

PROPOSAL INSTRUCTIONS AND CONTENT

- Please keep responses to questions as brief and concise as possible.
- All forms need to be submitted in a typed format.
- Each proposal should be submitted with **one original and four copies**, three-hole punched at the left side. Please insert section dividers. It is not necessary to attach a cover letter.
- Letters from collaborating agencies or other funding sources should clearly specify their role in the project or contribution (financial or in-kind) that they will make.
- If your organization is submitting more than one application, please prioritize each project by attaching a list of all projects submitted in a prioritized order.
- Proposals should follow the established outline and instructions and will be compiled in the order provided on the proposal checklist.
- The proposal section being addressed should be cited and quoted prior to the response. Attachments should be submitted at the end of the applicable section.
- Proposals must be submitted on standard 8 ½" x 11" paper, consecutively numbered pages. No handwritten submittals will be accepted. All pages must be one-sided submissions.
- The original must contain original signatures.
- Please verify that all dates, figures, and budgets are for the appropriate year and are accurate.
- Proposals will be evaluated based on information provided in the submitted application. Omitted information will not be accepted unless clarification is requested by the Review Committee.
- Templates are provided for certain attachments and exhibits. Please use these templates. All other attachments must be developed and provided by the applicant.

All proposals are due to the Affordable Housing Department by 4:00 p.m., Monday, June 29, 2009.

Any questions, or need for further information, should be directed to:

Name	Phone	Email
Joe Ann Lowden	(813) 246-3151	lowdenj@hillsboroughcounty.org
Maureen Calderaro	(813) 274-6657	calderarom@hillsboroughcounty.org

**Affordable Housing Department
1208 Tech Boulevard, Suite 300
Tampa, FL 33619**

PROPOSAL CHECKLIST

Applicant Name: _____

Project Title: _____

Project Location: _____

A complete proposal packet will include the following items and must be presented in the following sequence:

_____ Tab 1: Proposal Checklist (signed at the bottom, with initials beside each item), Project Summary Form, and Table of Contents (see Business Plan Outline)

_____ Tab 2: Executive Summary of the Business (see Business Plan Outline)

_____ Tab 3: Business History (see Business Plan Outline)

_____ Tab 4: Services / Projects (see Business Plan Outline)

_____ Tab 5: Industry, Competition, and Market (see Business Plan Outline)

_____ Tab 6: Operation (see Business Plan Outline)

_____ Tab 7: Management, Organization, and Ownership (see Business Plan Outline)

_____ Tab 8: Financial (see Business Plan Outline); Attachment A - Project Operating Budget Form; Attachment C - Performance Measurement System; and Budget Narrative that demonstrates a clear, rationale justification for the funding request.

_____ Tab 9: Attachment B: Board of Directors plus all associated Exhibits

_____ Tab 10: Attachment D: Request for Funding Form (use template provided)

Supporting formats and templates follow.

Signed By

Submitting Official Title

PROJECT SUMMARY FORM

Project Title: _____

Project Location: _____

APPLICANT INFORMATION:

Name: _____

Address: _____

Contact Person: _____ Phone: _____

Email Address: _____ FAX: _____

Tax ID Number: _____ Yr Incorporated _____

PROPOSAL:

Hillsborough County's HPRP funds will be used specifically to pay for the following items:

Funding requested of the City of Tampa for Homeless Prevention:	\$
Amount of funding requested of the City of Tampa for Rapid Re-Housing:	\$
Amount of funding requested of Hillsborough County for Rapid Re-Housing:	\$
Total Project Cost:	\$

PROJECT SUMMARY (2 to 3 sentence summary):

Business Plan Outline

The following is a draft outline of the Business Plan Format to be used in the preparation of your Business Plan as required by Board of County Commissioners under BOCC Policy #04.05.00.00 adopted March 2006.

1. Table of Contents

2. Executive Summary of the Business (no more than 2 pages)

- 2.1 Provide a summary of the business.
- 2.2 Provide a summary of your business's mission.
- 2.3 Provide a summary of the Products/Services offered.
- 2.4 Provide a summary of the industry and your position within the industry.
- 2.5 Describe the nonprofit status and terms with the IRS (when did you/will you be classified as a public charity). Include your Certificate of Good Standing from the State. Include the federal EIN for the charity.
- 2.6 Provide a brief summary of key staff and Executive Director.
- 2.7 The request: Describe the purpose of the project and accomplishments expected once completed.

3. Business History

- 3.1 Describe how, when, and why the business was created.
- 3.2 Provide the Mission Statement of the business.

4. Services/Projects (i.e. Project Description)

- 4.1 Provide details of the services offered. **Identify the specific HPRP eligible activities proposed.**
- 4.2 Provide details of the recipients of the services.
- 4.3 Provide the benefits derived by the recipients of the services.
- 4.4 N/A
- 4.5 N/A

5. Industry, Competition, and Market

- 5.1 Provide details on the strategy--historical & projected.
- 5.2 Provide details on your customers--historical & projected.
- 5.3 Provide details on your market size--historical & projected **(i.e. Statement of Need) Please identify and describe existing and projected needs to be addressed by the project as well as the methods and data sources used to identify and verify the need for this project).**
- 5.4 Provide details on your competition--nature & number. **Also describe your roles and responsibilities in collaborative partnerships with other agencies that serve the homeless.**
- 5.5 Provide details on the available market.
- 5.6 Provide details on your method of sales **(i.e. planned community outreach efforts and how clients will be referred to the program).**
- 5.7 Provide details on your method of determining the pricing of your product.
- 5.8 Provide details on your customer service.

6. Operation

- 6.1 Describe the business's overall operating plan.
 - 6.2 Provide a synopsis of your management reporting system/s. **Describe your agency's capacity and experience with utilization of the local Homeless Management Information System (HMIS).**
7. Management, Organization, Ownership
- 7.1 Describe the management of the business by function and show the line of reporting throughout the business.
 - 7.2 Describe and show the organizational structure and ownership of the business, current and future.
 - 7.3 Provide the information on who has the authority to execute documents for the Board of Directors.
 - 7.4 Provide bios for your key staff and Executive Director as it relates to the **implementation of the HPRP Rapid Re-Housing Program. Also provide evidence of demonstrated ability to perform to the requirements of Federal Regulations (i.e. monitoring reports received in the past two years from local, State, or Federal funding agencies).**
 - 7.5 Provide information on the planned training of key staff.
8. Financial
- 8.1 Provide audited historical financial statements for the most current 3 fiscal years.
 - 8.2 Provide a pro forma breakeven analysis for 5 years, with assumptions used.
 - 8.3 Provide pro forma best case, worst case and most likely case income statements, and balance sheets for 5 years, with assumptions used.
 - 8.4 N/A.
 - 8.5 Provide the performance measures to be used for the new project.
9. Appendixes

Attachment A: Project Operating Budget Summary Form

Project Title: _____

Project Location: _____

Functional Budget Categories	Project Cost Estimates	HPRP Rapid Re-Housing Funds		Other Funds	
		County \$	City \$	Amount	Source
Financial Assistance (specify)					
Housing Relocation / Stabilization (specify)					
Data Collection					

BUDGET CAN BE EXPANDED TO INCLUDE MORE OPTIONS AND DETAILS.

Attachment B: Board of Directors

If applicable, give a brief history of the board. Discuss the election and removal of officers, the duties and the exercise of powers. Provide a Board roster include name, address, affiliation and position. Using the template provided, complete a board characteristics and skills checklist. Provide the resume of the Executive Director and all senior administrators.

Attachment B should additionally include the following Exhibits:

- **Exhibit 2:** Code of Conduct - Include a copy of the Code of Conduct listing prohibited behavior for board members, Executive Director, and employees.
- **Exhibit 3:** Policies and Procedures for Employees
- **Exhibit 4:** Bylaws - Provide a copy of the current board approved operating bylaws
- **Exhibit 5:** Minutes – Provide a copy of minutes authorizing submittal of an application for Hillsborough County funding.
- **Exhibit 6:** Organizational Chart – Provide a copy of the organization chart and succession in Executive Director's absence
- **Exhibit 7:** Letters of commitment from collaborating agencies (if applicable)

BOARD CHARACTERISTICS

Organization _____

Race	Female	Male	Total	Executive Committee
Asian				
American Indian/Alaskan Native				
Black/African American				
White				
Other				
Ethnicity				
Hispanic				
Non-Hispanic				

Occupation	Female	Male	Total	Executive Committee
Business/Industry				
Civic				
Education				
Government				
Health				
Organized Labor				
Professional				
Religious				
Retired				
Social Services				
Other				

Length of Service	Total
20 years or more	
10-19 years	
7-9 years	
3-6 years	
Less than 3 years	

Board Attendance	Total
Maximum Size Board	
Average number of vacancies in last 12 month	
Average attendance in last 12 month	

Attachment C: Performance Measurement System

Project Title: _____

OBJECTIVE

HUD has identified three objective categories:

- **Suitable Living Environment:** relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.
- **Decent Housing:** designed to cover the wide range of housing possible under HOME, CDBG, or ESG. This objective focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort.
- **Creating Economic Opportunities:** applies to the types of activities related to economic development, commercial revitalization, or job creation.

OUTCOME:

HUD has identified three outcome categories:

- **Availability/Accessibility:** This outcome category applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low- and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low- and moderate-income people where they live.
- **Affordability:** This outcome category applies to activities that provide affordability in a variety of ways in the lives of low- and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
- **Sustainability: Promoting Livable or Viable Communities:** This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

Rapid Re-Housing is classified as:

Objective: Affordability **Outcome:** Decent Housing

Provide a summary of the proposed outputs (i.e. type of service provided, units of service provided, target population to be served, number of unduplicated persons or households to be served, and direct benefit received from the service provided).

Attachment D: Request for Funding Form

Organization: _____

Project Title: _____

\$ Funding Requested _____

Certification

This certifies that it understands that if funding is approved by the Hillsborough County Board of County Commissioners, the organization will enter into an Agreement with the Board and must meet all programmatic and fiscal contractual requirements deemed appropriate by the County (including insurance requirements). The organization also agrees to comply with all requirements and conditions to provide documentation supporting the application.

The organization certifies that the information contained in this Application is true and complete. It also understood that if an organization provides false, incorrect information and misrepresentation in their application it will automatically disqualify the organization. Funds will not be released until all requirements have been met, the U.S. Department of Housing and Urban Development has released the funds, environmental reviews have been completed, and agreements have been fully executed between all parties.

The Application is submitted under the authority of:

Signature of Chairperson or Executive Director

Typed Name of Certifying Official

Date Signed