



FAIRFAX COUNTY, VIRGINIA

# CONSOLIDATED COMMUNITY FUNDING POOL

FY 2015 - FY 2016



**FUNDING APPLICATION PACKAGE**

*for*

**July 1, 2014 – June 30, 2016**

**RFP# 2000000828**

# REQUEST FOR PROPOSAL

## FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL

**RFP# 2000000828**

**FISCAL YEARS 2015-2016**

### 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 8% of total funds*)
- Federal Community Development Block Grant (CDBG) (*approximately 18% of total funds*)
- Fairfax County General Fund (*approximately 74% of total funds*)

Contracts will be awarded for a two-year period, beginning July 1, 2014 through June 30, 2016. 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 2015 and Fiscal Year 2016 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 **Tuesday, December 3, 2013 at 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 proposal(s) will then be reviewed.

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

Applicants will be notified of the committee's award recommendations in late April 2014, 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 2014. Contracts will begin July 1, 2014. Applicants may request a meeting to receive feedback on proposals not recommended for funding after awarded contracts have been signed, usually after July 1.

## 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 2015-2016 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 9, 2013. 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 2015 and 2016 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 eleventh since the creation of the CCFP. For information on previously funded programs, please visit [www.fairfaxcounty.gov/ccfp](http://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
<b>I. PREVENTION</b>	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.	<b>10% to 20%</b>
<b>II. CRISIS INTERVENTION</b>	Individuals, families or communities in crisis overcome short-term problems (generally not more than three months) and quickly move back to independence.	<b>15% to 25%</b>
<b>III. SELF-SUFFICIENCY</b>	Families, individuals, neighborhoods and communities attain self-sufficiency over a period of three months to three years.	<b>45% to 55%</b>
<b>IV. LONG-TERM SUPPORTIVE SERVICES</b>	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.	<b>10% to 20%</b>

## 1. ELIGIBLE APPLICANTS:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>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, 2014. If funded, proof of 501(c)3 certification will be required.</li> <li>b. Faith-based or religious organizations.</li> <li>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.</li> <li>d. Applicants for new housing construction must be Community Based Development</li> </ul> | <ul style="list-style-type: none"> <li>Organizations (CBDO's) as defined in the Resource Manual, page 55.</li> <li>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).</li> <li>f. Organizations that are in receivership status or debarred by the U.S. Government and/or Fairfax County are not eligible.</li> <li>g. Organizations whose county contract award has been terminated for cause within the last 2 years are not eligible.</li> </ul> |
|---|---|

# 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 36. 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 found in the Resource Manual, page 24 and Special Provisions also 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 established 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 response 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:

<b>TECHNICAL PROPOSAL:</b>		<b>Maximum Points</b>
Criterion A.	Demonstration of Need	15 points
Criterion B.	Outcomes	25 points
Criterion C.	Approach	20 points
Criterion D.	Organizational Capacity	20 points
<b>COST PROPOSAL:</b>		
Criterion E.	Budget and Budget Justification	20 points
		<b>TOTAL 100 points</b>

## APPLICATIONS FOR AFFORDABLE HOUSING

will also be considered on the following additional criteria:

<b>TECHNICAL PROPOSAL:</b>		<b>Maximum Points</b>
Criterion F.	Consolidated Plan Priorities	15 points
Criterion G.	Impact on Affordable Housing Stock	15 points
<b>COST PROPOSAL:</b>		
Criterion H.	Project Financing & Operating Budget	10 points
		<b>Subtotal 40 points</b>
		<b>TOTAL 140 points</b>

# 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 Narrative Form
  - Demonstration of Need
  - Outcomes to be Achieved
  - 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 [www.fairfaxcounty.gov/solicitation](http://www.fairfaxcounty.gov/solicitation)*
- Attachments

***Applicants submitting AFFORDABLE HOUSING CAPITAL PROJECTS should also respond to three (3) additional components and complete the appropriate forms:***

- Consolidated Plan Priorities
- Impact on Affordable Housing Stock
- 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 one (1) CD and one (1) original copy of the complete proposal. The entire proposal should be contained in one (1) file on each CD. The completed proposal, including required forms and attachments for **each** proposed program, is to be scanned as one file and copied to the CD. Each proposal submitted must be on a separate CD. Please check to ensure that each file opens properly and the document is readable.

The CD's should be labeled with the RFP number as well as the organization and the program title. 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 fifteen (15), single sided, 8½ 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 including attachments or fail to comply with format requirements may be deemed non-responsive and the proposal may not be reviewed.
- 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 8½ 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**.
- f. Submissions by facsimile machine or via the Internet **will not** be accepted.

# PROPOSAL INSTRUCTIONS

Proposals must be received no later than 2:00 p.m. Tuesday, December 3, 2013 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 FORMS:

The Proposal Narrative Form and Budget Forms including the Resource Manual, which includes reference documents to assist you in the development of your proposal, are available on the DPSM website, [www.fairfaxcounty.gov/solicitation](http://www.fairfaxcounty.gov/solicitation). The proposal forms and the Resource Manual are also available on the CCFP website, [www.fairfaxcounty.gov/ccfp](http://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](mailto: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: [www.fairfaxcounty.gov/solicitation](http://www.fairfaxcounty.gov/solicitation). Application Forms can be downloaded at [www.fairfaxcounty.gov/ccfp](http://www.fairfaxcounty.gov/ccfp).

### 6. QUESTIONS:

A Pre-Proposal Conference will be held Monday, October 21, 2013 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. The pre-proposal conference can also be viewed via the Internet at [www.fairfaxcounty.gov/ccfp/](http://www.fairfaxcounty.gov/ccfp/), click on CCFP FY2015–2016 pre-proposal conference.

Questions regarding contractual matters should be directed to Linda Williams, Contract Specialist, Department of Purchasing and Supply Management via email at [dpsmteam3@fairfaxcounty.gov](mailto: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](mailto:alice.morris@fairfaxcounty.gov).

Technical questions regarding Administration for the Development of Affordable Housing Projects or Affordable Housing Capital Projects should be directed to Beverly Moses, Department of Housing and Community Development, at [beverly.moses@fairfaxcounty.gov](mailto:beverly.moses@fairfaxcounty.gov).

# PROPOSAL CONTENT — TECHNICAL SECTION

*Applicants are requested to respond to the following:*

## **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.

## **PROPOSAL NARRATIVE:**

**Applicants are required to use the proposal narrative form for the technical section of the proposal. See page 7, "INTERNET VERSION" for downloading instructions.**

The Proposal Narrative Form (Form 2) is required to respond to all sections included in the RFP which includes the Demonstration of Need, Outcomes, Approach and Organizational Capacity. Affordable Housing Capital Projects must include a response to three additional components and appropriate forms. Include funding priorities that can best be met by the proposed program.

## **A. DEMONSTRATION OF NEED:**

**Maximum Points – 15**

*Proposal describes need to be addressed 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 that justifies the need for the proposed program for the identified neighborhoods, populations and/or targeted geographic area to be served. Include relevant and current information about the population to be served.
2. Explain why the identified need is not being adequately met. Include current local statistical

data or other objective evidence of the problem including size and scope of the problem in Fairfax County. Demographic information can be found at: <http://www.fairfaxcounty.gov/government/about/data/> and <http://huduser.org>.

3. Explain how the identified need relates to the proposal's selected funding priority(ies).

## **B. OUTCOMES:**

**Maximum Points – 25**

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

1. Describe how program outcomes contribute to the selected CCFP priority(ies).
2. Describe how each outcome will have a significant impact on the population and/or community affected by the identified need. Explain the fundamental relationship between the services and each of the program outcomes.
3. Describe how each outcome will be objectively measured. Provide supporting information demonstrating that the outcomes are realistic and achievable within the identified time frames.
4. Describe the plan for measurement implementation. Indicate how the data will be collected, maintained and what data collection software, if any, will be used to store the data.

Submit Form 3 (Program Outcome Worksheet) as an attachment for each significant outcome that shows how outcomes are clearly linked to the identified problem and are achievable within each of the two fiscal years. Describe only one discreet service in each Form 3.

# PROPOSAL CONTENT

## C. APPROACH

Maximum Points – 20

*Proposal describes the strategies that 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. Describe how program services will be organized, implemented and completed to achieve the goals/objectives
2. Describe how the proposed program will facilitate client access to the services and identify potential barriers (if any) that may prevent access to program services (i.e. transportation, language/culture, client fees, disabilities, etc.).
3. For programs awarded a CCFP contract in FY 2013-2014 funding cycle, describe how the program was successful in implementing its program design to achieve service and outcome goals. Identify any major changes in the program that may affect the timeframe of service delivery.

If the proposed program is new to the Funding Pool, describe the program timeline that indicates major tasks, assigned responsibility for each and outlines the completion of each task by month or quarter during the contract period. Include any staff positions that will need to be filled after award start-up and when they will be in place. Examples of timelines can be found in the Resource Manual, page 47.

4. Describe required facilities, equipment and other physical resources for the effective implementation of this program and applicant's access to these resources. Describe how other community groups/resources will be used to maximize service delivery and minimize duplication.

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

5. Complete **Form 6** – Development Project Summary

6. 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.**)

## D. 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.*

1. Describe roles/responsibilities and experience of program staff and the program's organizational structure and operations. Roles and responsibilities must be clearly connected to the program design; include any contractors that may be used to effectively implement and manage the program. Staff can be paid or unpaid, employee, consultant, or volunteer.
2. Describe the work to be performed by professional and non-professional volunteers. Use Form 5 to list the estimated *NUMBER* of professional and non-professional volunteers and anticipated number of hours they will work each year.
3. Describe how clients with disabilities will have access to the service and explain how the organization complies with the Americans with Disabilities Act (ADA).

**NOTE:** 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.

## PROPOSAL CONTENT

4. 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.
5. Describe plans to sustain the program during and beyond the funding period.
6. **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. Current Board of Directors' roster (including phone numbers and email addresses)
  - b. Program staff position descriptions, including required skills, program management and fiscal staff positions. 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.
  - c. Program staff resumes for key personnel directly assigned to work on the program.
  - d. Unaudited financial statements from July 1, 2013 through the period ending October 31, 2013.

**Note:** Applicants who are successfully awarded a contract will be required to submit a financial audit and management letter prior to May 15, 2014. Successful applicants must submit the most recent financial audit and management letter that adheres to the required schedule of submitting the audit within (180) days after the end of applicant's fiscal year. Successful applicants whose fiscal year ends June 30th must submit a financial audit and management letter for the

period ending June 30, 2013. Successful applicants whose fiscal year ends December 31st must submit a financial audit, and a management letter for the period ending December 31, 2012. The audit for the period ending December 31, 2013 will be collected during contractual monitoring after the execution of the contract.

If you are a start-up organization and do not have an audit at the time of submission, please note this in the application and submit financial statements for the period ending October 31, 2013. If funded, the organization will be required to submit an audit following the first year of operation.

In addition, applicants must sign and include the "Certification of Financial Solvency for Nonprofits" (Attachment 1) and current tax exempt status as part of the proposal submission.

- e. 2012 Federal Tax Form 990 (If not available, explain and submit most recent form.)
- f. Fiscal Year 2014 organization-wide budget.

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 their Organizational Capacity submission (additional items 8l through 10):***

- g. 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 sources, please provide any other supporting documentation that demonstrates project experience and successful completion of housing projects.
7. 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.

## PROPOSAL CONTENT

- a. Complete the Community-Based Development Organization (CBDO) Checklist found in the Resource Manual, page 55, 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 8a 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.)*

8. Complete **Form 9**: 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):

### E. BUDGET AND BUDGET JUSTIFICATION

Maximum Points – 20

*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. Program Budget: Complete Form 4 and 4A. **(NOTE: “Total Program Budget” means the total cost of conducting the 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. Figures should reflect cash only and should not include non-cash resources).**

The budget must provide the detailed computation for each budget line item, listing the cost of each item. 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.

Personnel costs must show the annual salary rate and the percentage of time devoted to the program for *each* employee paid through CCFP funds.

2. Estimated Program Revenue: Complete **Form 5**: **(NOTE:** Estimated Revenue identifies additional resources other than county funds or county contributions that help support/sustain the program during and beyond the funding period. 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 \$24.64 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.)
3. If the proposal is for an affordable 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.

# PROPOSAL CONTENT

**The following items are applicable ONLY to AFFORDABLE HOUSING PROJECTS.**

**Affordable Housing Capital Projects also provide the following:**

## **F. 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**: Housing Blueprint & Consolidated Plan Priorities Needs & Non-Homeless Special Needs

**Affordable Housing Capital Projects also provide the following:**

## **G. 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, including objective evidence of the current supply of affordable housing units for the population to be served by the proposed program and the demand for additional units of the type proposed.
3. Describe your marketing plan for this project.
4. Complete **Form 8**: Impact on Affordable Housing Stock

**Affordable Housing Capital Projects also provide the following:**

## **H. PROJECT FINANCING & OPERATING BUDGET**

**Maximum Points – 10**

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

1. Complete **Forms 11, 12, 13 and 14** for projects.

# CRITERIA

**FISCAL YEARS 2015 & 2016**

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

**A. 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
1	The proposal provides specific information that justifies the need for the proposed program for the identified neighborhoods, populations and/or targeted geographic area to be served; and includes relevant and current information about the population to be served.	0 – 5
2	The proposal identifies why the need is not being adequately met and includes current local, statistical data or other objective evidence of the problem including the size and scope of the need in Fairfax County.	0 – 5
3	The proposal explains how the identified need relates to the proposal's selected funding priority.	0 – 5

**B. OUTCOMES:**

**MAXIMUM POINTS – 25**

*The proposal describes how program outcomes contribute to the selected CCFP Priority(ies). Proposal clearly identifies and describes one or more **measurable** program outcomes that are logically related to the identified need and program approach. The proposal demonstrates that there is a fundamental relationship between each outcome and the program approach and that each outcome will have a significant impact on the population and/or the community affected by the identified need.*

	CRITERIA	Points Per Element
1	The proposal describes how program outcomes contribute to the selected CCFP priority(ies).	0 – 5
2	The proposal describes how each outcome will have a significant impact on the population and/or community affected by the identified need; and explains the fundamental relationship between the services and each of the program outcomes	0 – 10
3	The proposal describes how each outcome will be objectively measured. The proposal provides supporting information demonstrating that the outcomes are realistic and achievable within the identified timeframes.	0 – 5
4	The proposal describes the plan for measurement implementation. The proposal indicates how the data will be collected, maintained and what data collection software, if any, will be used to store the data.	0 – 5



## CRITERIA

### D. 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
1	The proposal describes the roles/responsibilities and experience of program staff and the program’s organizational structure and operations. Roles and responsibilities must be clearly connected to the program design; includes any contractors that may be used to effectively implement and manage the program.	0 – 4
2	Proposal describes the work to be performed by professional and nonprofessional volunteers and anticipated number of hours they will work each year.	0 – 4
3	Proposal describes how clients with disabilities will have access to the service; and explains how the organization complies with the Americans with Disabilities Act (ADA).	0 – 4
4	Proposal describes the program’s fiscal management system that includes the ability to track CCFP funds separately, accounting system, use of outside accounting /payroll services, and contingency plan for sustaining the program if no cash reserve available line of credit.	0 – 4
5	Proposal describes plans to sustain the program during and beyond the funding period	0 – 4

### E. BUDGET AND BUDGET JUSTIFICATION:

**MAXIMUM POINTS – 20**

*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, goods, supplies and services donations, grants, and/or contracts.)*

	CRITERIA	Points Per Element
1	Proposal includes completed forms 4, 4A, 4B that <i>clearly</i> describes and justify all costs for the program.	0 – 10
2	Proposal includes completed form 5 and identifies additional resources that will support and sustain the program during and beyond the funding period, including the use of volunteers, in-kind contributions, goods, supplies, etc.	0 – 10

# CRITERIA

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

**F. CONSOLIDATED PLAN PRIORITIES: MAXIMUM POINTS – 15**

*Proposal serves one or more of the priorities identified in the Fairfax County Housing Blueprint. Greatest Need and in the Fairfax County Consolidated Plan Priority Unmet Needs and Non-Homeless Unmet Special Needs. (See Form 7).*

	CRITERIA	Points Per Element
1	Addresses one of the priorities serving income-eligible households/persons.	0 – 5
2	Serves households/persons with low and extremely low incomes.	0 – 5
3	Meets criteria #1 and/or #2, and addresses an additional priority.	0 – 5

**G. IMPACT ON AFFORDABLE HOUSING STOCK: MAXIMUM POINTS – 15**

*Proposed project produces new affordable units\* in an area in which there is not enough existing affordable housing to meet the documented market need; AND/OR proposed project preserves and/or rehabilitates existing affordable units.*

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

**H. PROJECT FINANCING: MAXIMUM POINTS – 10**

*Proposal provides evidence that project financing and operating plans are feasible.*

	CRITERIA	Points Per Element
1	Documentation includes proposed project financing sources and uses of funds, development budget and pro forma information for rental projects.	0 – 5
2	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 14 must be completed by AFFORDABLE HOUSING CAPITAL PROJECTS applicants ONLY.**

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

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 2015-2016
PROPOSAL COVER SHEET

PROPOSALS — In accordance with the following and in compliance with all terms and conditions, unless otherwise noted, the undersigned 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 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 2015 \$ FY 2016 \$ Federal Tax ID #:

Identify if proposal(s) is being submitted in collaboration with other nonprofit organization(s): YES NO Date Incorporated:

List Other Organization(s) by Name: State Corporation Commission ID #:

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 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. (DPSM32) rev 5/2013 AN EQUAL OPPORTUNITY PURCHASING ORGANIZATION

MUST BE COMPLETED BY ALL APPLICANTS

FORM 2

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS

2015-2016 PROPOSAL NARRATIVE FORM

MUST BE COMPLETED BY ALL APPLICANTS

1. Program Title: \_\_\_\_\_

2. Organization Name: \_\_\_\_\_

3. Funding Request: FY 2015 \$ \_\_\_\_\_ FY 2016 \$ \_\_\_\_\_

4. 501(c)3 Certification  Yes  No; if no, date applied for 501(c)3 Certification: \_\_\_\_\_

5. FUNDING PRIORITY: Choose no more than two (2) priority areas and identify the percent of CCFP funding request allocated to each. (See page 3, Proposal Guidelines.)

	Percent of CCFP Funding Request
<b>PREVENTION</b> <b>Outcome:</b> Families and individuals get help to remain independent and have the tools and resources to prevent future or ongoing dependence. Communities increase their ability to develop and provide preventive services.	_____
<b>CRISIS INTERVENTION</b> <b>Outcome:</b> Individuals, families or communities in crisis get help to overcome short-term problems (generally not more than three months) and quickly move back to independence if appropriate.	_____
<b>SELF-SUFFICIENCY</b> <b>Outcome:</b> Families, individuals, neighborhoods and communities get comprehensive services addressing many facets and needs so that they can attain self-sufficiency over a period of three months to three years.	_____
<b>LONG-TERM SUPPORTIVE SERVICES</b> <b>Outcome:</b> Individuals who have continuing and 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.	_____
<b>TOTAL</b>	<b>100%</b>

Please refer to the Resource Manual for CSBG and CDBG income guidelines to determine the percentage of clients to be served in these categories.

6. Of the clients served, estimate percentage that meets the Community Services Block Grant (CSBG) income level (125% of poverty). See page 36 of the Resource Manual. \_\_\_\_\_

7. Of the clients served, estimate percentage that meets the Community Development Block Grant (CDBG) income levels (extremely low, low, low/moderate). See page 56 of the Resource Manual. \_\_\_\_\_

8. Please check the appropriate box(es):  New Program  Currently funded through CCFP

9. PROGRAM TYPE: (Please check one)

- a. Human Service Program (Non Capital).....
- b. Affordable Housing Capital Project.....
- c. Administration of Affordable Housing Capital Project.....

10. HUMAN SERVICE REGIONS:

In what region(s) do the majority of the clients to be served reside? Please check all that apply; see Resource Manual for map.

ONE  TWO  THREE  FOUR

## PROPOSAL NARRATIVE

### A. DEMONSTRATION OF NEED:

**MAXIMUM POINTS – 15**

1. Provide specific information that justifies the need for the proposed program for the identified neighborhoods, populations and/or targeted geographic area to be served. Include relevant and current information about the population to be served.
2. Explain why the identified need is not being adequately met. Include current local statistical data or other objective evidence of the problem including size and scope of the problem in Fairfax County.
3. Explain how the identified need relates to the proposal's selected funding priority(ies).

### B. OUTCOMES:

**MAXIMUM POINTS – 25**

1. Describe how program outcomes contribute to the selected CCFP priority(ies).
2. Describe how each outcome will have a significant impact on the population and/or community affected by the identified need. Explain the fundamental relationship between the services and each of the program outcomes.
3. Describe how each outcome will be objectively measured. Provide supporting information demonstrating that the outcomes are realistic and achievable within the identified time frames.
4. Describe the plan for measurement implementation. Indicate how the data will be collected, maintained and what data collection software, if any, will be used to store the data.

### C. APPROACH:

**MAXIMUM POINTS – 20**

1. Describe how program services will be organized, implemented and completed to achieve the goals/objectives.
2. Describe how the proposed program will facilitate client access to the services and identify potential barriers (if any) that may prevent access to program services (i.e. transportation, language/culture, client fees, disabilities, etc.).
3. For programs awarded a CCFP contract in FY 2013-2014 funding cycle, describe how the program was successful in implementing its program design to achieve service and outcome goals. Identify any major changes in the program that may affect the timeframe of service delivery.

If the proposed program is new to the Funding Pool describe the program timeline that indicates major tasks, assigned responsibility for each and outlines the completion of each task by month or quarter during the contract period. Include any staff positions that will need to be filled after award start-up and when they will be in place. Examples of timelines can be found in the Resource Manual, page 47.

4. Describe required facilities, equipment and other physical resources for the effective implementation of this program and applicant's access to these resources. Describe how other community groups resources will be used to maximize service delivery and minimize duplication.

**D. ORGANIZATIONAL CAPACITY:****MAXIMUM POINTS – 20**

1. Describe roles/responsibilities and experience of program staff and the program's organizational structure and operations. Roles and responsibilities must be clearly connected to the program design; include any contractors that may be used to effectively implement and manage the program. Staff can be paid or unpaid, employee, consultant, or volunteer.
2. Describe the work to be performed by professional and non-professional volunteers. Use Form 5 to list the estimated *number* of professional and non-professional volunteers and anticipated number of hours they will work each year.
3. Describe how clients with disabilities will have access to the service and explain how the organization complies with the Americans with Disabilities Act (ADA).
4. 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.
5. Describe plans to sustain the program during and beyond the funding period.

**E. BUDGET AND BUDGET JUSTIFICATION:****MAXIMUM POINTS – 20**

1. Program Budget: Complete **Form 4** (figures should reflect cash only and should not include non-cash resources) and **4A** (Personnel Justification); describe and justify each budget line item using **Form 4B** (Budget Justification); complete Estimated Program Revenue: Complete **Form 5**.

# FORM 3

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

## PROGRAM OUTCOME WORKSHEET

(COMPLETE A SEPARATE FORM FOR EACH PROPOSED PROGRAM SERVICE/ACTIVITY OUTCOME.)

ORGANIZATION: \_\_\_\_\_ (Outcome # \_\_\_\_\_ of \_\_\_\_\_)

PROGRAM: \_\_\_\_\_

<p><b>A. SERVICE PROVIDED:</b></p>   																					
<p><b>B. OUTCOME TO BE ACHIEVED:</b></p>   																					
<p><b>C. MEASUREMENT SYSTEM:</b></p>   																					
<p><b>D. OUTCOME INDICATORS:</b></p>   																					
<p><b>E. Total Estimated Number of Individuals &amp; Households to Receive Service:</b></p> <p><b>FY 2015</b> Individuals: _____ Households: _____</p> <p><b>FY 2016</b> Individuals: _____ Households: _____ <b>TOTAL</b></p>	<p><b>H. Estimated Number &amp; Percentage of Individuals &amp; Households to Achieve Outcome:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>FY 2015</b></td> <td style="width: 25%;">Number</td> <td style="width: 25%;">Percentage</td> <td style="width: 25%;">Number</td> <td style="width: 25%;">Percentage</td> </tr> <tr> <td>Individuals:</td> <td>_____</td> <td>_____</td> <td>Households:</td> <td>_____</td> </tr> <tr> <td><b>FY 2016</b></td> <td>Number</td> <td>Percentage</td> <td>Number</td> <td>Percentage</td> </tr> <tr> <td>Individuals:</td> <td>_____</td> <td>_____</td> <td>Households:</td> <td>_____</td> </tr> </table>	<b>FY 2015</b>	Number	Percentage	Number	Percentage	Individuals:	_____	_____	Households:	_____	<b>FY 2016</b>	Number	Percentage	Number	Percentage	Individuals:	_____	_____	Households:	_____
<b>FY 2015</b>	Number	Percentage	Number	Percentage																	
Individuals:	_____	_____	Households:	_____																	
<b>FY 2016</b>	Number	Percentage	Number	Percentage																	
Individuals:	_____	_____	Households:	_____																	

# FORM 4

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

## PROGRAM BUDGET

PROGRAM: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

BUDGET	ACTUAL FISCAL YEAR 2014		PROPOSED FISCAL YEAR 2015		PROPOSED FISCAL YEAR 2016	
	TOTAL PROGRAM BUDGET	CURRENT CCFP SUPPORT	TOTAL PROGRAM BUDGET	CCFP BUDGET REQUEST	TOTAL PROGRAM BUDGET	CCFP BUDGET REQUEST
<b>A. PERSONNEL COSTS</b>						
Fringe Benefits						
Payroll Taxes						
<b>TOTAL PERSONNEL</b>						
<b>B. DIRECT COSTS</b>						
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						
Other <i>(Explain in narrative)</i>						
<b>C. INDIRECT EXPENSES</b>						
Management & General						
Other Indirect Costs <i>(Infrastructure)*</i>						
<b>D. CAPITAL EXPENSES</b>						
Hardware Purchases						
Equipment Purchases						
Other Capital Costs						
<b>E. HOUSING CAPITAL COSTS</b>						
Rehabilitation						
Acquisition						
Construction						
<b>TOTAL DIRECT COSTS</b>						
<b>TOTAL BUDGET</b>						

**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.

**MUST BE COMPLETED BY ALL APPLICANTS**



# FORM 4B

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

## PROGRAM BUDGET JUSTIFICATION

PROGRAM: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

BUDGET	ACTUAL FISCAL YEAR 2015	ACTUAL FISCAL YEAR 2016	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 2015 to 2016 must be explained. Failure to provide a detailed justification may result in a significant loss of points.</i>
<b>B. DIRECT COSTS</b>			
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			
Other <i>(Explain in narrative)</i>			
<b>C. INDIRECT EXPENSES</b>			
Management & General			
Other Indirect Costs <i>(Infrastructure)*</i>			
<b>D. CAPITAL EXPENSES</b>			
Hardware Purchases			
Equipment Purchases			
Other Capital Costs			
<b>E. HOUSING CAPITAL COSTS</b>			
Rehabilitation			
Acquisition			
Construction			
<b>TOTAL DIRECT COSTS</b>			
<b>TOTAL BUDGET</b>			

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 2015-2016

## ESTIMATED PROGRAM REVENUE

(EXCLUDING CONSOLIDATED COMMUNITY FUNDING POOL FUNDS)

PROGRAM: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

RESOURCE <i>(List each by name)</i>	FY 2014	FY 2015	FY 2016	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>
<b>CASH RESOURCE</b>					
Federal					
State					
County (Non-CCFP)					
United Way					
Foundations					
Fund Raising/Donations					
Client Payments					
Financing/Loans					
Other					
<b>TOTAL</b>					
<b>NON-CASH RESOURCE</b>					<b>RESOURCE JUSTIFICATION:</b> Explain how the value of non-cash resources was determined. If not committed, when is the resource projected to be obtained.
Donations					
Space					
Other					
<b>TOTAL</b>					
<b>VOLUNTEERS</b>					<b>RESOURCE JUSTIFICATION:</b> 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.
Number of Professional					
Number of Professional Hours					
Value of Volunteer Hours					
Number of Non-Professional					
Number of Non-Professional Hours					
Value of Volunteer Hours (\$24.64/hr.)					
<b>TOTAL PROGRAM REVENUE</b>					
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 2015-2016

AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS DEVELOPMENT PROJECT SUMMARY

PROJECT: ORGANIZATION:

1. PROJECT ADDRESS:
2. PROJECT LOCATION:
3. NUMBER OF UNITS:
4. TYPE OF UNITS: (single family, townhouse, condominiums, etc.)
5. TYPE OF DEVELOPMENT:
7. IF EXISTING, YEAR PROJECT BUILT:
8. PROJECT DEVELOPMENT TEAM MEMBERS:

# FORM 7

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

## AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS Housing Blueprint & Consolidated Plan Priority Needs & Non-Homeless Special Needs

PROJECT: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

Indicate the number of households to be served on the following chart for each category of the Housing Blueprint Greatest Need. Include the total number (#) of households below for each of the Consolidated Plan Priority Unmet Needs and Non-Homeless Unmet Special Needs. Indicate grand total of households for all four Housing Blueprint categories

HOUSING BLUEPRINT GREATEST NEED	CONSOLIDATED PLAN PRIORITY UNMET NEEDS AND NON-HOMELESS UNMET SPECIAL NEEDS <i>(categories not mutually exclusive)</i>	NUMBER OF HOUSEHOLDS SERVED
<b>LOW INCOME SENIORS</b>	• Elderly persons (aged 62-74 with <80% MFI with a mobility or self-care limitation and at least on housing problems)*	# _____
	• Frail elderly persons (aged 75+ with <80% MFI with a mobility or self-care limitation and at least on housing problems)*	# _____
		<b>TOTAL:</b>
<b>PERSONS WITH DISABILITIES</b>	• Persons with severe mental illness and alcohol and substance abuse addiction	# _____
	• Persons with intellectual disabilities	# _____
	• Persons with physical disabilities (<80% MFI income with a mobility of self-care limitation, includes elderly/frail elderly and also includes some persons with mental disabilities)*	# _____
	• Persons with HIV/AIDS and their families	# _____
		<b>TOTAL:</b>
<b>HOMELESS INDIVIDUALS OR FAMILIES</b>	• Victims of Domestic Violence (those who sought shelter)	# _____
		<b>TOTAL:</b>
<b>PERSONS WITH LOW AND EXTREMELY LOW</b>	• Households with severe cost burden or those paying over 50% of their income for housing. These severely cost burdened households are vulnerable to bankruptcy, homelessness and foreclosure	# _____
		<b>TOTAL:</b>
		<b>GRAND TOTAL IN ALL AREAS:</b>

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS ONLY

FORM 8

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS IMPACT ON AFFORDABLE RENTAL HOUSING STOCK

PROJECT: ORGANIZATION:

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 RENTAL housing units in area project will produce
4. Source of information for 1-2 above

B. Project preserves and/or rehabilitates existing RENTAL 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:

Blank lines for providing additional information regarding the condition of the units.

**FORM 9**

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

**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 10**

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

## AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS PROPOSED OCCUPANCY AND RENT SCHEDULES

PROJECT: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

**COMPLETE FOR RENTAL PROJECTS ONLY:**

<b>Occupancy Income Limits*:</b>
<b>Total # Units in Proposed Project:</b>
<b>Affordable Units:</b> _____ # units at or below 30% MSA                      _____ # units at or below 60% MSA _____ # units at or below 50% MSA                      _____ # units at or below 80% MSA
<b>Market Rate Units:</b> _____ # 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 11

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

## AFFORDABLE RENTAL 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>		
<b>SUBTOTAL LAND IMPROVEMENTS</b>		
2. Structures		
a. Residential		
b. Non-Residential		
<b>SUBTOTAL STRUCTURES</b>		
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>		
<b>SUBTOTAL OTHER COSTS</b>		
<b>DEVELOPMENT COSTS</b>		
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		
<b>SUBTOTAL DEVELOPMENT COSTS</b>		
<b>LAND/ACQUISITION/DEVELOPMENT COSTS</b>		
1. Total Improvement Cost		
2. Cost of Land/Acquisition		
3. Other		
<b>SUBTOTAL LAND/ACQUISITION/DEVELOPMENT</b>		
<b>TOTAL DEVELOPMENT COST</b>		

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS

# FORM 12

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

## AFFORDABLE RENTAL 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
<b>ADMINISTRATIVE</b>			
Advertising/Marketing			
Office Costs			
Management Fee    % EGI			
Salaries			
Legal			
Auditing			
Bookkeeping/Accounting Fees			
Telephone			
Other Administrative			
<b>TOTAL ADMINISTRATIVE</b>			
<b>UTILITIES</b>			
Fuel Oil			
Electric			
Water			
Gas			
Sewer			
<b>TOTAL UTILITIES</b>			
<b>OPERATING &amp; MAINTENANCE</b>			
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			
<b>TOTAL OPERATING &amp; MAINTENANCE</b>			
<b>TAXES AND INSURANCE</b>			
Real Estate Taxes			
Payroll Taxes			
Miscellaneous Taxes/Licenses/Permits			
Property & Liability Insurance			
Other Insurance			
Fidelity Bond			
Workers' Compensation			
Health Insurance & Employee Benefits			
<b>TOTAL TAXES AND INSURANCE</b>			
<b>TOTAL OPERATING EXPENSES</b>			
REPLACEMENT RESERVES			
<b>TOTAL EXPENSES</b>			

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS

# FORM 13

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

## AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS PROJECT COSTS AND FINANCING

PROJECT: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

<b>TOTAL DEVELOPMENT COSTS</b> (From Form 11):		\$
<b>TOTAL DEVELOPMENT COST PER UNIT:</b>		\$
<b>PROJECT FINANCING:</b> <i>(If additional space is needed, insert no more than one additional page following this one, and clearly label as Form 13)</i>		
<b>Proposed CDBG Program Funds</b>		\$
<b>Equity</b>		
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"/>
<b>Total Equity</b>		\$
<b>Loans</b>		
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"/> )		
<b>Total Loans</b>		\$
<b>TOTAL PROJECT FINANCING</b>		\$
<b>CDBG AS % OF TOTAL PROJECT FINANCING:</b>		%
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? \$ _____		

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS

# FORM 14

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2015-2016

## AFFORDABLE RENTAL 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 _____
<b>ANNUAL REVENUES</b>					
1. Annual Rental Income	\$	\$	\$	\$	\$
2. Other Annual Income <i>(list)</i> _____	\$	\$	\$	\$	\$
3. GROSS INCOME	\$	\$	\$	\$	\$
4. Minus 5% Vacancy Loss	\$	\$	\$	\$	\$
5. <b>EFFECTIVE GROSS INCOME (#3 minus #4)</b>	\$	\$	\$	\$	\$
6. Operating Expenses	\$	\$	\$	\$	\$
7. <b>NET OPERATING INCOME (NOI)</b> (NOI = #5 minus #6)	\$	\$	\$	\$	\$
8. Debt Service	\$	\$	\$	\$	\$
9. <b>CASH FLOW AFTER DEBT SERVICE</b> (#7 minus #8)	\$	\$	\$	\$	\$
10. <b>DEBT COVERAGE RATIO (#7 / #8)</b>					
11. <b>OPERATING COST PER UNIT</b> (#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 NARRATIVE  
WRITTEN NARRATIVE  
*(Includes Demonstration of Need, Outcomes, Approach, Organizational Capacity)*
- FORM 3 — PROGRAM OUTCOME WORKSHEET
- FORM 4 — PROGRAM BUDGET
- FORM 4A – PROGRAM PERSONNEL BUDGET
- FORM 4B – BUDGET JUSTIFICATION
- FORM 5 — ESTIMATED PROGRAM REVENUES

## RENTAL HOUSING CAPITAL PROJECTS ONLY

- FORM 6 — DEVELOPMENT PROJECT SUMMARY
- FORM 7 — HOUSING BLUEPRINT & CONSOLIDATED  
PLAN PRIORITY NEEDS & NON-HOMELESS  
SPECIAL NEEDS
- FORM 8 — IMPACT ON AFFORDABLE RENTAL  
HOUSING STOCK
- FORM 9 — APPLICANT EXPERIENCE & QUALIFICATIONS
- FORM 10 — PROPOSED OCCUPANCY & RENT SCHEDULES
- FORM 11 — DETAILED ESTIMATE OF DEVELOPMENT COSTS
- FORM 12 — DETAILED ESTIMATE OF ANNUAL  
OPERATING EXPENSES
- FORM 13 — PROJECT COSTS & FINANCING
- FORM 14 — PRO FORMA

## ATTACHMENTS

- Current Board of Director's Roster
- Program Position Descriptions
- Program Staff Resumes
- Unaudited Financial Statements  
(July 1, 2013 –  
October 31, 2013)
- 2012 Federal Tax Form 990
- Certification of Financial Solvency
- FY 2014 Organization-wide Budget
- Certification of Financial Solvency
- Cooperative Agreement or Letter *(if applicable)*
- Memorandum of Agreement or Letter *(if applicable)*

## HOUSING PROJECTS ONLY

- Cost Estimates for Rehabilitation Work



## **CONSOLIDATED COMMUNITY FUNDING POOL**

*care of*

Department of Administration for Human Services

Contracts & Procurement Management

Suite 738

12011 Government Center Parkway • Fairfax, VA 22035-1116

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

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**INTERNET ADDRESS:** [www.fairfaxcounty.gov/ccfp](http://www.fairfaxcounty.gov/ccfp)



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