



FAIRFAX COUNTY, VIRGINIA

CONSOLIDATED COMMUNITY FUNDING POOL

FY 2019–FY 2020



FUNDING APPLICATION PACKAGE

for

July 1, 2018 – June 30, 2020

RFP# 2000002372



REQUEST FOR PROPOSAL

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL

RFP# 2000002372

FISCAL YEARS 2019–2020

INTRODUCTION

This Request for Proposal is to solicit applications from eligible programs and services offered by Community-Based Organizations (CBOs) to provide health, housing and 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, 2018 through June 30, 2020. 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 2019 and Fiscal Year 2020 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 (9) Fairfax County Human Services Boards and Commissions and several community sectors. The committee works in partnership with the Community Action Advisory Board to determine the program areas for CCFP awards funded through the Community Services Block Grant (CSBG) allocation to Fairfax County, and collaborates with the Fairfax County Redevelopment and Housing Authority (FCRHA) to allocate non-CCFP funding in the County's Consolidated Plan.

Throughout the CCFP's history, the CCFAC have strategically adjusted the priorities to meet the county's changing needs and to recognize the changing nature of community-based providers. For FY 2019-2020, the CCFAC decided to revamp the priority setting process to ensure that the approach was more aligned with existing human services efforts and reflected community input. This decision to overhaul the priority setting process also supports the recommendations of the CCFP Steering Committee. In order to achieve this, Fairfax County staff hosted various community engagement sessions throughout the county to gather input about the priorities as well as emerging needs.

Based on the community feedback, supportive data, and human services outcome information provided by staff, the CCFAC identified and developed new CCFP priority "categories" and outcomes statements. These new priorities represent the existing

REQUEST FOR PROPOSAL

and emerging needs noted by the community and align with health and human services determinants that will result in positive and equitable outcomes and **are not** in any specific priority or ranking order.

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; and
- Conducted community engagement sessions, utilized social media outlets to derive feedback, and invited all interested parties to present their comments on the proposed priority areas.

For the FY 2019-2020 funding cycle, the CCFAC organized the Funding Priorities according to six priority areas listed on pages 5–7 under Proposal

Guidelines of this RFP. The Fairfax County Board of Supervisors approved the Funding Priorities on June 20, 2017. 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 2019 and 2020 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 thirteenth since the creation of the CCFP. For information on previously funded programs, please visit www.fairfaxcounty.gov/ccfp.

HOW TO APPLY

This Request for Proposal includes **two submission formats** for Applicants who are requesting \$50,000 or less per year (pages 20–23) and those Applicants requesting more than \$50,000 per year (pages 13–18). 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 4, 2017, at 2:00 p.m. at the following location:**

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

BASIS FOR AWARDS

A Selection Advisory Committee (SAC) comprised entirely 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 9, 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 Supervisors in late April 2018. 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 2018. The terms of the contract will begin July 1, 2018. 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. ***Service examples may include but are not limited to the examples listed in each priority area below.***

PRIORITY	OUTCOME STATEMENT	SERVICE EXAMPLES
I. HOUSING	Families and individuals of all ages and abilities — including those at risk of homelessness, people with disabilities, older adults and individuals in the local workforce — can afford safe, stable, healthy, and accessible living accommodations along with other basic necessities and will have access to affordable, accessible housing with the supportive services necessary to live as independently as possible in a community setting.	<ul style="list-style-type: none"> • Housing modifications for ADA accommodations, enable seniors to age in place and other housing rehabilitation projects. • Provision of temporary or emergency shelter and supportive services to homeless individuals and families, including homeless youth. • Services to support housing stability and to maximize tenants ability to live independently (e.g., case management, mental health, alcohol and substance abuse, independent living, home health visits, vocational, health, furniture and other household goods, peer support and social activities). • Acquisition, preservation, rehabilitation, and construction of affordable, accessible, safe, healthy, and stable housing with accessible supportive social services. • Services to assist individuals transitioning from institutional to home or community-based care. • Services to assist individuals and families to locate housing.
II. LITERACY/ EDUCATIONAL DEVELOPMENT/ ATTAINMENT	Families and individuals of all ages and abilities will have the ability to read, write and speak English effectively, manage finances, and attain employment goals through academic and vocational achievement. Children and youth will have access to quality early care and education and supports to develop employment and independent living skills.	<ul style="list-style-type: none"> • Early Childhood development services • Employment training/job skills/ awareness of economic opportunities. • Adult education • English proficiency services • Supportive employment

PROPOSAL GUIDELINES

PRIORITY	OUTCOME STATEMENT	SERVICE EXAMPLES
III. FINANCIAL STABILITY (Financial Assistance to Financial Empowerment)	Families and individuals of all ages and abilities will have the ability to possess and maintain sufficient income to consistently meet their basic needs — with no or minimal financial assistance or subsidies from private or public organizations.	<ul style="list-style-type: none"> • Financial literacy/management training and counseling to foresee and prevent financial crises • Utility payments • Rental assistance • Financial counseling • Financial asset formation
IV. HEALTH	Families and individuals of all ages and abilities will have access to primary, specialty, oral and behavioral, and long-term health care, particularly prevention services. Families and individuals of all ages and abilities will develop the knowledge and resources to practice healthy behaviors and to take action to prevent and manage disease and adverse health conditions. Children will have access to supplemental food year-round, seven days a week.	<ul style="list-style-type: none"> • Healthcare affordability and accessibility services, particularly oral and behavioral services • Health fairs and health screening clinics, dental clinics, inoculations, nutrition education • Primary medical/dental services • Healthy choices programs • Emergency and/or supplemental food programs (weekend backpack programs) • Nutrition education programs
V. SUPPORT/ COMMUNITY/ SOCIAL NETWORKS	Families and individuals of all ages, abilities and income levels will have access to local services, including community-based transportation and childcare and the ability to establish and maintain communal and social relationships.	<ul style="list-style-type: none"> • Courses that teach language or culture to help groups interact positively • Mentoring programs for youth, adults, and families • Language and cross-cultural assistance • Transportation to provide access to existing programs, services and/or medical appointments • Social environments for isolated individuals • Respite services to help caregivers • Childcare to help parents stay employed

PROPOSAL GUIDELINES

PRIORITY	OUTCOME STATEMENT	SERVICE EXAMPLES
VI. POSITIVE BEHAVIORS AND HEALTHY RELATIONSHIPS	Families and individuals of all ages, abilities and income levels will develop positive behaviors and healthy relationships that are safe and free from abuse, neglect and trauma and promote physical, emotional, mental and social well-being.	<ul style="list-style-type: none">• Counseling services for individuals and families• Conflict resolution and anger management training and counseling• After-school or other programs that provide positive alternatives to risky behavior• Services to victims of domestic violence and their families• Services to assist with trauma recovery

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, 2018, including faith-based or religious organizations. If funded, proof of 501(c)3 certification will be required.
- b. Applicants may be based in jurisdictions other than Fairfax County provided that the proposed program exclusively benefits eligible residents, depending on the funding source, as defined below:
 - i. Programs funded through the **Fairfax County General Fund** may only serve residents of Fairfax County or the Towns of Clifton, Herndon or Vienna.
 - ii. Programs funded through the **Community Services Block Grant** may serve residents of Fairfax County or the Towns of Clifton, Herndon or Vienna and may also serve residents of the Cities of Fairfax and Falls Church. Awards funded through the CSBG must benefit residents at CSBG income levels referenced in the Resource Manual, page 39. Awards made with CSBG funds may be designated for housing, education, employment, childcare and emergency programs.
 - iii. Programs funded through the **Federal Community Development Block Grant** funds may serve residents of Fairfax County, the City of Fairfax, or the Towns of Clifton, Herndon or Vienna. Applicants for new housing construction must be Community Based Development Organizations (CBDO's) as defined in the Resource Manual, Frequently Asked Questions, page 47. 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 the City of Fairfax and

the Towns of Clifton, Herndon and Vienna. Affordable Housing Capital Project awards must comply with CDBG regulations and guidelines.

- c. Organizations that are in receivership status or debarred by the U.S. Government and/or Fairfax County are not eligible.
- d. Organizations whose county contract award has been terminated for cause within the last two years are not eligible.

2. 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 27 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. Awards utilizing these federal funds may result in a subrecipient designation and as such must comply with Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- c. Each organization awarded a contract for FY 2019-2020 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 to include continuity of operations, succession of responsibility and preparation of staff must be provided upon contract startup date.

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. Collaborative proposals¹ 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:

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

APPLICATIONS FOR AFFORDABLE HOUSING

will also be considered on the following additional criteria:

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

¹Collaboration 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. Only one of the organizations would submit a proposal on behalf of the collaboration.

PROPOSAL INSTRUCTIONS

1. PROPOSAL PREPARATION

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

TECHNICAL PROPOSAL

- Form 1: Proposal Cover Sheet (DPMM32) must include offeror authorized signature
- Table of Contents
- Form 2A or 2B: Proposal Narrative Form
 - 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:

Applicants submitting AFFORDABLE HOUSING CAPITAL PROJECTS should also respond to three (3) additional components (Consolidated Plan Priorities, Impact on Affordable Housing Stock, Project Financing & Operating Budget) and complete the appropriate forms below:

- 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 (including phone numbers and email addresses).
- Program 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, afterschool 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.
- Program staff resumes for key personnel assigned to work on the program.
- Successful Applicants must submit, if available, unaudited financial statements for the month of October 31, 2017.

OR

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, 2017. Successful applicants whose fiscal year ends June 30th must submit a financial audit and management letter, if available, for the period ending June 30, 2017. Successful applicants whose fiscal year ends December 31st must submit a financial audit and management letter for the period ending December 31, 2016. The audit for the period ending December 31, 2017 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 provide, in lieu of an audit and management letter, financial statements for the period ending October 31, 2017. If funded, the organization will be required to submit an audit following the first year of operation.

PROPOSAL INSTRUCTIONS

- 2016 Federal Tax Form 990 (If not available, explain why and submit the most recent filing.)
- Fiscal Year 2017 organization-wide budget
- Certification of Financial Solvency
- Certification Regarding Ethics in Public Contracting
- Certification Regarding Debarment or Suspension
- Virginia State Corporation Commission (SCC) Registration Information Form
- Cooperative Agreement or Letter (if applicable)
- Memorandum of Agreement or Letter (if applicable)
- Newly formed organizations must submit a copy of the 501 (c) 3 certification or the proposal for 501 (c) 3.

RENTAL HOUSING & CAPITAL PROJECTS ATTACHMENTS

- Cost Estimates for Rehabilitation Work
- Community-Based Development Organization (CBDO) Checklist (page 58 of Resource Manual)

All form templates are available at:

<http://www.fairfaxcounty.gov/solicitation/>.

All addenda MUST be signed and MUST accompany the proposal.

2. PROPOSAL SUBMISSION:

- a. All pages of the proposal (i.e. technical and cost, including attachments), must be numbered consecutively (“1 of 30,” etc.). Technical and cost proposals should be numbered separately. **(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)) printed copy of their technical and cost proposals along with an exact electronic copy on one (1) CD/USB. The technical and

cost proposals should be contained in separate and unique electronic files on the CD/USB. The Applicant must also include a notarized statement that the CD/USB 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/USB. The “Cost” proposal, which includes the budget narrative and forms 4, 4A, 4B, and 5, and, if applicable, housing projects forms 6-14, should be submitted on the same CD/USB under a separate file and labeled accordingly. Each proposal submitted must be on a separate CD/USB. Please check to ensure that both files open properly and the documents are readable.

The CDs/USBs should be labeled with the RFP number, as well as the organization and program title. Proposals and CDs/USBs 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. All funding requests must be rounded up to the nearest whole dollar amount.
- d. 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.
- e. Applicants 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.
- f. Proposals must be held together with paper

PROPOSAL INSTRUCTIONS

clips or rubber bands only. Staples, bindings, and notebooks are *unacceptable*.

- g. 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.

Proposals must be received no later than 2:00 p.m. on December 4, 2017, by the Fairfax County Department of Procurement and Material 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 may 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 DPMM website:

<http://www.fairfaxcounty.gov/solicitation/>.

The proposal forms and the Resource Manual are also available on the CCFP website: <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 & Procurement Management by sending a request via email to

CMCCFPMail@fairfaxcounty.gov. Please allow seven working days to process your request.

5. QUESTIONS:

A Pre-Proposal Conference will be held on October 26, 2017, at 1 P.M. in the Board of Supervisors Auditorium at the Fairfax County Government Center, 12000 Government Center Parkway, Fairfax, Virginia 22035. 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, 24, 2017, 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 DPMM 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/> and click on the appropriate link.

All questions should be directed to Derek Solomon, Contract Specialist, Department of Procurement and Material Management via email at: DPMMteam3@fairfaxcounty.gov.

PROPOSAL CONTENT (A)

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

TECHNICAL SECTION:

Applicants are requested to respond to the following:

PROPOSAL COVER SHEET:

Proposal Cover Sheet (DPMM32) (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 may be deemed non-responsive and may 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 11, 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:

Total = 15 Points

Proposal describes need to be addressed and relates it to no more than two Consolidated Community Funding Pool (CCFP) funding priorities on pages 5–7, Proposal Guidelines.

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. (8 points)

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. (7 points)

B. OUTCOMES:

Total = 25 Points

*The proposal describes how program outcomes contribute to each selected CCFP Priority. The proposal explains how the selected 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).*

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.

PROPOSAL CONTENT (A)

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

STANDARDIZED PROGRAM OUTCOMES ARE AS FOLLOWS:

- Persons feel better connected to the community as a result of participating in programs and services
- Children and youth have increased stability
- Adults have access to information and resources that promote stability
- Persons have improved basic English skills after completing English language instruction
- Persons obtain job skills
- Persons remain employed for at least 90 days after job placement
- Persons have improved financial management skills
- Persons have improved capacity to manage finances
- Adults have stable or improved physical health (Self-report/Professionally Assessed)
- Adults have stable or improved behavioral health (Self-report/Professionally Assessed)
- Youth attend school, graduate or receive a GED at program completion
- Individuals and/or families are successfully housed
- Children and youth have stable or improved behavioral health (Self-report/Professionally Assessed)
- Persons have improved family functioning
- Persons have decreased levels of risk of abuse, neglect or exploitation
- Persons are able to plan for their safety as a result of gained skills, awareness, and knowledge
- Older Adults and Individuals with Disabilities have options that support their physical, behavioral, and cognitive needs
- Caregivers receive health and well-being benefits from support services
- Older Adults and Individuals with Disabilities participate in meaningful and accessible activities of their choice
- Children have a medical home
- Children reach benchmarks supporting school readiness
- Youth have improved academic performance
- Housing units are added or preserved
- Persons move into permanent housing and do not return to homelessness

1. Explain how the program plans to achieve the selected standardized outcome. If a 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. (6 points)
2. Describe how the outcome(s) will address the needs identified in the selected priority area(s) and how each outcome will have an impact on the population and/or community served. (7 points)
3. Describe how each outcome will be objectively measured. Provide supporting information demonstrating that the outcomes are realistic

and achievable within the identified timeframes. (6 points)

4. 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. (6 points)

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

Total = 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 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. (5 points)
2. Describe any anticipated limitations and barriers to client access to the services (i.e. transportation, language/culture, client fees, etc.). (3 points)
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 49. (4 points)
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. (4 points)
5. Describe how other community groups/resources will be used to maximize service delivery and minimize duplication. (4 points)

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

Total = 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. (4 points)
2. Describe the work to be performed by professional and non-professional volunteers. The description should include the estimated number of professional and non-professional volunteers and the anticipated number of hours they will work each year. (Applicants should also include the number of professional and nonprofessional volunteers and the hours worked each year on the Form 5). (4 points)
3. Describe in detail how clients with disabilities will be accommodated to access program services and how the organization complies with the Americans with Disabilities Act (ADA) i.e. wheelchair accessible ramps, elevators, handicap rails etc. (4 points)

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.

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. (4 points)
5. Describe, in detail, plans to sustain the program during and beyond the CCFP funding period. This sustainability plan should describe the applicant's ability to provide sufficient supporting resources to sustain and grow the program over and above county funding commitments. The plan should also include a demonstrated ability to increase program leveraging (all resources) from FY2019 to FY2020. (4 points)

NOTE: If awarded a contract, the applicant's actual reported leverage, including the expected increase during FY2019 through FY2020, may be

considered in future evaluations of the program's effectiveness.

AFFORDABLE HOUSING CAPITAL PROJECTS should also provide the following as part of their Organizational Capacity submission:

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 58, if applicable, and place in form section.
 - b. If the Applicant is requesting funding for a new construction project, and currently does not meet all the CBDO requirements as indicated in 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.

PROPOSAL CONTENT (A)

COST SECTION:

Applicants are required to use the Budget Forms to respond to the following sections (see page 11 for downloading instructions):

E. BUDGET AND BUDGET JUSTIFICATION

Total = 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. (5 points)

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 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.)

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. (10 points)

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 \$26.96 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.) (5 points)

PROPOSAL CONTENT (A)

The following items are applicable ONLY to AFFORDABLE HOUSING PROJECTS.

F. CONSOLIDATED PLAN PRIORITIES

Total = 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. Extremely low income means 30% or less the MSA Median Income.

Complete **Form 7: Housing Blueprint & Consolidated Plan Priority Needs & Non-Homeless Special Needs**

Identify all priority populations to be served by the proposed housing, including (a) homeless families and individuals, (b) persons with disabilities, (c) low-income seniors, and/or (d) low-income working families. (15 points)

G. IMPACT ON AFFORDABLE HOUSING STOCK

Total = 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. Identify the number and types of units to be created, acquired or preserved by this project. Describe the plans for maintaining and preserving the property after the project is completed. (4 points)
2. Describe clearly the supportive services to be provided to the tenant and either the known community amenities and neighborhood resources to be available and accessible to the tenant(s) of the identified property for the project or the types of community amenities and neighborhood resources to be sought in selecting the property. (3 points)
3. Describe clearly the specific need for this project in the identified or targeted community and/or

Human Services Region and the applicability of federal fair housing laws and regulations to the site location. Include objective evidence of the current supply of affordable housing units for the population to be served and the demand for additional units of the type proposed. (3 points)

4. Describe your marketing plan for identifying and selecting eligible tenants for each unit, including the applicability of federal fair housing laws and regulations, and all source(s) of applicants, i.e. existing waiting lists, referrals from one or more other entities, advertisements or other sources. (5 points)
5. Complete **Form 8: Impact on Affordable Housing Stock** — (Attachment section)

H. PROJECT FINANCING & OPERATING BUDGET

Total = 10 Points

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

1. Complete **Forms 11, 12, 13 and 14** for projects.
2. Demonstrate the feasibility of the project by budgeting for all project costs from start to finish and identifying sources of enough financing for all project costs. In the budget narrative, explain the source(s) of the budget data, i.e., based on known actual costs for property already identified for this project, prior comparable projects or budgets from comparable projects. If the budget is not based on known actual costs, identify the comparable project. (5 points)
3. Demonstrate the feasibility of the project by projecting an operating budget and five year pro forma for the completed project, including all sources of operating income and all projected expenses. In the budget narrative, explain the source(s) of the operating budget income/expense data projections. (5 points)

**PROPOSALS REQUESTING \$50,000
OR LESS PER YEAR SHOULD COMPLY
WITH THIS PROPOSAL CONTENT (B).**

*Forms 1 through 5 and all other
instructions and attachments also
are required unless otherwise stated.*

PROPOSAL CONTENT (B)

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

TECHNICAL SECTION:

PROPOSAL COVER SHEET:

Proposal Cover Sheet (DPMM32) (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 may be deemed non-responsive and may not be considered for funding.** If the proposal is submitted jointly by multiple organizations, *one organization should be designated as the primary contact.*

PROPOSAL NARRATIVE:

Applicants are required to use the proposal narrative form for the technical section of the proposal. See page 11, for downloading instructions.

The Proposal Narrative Form (Form 2B) is required to respond to all sections included in the RFP which includes the Demonstration of Need, Outcomes, Approach, and Organizational Capacity. Include funding priorities that can best be met by the proposed program.

A. DEMONSTRATION OF NEED:

Total = 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 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. 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:

Total = 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.

PROPOSAL CONTENT (B)

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

STANDARDIZED PROGRAM OUTCOMES ARE AS FOLLOWS:

- Persons feel better connected to the community as a result of participating in programs and services
- Children and youth have increased stability
- Adults have access to information and resources that promote stability
- Persons have improved basic English skills after completing English language instruction
- Persons obtain job skills
- Persons remain employed for at least 90 days after job placement
- Persons have improved financial management skills
- Persons have improved capacity to manage finances
- Adults have stable or improved physical health (Self-report/Professionally Assessed)
- Adults have stable or improved behavioral health (Self-report/Professionally Assessed)
- Youth attend school, graduate or receive a GED at program completion
- Individuals and/or families are successfully housed
- Children and youth have stable or improved behavioral health (Self-report/Professionally Assessed)
- Persons have improved family functioning
- Persons have decreased levels of risk of abuse, neglect or exploitation
- Persons are able to plan for their safety as a result of gained skills, awareness, and knowledge
- Older Adults and Individuals with Disabilities have options that support their physical, behavioral, and cognitive needs
- Caregivers receive health and well-being benefits from support services
- Older Adults and Individuals with Disabilities participate in meaningful and accessible activities of their choice
- Children have a medical home
- Children reach benchmarks supporting school readiness
- Youth have improved academic performance
- Housing units are added or preserved
- Persons move into permanent housing and do not return to homelessness

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 align with the organization's program model and proposes a possible outcome that would be suitable. (10 points)
2. The proposal describes how the standardized and/or agency developed outcomes will address

the identified needs in the selected priority area(s) and describes how outcome data will be measured, collected and maintained. (15 points)

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

TOTAL = 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. Proposal describes specific plans to implement the services to achieve the goals/objectives, to include how other community groups/resources will be used to maximize service delivery and minimize duplication. (10 points)
2. Proposal describes any anticipated limitations and barriers to client access to the services (i.e. transportation, language/culture, client fees, etc.). (5 points)
3. For programs awarded a CCFP contract in previous cycles, the proposal describes how the program was successful in implementing its design and provide details of past performance.

OR

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). (5 points)

D. ORGANIZATIONAL CAPACITY

TOTAL = 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. (5 points)

2. Describe the work to be performed by professional and non-professional volunteers. The description should include the estimated number of professional and non-professional volunteers and the anticipated number of hours they will work each year. (Applicants should also include the number of professional and nonprofessional volunteers and the hours worked each year on the Form 5) (4 points)
3. Describe in detail how clients with disabilities will be accommodated to access program services and how the organization complies with the Americans with Disabilities Act (ADA) i.e. wheelchair accessible ramps, elevators, handi-cap rails, etc. (4 points)

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. (7 points)

Describe, in detail, plans to sustain the program during and beyond the CCFP funding period. This sustainability plan should describe the applicant's ability to provide sufficient supporting resources to sustain and grow the program over and above county funding commitments. The plan should also include a demonstrated ability to increase program leveraging (all resources) from FY2019 to FY2020.

NOTE: If awarded a contract, the applicant's actual reported leverage, including the expected increase during FY2019 through FY2020, may be considered in future evaluations of the program's effectiveness.

PROPOSAL CONTENT (B)

COST SECTION:

Applicants are required to use the Budget Forms to respond to the following sections
(see page 11 for downloading instructions):

E. BUDGET NARRATIVE AND BUDGET JUSTIFICATION Total = 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. Describe and justify each budget line item using **Form 4, 4A and 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. (10 points)

(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).

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. 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. (10 points)

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 per year, use Form 2-B.)

FORMS 6 THROUGH 14 must be completed by Affordable Housing Capital Project Applicants ONLY.

FORM 1



FAIRFAX COUNTY

DEPARTMENT OF PROCUREMENT & MATERIAL MANAGEMENT
12000 Government Center Parkway, Suite 427
Fairfax, Virginia 22035-0013
www.fairfaxcounty.gov/dpmm
Telephone: 703-324-3201 • FAX: 703-324-3228 • TTY: 711

Table with 3 columns: Issue Date, Request for Proposal, For; Department, Due Date, Contract Administrator.

Fairfax County Consolidated Community Funding Pool
FISCAL YEARS 2019-2020
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 2019 \$ _____ FY 2020 \$ _____ 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 Signature: _____ Date: _____

Print Name and Title: _____

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

AN EQUAL OPPORTUNITY PURCHASING ORGANIZATION [Accessibility Icon]

MUST BE COMPLETED BY ALL APPLICANTS

FORM 2-A

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION

FISCAL YEARS 2019-2020 PROPOSAL NARRATIVE FORM

1. Program Title: _____
2. Organization Name: _____
3. Funding Request: FY 2019 \$ _____ FY 2020 \$ _____
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 5-7, Proposal Guidelines.)

**Percent of CCFP
Funding Request**

HOUSING

Outcome: Families and individuals of all ages and abilities — including those at risk of homelessness, people with disabilities, older adults and individuals in the local workforce — can afford safe, stable, healthy and accessible living accommodations along with other basic necessities and will have access to affordable, accessible housing with the supportive services necessary to live as independently as possible in a community setting.

LITERACY/EDUCATIONAL DEVELOPMENT/ATTAINMENT

Outcome: Families and individuals of all ages and abilities will have the ability to read, write and speak English effectively, manage finances, and attain employment goals through academic and vocational achievement. Children and youth will have access to quality early care and education and supports to develop employment and independent living skills.

FINANCIAL STABILITY (*Financial Assistance to Financial Empowerment*)

Outcome: Families, individuals of all ages and abilities will have the ability to possess and maintain sufficient income to consistently meet their basic needs — with no or minimal financial assistance or subsidies from private or public organizations.

HEALTH

Outcome: Families and individuals of all ages and abilities will have access to primary, specialty, oral, and behavioral, and long term health care, particularly prevention services. Families and individuals of all ages and abilities will develop the knowledge and resources to practice healthy behaviors and to take action to prevent and manage disease and adverse health conditions. Children will have access to supplemental food year-round, seven days a week.

SUPPORT/COMMUNITY/SOCIAL NETWORKS

Outcome: Families and individuals of all ages, abilities, and income levels will have access to local services, including community-based transportation and childcare and the ability to establish and maintain communal and social relationships.

TOTAL 100%

6. Provide a brief program 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 39 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 59 of the Resource Manual.
9. Please check the appropriate box: 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:****Total = 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. (8 points)
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. (7 points)

B. OUTCOMES:**Total = 25 Points**

1. Explain how the program plans to achieve the selected standardized outcome. If a 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. (6 points)
2. Describe how the outcome(s) will address the needs identified in the selected priority area(s) and how each outcome will have an impact on the population and/or community served. (7 points)
3. Describe how each outcome will be objectively measured. Provide supporting information demonstrating that the outcomes are realistic and achievable within the identified timeframes. (6 points)
4. 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. (6 points)

C. APPROACH:**Total = 20 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. (5 points)
2. Describe any anticipated limitations and barriers to client access to the services (i.e. transportation, language/culture, client fees, etc.). (3 points)
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 49. (4 points)
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. (4 points)
5. Describe how other community groups/ resources will be used to maximize service delivery and minimize duplication. (4 points)

D. ORGANIZATIONAL CAPACITY:**Total = 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,

continued on next page

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. (4 points)

2. Describe the work to be performed by professional and non-professional volunteers. The description should include the estimated number of professional and non-professional volunteers and the anticipated number of hours they will work each year. (Applicants should also include the number of professional and non-professional volunteers and the hours worked each year on Form 5). (4 points)
3. Describe in detail how clients with disabilities will be accommodated to access program services and how the organization complies with the Americans with Disabilities ACT (ADA) i.e. wheelchair accessible ramps, elevators, handicap rails, etc. (4 points)
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. (4 points)
5. Describe, in detail, plans to sustain the program during and beyond the funding period. This sustainability plan should describe the Applicant's ability to provide sufficient supporting resources to sustain and grow the program over and above county funding commitments. The plan should also include a demonstrated ability to increase program leveraging (all resources) from FY2019 to FY2020. (4 points)

E. BUDGET AND BUDGET JUSTIFICATION:

Total = 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. (5 points)

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. (10 points)

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**: (**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 \$26.96 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.) (5 points)

FORM 2-B

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION

FISCAL YEARS 2019-2020 PROPOSAL NARRATIVE FORM

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

- 1. Program Title:
2. Organization Name:
3. Funding Request: FY 2019 \$ FY 2020 \$
4. 501(c)3 Certification Yes 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.

Percent of CCFP Funding Request

HOUSING

Outcome: Families and individuals of all ages and abilities including those at risk of homelessness, people with disabilities, older adults and individuals in the local workforce can afford safe, stable, healthy and accessible living accommodations along with other basic necessities and will have access to affordable, accessible housing with the supportive services necessary to live as independently as possible in a community setting.

LITERACY/EDUCATIONAL DEVELOPMENT/ATTAINMENT

Outcome: Families and individuals of all ages and abilities will have the ability to read, write and speak English effectively, manage finances, and attain employment goals through academic and vocational achievement. Children and youth will have access to quality early care and education and supports to develop employment and independent living skills.

FINANCIAL STABILITY (Financial Assistance to Financial Empowerment)

Outcome: Families, individuals of all ages and abilities will have the ability to possess and maintain sufficient income to consistently meet their basic needs with no or minimal financial assistance or subsidies from private or public organizations.

HEALTH

Outcome: Families and individuals of all ages and abilities will have access to primary, specialty, oral, and behavioral, and long term health care, particularly prevention services. Families and individuals of all ages and abilities will develop the knowledge and resources to practice healthy behaviors and to take action to prevent and manage disease and adverse health conditions. Children will have access to supplemental food year-round, seven days a week.

SUPPORT/COMMUNITY/SOCIAL NETWORKS

Outcome: Families and individuals of all ages, abilities, and income levels will have access to local services, including community-based transportation and childcare and the ability to establish and maintain communal and social relationships.

TOTAL 100%

- 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 39 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 59 of the Resource Manual.
9. Please check the appropriate box: 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 B

A. DEMONSTRATION OF NEED:

Total = 15 Points

1. 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. 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:

Total = 25 Points

1. The proposal explains how the program plans to achieve the selected standardized outcome(s). If a standardized outcome was not selected, the proposal explains why none of the standardized outcomes align with the organization’s program model and proposes a possible outcome that would be suitable. (10 points)
2. The proposal describes how the standardized and/or agency developed outcomes will address the identified needs in the selected priority area(s) and describes how outcome data will be measured, collected and maintained. (15 points)

C. APPROACH:

Total = 20 Points

1. Proposal describes specific plans to implement the services to achieve the goals/objectives, to include how other community groups/resources will be used to maximize service delivery and minimize duplication. (10 points)
2. Proposal describes any anticipated limitations and barriers to client access to the services (i.e. transportation, language/culture, client fees, etc.). (5 points)

3. For programs awarded a CCFP contract in previous cycles, the proposal describes how the program was successful in implementing its design and provides details of past performance.

OR

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). (5 points)

D. ORGANIZATIONAL CAPACITY:

Total = 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. (5 points)
2. Describe the work to be performed by professional and non-professional volunteers. The description should include the estimated number of professional and non-professional volunteers and the anticipated number of hours they will work each year. (Applicants should also include the number of professional and non-professional volunteers and the hours worked each year on Form 5). (4 points)
3. Describe in detail how clients with disabilities will be accommodated to access program services and how the organization complies with the Americans with Disabilities Act (ADA) i.e. wheelchair accessible ramps, elevators, handicap rails, etc. (4 points)

continued on next page

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. (7 points)

Describe, in detail, plans to sustain the program during and beyond the CCFP funding period. This sustainability plan should describe the applicant's ability to provide sufficient supporting resources to sustain and grow the program over and above county funding commitments. The plan should also include a demonstrated ability to increase program leveraging (all resources) from FY2019 to FY2020.

NOTE: If awarded a contract, the applicant's actual reported leverage, including the expected increase during FY2019 through FY2020, may be considered in future evaluations of the program's effectiveness.

E. BUDGET AND BUDGET JUSTIFICATION:

Total = 20 Points

1. Describe and justify each budget line item using Form 4, 4A and 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. (10 points)

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. 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. (10 points)

FORM 3

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

PROGRAM OUTCOME WORKSHEET

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

ORGANIZATION: _____ (Outcome # _____ of _____)

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 2019

Total Individuals: _____ Total Households: _____

FY 2020

Total Individuals: _____ Total Households: _____

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

FY 2019 Number Percentage Number Percentage

Individuals: _____ Households: _____

FY 2020 Number Percentage Number Percentage

Individuals: _____ Households: _____

FORM 4

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

PROGRAM BUDGET

PROGRAM: _____ ORGANIZATION: _____

BUDGET	ACTUAL FISCAL YEAR 2018		FISCAL YEAR 2019		FISCAL YEAR 2020	
	TOTAL PROGRAM BUDGET	CURRENT CCFP SUPPORT	TOTAL PROGRAM BUDGET	CCFP BUDGET REQUEST	TOTAL PROGRAM BUDGET	CCFP BUDGET REQUEST
A. PERSONNEL COSTS						
Fringe Benefits						
Payroll Taxes						
TOTAL PERSONNEL						
B. DIRECT COSTS						
Rent/Mortgage						
Space Utilities/Maintenance						
Audit						
Financial Services						
Consultants						
Insurance						
Equipment Purchase/Lease						
Supplies						
Telecommunications						
Printing/Copying						
Postage						
Training						
Travel						
Direct Assistance						
Software Purchase/License						
Other (Explain in Form 4B)						
C. INDIRECT EXPENSES						
Management & General						
Other Indirect Costs (Infrastructure)*						
D. CAPITAL EXPENSES						
Hardware Purchases						
Equipment Purchases						
Other Capital Costs						
E. HOUSING CAPITAL COSTS						
Rehabilitation						
Acquisition						
Construction						
TOTAL DIRECT COSTS						
TOTAL BUDGET						

MUST BE COMPLETED BY ALL APPLICANTS

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.

FORM 4B

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

PROGRAM BUDGET JUSTIFICATION

PROGRAM: _____ ORGANIZATION: _____

BUDGET	FISCAL YEAR 2019	FISCAL YEAR 2020	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 2019 to 2020 must be explained. Failure to provide a detailed justification may result in a significant loss of points.</i>
B. DIRECT COSTS			
Rent/Mortgage			
Space Utilities/Maintenance			
Audit			
Financial Services			
Consultants			
Insurance			
Equipment Purchase/Lease			
Supplies			
Telecommunications			
Printing/Copying			
Postage			
Training			
Travel			
Direct Assistance			
Software Purchase/License			
Other (<i>Explain</i>)			
C. INDIRECT EXPENSES			
Management & General			
Other Indirect Costs (<i>Infrastructure</i>)*			
D. CAPITAL EXPENSES			
Hardware Purchases			
Equipment Purchases			
Other Capital Costs			
E. HOUSING CAPITAL COSTS			
Rehabilitation			
Acquisition			
Construction			
TOTAL DIRECT COSTS			
TOTAL BUDGET			

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

MUST BE COMPLETED BY ALL APPLICANTS

FORM 5

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

ESTIMATED PROGRAM REVENUE (EXCLUDING CONSOLIDATED COMMUNITY FUNDING FUNDS)

PROGRAM: _____ ORGANIZATION: _____

RESOURCE <small>(List each resource by name)</small>	FY 2018	FY 2019	FY 2020	RESOURCE STATUS	RESOURCE JUSTIFICATION <small>Briefly describe each proposed leveraged resource. Identify whether the resource will be used specifically for this program or shared between other agency programs. If not committed, when is the resource projected to be obtained.</small>
CASH RESOURCE					
Federal					
State					
County (Non-CCFP)					
United Way					
Foundations					
Fund Raising/Donations					
Client Payments					
Financing/Loans					
Other					
TOTAL					
NON-CASH RESOURCE					RESOURCE JUSTIFICATION: Explain how the value of non-cash resources was determined. If not committed, when is the resource projected to be obtained? Include a description of any space if provided in-kind and its estimated value.
Donations					
Space					
Other					
TOTAL					
VOLUNTEERS					RESOURCE JUSTIFICATION: Briefly describe the functions to be performed by volunteers supporting this program. Non-professional volunteers are to be valued at \$26.96 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 Professionals					
Number of Professional Hours					
Value of Volunteer Hours					
Number of Non-Professionals					
Number of Non-Professional Hours					
Value of Volunteer Hours (\$26.96/hr.)					
TOTAL PROGRAM REVENUE					
Percent of Total Budget as Presented on Form 4	%	%	%		

MUST BE COMPLETED BY ALL APPLICANTS

FORM 6

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

**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

6. IF EXISTING, YEAR PROJECT BUILT: _____

7. PROJECT DEVELOPMENT TEAM MEMBERS:

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS ONLY

FORM 7

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

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

FORM 8

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

**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 **existing 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** to be added by the project _____
4. Source of information for 1-2 above _____

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

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

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS ONLY

FORM 9

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

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

PROJECT: _____ ORGANIZATION: _____

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

Number of years organization in housing development: _____

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

FORM 10

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS PROPOSED OCCUPANCY AND RENT SCHEDULES

PROJECT: _____ ORGANIZATION: _____

COMPLETE FOR RENTAL PROJECTS ONLY:

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

RENT SCHEDULE:

UNIT TYPE	TOTAL NO. OF UNITS BY TYPE	RENT	UTILITIES	POPULATION SERVED AS % OF MSA* OR NEED

Does the project involve any temporary relocation? Yes No

PROJECTS REQUIRING PERMANENT RELOCATION WILL NOT BE CONSIDERED

_____ ²MSA refers to Metropolitan Statistical Area Median Income: See Resource Manual

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS

FORM 11

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS DETAILED ESTIMATE OF DEVELOPMENT COSTS

PROJECT: _____ ORGANIZATION: _____

SOURCE OF DATA ON WHICH ESTIMATES ARE BASED: _____

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

FORM 12

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS DETAILED PRO FORMA (ESTIMATE OF ANNUAL OPERATING EXPENSES)

PROJECT: _____ ORGANIZATION: _____

SOURCE OF DATA ON WHICH ESTIMATES ARE BASED: _____

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

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS

FORM 13

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS PROJECT COSTS AND FINANCING

PROJECT: _____ ORGANIZATION: _____

SOURCE OF DATA ON WHICH ESTIMATES ARE BASED: _____

TOTAL DEVELOPMENT COSTS <i>(From Form 11):</i>	\$
TOTAL DEVELOPMENT COST PER UNIT:	\$
PROJECT FINANCING: <i>(If additional space is needed, insert no more than one additional page following this one, and clearly label as Form 13)</i>	
Proposed CDBG Program Funds	\$
Equity	
Source: _____ Amt: \$ _____	Committed Yes <input type="checkbox"/> No <input type="checkbox"/>
Source: _____ Amt: \$ _____	Committed Yes <input type="checkbox"/> No <input type="checkbox"/>
Source: _____ Amt: \$ _____	Committed Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Equity	\$
Loans	
1st Trust \$ _____ at _____% for _____ months Source _____ Committed (Yes <input type="checkbox"/> No <input type="checkbox"/>)	
2nd Trust \$ _____ at _____% for _____ months Source _____ Committed (Yes <input type="checkbox"/> No <input type="checkbox"/>)	
3rd Trust \$ _____ at _____% for _____ months Source _____ Committed (Yes <input type="checkbox"/> No <input type="checkbox"/>)	
Total Loans	\$
TOTAL PROJECT FINANCING	\$
CDBG AS % OF TOTAL PROJECT FINANCING:	%
Do you expect to use FCRHA-issued tax-exempt bonds for any part of the financing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you plan to sell tax credits to raise equity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, in what amount? \$ _____	

FORM 14

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2019-2020

AFFORDABLE RENTAL HOUSING CAPITAL PROJECTS PRO FORMA

PROJECT: _____ ORGANIZATION: _____

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

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

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS

CERTIFICATION OF FINANCIAL SOLVENCY FOR NONPROFIT ORGANIZATIONS

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

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

Printed Name of Board Chair: _____

Signature/Date: _____ / _____

Printed Name of Executive Director: _____

Signature/Date: _____ / _____

Company Name: _____

Address: _____

City/State/Zip: _____

SSN or TIN: _____

MUST BE COMPLETED BY ALL APPLICANTS

ATTACHMENT 2

**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 having 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 having 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 Bid\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

ATTACHMENT 3

CERTIFICATION REGARDING DEBARMENT OR SUSPENSION

In compliance with contracts and grants agreements applicable under the U.S. Federal Awards Program, the following certification is required by all offerors submitting a proposal in response to this Request for Proposal:

1. The Contractor certifies, to the best of its knowledge and belief, that neither the Contractor nor its Principals are suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts from the United States federal government procurement or nonprocurement programs, or are listed in the *List of Parties Excluded from Federal Procurement and Nonprocurement Programs* issued by the General Services Administration.
2. "Principals," for the purposes of this certification, means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of a subsidiary, division, or business segment, and similar positions).
3. The Contractor shall provide immediate written notice to the Fairfax County Purchasing Agent if, at any time prior to award, the Contractor learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. 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 Offeror rendered an erroneous certification, in addition to other remedies available to Fairfax County government, the Fairfax County Purchasing Agent may terminate the contract resulting from this solicitation for default.

Printed Name of Representative: _____

Signature/Date: _____ / _____

Company Name: _____

Address: _____

City/State/Zip: _____

SSN or TIN No: _____

MUST BE COMPLETED BY ALL APPLICANTS

**VIRGINIA STATE CORPORATION COMMISSION (SCC)
REGISTRATION INFORMATION**

THE BIDDER:

- Is a corporation or other business entity with the following SCC identification number: _____
- OR-**
- Is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust
- OR-**
- Is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the bidder in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from bidder's out-of-state location)
- OR-**
- Is an out-of-state business entity that is including with this bid/proposal an opinion of legal counsel which accurately and completely discloses the undersigned bidder's current contacts with Virginia and describes why those whose contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1 757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.
- Please check the box on left if you have not checked any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for bids.



PROPOSAL CHECKLIST

Late proposals (after 2:00 p.m.) will not be accepted or considered for contract award, and will be returned to the applicant.

TECHNICAL PROPOSAL

All addenda **MUST** be signed and **MUST** accompany the proposal.

- FORM 1 — Proposal Cover Sheet (DPMM32)
- 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 (*including phone numbers and email addresses*)
- Program Position Descriptions
- Program Staff Resumes
- Unaudited Financial Statements (*October 31, 2017*)
- 2016 Federal Tax Form 990
- FY 2017 Organization-wide Budget
- Certification of Financial Solvency (*Attachment 1*)
- Certification Regarding Ethics in Public Contracting (*Attachment 2*)
- Certification Regarding Debarment or Suspension (*Attachment 3*)
- Virginia State Corporation Commission (SCC) Registration Information Form (*Attachment 4*)
- Cooperative Agreement or Letter (*if applicable*)
- Memorandum of Agreement (*if applicable*)
- 501(c)3 (*if applicable*)

HOUSING PROJECTS ONLY

- Cost Estimates for Rehabilitation Work
- Community-Based Development Organization (CBDO) Checklist (*page 58 of Resource Manual*)





CONSOLIDATED COMMUNITY FUNDING POOL

care of

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