• Steve Donahey
Deputy Clerk

Alachua County Agenda

ALACHUA COUNTY
BOARD OF COUNTY COMMISSIONERS

CAPP FY2010-2011 Discussion
Jack Durrance Auditorium
Room 209
12 SE 1st Street

January 18, 2011 Special Meeting 130 PM

Call to Order

Adoption of Agenda

Agenda Items

Discussion Items

1. Community Agency Partnership Program (CAPP) BoCC establishing policies and procedures for the FY2011/12 (Amended)

Amount: $900,297

Recommended Action: Request the BoCC approve staff recommendations below regarding the establishment of policies and guidelines in the area of allowable expenditures for the FY2011/12 1. On the issue of CAPP's funding goal, staff makes no recommendation to the BoCC and awaits BoCC direction;2. On the issue of funding categories, staff makes no recommendation to the BoCC and awaits BoCC direction;3. On the issue of 501(c)(3) tax-exemption status being a requirement of all applicants, staff recommends that applicants be required to have 501(c)(3) status and that it be current at the time of application. In addition to being tax exempt, 501(c)(3) organizations, commonly known as charitable organizations, cannot be organized or operated for the benefit of private interests, are eligible to receive tax-deductible contributions, and have restrictions on lobbying activities.4. On the issue of late applications, staff recommends that the BoCC not allow acceptance of late applications; 5. On the issue of mandatory workshop attendance, staff recommends that prospective applicant agencies be required to participate in a pre-application workshop (in-person, online or via DVD), and that the rules and parameters of the workshop attendance be determined jointly by the County Attorney's Office and the Office of Purchasing;6. On the issue of establishment of the maximum number of program funding requests per applicant, staff recommends there be no limit; 7. On the issue of establishment of a maximum funding amount per program, staff recommends there be no limit; 8. On the issue of expenditures must directly benefit current program participants, as opposed to enriching the actual applicant agency, staff recommends continuation of this policy;9. On the issue of arts/cultural, historical and environmental enrichment programs, staff makes no recommendation but awaits BoCC direction;10. On the issue of economic opportunity

programs not being eligible for funding, staff makes no recommendation and awaits BoCC direction;11. On the issue of economic development programs not being eligible for funding, staff makes no recommendation and awaits BoCC direction;

Commission General and Informal Discussion

Public Comments

Adjourn

CAPP (Community Agency Partnership Program)
Process

1. **Pre-application Workshop – online, in-person and/or DVD**

2. **Applications submitted to Purchasing Office by deadline – no late applications accepted.**

3. **Applications screened by CAPP staff and Purchasing for eligibility and completeness.**

4. **Advisory Committee scores written evaluations.**

5. **Eligible applicants make oral presentations to Advisory Committee.**

6. **Oral presentations scored by Advisory Committee.**

7. **Scores are compiled by the Office of Purchasing. Scores determine range of funding from 0% to 100% consideration.** Programs cannot be recommended by the Committee for funding beyond their qualifying range.

8. **Advisory Committee discusses and generates award recommendations.** Recommendations are reached by consensus, not vote.

9. **BoCC decides awards.**

Section 1: 2010/2011 (RFA 11-198) CAPP REQUEST FOR FUNDING
FACE SHEET

Agency Name: _____

(as filed with the Florida Department of State Division of Corporations)

Agency Type: ☐ **National** ☐ **Regional** ☐ **Local (not national or regional)**

Mailing Address: _____

Street Address: _____

Phone: (____)____ - ____ ext.____ **Fax:** (___) ___ - ____

Agency Representative (Name, Title, Phone & E-Mail):

_____

Person Completing Application (Name, Title, Phone & E-Mail):

_____

PROGRAM	CATEGORY	08/09 CAPP AMT	09/10 CAPP AMT	CURRENT REQUEST
1.	_____ Food _____ Health Care _____Housing/Utilities .(SEE DESCRIPTIONS)	$	$	$
2.	_____ Food _____Health Care _____Housing/Utilities (SEE DESCRIPTIONS)	$	$	$
	TOTALS:	$	$	$

AUTHORIZATION BY BOARD OF DIRECTORS:

Our signatures below acknowledge that we are aware that the information contained in this funding proposal is public record. We further certify that this Request for Funding is consistent with our organization's mission, Articles of Incorporation and Bylaws, and that this application for CAPP funding was authorized by the Board of Directors. We further attest that at least one authorized agency representative either attended the pre-application workshop or viewed the instructional video online or via DVD.

Date of Board Meeting When Authorization to Apply for Funding Was Given: _____

The following Authorized Agency Representative (Name and Title): _____

_____ **Attended Workshop** _____ **Viewed Instructional Video Online** ____ **Viewed Instructional Video on DVD**

_____
Board Chair/Board President Signature

_____
Typed or Legibly Printed Name

_____
Date

_____
Board Secretary Signature

_____
Typed or Legibly Printed Name

_____
Date

Section 2: EXECUTIVE SUMMARY

AGENCY NAME: _____ PROGRAM NAME: _____

STAFF USE ONLY, DO NOT COMPLETE
FY10/11 Amt Rcvd: _____

CAPP FUNDING AMOUNT: FY 09/10 (Approved) $_____ FY 10/11 (Requested) $_____

LENGTH OF TIME THIS PROGRAM HAS BEEN OPERATED BY APPLICANT: _____ years _____ months

OF YEARS PROGRAM HAS RCVD FUNDING FROM ALACHUA COUNTY (Both CAPP & non-CAPP):

PROGRAM SUMMARY:

NUMBER OF PARTICIPANTS THE PROGRAM WILL SERVE DURING THE CAPP GRANT PERIOD: ____

NUMBER OF PARTICIPANTS THE PROGRAM HAS SERVED THUS FAR FOR 09/10: ____

DAYS OF THE WEEK THE PROGRAM WILL BE CONDUCTED: ____ PROGRAM HOURS: ____

FUNDS WILL BE SPENT ON (Please refer to Funding Restrictions in Instructions packet): List

FY 08/09: GOALS ACHIEVED:

GOALS NOT ACHIEVED:

TO BE COMPLETED BY CAPP ADVISORY BOARD

CAPP Funding Recommendation: $_____

Match Funds: _____Yes _____No Match Ratio: _____: _____ Leveraged Funds: _____Yes _____No

Justification/Comments: _____

_____

_____

_____

TAB: PROGRAM
Section 3: PROGRAM SUMMARY (15 questions)

AGENCY:	PROGRAM:

1. **Program Description:** Describe the program in detail. Include the specific services the program will provide, how often, when, how many Alachua County residents will be served, target audience, program goals, etc.

2. **Program History & Need:** What problem(s) or issue(s) will the program address? Why is the program needed specifically in Alachua County? In your narrative, include relevant statistics and data to support the premise that the program is needed in Alachua County. What is the history of this program?

3. **Program Eligibility Criteria:** List the criteria participants must meet in order to be accepted into the program

4. **Program Partners:** List program partners and what each partner will provide.

5. **Category Fit:** Based on the approved funding category descriptions contained in the Application Information & Instructions, state which category your program fits into and how the program fits into the listed category criteria.

6. **Poverty Reduction:** How will the program reduce poverty in Alachua County?

7. **Program Effectiveness:** State what evidence is there that the program will be successful. (e.g., Is there a history of program success? Is this a Best Practice program? Has the program been successful in other locales?)

8. **Anticipated Program Challenges:** Other than funding, list or describe the challenges your organization expects to encounter with the program.

9. **Duplication of Services:** What other agencies in Alachua County provide the same or similar services? How is your program unique?

10. **Client Increase:** Will requested Alachua County funding increase the number of clients that were served by the program in 2009-10? _____Yes. If "Yes", by how much? _____
    _____No. If "No", why? _____

11. **Funding Increase:** If the same program is being funded by 2009/10 CAPP funds, is your current request an increase in the amount of funds received? _____ If yes, why is the increase being requested?

12. **Waiting List:** Is there currently a waiting list for agency services? _____Yes _____No
    a. If yes, which programs have a waiting list? _____
    b. If yes, how many individuals are currently on this list? _____
    c. If yes, is there a specific population who has been on the list the longest and for how long? _____
    d. If yes, will the requested funding be used to reduce the number of individuals currently on this list? _____Yes _____No _____N/A
    e. If yes, describe the efforts currently being made to reduce the length of time an individual waits for service(s): _____

13. **Matching Funds:**
    a) Will CAPP funds be used as matching funds? _____Yes _____No
    b) If so, what is the source of this funding?
    c) Total amount of funding through this source ("b" above): $
    d) What dollar amount is required to draw down the funds listed in "c"? $
    e) Will CAPP funds be the sole source of the local funding needed to draw down the funds?
    _____Yes _____No
    f) What other funding sources will be used to meet the match requirement?
    g) Ratio of match: _____ : _____ (Match Source : Local Funding)
    h) Give details of the match arrangement and what role CAPP funds play in the arrangement.

14. **Leveraged Funds:**
    a) Will CAPP funds be used to leverage other funds or resources? _____Yes _____No
    b) If so, what is the source of these funds or resources?
    c) Describe the leverage arrangement and include what, if any, percentage/amount of in-kind contributions will be used and what role CAPP funds play in the arrangement.

15. **Religious Activities**: Each CAPP grantee is responsible for full and complete compliance with all applicable laws, rules and regulations, including compliance with Article I, Section 3 of the Florida Constitution. CAPP funds cannot be used for any program, project or activity that promotes religion, has the primary effect of advancing religion, or teaches the religious doctrines of a particular sect.

    a) Will program participants be required to participate in any religious activities as a condition of receiving program services? _____Yes _____No

    b) If yes, please describe the religious activity(ies):

    c) Are religion-related activities offered to participants? _____Yes _____No

    d) If yes, please describe.

Section 4: PROGRAM STATISTICS

AGENCY NAME:

PROGRAM NAME:

TOTAL NUMBER OF UNDUPLICATED ALACHUA COUNTY CLIENTS/PARTICIPANTS		2008-2009 ACTUAL	2009-2010 ACTUAL/EST	2010-2011 PROJECTED
GENDER	**TOTAL**	0	0	0
Male				
Female				
Gender Unknown				
Family				
AGE	**TOTAL**	0	0	0
0 to 4 years				
5 to 9 years				
10 to 14 years				
15 to 19 years				
20 to 34 years				
35 to 54 years				
55 to 64 years				
65 and over				
age unknown				
ETHNICITY	**TOTAL**	0	0	0
White				
Black				
Hispanic				
Asian				
Indian				
Other				
HOUSEHOLD INCOME	**TOTAL**	0	0	0
Below $10,000				
$10,000 to 14,999				
$15,000 to $19,999				
$20,000 to 29,999				
$30,000 and above				
Income Unknown				

NOTE: An unduplicated client is an individual who is counted one time during the contract year, even though that individual may receive multiple services or one service multiple times.

Section 5: CAPP PROGRAM PERFORMANCE DATA

1. **Insert the program's 2008/09 CAPP End-of Year report**: If the program received CAPP funds in 2008/09, insert the program's 2008/09 CAPP End-of-Year report. If the program did not receive CAPP funds in 2008/09, check this block: ☐ **N/A, program did not receive CAPP funding in 2008/09.**

2. **Insert the program's 2007/08 CAPP End-of-Year report:** If the program received CAPP funds in 2007/08, insert the program's 2007/08 End-of-Year CAPP report. ☐ **N/A, program did not receive CAPP funding in 2007/08.**

TAB: LOGIC
Section 6-A: SCHEDULE K-1: PROGRAM LOGIC MODEL
Alachua County Community Agency Partnership Program

AGENCY:	PROGRAM:

Program Summary:

Long-Term Program Goals:

INPUTS - Resources dedicated to the services	ACTIVITIES – Services provided to the participants	OUTPUTS – How much of the services will be provided to how many	OUTCOMES – Measurable benefits for participants
			1. 2. 3.

Section 8: FUNDING INFORMATION & RATIONALE

FUNDING INTENT: It is the intent of the Alachua County Board of County Commissioners that CAPP funds are to be used for direct program costs, rather than agency operational costs. Funds are not intended for "the cost of doing business". Funds are not to be used to maintain, enhance or enrich the agency, itself; they are to be used to maintain the program and enhance and enrich program participants; however, general office supplies, such as paper, pens, printer cartridges, staples, etc. are allowed. Funds deemed as solely or primarily as maintaining, enhancing or enriching the agency as opposed to the program and its participants will not be approved.

FUNDING RESTRICTIONS:

1. **Capital expenditures** (items that cost $1,000 or more) are not allowed if that item is going to stay with or benefit the agency, rather than the program or program participants directly. For example, an agency may not purchase a computer that costs $1,000 or more that will stay with the agency after the grant period ends. Even if an item is less than $1,000, that does not mean it will be allowed. For example, CAPP funds would not be authorized to purchase employee office furniture, regardless of the amount.

2. **Lawn/Building maintenance and repairs** are not allowed. Pest control and cleaning services are not allowed.

3. **Land/Building, building improvements and improvements other than buildings** are not allowed if the agency is the owner, leaseholder, occupant or future occupant.

4. **Rent or mortgage payments** are authorized only if program participants are sheltered or housed at the location.

5. **Utilities:** Authorized if used for the program participants. If the building houses non-program participants (such as staff) the amount/percentage of utilities used for the program must be calculated and only that amount/percentage is authorized for reimbursement.

6. **Vehicles:** The purchase of vehicles is not allowed. Rental of a vehicle is allowed for transporting program participants to a single event, such as needing to rent a van to transport multiple individuals to a particular venue.

7. **Vehicle maintenance:** If the vehicle is essential to the operation of the program, its maintenance is allowed.

8. **Gasoline:** Gasoline is not allowed, except in the case of rental of a vehicle as needed to transport program participants to a single event, such as needing to rent a van to transport multiple individuals to a particular venue. In this case, gasoline for the rental van would be allowed.

9. **Fundraising:** Agency fundraising expenses are not allowed.

10. **Storage facilities:** If a storage facility is essential to program operation, the expense is allowed.

11. **Insurance:** Insurance premiums of any type are not allowed.

12. **Membership Fees or Dues:** Membership fees or dues are not allowed.

13. **Staff/Volunteer Gifts/Awards/Recognition:** Gifts, awards or other expenses related to employee or volunteer celebration or recognition events or activities are not allowed.

Section 8: PROGRAM FUNDING REQUEST RATIONALE

AGENCY:	PROGRAM:

Provide a detailed rationale here for the CAPP funding requested. Explain how the funds will be used for the program, applicable amounts and/or percentages, and the reason for requesting what is being requested. Include actual costs when possible of the items the agency wishes CAPP funds to pay for. If the costs are expected to increase, note this in your rationale.

- **Program-Related Salaries, Payroll Taxes, Employment Benefits**

Describe the type(s) of position(s), the rationale for the position, and the amount of funding requested for the position(s). Indicate the Full Time Equivalent (FTE) based on the standard workweek for the type of position. FTE is determined by dividing the standard number of weekly hours (e.g. 40 hours) for the type of position (e.g. caseworker) into the actual work hours to be funded by the program. Describe what each position provides to the program and the percentage of time the position devotes to the program.

- **Supplies**

List and describe supplies and associated costs of supplies necessary for operation of the program. Agency general office supplies are allowed.

- **Vehicles: Rental/Repairs/Maintenance**

List each incidence of anticipated vehicle rental, what the venue will be (the specific event and where the participants will be transported), why a rental vehicle is needed for the transport, how the need for the venue transportation is related to the program, and associated costs (rental and gasoline). Insurance or extra coverage on the rental vehicle are not allowed expenses. For maintenance costs of a vehicle that is essential to program operation, state the type of vehicle (pickup truck, van, delivery truck, etc.), how it is essential to the program and estimated costs of repairs and maintenance.

- **Program Equipment Rentals and Maintenance**

Describe the equipment and costs associated with purchase, rental, or maintenance required for operation of the program. Office equipment rentals and maintenance, such as copiers, scanners, printers and postage meters are not allowed.

- **Contracted Services**

Describe the type of professional/technical service(s), why the contracted service is needed in respect to program operation, an estimated number of hours for each type of service, and the amount of funding requested for the service.

- **Food/Food-Related Items**

State what type of food needs to be purchased, purpose/why the food needs to be purchased, how it will be used and projected cost. Describe what controls will be in place to ensure the food is used for its intended purpose. For food-related items, describe the items, why they are necessary to the program and associated costs.

- **Storage**

Describe storage needed, why the storage is essential to the program and projected cost.

- **Program-Related Travel**

Provide a description of and rationale for each type of travel to be supported with project funds, such as travel related to daily transportation of clients, delivery of meals to clients, or staff attendance at required conference(s) or trainings. Provide the cost of travel and method of determining cost. Do not include vehicle rental or repair/maintenance in this category.

- **Program Marketing/Communications**

List and describe costs associated with program marketing and communications. Cell phone, internet services, postage and printing are included in this category. General office internet for employees is not an allowable expenditure; however, if the internet access is for the program participants, then this would be allowed. Phones for general office usage are not allowed. Cell phones for on-call program staff or in-field program staff are allowed.

- **Miscellaneous**

This category is for allowable items or services not listed above. List each item or service, why it is necessary to the program and associated costs.

TAB: AWARD
Section 9: PROGRAM AWARD LEVELS

AGENCY:	PROGRAM:

1. **0% Funding**: If the program is not approved for CAPP funding will the program be provided to Alachua County residents? _____Yes _____No _____Partially
   Describe in detail how the program will function, at what level, etc. if no funding is received from CAPP:

2. **25% Funding**: If the program receives only 25% of the requested amount, will the program be provided to Alachua County residents? _____Yes _____No _____Partially
   Describe in detail how the program will function, at what level, etc. if 25% funding is received from CAPP:

3. **50% Funding**: If the program receives only 50% of the requested amount, will the program be provided to Alachua County residents? _____Yes _____No _____Partially
   Describe in detail how the program will function, at what level, etc. if 50% funding is received from CAPP:

4. **75% Funding:** If the program receives only 75% of the requested amount, will the program be provided to Alachua County residents? _____Yes _____No _____Partially
   Describe in detail how the program will function, at what level, etc. if 75% funding is received from CAPP:

TAB: AGENCY
Section 10: AGENCY INFORMATION (10 questions)

AGENCY:

1. **Agency Mission Statement:**

2. **Agency History:**

3. **Agency Accomplishments in Alachua County:**

4. **Agency Funding Diversification & Sustainability:**
   a) What agency diversification of funding efforts were made in 2008/2009 and 2009/2010?
   b) What has the agency accomplished during the past two years toward increasing agency sustainability?
   c) What steps toward further sustainability have been or will be taken for 2010/2011?

5. **E-Civis:**
   a) Is the agency signed up with the County's eCivis grants locator service? _____Yes _____No
   b) Did the agency search eCivis for grants prior to this application? _____Yes _____No
   c) What potential new funding sources have been identified through eCivis?
   d) If no new potential funding sources were identified, why not?

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6. **Fundraising:**
   a) **09/10** fund-raising goal: $
   b) **09/10** amount raised: $
   c) **10/11** fundraising goal: $
   d) How will funds be raised for the **10/11** budget year?

7. **In-Kind Contributions:**
   a) Does the agency have in-kind contributions/arrangements in the area of building lease/rent/mortgage or building maintenance? _____Yes _____No
   If yes, give a brief explanation of the arrangement and the amount saved:

   b) Does the agency have in-kind contributions/arrangements in the area of professional services/outside consultants? _____Yes _____No
   If yes, give a brief explanation of the arrangement and the amount saved:

   c) If the agency has other in-kind services that you would like to mention, please state here:

8. **Agency Grants:** List the 2009/10 grants the agency has/had. Expand table as needed.

Name of Grant	Source	Amount	Date Applied	Expiration Date

9. **Agency Volunteers:**
   a) How many volunteers does the agency utilize?
   b) How are volunteers recruited?

10. **Legal:** Does the agency have any current litigation pending against it? ☐Yes ☐No
    If yes, please provide details:

SECTION 11: AGENCY EMPLOYEE INFORMATION

Agency Name: ___ National Agency ___ Regional Agency ____ Neither National nor Regional

Complete this table with information regarding agency staffing, not just program staffing. If the agency is national or regional, list just the positions pertaining to the Alachua County office.

	Persons filling Positions										
Position Title (not staff names)	Gender	Ethnic	Disabled	Currently Filled?	Last Year's Salary	Current Salary	% Difference Last/Current	Proposed Salary	% Difference Current/Prop	% of CAPP Funding	$ Amount of CAPP Funding
Grand Total - All Salaries						$0		$0		$0	$0

TAB: BOARD

Section 12: AGENCY BOARD INFORMATION

AGENCY:

If a national or regional organization, do you have a local Board of Directors/Advisory Board? Yes ☐ No ☐ NA ☐

**(If the agency has a formal local Board, include only the member information for the local Board.)

Number of Board members required by agency by-laws _____

How often are Board meetings supposed to be held? _____

Number of meetings held during the past year_____ Average attendance _____ %

Do your organizational by-laws set a term limit a volunteer may serve on the Board of Directors? Yes ☐ No ☐

If yes, what are these limits? _____

Name	Board Position	Business Affiliation/ Title	Telephone & Fax number	Gender	Ethnicity	Disabled?	Continuous Years on Board	Current Term Expiration

Section 13: APPLICATION CHECKLIST

AGENCY:

Below is a checklist of items that are to be added to the end of the application, under the Misc (Miscellaneous) tab. The items are listed in the order in which they should be placed. Place a check mark in the appropriate column. If you do not have an item, explain why at the bottom of the page.

		Yes	No
1.	Copy of current, approved Board of Directors By-Laws		
2.	Copies of minutes from last 12 months Board of Directors meetings. (If you are a national or regional organization and you have a local Board or Advisory/Steering Committee that keeps minutes, you may supply just the local group's last 12 months of minutes.)		
3.	Copy of IRS determination letter declaring agency tax exempt under 26 USC 501 (c) (3)		
4.	Copy of any correspondence received between 10/1/06 and 9/30/09 from the IRS regarding agency's 501(c)(3) status		
5.	Proof of Active status with the Florida Department of State Division of Corporations (go to http://www.sunbiz.org/search.html, type in business name, click on name, print out only the "Detail by Entity" page that shows organization's Status as 'Active'.		
6.	Report on previous year's activities (e.g., Annual Report)		
7.	Copy of most recent Agency Audit or Financial Review		
8.	Copy of Agency EEO policy		
9.	Program Success Story		
10.	Signed & Dated RFA 11-198 Addenda		

Explanation for all 'No' items: _____

Scoring Process
The 7 members of the CAPP Advisory Board (CAPPAB) will review and assign a score for each written Program Application and each Oral Presentation Program Application. Each member's scores on the written and oral portion of each program are totaled to create a single score. The scores of all members on that particular application are then added together to form the total score. Using the table below, the score determines for which level of funding the program is qualified. If a program scores below 78.4, the program is ineligible for funding. Regardless of the (qualified) score, funding may not be recommended or awarded.

Advisory Board Discussion
While the overall raw score is an important variable, it is not the ultimate determinant of funding allocation recommendations. The overall score provides a starting point for deliberations among the members of the CAPP Advisory Board. During deliberations, members can offer their unique perspectives and practical insights based on areas of professional expertise and community involvement.

Funding Recommendations
The CAPP Advisory Board arrives at a consensus, not vote, regarding the funding recommendations it makes to the Board of County Commissioners. The recommendations are presented to the Board of County Commissioners, who then decide whether to accept the recommendations in part or in whole or reject the recommendations in part or in whole.

Board of County Commissioners Meeting
The meeting for funding decisions will be in August. Each applicant will be notified of the date and time of the meeting so that they may attend if desired.

SCORING RANGES: 1) The final score is the combined score of the written application and the oral presentation. 2) Regardless of an applicant's eligibility score, there are no guarantees that funding at <u>any</u> level will be recommended or received.

up to 100%	**Score Range Equals**	**109.5 - 125.0**
up to 75%	**Score Range Equals**	**94.5 - 109.4**
up to 50%	**Score Range Equals**	**78.5 - 93.4**
No Funding	**Score Range Equals**	**Below 78.4**

1. **Application Accuracy & Quality/Completeness of Information: Degree to which required information was provided; the degree to which the information given was clearly understandable and sufficiently informative; the degree that the application packet was compiled according to instruction.**
Reflects attention of applicant to providing all requested information, providing appropriate and adequate information in a clear, concise and comprehensive manner and compiling the application according to instructions. ***Highest score*** = all information was provided and in the order as instructed, information was concise, easily and readily understood but comprehensive in scope, packet was compiled properly and in a user-friendly manner. ***Lowest score*** = excluded requested information, information given was not easily understood, packet was not compiled according to instructions, packet was not compiled in a user-friendly manner.
2. **Need for Services & Alignment with BOCC Priorities: Degree to which it was demonstrated that the program is needed in Alachua County in order to reduce poverty and the degree to which the program aligns with the priorities of the Board of County Commissioners.**
Reflects how well the application demonstrates, primarily through data unique to Alachua County, that there is justification for services in Alachua County in order to reduce poverty; reflects how well the program's services coincide with the priorities and parameters set by the Board of County Commissioners. ***Highest score*** = impending need for services adequately and clearly demonstrated, data provided is specific to Alachua County, aligns impeccably with the priorities and parameters set by the Board of County Commissioners. ***Lowest score*** = no data provided/data does not support that need is impending/data is not specific to Alachua County and program does not align with BoCC priorities and parameters.
3. **Proposed Services and Impact on Poverty: Degree to which the proposed services will impact poverty.**
Rates how well it is demonstrated that the program's services will impact poverty in Alachua County; how well the applicant demonstrated that the program strategy is credible and likely to achieve its goal. ***Highest score*** = program strategy's success or likelihood of success is well-documented and justified by the applicant, high impact on poverty ***Lowest score*** = minimal impact on poverty, strategy's history of success or likelihood of success not demonstrated by applicant
4. **Uniqueness of Services: Degree to which program services are unique to Alachua County**
Reflects the availability of these services within the county overall, as measured by number of agencies providing service and not merely number of locations of requesting agency. ***Highest score*** = no other agencies provide the service to Alachua County residents ***Low score*** = services readily available from other agencies/organizations

5.	**Eligibility Criteria: Degree to which program eligibility criteria is documented and reasonable/justified**
	Rates how well the eligibility criteria are defined, how justified and reasonable the criteria, how well the criteria fit the targeted audience ***High score*** = agency has very specific and clearly stated eligibility criteria, the criteria are reasonable and justified, the criteria fit the targeted audience. ***Low score*** = agency has no firmly established guidelines/policies for eligibility or criteria are unreasonable/unjustified and will exclude intended audience.
6.	**Program Performance Measures: Degree to which performance can be measured (Logic Model)**
	Reflects the ability of the agency to set achievable and measurable outcomes and the ability to accurately measure program performance ***Highest score*** = Inputs, Activities and Outputs are adequate and will achieve the Outcomes, Outcomes are realistic and measurable, Outcomes can be achieved within the time frame of the grant, Outcomes are practical (not set too low or too high), there are 3 – 5 Outcomes set, measurement tools are comprehensive and will measure what is intended to be measured. ***Low score*** = measures are not clearly developed; Outcomes are not likely to be achieved or are inadequate
7.	**Budget: Degree to which the program budget plan is accurate and justified; degree of value for dollars spent**
	Rates to what degree the program budget plan is clearly outlined and justified; rates how well the applicant following the provided funding guidelines; rates the degree of value for dollars spent ***High score*** = A realistic and accurate program budget with reasonable cost for providing services is outlined; excellent value/return for Alachua County monies expended; expenses are allowable under applicant funding guidelines ***Low score*** = program budget plan is not justified, is vague, inaccurate or incomplete; there is a low return for Alachua County monies spent; applicant did not follow funding guidelines
8.	**Funding Diversification: Degree of agency funding diversity**
	Rates how well the agency budget projects a diversified funding base and supports program sustainability ***Highest score*** = Agency's funding is strong and/or diverse enough to ensure against program interruption; agency demonstrates that it does not rely solely on one or two sources of funding, including CAPP; significant match or leverage arrangement. ***Low score*** = Agency makes little attempt to seek out additional funding sources; agency appears to be heavily reliant on CAPP funds in order to operate.

9.	**History, Accomplishments & Sustainability: Degree of how long the agency has been providing services and its impact on Alachua County; degree to which the agency's future stability is certain**
	Rates how successful the agency has been in providing services and rates the degree of agency sustainability. Does the agency describe major accomplishments in Alachua County? Does the agency have a strong structural and financial foundation? Is and has the agency taken measures to ensure its continued viability? ***High score*** = agency has a successful history of providing needed services to Alachua County residents; agency demonstrates it is sound financially and structurally; agency demonstrates its commitment to and has taken measures toward ensuring continued existence and viability. ***Low score*** = Agency does not have a history of major accomplishments; agency's foundation is not structurally or financially sound; agency is not taking measures to ensure its continued existence.
10.	**Partnerships/Collaborations: Degree and quality of agency collaborations**
	Rates the agency's success at establishing viable collaborations and the ability to utilize those partnerships ***Highest score*** = agency has viable, productive partners; the choice of collaborators demonstrates that the agency is familiar with and recognizes common ground with other entities ; formal agreements (e.g., MOU/MOA) exist ***Low score*** = agency's partnerships are unproductive; agency does seek out or has failed at collaborative efforts

RETURN TO DARRYL/LEE

EVALUATOR: TOTAL SCORE: _____	HIGH ---------- circle one ----------LOW										
	10	9	8	7	6	5	4	3	2	1	0
AGENCY: PROGRAM:											

1. Application Accuracy & Quality/Completeness of Information	HIGH ---------- circle one ----------LOW										
	10	9	8	7	6	5	4	3	2	1	0
2. Need for Services & Alignment with BOCC Priorities	HIGH ---------- circle one ----------LOW										
	10	9	8	7	6	5	4	3	2	1	0
3. Proposed Services & Impact on Poverty	HIGH ---------- circle one ----------LOW										
	10	9	8	7	6	5	4	3	2	1	0
4. Uniqueness of Services	HIGH ---------- circle one ----------LOW										
	10	9	8	7	6	5	4	3	2	1	0
5. Eligibility Criteria											
	10	9	8	7	6	5	4	3	2	1	0
6. Program Performance Measures	HIGH ---------- circle one ----------LOW										
	10	9	8	7	6	5	4	3	2	1	0
7. Budget	HIGH ---------- circle one ----------LOW										
	10	9	8	7	6	5	4	3	2	1	0
8. Funding Diversification	HIGH ---------- circle one ----------LOW										
	10	9	8	7	6	5	4	3	2	1	0
9. History, Accomplishments & Sustainability	HIGH ---------- circle one ----------LOW										
	10	9	8	7	6	5	4	3	2	1	0
10. Partnerships/Collaborations	HIGH ---------- circle one ----------LOW										
	10	9	8	7	6	5	4	3	2	1	0

2010-11 CAPP ORAL PRESENTATION SCORING CRITERIA (11-198)

1. **Program Quality & Performance Measures: Degree of quality of agency's program.**
Were program services explained thoroughly? Is the program well-planned? Will the agency be able to execute the program with the designated resources? Are program outcomes attainable, measureable and realistic? How well was it demonstrated that the program has the likelihood of success? ***High score*** = presenter conveys a high-quality, realistic, well-thought-out program that will clearly have a positive impact on program participants; resources will be adequately and judiciously utilized; eligibility criteria are sound; performance measures are achievable within the time frame and with the resources; paid and unpaid staff/volunteers are qualified to render the services; evidence was cited that supports the likelihood of program success. ***Low score*** =. Presenter does not convey a realistic, well-organized program; the funds being requested are not in keeping with the program's components; outcomes are not likely to be attained; paid/unpaid staff do not have proper qualifications or training; little to no evidence to support that the program will work.
2. **Program Need & Impact on Poverty Reduction: Degree to which the agency justified the need for the program; the degree to which the agency clearly linked the program to poverty reduction and with the priorities and parameters of the Board of County Commissioners; degree of impact on poverty; degree to which needed services are unique.**
Reflects how well the presentation demonstrates justification for program services specifically in Alachua County; how well the program will reduce poverty and to what extent; the degree to which there are no other agencies that provide these <u>needed</u> program services; the degree to which the program aligns with the priorities and parameters set by the County Commission for this funding. ***High score*** = program is commensurate with Commission priorities and parameters; program need in Alachua County is clearly demonstrated and program goals/objectives are likely to have a significant impact on reducing poverty reduction; program services are not available or readily available through other local agencies. ***Low score*** = little or non-specific to Alachua County data showing need; program goals and objectives are not closely aligned with reduction of poverty; program does not align with BoCC priorities or parameters; program will have little overall impact on poverty.
3. **Agency Capability & Sustainability: Degree to which the agency's presentation revealed a history of success in the community; degree of demonstrated agency ability to carry out its mission; degree of agency stability and sustainability; degree of sound or diversified funding sources; fundraising**
Reflects the capability of the agency to carry out and complete a quality program with little to no threat of program disruption. ***Highest score*** = agency has a proven track record; stable, ample resources and there is little to no threat of program disruption; agency demonstrated that it has taken steps to ensure sustainability; agency has a strong Board of Directors; agency demonstrates its commitment to fund diversification; there is a vigorous fundraising history and plan. ***Lowest score*** = agency does not have a proven track record; lacks stable, ample resources; there is a reasonable threat of program disruption due to instability or a lack of sustainability measures and actions; fundraising history is weak and/or fundraising plan is weak/insufficient.

4. **Resources & Budget: Degree to which the agency demonstrates a sound, justified budget; degree of return for dollars spent; degree of program resources**
Rates the quality of the agency's program resources and budget and the degree of return for Alachua County dollars spent. ***Highest score*** = Significant match/leverage; high return for Alachua County dollars spent; partnerships/collaboration/program resources are appropriate and sufficient. ***Lowest score*** = Little return on dollars spent; partnerships/collaborations/program resources are insufficient; no match or leverage arrangement.
5. **Completeness of Information: Degree to which the presentation adequately provided the above information; degree to which Advisory Board members' questions were answered satisfactorily.**
Rates how thorough the presentation was in providing the information requested; how well the presenters explained and appeared to understand agency and program details; and the degree to which questions from Advisory Board members were answered satisfactorily ***High score*** = Presenters addressed all required areas; the program was thoroughly and clearly explained; presenters were forthcoming with answers to questions from Advisory Board members, the answers demonstrated thorough knowledge of the agency and program. ***Low score*** = Presenters did not cover all required areas; presenters did not clearly explain the program; questions from Advisory Board members were not answered satisfactorily.

2010-11 CAPP ORAL PRESENTATION SCORING CRITERIA (11-198)

EVALUATOR:		HIGH ----------Circle One---------- LOW					
TOTAL		5	4	3	2	1	0
SCORE: _____							
AGENCY:							
PROGRAM:							
1. **Program Quality & Performance Measures**	HIGH ----------Circle One---------- LOW						
	5	4	3	2	1	0	
2. **Program Need & Impact on Poverty Reduction**	HIGH ----------Circle One---------- LOW						
	5	4	3	2	1	0	
3. **Agency Capability & Sustainability**	HIGH ----------Circle One---------- LOW						
	5	4	3	2	1	0	
4. **Resources & Budget**	HIGH ----------Circle One---------- LOW						
	5	4	3	2	1	0	
5. **Completeness of Information**	HIGH ----------Circle One---------- LOW						
	5	4	3	2	1	0	

2010-11 CAPP ORAL PRESENTATION SCORING CRITERIA (11-198)

1. **DATES:**
   July 12 - 16, 2009 and possibly July 19 – 21, 2010

2. **LOCATION:** Alachua County Dept. of Community Support Services, 218 SE 24th Street, Gainesville, FL 32641

3. **MANDATORY:** Agencies MUST give an oral presentation in order to be considered for funding.

4. **RESCHEDULE:** Once scheduled, no changes are allowed.

5. **15-MINUTE PRESENTATION PER PROGRAM TIME LIMIT:** Agencies will be scheduled 15 minutes of presentation time per program. Presentations are timed and will not be allowed to go beyond the 15-minute limit for each program. The presentation will be followed by questions from Advisory Board members. Each applicant is particularly encouraged to bring individual(s) who are familiar with agency and program finances/budgets. There is no limit to the number of persons each applicant is allowed to bring to the presentation to assist with the presentation or with the Q & A period.

6. **AUDIO/VISUAL EQUIPMENT:** The following media equipment is available for your use: Laptop with cd/dvd drive and projector; dry erase board; flipchart stand.

7. **POWERPOINT PRESENTATION:** If you are going to use a PowerPoint presentation, you will need to have it on a jump/flash drive, where it can be plugged into our laptop. You will need to bring someone with you to operate the controls.

8. **HANDOUTS & MATERIALS:** No handouts or materials may be distributed or left for/with the Advisory Board.

9. **INFORMATION CONTAINED IN ORAL PRESENTATION:** Each presentation is scored in the following areas: (see "Oral Presentation Scoring Criteria" for complete details.)

   - **Program Quality & Performance Measures**
   - **Program Need & Impact on Poverty Reduction**
   - **Agency Capability & Sustainability**
   - **Resources & Budget**
   - **Completeness of Information**

CAPP FY2010/11 AWARDS

AGENCY	PROGRAM	AWARD	TOTAL AMT
ACORN Clinic	Dental	$45,002	
ACORN Clinic	Medical	$90,001	
ACORN Clinic	Archer Family Health Care	$28,801	$163,804
Alachua County Homeless & Hungry Coalition	ACCHH	$22,501	$22,501
ARC	Day Program	$9,001	$9,001
Bread of the Mighty Food Bank	HOPE Preserved for Alachua	$54,002	$54,002
Catholic Charities	Emergency Assistance	$33,751	$33,751
Children's Home Society	Family Partners Program	$14,041	$14,041
Easter Seals	Altrusa House	$14,851	$14,851
Elder Care of Alachua County	Al'z Place	$43,201	
Elder Care of Alachua County	Older Americans Act	$74,605	$117,806
Epilepsy Foundation of Florida	Epilepsy Services	$10,801	$10,801
Florida Organic Growers (FOG)	GIFT Gardens	$20,701	$20,701
Gainesville Harvest	Surplus Food Redistribution	$72,002	$72,002
Interfaith Hospitality Network	IHN Shelter	$22,501	$22,501
Lazarus Restoration Ministries	Self-Sufficiency Housing	$16,437	$16,437
Peaceful Paths	Gallenkamp Emergency Shelter	$94,685	$94,685
Planned Parenthood	Teen Clinic	$31,501	$31,501
Rebuilding Together North Central Florida	Community Weatherization Coalition	$29,701	
Rebuilding Together North Central Florida	Housing Rehabilitation	$27,001	$56,702
St. Francis House	Case Management	$11,628	
St. Francis House	Food Distribution	$15,671	
St. Francis House	Housing	$14,410	$41,709
United Way	School-Based Dental Sealant	$13,501	
United Way	Weekend Hunger Backpack	$90,001	$103,502
TOTAL		**$900,297**	$ 900,297