



FAIRFAX COUNTY, VIRGINIA

CONSOLIDATED COMMUNITY FUNDING POOL

FY 2021-FY 2022



FUNDING APPLICATION PACKAGE

for

July 1, 2020 – June 30, 2022

RFP# 2000002877



REQUEST FOR PROPOSAL

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL

RFP# 2000002877

FISCAL YEARS 2021–2022

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 6% of total funds*)
- Fairfax County General Fund (*approximately 88% of total funds*)

BACKGROUND

In 1997, Fairfax County, Virginia developed and implemented a competitive solicitation process for funding human services programs developed by nonprofit agencies. The Board of Supervisors, in 1998, then established the Consolidated Community Funding Advisory Committee (CCFAC) to oversee the county's Consolidated Community Funding Pool (CCFP) policy, planning and development of categories 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 (CAAB) to determine the program areas for CCFP awards funding through the Community Services Block Grant (CSBG) allocation to Fairfax County and collaborates with the Fairfax County Redevelopment and Housing Authority (FCRHA) to allocate CDBG funding in the County's Consolidated Plan.

Throughout the CCFP's history, the CCFAC have strategically adjusted the categories to meet the county's changing needs and to recognize the changing nature of community-based providers. For FY2021-2022, the CCFAC utilized the feedback from the Board of Supervisors and the community as a method of validating and adjusting the current categories and their respective examples. This feedback also prompted the CCFAC to develop a new category "Food and Nutrition" that encompasses a more holistic view of needs within our food system. The CCFAC recommends that applicants give full and careful consideration to these categories.

Helping people reach their highest level of personal achievement is vital to our county's success and ensures that all residents are able to have opportunities for economic prosperity. Linking our residents and families to opportunities helps ensure lifelong learning, better health, resilience and economic success.

These categories were identified as needs and are aligned with health and human services determinants. Each outcome statement focuses on a broad community definition and specifically includes all individuals and families, income levels, abilities and ages. **Where appropriate, providing transportation, high quality**

REQUEST FOR PROPOSAL

and affordable childcare, linguistically and culturally appropriate services and/or other resources that remove barriers and allow participation, may be included in all seven categories.

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

- Utilized the feedback from the Board of Supervisors and the community as a method of validating and adjusting the current categories and their respective service examples; and
- Conducted community engagement sessions, administered an online survey, utilized social media outlets to derive feedback and invited all interested parties to present their comments on the proposed category areas.

For the FY2021-2022 funding cycle, the CCFAC organized the funding categories according to seven category areas listed on pages 5-8 under the Proposal Guidelines of this RFP. The Fairfax County Board of Supervisors approved the funding categories on June 25, 2019. The funding pool categories and its requirements reflect the county's emphasis on outcome accountability based less on what is done for clients and more on how their lives and conditions are improved as a result of the programs.

The Board Action Item to approve the categories and a description of them are found in the Fiscal Years 2021 and 2022 Consolidated Community Funding Pool RFP Funding Application Resource Manual (hereafter called the Resource Manual), which provides guidance for all applicants.

This Request for Proposal is the fourteenth since the creation of the CCFP. For information on previously funded programs, please visit <https://www.fairfaxcounty.gov/procurement/sponsoredprograms/fundingpool>. Information on funded programs for the FY19-20 award cycle can be viewed on the county's contract register at: <https://www.fairfaxcounty.gov/cregister/> by entering "CCFP" into the description of contract, service or commodity field.

HOW TO APPLY

This Request for Proposal includes two submission formats for Applicants who are requesting \$50,000 or more (pages 12-18) and for those Applicants requesting \$50,000 or less (pages 19-26). 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 2, 2019 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 Deputy County Executive for Health and Human Services 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, member of the Consolidated Community Funding Advisory Committee (CCFAC) or member of Community Action Advisory Board (CAAB).

The SAC evaluates proposals according to the funding categories 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 8, including the Demonstration of Need, Outcomes, Approach and Organizational Capacity. The cost information will be evaluated and rated only for the proposal with the highest preliminary ratings.

PROPOSAL GUIDELINES

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 2020. 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 2020. The terms of the contract will begin July 1, 2020. 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 categories 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 categories. **FUNDING CATEGORIES ARE NOT RANKED IN ANY ORDER OF IMPORTANCE.** *Service examples may include but are not limited to the examples listed in each category area below.*

FUNDING CATEGORY	OUTCOME STATEMENT	SERVICE EXAMPLES
I. FINANCIAL STABILITY Financial Assistance to Financial Empowerment	To have the ability to possess and maintain sufficient income to consistently meet their basic needs — with no minimal financial assistance or subsidies from private 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 • Affordable, accessible, quality childcare for family members transitioning into the workforce • Legal Services
II. FOOD AND NUTRITION	To have reliable and consistent access to sufficient, affordable and nutritious food. To have access to information and education about healthy and nutritious food and the opportunity to develop the knowledge and resources to practice healthy eating.	<ul style="list-style-type: none"> • Nutrition education programs • Emergency and/or supplemental food programs • Farmers markets, food co-ops, mobile markets, neighborhood distribution sites, community gardens • Food provision programs that offer case management services towards self-sufficiency
III. HEALTH	To have access to primary, specialty, oral, behavioral, and long-term health care, particularly prevention services. To develop the knowledge and resources to practice healthy behaviors and to take action to prevent and manage disease and adverse health conditions.	<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 • Behavioral health services

PROPOSAL GUIDELINES

FUNDING CATEGORY	OUTCOME STATEMENT	SERVICE EXAMPLES
<p>IV. HOUSING</p>	<p>To have safe, stable, and accessible living accommodations along with other basic necessities. To have access to affordable, accessible housing with the supportive services necessary to live as independently as possible in a community setting.</p>	<ul style="list-style-type: none"> • 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). • Services to assist individuals transitioning from institutional to home or community-based care. • Services to assist individuals and families to locate housing. • Programs and services that address eviction prevention or housing crisis. • Services to assist individuals and families to locate housing, including opportunities for seniors and those with special needs. • Services to assist households with low-cost housing rehabilitation, repairs and replacements to address accessibility, safety or critical issues needed to preserve affordable housing for low-income seniors, persons with disabilities or persons with low-income.
<p>V. LITERACY/ EDUCATIONAL DEVELOPMENT ATTAINMENT</p>	<p>To have the ability to read, write, and communicate effectively in order to manage finances, and attain employment goals through academic and vocational achievement. To have access to quality childcare and education and supports to develop employment and independent living skills.</p>	<ul style="list-style-type: none"> • English proficiency services and/or instruction • Early childhood development services • Services that provide employment and training skills to effectively assist individuals with disabilities to live independently • Employment training/job skills/awareness of economic opportunities • Adult education • Supportive employment • Digital access and literacy programs

PROPOSAL GUIDELINES

FUNDING CATEGORY	OUTCOME STATEMENT	SERVICE EXAMPLES
VI. POSITIVE BEHAVIORS AND HEALTHY RELATIONSHIPS	To 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 • Conflict resolution and anger management training and counseling • Youth-based prevention programs and services focusing on positive behaviors • Trauma recovery services • Behavioral health services
VII. SUPPORT/ COMMUNITY/ SOCIAL NETWORKS	To 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 • Language and cross-cultural assistance • Social environments for isolated individuals • Respite services to help caregivers • Affordable, accessible, quality childcare to help parents/guardians stay employed • Supportive programs for persons with disabilities

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 February 20, 2020, including faith-based or religious organizations. If funded, proof of 501(c)3 certification will be required.
- b. Applicants may be located in other jurisdictions, however, the proposed program(s) **must** serve **only** eligible residents of Fairfax County, depending on the funding source, as defined below:
 - i. Programs funded through the **Fairfax County General Fund** may only serve residents of Fairfax County, City of Fairfax, or the Towns of Clifton, Herndon or Vienna.
 - ii. Programs funded through the **Community Services Block Grant (CSBG)** 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 37. 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 (CDBG)** funds may serve residents of Fairfax County, the City of Fairfax, or the Towns of Clifton, Herndon or Vienna.
- c. Organizations that are in receivership status or debarred by the U.S. Government and/or Fairfax County are not eligible.

PROPOSAL GUIDELINES

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 25-36 and Special Provisions also in the Resource Manual, page 5.
- 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.

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:

		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
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TOTAL 100 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

PROPOSAL INSTRUCTIONS

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

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.
- Applicants must submit, if available, unaudited financial statements for the month of October 31, 2019 to include a Balance Sheet, Statement of Cash Flow and Profit/Loss Statement.

AND

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, 2018. Successful applicants whose fiscal year ends June 30th must submit a financial audit and management letter, if available, for the period ending June 30, 2018. Successful applicants whose fiscal year ends December 31st must submit a financial audit and management letter for the period ending December 31, 2018. The audit for the period ending December 31, 2019 will be collected during contractual monitoring after the execution of the contract.

Applicants who do not have an audit at the time of submission must provide written justification for lack thereof. If funded, the organization will be required to submit an audit following the first year of operation.

- 2017 Federal Tax Form 990 (If not available, explain why and submit the most recent filing.)
- Fiscal Year 2020 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

PROPOSAL INSTRUCTIONS

- Cooperative Agreement or Letter (if applicable)
- Memorandum of Agreement or Letter (if applicable)
- Applicants must submit a copy of the 501 (c) 3 certification or the proposal for 501 (c) 3 status.
- Attachment 7 Subrecipient Risk Analysis (if applicable)

All form templates are available at: <http://www.fairfaxcounty.gov/solicitation>. All addenda **SHOULD** be signed and included as the last pages of the proposal.

1. 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, 5 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. 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 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 2, 2019, by the Fairfax County Department of Procurement and Material Management at 12000 Government Center Parkway, Suite 427, Fairfax, Virginia 22035.

PROPOSAL INSTRUCTIONS

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.

2. 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: <https://www.fairfaxcounty.gov/procurement/sponsoredprograms/fundingpool>.

3. LARGE PRINT VERSION:

This RFP is available in large print typeface through the Department of Procurement Material Management by sending a request via email to DAHSCCFPmail@fairfaxcounty.gov. Please allow seven working days to process your request.

4. QUESTIONS:

A Pre-Proposal Conference will be held on October 21, 2019, at 10 A.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, 25, 2019, at 2:00 P.M.** All addenda should be signed and should be placed as the last pages of 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 will be available within 10 business days via the Internet at: <https://www.fairfaxcounty.gov/procurement/sponsoredprograms/fundingpool>. Applicants may view the pre-proposal conference by clicking 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)

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

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:

All forms to be completed in response to this RFP can be downloaded at the following websites.

- <http://www.fairfaxcounty.gov/solicitation>
- <https://www.fairfaxcounty.gov/procurement/sponsoredprograms/fundingpool>

Applicants are required to use Proposal Narrative Form (Form 2A) to respond to all questions of the Technical Section of the proposal which includes the Demonstration of Need, Outcomes, Approach, and Organizational Capacity. Also, indicate the funding categories that can best be met by the proposed program.

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, where applicable, include additional program outcomes that are relevant to their proposals. All standardized outcomes must be included on Form 3 of each proposal submitted. **(See Exhibit A for a list of Standardized Outcomes & suggested Outcome Indicators.)**

PLEASE NOTE

Forms 4 through 5 must be completed by ALL Applicants

FORM 1



**FAIRFAX COUNTY
VIRGINIA**

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

Issue Date: October 2, 2019	REQUEST FOR PROPOSAL: RFP# 2000002877	FOR: Consolidated Community Funding Pool
Department: Neighborhood & Community Services, Family Services, Housing and Community Development	DUE DATE: December 2, 2019 @ 2:00 PM	CONTRACT ADMINISTRATOR: Derek Solomon @703-324-3603; Derek.Solomon@fairfaxcounty.gov

Fairfax County Consolidated Community Funding Pool

FISCAL YEARS 2021-2022

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. It is understood and agreed that with respect to all terms and conditions accepted by Fairfax County the items or services offered and accompanying attachments shall constitute a contract.

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 2021 \$ _____ FY 2022 \$ _____

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 Attachment 3, and by any other relevant certifications set forth in Appendix A.

Vendor Legally Authorized Signature: _____ Date: _____

Print Name and Title: _____

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

AN EQUAL OPPORTUNITY PURCHASING ORGANIZATION

MUST BE COMPLETED BY ALL APPLICANTS

FORM 2A

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2021-2022
PROPOSAL NARRATIVE FORM

FOR APPLICANTS REQUESTING MORE THAN \$50,000 PER YEAR

- 1. Program Title:
2. Organization Name:
3. Funding Request: FY 2021 \$ FY 2022 \$
4. 501(c)3 Certification Yes No; if no, date applied for 501(c)3 Certification

FUNDING CATEGORY: Choose no more than two (2) of the categories listed below. Multiple organizations collaborating on a joint proposal may choose up to three categories. (See page 5-7, Proposal Guidelines.)

FINANCIAL STABILITY (Financial Assistance to Financial Empowerment)

Outcome: To 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.

FOOD AND NUTRITION

Outcome: To have reliable and consistent access to sufficient, affordable and nutritious food. To have access to information and education about healthy and nutritious food and the opportunity to develop the knowledge and resources to practice healthy eating.

HEALTH

Outcome: To have access to primary, specialty, oral, behavioral, and long-term health care, particularly prevention services. To develop the knowledge and resources to practice healthy behaviors and to take action to prevent and manage disease and adverse health conditions.

HOUSING

Outcome: To have safe, stable, and accessible living accommodations along with other basic necessities. To 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: To have the ability to read, write, and communicate effectively in order to manage finances, and attain employment goals through academic and vocational achievement. To have access to quality childcare and education and supports to develop employment and independent living skills.

POSITIVE BEHAVIORS AND HEALTHY RELATIONSHIPS

Outcome: To 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.

SUPPORT/COMMUNITY/SOCIAL NETWORKS

Outcome: To have access to local services, including community-based transportation and childcare, and the ability to establish and maintain communal and social relationships.

- 5. 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.

- 6. Of the clients served, estimate the percentage that meets the Community Services Block Grant (CSBG) income level (125% of poverty). See page 37 of the Resource Manual.
i. Please indicate whether the applicant will accept CSBG funding for the provision of program services to eligible Fairfax County residents upon award. YES NO
ii. If yes, complete Attachment 7 — Subrecipient Risk Analysis and submit required supporting documentation. NOTE: If a document is requested twice in accordance with both the RFP and the Subrecipient Risk Analysis form, submit (1) copy of such document.
7. Of the clients served, estimate the percentage that meets the Community Development Block Grant (CDBG) income levels (extremely low, low, low/moderate). See page 51 of the Resource Manual.
8. Please check the appropriate box: New Program Currently funded through CCFP
9. PROGRAM TYPE: (Please check one)
a. Human Service Program (Non Capital)
b. Administration of Affordable Housing Project
10. HUMAN SERVICE REGION(S): 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

TECHNICAL SECTION:

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 categories 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 Category. 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).

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)

FORM 3

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2021-2022

PROGRAM OUTCOME WORKSHEET

(Complete a separate form for each proposed program service/activity outcome) Outcome # _____ of _____

Organization: _____

Program: _____

A. Service Provided:

B. Chose One: Standardized Outcome Agency Development Outcome

C. Measurement System:

D. Outcome Indicator(s):

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

FY 2021

Total Individuals: _____

Total Households: _____

FY 2022

Total Individuals: _____

Total Households: _____

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

FY 2021

Number

Percentage

Individuals: _____

Households: _____

FY 2022

Number

Percentage

Individuals: _____

Households: _____

FOR APPLICANTS REQUESTING MORE THAN \$50,000 PER YEAR

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 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 47. (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

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 plans 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. (5 points)
3. Describe in detail how clients with mental and or physical disabilities will be accommodated to access program services and how the organization complies with the Americans with Disabilities Act (ADA). (5 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. (5 points)

FOR APPLICANTS REQUESTING MORE THAN \$50,000 PER YEAR

PROPOSAL CONTENT (A)

COST SECTION:

Applicants are required to use the Budget Forms to respond to the following sections.
Budget forms can be downloaded at <http://www.fairfaxcounty.gov/solicitation>.

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 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. (7 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. **NOTE: Applicants' indirect cost rate, used to calculate overhead costs for administering the program(s), should not exceed Fairfax County FY2019 indirect cost rate of 12.26% unless otherwise stated.**

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 \$27.50 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. (3 points)

4. 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 FY2021 to FY2022.(5 points)

NOTE: If awarded a contract, the Applicant's actual reported leverage, including the expected increase during FY2021 through FY2022, may be considered in future evaluations of the program's effectiveness. (5 points)

FOR APPLICANTS REQUESTING MORE THAN \$50,000 PER YEAR

PROPOSAL NARRATIVE FOR APPLICANTS REQUESTING \$50,000 OR LESS

PLEASE NOTE

*Forms 4 through 5 must be completed by ALL Applicants
(Applicants requesting under \$50,000 must use Form 2B)*

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

PROPOSAL CONTENT (B)

Forms 1 through 5 and all other instructions and attachments also are required unless otherwise stated. Applicants requesting \$50,000 or less should 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, one organization should be designated as the primary contact.

PROPOSAL NARRATIVE

All forms to be completed in response to this RFP can be downloaded at the following websites:

- <http://www.fairfaxcounty.gov/solicitation>
- <https://www.fairfaxcounty.gov/procurement/sponsoredprograms/fundingpool>

Applicants are required to use Proposal Narrative Form (Form 2B) to respond to all questions of the Technical Section of the proposal which includes the Demonstration of Need, Outcomes, Approach, and Organizational Capacity. Also, indicate the funding categories that can best be met by the proposed program.

As part of the recommendations from the CCFP 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, where applicable, include additional program outcomes that are relevant to their proposals. All standardized outcomes must be included on Form 3 of each proposal submitted. **(See Exhibit A for a list of Standardized Outcomes & suggested Outcome Indicators.)**

PLEASE NOTE

Forms 4 through 5 must be completed by ALL Applicants

FOR APPLICANTS REQUESTING \$50,000 OR LESS PER YEAR

FORM 1



**FAIRFAX COUNTY
VIRGINIA**

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

Issue Date: October 2, 2019	REQUEST FOR PROPOSAL: RFP# 2000002877	FOR: Consolidated Community Funding Pool
Department: Neighborhood & Community Services, Family Services, Housing and Community Development	DUE DATE: December 2, 2019 @ 2:00 PM	CONTRACT ADMINISTRATOR: Derek Solomon @703-324-3603; Derek.Solomon@fairfaxcounty.gov

Fairfax County Consolidated Community Funding Pool

FISCAL YEARS 2021-2022

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. It is understood and agreed that with respect to all terms and conditions accepted by Fairfax County the items or services offered and accompanying attachments shall constitute a contract.

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 2021 \$ _____ FY 2022 \$ _____

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 Attachment 3, and by any other relevant certifications set forth in Appendix A.

Vendor Legally Authorized Signature: _____ Date: _____

Print Name and Title: _____

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

AN EQUAL OPPORTUNITY PURCHASING ORGANIZATION

MUST BE COMPLETED BY ALL APPLICANTS

FORM 2B

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2021-2022
PROPOSAL NARRATIVE FORM

FOR APPLICANTS REQUESTING \$50,000 OR LESS PER YEAR

- 1. Program Title:
2. Organization Name:
3. Funding Request: FY 2021 \$ FY 2022 \$
4. 501(c)3 Certification Yes No; if no, date applied for 501(c)3 Certification

FUNDING CATEGORY: Choose no more than two (2) of the categories listed below. Multiple organizations collaborating on a joint proposal may choose up to three categories. (See page 5-7, Proposal Guidelines.)

FINANCIAL STABILITY (Financial Assistance to Financial Empowerment)

Outcome: To 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.

FOOD AND NUTRITION

Outcome: To have reliable and consistent access to sufficient, affordable and nutritious food. To have access to information and education about healthy and nutritious food and the opportunity to develop the knowledge and resources to practice healthy eating.

HEALTH

Outcome: To have access to primary, specialty, oral, behavioral, and long-term health care, particularly prevention services. To develop the knowledge and resources to practice healthy behaviors and to take action to prevent and manage disease and adverse health conditions.

HOUSING

Outcome: To have safe, stable, and accessible living accommodations along with other basic necessities. To 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: To have the ability to read, write, and communicate effectively in order to manage finances, and attain employment goals through academic and vocational achievement. To have access to quality childcare and education and supports to develop employment and independent living skills.

POSITIVE BEHAVIORS AND HEALTHY RELATIONSHIPS

Outcome: To 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.

SUPPORT/COMMUNITY/SOCIAL NETWORKS

Outcome: To have access to local services, including community-based transportation and childcare, and the ability to establish and maintain communal and social relationships.

- 5. 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.

- 6. Of the clients served, estimate the percentage that meets the Community Services Block Grant (CSBG) income level (125% of poverty). See page 37 of the Resource Manual.
i. Please indicate whether the applicant will accept CSBG funding for the provision of program services to eligible Fairfax County residents upon award. YES NO
ii. If yes, complete Attachment 7 — Subrecipient Risk Analysis and submit required supporting documentation. NOTE: If a document is requested twice in accordance with both the RFP and the Subrecipient Risk Analysis form, submit (1) copy of such document.
7. Of the clients served, estimate the percentage that meets the Community Development Block Grant (CDBG) income levels (extremely low, low, low/moderate). See page 51 of the Resource Manual.
8. Please check the appropriate box: New Program Currently funded through CCFP
9. PROGRAM TYPE: (Please check one)
a. Human Service Program (Non Capital)
b. Administration of Affordable Housing Project

- 10. HUMAN SERVICE REGION(S): 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 2B

TECHNICAL SECTION:

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 categories on pages 5-7, Proposal Guidelines.

1. Describe the need, scope and the purpose of the proposal to address the problem as it relates to the chosen category. 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. (8 points)
2. Provide specific information for the identified populations, neighborhoods and/or targeted geographic area to be served. Include relevant and current information about the population to be served. Demographic information can be found at: <http://www.fairfaxcounty.gov/government/about/data/> and <http://huduser.org>. (7 points)

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

1. Explain 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 do not align with the organization's program model and propose a possible outcome that would be suitable. (10 points)
2. Describe how the standardized and/or agency developed outcomes will address the identified needs in the selected category and describes how outcome data will be measured, collected and maintained. (15 points)

FOR APPLICANTS REQUESTING \$50,000 OR LESS PER YEAR

FORM 3

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2021-2022

PROGRAM OUTCOME WORKSHEET

(Complete a separate form for each proposed program service/activity outcome) Outcome # _____ of _____

Organization: _____

Program: _____

A. Service Provided:

B. Chose One: Standardized Outcome Agency Development Outcome

C. Measurement System:

D. Outcome Indicator(s):

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

FY 2021

Total Individuals: _____

Total Households: _____

FY 2022

Total Individuals: _____

Total Households: _____

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

FY 2021 *Number* *Percentage*

Individuals: _____

Households: _____

FY 2022 *Number* *Percentage*

Individuals: _____

Households: _____

FOR APPLICANTS REQUESTING \$50,000 OR LESS PER YEAR

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. Describe 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. Describe any anticipated 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 plans 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. (7 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. (4 points)
3. Describe in detail how clients with mental and or physical disabilities will be accommodated to access program services and how the organization complies with the Americans with Disabilities Act (ADA). (5 points)
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. (4 points)

FOR APPLICANTS REQUESTING \$50,000 OR LESS PER YEAR

PROPOSAL CONTENT (B)

COST SECTION:

Applicants are required to use the Budget Forms to respond to the following sections.
Budget forms can be downloaded at <http://www.fairfaxcounty.gov/solicitation>.

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 4B, Budget Justification**. Failure to adequately describe and justify each line item on Forms 4A and 4B will result in a loss of points. Personnel costs must show the annual salary rate and the percentage of time devoted to the program for each employee paid through CCFP funds. **NOTE: Applicants' indirect cost rate, used to calculate overhead costs for administering the program(s), should not exceed Fairfax County FY2019 indirect cost rate of 12.26% unless otherwise stated.** (10 points)

"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.

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. (5 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.

3. 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 FY2021 to FY2022. (5 points)

NOTE: If awarded a contract, the applicant's actual reported leverage, including the expected increase during FY2021 through FY2022, may be considered in future evaluations of the program's effectiveness. (5 points)

FORM 4

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2021-2022

PROGRAM BUDGET

PROGRAM: _____ ORGANIZATION: _____

BUDGET	ACTUAL FISCAL YEAR 2020		FISCAL YEAR 2021		FISCAL YEAR 2022	
	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 REHAB. COSTS						
Rehabilitation						
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 2021–2022

PROGRAM BUDGET JUSTIFICATION

PROGRAM: _____ ORGANIZATION: _____

BUDGET	FISCAL YEAR 2021	FISCAL YEAR 2022	BUDGET JUSTIFICATION <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 2021 to 2022 must be explained. Failure to provide a detailed justification may result in a significant loss of points.</i>
	CCFP BUDGET REQUEST	CCFP BUDGET REQUEST	
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			
TOTAL DIRECT COSTS			
TOTAL BUDGET			

MUST BE COMPLETED BY ALL APPLICANTS

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

FORM 5

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2021-2022

ESTIMATED PROGRAM REVENUE

(EXCLUDING CONSOLIDATED COMMUNITY FUNDING POOL FUNDS)

PROGRAM: _____ ORGANIZATION: _____

MUST BE COMPLETED BY ALL APPLICANTS

RESOURCE <i>(List each resource by name)</i>	FY 2020	FY 2021	FY 2022	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 \$27.50 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 (\$/hour)					
TOTAL PROGRAM REVENUE					
Percent of Total Budget as Presented on Form 4	%	%	%		

ATTACHMENT 1

AFFIRMATION OF LEGALLY REQUIRED CONTRACT TERMS

BY SIGNING THIS AFFIRMATION, THE OFFEROR REPRESENTS THAT IT UNDERSTANDS THAT THE FOLLOWING CONTRACT TERMS ARE REQUIRED BY LAW AND CANNOT BE VARIED, REVISED, AMENDED, CHANGED, OR OTHERWISE NEGOTIATED:

1. **Funding:** The obligation of the County to pay compensation due the Contractor under the contract or any other payment obligations under any contract awarded pursuant to this contract is subject to appropriations by the Fairfax County Board of Supervisors to satisfy payment of such obligations. The County's obligations to make payments during subsequent fiscal years are dependent upon the same action. If such an appropriation is not made for any fiscal year, the contract shall terminate effective at the end of the fiscal year for which funds were appropriated and the County will not be obligated to make any payments under the contract beyond the amount appropriated for payment obligations under the contract. The County will provide the Contractor with written notice of non-appropriation of funds within thirty (30) calendar days after action is completed by the Board of Supervisors. However, the County's failure to provide such notice will not extend the contract into a fiscal year in which sufficient funds have not been appropriated.
2. **Non-discrimination:** During the performance of this contract, the Contractor agrees as follows:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non discrimination clause.
 - b. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, will state that such Contractor is an equal opportunity employer.
 - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
 - d. The Contractor will include the provisions of the foregoing paragraphs a, b, and c above in every subcontract or purchase order of over \$10,000 so that the provisions will be binding upon each subcontractor or vendor.
 - e. Contractor shall, throughout the term of this contract, comply with the Human Rights Ordinance, Chapter 11 of the Code of the County of Fairfax, Virginia, as reenacted or amended. Contractor shall further require that all of its subcontractors will comply with the Human Rights Ordinance, Chapter 11 of the Code of the County of Fairfax, Virginia, as reenacted or amended.
3. **Authorization to Conduct Business in the Commonwealth:** A Contractor organized as a stock or nonstock corporation, limited liability company, business trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law. Any business entity described above that enters into a contract with a Fairfax County pursuant to the Fairfax County Purchasing Resolution shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50, to be revoked or canceled at any time during the term of the contract. Fairfax County may void any contract with a business entity if the business entity fails to remain in compliance with the provisions of this section.
4. **No Indemnification by the County.** The parties agree that under applicable law the County cannot indemnify or defend the Contractor. To the extent any promise or term contained in this Contract, including any exhibits, attachments, or other documents incorporated by reference therein, includes an indemnification or obligation to defend by the County, that promise or term is stricken from this Contract and of no effect.
5. **Contractual Disputes:**
 - a. Any dispute concerning a question of fact as a result of a contract with the County which is not disposed of by agreement shall be decided by the Purchasing Agent, who shall reduce her decision to writing and mail or otherwise forward a copy to the Contractor within ninety (90) days. The decision of the Purchasing Agent shall be
(continued on next page)

MUST BE COMPLETED BY ALL APPLICANTS

ATTACHMENT 1 (CONTINUED)

final and conclusive unless the Contractor appeals within six (6) months of the date of the final written decision by instituting legal action as provided in the Code of Virginia. A Contractor may not institute legal action, prior to receipt of the Purchasing Agent's decision on the claim, unless the Purchasing Agent fails to render such decision within the time specified.

- b. Contractual claims, whether for money or other relief, shall be submitted in writing no later than sixty days after final payment; however, written notice of the Contractor's intention to file such claim shall have been given at the time of the occurrence or beginning of the work upon which the claim is based. Nothing herein shall preclude a contract from requiring submission of an invoice for final payment within a certain time after completion and acceptance of the work or acceptance of the goods. Pendency of claims shall not delay payment of amounts agreed due in the final payment.
6. **Drug Free Workplace:** During the performance of a contract, the Contractor agrees to (i) provide a drug-free workplace for the Contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Contractor that the Contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor. For the purposes of this section, "drug-free workplace" means a site for the performance of work done in conjunction with a specific contract awarded to a Contractor in accordance with this section, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.
7. **Immigration Reform and Control Act:** Contractor agrees that it does not, and shall not during the performance of the contract for goods and services in the Commonwealth, knowingly employ an unauthorized alien as defined in the Federal Immigration Reform and Control Act of 1986.
8. **Audit of Records:** The parties agree that County or its agent must have access to and the right to examine any books, documents, papers, and records of the Contractor involving transactions related to the Contract or compliance with any clauses thereunder, for a period of three (3) years after final payment. The Contractor must include this requirement in all subcontracts related to this Contract.
9. **Nonvisual Access:** All information technology, which is purchased or upgraded by the County under this contract, must comply with the following access standards from the date of purchase or upgrade until the expiration of the Contract:
- Effective, interactive control and use of the technology (including the operating system), applications programs, and format of the data presented, shall be readily achievable by nonvisual means;
 - The technology equipped for nonvisual access shall be compatible with information technology used by other individuals with whom the blind or visually impaired individual interacts;
 - Nonvisual access technology shall be integrated into networks used to share communications among employees, program participants, and the public; and
 - The technology for nonvisual access shall have the capability of providing equivalent access by nonvisual means to telecommunications or other interconnected network services used by persons who are not blind or visually impaired. A covered entity may stipulate additional specifications in any procurement.
 - Compliance with the nonvisual access standards set out this Section is not required if the Board of Supervisors determines that (i) the information technology is not available with nonvisual access because the essential elements of the information technology are visual and (ii) nonvisual equivalence is not available.

Signature/Date: _____ / _____

Printed Name/Title: _____ / _____

Company Name: _____

MUST BE COMPLETED BY ALL APPLICANTS

ATTACHMENT 2

CERTIFICATION OF FINANCIAL SOLVENCY FOR NONPROFIT ORGANIZATIONS

*IN COMPLIANCE WITH FAIRFAX COUNTY CONTRACTING PROTOCOLS, THE FOLLOWING
CERTIFICATION IS REQUIRED BY ALL OFFERORS 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 5 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: _____

DUNS Number: _____

MUST BE COMPLETED BY ALL APPLICANTS

ATTACHMENT 3

**CERTIFICATION REGARDING ETHICS
IN PUBLIC CONTRACTING**

*IN SUBMITTING THIS PROPOSAL, AND SIGNING BELOW, OFFEROR CERTIFIES
THE FOLLOWING IN CONNECTION WITH THE PROPOSAL OR CONTRACT:*

Check one:

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

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

If #2 is selected, please complete the following:

Recipient: _____

Date of Gift: _____

Description of the gift and its value: _____

Description of the consideration received in exchange and its value: _____

Printed Name of Bidder/Offeror Representative: _____

Signature/Date: _____ / _____

Company Name: _____

Company Address: _____

City/State/Zip: _____

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

MUST BE COMPLETED BY ALL APPLICANTS

ATTACHMENT 4

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: _____

DUNS Number: _____

MUST BE COMPLETED BY ALL APPLICANTS

ATTACHMENT 5

VIRGINIA STATE CORPORATION COMMISSION (SCC) REGISTRATION INFORMATION

The offeror:

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 offeror 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 offeror's out-of-state location)

– OR –

is an out-of-state business entity that is including with this proposal an opinion of legal counsel which accurately and completely discloses the undersigned offeror's current contacts with Virginia and describes why those 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 following box 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 proposal due date:

MUST BE COMPLETED BY ALL APPLICANTS

ATTACHMENT 6

REQUEST FOR PROTECTION OF TRADE SECRETS OR PROPRIETARY INFORMATION

REQUEST FOR PROTECTION OF TRADE SECRETS OR PROPRIETARY INFORMATION
PURSUANT TO ARTICLE 2, SECTION 4.D.3 OF THE PURCHASING
RESOLUTION AND VA. CODE ANN. § 2.2 4342(F)

This form is provided as a courtesy to assist vendors desiring to protect trade secrets and proprietary information from disclosure under the Virginia Freedom of Information Act. In order to receive protection, you must (a) invoke the protection prior to or upon submission of the data or other materials, (b) identify the data or other materials to be protected, and (c) state the reason(s) why protection is necessary. Each of these requirements must be met with respect to the particular information for which protection is sought.

- a) Submission of this form with or without other reference to Article 2, Section 4.D.3 of the Purchasing Resolution or Va. Code Ann. § 2.2-4342(F) shall satisfy the invocation requirement with respect to data or other materials clearly identified herein.
- b) Identify the specific data or other material for which protection is sought. Suggested forms of designation include: listing the Proposal Section, Tab, or Page numbers; attaching to this form a copy of the table of contents from your Proposal with the relevant trade secret or proprietary contents highlighted; or identifying herein a document stamp used within the Proposal to designate the relevant materials (e.g. "all portions of the Proposal marked "Proprietary" or "Trade Secret"). **NOTE: The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable.**
- c) For each distinct section of data or other information identified in response to paragraph b), above, state the reason(s) why protection is necessary. **NOTE: Your explanation must do more than simply stating the materials are "proprietary," or "trade secrets," or "not publicly available." You may attach additional sheets to this form as needed.**

Use of this form does not guarantee protection. It is incumbent upon each vendor to meet the prerequisites for protection of their trade secrets or proprietary information. Provision of this form does not constitute legal advice; you are encouraged to consult with your legal counsel prior to designation of materials for protection.

MUST BE COMPLETED BY ALL APPLICANTS

DATA MATERIAL TO BE PROTECTED	SECTION NO. & PAGE NO.	REASON WHY PROTECTION IS NECESSARY

ATTACHMENT 7

SUBRECIPIENT RISK ANALYSIS & COMPLIANCE RECORD PART A

NOTE: Steps 1-4 are to be completed by the non-federal entity who is applying for the CSBG subaward or who is already a County subrecipient. The County is asking these questions and requesting this information in order to assess a subrecipient's risk level and risk of non-compliance with 2 CFR Part 200. The appropriate links to the 2 CFR Part 200 citations have been included for your reference, where applicable.

STEP 1: Complete all fields, shaded in gray.

Subrecipient (Entity) Name:			
Subrecipient DUNS #.*		Potential Federal Subaward Amount:	
Subrecipient EIN #:		RFP # (if applicable):	
FAIN #:		CFDA #:	

*Subrecipient DUNS # must be the primary DUNS number that is used for the entities' grant and/or contractual agreements.

STEP 2: Answer all questions by checking the appropriate fields, shaded in gray.

Question	2 CFR Part 200 Citation, if applicable	Yes	No
A. Is the entity new to managing federal awards (has not done so within the past three years)?		<input type="checkbox"/>	<input type="checkbox"/>
B. Within the last two preceding fiscal years, did the entity have experience with this specific federal program?	2 CFR §200.331(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>
C. Did the entity have an audit (Single Audit and/or a financial statement audit) in both of the last two preceding fiscal years?	2 CFR §200.331(b)(2) and Subpart F	<input type="checkbox"/>	<input type="checkbox"/>
D. Has the entity experienced any substantial change(s) to its financial management system or process in the last year?	2 CFR §200.331(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>
E. Has the entity implemented any new (non-financial) systems or processes that would affect the same or similar federal programs in the last year?	2 CFR §200.331(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>
F. Has the entity experienced any substantial change(s) to its key management personnel or personnel administering the same or similar federal program in the last year?	2 CFR §200.331(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>
G. Has the entity been subject to any Federal or state awarding agency monitoring of the same or similar federal programs in the past last two preceding fiscal years and had findings?	2 CFR §200.331(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>
H. Is the entity based overseas (not US based)?		<input type="checkbox"/>	<input type="checkbox"/>
I. Has the entity been in existence for less than 10 years?		<input type="checkbox"/>	<input type="checkbox"/>
J. Does the entity have less than 50 employees?		<input type="checkbox"/>	<input type="checkbox"/>
K. Does the entity have an active governing body (e.g., Board, Council, Committee, Commission)?		<input type="checkbox"/>	<input type="checkbox"/>

STEP 3: Provide the information in the attached Subrecipient Risk Analysis & Compliance Record Checklist.

STEP 4: Execute.

- i. Print out the completed document.
- ii. Certify, sign & date it.
- iii. Scan Part A as a PDF and submit it to the appropriate Fairfax County department, along with the requested list of documents. Maintain a copy for your files and reference.

CERTIFICATION: By signing this form, I certify to the best of my knowledge and belief that the above responses and information provided in **Step 3** is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Signature of Legally Authorized Official: _____	Date: _____
Printed Name of Legally Authorized Official: _____	
Legally Authorized Official Title: _____	

ATTACHMENT 7 (CONTINUED)

SUBRECIPIENT RISK ANALYSIS & COMPLIANCE RECORD CHECKLIST PART A (CONTINUED), STEP 3

SUBSCRIPTION (ENTITY) NAME: _____

In order to facilitate Fairfax County's subrecipient risk analysis, subrecipients (entities) must provide the following documents, as well as checking and completing the appropriate fields, shaded in gray:

#	List of items to be provided by Subrecipient	Citation	Included	Not Applicable	Additional comment or explanation of why it is not included
1	If you weren't subject to a Single Audit, as defined in 2 CFR 200 Subpart F, financial statement audits for both of the last two preceding fiscal years	2 CFR 200 Subpart F	<input type="checkbox"/>	<input type="checkbox"/>	
2	As part of your external audit, management letters* for the last two preceding fiscal years <i>*Management letters are letters from the external auditors to inform the auditee of areas of risk, internal control weaknesses, operating inefficiencies, improvement opportunities, and other less significant audit items. The letters are intended to provide management and those charged with governance with valuable information regarding their organization. In accordance with GAS 7.43, the method used by the auditors to communicate this information is a matter of professional judgment, and need not be done through a formal written management letter.</i>	2 CFR §200.512(e)	<input type="checkbox"/>	<input type="checkbox"/>	
3	The detailed corrective action plan(s) for any noncompliance, material weakness, or significant deficiency identified in audits over the last two fiscal years	2 CFR §200.331(d)(2)	<input type="checkbox"/>	<input type="checkbox"/>	
4	Copies of any monitoring reports issued by a federal or pass-through agency of the same or similar programs over the last two preceding fiscal years	2 CFR §200.331(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	
5	Organizational Chart				
6	List of all members of the entity's governing body (e.g., Board, Council, Committee, Commission) and principals* of the entity, along with any term limits and the dates of election/hire, 6if applicable. Please include their full legal names. <i>*Principals means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g. division head, CEO, CFO, COO, CIO, Executive Director).</i>	2 CFR part 180, 31 U.S.C. 3321, and 41 U.S.C. 2313	<input type="checkbox"/>	<input type="checkbox"/>	
7	Details of any substantial change(s) to key management personnel or personnel administering the same or similar federal programs	2 CFR §200.331(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	
8	List of all employees who have been trained on 2 CFR Part 200, including and names and titles of personnel who participated, and the training details (title, description, date, length of training)	2 CFR §200.331(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	
9	List of all pending and/or previous lawsuits over the last two preceding fiscal years, with detailed information regarding who filed the lawsuit, the reason for filing, and the final judgment rendered	_____			
10	Explanation of any suspension and/or debarments of the entity or its principals by the federal government over the last two preceding fiscal years	2 CFR §200.113, 2 CFR part 180, 31 U.S.C. 3321, and 41 U.S.C. 2313	<input type="checkbox"/>	<input type="checkbox"/>	
11	Details of any known instances of fraud, bribery, or gratuity violations over the last two preceding fiscal years	2 CFR §200.113	<input type="checkbox"/>	<input type="checkbox"/>	
12	Description of your financial management system and process , including applicable internal controls and system features for federal award management	2 CFR §200.302(b)(1)-(5) and §200.303	<input type="checkbox"/>	<input type="checkbox"/>	
13	Details of any substantial changes made to your financial management system and/or non-financial systems that would affect the same or similar federal programs	2 CFR §200.331(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	
14	Written policy on procurement	2 CFR §200.318 thru §200.326			
15	Written standards of conduct, including conflict of interests	2 CFR §200.112 and §200.318(c)	<input type="checkbox"/>	<input type="checkbox"/>	
16	Written procedures regarding the allowability of costs and payments , including compensation, time and effort reporting, fringe benefits, and travel	2 CFR §200.302(b)(6), §200.302(b)(7), §200.430(a)(2), §200.431(b)(1), and §200.474	<input type="checkbox"/>	<input type="checkbox"/>	
17	Most recent federally approved negotiated indirect cost rate agreement	2 CFR §200.331(a)(4)	<input type="checkbox"/>	<input type="checkbox"/>	

PROPOSAL CHECKLIST

TECHNICAL SECTION

- FORM 1 — Proposal Cover Sheet (DPMM32)
- Table Of Contents
- FORM 2A or 2B — Proposal Narrative
Written Narrative (*Includes Demonstration of Need, Outcomes, Approach, Organizational Capacity*)
- FORM 3 — Program Outcome Worksheet

All addenda should be signed and should accompany the proposal.

COST SECTION

- Budget Narrative
- FORM 4 — Program Budget
- FORM 4A — Program Personnel Budget
- FORM 4B — Program Budget Justification
- FORM 5 — Estimated Program Revenues

ATTACHMENTS

- Current Board of Director's Roster (*including phone numbers and email addresses*)
- Program Position Descriptions
- Program Staff Resumes
- Unaudited Financial Statements (*October 31, 2019*)
- 2017 Federal Tax Form 990
- FY 2020 Organization-wide Budget
- ATTACHMENT 1 — Affirmation of Legally Required Contract Terms
- ATTACHMENT 2 — Certification of Financial Solvency
- ATTACHMENT 3 — Certification Regarding Ethics in Public Contracting
- ATTACHMENT 4 — Certification Regarding Debarment or Suspension
- ATTACHMENT 5 — Virginia State Corporation Commission (SCC) Registration Information Form
- ATTACHMENT 6 — Request for Protection of Trade Secrets or Proprietary Information
- ATTACHMENT 7 — Subrecipient Risk Analysis & Compliance Record (*if applicable*)
- Cooperative Agreement or Letter (*if applicable*)
- Memorandum of Agreement (*if applicable*)
- 501(c)3 or the proposal for 501 (c) 3 status

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

STANDARDIZED PROGRAM OUTCOMES

EXHIBIT A

THE TABLE BELOW IS A GUIDE THAT APPLICANTS SHOULD USE TO SELECT THE STANDARDIZED OUTCOME(S) AND OUTCOME INDICATOR(S) THAT BEST DEMONSTRATES THE IMPACT OF PROGRAM SERVICES.

STANDARDIZED PROGRAM OUTCOMES	SAMPLE OUTCOME INDICATORS*
<input type="checkbox"/> Persons feel better connected to the community as a result of participating in programs	<input type="checkbox"/> Percent of program participants who report feeling better connected with people or organizations in ways that bolster health and well-being
<input type="checkbox"/> Children and youth have access to safety net (community) resources that promote stability	<input type="checkbox"/> Percent of households receiving services with outcomes contributing to a child's stable living environment
<input type="checkbox"/> Adults have access to safety net (community) resources that promote stability	<input type="checkbox"/> Percent of adults receiving case management who are successfully connected to needed services
<input type="checkbox"/> Persons have improved access to emergency basic needs assistance	<input type="checkbox"/> Percent of households whose emergency basic needs are met
<input type="checkbox"/> Persons have improved basic English skills after completing English language instruction	<input type="checkbox"/> Percent of persons who complete English language instruction with measured improvement in basic English skills
<input type="checkbox"/> Persons enroll in or graduate from post-secondary courses or credentialing programs	<input type="checkbox"/> Percent of persons receiving supportive services who gain professional accreditation
<input type="checkbox"/> Persons complete job skills training	<input type="checkbox"/> Percent of persons served who obtain new or improved job skills
<input type="checkbox"/> Persons remain employed for at least 90 days after job placement	<input type="checkbox"/> Percent of persons receiving employment services who obtain and maintain employment for at least 90 days
<input type="checkbox"/> Persons complete financial literacy instruction	<input type="checkbox"/> Percent of persons served who complete financial literacy instruction and demonstrate increased understanding of financial concepts
<input type="checkbox"/> Persons demonstrate evidence of improved financial situation	<input type="checkbox"/> Percent of program participants who demonstrate improved capacity to manage finances (e.g., improved credit score, increased savings, adherence to budget, etc.)
<input type="checkbox"/> Adults have stable or improved physical health (Self-reported or Professionally Assessed**)	<input type="checkbox"/> Percent of participants who experience a positive impact on their physical health as a result of receiving services

STANDARDIZED PROGRAM OUTCOMES

EXHIBIT A (CONTINUED)

<input type="checkbox"/> Adults have stable or improved behavioral health (Self-reported or Professionally Assessed**)	<input type="checkbox"/> Percent of individuals served who demonstrate noticeably improved mental, emotional/ behavioral health
<input type="checkbox"/> Children and youth have stable or improved behavioral health (Self-reported or Professionally Assessed**)	<input type="checkbox"/> Percent of children and youth receiving services who show functional improvement in school and home-based behaviors
<input type="checkbox"/> Adults have stable or improved oral health	<input type="checkbox"/> Percent of adults receiving dental treatment services (e.g. dental visits, teeth cleaning, periodontal disease treatment, etc.) who maintain or improve their oral health
<input type="checkbox"/> Children and youth have stable or improved health	<input type="checkbox"/> Percent of youth receiving dental treatment services (e.g. preventive dental visits, teeth cleaning, dental caries treatment, dental sealants, etc.) who maintain or improve their oral health <input type="checkbox"/> Percent of children and youth who received any preventive dental service in the past year
<input type="checkbox"/> Children have a dental home	<input type="checkbox"/> Percent of children with a dental home or designated dental care provider
<input type="checkbox"/> Persons demonstrate increased health literacy	<input type="checkbox"/> Percent of persons who attend nutrition classes and demonstrate knowledge of healthy eating habits <input type="checkbox"/> Percent of caregivers (including expectant parents) who received oral health education and demonstrate knowledge about adequate oral health care for children and/or older adults
<input type="checkbox"/> Persons demonstrate improved social skills	<input type="checkbox"/> Percent of program participants who meet or exceed identified social skills goals by year end or at program exit
<input type="checkbox"/> Persons demonstrate improved family functioning	<input type="checkbox"/> Percent of households receiving services who demonstrate increased quality of relationships with children and spouse/partner
<input type="checkbox"/> Persons have decreased levels of risk of abuse, neglect or exploitation	<input type="checkbox"/> Percent of youth served with decreased risk for abuse or exploitation as a result of intervention

STANDARDIZED PROGRAM OUTCOMES

EXHIBIT A (CONTINUED)

<input type="checkbox"/> Persons are able to plan for their safety as a result of gained skills, awareness, and knowledge	<input type="checkbox"/> Percent of households who report feeling safer as a result of having their own individualized safety plan
<input type="checkbox"/> Older adults and individuals with disabilities have options that support their physical, behavioral, and cognitive needs	<input type="checkbox"/> Percent of program participants who continue to reside in their homes one year after initiating services or at program exit
<input type="checkbox"/> Caregivers receive health and well-being benefits from support services	<input type="checkbox"/> Percent of program participant caregivers who report experiencing less stress as a result of the program
<input type="checkbox"/> Older adults and individuals with disabilities participate in meaningful and accessible activities of their choice	<input type="checkbox"/> Percent of individuals with mental illness or co-occurring substance use disorders receiving services who have increased engagement in meaningful activities
<input type="checkbox"/> Children have a medical home	<input type="checkbox"/> Percent of children who have a medical home or designated primary care provider
<input type="checkbox"/> Children reach benchmarks supporting school readiness	<input type="checkbox"/> Percent of preschool aged students who have emergent literacy and numeracy skills
<input type="checkbox"/> Youth demonstrate improved academic performance	<input type="checkbox"/> Percent of youth receiving after-school support who demonstrate improved academic performance on their school report card evaluations at program entry and exit
<input type="checkbox"/> Youth attend school, graduate, or receive a GED at program completion	<input type="checkbox"/> Percent of youth exiting foster care who were enrolled in high school, or earned a high school diploma or GED
<input type="checkbox"/> Individuals and/or families are successfully housed	<input type="checkbox"/> Percent of households receiving housing support services that remain housed one year after initial lease up
<input type="checkbox"/> Persons move into permanent housing	<input type="checkbox"/> Percent of individuals/families who exit homelessness to permanent housing destinations

** Sample indicators are provided as examples and are not intended to be a prescriptive or exhaustive list of indicators*

*** Service provider must communicate whether assessment of condition was reported by self or reported by a professional service provide*

