



## **Request for Proposals (RFP)**

**Hurricane Irma –**

**Long Term Recovery Committee Position**

**Proposals Due 12:00 PM EDT, April 9, 2018**

**Please submit the application as an email attachment to:**

**[https://www.GrantRequest.com/SID\\_2153?SA=SNA&FID=35396](https://www.GrantRequest.com/SID_2153?SA=SNA&FID=35396)**

**For questions please contact Ken Skalitzky at 850-414-7400 x 119 or**

**[FDIirma@volunteerflorida.org](mailto:FDIirma@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 2017. The total funding available for this RFP is \$1,600,000. Grants will range up to \$50,000 with 100% match cash, in-kind donations, and/or 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 distributed 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 long-term recovery committees (LTRC) to support survivor recovery in communities that were impacted by the Hurricane Irma and that received a federal declaration for Individual Assistance. The funds are designed to assist long-term recovery committees by supporting a staff position for up to 18 months. The position should strengthen the community long-term recovery operation.

### **IV. ELIGIBLE APPLICANTS**

Eligible applicants must be:

- A. A LTRC that maintains a 501(c)(3) nonprofit status (or operates under a fiscal agent with 501(c)(3) nonprofit status) and is existing or developing as the long-term recovery committee or organization.
- B. Providing disaster recovery assistance and services in counties identified in the LTRC by-laws in response to Hurricane Irma.

- C. Participating with the Hurricane Irma disaster case management provider in the assigned region 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 125 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**

This targeted solicitation from the Florida Disaster Fund may be used to support staff and related benefits for up to 18 months. Funds may not be used for case management positions and/or 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 18 months 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 15<sup>th</sup> 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 15<sup>th</sup> 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 to MicroEdge by 12:00 PM EDT, April 9, 2018

[https://www.GrantRequest.com/SID\\_2153?SA=SNA&FID=35396](https://www.GrantRequest.com/SID_2153?SA=SNA&FID=35396)

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 15, 2018	
Deadline to Submit Technical Questions	March 26, 2018	12:00 PM EDT
FDFirma@volunteerflorida.org		
Applicant Technical Assistance Call	March 26, 2018	2:00 PM EDT
1-888-670-3525 Passcode 366 140 7113#		
Proposal Due Date via MicroEdge	April 9, 2018	12:00 PM EDT
<a href="https://www.GrantRequest.com/SID_2153?SA=SNA&amp;FID=35396">https://www.GrantRequest.com/SID_2153?SA=SNA&amp;FID=35396</a>		
Award Notifications via email to	April 20, 2018	5:00 PM EDT
Applicant ED/CEO and results posted to		
Volunteer Florida website <a href="http://www.volunteerflorida.org">www.volunteerflorida.org</a>		



## **XII. PROPOSAL REQUIREMENTS**

Proposals conforming to the project requirements must be uploaded into MicroEdge/Blackbaud.

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 plans to utilize this position.
2. **Project Description** (500 words maximum per item) – Explain:
  - a. The impact of the disaster on the community
  - b. LTRC service area, service delivery plan, by-laws, mission statement, sub-committee structure, case triage plan, and case presentation procedures
  - c. LTRC agencies and the diversity of organizations represented
  - d. Activities of the LTRC post Hurricane Irma
  - e. Planned LTRC Operations Budget
  - f. Planned LTRC Training Plan
  - g. The intended responsibilities of the position
  - h. LTRC plan for disaster case management
  - i. Description of a system to utilize, support, and track volunteer assistance
  - j. Description of the job responsibilities and the projected outcomes
  - k. Description of pursuit of additional funding support
3. **Organizational Capacity and Community Collaboration** (500 words maximum per item) – Explain:
  - a. Pursuit of additional funding to secure services/resources
  - b. The coordination with community stakeholders and long-term recovery organizations for service and resource support
  - c. The plan for cash and/or in-kind match

### 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. 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 the employee(s) being charged to the grant. Include cost only for employees whose activities directly relate to the LTRC activities. Provide the position description, salary charged to the grant, and FTE and percent of time being charged to the grant. Case manager positions are ineligible from this grant.
- 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 35% 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. **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.
- d. **Equipment** (list all items over \$250) – Please be very detailed in this section and describe the equipment being purchased and the intended use.
- e. **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.
- f. **Other Operating Costs** – Allowable costs in this budget category include, but are not limited to: staff background checks, staff recruitment, 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.)

2. **Budget Narrative** (Attachment H, page 2) – 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. Describe how you will match 100% of the grant award through cash, in-kind donations, volunteer hours, and/or other means.

**D. List of the LTRC Member Organization** and the point of contact for each organization

**E. A copy of the Applicant's 501(c)(3) determination letter** or that of the applicant's fiscal agent, if applicable

**F. Two Letters of Support** printed and signed on letterhead

### **XIII. CONTACT**

For additional information about this Request for Proposal, please email:

[FDFIrma@volunteerflorida.org](mailto:FDFIrma@volunteerflorida.org)



## Attachment A

Proposal Components	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 and plan for utilizing the position.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described the LTRC service area(s), service delivery plan, by-laws, mission statement, sub-committee structure, case triage plan, and case presentation procedures.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described                             <ul style="list-style-type: none"> <li>LTRC membership</li> <li>LTRC activities post Hurricane Irma</li> <li>LTRC diversity of member organizations</li> <li>LTRC Operations Budget</li> <li>LTRC Training (delivered or planned)</li> <li>Tax-exempt Status</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 the intended responsibilities of the position.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described the LTRC plan for disaster case management.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described the LTRC system for tracking volunteer hours.</li> </ul>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described the intended outcomes of having the position</li> </ul>	<b>0 5 10 15 20 25</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.</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>	<b>0 1 2 3 4 5</b>	
<ul style="list-style-type: none"> <li>The extent to which applicant described plan for cash and/or in-kind match.</li> </ul>	<b>0 1 2 3 4 5</b>	
<b><u>BUDGET AND BUDGET NARRATIVE</u></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>	<b>0 5 10 15 20 25</b>	
<ul style="list-style-type: none"> <li>The extent to which each budget item is reasonable and appropriate to the plan, appears to be sufficient to meet program needs, and includes the calculation in the narrative.</li> </ul>	<b>0 1 2 3 4 5</b>	

**SCORING:**

**Maximum = 125 points**

0 = Inadequate

1 = Poor

2 = Fair

3 = Good

4 = Very Good

5 = Excellent

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

**COMMENTS:**

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

\_\_\_\_\_  
Date

## 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: \$** \_\_\_\_\_

<b>Budget category/Line Item</b>	<b>Explanation</b>	<b>Amount</b>
(Example) Personnel	(EXAMPLE) Recruitment expenses to fill position.	
<b>Total Advance Requested</b>		

Attachment C

Florida Disaster Fund – Monthly Financial Report / Invoice

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

Authorized Reporting Agent (Type or Print): \_\_\_\_\_  
 Typed/printed Name

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_

Date

Attachment D

Florida Disaster Fund – Quarterly Program Report

Please submit report to Volunteer Florida Foundation at [FDfirma@volunteerflorida.org](mailto:FDfirma@volunteerflorida.org)

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

Date	Service Activities	Outcomes

Attach photos of the LTRC and members in action

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

Submit via MicroEdge/Blackbaud - [https://www.GrantRequest.com/SID\\_2153?SA=SNA&FID=35396](https://www.GrantRequest.com/SID_2153?SA=SNA&FID=35396)

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

<b>Name of Organization:</b>			
<b>Program Address:</b>			
<b>Mailing Address:</b>			
<b>Executive Director / Chair Name:</b>			
<b>ED / Chair Phone #:</b>			
<b>Contact Name:</b>			
<b>Contact Title:</b>			
<b>Phone #:</b>		<b>Fax #:</b>	
<b>Email Address:</b>			
<b>Website Address:</b>			

<b>Federal Employer Identification Number (FEIN)</b>		<b>Tax Exempt Status:</b> 501(c)3  Fiscal Agent	<b>Yes    No, then:</b>  _____
<b>TOTAL AMOUNT REQUESTED:</b>	\$		

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 MicroEdge/Blackbaud -**  
[https://www.GrantRequest.com/SID\\_2153?SA=SNA&FID=35396](https://www.GrantRequest.com/SID_2153?SA=SNA&FID=35396)

## Attachment G

### Florida Disaster Fund Proposal – Narrative

#### **Executive Summary** (expand the space below to 500 word maximum)

The Executive Summary should provide a brief overview of applicant's project and how applicant meets eligible applicant requirements.

#### **1. Project Description** (500 words maximum per item) – Explain:

- a. The impact of the disaster on the community
- b. LTRC service area, service delivery plan, by-laws, mission statement, sub-committee structure, case triage plan, and case presentation procedures
- c. LTRC agencies and the diversity of organizations represented
- d. Activities of the LTRC post Hurricane Irma
- e. Planned LTRC Operations Budget
- f. Planned LTRC Training Plan
- g. The intended responsibilities of the position
- h. LTRC plan for disaster case management
- i. Description of a system to utilize, support, and track volunteer assistance
- j. Description of the job responsibilities and the projected outcomes
- k. Description of pursuit of additional funding support

#### **2. Organizational Capacity and Community Collaboration** (500 words maximum per item) –

Explain:

- a. Pursuit of additional funding to secure services/resources
- b. The coordination with community stakeholders and long-term recovery organizations for service and resource support
- c. The plan for cash and/or in-kind match



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		
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		
Other Operating Costs		
Subtotal		
<b>TOTAL REQUESTED</b>		
<b>MATCH</b>		
<b>TOTAL MATCH</b>		

## Attachment H

### Florida Disaster Fund Proposal – Budget Narrative (page 2)

**Budget Narrative** – Expand the space below to maximum of 1,500 words 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.