

**Seminole County Community Services Department  
Emergency Solutions Grant (ESG)  
Notice of Funding Availability (NOFA)  
Program Year 2023–2024**



**Emergency Solutions Grant (ESG)** – Seminole County Community Services Department has published its Notice of Funding Availability (NOFA), listing activities the County will consider funding during the 2023-2024 Program Year. Applications that do not address the priorities detailed in the 2020-2024 Consolidated Plan will not be considered for funding. Applicants must show reasonable cost estimates, establish an activity implementation timeline, and show financial stability. Funding award amounts are subject to be reduced from the agency's application based on the priority of needs, ranking of applications, and available funds.

**Submission Requirements**

Each applicant must submit one (1) original application along with two (2) paper copies, and one (1) electronic copy in PDF format on an USB flash drive.

**Applications must be mailed or hand-delivered to the Community Services Department by Thursday, March 30, 2023 at 4 PM.** Applications must be date stamped by the official time clock located in our lobby.

**Seminole County Community Services Department  
520 W. Lake Mary Boulevard, Suite 100  
Sanford, Florida 32773  
Attention: Bonnye Deese, Special Projects Coordinator**

**APPLICATIONS RECEIVED AFTER 4:00 PM WILL NOT BE CONSIDERED**

Two technical assistance workshops are scheduled to provide interested applicants the opportunity to ask questions regarding the funding notice and application process. The in-person workshop is scheduled for Wednesday, February 8, 2023, at 9 a.m. in the 3rd Floor Conference Room of the Seminole County Community Services Department. The virtual meeting will be held on Wednesday, February 15, 2023 at 2 p.m. Meeting login instructions will be available at [www.seminolecountyfl.gov/departments-services/community-services/](http://www.seminolecountyfl.gov/departments-services/community-services/). To be considered for the 2023-2024 funding, all interested applicants must have a representative present for at least one of the workshops.

## Content of Applications

Applications should be submitted in a three-ring binder with tabs separating each section listed below. Failure to follow these instructions may result in application disqualification.

### Application Checklist

- **Title Page:** Type the name of the Applicant's agency/firm, address, telephone number, name of contact person, date, and the title of the application.
- **Table of Contents:** Include a clear identification of the written material by section and by page number.
- **Summary:** Provide a 1 to 2-page summary of the project that identifies the location, need for project/activity, who it will service, and its benefit to the community.
- **Project Submission Sheet**
  - A. Organizational Capacity & Experience** – Provide documentation demonstrating the experience of key staff members and the Applicant's skills and ability implementing similar project/activities, and their track record with successfully delivering services to the community.
  - B. Project / Activity Description** - Provide documentation demonstrating the need for the proposed project/activity. Indicate the National Objective the activity will address and whether it is an eligible project/activity on the ESG guidelines.
  - C. Approach** - Provide a narrative of how the organization anticipates implementing the proposed activity/project within the EGG funding year beginning October 1, 2023 through September 30, 2024.
  - D. Timeliness** - Provide a project/activity schedule to illustrate how the organization will implement the proposed activity/project within the EGG funding year.
  - E. Outcomes** - Applicant must provide quantifiable project outcomes and illustrate how they are attainable and meet the County's goals.
  - F. Project/Activity Budget** - Applicant must provide a detailed Project / Activity budget, with reasonable costs, and show the required matching funds.
  - G. Disclosures and Certifications** – Applicants must include fully executed Certification of Accuracy, Due Diligence Affidavit, and Certification of Other Funding or Matching Funds
  - H. Attachments** – Applicant must include all required attachments and label the corresponding dividing tab.

## Minimum Threshold Requirements

Projects will be recommended for funding based on applications meeting all minimum threshold requirements listed below and will be ranked in order based on highest score. If a tie breaker is needed during scoring to determine project ranking, the first tiebreaker will be "Ability to Proceed". Those projects that score highest in Ability to Proceed, will be ranked higher. If a second tiebreaker is needed, those projects with higher points in leveraging, i.e., projects that require less total County funding per unit, will be ranked higher.

Please note points will only be awarded when supporting documentation outlined in the Application Checklist is both accurately labeled and attached to your application. Points will not be awarded in cases where supporting documentation is inaccurately labeled and/or attached to the wrong question.

**Organizational and Financial Capacity** – Organizations must demonstrate that they are fiscally sound and have the skills and experience required to achieve the proposed activity. Applicant (Developer, Developer Principal, or Sponsor) must provide Audited Financial Statements or a Certified Financial Statement, certified by an independent 3rd party auditor, which cannot be performed by an affiliate or staff member. This is a minimum threshold requirement.

**Track Record** – Previously funded applicants must be in good standing, with respect to audit findings and/or failure to complete projects, have a solid track record of submitting progress reports and monitoring findings and completed projects. This is a minimum threshold requirement.

**Match** – Applicants must provide supporting documentation showing a firm commitment of ALL sources of funding available for the proposed activity. This is a minimum threshold requirement.

**Site Control** – Applicants must demonstrate site control. This is a minimum threshold requirement.

**Passing the Due Diligence investigation:** Applicants must pass a Due Diligence investigation; see the Due Diligence Checklist for more information. This is a minimum threshold requirement.

## Application Review and Ranking

During the project recommendation process, the Application Review Committee will consider the Applicant's response to the NOFA, the objectives of the 2020-2024 Consolidated Plan, and the following criteria:

- Applicants must submit **all** required documents. Incomplete applications will be considered nonresponsive and will not be scored.
- Program Recipients must be a 501(c)(3)
- The project must serve at-risk populations
- Cost reasonableness will be considered in evaluating applications
- Awarded applicants will be reimbursed for services provided in their agreement. In no cases will funds be advanced to the awarded applicants.

**ESG Requirements**

If requesting ESG funding, Program Recipients must provide one of the following services: Rapid Re-housing of homeless families or homeless shelter operating & maintenance expenses. Recipients are also **required** to provide a minimum of a **match**, and must make matching contributions to supplement the recipient’s ESG program in an amount that **equals** the amount of ESG funds.

The Application Review Committee will score all applications based on how well the applicant responds to the following scoring criteria:

	<b>Maximum Points</b>
<b>Organizational Capacity/Experience</b> Applicant’s skills, abilities to and track record to successfully deliver services to the community.	15
<b>Activity/Project Description</b> Applicant’s ability to clearly describe the activity/project that is being proposed and the need for the service in Seminole County.	20
<b>Approach</b> Applicant provides a clear understanding on how it proposes to achieve the delivery of the activity/project.	10
<b>Timeliness</b> Applicant’s project is ready to proceed and has the ability to begin within 6 months of award notice and completed by the end of the funding period (09/30/2024).	20
<b>Outcomes</b> Applicant proposed project outcomes are attainable and meet County goals.	15
<b>Budget/Reasonableness of Cost/Match</b> Applicant provides a detailed Project and Activity budget, with reasonable costs, and has adequate match.	10
<b>Financial Review (Community Services Staff)</b> Agency submitted complete and acceptable audit and financials.	5
<b>Responsiveness</b> Agency provides a complete and clear application package.	5
<b>Total:</b>	<b>100</b>

## PROJECT SUBMISSION SHEET

### APPLICANT NAME AND ADDRESS

Name:		
Address:		
City:	State:	Zip:
Federal Employer Identification Number:		
DUNS Number:		

### CONTACT INFORMATION

Name:	Title:
Phone:	Fax:
E-Mail:	
Relationship to Applicant:	

Legal Status of Agency/Organization:  Non-Profit  Public Agency

Other (specify) \_\_\_\_\_

Project Name: \_\_\_\_\_

Proposed Project: \_\_\_\_\_

ESG Funds Requested: \$ \_\_\_\_\_

1. Explain why this project is needed. Indicate how it meets a National Objective and is eligible based on the County's objectives.
  
2. Eligible Activity (Select only one):  Shelter Operation and Maintenance  Rapid Re-Housing
  
3. Has the Agency previously received Seminole County funding for this project:  YES  NO
  - a. If yes, how much was received and when were the funds awarded? \_\_\_\_\_
  - b. Were all funds expended within the grant agreement timeframe?  YES  NO
  
4. Is your Agency a direct recipient of another award:  YES  NO
  - a. If yes, has your Agency been monitored/audited by the funding entity (Federal, State, or Local agency)?  YES  NO
  - b. If yes, provide the most recent completed Program Monitoring Report.

## **A. Organizational Capacity / Experience (15 Points)**

1. Briefly describe your track record and prior experience in the proposed activity and include the following information:
  - i. Unique qualifications or characteristics of staff, the facility or operations (*include specifics that separate your organization from others serving in the same capacity*).
  - ii. Number of years of related experience of the organization or key staff
  - iii. Specify key staff skills, assignments, and/or tasks
  - iv. Summary of past outcomes (*for the past two years*)
  - v. Perceived challenges in meeting the goals of this application
  - vi. Illustrate how your agency has the capacity to overcome perceived challenges in meeting the goals of this application.
  - vii. Provide a Year-End Report of accomplishments from previous funding year.

### **ATTACHMENTS A - M (REQUIRED):**

- A. List of Board of Directors and offices held
- B. Organizational Chart (*operation of organization*)
- C. Resumes of Chief Executive Officer, Chief Fiscal Officers, and key staff members assigned to the proposed activity
- D. Organizational Articles of Incorporation
- E. Organizational By-laws
- F. IRS Determination Letter (Proof of Non-Profit Status)
- G. Florida Department of Corporations Current Filing (*print from [www.sunbiz.org](http://www.sunbiz.org)*)
- H. Organizational Business Plan (If activity is in operation for less than 3 years)
- I. Most Recent Certified Audited Financial Statement (within the past 2 years with Management Letter, if applicable)
- J. IRS 990 Forms with Schedules
- K. Proof of current insurance including liability/worker's compensation/etc.
- L. Most recent federal, state, or local monitoring reports (if applicable)
- M. Letters of Support from other agencies demonstrating that the "activity" as conducted by the applicant has impacted the documented need

**B. Project / Activity Description (20 Points)** *(attach additional sheets if necessary)*

1. Describe the “activity”, in detail, and be very specific about how the ESG funds are proposed to be used. Be certain to include the following information:
  - a. Identify and document the need or problem.
  - b. Document the severity of the problem, clearly describing the need, to include statistics and reliable sources that are quantifiable and supported by appropriate data.
  - c. Affected population and percentage of low- and moderate-income persons to be benefited (*Area of service*).
  - d. Geographic area to be served. Include activity location, U.S. Census Tract. If activity is held in multiple locations, list all locations and the Census Tract Numbers (<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>). If the activity is County-wide, indicate as such.
  - e. State whether organization participates directly or indirectly in the proposed activity and document the number of clients served directly and indirectly.

**C. Approach (10 Points)**

1. Provide a narrative (250 words or less) describing how the organization anticipates implementing the proposed activity/project within the EGG funding year beginning October 1, 2023 through September 30, 2024.

**D. Timeliness (20 Points)**

1. Provide a Schedule of Activities sorted by tasks necessary to implement the proposed activity/project within the EGG funding year beginning October 1, 2023 through September 30, 2024.

<b>Activity Schedule and Activity Timeline</b>	
<b>Task</b>	<b>Date to be Completed</b>

2. Identify any strategies for collaborative approaches, such as volunteer recruitment and training, community building or strategic alliances. (If none, indicate N/A):
  
3. Identify any cooperative approaches and describe how they will improve the performance of the activity. (If none, indicate N/A):



## E. Outcome Measurement Goals: (15 Points)

Seminole County Community Development Division determines actual benefits of funded activities by using Outcome Measurement Goals. The Application Review Committee will review these goals closely when recommending applications for funding to the Board of County Commissioners.

The Outcomes Measurement section measures the actual benefits or changes for individuals as a result of participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. The purpose of this section is to identify these outcomes in measurable terms.

**Table 1** of this section is designed to allow the applicant to briefly describe the proposed activity's initial, intermediate, and long-term outcomes.

**Table 2** of this section is designed to allow the applicant to declare goals to be measured throughout the contract period.

- ♦ **A copy of this section will be given to the Review Committee as back-up material.**

Provide an outcome tracking table, using the attached tables as a model, being as brief as possible, using the guidelines below:

**Resources** – money, staff, staff time, volunteers, volunteer time, facilities, equipment, or supplies.

**Inputs** – resources dedicated to or used by the program.

**Activities** – what the program does with the inputs to fulfill its mission.

**Outputs** – direct products of program activities.

**Benefits** – new knowledge, increased skill, change in attitudes or values, modified behavior, improved condition, altered status.

**Outcomes** – benefits or changes for individuals of target populations during or after participating in program activities.

- ♦ **Initial Outcomes** – first benefits or changes participants experience.
- ♦ **Intermediate Outcomes** – benefits that connect initial outcomes and longer-term outcomes.
- ♦ **Longer-term Outcomes** – ultimate benefits of the program.

**Quantifiable Measurement Goals** – a defined goal of measurement per quarter (i.e. proof of academic achievement, proof of new or increased skills, certifications, etc.)

1. Provide a brief narrative justification with proposed inputs, output, and outcome, and state why this project is needed.

2. Provide a brief narrative describing how goals, performance, and success will be measured if awarded funds.

3. Does this activity currently exist?     YES     NO

If yes, where?

**OUTCOME MEASUREMENT TABLE 1**

Program: \_\_\_\_\_

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term

## QUANTIFIABLE GOALS TABLE 2

**First Quarter:**

**Second Quarter:**

**Third Quarter:**

**Fourth Quarter:**

**F. Project / Activity Budget (10 Points)**

1. Provide a proposed project/active budget. Applications submitted without a budget will be considered incomplete and **will not be considered for funding**.
  - a. Agencies awarded 2022-2023 ESG funding must show current award amounts for comparison with the requested amount. The Sample provided below is recommended.

Details of 2023/2024 ESG Funding Request	Current 2022/2023	Proposed 2023/2024
<b>PROGRAM PERSONNEL</b>		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
<b>PERSONNEL EXPENSES:</b>		
<b>PROGRAM OCCUPANCY</b>		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
<b>TOTAL OCCUPANCY:</b>		
<b>PROGRAM OPERATING/PROGRAM EXPENDITURES</b>		
Office Supplies		
Direct Client Services		
Office Expense/Computer		
Communication		
Printing		
Advertising		
Professional Fees/Outside Consultants		
Staff Travel		
Staff Development/Training		
Volunteer Expenses		
Licenses, Taxes, Insurance		
Equipment Lease/Maintenance		
Vehicle Maintenance		
Program Materials		
Miscellaneous (provide detailed descriptions and breakdowns separately)		
<b>TOTAL OPERATING/PROGRAM EXPENSES:</b>		
<b>TOTAL 2022/2023 ESG AWARD:</b>		
<b>TOTAL 2023/2024 ESG REQUEST:</b>		

- b. Please attach documentation of funds the Applicant is providing as its source of matched funding (grant awards, cash, in-kind, etc.). List these sources on the *Certificate of Other Funding or Matching Funds*.

## CERTIFICATE OF OTHER FUNDING OR MATCHING FUNDS

Please show all other sources of funding to be used on this project. This includes any cash, loans, grants, donations, guarantees, rebates, subsidy, credit, tax benefits, or any other form of direct or indirect financial assistance from any government, foundation, financial institution, agency, individual, or any other source of funds for use in, or in connection with the requested ESG project.

I, \_\_\_\_\_, being a duly authorized representative of \_\_\_\_\_, hereby certify that, in addition to the assistance being sought through Seminole County Government, funds from other sources  will /  will not be provided for the project. Maintenance and operation costs are not considered match or leverage.

The following financial assistance will match or leverage the project referenced above:

Funding Amount	Source	Use of Funds

**Certified by my signature:** The information provided above is a true and complete representation of the financial assistance being provided for this project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**This is certified by my signature:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*Subscribed and sworn to (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.*

*He/she is personally known to me or has presented \_\_\_\_\_ as identification number:*

\_\_\_\_\_  
(Print or Stamp of Notary):

Expiration Date: \_\_\_\_\_

Notary Public – State of \_\_\_\_\_

Notary Seal



**SEMINOLE COUNTY COMMUNITY SERVICES**  
**FY2023-2024 Emergency Solutions Grant (ESG) Funding**  
**Certification of Accuracy**  
**All Applicants**

This page must be signed by the authorized representative of the Applicant as to the accuracy and completeness of this application. No application will be accepted without this document.

I hereby certify that this application is complete, and all information included herein is true and accurate.

Name of Applicant: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





SEMINOLE COUNTY COMMUNITY SERVICES
All Applicants
Due Diligence Affidavit

Applicant Name:
Address:
Telephone Number:

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1. Within the past five (5) years, neither the Entity nor its directors, partners, principals, members or board members:
i. Have been sued by a funding source for breach of contract or failure to perform obligations under a contract;
ii. Have been cited by a funding source for non-compliance or default under a contract;
iii. Have been a defendant in a lawsuit based upon a contract with a funding source;
iv. Have been charged with a crime that is unresolved at the time of signing this document; have been convicted at any time of a crime of fraud or bribery; or have been convicted at any time of a criminal act in connection with any County program.

Please list any matters which prohibit the Entity from making certifications required and explain how the matters are being resolved (use separate sheet if necessary):

Three horizontal lines for listing matters.

This is certified by my signature:

Applicant's Signature, Print Name, Date

Subscribed and sworn to (or affirmed) before me this \_\_\_ day of \_\_\_, 20\_\_ by \_\_\_. He/she is personally known to me or has presented \_\_\_ as identification number:

(Print or Stamp of Notary):

Expiration Date: Notary Public - State of Notary Seal