



FAIRFAX COUNTY, VIRGINIA

# **CONSOLIDATED COMMUNITY FUNDING POOL**

FY 2017-FY 2018



**FUNDING APPLICATION PACKAGE**

*for*

**July 1, 2016 – June 30, 2018**

**RFP# 2000001690**



# REQUEST FOR PROPOSAL

## FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL

**RFP# 2000001690**

**FISCAL YEARS 2017–2018**

### INTRODUCTION

This Request for Proposal is to solicit applications from eligible programs and services offered by Community-Based Organizations (CBOs) to provide human services to residents within one or more regions of the County of Fairfax for the Consolidated Community Funding Pool (CCFP).

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 15% of total funds*)
- Fairfax County General Fund (*approximately 79% of total funds*)

Contracts will be awarded for a two-year period, beginning July 1, 2016 through June 30, 2018. An estimated \$12 million will be available for each of the two fiscal years. The final amount will be determined upon the Board of Supervisors' approval of the Fairfax County Fiscal Year 2017 and Fiscal Year 2018 budgets.

### BACKGROUND

In 1997, Fairfax County, Virginia developed and implemented a new competitive grant process for funding human services programs developed by non-profit agencies. In 1998, the Board of Supervisors established the Consolidated Community Funding Advisory Committee (CCFAC) 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 nine 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.

The Board of Supervisors confirmed, in 2012, that the CCFP has been an effective and innovative method for funding a variety of human services needs within the county for almost 15 years. Fairfax County staff was directed to work with the CCFAC, representatives from the nonprofit community and other stakeholder groups to review the current CCFP process and make recommendations to ensure that the county continues to leverage community resources for maximum impact on communities, individuals and families most at risk.

In 2014, the CCFP Review Steering Committee released its report providing four recommendations and accompanying strategic actions for increasing the CCFP's ability to achieve maximum impact on human services outcomes. This Request for Proposal incorporates the first steps in implementing the recommendations from the Steering Committee. The recommendations are listed as follows:

1. Support strategic, effective and innovative human services programs that address community-identified priorities and needs.
2. Establish financial stewardship and accountability and promote partnerships to leverage CCFP investments for the maximum benefit for participants.
3. Improve the CCFP application process, including timing, cycle time and paperwork.
4. Improve the community's capacity to evaluate the successes of the CCFP and its constituent programs.

**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 2017-2018 funding cycle, the CCFAC organized the Funding Priorities according to 4 priority areas listed on page 3 under Proposal Guidelines of this RFP. The Fairfax County Board of Supervisors approved the Funding Priorities on June 23, 2015. The funding pool Priorities and its requirements reflect the county's emphasis on outcome accountability based less on what is done for clients and more on how the lives and conditions of clients are improved as a result of the programs.

The Board Action Item to approve the Priorities and a description of them are found in the Fiscal Years 2017 and 2018 Consolidated Community Funding Pool RFP Funding Application Resource Manual (hereafter called the Resource Manual), which provides guidance for all applicants.

This Request for Proposals is the twelfth since the creation of the CCFP. For information on previously funded programs, please visit [www.fairfaxcounty.gov/ccfp](http://www.fairfaxcounty.gov/ccfp).

**Further information on the Steering Committee report can be found at [http://www.fairfaxcounty.gov/ccfp/pdf/ccfp\\_steering\\_cmte\\_report\\_-\\_final.pdf](http://www.fairfaxcounty.gov/ccfp/pdf/ccfp_steering_cmte_report_-_final.pdf).**

**HOW TO APPLY**

This Request for Proposal includes **two submission formats** for Applicants who are requesting \$50,000 or less (Page 22) and those Applicants requesting more than \$50,000. There are instructions on how to apply for both funding levels. Applications may be submitted by mail or delivered in person. All applications must be received **by December 3, 2015, 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**

**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 and must reside in Fairfax County. SAC members may not be a current officer, employee, or Board member of an Applicant's agency, a current County employee or

member of the Consolidated Community Funding Advisory Committee (CCFAC).

The SAC evaluates proposals according to the funding priorities and established evaluation criteria. The SAC will conduct a preliminary evaluation and rating of the technical information in each proposal on the basis of the criteria listed on Page 5, including the Demonstration of Need, Outcomes, Approach and Organizational Capacity. The cost information will be evaluated and rated only for the proposals with the highest preliminary ratings. Affordable Housing Capital Projects will be evaluated on three additional criteria.

The SAC will make funding recommendations to the Board of Supervisors for approval. Applicants will be notified of the recommendations and action by the Board of Supervisor in late April 2016. 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 2016. The terms of the contract will begin July 1, 2016. Unsuccessful applicants may request a meeting to receive feedback on proposals after awarded contracts have been signed, usually after July 1.

# 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 proposal, the proposal may target up to a maximum of three priority areas. A detailed description of the funding priorities is found in the Resource Manual, page 59.

PRIORITY	OUTCOME STATEMENT	TARGET FOCUS AREAS Fairfax County has seen a growing need in the focus areas below and is specifically seeking projects that address the following:
<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.	<ul style="list-style-type: none"> <li>• Behavioral health services for youth and older adults, including suicide prevention</li> <li>• Early childhood development services</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• Domestic violence services, particularly those that provide housing opportunities for families affected by domestic violence</li> <li>• Food assistance for families with children</li> <li>• Emergency rental and utility assistance</li> </ul>
<b>III. SELF-SUFFICIENCY</b>	Families, individuals, neighborhoods and communities attain self-sufficiency over a period of three months to three years.	<ul style="list-style-type: none"> <li>• Healthcare affordability and accessibility services, particularly behavioral health services</li> <li>• Housing needs identified in the Fairfax County Housing Blueprint</li> <li>• English proficiency services</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• Affordable and accessible housing with supportive social services, to include employment and mobility assistance, for very low income individuals with disabilities and very low-income older adults</li> </ul>

# PROPOSAL GUIDELINES

## 1. ELIGIBLE APPLICANTS:

- a. Organizations with nonprofit 501(c)3 tax exempt status, or organizations that have established their 501(c)3 tax-exempt status by July 1, 2016, including faith-based or religious organizations. If funded, proof of 501(c)3 certification will be required.
- b. 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.
- c. Applicants for new housing construction must be Community Based Development Organizations (CBDO's) as defined in the Resource Manual, page 56.
- d. Applicants may be based in other jurisdictions, provided that the proposed program exclusively benefits eligible Fairfax County residents as defined in Section 3 (page 6).
- e. Organizations that are in receivership status or debarred by the U.S. Government and/or Fairfax County are not eligible.
- f. Organizations whose county contract award has been terminated for cause within the last 2 years are not eligible.

## 2. ELIGIBLE AFFORDABLE HOUSING PROJECTS:

- a. Awards for 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 Project awards must comply with CDBG regulations and guidelines.

## 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 found in the Resource Manual, page 25 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.
- c. Each organization awarded a contract for FY 2017-2018 will be required to implement a quality assurance plan for identifying and correcting deficiencies in the quality of services before the level of performance becomes unacceptable and/or the county staff identifies deficiencies.
- d. An emergency preparedness plan must be provided upon contract startup date to include continuity of operations, succession of responsibility and preparation of staff.

# EVALUATION CRITERIA

The SAC 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. <sup>1</sup>Collaborative proposals are highly encouraged.

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>

<sup>1</sup>Collaboration is defined as two or more organizations joining together through written agreement to provide services based on common goals and shared funding. Partners agree to pool resources and jointly plan, implement and evaluate new services and procedures. They also agree to delegate individual responsibility for the outcomes of their joint efforts.

# 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 page 8 of this RFP.**

## 2. PROPOSAL SUBMISSION:

- a. All pages are to be numbered (“1 of 30”, etc.), including attachments. ***(Do not include promotional DVD’s or videos in your proposal submission packet.)***

There is no limit to the number of program requests an organization can submit. Each proposal must be submitted and packaged separately with all requested forms and attachments. Applicants are required to submit one (1) original (duly marked) of the

Technical proposal and one (1) CD. The technical proposal should be contained in one (1) file on each CD. The Applicant must include a notarized statement that the CD version is a true copy of the original, printed version.

- b. The completed technical proposal, including required forms and attachments for *each* proposed program, is to be scanned as one file and copied to the CD. The “Cost” proposal, which includes the budget narrative and forms 4, 4A, 4B, and 5, should be submitted on the same CD under a separate file and labeled accordingly. Each proposal submitted must be on a separate CD. Please check to ensure that both files open properly and the documents are readable.

The CDs should be labeled with the RFP number, as well as the organization and 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. Electronically stamped delivery receipts are available.

- 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, 8.5 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.
- 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 8.5 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.

Each Applicant responding to this Request for Proposal must supply all the documentation required in the RFP including attachments. Failure to provide documentation with the Applicant's response to the RFP will result in the disqualification of the proposal. Referenced on page 13.

**Proposals must be received no later than 2:00 p.m. on December 3, 2015, 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 for downloading 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. QUESTIONS:**

**A Pre-Proposal Conference will be held on October 22, 2015 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 and obtain clarification regarding any aspect of this RFP. Due to the importance of all Applicants having a clear understanding of the requirements of this solicitation, attendance at this conference is strongly encouraged. This will be the only conference held on this solicitation.

**NOTE:** Any changes to the request for proposal/questions & responses will be sent in the form of an addenda within five (5) days prior to the due date of the proposal. The final date to submit questions is November 20, 2015, at 2:00 PM. All addenda **MUST** be signed and **MUST** accompany the proposal. The notice of addenda will be posted on eVA and the document itself will be posted on the DPSM current solicitation webpage. It is the Applicant's responsibility to monitor the web page for the most current addenda at <http://www.fairfaxcounty.gov/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: <http://www.fairfaxcounty.gov/ccfp/>, click on the appropriate link.

All questions should be directed to Chris Cheney, Contract Specialist, Department of Purchasing and Supply Management via email at: [dpsmteam3@fairfaxcounty.gov](mailto:dpsmteam3@fairfaxcounty.gov).

# PROPOSAL CONTENT (A)

## ALL PROPOSALS REQUESTING OVER \$50,000 MUST COMPLY WITH THIS PROPOSAL CONTENT (A).

### 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, *the Proposal Cover Sheet should identify one organization as the primary contact.*

### PROPOSAL NARRATIVE:

Applicants are required to use the proposal narrative form for the technical section of the proposal. See page 9, 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:

15 Points

*Proposal describes need to be addressed and relates it to no more than two Consolidated Community Funding Pool (CCFP) funding priorities. See page 59 of the Resource Manual.*

1. Provide specific information that justifies the need for the proposed program for the identified neighborhoods, populations and/or other targeted geographic area(s) to be served. Include relevant and current information about the population to be served.

2. Describe the nature and scope of the problem that the program will address (i.e., needs and gaps in services). Include current local statistical data (demonstrated within the past 3 years) or other objective evidence of the need. Demonstrate the size and scope of the need in Fairfax County and/or the targeted geographic area(s), and document the effects of the need on the target population and the larger community. Include any research or evaluation studies that relate to the problem and contribute to the Applicant's understanding of its causes and potential solutions.

### B. OUTCOMES:

25 Points

*The proposal describes how program outcomes contribute to each selected CCFP Priority. The proposal explains how the selected mandatory standardized outcome(s) will be achieved. 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 targeted geographic area(s). **Proposals that address one or more targeted focus areas may receive up to the maximum 5 points. Proposals that do not address a targeted focus area can only receive a maximum of 3 points.***

As part of the recommendations from the CCFP Review Steering Committee, applicants are required to select from a list of standardized program outcomes listed below. Applicants should select at least one of **the standardized program outcomes** and should, as applicable, include additional program outcomes that are relevant to their proposals. All standardized outcomes must be included on Form 3 of each proposal submitted. Page 64 of the Resource Manual provides a table with **examples** of types of projects for which each outcome may apply.

## PROPOSAL CONTENT (A)

This table is a guide that applicants should use to select standardized outcomes that best demonstrate the impact of program services.

### MANDATORY STANDARDIZED PROGRAM OUTCOMES ARE AS FOLLOWS:

- Persons have Stabilized or Improved Behavioral Health
- Youth have Improved Academic Performance
- Persons have Access to Meaningful and Accessible Activities of Their Choice
- Persons or Households have Improved Family Functioning
- Persons Obtain Employment and Remain Employed for at least 90 Days
- Persons or Households Maintain and/or Increase Income
- Persons Acquire New or Improved Job Skills
- Persons or Households Acquire Improved Financial Management Skills
- Persons Gain New Employment
- Persons Obtain Higher Paying Jobs
- Persons or Households Obtain Housing Options to Meet Their Physical, Behavioral and Cognitive Needs
- Homeless Persons or Households Obtain Housing
- Persons are Safer due to increased Access to Resources and Options to Address Domestic and/or Sexual Abuse
- Persons have Decreased Levels of Risks of Abuse, Neglect and/or Exploitation
- Persons Achieve Stable and/or Improved Physical Health
- Persons Acquire Improved Social Skills
- Persons or Households Receive Assistance that Prevents an Immediate Crisis
- Persons or Households Receive Assistance to Support their Basic Needs, such as Food and Clothing

1. Explain how the program plans to achieve the selected mandatory standardized outcome. If a standardized mandatory outcome was not selected, explain why none of the standardized outcomes align with the proposed program model and describe the proposed measurable outcome to be used.
  2. Describe how each outcome will have a significant impact on the population and/or community affected by the identified need. Explain the basic relationship between the services and each of the program outcomes.
  3. Describe how the outcomes will address the needs identified in the targeted focus area(s). If a targeted focus area was not chosen, explain how the outcomes will address the identified needs in the selected priority area(s).
  4. Describe how the outcomes are linked to the need and how each outcome will be objectively measured. Provide supporting information demonstrating that the outcomes are realistic and achievable within the identified timeframes.
  5. Describe the plan for outcome measurement implementation. Indicate how the data will be collected and, maintained; including any assessment tools and/or data collection software to be used.
- 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. Insert/place Form(s) 3 after the outcome narrative.

## PROPOSAL CONTENT (A)

### C. APPROACH

20 Points

*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.*

***Proposals that address one or more targeted focus areas may receive up to 5 points.***

***Proposals that do not address a targeted focus area can only receive up to 3 points.***

1. Describe how each of the program services/ activities will be organized, implemented and completed to achieve the goals/objectives. Identify any major changes/challenges in the program that may affect the timeframe for service delivery. Include information (if applicable) on how the program addresses one or more of the targeted focus areas.
2. Describe any anticipated limitations and barriers to client access to the services (i.e. transportation, language/culture, client fees, disabilities, etc.).
3. For programs awarded a CCFP contract in previous funding cycles, describe how the program implemented its design to achieve service and outcome goals and explain how the approach contributed to the success of the program. If the proposed program is new to the Funding Pool or a startup program, submit a program timeline that displays major tasks, assigned responsibility for each and outlines the completion of each task by month or quarter during the contract period, using "Year 1", "Month 1", "Quarter 1", etc. (not calendar dates). Include any staff positions that will need to be filled after contract award and the projected hiring date. Examples of timelines can be found in the Resource Manual, page 48.
4. If the proposal is an existing program, describe past performance. For new or startup programs, describe the level of success of a similar program. Include any statistical data that supports successful performance.
5. 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:***

6. Complete **Form 6** – Development Project Summary
7. If the project requires temporary displacement, indicate the number of households and describe specific assistance to be provided to households temporarily displaced. Describe plans for compliance with federal Uniform Relocation Act regulations, including financial and other assistance to be provided, and the source(s) of such assistance.

***(NOTE: Projects Requiring Permanent Relocation Will Not Be Considered.)***

### D. ORGANIZATIONAL CAPACITY 20 Points

*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 the program's organizational structure and operations. The description should include management/staffing patterns connected to the program design and the roles/responsibilities of key program staff. Key program staff may either be paid or unpaid employees, consultants, contractors or volunteers. Roles and responsibilities must clearly connect to the program design. For organizations new to the CCFP, include organizational and/or program staff experience effectively implementing programs of similar design.
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 in detail how the organization complies with the Americans with Disabilities Act (ADA).

## PROPOSAL CONTENT (A)

**NOTE:** Fairfax County Government is fully committed to the 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 to comply with ADA. Acceptance of a contract acknowledges your commitment and compliance with ADA.

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

4. Describe the plans for fiscal accountability and management of the proposed program funding. Explain how CCFP funds will be tracked separately from other funding streams and any use of outside accounting and/or payroll services.
5. Describe, in detail, plans to sustain the program during and beyond the funding period.

**NOTE:** If awarded a contract, the program must leverage at least two dollars in cash resources for every dollar awarded (**Example:** If awarded \$50,000, the Applicant must identify at least \$100,000 in cash resources to support the project). If the Applicant is unable to meet this expectation in the first year of funding, a plan for meeting the expectation in the second year must be included. Failure to do so may result in reduced funding for the 2nd year or loss of the contract.

### ATTACHMENTS

All proposals should include the following:

- 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, after school programs, etc. via state police and Child Protective Services. Employees working with other vulnerable populations (such as persons with disabilities, senior citizens, etc.) 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, 2015 through the period ending October 31, 2015.**

**FOR NEW ORGANIZATIONS ONLY —** submit a copy of the 501(c)3 certification or proposal for the 501(c)3.

**NOTE:** 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, **prior to May 15, 2016.** Successful Applicants whose fiscal year ends June 30th must submit a financial audit and management letter for the period ending June 30, 2015. Successful Applicants whose fiscal year ends December 31st must submit a financial audit and management letter for the period ending December 31, 2014. The audit for the period ending December 31, 2015 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, 2015. 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), "Certification Regarding Ethics in Public Contracting" (Attachment 2) and current exempt status as part of the proposal submission.

- e. 2014 Federal Tax Form 990 (*If not available, explain and submit most recent filing.*)
- f. Fiscal Year 2015 organization-wide budget.

**FOR NEW ORGANIZATIONS ONLY —** submit a copy of the 501(c)3 certification or proposal for the 501(c)3.

**Place each in the attachment section of the proposal and identify by name and page number in the Table of Contents. Tables, charts, attachments, etc., will not count in the 15-page limit. Proposals may be deemed non-responsive and therefore not reviewed by the SAC if specified documents are not submitted with the proposal.**

## PROPOSAL CONTENT (A)

### ***Affordable Housing Capital Projects also provide the following as part of their Organizational Capacity submission:***

- g. Provide one or more of the most recent compliance monitoring 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 the housing project(s) have not been previously monitored or otherwise evaluated for compliance by the county or other entity, please provide any other supporting documentation that demonstrates project experience and successful completion of housing projects, including compliance with funding agreements and applicable regulations.
6. 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, population served and affordability requirements.

- a. Complete the Community-Based Development Organization (CBDO) Checklist found in the Resource Manual, page 56, 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 6a above, describe the nature and timing of steps Applicant has taken or will take to meet all the CBDO requirements. *(Applicants recommended for funding will be required to submit the CBDO documentation indicated in the checklist before award or execution of a contract.)*
- c. 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 for downloading instructions):

### **E. BUDGET AND BUDGET JUSTIFICATION**

**20 Points**

*Proposal presents a clear and reasonable program budget and identifies additional resources to sustain the program 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. Provide a brief supporting narrative to link costs with program activities. Applicants should demonstrate in their budget narrative how they will maximize cost effectiveness of the requested funds. The budget should be complete and cost-effective in relation to the proposed activities. The narrative should explain how the Applicant estimated and calculated all costs, and how they are relevant to the completion of the proposed

program. As with the Form 4, 4A and 4B, the Budget Narrative should be broken down by year.

**NOTE:** Applicants are to disclose whether they have pending applications for other Fairfax County funds that include requests for funding to support the same program being proposed under this RFP to cover any of the cost items outlined in the budget narrative and budget forms. This also includes current contracts that cover any of the identified program costs.

2. 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 only the portion of the total budget to be funded by CCFP. Figures should reflect cash only and should not include non-cash resources.**

## PROPOSAL CONTENT (A)

The budget must provide the detailed computation for each budget line item, listing the cost of each item. Figures should not include non-cash resources.

Describe and justify each budget line item using **Form 4B, Budget Justification**. The budget justification must explain how all estimated costs were calculated. 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 to be paid with CCFP funds.

3. 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 \$24.90 per hour in accordance with the current Virginia Employment Commission established rate. The hourly value of a professional volunteer's service is to be determined based upon the normal hourly rate charged by the professional volunteer for paid services. The hourly values must be justified in the written narrative.

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

### F. CONSOLIDATED PLAN PRIORITIES

15 Points

*Proposal serves one or more of the priority household populations identified in the Fairfax County Consolidated Plan: Fiscal Years 2016–2021. Very low income means 50% or less of the MSA Median Income.*

1. Complete **Form 7: Housing Blueprint & Consolidated Plan Priorities Needs & Non-Homeless Special Needs**
  - a. Identify all priority populations to be served by the proposed housing, including low income seniors; persons with disabilities; homeless individuals or families and/or individuals or families with extremely low income.

### G. IMPACT ON AFFORDABLE HOUSING STOCK

15 Points

*Proposed project produces new affordable units in an area with limited existing affordable housing and there is a documented market for proposed 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, including the applicability of federal fair housing laws and regulations.
4. Complete **Form 8: Impact on Affordable Housing Stock** — (Attachment section)

### H. PROJECT FINANCING & OPERATING BUDGET

10 Points

*Proposal provides evidence that proposed project financing, sources of financing and operating plans are feasible.*

1. If the proposal is for an affordable capital project previously funded by CDBG, identify the year and amount of prior funding and briefly describe how previous funding was used and plans for use of any remaining balance of the prior funding by June 30, 2017.
  1. Complete **Forms 11, 12, 13 and 14** for projects.

# EVALUATION CRITERIA (PROPOSAL NARRATIVE A)

FISCAL YEARS 2017 & 2018

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

### A. DEMONSTRATION OF NEED:

**15 POINTS**

*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. (Section A1)	8
2	The proposal describes the nature and scope of the problem that the program will address (i.e. needs and gaps in services) and includes current local statistical data (demonstrated within the past 3 years) or other objective evidence of the need in Fairfax County and/or the targeted geographic area(s). The proposal also documents the effects of the need on the target population and the larger community. (Section A2)	7

### B. OUTCOMES:

**25 POINTS**

*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. **Proposals that address one or more targeted focus areas may receive up to 5 points. Proposals that do not address a targeted focus area can only receive up to 3 points. Refer to Element 3 below.***

	CRITERIA	Points Per Element
1	The proposal explains how the program plans to achieve the selected standardized mandatory outcome(s). If a standardized mandatory outcome was not selected, the proposal, explains why none of the standardized outcomes does not align with the proposed program model and describes the proposed measurable outcome to be used. (Section B1)	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 basic relationship between the services and each of the program outcomes. (Section B2)	5

*continued on next page*

## EVALUATION CRITERIA (PROPOSAL NARRATIVE A)

### B. OUTCOMES *continued*

3	The proposal describes how the outcomes will address the needs identified in the targeted focus area(s). If a targeted focus area was not chosen, the proposal explains how the outcomes will address the identified needs in the selected priority area(s). (Section B3)	5
4	The proposal describes how the outcomes are linked to the need and how each outcome will be objectively measured. The proposal provides supporting information demonstrating that the outcomes are realistic and achievable within the identified timeframes. (Section B4)	5
5	The proposal describes the plan for measurement implementation and indicates how the data will be collected, maintained and/or any data collection software to be used. (Section B5)	5

### C. APPROACH:

**20 POINTS**

*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. **Proposals that address one or more targeted focus areas may receive up to 5 points. Proposals that do not address a targeted focus area can only receive up to 3 points. Refer to Element 1 below.***

	CRITERIA	Points Per Element
1	Proposal describes how each of the program services/activities will be organized, implemented and completed to achieve the goals/objectives. The proposal identifies major changes/challenges in the program that may affect the timeframe for service delivery. The proposal also includes information (if applicable) on how the program addresses one or more of the targeted focus areas. (Section C1)	5
2	Proposal describes any anticipated limitations and barriers to client access to the services (i.e. transportation, language/culture, client fees, disabilities, etc.). (Section C2).	3
3	For programs awarded a CCFP contract in previous cycles, the proposal describes how the program was successful in implementing its design to achieve service and outcome goals and explains how the approach contributed to the success of the program. (Section C3)  <p style="text-align: center;"><b>OR</b></p> If the proposed program is new to the Funding Pool or a startup program, the proposal included a program timeline that displays major tasks assigned responsibility for each and outlines the completion of each task by month or quarter during the contract period using “Year 1”, “Month 1”, “Quarter 1”, etc. (not calendar dates). (Attachment section)	4
4	If the proposal is an existing program, the proposal describes past performance. For new or startup programs, the proposal describes the level of success of a similar program. (Section C4)	4
5	The proposal describes how other community groups/resources will be used to maximize service delivery and minimize duplication. (Section C5)	4

## EVALUATION CRITERIA (PROPOSAL NARRATIVE A)

### **D. ORGANIZATIONAL CAPACITY:**

**20 POINTS**

*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 program's organizational structure and operations. The description includes the management/staffing patterns that are connected to the program design and the roles/responsibilities of key program staff. For organizations new to the CCFP, the proposal includes organizational and/or program staff experience effectively implementing programs of similar design. (Section D1)	4
2	Proposal describes the work to be performed by professional and non-professional volunteers and anticipated number of hours they will work each year. (Section D2)	4
3	Proposal describes how clients with disabilities will have access to the program service; and explains in detail how the organization complies with the Americans with Disabilities Act (ADA). (Section D3)	4
4	Proposal describes the plans for fiscal accountability and management of the proposed program funding and explains how CCFP funds will be tracked separately from other funding streams and any use of outside accounting and/or payroll services. (Section D4)	4
5	Proposal describes detail plans to sustain the program during and beyond the funding period. (Section D5)	4

### **E. BUDGET AND BUDGET JUSTIFICATION:**

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

	CRITERIA	Points Per Element
1	The proposal includes a brief supporting narrative that links costs with program activities and demonstrates how to maximize cost effectiveness of requested funds, The narrative also explains how the costs were estimated and calculated, and how they are relevant to the completion of the proposed program. (Section E1)	5
2	Proposal includes completed forms 4, 4A, 4B that <i>clearly</i> describes and justifies all costs for the program. The budget includes detailed computation of each budget line item. (Cost Section)	10
3	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. (Cost Section)	5

# EVALUATION CRITERIA (PROPOSAL NARRATIVE A)

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

### F. CONSOLIDATED PLAN PRIORITIES: 15 POINTS

*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. Very low income means 50% or less of the MSA Median Income. Extremely low income means 30% or less of the MSA Median Income. (See Form 7-Attachment Section).*

	CRITERIA	Points Per Element
1	Identifies all priority household populations to be served.	5
2	Serves individuals or households with extremely low income including low income seniors, persons with disabilities, homeless individuals or families and/or individuals or families with extremely low income. Extremely low income means 30% or less of the MSA Median Income.	5
3	Meets criteria #1 and/or #2, and addresses an additional priority.	5

### G. IMPACT ON AFFORDABLE HOUSING STOCK: 15 POINTS

*Proposed project produces new affordable units<sup>2</sup> 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	The proposal describes amenities, assets of the neighborhood and available support services, if applicable. Market need is demonstrated for the project.	5
2	The proposal provides 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. Project preserves or adds affordable housing units through acquisition/rehab of existing at risk or market rate units.	5
3	The proposal describes applicant's marketing plan for this project. Project serves a special needs population.	5

### H. PROJECT FINANCING: 15 POINTS

*Proposal provides evidence that project financing and operating plans are feasible. (Refer to forms 11, 12, 13, 14.)*

	CRITERIA	Points Per Element
1	Forms show evidence that includes proposed project financing sources and uses of funds, development budget and pro forma information for rental projects.	5
2	The forms indicate that operating and financing plans are feasible and that financing other than county funds are at least 40% of the total project cost has been committed or secured.  <b>OR</b> If the proposal is for an affordable capital project currently or previously funded by CDBG, the proposal indicates the year and amount of funding and briefly explains it.	5

<sup>2</sup>Only Community-Based Development Organizations as defined by U.S. Department of Housing and Urban Development regulations may undertake new construction projects.

## PROPOSAL CONTENT (B)

### APPLICANTS REQUESTING \$50,000 OR LESS SHOULD RESPOND TO THE FOLLOWING:

## TECHNICAL SECTION

### 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, *the Proposal Cover Sheet should identify one organization as the primary contact.*

### PROPOSAL NARRATIVE:

Applicants are required to use the proposal narrative form for the technical section of the proposal. See page 9, for downloading instructions.

The Proposal Narrative Form (Form 2A) 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:

15 Points

*Proposal describes need to be addressed, targeted population and service area.*

1. Describe the need, scope and the purpose of the proposal to address the problem as it relates to the targeted focus area. If no targeted focus area was chosen, describe the need, scope and the purpose of the proposal to address

the problem as it relates to the chosen priority area. Include current local statistical data (demonstrated within the past 3 years) or other objective evidence of the need and information that describes how the program will benefit the population to be served.

2. Provide specific information for the identified populations, neighborhoods and/or targeted geographic area to be served. Include relevant and current information about the population to be served. Demographic information can be found at: <http://www.fairfaxcounty.gov/government/about/data/> and <http://huduser.org>.

### B. OUTCOMES:

25 Points

*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.*

As part of the recommendations from the CCFP Review Steering Committee, applicants are required to select from a list of standardized program outcomes listed below. Applicants should select at least one of **the standardized program outcomes** and should, as applicable, include additional program outcomes that are relevant to their proposals. All standardized outcomes must be included on Form 3 of each proposal submitted. Page 64 of the Resource Manual provides a table with **examples** of types of projects for which each outcome may apply.

## PROPOSAL CONTENT (B)

This table is a guide that applicants should use to select standardized outcomes that best demonstrate the impact of program services.

### MANDATORY STANDARDIZED PROGRAM OUTCOMES ARE AS FOLLOWS:

- Persons have Stabilized or Improved Behavioral Health
- Youth have Improved Academic Performance
- Persons have Access to Meaningful and Accessible Activities of Their Choice
- Persons or Households have Improved Family Functioning
- Persons Obtain Employment and Remain Employed for at least 90 Days
- Persons or Households Maintain and/or Increase Income
- Persons Acquire New or Improved Job Skills
- Persons or Households Acquire Improved Financial Management Skills
- Persons Gain New Employment
- Persons Obtain Higher Paying Jobs
- Persons or Households Obtain Housing Options to Meet Their Physical, Behavioral and Cognitive Needs
- Homeless Persons or Households Obtain Housing
- Persons are Safer due to increased Access to Resources and Options to Address Domestic and/or Sexual Abuse
- Persons have Decreased Levels of Risks of Abuse, Neglect and/or Exploitation
- Persons Achieve Stable and/or Improved Physical Health
- Persons Acquire Improved Social Skills
- Persons or Households Receive Assistance that Prevents an Immediate Crisis
- Persons or Households Receive Assistance to Support their Basic Needs, such as Food and Clothing

1. Explain how the program plans to achieve the selected mandatory standardized outcome. If a standardized mandatory outcome was not selected, explain why none of the standardized outcomes, listed above, does not align with the organization's program model; and propose a possible outcome that would be suitable.
2. Clearly describe the measurable results that will be achieved as a result of the proposed program within each fiscal year.
3. Describe how the outcomes will address the needs identified in the targeted focus area(s). If a targeted focus area was not chosen, explain

how the outcomes will address the identified needs in the selected priority area(s).

4. Describe the measurement system that will be used to demonstrate outcome achievement. Include a plan for measurement implementation and explain how the data will be collected and maintained.

Submit **Form 3** (Program Outcome Worksheet) as an attachment for each significant outcome that shows how outcomes are achievable within each of the two fiscal years. Describe only one discreet service in each **Form 3**. Insert/place **Form(s) 3** after the outcome narrative.

## PROPOSAL CONTENT (B)

### C. APPROACH

20 Points

*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 specific plans or methodology to be used to implement the services to achieve the goals/objectives. Include information (if applicable) on how the program addresses one or more of the targeted focus areas
2. Describe any anticipated limitations and barriers to client access to the services (i.e. transportation, language/culture, client fees, disabilities, etc.).
3. For programs awarded a CCFP contract in previous funding cycles, describe how the program was successful in implementing its design to achieve service and outcome goals. If the proposed program is new to the Funding Pool or a startup program, submit a program timeline that displays major tasks, assigned responsibility for each and outlines the completion of each task by month or quarter during the contract period, using "Year 1", "Month 1", "Quarter 1", etc. (not calendar dates). Include any staff positions that will need to be filled after contract award and the projected hiring date. Examples of timelines can be found in the Resource Manual, page 48.
4. If the proposal is an existing program, describe past performance. For new or startup programs, describe the level of success of a similar program. Include any statistical data that supports successful performance.
5. Describe how other community groups/resources will be used to maximize service delivery and minimize duplication.

### D. ORGANIZATIONAL CAPACITY

20 Points

*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 the program's organizational structure and operations. The description should include management/staffing patterns connected to the program design and the roles/responsibilities of key program staff. Key program staff may either be paid or unpaid employees, consultants, contractors or volunteers. Roles and responsibilities must clearly connect to the program design. For organizations new to the CCFP, include organizational and/or program staff experience effectively implementing programs of similar design.
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 program services and explain in detail 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 to comply with ADA. Acceptance of a contract acknowledges your commitment and compliance with ADA.

4. Describe the program's fiscal management system and any use of outside accounting and/or payroll services. Explain how CCFP funds will be tracked separately from other funding streams.
5. Describe, in detail, plans to sustain the program during and beyond the funding period.

**NOTE:** If awarded a contract, the program must leverage at least two dollars in cash resources for every dollar awarded (**Example:** If awarded \$50,000, the Applicant must identify at least

## PROPOSAL CONTENT (B)

\$100,000 in cash resources to support the project). If the Applicant is unable to meet this expectation in the first year of funding, a plan for meeting the expectation in the second year must be included. Failure to do so may result in reduced funding for the 2nd year or loss of the contract.

### ATTACHMENTS

All proposals should include the following:

- a. 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 (such as disabled persons and senior citizens) must also have criminal record checks.

- b. Program staff resumes for only **key personnel** directly assigned to work on the program.

**NOTE:** All volunteer organizations or programs using only volunteers to support the program are not required to submit resumes.

- c. Unaudited financial statements from **July 1, 2015 through the period ending October 31, 2015.**

**FOR NEW ORGANIZATIONS ONLY —** submit a copy of the 501(c)3 certification or proposal for the 501(c)3.

**NOTE:** 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, *prior to May 15, 2016*. Successful Applicants whose fiscal year ends June 30th must submit a financial audit and management letter for the period ending June 30, 2015. Successful Applicants whose fiscal year ends December 31st must submit a financial audit and management letter for the period ending December 31, 2014. The audit for the period ending December 31, 2015 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, 2015. 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), "Certification Regarding Ethics in Public Contracting" (Attachment 2) and current exempt status as part of the proposal submission.

- d. 2014 Federal Tax Form 990 (*If not available, explain and submit most recent filing.*)
- e. Fiscal Year 2016 organization-wide budget.

***Place each in the attachment section of the proposal and identify by name and page number in the Table of Contents. Tables, charts, attachments, etc., will not count in the 15-page limit. Proposals may be deemed non-responsive and therefore not reviewed by the SAC if specified documents are not submitted with the proposal.***

## PROPOSAL CONTENT (B)

### 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 NARRATIVE AND BUDGET JUSTIFICATION**

20 Points

*Proposal presents a clear and reasonable program budget and identifies additional resources to sustain the program 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.

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.

**NOTE:** Applicants are to disclose whether they have pending applications for other Fairfax County funds that include requests for funding to support the same program being proposed under this RFP to cover any of the cost items outlined in the budget narrative and budget forms. This also includes current contracts that cover any of the identified program costs.

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 \$24.90 per hour in accordance with the current Virginia Employment Commission established rate. The hourly value of a professional volunteer's service is to be determined based upon the normal hourly rate charged by the professional volunteer for paid services. The hourly values must be justified in the written narrative.

## EVALUATION CRITERIA (PROPOSAL NARRATIVE B)

**FISCAL YEARS 2017 & 2018**

### **HUMAN SERVICE PROGRAM APPLICANTS REQUESTING \$50,000 OR LESS**

**A. DEMONSTRATION OF NEED:**

**15 POINTS**

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

	CRITERIA	Points Per Element
1	The proposal describes the need, scope and the purpose of the proposal to address the problem as it relates to the targeted focus area. If a targeted focus area was not chosen, the proposal describes the need, scope and the purpose of the proposal to address the problem as it relates to the chosen priority area. The proposal includes current local statistical data (demonstrated within the past 3 years) or other objective evidence of the need and information that describes how the program will benefit the population to be served. (Section A1)	8
2	The proposal describes specific information for the identified populations, neighborhoods and/or targeted geographic area to be served and includes relevant and current information about the population to be served. (Section A2)	7

**B. OUTCOMES:**

**20 POINTS**

*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. **Proposals that address one or more targeted focus areas may receive up to 5 points. Proposals that do not address a targeted focus area can only receive up to 3 points. Refer to Element 3 below.***

	CRITERIA	Points Per Element
1	The proposal explains how the program plans to achieve the selected standardized mandatory outcome(s). If a standardized outcome was not selected, the proposal, explains why none of the standardized outcomes, listed above, does not align with the organization's program model and proposes a possible outcome that would be suitable. (Section B1)	10
2	The proposal clearly describes measurable results that will be achieved as a result of the proposed program within each fiscal year. (Section B2)	5

*continued on next page*

## EVALUATION CRITERIA (PROPOSAL NARRATIVE B)

### B. OUTCOMES *continued*

3	The proposal describes how the outcomes will address the needs identified in targeted focus area(s). If a targeted focus area was not chosen, the proposal explains how the outcomes will address the identified needs in the selected priority area(s). (Section B3)	5
4	The proposal describes the measurement system that will be used to demonstrate outcome achievement. The proposal includes a plan for measurement implementation and explains how the data will be collected and maintained. (Section B4)	5

### C. APPROACH:

**25 POINTS**

*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. **Proposals that address one or more targeted focus areas may receive up to 5 points. Proposals that do not address a targeted focus area can only receive up to 3 points. Refer to Element 1 below.***

	CRITERIA	Points Per Element
1	Proposal describes specific plans or methodology to be used to implement the services to achieve the goals/objectives. The proposal includes information (if applicable) on how the program addresses one or more of the targeted focus areas. (Section C1)	5
2	Proposal describes any anticipated limitations and barriers to client access to the services (i.e. transportation, language/culture, client fees, disabilities, etc.). (Section C2)	5
3	For programs awarded a CCFP contract in previous cycles, the proposal describes how the program was successful in implementing its design to achieve service and outcome goals.  <b>OR</b>  If the proposed program is new to the Funding Pool or a startup program, the proposal includes a program timeline that displays major tasks assigned responsibility for each and outlines the completion of each task by month or quarter during the contract period using “Year 1”, “Month 1”, “Quarter 1”, etc. (not calendar dates). (Section C3)	5
4	For existing programs, the proposal describes past performance.  <b>OR</b>  For startup programs, the proposal describes the level of success of a similar program and includes any statistical data that supports successful performance. (Section C4)	5
5	Proposal describes cooperative approaches and how they will benefit the program to maximize service delivery. (Section C5)	5

## EVALUATION CRITERIA (PROPOSAL NARRATIVE B)

### D. ORGANIZATIONAL CAPACITY:

**20 POINTS**

*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 program's organizational structure and operations. The description includes the management/staffing patterns that are connected to the program design and the roles/responsibilities of key program staff. For organizations new to the CCFP, the proposal includes organizational and/or program staff experience effectively implementing programs of similar design. (Section D1)	4
2	Proposal describes the work to be performed by professional and non-professional volunteers and anticipated number of hours they will work each year. (Section D2)	4
3	Proposal describes how clients with disabilities will have access to the program service; and explains in detail how the organization complies with the Americans with Disabilities Act (ADA). (Section D3)	4
4	The proposal describes the program's fiscal management system and any use of outside accounting and/or payroll services. Explain how CCFP funds will be tracked separately from other funding streams. (Section D4)	4
5	Proposal describes detail plans on how to sustain the program during and beyond the funding period. (Section D5)	4

### E. BUDGET AND BUDGET JUSTIFICATION:

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

	CRITERIA	Points Per Element
1	Proposal includes completed forms 4, 4A, 4B that describes and justifies all costs for the program. (Section E1)	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. (Section E2)	10

---

## PROPOSAL CONTENT

**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**

*(Applicants requesting under \$50,000, use Form 2-B)*

**FORMS 6 THROUGH 14 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 2017-2018
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 2017 \$ FY 2018 \$ 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, the Certification Regarding Ethics in Public Contracting set forth in Appendix B, and by any other relevant certifications set forth in Attachment 2.

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 9/2015 AN EQUAL OPPORTUNITY PURCHASING ORGANIZATION

MUST BE COMPLETED BY ALL APPLICANTS

# FORM 2-A

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS

## 2017-2018 PROPOSAL NARRATIVE FORM

1. Program Title: \_\_\_\_\_
2. Organization Name: \_\_\_\_\_
3. Funding Request: FY 2017 \$ \_\_\_\_\_ FY 2018 \$ \_\_\_\_\_
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*.)

	<b>Percent of CCFP Funding Request</b>
<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>

6. Provide a brief abstract that summarizes the proposed program's goals and objectives.

\_\_\_\_\_

\_\_\_\_\_

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

7. Of the clients served, estimate the percentage that meets the Community Services Block Grant (CSBG) income level (125% of poverty). See page 37 of the *Resource Manual*. \_\_\_\_\_
8. Of the clients served, estimate the percentage that meets the Community Development Block Grant (CDBG) income levels (extremely low, low, low/moderate). See page 57 of the *Resource Manual*. \_\_\_\_\_
9. Please check the appropriate box(es):  New Program  Currently funded through CCFP

10. **PROGRAM TYPE:** (Please check one)
- a. Human Service Program (Non Capital).....
  - b. Affordable Housing Capital Project.....
  - c. Administration of Affordable Housing Capital Project.....

11. **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.

REGION 1      
 REGION 2      
 REGION 3      
 REGION 4

**PROPOSAL NARRATIVE — PROPOSAL CONTENT A**

**A. DEMONSTRATION OF NEED: 15 Points**

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. Describe the nature and scope of the problem that the program will address (i.e., needs and gaps in services). Include current local statistical data (demonstrated within the past 3 years) or other objective evidence of the need. Demonstrate the size and scope of the need in Fairfax County and/or the targeted geographic area(s), and document the effects of the need on the target population and the larger community. Include any research or evaluation studies that relate to the problem and contribute to the Applicant’s understanding of its causes and potential solutions.

**B. OUTCOMES: 25 Points**

1. Explain how the program plans to achieve the selected mandatory standardized outcome. If a mandatory standardized outcome was not selected, explain why none of the standardized outcomes align with the proposed program model and describe the proposed measurable outcome to be used.
2. Describe how each outcome will have a significant impact on the population and/or community affected by the identified need. Explain the basic relationship between the services and each of the program outcomes.
3. Describe how the outcomes will address the needs identified in the targeted focus area(s). If a targeted focus area was not chosen, explain how the outcomes will address the identified needs in the selected priority area(s).
4. Describe how the outcomes are linked to the need and how each outcome will be objectively measured. Provide supporting information demonstrating that the outcomes are realistic and achievable within the identified timeframes.

5. Describe the plan for outcome measurement implementation. Indicate how the data will be collected and, maintained including information on assessment tools and/or data collection software to be used.

**C. APPROACH: 20 Points**

1. Describe how program services/activities will be organized, implemented and completed to achieve the goals/objectives. Identify any major changes/challenges in the program that may affect the timeframe for service delivery. Include information (if applicable) on how the program addresses one or more of the targeted focus areas.
2. Describe any anticipated limitations and barriers to client access to the services (i.e. transportation, language/culture, client fees, disabilities, etc.).
3. For programs awarded a CCFP contract in previous funding cycles, describe how the program implemented its design to achieve service and outcome goals and explain how the approach contributed to the success of the program. If the proposed program is new to the Funding Pool or a startup program, submit a program timeline that displays major tasks, assigned responsibility for each and outlines the completion of each task by month or quarter during the contract period, using “Year 1”, “Month 1”, “Quarter 1”, etc. (not calendar dates). Include any staff positions that will need to be filled after contract award and the projected hiring date.
4. If the proposal is an existing program, describe past performance. For new or startup programs, describe the level of success of a similar program. Include any statistical data that supports successful performance.
5. Describe how other community groups resources will be used to maximize service delivery and minimize duplication.

*continued on next page*

**D. ORGANIZATIONAL CAPACITY: 20 Points**

1. Describe the program’s organizational structure and operations. The description should include management/staffing patterns connected to the program design and the roles/responsibilities of key program staff. Key program staff may either be paid or unpaid employees, consultants, contractors or volunteers. Roles and responsibilities must clearly connect to the program design. For organizations new to the CCFP, include organizational and/or program staff experience effectively implementing programs of similar design.
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 program services and explain in detail how the organization complies with the Americans with Disabilities Act (ADA).
4. Describe the plans for fiscal accountability and management of the proposed program funding. Explain how CCFP funds will be tracked separately from other funding streams and any use of outside accounting and/or payroll services.
5. Describe, in detail, plans to sustain the program during and beyond the funding period.

**E. BUDGET AND BUDGET JUSTIFICATION: 20 Points**

1. Provide a brief supporting narrative to link costs with project activities. Applicants should demonstrate in their budget narrative how they will maximize cost effectiveness of the requested funds. The budget should be complete and cost-effective in relation to the proposed activities.  
  
The narrative should explain how the Applicant estimated and calculated all costs, and how they are relevant to the completion of the proposed program. As with the Form 4, 4A and 4B, the Budget Narrative should be broken down by year.

Applicants are to disclose whether they have pending applications for other Fairfax County funds that include requests for funding to support the same program being proposed under this RFP and will cover the identical cost items outlined in the budget narrative and budget forms in the application. This also includes current contracts that may have duplicative program costs. CCFP seeks this information to help avoid any unacceptable duplication of funding.

2. Program Budget: Complete **Form 4 and 4A**. The budget must provide the detailed computation for each budget line item, listing the cost of each item. Figures should reflect cash only and should not include non-cash resources.

Describe and justify each budget line item using Form 4B, Budget Justification. The budget justification must explain how all estimated costs were calculated. 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.

3. Estimated Program Revenue Complete **Form 5**

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 \$24.90 per hour in accordance with the current Virginia Employment Commission established rate. The hourly value of a professional volunteer’s service is to be determined based upon the normal hourly rate charged by the professional volunteer for paid services. The hourly values must be justified in the written narrative.

# FORM 2-B

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS

## 2017-2018 PROPOSAL NARRATIVE FORM

MUST BE COMPLETED BY APPLICANTS REQUESTING \$50,000 OR LESS

1. Program Title: \_\_\_\_\_
2. Organization Name: \_\_\_\_\_
3. Funding Request: FY 2017 \$ \_\_\_\_\_ FY 2018 \$ \_\_\_\_\_
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>

6. Provide a brief abstract that summarizes the proposed program's goals and objectives.  
 \_\_\_\_\_  
 \_\_\_\_\_

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

7. Of the clients served, estimate the percentage that meets the Community Services Block Grant (CSBG) income level (125% of poverty). See page 37 of the Resource Manual. \_\_\_\_\_
8. Of the clients served, estimate the percentage that meets the Community Development Block Grant (CDBG) income levels (extremely low, low, low/moderate). See page 57 of the Resource Manual. \_\_\_\_\_
9. Please check the appropriate box(es):  New Program  Currently funded through CCFP

10. **PROGRAM TYPE:** (Please check one)
  - a. Human Service Program (Non Capital).....
  - b. Affordable Housing Capital Project.....
  - c. Administration of Affordable Housing Capital Project.....

11. **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.
 

REGION 1       REGION 2       REGION 3       REGION 4

**PROPOSAL NARRATIVE — PROPOSAL CONTENT B****A. DEMONSTRATION OF NEED: 15 Points**

1. Describe the need, scope and the purpose of the proposal to address the problem as it relates to the targeted focus area. If a targeted focus area was not chosen, describe need, scope and the purpose of the proposal to address the problem as it relates to the chosen priority area. Include current local statistical data (demonstrated within the past 3 years) or other objective evidence of the need and information that describes how the program will benefit the population to be served.
2. Provide specific information for the identified populations, neighborhoods and/or targeted geographic area to be served. Include relevant and current information about the population to be served.

**B. OUTCOMES: 25 Points**

1. Explain how the program plans to achieve the selected mandatory standardized outcome. If a mandatory standardized outcome was not selected, explain why none of the standardized outcomes does not align with the organization's program model and propose a possible outcome that would be suitable.
2. Clearly describe measurable results that will be achieved as a result of the proposed program within each fiscal year.
3. Describe how the outcomes will address the needs identified in the targeted focus area(s). If a targeted focus area was not chosen, explain how the outcomes will address the identified needs in the selected priority area(s).
4. Describe the measurement system that will be used to demonstrate outcome achievement. Include a plan for measurement implementation and explain how the data will be collected and maintained.

**C. APPROACH: 20 Points**

1. Describe specific plans or methodology to be used to implement the services to achieve the goals/objectives. Include information (if applicable) on how the program addresses one or more of the targeted focus areas.
2. Describe any anticipated limitations and barriers to client access to the services (i.e. transportation, language/culture, client fees, disabilities, etc.).
3. For programs awarded a CCFP contract in previous funding cycles, describe how the program was successful in implementing its design to achieve service and outcome goals. If the proposed program is new to the Funding Pool or a startup program, submit a program timeline that displays major tasks, assigned responsibility for each and outlines the completion of each task by month or quarter during the contract period, using "Year 1", "Month 1", "Quarter 1", etc. (not calendar dates). Include any staff positions that will need to be filled after contract award and the projected hiring date.
4. If the proposal is an existing program, describe past performance. For new or startup programs, describe the level of success of a similar program. Include any statistical data that supports successful performance.
5. Describe any cooperative approaches and how they will benefit the program to maximize service delivery.

*continued on next page*

**D. ORGANIZATIONAL CAPACITY: 20 Points**

1. Describe the program's organizational structure and operations. The description should include management/staffing patterns connected to the program design and the roles/responsibilities of key program staff. Key program staff may either be paid or unpaid employees, consultants, contractors or volunteers. Roles and responsibilities must clearly connect to the program design. For organizations new to the CCFP, include organizational and/or program staff experience effectively implementing programs of similar design.
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 program services and explain in detail how the organization complies with the Americans with Disabilities Act (ADA).
4. Describe the program's fiscal management system and any use of outside accounting and/or payroll services. Explain how CCFP funds will be tracked separately from other funding streams.
5. Describe, in detail, plans to sustain the program during and beyond the funding period.

**E. BUDGET AND BUDGET JUSTIFICATION: 20 Points**

1. Program Budget: Complete **Form 4 and 4A**. Figures should reflect cash only and should not include non-cash resources).  
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  
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 \$24.90 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.

FORM 3

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

PROGRAM OUTCOME WORKSHEET

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

(Outcome # \_\_\_\_\_ of \_\_\_\_\_)

ORGANIZATION:

PROGRAM:

A. SERVICE PROVIDED:

B. CHOOSE ONE:  Standardized Outcome  Agency Developed Outcome

C. MEASUREMENT SYSTEM:

D. OUTCOME INDICATORS:

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

FY 2017

Total Individuals: \_\_\_\_\_ Total Households: \_\_\_\_\_

FY 2018

Total Individuals: \_\_\_\_\_ Total Households: \_\_\_\_\_

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

FY 2017 Number Percentage Individuals: \_\_\_\_\_ Households: \_\_\_\_\_

FY 2018 Number Percentage Individuals: \_\_\_\_\_ Households: \_\_\_\_\_

# FORM 4

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

## PROGRAM BUDGET

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

BUDGET	ACTUAL FISCAL YEAR 2016		PROPOSED FISCAL YEAR 2017		PROPOSED FISCAL YEAR 2018	
	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 (Explain in Form 4B)						
<b>C. INDIRECT EXPENSES</b>						
Management & General						
Other Indirect Costs (Infrastructure)*						
<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 for definition.

**MUST BE COMPLETED BY ALL APPLICANTS**



# FORM 4B

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

## PROGRAM BUDGET JUSTIFICATION

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

BUDGET	ACTUAL FISCAL YEAR 2017	ACTUAL FISCAL YEAR 2018	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 2017 to 2018 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 (Explain)			
<b>C. INDIRECT EXPENSES</b>			
Management & General			
Other Indirect Costs (Infrastructure)*			
<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>			

**MUST BE COMPLETED BY ALL APPLICANTS**

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.

# FORM 5

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

## ESTIMATED PROGRAM REVENUE

(EXCLUDING CONSOLIDATED COMMUNITY FUNDING POOL FUNDS)

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

RESOURCE <i>(List each by name)</i>	FY 2016	FY 2017	FY 2018	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-Professionals					
Number of Non-Professional Hours					
Value of Volunteer Hours (\$24.90/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 2017-2018

**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:

Acquisition

Rehabilitation Only

Acquisition & Rehabilitation

7. IF EXISTING, YEAR PROJECT BUILT: \_\_\_\_\_

8. PROJECT DEVELOPMENT TEAM MEMBERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FORM 7

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

## 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>	<ul style="list-style-type: none"> <li>Elderly persons (aged 62-74 with &lt;80% MFI with a mobility or self-care limitation and at least on housing problems)*</li> <li>Frail elderly persons (aged 75+ with &lt;80% MFI with a mobility or self-care limitation and at least on housing problems)*</li> </ul>	# _____
		# _____
		<b>TOTAL:</b>
<b>PERSONS WITH DISABILITIES</b>	<ul style="list-style-type: none"> <li>Persons with severe mental illness and alcohol and substance abuse addiction</li> <li>Persons with intellectual disabilities</li> <li>Persons with physical disabilities (&lt;80% MFI income with a mobility of self-care limitation, includes elderly/frail elderly and also includes some persons with mental disabilities)*</li> <li>Persons with HIV/AIDS and their families</li> </ul>	# _____
		# _____
		# _____
		# _____
		<b>TOTAL:</b>
<b>HOMELESS INDIVIDUALS OR FAMILIES</b>	<ul style="list-style-type: none"> <li>Victims of Domestic Violence (those who sought shelter)</li> </ul>	# _____
		<b>TOTAL:</b>
<b>PERSONS WITH LOW AND EXTREMELY LOW</b>	<ul style="list-style-type: none"> <li>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</li> </ul>	# _____
		<b>TOTAL:</b>
		<b>GRAND TOTAL IN ALL AREAS:</b>

FORM 8

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

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 relevant to the condition of the units.

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS ONLY

**FORM 9**

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

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

<p>1. Total number of units produced: _____</p> <p>Rehabilitated: _____</p> <p>Owned: _____</p> <p>Managed: _____</p> <p>Constructed: _____</p>
<p>2. Estimate percentage of above total housing units produced that served low and moderate income persons:</p> <p>30% of median and below: _____</p> <p>50% of median and below: _____</p> <p>80% of median and below: _____</p>
<p>3. Number of employees/ volunteers in organization: _____</p> <p>Full time: _____</p> <p>Part time: _____</p> <p>Volunteers: _____</p>
<p>4. Number of employees/ volunteers to work on project: _____</p> <p>Full time: _____</p> <p>Part time: _____</p> <p>Volunteers: _____</p>

# FORM 10

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

## 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

MUST BE COMPLETED BY HOUSING CAPITAL PROJECTS APPLICANTS ONLY

# FORM 11

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

## AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS DETAILED ESTIMATE OF DEVELOPMENT COSTS

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

CONTRACT COSTS <i>(Fill in non-shaded areas only.)</i>	SUBTOTAL	TOTAL	CCFP REQUEST
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>			

# FORM 12

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

## 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 2017-2018

## 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? \$ _____		

# FORM 14

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2017-2018

## 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

# CERTIFICATION REGARDING ETHICS IN PUBLIC CONTRACTING

In submitting this proposal, and signing below, offeror certifies the following in connection with the proposal or contract:

**CHECK ONE:**

1. I have not given any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal or minimal value to any public employee or official have official responsibility for a procurement transaction.

2. I have given a payment, loan, subscription, advance, deposit of money, services or anything of more than nominal or minimal value to a public employee or official have official responsibility for a procurement transaction, but I received consideration in substantially equal or greater value in exchange.

***If #2 is selected, please complete the following:***

Recipient: \_\_\_\_\_ Date of Gift: \_\_\_\_\_

Description of the gift and its value: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of the consideration received in exchange and its value: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Bidder/Offeror Representative: \_\_\_\_\_

Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
*This certification supplements, but does not replace, the requirements set forth in Paragraph 64 (OFFICIALS NOT TO BENEFIT) of the General Conditions and Instructions to Bidders included in this solicitation.*

MUST BE COMPLETED BY ALL APPLICANTS

# PROPOSAL CHECKLIST

## TECHNICAL PROPOSAL

- 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

## COST PROPOSAL

- FORM 4 — PROGRAM BUDGET
- FORM 4A – PROGRAM PERSONNEL BUDGET
- FORM 4B – PROGRAM 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, 2014–October 31, 2015)
- 2014 Federal Tax Form 990
- FY 2016 Organization-wide Budget
- Certification of Financial Solvency
- Certification Regarding Ethics in Public Contracting
- 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

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To request this information in an alternate format,  
call the Department of Administration for Human  
Services: 703-324-5630 • TTY: 711