



Request for Proposals (RFP) Hurricane Irma Recovery Funds

Proposals Due 5:00 PM EDT, April 17, 2018

Volunteer Florida is pleased to invite funding proposals for activities to support disaster recovery from the 2017 Hurricane Irma (DR-4337-FL). Total funding available for this RFP is approximately \$5,000,000.00.

Submit the application via MicroEdge/Blackbaud to:

https://www.GrantRequest.com/SID_2153?SA=SNA&FID=35397

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

For questions please contact FDIrma@volunteerflorida.org

Volunteer Florida Foundation

Florida Disaster Fund Request for Proposal (RFP)

The Volunteer Florida Foundation is pleased to issue this Request for Proposals (RFP) to meet unmet disaster recovery related needs resulting from Hurricane Irma in the 2017. The total funding available for this RFP is \$5,000,000. Grants will range from \$100,000 to \$250,000. Successful applicants will match 100% of the grant award through cash, in-kind donations, and volunteer hours.

I. MISSION

Administered through the Volunteer Florida Foundation, the mission of the Florida Disaster Fund (FDF) is to provide financial assistance to organizations supporting needs within a community impacted by disaster.

II. BACKGROUND

The FDF was established in 2004 to assist other disaster relief organizations with unmet needs following a disaster. The FDF is administered by the Volunteer Florida Foundation for the State of Florida. Since its inception, the FDF has received almost \$40 million in private contributions allocated to more than 350 nonprofit organizations working on long-term recovery across Florida's disaster-impacted communities.

III. PURPOSE

The purpose of this RFP is to make financial resources available to support survivor recovery in communities that were impacted by the Hurricane Irma and that received a federal declaration for Individual Assistance.

IV. ELIGIBLE APPLICANTS

Eligible applicants must be:

- A. A long-term recovery, faith-based, or community organization that maintains a 501(c)(3) nonprofit status (or operates under a fiscal agent with 501(c)(3) nonprofit status) and is participating in an existing or developing long-term recovery committee or organization.
- B. Providing disaster recovery assistance and services in 49 designated counties in response to Hurricane Irma.
- C. Participating in a shared case management system(s) to avoid duplication of benefits and for tracking and reporting purposes.
- D. Serving clients that meet eligibility criteria for proof of disaster related needs caused by Hurricane Irma, including proof of residency and ownership of any disaster damaged dwelling, income, insurance payment statements, documentation through a local information sharing system of all resources provided for disaster assistance,

and willingness to sign all required agreements for release of information and data sharing.

E. Have a system in place for utilizing and supporting volunteers.

V. PROPOSAL SCORING CRITERIA

Proposals will be scored on a 100 point scale based on the components outlined in the Proposal Requirements section below. The Volunteer Florida Foundation 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 as Attachment A.

VI. ALLOWABLE EXPENDITURES

Florida Disaster Fund resources may only be used to support survivor recovery. Allowable activities include, but are not limited to: clean-up, home repair/rebuilding, replacement of household goods, office supplies, staffing, case management, volunteer support, and long-term recovery committees. Reimbursement will be limited to expenses in the program budget approved by the Volunteer Florida Foundation. Funds may not be used for repairs or enhancements to applicant facilities resulting from Hurricane Irma.

VII. FUNDING PERIOD

Upon proposal approval, the term of the award shall commence with receipt of a signed original contract by the Volunteer Florida Foundation and shall expire one year from that date. Requests for no-cost extensions may be submitted for consideration and if approved, an amendment to extend the term of the contract will be required.

VIII. REQUEST FOR ADVANCE

Up to 50% of the funding award may be made available as an advance upon execution of contract. If an advance on the awarded amount is needed, the applicant should submit the Request for Advance Payment form (Attachment B) with the proposal. Payments thereafter will be made on a cost reimbursement basis. A copy of this form is included as Attachment B.

IX. REPORTING PROCESS

Monthly financial reports with an invoice and accompanying supporting documentation, including receipts, must be submitted by the 15th of each month to Volunteer Florida. A copy of the reporting format has been included as Attachment C.

Quarterly service reports with accompanying documentation, will be submitted to the Volunteer Florida by the 15th of each month following the end of a contract quarter. A copy of the reporting format has been included as Attachment D.

X. PROPOSAL DEADLINE

Applicant must sign, scan, and upload this proposal by 12:00 PM EDT, April 17, 2018
https://www.GrantRequest.com/SID_2153?SA=SNA&FID=35397

Utilize the Proposal Checklist (Attachment E) to ensure all items are included in the proposal at the time of submission.

XI. FLORIDA DISASTER FUND RFP TIMELINE

Advertise and Release RFP	March 19, 2018	
Deadline to Submit Technical Questions FDFlrma@volunteerflorida.org	March 30, 2018	5:00 PM EDT
Applicant Technical Assistance Call 1-888-670-3525 Passcode 366 140 7113#	April 2, 2018	11:00 AM EDT
Proposal Due Date via MicroEdge	April 17, 2018	5:00 PM EDT
Award Notifications via email to Applicant ED/CEO and results posted to Volunteer Florida website www.volunteerflorida.org	April 27, 2018	5:00 PM EDT

XII. PROPOSAL REQUIREMENTS

Proposals conforming to the project requirements must be typed in 11 point Kalinga font, using the templates and forms provided within this RFP. Proposals must include all items listed below. Incomplete proposals may not be considered.

A. Cover Page (Attachment F)

Complete all fields on the Cover Page and include the signature of the authorized representative of your organization.

B. Narrative (Attachment G)

1. **Executive Summary** (500 Word maximum) – The Executive Summary should provide a brief overview of the applicant's project and how the applicant meets the eligibility requirements.
2. **Project Description** (4,000 word maximum) – Explain:
 - a. The impact of the disaster on the community
 - b. The proposed use(s) of funding
 - c. Proposed services to be provided, the target population and demographics, anticipated number of clients to be served, eligibility criteria
 - d. Description of locations, hours of operation, number of staff and their roles in providing services, if applicable
 - e. The marketing of services to reach the entire impacted community including clients with functional needs.
 - f. Description of mechanisms in place to avoid duplication of benefits/services
 - g. Description of a system to utilize, support, and track volunteer assistance
 - h. Description of mechanisms in place to avoid duplication of benefits/services
3. **Organizational Capacity and Community Collaboration** (1,500 word maximum) Use this section to provide:
 - a. Description of pursuit of additional funding support
 - b. Description of a system of accountability, staff credentials, and the ability to track per client costs
 - c. Description of collaboration with local groups and the leveraging of FDF resources

C. Budget (Attachment H)

Proposed budgets must be completed using the Florida Disaster Fund Proposed Budget Form (Attachment H). Budgets should include only those costs associated

with allowable activities under the RFP. Funds may not be used to pay for entertainment costs including food and beverage. Each budget line item should be itemized and clearly defined. All amounts should be rounded to the nearest whole dollar (do not include cents).

1. Allowable Budget Cost Centers

- a. **Salary** – Include salary costs for each employee being charged to the grant. Include cost only for employees whose activities directly relate to the proposal activities. List each staff position separately and provide the position description, salary charged to the grant, and FTE and percent of time being charged to the grant. No case management positions are eligible.
- b. **Fringe Benefits** – The total cost of fringe benefits being charged to the grant and the calculation and associated amount for each benefit type. Fringe benefits may not exceed 34% of the salary cost per employee. Fringe benefits typically include FICA, Worker's Compensation, Retirement, State Unemployment Tax, and Health and Life Insurance. Paid vacation, holiday, or sick leave are not considered Fringe Benefits as they are assumed in the organization's personnel expenses. Not (unless exempt by the IRS), all organizations are required to pay FICA for employees.
- c. **Contractual Fees** – Include costs for consultants related to the project's operations. The maximum reimbursement rate per day is \$750.
- d. **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 per diem and meal rates (Florida Statute 112.061). The State mileage reimbursement rate is \$0.445 per mile.
- e. **Equipment** (list all items over \$250) – Please be very detailed in this section and describe the equipment being purchased and the intended use.
- f. **Supplies** (include supplies and equipment less than \$250) – list all supplies and materials needed to operate the project. Single items over \$100 should be listed individually and detailed in this section.
- g. **Construction Materials** – Include expenses for construction materials needed for repair/rebuild project(s).
- h. **License/Permit Fees** – Include license/permit fees associated with the project(s).

Attachment A

Florida Disaster Fund – Proposal Review Form

Name of Applicant Agency: _____ **Date of Review:** _____

Proposal Components	SCORE	Comments
REQUIREMENTS: ALL necessary documentation must be submitted with proposal AND proposal meets ALL requirements listed in order to be reviewed.		
<ul style="list-style-type: none"> The proposal was complete and included cover page with all required documents listed in the RFP 	Yes No	
AGENCY AND PROJECT INFORMATION		
<ul style="list-style-type: none"> The extent to which the Cover Page is complete and signed 	0 1 2	Total Points ____ (Max 2)
<ul style="list-style-type: none"> The extent to which the applicant’s Executive Summary provided an overview of the project and how they meet application requirements. 	0 1 2 3 4 5	Total Points ____ (Max 5)
<ul style="list-style-type: none"> The extent to which applicant described the impact of the disaster on the community. 	0 1 2 3	Total Points ____ (Max 3)
<ul style="list-style-type: none"> The extent to which applicant described use of funds. 	0 1 2 3 4 5	Total Points ____ (Max 5)
<ul style="list-style-type: none"> The extent to which applicant clearly described proposed services, including: <ul style="list-style-type: none"> ○ Target population and demographics ○ Proposed number of clients served ○ General project activities/services ○ Eligibility criteria 	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	Total Points ____ (Max 20)
<ul style="list-style-type: none"> The extent to which applicant described the proposed walk-in service locations (if applicable), hours of operation, and the number of staff and their role in providing services. (if stated as not applicable, award 3 points) 	0 1 2 3 4 5	Total Points ____ (Max 5)
<ul style="list-style-type: none"> The extent to which applicant describes marketing of services to reach the entire impacted community including clients with functional needs. 	0 1 2 3 4 5	Total Points ____ (Max 5)
<ul style="list-style-type: none"> The extent to which the applicant described mechanisms to avoid duplication of benefits/services. 	0 1 2 3 4 5	Total Points ____ (Max 5)
<ul style="list-style-type: none"> The extent to which applicant described system to utilize, support, and track volunteer assistance. 	0 1 2 3 4 5	Total Points ____ (Max 5)
ORGANIZATIONAL CAPACITY AND COMMUNITY COLLABORATION		
<ul style="list-style-type: none"> The extent to which applicant described pursuit of additional funding to secure services/resources for clients. 	0 1 2 3 4 5	Total Points ____ (Max 5)
<ul style="list-style-type: none"> The extent to which applicant described a system for fiscal accountability, staff credentials, and tracking per client costs. 	0 1 2 3 4 5	Total Points ____ (Max 5)
<ul style="list-style-type: none"> The extent to which applicant has demonstrated coordination of services or collaboration with local groups and demonstrate a successful leveraging of federal resources. 	0 1 2 3 4 5	Total Points ____ (Max 5)
BUDGET AND BUDGET NARRATIVE		
<ul style="list-style-type: none"> The extent to which each budget item is an allowable expense and is well defined for a specific purpose. 	0 5 10 15 20 25	Total Points ____ (Max 25)
<ul style="list-style-type: none"> 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 formula. 	0 1 2 3 4 5	Total Points ____ (Max 5)

Max = 100 **Total Points: ____**

Attachment B

Florida Disaster Fund – 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. It must be submitted with applicant's proposal. A maximum of 50% of the approved award 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., 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.)	
Total Advance Requested		

Attachment C

Florida Disaster Fund – Monthly Financial Report / Invoice

Grantee or Fiscal Agent Name:		
Disaster Name	Hurricane Irma	
Invoice Date:		
Item (Add extra or delete unused rows, as needed)	Cost	Subtotals / Total
Personnel		
Subtotal		
Fringe Benefits		
Subtotal		
Contractual Fees		
Subtotal		
Travel		
Subtotal		
Equipment (list all items over \$250)		
Subtotal		
Supplies		
Subtotal		
Construction Materials		
Subtotal		
License / Permit Fees		
Subtotal		
Other Operating Costs		
Subtotal		
TOTAL REIMBURSEMENT REQUESTED		

Attachment C
Florida Disaster Fund – Monthly Financial Report / Invoice Page 2

MATCH		
TOTAL MATCH		

Authorized Reporting Agent (Type or Print): _____

Typed/printed Name

Signature

Date

Attachment D
Florida Disaster Fund – Quarterly Services Report

Please submit report to Volunteer Florida at FDfirma@volunteerflorida.org

Name of Organization		Grant Contact #		Contact Phone
Report Quarter	Total Funds Received	Funds Expended This Quarter	Total Funds Remaining	

Service Activities	Number of Households Served	Amount Expended
Rent/Mortgage Assistance		
Utility Assistance		
Transportation Assistance		
Health/Medical Assistance		
Furniture Replacement		
Clothing Replacement		
Moving & Storage		
Other		
TOTALS		
Repair Activities	Number of Households Served	Amount Expended
Muck Out/Clean-up		
Drywall Repair/Replacement		
Carpentry Work		
Electrical		
Plumbing		
Foundation		
Roof		

Attachment D

Florida Disaster Fund – Quarterly Services Report (page 2)

Windows/Doors			
Drainage			
Other			
TOTALS			
Volunteer Activities	Number of Households Served	# Vols	# Vol Hours
TOTALS			

Briefly share one anecdotal story on a family served by volunteers this quarter. Provide photos if available. Also include testimonials or letters of appreciation, if available.

Authorized Reporting Agent (Type or Print): _____

Typed/printed Name

Signature

Date

Attachment E
Florida Disaster Fund Proposal Checklist

- Cover Page (Attachment F)
- Narrative (Executive Summary, Project Description, and Organizational Capacity and Community Collaboration) (Attachment G)
- Budget (Attachment H)
- List of Applicant's Board of Directors and the name of the organization each director represents
- Applicant's Organizational Chart
- A copy of your 501(c)(3) certification or that of your fiscal agent.
- A copy of your most recent independent audit or Board approved financial statement*.
- Two Letters of Support printed and signed on letterhead

* Audited financial statements must be for the local organization applying for funds or its fiscal agent. The statement provided must be from the most recent fiscal year.

Attachment F
Florida Disaster Fund Proposal – Cover Page

Complete and submit via MicroEdge/Blackbaud to
https://www.GrantRequest.com/SID_2153?SA=SNA&FID=35397

By 5:00 PM EDT, April 17, 2018

(Note: Incomplete proposals or proposals submitted after the deadline may NOT be accepted or reviewed.)

Name of Organization:			
Program Name:			
Mailing Address:			
Executive Director / CEO Name:			
ED / CEO Phone #:			
Contact Name:			
Contact Title:			
Phone #:		Fax #:	
Email Address:			
Website Address:			

Federal Employer Identification Number (FEIN)	
TOTAL AMOUNT REQUESTED:	\$

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:** _____

Submit proposal via https://www.GrantRequest.com/SID_2153?SA=SNA&FID=35397

by 5:00 PM EDT, April 17, 2018

Attachment G

Florida Disaster Fund Proposal – Narrative

Proposals conforming to the project requirements must be typed in 11 point Kalinga font, using the templates and forms provided within this RFP. Proposals must include all items listed below. Incomplete proposals may not be considered.

- A. Executive Summary** (500 Word maximum) – The Executive Summary should provide a brief overview of the applicant's project and how the applicant meets the eligibility requirements.
- B. Project Description** (4,000 word maximum) – Explain:
 - a. The impact of the disaster on the community
 - b. The proposed use(s) of funding
 - c. Proposed services to be provided, the target population and demographics, anticipated number of clients to be served, eligibility criteria
 - d. Description of locations, hours of operation, number of staff and their roles in providing services, if applicable
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- C. Organizational Capacity and Community Collaboration** (1,500 word maximum) Use this section to provide:
 - a. Description of pursuit of additional funding support
 - b. Description of a system of accountability, staff credentials, and the ability to track per client costs
 - c. Description of collaboration with local groups and the leveraging of FDF resources

Attachment H
Florida Disaster Fund Proposal – 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 21%)</i>		
Subtotal		
Contractual Fees		
Subtotal		
Travel <i>(in compliance with F.S. 112.061)</i>		
Subtotal		
Equipment <i>(list all items over \$250, items over \$1,000 are not allowed)</i>		
Subtotal		
Supplies <i>(office and project supplies costing less than \$250)</i>		
Subtotal		
Construction Materials		
Subtotal		
License / Permit Fees		
Subtotal		
Other Operating Costs		
Subtotal		
TOTAL REQUESTED		
MATCH		
TOTAL MATCH		

Attachment H

Florida Disaster Fund Proposal – Budget Narrative (page 2)

Budget Narrative – Expand the space below to maximum of 3 pages in 11 point Kalinga font. 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. Explain how match will be obtained and calculated.