW PRIORITY HOUSEHOLDS</p> <ul style="list-style-type: none"> All other non-elderly renter households without special needs (primarily singles) Very low income first-time home buyers (due to excessive cost burden or subsidy cost for this group) 	<p style="text-align: center;">NUMBER OF HOUSEHOLDS SERVED</p> <p># _____</p> <p># _____</p>
	<p style="text-align: center;">Total # Low Priority:</p>
	<p style="text-align: center;">Total # Very Low Income:</p>
	<p style="text-align: center;">GRAND TOTAL # All 3 Priorities:</p>
	<p style="text-align: center;">GRAND TOTAL # Very Low Income:</p>

FORM 8

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

**AFFORDABLE HOUSING CAPITAL PROJECTS
IMPACT ON AFFORDABLE HOUSING STOCK**

PROJECT: _____ ORGANIZATION: _____

TYPE OF PROPOSED PROJECT: (Check One):

- RENTAL DEVELOPMENT HOME OWNERSHIP

COMPLETE THE FOLLOWING, AS APPLICABLE TO PROPOSED PROJECTS:

A. Project produces new affordable units in an area with (Check One):

- a moderate number of affordable units
 few existing affordable units

1. Estimated total number of housing units in area _____
2. Estimated total number of existing affordable housing units in area _____
3. Estimated total number of new affordable housing units in area project will produce _____
4. Source of information for 1-2 above _____

B. Project preserves and/or rehabilitates existing affordable units? Yes No

1. Identify age of housing units to be preserved and/or rehabilitated: _____
2. Identify the condition of the housing units to be preserved and/or rehabilitated (Check One):
 Minor rehabilitation required (total rehabilitation costs below \$25,000 per unit)
 Substantial rehabilitation required (total rehabilitation costs \$25,000 or more per unit)
3. Provide below, other information relevant to the condition of the units:

MUST BE COMPLETED BY HOUSING CAPITAL PROJECTS APPLICANTS ONLY

FORM 9

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

AFFORDABLE HOUSING CAPITAL PROJECTS PROJECT READINESS

PROJECT: _____ ORGANIZATION: _____

TYPE OF PROPOSED PROJECT: *(Check One)*:

- RENTAL DEVELOPMENT HOME OWNERSHIP

Please check YES or NO, as appropriate for the proposed project and provide attachments as indicated in the sequence below. CLEARLY LABEL REQUESTED ATTACHMENTS.

Do you have a site identified? If Yes, provide location site map(s) for the project(s). <i>Label as Attachment 9a.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have site control? Attach purchase agreement, title, or other evidence. <i>Label as Attachment 9b.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a feasibility study? Submit one copy as an attachment. <i>Label as Attachment 9c.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a market analysis? Submit one copy as an attachment. <i>Label as Attachment 9d.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the property require rezoning/special use permit? If so, has a request for rezoning or special use been filed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are utilities available at the site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an environmental audit of the site been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have schematics and a preliminary site plan for the project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DO YOU HAVE DETAILED COST ESTIMATES FOR REHAB WORK? If yes, submit one copy and identify source of estimates. <i>Label as Attachment 9e.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have an engineering report detailing property condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an appraisal been completed for the property? If Yes, what is the appraised value of the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the assessed value of the property?	\$ _____	
Has total project financing been identified for this project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is project ready for implementation, assuming CDBG funding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the proposed project been described to the appropriate member of the Board of Supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FORM 10

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

**AFFORDABLE HOUSING CAPITAL PROJECTS
APPLICANT EXPERIENCE AND QUALIFICATIONS**

PROJECT: _____ ORGANIZATION: _____

Number of years organization in operation: _____ Date Incorporated: _____

Number of years organization in housing development: _____

1. Total number of units produced: _____ rehabilitated: _____ owned: _____ managed: _____ constructed: _____
2. Estimate percentage of above total housing units produced that served low and moderate income persons: 30% of median and below: _____ 50% of median and below: _____ 80% of median and below: _____
3. Number of employees and/or volunteers in organization: _____ full time: _____ part time: _____ volunteers: _____
4. Number of employees and/or volunteers to work on project: _____ full time: _____ part time: _____ volunteers: _____

MUST BE COMPLETED BY HOUSING CAPITAL PROJECTS APPLICANTS ONLY

FORM 11

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

AFFORDABLE HOUSING CAPITAL PROJECTS PROPOSED OCCUPANCY AND RENT SCHEDULES

PROJECT: _____ ORGANIZATION: _____

COMPLETE FOR RENTAL PROJECTS ONLY:

Occupancy Income Limits*:	
Total # Units in Proposed Project:	
Affordable Units:	
_____ # units at or below 30% MSA	_____ # units at or below 60% MSA
_____ # units at or below 50% MSA	_____ # units at or below 80% MSA
Market Rate Units:	
_____ # units at market rate	

RENT SCHEDULE:

UNIT TYPE	TOTAL NO. OF UNITS BY TYPE	RENT	UTILITIES	INCOME SERVED AS PERCENT OF MSA*

Does the project involve any temporary relocation? Yes No

PROJECTS REQUIRING PERMANENT RELOCATION WILL NOT BE CONSIDERED

*MSA refers to Metropolitan Statistical Area Median Income: See Resource Manual

FORM 12

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

AFFORDABLE HOUSING CAPITAL PROJECTS HOMEOWNERSHIP HOUSING

PROJECT: _____ ORGANIZATION: _____

COMPLETE FOR HOMEOWNERSHIP PROJECTS ONLY:

DEVELOPMENT DESCRIPTION:

No. of Units	Square Footage	No. of Bedrooms/Baths	Structure ¹ Type	Type of ² Construction	Cost/Unit	Sales Price/Unit
					\$	\$

TARGETED PURCHASERS:

No. of Purchasers:	Income as a % of MSA: ³

Does the project involve any temporary relocation? Yes No

PROJECTS REQUIRING PERMANENT RELOCATION WILL NOT BE CONSIDERED.

¹Detached townhouse, multifamily.

²Stick-built, modular, panelized, manufactured.

³See chart in Resource Manual.

FORM 13

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

AFFORDABLE HOUSING CAPITAL PROJECTS DETAILED ESTIMATE OF DEVELOPMENT COSTS

PROJECT: _____ ORGANIZATION: _____

CONTRACT COSTS <i>(Fill in non-shaded areas only.)</i>	SUBTOTAL	TOTAL
1. Land Improvements		
a. Off-Site		
b. On-Site		
c. Landscaping		
d. Engineering Fee <i>(construction)</i>		
SUBTOTAL LAND IMPROVEMENTS		
2. Structures		
a. Residential		
b. Non-Residential		
SUBTOTAL STRUCTURES		
3. Other costs		
a. General Requirements		
b. Builders Overhead		
c. Builders Profit		
d. Developers Fee		
e. Building Permits		
f. Completion Assurance Letter of Credit		
g. Consultant Fee		
h. Other <i>(describe)</i>		
SUBTOTAL OTHER COSTS		
DEVELOPMENT COSTS		
1. Site Engineering/Survey		
2. Design & Supervising Architect(s)		
3. Soil Borings/Geotechnical		
4. Environmental Phase I		
5. Appraisal		
6. Mortgage Placement Fee		
7. Construction Interest		
8. Taxes during Construction		
9. Insurance during Construction		
10. Title/Recording Expense		
11. Legal Fees		
12. Cost Certification		
SUBTOTAL DEVELOPMENT COSTS		
LAND/ACQUISITION/DEVELOPMENT COSTS		
1. Total Improvement Cost		
2. Cost of Land/Acquisition		
3. Other		
SUBTOTAL LAND/ACQUISITION/DEVELOPMENT		
TOTAL DEVELOPMENT COST		

FORM 14

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

AFFORDABLE HOUSING CAPITAL PROJECTS DETAILED ESTIMATE OF ANNUAL OPERATING EXPENSES

PROJECT: _____ ORGANIZATION: _____

EXPENSE <i>(Fill in non-shaded areas only.)</i>	PER UNIT	ANNUAL	SUBTOTAL/TOTAL
ADMINISTRATIVE			
Advertising/Marketing			
Office Costs			
Management Fee % EGI			
Salaries			
Legal			
Auditing			
Bookkeeping/Accounting Fees			
Telephone			
Other Administrative			
TOTAL ADMINISTRATIVE			
UTILITIES			
Fuel Oil			
Electric			
Water			
Gas			
Sewer			
TOTAL UTILITIES			
OPERATING & MAINTENANCE			
Janitor/Cleaning Cost			
Exterminating Cost			
Trash Removal			
Security Cost			
Grounds Cost			
Maintenance/Repairs Cost			
Elevator Maintenance Cost			
Heating/Cooling Repairs & Maintenance			
Snow Removal			
Decorating Cost			
Miscellaneous			
TOTAL OPERATING & MAINTENANCE			
TAXES AND INSURANCE			
Real Estate Taxes			
Payroll Taxes			
Miscellaneous Taxes/Licenses/Permits			
Property & Liability Insurance			
Other Insurance			
Fidelity Bond			
Workers' Compensation			
Health Insurance & Employee Benefits			
TOTAL TAXES AND INSURANCE			
TOTAL OPERATING EXPENSES			
REPLACEMENT RESERVES			
TOTAL EXPENSES			

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS

FORM 15

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

AFFORDABLE HOUSING CAPITAL PROJECTS PROJECT COSTS AND FINANCING

PROJECT: _____ ORGANIZATION: _____

TOTAL DEVELOPMENT COSTS (From Form 13):		\$
TOTAL DEVELOPMENT COST PER UNIT:		\$
PROJECT FINANCING: <i>(If additional space is needed, insert no more than one additional page following this one, and clearly label as Form 15)</i>		
Proposed CDBG Program Funds		\$
Equity		
Source: _____	Amt: \$ _____	Committed Yes <input type="checkbox"/> No <input type="checkbox"/>
Source: _____	Amt: \$ _____	Committed Yes <input type="checkbox"/> No <input type="checkbox"/>
Source: _____	Amt: \$ _____	Committed Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Equity		\$
Loans		
1st Trust \$ _____	at _____ % for _____ months	Source _____
Committed (Yes <input type="checkbox"/> No <input type="checkbox"/>)		
2nd Trust \$ _____	at _____ % for _____ months	Source _____
Committed (Yes <input type="checkbox"/> No <input type="checkbox"/>)		
3rd Trust \$ _____	at _____ % for _____ months	Source _____
Committed (Yes <input type="checkbox"/> No <input type="checkbox"/>)		
Total Loans		\$
TOTAL PROJECT FINANCING		\$
CDBG AS % OF TOTAL PROJECT FINANCING:		%
Do you expect to use FCRHA-issued tax-exempt bonds for any part of the financing?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you plan to sell tax credits to raise equity?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, in what amount? \$ _____		

FORM 16

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2013-2014

AFFORDABLE HOUSING CAPITAL PROJECTS PRO FORMA

PROJECT: _____ ORGANIZATION: _____

COMPLETE FOR RENTAL PROJECTS ONLY:

*Provide information for each of the first five full years of stabilized occupancy.
Please fill in the blanks with the actual years included in your projection.*

FIVE-YEAR PROJECT PRO FORMA	YEAR 1 _____	YEAR 2 _____	YEAR 3 _____	YEAR 4 _____	YEAR 5 _____
ANNUAL REVENUES					
1. Annual Rental Income	\$	\$	\$	\$	\$
2. Other Annual Income <i>(list)</i> _____	\$	\$	\$	\$	\$
3. GROSS INCOME	\$	\$	\$	\$	\$
4. Minus 5% Vacancy Loss	\$	\$	\$	\$	\$
5. EFFECTIVE GROSS INCOME (#3 minus #4)	\$	\$	\$	\$	\$
6. Operating Expenses	\$	\$	\$	\$	\$
7. NET OPERATING INCOME (NOI) (NOI = #5 minus #6)	\$	\$	\$	\$	\$
8. Debt Service	\$	\$	\$	\$	\$
9. CASH FLOW AFTER DEBT SERVICE (#7 minus #8)	\$	\$	\$	\$	\$
10. DEBT COVERAGE RATIO (#7 / #8)					
11. OPERATING COST PER UNIT (#6 / Total # Units)					

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS

CERTIFICATION OF FINANCIAL SOLVENCY FOR NONPROFIT ORGANIZATIONS

In compliance with Fairfax County contracting protocols, the following certification is required by all applicants submitting a proposal, and all individuals and organizations awarded a contract:

1. The Board Chair certifies, to the best of his/her knowledge and belief, that the applicant organization is financially solvent, and will remain so during the life of any contract awarded. The Board Chair will notify the county representative in writing of substantial solvency issues such as depletion of cash reserve accounts, use of cash reserves to meet payroll obligations, inability to meet obligations for accounts payable, evidence of deteriorating accounts receivable collection, evidence of delinquency in payment of IRS or payroll taxes, evidence of fraud or mismanagement, co-mingling of accounts, and/or use of grant funds for non-grant purposes.
2. The Executive Director certifies, to the best of his/her knowledge and belief, that the applicant organization is financially solvent, and will remain so during the life of any contract awarded. The Executive Director will notify the county representative in writing within five business days of substantial solvency issues as outlined in #1 above.
3. This certification is a material representation of fact upon which reliance will be placed when making the award. If it is later determined that the applicant/contractor rendered an erroneous certification, or if at any time during the course of the contract there are indications that the financial solvency of the contractor affects its ability to complete the terms of the contract, in addition to other remedies available to Fairfax County, the county may terminate the contract for default.

Printed Name of Board Chair: _____

Signature/Date: _____ / _____

Printed Name of Executive Director: _____

Signature/Date: _____ / _____

Company Name: _____

Address: _____

City/State/Zip: _____

SSN or TIN: _____

MUST BE COMPLETED BY ALL APPLICANTS

PROPOSAL CHECKLIST

- FORM 1 — PROPOSAL COVER SHEET (DPSM32)
- TABLE OF CONTENTS
- FORM 2 — PROPOSAL SUMMARY SHEET
- WRITTEN NARRATIVE
(Includes Demonstration of Need, Outcomes, Approach, Organizational Capacity and Budget Justification)
- FORM 3 — PROGRAM OUTCOME WORKSHEET
- FORM 4 — PROGRAM BUDGET
- FORM 4A — PROGRAM PERSONNEL BUDGET
- FORM 4B — BUDGET JUSTIFICATION
- FORM 5 — ESTIMATED PROGRAM REVENUES

HOUSING CAPITAL PROJECTS ONLY

- FORM 6 — DEVELOPMENT PROJECT SUMMARY
- FORM 7 — CONSOLIDATED PLAN PRIORITIES FOR HOUSEHOLD CATEGORIES
- FORM 8 — IMPACT ON AFFORDABLE HOUSING STOCK
- FORM 9 — PROJECT READINESS
- FORM 10 — APPLICANT EXPERIENCE & QUALIFICATIONS

HOUSING CAPITAL (RENTAL PROJECTS)

- FORM 11 — PROPOSED OCCUPANCY & RENT SCHEDULES
- FORM 13 — DETAILED ESTIMATE OF DEVELOPMENT COSTS
- FORM 14 — DETAILED ESTIMATE OF ANNUAL OPERATING EXPENSES
- FORM 15 — PROJECT COSTS & FINANCING
- FORM 16 — PRO FORMA

HOUSING CAPITAL (HOMEOWNERSHIP PROJECTS)

- FORM 12 — HOMEOWNERSHIP HOUSING WORKSHEET
- FORM 13 — DETAILED ESTIMATE OF DEVELOPMENT COSTS
- FORM 15 — PROJECT COSTS & FINANCING

ATTACHMENTS

- Organization's Mission Statement and/or Strategic Plan
- Current Board of Director's Roster
- Board of Director's Roles and Responsibilities
- Program Position Descriptions
- Program Staff Resumes
- Timeline
- Logic Model
- 501(c)3 Certificate or Letter of Application
- Financial Audit and Management Letter
- 2010 Federal Tax Form 990
- Certification of Financial Solvency
- FY 2012 Organization-wide Budget
- Cooperative Agreement or Letter *(if applicable)*
- Memorandum of Agreement or Letter *(if applicable)*

HOUSING PROJECTS ONLY

- Project Readiness
- Evidence of Site Control
- Feasibility Study
- Market Analysis
- Cost Estimates for Rehabilitation Work



CONSOLIDATED COMMUNITY FUNDING POOL

care of

Department of Administration for Human Services

Contracts Management

Suite 738

12011 Government Center Parkway • Fairfax, VA 22035-1116

PHONE: 703-324-5551 • **FAX:** 703-324-7339

E-MAIL ADDRESS: wwwahs@fairfaxcounty.gov

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To request this information in an alternate format,
call the Department of Administration for Human
Services: 703-324-5551 • TTY: 711