



volunteerflorida

## **REQUEST FOR PROPOSAL NOTICE TO APPLICANTS**

Volunteer Florida is pleased to invite funding proposals for the provision of disaster case management services to support recovery from the 2017 Hurricane Irma (DR-4337-FL). Total funding available for this RFP is approximately \$27,154,577.

### **APPLICANT REQUIREMENTS**

All applicants will be required to complete applicant information included in the RFP. This information will be used to evaluate applicant qualifications.

### **CONTRACTUAL REQUIREMENTS**

A copy of the (sample) contract is available upon request.

Volunteer Florida will accept proposals until noon, 12:00 p.m., Eastern Time, February 16, 2018 to establish a contract with a qualified service provider to provide Disaster Case Management Services to support recovery from the 2017 Hurricane Irma (DR-4337-FL). Late proposals will not be considered.

For information regarding this notice, and throughout this competitive acquisition process, interested service providers shall contact:

Ken Skalitzky  
Emergency Management Director  
Volunteer Florida  
3800 Esplanade Way, Suite 180  
Phone: 850-414-7400 x119  
FAX: 850-921-5146  
E-mail: [ken@volunteerflorida.org](mailto:ken@volunteerflorida.org)

# Table of Contents

Background.....	3
Charts and map.....	4
TSA numbers chart.....	5
Purpose of RFP.....	6
Purpose of Disaster Case Management Program	
DCM Service Providers	
Proposal Scoring Criteria.....	7
Allowable Expenditures	
Funding Period and Process.....	8
Request for Advance	
Reporting Process	
Applicant Requirements	
Contractual Requirements	
Proposal Deadline	
Volunteer Florida Disaster Case Management Program Proposal Submission.....	9
Florida Disaster Case Management Program Proposal Cover Page.....	11
Disaster Case Management Program Proposal.....	13
Disaster Case Management Program Budget.....	15
Disaster Case Management Program Proposal Budget Narratives.....	16
Proposal Checklist.....	18
Disaster Case Management Program Timeline.....	19
Request for Proposal Timeline.....	20
Appendix.....	21
Samples of Position Descriptions.....	40

## Volunteer Florida Disaster Case Management Program Request for Proposal

### BACKGROUND

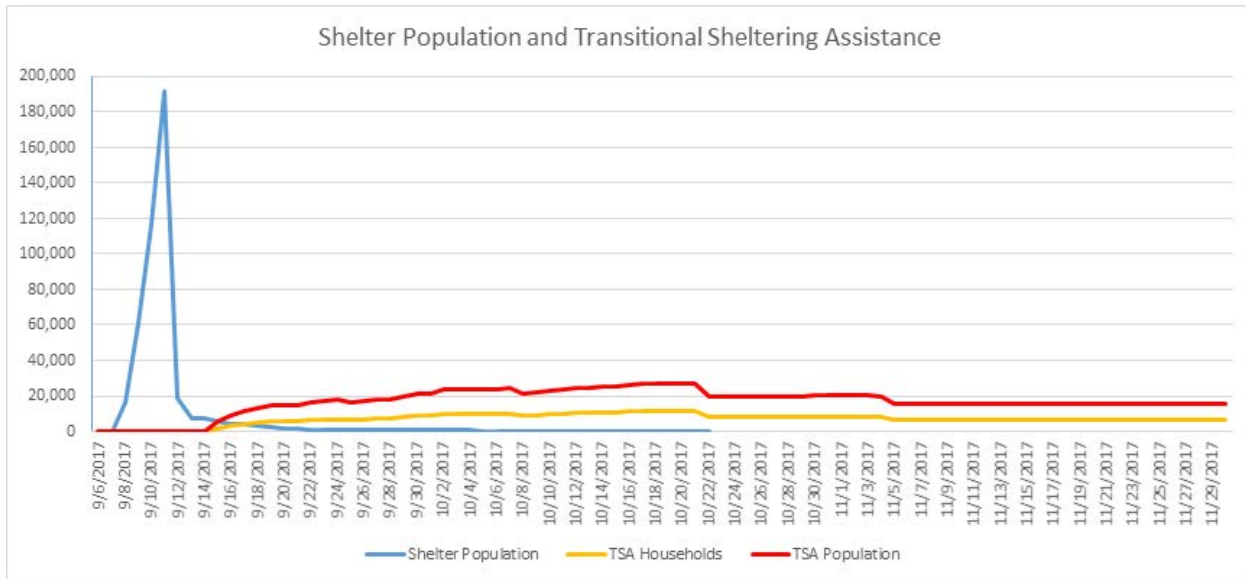
The Disaster Case Management Program (DCMP) funds have been awarded to Volunteer Florida by the Federal Emergency Management Agency to provide Disaster Case Management Program services to survivors of DR-4337-FL. The projected number of approved registrants will be determined using the FEMA Interim Disaster Case Management Program Guidance released September 2017.

For Hurricane Irma assistance in the State of Florida, closed registrations for disaster assistance was 2,638,884. In working with our partners the decision was made to utilize the more accurate data point Temporary Shelter Assistance (TSA) Data to project staffing and determine possible number of clients with long term unmet needs and may need case management assistance. As of October 29, 2017 the cumulative eligibility number for TSA was 857,594 households however the State will use the TSA number from October 17, 2017 of 820,000 rounded up.

Using the TSA number to calculate staffing resulted in the need for approximately 240 case managers plus 24 case management supervisors.

Utilizing the FEMA DCMP Guidance formula, the estimated number of households is 8405 potential clients. <http://www.volunteerflorida.org/wp-content/uploads/2018/01/FEMA-DCM-Interim-Guidance-September-2017-FINAL-10-6-17.pdf>

The last shelter closed on October 21, 2017.

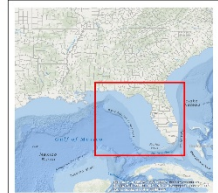


Counties are divided into 5 groups listed below. The projected number of approved registrants will be determined using the FEMA DCM Program Guidance released on September 2017.

	Group 1	Group 2	Group 3	Group 4	Group 5
Counties	Miami-Dade Monroe	Brevard Charlotte DeSoto Glades Hardee Hendry Highlands Indian River Manatee Martin Okeechobee Osceola Palm Beach Sarasota St. Lucie	Broward Collier Lee	Citrus Hernando Hillsborough Lake Pasco Pinellas Polk Sumter	Alachua Baker Bradford Clay Columbia Dixie Duval Flagler Gilchrist Lafayette Levy Marion Nassau Orange Putnam Seminole St. Johns Suwannee Union Volusia
Registrations based on Individual Assistance Applications as of September 23, 2017	218,821	137,072	167,277	162,766	175,567
Allocation	\$7,000,000	\$4,600,000	\$5,000,000	\$5,000,000	\$5,400,000

# Volunteer Florida County Group 4: 1/4/2018

FEMA-4337-DR-FL



### Data Layers/Map Production:

This product serves to illustrate the Volunteer Florida block Groups at county level.

### Legend

#### County Group: 4

- Citrus
- Hernando
- Hillsborough
- Lake
- Pasco
- Pinellas
- Polk
- Sumter



0 40 80 Miles

Data Sources:  
FEMA, ESRI, HSIP  
Coordinate System: WGS 1984

## **PURPOSE OF RFP**

The purpose of the Request for Proposal (RFP) is to solicit proposals from qualified service providers wishing to contract with Volunteer Florida to provide Disaster Case Management Services for the 2017 Hurricane Irma (DR-4337-FL). The RFP process is intended to provide Volunteer Florida with information to assist in the selection process. Total funding currently available for the RFP is approximately is \$27,154,577. The current funding period is twenty (20) months.

## **PURPOSE OF DISASTER CASE MANAGEMENT PROGRAM**

Disaster Case Management (DCM) as defined in the FEMA 2017 Program Guidance is a time-limited process that involves a partnership between a case manager and a disaster survivor (also known as a “client”) to develop and carry out a Disaster Recovery Plan. This partnership provides the client with a single point of contact to facilitate access to a broad range of resources. The process involves an assessment of the client’s verified disaster-caused unmet needs, development of a goal-oriented plan that outlines the steps necessary to achieve recovery, organization and coordination of information on available resources that match the disaster-caused unmet needs, the monitoring of progress toward reaching the recovery plan goals, and when necessary, client advocacy.

## **DCM Service Providers**

The non-Federal entity may sub-grant/contract with local providers directly or sub-grant/contract a management entity to be responsible for managing local providers. Regardless of how the non-Federal entity chooses to manage the program, DCM Service Providers must adhere to the basic requirements listed below:

- Have experience managing Federal grant programs;
- Have experience providing disaster case management in an impacted area;
- Have no adverse or ongoing legal actions regarding the alleged or proven negative performance of their services, be neither suspended or debarred from contracting with the Federal Government, and shall not be in a probation status with other Federal grant programs;
- Comply with all applicable Privacy Act requirements and individual confidentiality provisions;
- Comply with Federal and non-Federal entity disability and civil rights laws, requirements and provisions (including providing equal access and reasonable accommodations);
- Follow the grant management requirements of 2 CFR Parts 215,220,225,or 230 as appropriate; and
- Maintain grant project records for three years after the end of the fiscal year that the grant agreement is finalized or until no longer needed, whichever comes sooner.

**Additional Requirements include:**

- Capacity to hire and manage requisite staff
- Demonstrated experience with fiscal accountability and records management
- Ability to maintain grant project records for a period of seven (7) years after the end of the fiscal year in which the grant agreement is finalized.
- Utilize a shared client and data collection system such as the Coordinated Assistance Network (CAN) or like system for information sharing, avoid duplication, and required reporting
- Adhere to Disaster Case Management Program Guidance as described in the 2017 FEMA DCM Program Guidance and the Florida Disaster Case Management Plan. An excerpt from FL Plan and FEMA Guidance is included in the Appendix as Attachment G.
- Provide Disaster Case Management Training
- Have a system in place for the utilization and support of volunteers.  
FEMA DCMP Guidance: <http://www.volunteerflorida.org/wp-content/uploads/2018/01/FEMA-DCM-Interim-Guidance-September-2017-FINAL-10-6-17.pdf>  
FL VOAD: <http://www.volunteerflorida.org/wp-content/uploads/2018/01/Florida-Disaster-Case-Management-Base-Plan-REV-July-2016.pdf>

**PROPOSAL SCORING CRITERIA** Proposals will be reviewed and scored by an Evaluation Committee selected by Volunteer Florida staff. Scoring will be on a 150 point scale based on the components outlined in the Proposal Submission section. Volunteer Florida may conduct clarifying interviews in person or through conference calls prior to final approval. A copy of the Proposal Review Form and scoring elements is included in the Appendix as Attachment A.

**ALLOWABLE EXPENDITURES**

DCMP resources may only be used to support Disaster Case Management services. Funds may be used for salaries, benefits, equipment, supplies, travel and certain contracted expenses. Additional information on allowable vs. unallowable costs can be found in Budget Preparation beginning on page 64 of the 2017 FEMA DCM Program Guidance. Volunteer Florida urges all applicants to become familiar with compliance policies detailed in the guidance. The guidance has been included in the Appendix as attachment B.

**FUNDING PERIOD AND PROCESS**

Upon proposal approval, the term of this award shall commence with receipt of a signed original contract by Volunteer Florida and shall expire September 10, 2019 from the original grant term with FEMA. If approved, an addendum to the original contract shall be drawn with new terms superseding only the funding period and no other terms or requirements set forth in the Request for Proposal or Contract. (Proposals should be for a 19 month program when preparing your budgets)

## **REQUEST FOR ADVANCE**

A request for an advance payment may be submitted to Volunteer Florida. The request cannot exceed the amount of projected expenditures for the first 30 days. If an advance on the awarded amount is needed, applicant must submit the Request for Advance Payment form with the proposal. Payments thereafter will be made on a cost reimbursement basis. Applicant must complete the 60-Day Certification of Operating Funds Agency Certification. Copies of these forms are included in the Appendix as Attachment C.

## **REPORTING PROCESS**

Monthly financial reports with an Invoice and accompanying receipts must be submitted by the 10<sup>th</sup> of each month for the prior month to Volunteer Florida. Copies of the Monthly Invoice Worksheet and Monthly Federal Finance Report SF-425 have been included in the Appendix as Attachments D and E respectively.

A sample of the monthly update template has been provided on page 87 in the FEMA DCM Program guidance 2017. <http://www.volunteerflorida.org/wp-content/uploads/2018/01/Florida-Disaster-Case-Management-Base-Plan-REV-July-2016.pdf>

## **APPLICANT REQUIREMENTS**

All applicants will be required to complete applicant information included in the RFP. This information will be used to evaluate applicant qualification.

## **CONTRACTUAL REQUIREMENTS**

A copy of the (sample) contract is available upon request.

## **PROPOSAL DEADLINE**

**All proposals must be uploaded by noon, 12:00p.m.; Eastern Time, February 16, 2018**

**Submit the proposal via MicroEdge/Blackbaud.**

**Send questions to [DCMPIrma@volunteerflorida.org](mailto:DCMPIrma@volunteerflorida.org)**

Ken Skalitzky  
Emergency Management Director  
Volunteer Florida  
3800 Esplanade Way, Suite 180  
Tallahassee, FL 32311



## VOLUNTEER FLORIDA DISASTER CASE MANAGEMENT PROGRAM PROPOSAL SUBMISSION

- Proposals conforming to the project requirements must be typed in 12 point Arial font, double spaced, using the pages and forms provided within this RFP. Proposals must include all items listed below. Incomplete proposals may not be considered.
- **Cover Page** – Be sure to include a signature by an authorized representative of your organization.
- **Letter of Transmittal** – Signed by an officer with authority to bind the Applicant's proposal.
- **Narrative**
  - **Executive Summary** (500 words or less) – The Executive Summary should provide a brief overview of applicant's project.
  - **Project Description** (4500 words or less) – Explain:
    - The service area(s), DCM positions required, staff recruitment and plan for allocation of staff throughout the region
    - The mobilization and outreach strategy
    - The full scope of service provision to include intake process, client prioritization, client data sharing, standardization of forms, case management activities, client progress/monitoring and case closure
    - The demobilization strategy
    - The DCMP training plan will be the responsibility of the Volunteer Florida Training Specialist.
    - Please describe the system to be used for client data sharing to avoid duplication of benefits, its compatibility with Coordinated Assistance Network (CAN) type program and use of the Alliance of Information and Referral Systems (AIRS) taxonomy
    - The process for managing clients with functional needs
    - The standardization and use of the following documents: intake form, release of information, case plan development, outcomes and indicators monitoring, program monitoring reports, repair estimation, case presentation, volunteer tracking, case closure
    - The system or process used for tracking volunteer hours
  - **Organizational Capacity and Community Collaboration** (Limit the space for each item to 500 words or less) – Use this section to provide:
    - Description of pursuit of additional funding to secure services/resources for clients
    - Description of coordination with community stakeholders and long-term recovery organizations for service and resource support
    - Description of DCMP document maintenance and retention procedures
    - Description of experience managing federal grants and system of fiscal accountability
- **Budget** (send as an attachment)– As you prepare your budget: Itemize each cost.
- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

Budgets may include costs for:

- **Personnel:** Include expense for employees whose activities directly relate to the project. List each staff position separately and provide position description, salary, and percentage of effort devoted to this project. Each staff person's role listed in the budget must be described in the narrative.
- **Fringe Benefits:** Identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Unless exempt by the IRS with accompanying documentation (note in the narrative and provide documentation with application), all projects must pay FICA for all personnel, even when the organization does not supply the personnel expense. Other allowable fringe benefits typically include Worker's Compensation, Retirement, State Unemployment Tax (SUTA), Health and Life Insurance. List each benefit as a separate item. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item. Benefits may not exceed 23% of salary.
- **Travel:** Describe the purpose for which staff member(s) will travel. Provide a calculation to include itemized costs for transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Applicants must adhere to the State of Florida mileage and per diem (Florida Statute 112.061). State mileage reimbursement rate is \$0.445 per mile.
- **Equipment:** List all items over \$5,000. Please be very detailed in this section and describe the equipment being purchased and the intended use.
- **Supplies:** Itemize all supplies not normally stocked in a typical business office. Include a justification for each item. Maximum allowed cost per item is \$1,000. Single items over \$100 should be listed individually in the budget narrative.
- **Other Operating Costs:** Allowable costs in this budget category include but are not limited to background checks, staff identification and office space. (If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects).
- **Budget Narrative** – Use this section to describe the adequacy of your budget to support your project design and activities. After each item description, present the basis for each calculation in the form of an equation. e.g., Calculation is \$31,980 annual salary with benefits, \$2,665 per month, 20 months = 53,300
- **Proposed DCMP Organizational Chart**
- **A copy of the Applicant's 501 (c)(3) determination letter**
- **Most recent audit** or board approved financial statement

**Florida Disaster Case Management Program Proposal  
Cover Page**

**Complete and submit via MicroEdge by 12:00 PM (noon) ET, February 16, 2018  
(Note: Incomplete proposals or proposals submitted after the deadline may NOT be accepted or reviewed.)**

**APPLICANT INFORMATION**

Name of Organization:		Address	
City, State, Zip		Phone	State of Incorporation
Description of Business: business type (corporation, partnership, etc.), organizational history, years in business, size			
Description of Specialized Services: (type of service and years of experience in specialized area)			
Application for Region: <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4 <input type="checkbox"/> Region 5			
Executive Director / CEO Name:		Executive Director/CEO Phone:	
RFP Contact Name		RFP Contact Title:	
RFP Contact Phone:	RFP Contact Fax:	RFP Contact Email:	
Please describe at least one project similar in size and scope of work to this RFP to include project name, client name, address, phone and brief summary of results:			
TOTAL AMOUNT REQUESTED:		FEIN NUMBER:	

**All applicants are required to provide information on the last five years of service history. Please complete the back of document with responses to each of the questions.**

To the best of my knowledge, the data in this proposal is true and correct and the governing body of the applicant has duly authorized the enclosed documents. I understand that incomplete proposals or proposals submitted after the deadline may not be accepted or reviewed.

By signing below, the undersigned acknowledges having read and understood the disaster program guidelines and will be able to fully comply with the provisions of these guidelines as well as any and all additional applicable federal, state and local requirements, including procurement and financial management. Applicant also acknowledges that if a funding recommendation is made for less than the full amount applied for, additional documentation to include but not limited to a revised budget, scope of work and proposed accomplishments may be requested prior to final funding determinations.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please limit your response to the following 3 questions to the space on this page.

<p><b>During the last five years, has Applicant had a contract terminated for default? If yes, please provide a detailed explanation.</b></p>
<p><b>During the last five years, has Applicant been assessed any penalties under existing or past contracts? If yes, please explain.</b></p>
<p><b>During the last five years has Applicant, subsidiary or intermediary company, parent company or holding company been the subject of any order, judgment or decree of any federal or state authority barring, suspending or otherwise limiting the right of the Applicant to engage in any business, practice or activity or if trading in the stock of the companies has ever been suspended? If yes, please explain.</b></p>

## **Disaster Case Management Program Proposal**

### **Narrative**

Please note: Enter text directly into the space beneath each item.

**Executive Summary** (500 words or less) The Executive Summary should provide a brief overview of applicant's project.

**Project Description** (Limit the space for each item to 500 words or less)

1. Please describe the service area(s), jobs required and staff recruitment and allocation plan for staff throughout the region
2. Please describe the mobilization and outreach strategy
3. Please describe the full scope of service provision to include intake process, client prioritization, client data sharing, standardization of forms, case management activities, client progress/monitoring and case closure
4. Please describe the demobilization strategy
5. Please describe the DCMP training plan (Training Specialist of Volunteer Florida will coordinate training)
6. Please describe the system to be used for client data sharing to avoid duplication of benefits, its compatibility with Coordinated Assistance Network (CAN) and use of the Alliance of Information and Referral Systems (AIRS) taxonomy
7. Please describe the process for managing clients with functional needs
8. Please describe the standardization and use of the following documents: intake form, release of information, case plan development, outcomes and indicators monitoring, program monitoring reports, repair estimation, case presentation, volunteer tracking, case closure
9. Please describe the system or process used for tracking volunteer hours

## **Organizational Capacity and Community Collaboration**

(Limit the space for each item to 500 words or less)

1. Please describe the of pursuit of additional funding to secure services/resources for clients
2. Please describe the coordination with community stakeholders and long-term recovery organizations for service and resource support
3. Please describe the DCMP document maintenance and retention procedures
4. Please describe organization's experience managing federal grants and system of fiscal accountability

## Disaster Case Management Program Budget

Item (Add extra or delete unused rows, as needed)	Cost	Subtotals / Total
Personnel <i>(if applicable)</i>		
Subtotal		
Fringe Benefits <i>(if applicable, not to exceed 23%)</i>		
Subtotal		
Travel <i>(in compliance with F.S. 112.061)</i>		
Subtotal		
Supplies <i>(Single items over \$100 should be listed individually. Maximum allowed cost per item is \$1,000.)</i>		
Subtotal		
Other Operating Costs		
Subtotal		
<b>TOTAL REQUESTED</b>		
Match (not required)		
<b>TOTAL BUDGET</b>		

## **Disaster Case Management Program Proposal Budget Narrative**

Budget Narrative (expand the space below to 1500 words or less)

Use this section and expand as necessary to describe the adequacy of your budget to support your project design and activities. After each item description, present the basis for each calculation in the form of an equation. e.g., Calculation is \$31,980 annual salary with benefits, \$2,665 per month x 20 months = \$53,000

---

**Executive Director, Board President or Authorized Agent**

---

**Date**



**Complete and submit via MicroEdge by 12:00 PM (noon) ET, February 16, 2018**

Ken Skalitzky  
Emergency Management Director  
Volunteer Florida  
3800 Esplanade Way, Suite 180  
Tallahassee, FL 32311  
Attention: Disaster Recovery Case Management Services

**Please be sure to include all documents requested on the attached checklist and submit them by 12:00 PM (noon) ET, February 16, 2018**

**For your reference and guidance, a copy of the Proposal Review Form is included in the Appendix as Attachment A.**

**VOLUNTEER FLORIDA**  
**DIASTER CASE MANAGEMENT PROGRAM**  
**PROPOSAL CHECKLIST**

- Cover Page
- Designate region
- Narrative (Applicant Information, Executive Summary, Project Description, Organizational Capacity and Community Collaboration)
- Budget
- Budget Narrative
- Completed Financial Questionnaire
- Proposed DCMP Staffing/Organizational DCMP Chart
- a copy of your 501(c) (3) certification
- a copy of your Federal Employer Identification Number (FEIN) and copy of tax-exempt certificate

**Disaster Case Management Program Timeline DR – 4337-FI**

<b>Deliverables</b>	<b>Actions</b>	<b>Date of</b>	<b>Responsible Party</b>
<b>Kickoff Meeting</b>	<b>All State Management staff, all DCM Program Managers oriented to DCMP</b>	<b>45-60 days from award</b>	<b>State Program Director, Training Coordinator</b>
<b>Case Management begins</b>	<b>First set of case managers in place reaching out to clients</b>	<b>60 days from award</b>	<b>Provider organizations</b>
<b>Case Load Benchmark</b>	<b>5% of expected caseload identified/contacted</b>	<b>90 days from award</b>	<b>Provider Agencies, Program Managers</b>
<b>Staff Benchmark</b>	<b>25% of case management staff hired and trained</b>	<b>120 days from award</b>	<b>Provider Agencies</b>
<b>Case Load</b>	<b>25% of expected caseload</b>	<b>180 days</b>	<b>Provider Agencies</b>
<b>Case Load Benchmark</b>	<b>50% of expected Caseload opened 10% of caseload closed</b>	<b>9 months from award</b>	<b>Provider Agencies</b>
<b>Case Load Benchmark</b>	<b>75% of expected</b>	<b>12 months from award</b>	<b>Provider Agencies</b>
<b>Case Load Benchmarks</b>	<b>100% of expected caseload opened</b>	<b>18 months from award</b>	<b>Provider Agencies</b>
<b>Demobilization begin reduction in staffing</b>	<b>Staff reduce 25% every 30 days, cases closed or transferred</b>	<b>120 days prior to performance period</b>	<b>Provider Agencies</b>
<b>Grant Closeout Project Performance completed</b>	<b>Staff reduction to 0% NLT</b>	<b>End of performance period</b>	<b>DCMP Staff, Management</b>

<b>TASK</b>	<b>DATE</b>	<b>TIME</b>
<b>Advertise and Release RFP</b>	<b>January 17, 2018</b>	<b>COB</b>
<b>Deadline to Submit Technical Questions</b> <a href="mailto:DCMPIrma@volunteerflorida.org">DCMPIrma@volunteerflorida.org</a>	<b>January 29, 2018</b>	<b>12:00 PM</b>
<b>Applicant Technical Assistance Call</b> 1-888-670-3525 passcode: 382 243 2866#	<b>January 29, 2018</b>	<b>2:00 PM</b>
<b>Volunteer Florida Response to Questions</b>	<b>February 2, 2018</b>	<b>COB</b>
<b>Proposal Due Date</b> <b>Via MicroEdge</b>	<b>February 16, 2018</b>	<b>12:00 PM</b>
<b>Evaluation Committee Review Completed</b>	<b>February 23, 2018</b>	<b>COB</b>
<b>Award Notifications</b> Via email to applicant ED/CEO and posting at <a href="http://www.volunteerflorida.org">www.volunteerflorida.org</a>	<b>March 5, 2018</b>	<b>COB</b>



## Appendix

Attachment A:	Disaster Case Management Proposal Review Form
Attachment B:	Allowable Costs Vs. Unallowable Costs
Attachment C:	Request for Advance Payment
Attachment D:	Disaster Case Management Monthly financial Report/Invoice (Sample)
Attachment E:	Federal Financial Report
Attachment F:	Sample Monthly Update Template
Attachment G:	Disaster Case Management Program Requirements
Attachment H:	Certification Regarding Drug-Free Workplace Requirements
Attachment I:	Certification Regarding Lobbying
Attachment J:	Certification Regarding Israel Boycott
Attachment K:	Disaster Case Management Program Position Descriptions (Samples)

## Attachment A

### Volunteer Florida Disaster Case Management Proposal Review Form

allowable	SCORE	Comments
<b>REQUIREMENTS: ALL</b> necessary documentation must be submitted with proposal <b>AND</b> proposals meet <b>ALL</b> requirements listed in order to be reviewed		
<ul style="list-style-type: none"> <li>The proposal was complete and included cover page with all required documents listed in the RFP</li> </ul>	<b>Yes No</b>	
<b><u>AGENCY AND PROGRAM INFORMATION</u></b>		
<ul style="list-style-type: none"> <li>The extent to which applicant's Executive Summary provided an overview of applicant's project</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described expected service area(s), jobs required and staff recruitment and allocation plan for staff throughout the region.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described mobilization and outreach strategy.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described scope of service provision:                             <ul style="list-style-type: none"> <li>o Intake process</li> <li>o Client prioritization</li> <li>o Client data sharing</li> <li>o Standardization of forms*</li> <li>o Case management activities</li> <li>o Client progress/monitoring</li> <li>o Case closure process</li> </ul> </li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described demobilization strategy</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described Disaster Case Management Program training plan.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described technical system to be used for client data sharing to avoid duplication of benefits or resources, the compatibility with CAN (the Coordinated Assistance Network) and system alignment with the Alliance of Information Systems (AIRS) taxonomy.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described process for accommodating clients with functional needs.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The standardization and use of the following documents: Intake form, Release of Information, Case Plan Development, Outcomes and Indicators Monitoring, Program Monitoring Reports, Repair Estimation, Case Presentation, Volunteer Tracking, and Case Closure.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described system for tracking volunteer hours.</li> </ul>	<b>0 1 2 3 4 5</b>	
<b><u>ORGANIZATIONAL CAPACITY AND COMMUNITY COLLABORATION</u></b>		
<ul style="list-style-type: none"> <li>The extent to which applicant described pursuit of additional funding to secure services/resources for clients.</li> </ul>	<b>0 1 2 3 4 5</b>	

<ul style="list-style-type: none"> <li>The extent to which applicant described coordination with community stakeholders and long-term recovery organizations for service and resource support.</li> </ul>	0 1 2 3 4 5	
<ul style="list-style-type: none"> <li>The extent to which applicant described plan for DCMF document maintenance and retention procedures.</li> </ul>	0 1 2 3 4 5	
<ul style="list-style-type: none"> <li>The extent to which applicant described experience managing federal grants and system of fiscal accountability.</li> </ul>	0 1 2 3 4 5	
<b>BUDGET AND BUDGET NARRATIVE</b>		
<ul style="list-style-type: none"> <li>The extent to which each budget item is an allowable expense and is well defined for a specific purpose.</li> </ul>	0 5 10 15 20 25	
<ul style="list-style-type: none"> <li>The extent to which each budget item is reasonable and appropriate to the program, appears to be sufficient to meet program needs and includes the calculation in the narrative.</li> </ul>	0 5 10 15 20 25	

**SCORING:**

- 0 = Inadequate
- 1 = Poor
- 2 = Fair
- 3 = Good
- 4 = Very Good
- 5 = Excellent

**Maximum = 150 points**

**TOTAL POINTS:** \_\_\_\_\_

**COMMENTS:**

---



---



---



---



---



---



---



---



---



---

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

**Attachment B**

<b>Allowable Costs Vs. Unallowable Costs</b>		
<b>Budget Category</b>	<b>Allowable Expenses</b>	<b>Unallowable Expenses</b>
Personnel	<p><i>Salaries and wages for typical DCM Positions:</i></p> <p><u>Provider Level:</u>                      ·Program Manager                      ·Finance Manager                      Data entry Specialist                      Case Provider Supervisor                      Case Manager                      Administrative Assistant</p>	
Fringe Benefits	Fringe benefits are allowable at the rate allowable by State Law. Fringe benefits are for the personnel listed in the budget and only for the percentage of time devoted to the project.	Fringe benefit costs above The customary fringe benefit rate for temporary State and local provider staff.
Travel	<p>Mileage reimbursement for Case Managers for travel to and from location of disaster survivors                      Attend on-going case management trainings                      All travel costs must be in accordance with State travel policy guidelines</p>	<ul style="list-style-type: none"> <li>·Providing transportation for survivors</li> <li>·Rental or leasing of vehicles</li> </ul>
<b>Budget Category</b>	<b>Allowable Expenses</b>	<b>Unallowable Expenses</b>
Equipment	Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5000.	No funding for equipment



Supplies	Supplies include any materials that are expendable or consumed while the project Supply items must be less than \$5000 Justification is required for each item	Refreshments for meetings and trainings Video and recording devices, televisions and other types of video production equipment
Other	The budget may identify costs that are unique to the declared disaster area but do not fall into one of the budget sub-categories  Note: Costs must not be identified as miscellaneous (i.e., they must be described in detail).	Transportation for survivors Direct financial assistance for survivors

CATEGORIES TYPICALLY LISTED AS "OTHER"		
Other: Telephone and Utilities	Utilities are included in Other Expenses with office space. There is no telephone expense, only cell phones under Supplies	
Other:	Background Checks  Licensing fee for Under Supplies included with computer expense technology platform	There is no funding for a media campaign and web site development  No advertising costs associated with recruitment of personnel required for DCM program

## Attachment C Request for Advance Payment

This form should be submitted only if an advance on the approved award is needed to accomplish program goals in the first 90 days, and must be submitted with applicant's proposal. A maximum of one quarter's anticipated expenses will be made available upon contract execution and approval of applicant's justification for the advance.

Applicant must provide a detailed justification of the need for the cash advance. Attach supporting documentation, including quotes for purchases, delivery timelines, salary and expense projections, etc., which clearly demonstrates the need to expend funds in the first 90 days.

All receipts and other documentation of expenditures of the amount advanced must be submitted to the Volunteer Florida Foundation within 90 days of contract execution. No additional reimbursements will be made until all advance funds have been accounted for or returned. Unused advance funds may be retained and applied to subsequent requests for reimbursement, with appropriate documentation for all expenses. All unused funds must be returned within 15 days after the end of the grant period.

**Amount of Advance Requested: \$** \_\_\_\_\_

Budget category/Line Item	Explanation	Amount
(Example) Volunteer Support	(EXAMPLE: Need to purchase personal protective equipment for volunteers working in mold environments.)	
<b>Total Advance Requested</b>		

**Attachment D  
Disaster Case Management  
Monthly Financial Report / Invoice (Sample)**

Item (Add extra or delete unused rows, as needed)		
Personnel (if applicable)		
	<b>Cost</b>	<b>Subtotals / Total</b>
Subtotal		
Fringe Benefits (if applicable not to exceed 29% or your standard for your organization)		
Subtotal		
Travel (in compliance with F.S.112.061)		
Subtotal		
Equipment (list all items over \$5000)		
Subtotal		
Supplies (Single items over \$100 should be listed individually. Maximum allowed cost per item is \$1000)		
Subtotal		
Other Operating Costs		
Subtotal		
<b>TOTAL REQUESTED</b>		
Match (not required)		
<b>TOTAL BUDGET</b>		

# Attachment E

## FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page 1	of pages		
3. Recipient Organization (Name and complete address including Zip code)							
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period From: (Month, Day, Year)			To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)		
10. Transactions					Cumulative		
<i>(Use lines a-c for single or multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized							
e. Federal share of expenditures							
f. Federal share of unliquidated obligations							
<b>g. Total Federal share (sum of lines e and f)</b>							
h. Unobligated balance of Federal funds (line d minus g)							
<b>Recipient Share:</b>							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)							
<b>Program Income:</b>							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
				g. Totals:			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official					c. Telephone (Area code, number and extension)		
					d. Email address		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
					14. Agency use only:		

Standard Form 425 - Revised 6/28/2010  
OMB Approval Number: 0348-0061  
Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

## Attachment F

### Sample Monthly Update Template

Period of Performance: XX/XX/20XX to XX/XX/20XX									
Reporting Period:	Start: XX/XX/20XX		Provider(s)				Grantee		
	End: XX/XX/20XX		Provider	Provider	Provider	Provider	Month	Cumulative	
Performance Metric	Total Client Contacts						0		
	Total Open Cases						0		
	Total Closed Cases						0		
	Total Number of "Referral Only" Cases						0		
	Total Number of Cases		0	0	0	0	0		
	Number of Case Managers						0		
	Number of Case Management Supervisors						0		
	Case Management Supervisors / Case Managers		/	/	/	/	0 / 0	/	
	Case Managers / Clients		/	/	/	/	0 / 0	/	
	Number of Cases Opened During Reporting Period						0		
	Number of Cases Closed with Recovery Plan Achieved						0		
	Number of Cases Closed without Recovery Plan Achieved						0		
	Number of Cases Reopened						0		
	Clients in Temporary Housing						0		
	Approx. Dollar Value of Services Provided						\$0		
	Top 3 Client needs		1	1	1	1	1		
			2	2	2	2	2		
			3	3	3	3	3		
	Client's Identified Tier (T) / CAN Priority Level		T1	T1	T1	T1	T1	0	
			T2	T2	T2	T2	T2	0	
T3			T3	T3	T3	T3	0		
T4			T4	T4	T4	T4	0		
None			None	None	None	None	0		
Narrative:									

## **Attachment G**

### **Disaster Case Management Program Requirements**

This document consists of excerpts from the FEMA Disaster Case Management Program Guidance and Florida's Disaster Case Management Plan that provide guidance for the applicant developing a case management program for the 2017 Hurricane Irma DR-4337-FL

#### **PROGRAM PARAMETERS**

**A. Service Area:** Florida's goal is to serve all eligible survivors in declared communities through the provision of disaster case management services. The focus of Disaster Case Management work will be in the forty-eight declared counties for DR-4337-FL. A formula for case management allocation shall be developed and applied upon grant award.

**B. Disaster-caused Unmet Need Definition:** A disaster-caused unmet need is an un-resourced item, support, or assistance that has been assessed and verified by representatives from State, Tribal, local, and Federal governments and/or voluntary and faith-based organizations as necessary for the survivor to recover from the disaster. Disaster survivor resources may include insurance payments, Federal disaster assistance (i.e. FEMA Individual and Households Program (IHP) grants, and Small Business Administration (SBA) Disaster Loans), State assistance, voluntary agency/faith based assistance and personal resources. Unmet needs may also include basic immediate emergency needs such as food, clothing, shelter or first aid and long-term needs such as financial, physical, emotional or spiritual well-being.

**C. Disaster Case Management Strategy:** The Disaster Case Management Committee of the FLVOAD drafted a plan for the state that was formally adopted by FLVOAD in 2012. The plan provides detailed information regarding all facets of the DCM program. The basic concept of operations is to assist disaster survivors in identifying unmet and long-term needs, locating and advocating for services and resources to meet the needs and coordinating among multiple service organizations to include local long-term recovery groups.

The Florida DCM Program will operate in three phases: Mobilization and Outreach, DCM Service Provision and Demobilization.

**C.1 Mobilization and Outreach:** Upon award, resources will be mobilized to support DCM services, such as staff, supplies, and facilities. Staff will undergo training in the nationally recognized United Methodist Committee on Relief (UMCOR) disaster case management curriculum, Coordinated Assistance Network or alternative data system, DCM Supervisory training and the consistent use of DCM standards.

Two types of outreach will be conducted. FLVOAD partners and other voluntary organizations will conduct outreach to recruit voluntary staff to augment paid staff and establish additional resources. Community outreach will be conducted to inform residents

of service availability information. A multi-disciplinary approach will be necessary for successful community outreach. While not all the following methods may be utilized, the combination most feasible and effective will be implemented: community canvassing; local nongovernmental, community organizations (NGO) with which vulnerable populations have existing relationships; social and traditional media; public information messaging; Community Emergency Response Teams; public meetings and LTRG meetings; flyers and signs; mass call out; reverse dialogic; and mass mailings. A detailed outreach and message development section is included in the Florida DCM Plan.

**C.2 Service Provision:** Once the DCM program is operational, DCM will begin the service provision phase. All clients will receive an intake to verify disaster-caused needs, resources received to date and the priority of client needs based on the scale identified in the Florida DCM Plan:

Priority 1—Urgent basic disaster-related needs for shelter, food, safety *AND* compromised health and well-being (1 or more pre-identified priority triggers as defined in the Intake Form Risk Assessment).

Priority 2—Urgent basic needs for shelter, food, safety *OR* compromised health and well-being (1 or more pre-identified priority triggers as defined in the risk assessment).

Priority 3—No urgent basic needs; no health and well-being triggers; meets criteria for program's specialized services for Disaster Case Management.

Priority 4—No urgent basic needs; no health and well-being triggers

These priority levels determine which cases to assign first, but each case will be evaluated for complexity and urgency of basic needs. If clients are found to be ineligible for DCM, advocacy and referral services may still be provided when:

- The applicant does not meet service criteria
- The applicant cannot be served within a time period acceptable to them
- The applicant's needs fall outside an agency's capacity to serve the client

Client data will be entered into the Coordinated Assistance Network (CAN), a shared confidential system, or an alternative tool from which data can be exported into CAN. This coordinated approach reduces applicant fatigue and provides an accurate history of client recovery and resources provided, allowing stakeholders to collaborate more effectively.

DCM provider organizations will utilize standardized forms for intake, release of information, tracking and reporting that meet FEMA guidelines. The DCM and client will develop a case plan with time-limited tasks for each to complete.

The complexity of the plan and client needs will determine the number of meetings required to meet plan goals. Recovery goals determine the timing of case closures. Progress will be monitored.

Once a case has been opened, services will be provided according to the following standard tiers:

Tier 1 - Stable, housed, emergency needs met, resources not available; case will be closed.

Tier 2 - Guidance, referrals and/or few critical resources needed to achieve recovery goals; monthly contact.

Tier 3 - Limited ability to address disaster-caused needs due to a vulnerability such as the elderly, individuals with disabilities, children, those with literacy challenges, those with limited English proficiency; biweekly contact.

Tier 4 - Severe mental trauma, physical limitation, or a member of the functional needs community who requires intensive support to achieve their recovery plan; weekly contact.

Specific activities that Disaster Recovery Case Management personnel will be doing:

- Provide intake on clients seeking disaster assistance, interview clients to make determination that needs are disaster related. For those with non-disaster related needs, community service referrals will be made. Those with disaster-related needs; case advocates will provide an overview of process and collect necessary information from the client related to their disaster needs which includes Federal and State assistance received. A duplication of benefits check will be completed on each client. Case managers will prioritize the cases and work from highest to lowest priority, based on client availability.
- All clients with disaster-related needs will be assigned a case manager to work with. This manager will help develop individualized recovery plans. These recovery plans will be the foundation of the work done to help disaster victims recover. These plans will be monitor throughout the duration of the client's recovery and altered as needed based on assistance provided.
- A review will be conducted to determine if the recovery plan has been successfully achieved and the individual's needs have been met. The case will then be closed pending no further assistance is needed.
- Provide assistance to review, analyze, make recommendations, and/or negotiate with contractors regarding cost estimates for construction repairs/rebuilds resulting from flood damage. Coordinate activities of volunteers/workers completing repair and reconstruction projects.



- Collect and input client data into CAN (Coordinated Assistance Network) or similar shared data collection system that can be exported into CAN. Through CAN case managers will match community resources and client needs to make referrals to access community resources. This collaboration creates a single point of case management data that provides Long Term Recovery Committees with the information needed to effectively delegate resources and best serve those in need.
- Provide facilitation at community meetings to discuss disaster recovery case management services, seek and collect resources at the local and state level to maintain CAN database of resources available to help individuals with recovery, collaborate with other community agencies to share and gather information, and attend training to receive most up-to-date information on disaster case management skills and tools.
- Provide reports to Volunteer Florida on case management services being provided. Collect and report monthly on the number of people being served, number of resource referrals made, number of recovery plan completed, and the status of those still in recovery.

Case closure should occur when client goals have been met to bring about stability and sustainable recovery. While it is the intent and purpose of DCM services to close cases only when needs have been successfully met, there are other reasons identified in the Florida DCM Plan for case closure:

- Timeline needs of client
- Transition of case to social service providers
- By client request
- Non-compliance by client

When a case is closed, written notice will be provided to the client detailing the rationale for termination and closure. Instructions for client appeal will be included. All appeals will be reviewed by the Program Manager. Case closures will be monitored and included in required reports to FEMA.

**C.3 Demobilization:** Demobilization planning shall commence at the onset of the DCM program. Typically, demobilization begins as cases are closed and needs are met and requests for assistance taper off or cease. The plan will include a “rightsizing” model and will review each location separately during the process. Volunteer Florida will coordinate with local service providers and volunteers to maintain awareness of community needs and closure trends that would indicate a demobilization threshold has been met. Should services no longer be warranted prior to the term of the grant, Volunteer Florida may make the decision to discontinue DCM program operations. All

demobilization determinations will be made in partnership with FEMA, LTRGs, local governments and the DCM Provider.

**D. Training:** The DCMP training plan will be the responsibility of the Volunteer Florida (Training Special). FLVOAD and its partner agencies will support training efforts as possible. Core elements of DCM program training will include DCMP training, UMCOR DCM training; CAN training, and Export Wizard training, if needed. Training on new best practices, new resources or programs, eligibility changes in existing programs and how to best utilize the tools and technology available, will be ongoing. Additional training will be conducted as needed for program success.

**E. Staffing:** Funds awarded to Service Provider Organization may only be used for staffing the Disaster Case Management Program. A DCMP Staffing Plan must be submitted with the RFP and a final copy with any required amendments submitted with the signed contract. DCMP staff may be supplemented through volunteers or additional staff hired at the sole expense of the Service Provider Organization. Benefits may not exceed 23% of salary.

**F. Monitoring and Quality Control:** Program monitoring will be the responsibility of Volunteer Florida with assistance from the Program Manager and local DCM staff. Monitoring will include reviews of reports, financial statements and records, case summary and closure reports and site visits. Volunteer Florida will develop policies and procedures and reporting templates to ensure consistent program monitoring and evaluation throughout the grant period. Sub-contract agreements will include requirements for adherence to these monitoring guidelines.

Compliance reviews will focus on the following areas:

- Client intake, recovery plan, referrals, case notes and closure
- Resource coordination between DCM staff and resource providers
- Coordination among DCM, agencies providing resources, government, nongovernment and private sector stakeholders
- Compliance with privacy laws

Volunteer Florida staff will coordinate closely with the FEMA DCM program liaison throughout the program, and will arrange for up to three site visits for FEMA, as requested, throughout the twelve (12) – eighteen (18) month grant term. Volunteer Florida will arrange for any additional requested meetings. Program evaluations will be included in regular reports to FEMA. These reviews will provide the means to identify needed course corrections to ensure program success and to track client progress for reporting outcomes to FEMA.

**G. Reporting:** Monthly Invoice Worksheets and Monthly Program Service Reports shall be submitted to Volunteer Florida no later than the first day of each month utilizing the reporting formats provided.

**H. Technology Platform Description:**

The identified tool for tracking cases is the Coordinated Assistance Network (CAN). Service provider organizations may utilize other existing data platforms from which data can be exported to CAN for data sharing purposes. All DCM Service Provider Organizations shall receive approval, access and training in CAN. CAN has been activated for this event and the state will be working with CAN to ensure that the portal meets the DCMP reporting requirements.

Following training, Disaster Case Managers and Administrative / Data Entry specialists will be responsible for entering all client data into CAN and keeping the system up to date. Approved users will provide summary information within the dictates of the data sharing agreements on case and program progress for use in DCMP grant reporting requirements and demobilization planning.

DCMP staff may utilize the Google Drive platform, Dropbox, or other similar tools for transmitting reports. No personally protected information will be uploaded into these platforms. Policy regarding the use of these tools will be included in training curriculums.

**I. Functional Needs:** Based on the percentage of people with disabilities and the population numbers for survivors over the age of 60, it is anticipated that some DCM clients will have functional needs, including the possibility of language barriers. DCM offices will be located in ADA compliant facilities; unique services such as translation and other needs will be secured in collaboration with local Coalition for Independent Living Organizations and Centers for Independent Living.

## Attachment H

### CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 2 CFR Part 3001. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of act upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

- A. The Grantee certifies that it will or will continue to provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing an on-going drug-free awareness program to inform employees about
    - 1) The dangers of drug abuse in the workplace;
    - 2) The Grantee's policy of maintaining a drug-free workplace;
    - 3) Any available drug counseling, rehabilitation, and employee assistance programs
    - 4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace
  - c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-
    - 1) Abide by the terms of the statement; and
    - 2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five days after such conviction;
  - e. Notifying the agency in writing within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position and title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is convicted-

- 1) Taking appropriate personnel actions against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, 29 U.S.C, 701 et seq.; or
  - 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (c), and (f).

A. The Grantee may insert in the space provided below the sites (s) for the performance of work done in connection with this grant.

Place(s) of Performance:

Volunteer Florida  
3800 Esplanade Way Suite 180  
Tallahassee, FL 32311

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Attachment I**

**CERTIFICATION REGARDING LOBBYING**  
Certification for Contracts, Grants, Loans, and Cooperative Agreements

This certification is required by the regulations implementing the New Restrictions on Lobbying, 44 CFR Part 18. The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence and officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C., 1353. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$ 100,000 for each such failure.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Attachment J**

**CERTIFICATION REGARDING ISRAEL BOYCOTT**

"In submitting a response, each respondent understands, represents, and acknowledges that it: (1) is not on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, and is not engaged in a boycott of Israel; (2) is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes; and (3) is not engaged in business operations in Cuba or Syria. A respondent failing to satisfy each of these criteria will be ineligible for an award under this solicitation."

---

Name

---

Date

Attachment K  
Sample  
Disaster Case Management Program  
Position Description

Position: Administrative/ Data Entry Assistant

Location: TBD

Salary: TBD

The Administrative/Data Assistant provides support to the Program & Finance Manager and liaison with the Disaster Case Manager. The DCMP is a comprehensive program for the provision of disaster case management services to hurricane survivors. The Administrative/Data Entry Assistant will report to the Program & Finance Manager.

Summary:

This position will serve as the Assistant to the Program & Finance Manager and provide clerical support and data entry. This position requires good organizational, computer and telephone skills.

Responsibilities:

- Provides clerical support to the Program & Finance Manager
- General Office Duties, including responding to email and telephone calls, coordinating meetings and conference calls
- Enters alphabetic, numeric, or symbolic data from source documents into computer following format displayed on screen, and enters necessary codes
- Compares data entered with source documents, or re-enters data in verification format on screen to detect errors
- Collects and records contributions
- Sends newsletters, promotional materials, and other publications to persons on mailing list.
- Enters client data from original needs assessments and case manager notes into CAN
- Liaison to the Program & Finance Manager for purchasing, time sheets and other clerical duties

Education:

Minimum High School degree or GED required

Experience:

Proficiency in Microsoft WORD, EXCEL and Outlook



**Sample  
Disaster Case Management Program  
Position Description**

Position: Data Analyst

Location: TBD

Salary: TBD

The Data Analyst reports to the Program & Financial Manager. The DCMP is a comprehensive program for the provision of disaster case management services to flood survivors. The Data Analyst will be responsible for oversight of all data collection and forms related to the DCMP. The Data Analyst will work closely with the Program & Financial Manger to develop reports, data collection instruments, and forms. This position requires excellent verbal and written communication skills, and in-state travel.

Summary:

This is a highly responsible professional position that will be responsible for monitoring and data collection for a comprehensive multi-county program for disaster case management.

Responsibilities:

- Development of procedures for transfer of data from disparate sources into CAN
- Preparation and sorting of source documents
- Identification and interpretation of data to be entered
- Liaison with preparers of source documents to resolve questions, inconsistencies, or missing data
- Monitoring of data in CAN for completeness
- Preparation of reports requested by Program & Financial Manager and Disaster Case Managers

Education:

Minimum Bachelor's degree in statistics, public administration or closely related field

Experience:

Nonprofit or public program experience preferred

Sample  
Disaster Case Management Program  
Position Description

Position: DCM Program & Finance Manager

Location: TBD

Salary: TBD

The Program & Finance Manager provides program management and fiscal oversight of the Disaster Case Management Program (DCMP). The DCMP is a comprehensive program for the provision of disaster case management services to flood survivors. This position requires excellent verbal and written communication skills, experience managing staff, knowledge of accounting principles and extensive in state travel.

**Summary:**

This is a highly responsible professional position that will be responsible for implementation of comprehensive multi-county program for disaster case management.

**Responsibilities:**

- Direct supervision of the Disaster Case Managers
- Adaptation of the Florida Disaster Case Management Base Plan into a Policy and Procedure Manual for use by all DCMP staff
- Ensuring overall program and fiscal implementation aligns with the approved grant application and all applicable federal and state regulations
- Ensuring periodic reports and other documentation are timely and accurate
- Liaison to Volunteer Florida, the Florida Voluntary Organizations Active in Disasters (VOAD) and other partner agencies engaged in recovery
- Fiscal training for sub-grantees
- Ensuring all program staff receives required training
- Monitoring of the budget to actual
- Preparation of invoices
- Review and approval of invoices
- Fiscal on-site monitoring

**Education:**

Minimum Bachelor's degree in Public Administration, Social Sciences, Finance or other related degree Masters preferred

**Experience:**

Have experience implementing social services programs. Executive level nonprofit experience preferred

Sample  
Disaster Case Management Program  
Position Description

Position: DCMP Construction Manager

Location: TBD

Salary: TBD

The Construction Manager will report directly to the Program & Finance Manager and liaison with Case Managers, and long-term recovery organizations. This position will require extensive in-state travel.

Summary:

Review, analyze, provide recommendations and/or negotiate with contractors regarding cost estimates for structural/construction repairs/rebuilds resulting from flood damage. Directs activities of workers concerned with implementing residential construction projects and manage all aspects of DCMP related residential home repair operations by performing the following duties.

Responsibilities:

- Visit each site, gather and record information on access to the site; surface topography and drainage, and the availability of electricity, water, and other services
- Develop an analysis of the condition of the structure prior to the flood and construction needed to restore the structure to the pre-flood condition
- Determine the quantity of materials and the labor required
- Prepare a cost summary, which includes the costs of labor, equipment, materials, subcontractors, overhead, taxes, insurance, markup, and any additional costs that may affect the project
- Review construction cost estimates and compare with analysis
- Work with homeowner to request modifications to cost estimate if needed
- Provide homeowner with a checklist to monitor progress and cost on construction project

Education:

Bachelors or associate degree in construction management, building science or construction science preferred

Experience:

Construction and cost estimation experience required and may substitute for a degree based on years of experience

Sample  
Disaster Case Management Program  
Position Description

Position: Disaster Case Manager Supervisor

Location: TBD

Salary: TBD

The Disaster Case Manager Supervisor reports directly to the Program & Finance Manager and will supervise Case Managers, and liaise with Construction Managers, providers of assistance to survivors and long-term recovery organizations. This position will require extensive multi -county travel. This position is eligible for state benefits including: annual and sick leave, retirement and health insurance.

Summary:

Provides leadership and coordinates all activities involved with Disaster Related Case Management, ensuring that resources are utilized as effectively as possible in meeting the needs of those affected by (disaster name). The Case Management Supervisor reports to the Program & Finance Manager

Responsibilities:

- Ensures that all DCM staff engaged in DCMP and long-term recovery case management are utilizing the Coordinated Assistance Network (CAN) to minimize duplication of service
- Assigns all referrals and surveys with identified needs to DCM staff and other Participating Agencies, keeps records concerning such assignment, monitor s case work progress, acts as a resource to DCM and Participating Agencies, and recommends action when necessary
- Receives needs assessment surveys and referrals from sources other than Participating Agencies and assigns them to DCM
- Evaluates training needs for DCM and Participating Agencies, makes recommendations related to such training and schedules additional training s, as appropriate
- Maintains list of individuals who have received DCMP related training, including types of training received and dates
- Identifies best practices in DCM and communicates t hem to ensure the highest level of service and assistance is provided
- Establishes expectations and provide s DCMP performance reports {including case closures) to the Program & Finance Manager
- Submits reports as required for reimbursement requests and financial tracking
- Schedules and leads Case Manager Meetings and provides support to LTRO groups in coordinating DCM activities
- Ensure commitments of other funding organizations are secured and shared with DCM and participating agencies and are best utilized to meet the survivor needs

- Ensures appropriate confidentiality agreements are signed by all DCMP staff and volunteers and other participating agencies attends LTRO meetings and provides DCMP updates and recommendations as appropriate

Education:

Bachelor's degree in Social Science or other related field.

Experience: Some case management experience is required. Long-term disaster case management experience is preferred

Sample  
Disaster Case Management Program  
Position Description

Position: Disaster Case Manager

Location: TBD

Salary: TBD

The Disaster Case Manager will report directly to the Program & Finance Manager and liaise with Construction Manager and long-term recovery organizations. This position will require extensive multi-county travel.

Summary:

Review, analyze, provide recommendations and/or negotiate with contractors regarding cost estimates for structural/construction repairs/rebuilds resulting from flood damage

Responsibilities:

- Makes contact with assigned individuals or families as soon as feasible
- Secures and maintains appropriate "Release of Confidential Information" forms for each client.
- Helps clients develop a Recovery Plan by jointly reviewing the assistance they have received, identifying any unmet urgent needs, and determining possible sources for gaps in resources.
- Refers the client to another program or agency where appropriate
- Presents individual cases to the Case Manager Meetings and the long-term recovery committee, when appropriate
- Follows up with other agencies to assure that assistance commitments have been met
- Remains in contact with the client until the disaster-related needs are met and/or the case is closed
- Recommends to Program & Finance Manager and/or Case Management Administrator closing or referring the case when no more can be accomplished, being certain to take time for closure with the individual or family
- Keeps detailed records of every case, every home visit, every referral and every contact with resources on client's behalf
- Networks with other agencies to stay informed about services and resources
- Respects confidentiality at all times, at home, in public, in committee meetings and in consultations.
- Attends required training sessions
- Enables clients to take responsibility for their recovery, acting as advocate and facilitator as opposed to rescuer

Education:

High school diploma or equivalent

Experience: Experience working in social service programs is preferred