



THE 2017/18 CHSP PROGRAM DESCRIPTION MANUAL

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SECTION ONE: INTRODUCTION

Twenty years ago, the City of Tallahassee, Leon County, and the United Way of the Big Bend collaborated to form the Community Human Service Partnership (CHSP). Overall, the CHSP serves as a joint planning and funding distribution process, which utilizes a standardized funding application, agency presentation format, and review and recommendation process. Furthermore, recognizing the need to make improvements in the overall approach to funding public services, the CHSP was formulated to address various systems' challenges that resulted due to the lack of coordination among the three local funding agents. This initiative, which requires greater coordination and cooperation between funding sources and among agencies, affords easy recognition of duplication and gaps in service delivery, and provides the ability to target funds accordingly.

The CHSP partners work jointly through an appointed governing body made up of representatives from each partner's organization. This partnership utilizes staff and community volunteers to implement a joint agency review process, resulting in joint funding recommendations that translate into a more comprehensive service delivery system – one with a greater impact and higher level of results.

The CHSP partners continue to obtain feedback from Citizens Review Team volunteers, agency directors, and community stakeholders with regard to the process. Based on that feedback, the process continues to evolve as we make adjustments for improvement. We appreciate the support and look forward to constructive input.

One point that needs to be clearly understood is that the citizen review process allocates funds to programs as one sum from all of the partners; however, each of the funding sources must retain the approval authority for the funds coming from their budgets. Because of this factor, recommendations will be identified as coming from a specified funding source. Each funding source will approve their allocations separately at the Commission or Board level. Please note that lack of funds coming from a source should not be interpreted as lack of support. The total allocation received from CHSP demonstrates the support of all of the CHSP partners.

It is recognized that the United Way represents eight counties in the Big Bend area, while CHSP focuses exclusively on Leon County. Additionally, United Way funds may only be distributed to certified member agencies. Similarly, a portion of the City of Tallahassee funds may only be allocated to agencies providing services to low/moderate income families, to eliminate slum and blight, or to meet a particular urgent need based on federal HUD guidelines.

SECTION TWO: GOALS AND OBJECTIVES

The goal of the CHSP fund distribution process is to review agencies' capabilities and performance, and match requests for program funding to community needs, then distribute the available funds in a manner that assures a balanced, effective and efficient human services delivery system.

Objectives adopted by the funding partners are as follows:

1. To assure that a majority of CHSP funds are used to provide direct client services to the lowest socio-economic areas where the most difficult social conditions exist.
2. Through the Citizens Review Teams, the partnership will assure that 100% of the funds are allocated towards the areas of greatest need and opportunity.
3. To support and maintain the optimal level of human services possible with the amount of resources available.
4. To provide a service delivery system that best matches identified community needs.
5. To focus spending of CHSP funds toward a long-range perspective, which incorporates changing needs and trends relative to how needs should be met.
6. To provide a means for an ongoing review of the program and the financial needs of agencies participating in the CHSP process through program monitoring.
7. To provide a method for measuring the cost and effectiveness of programs addressing multiple community needs.
8. To use CHSP funds to complement and supplement the agencies' budgets for the provision of comprehensive services, including all tax-supported and voluntary agency activities.
9. To ensure that funds are distributed to human service agencies without unnecessarily duplicating program funding at the expense of others.
10. To eliminate duplicate preparation of applications and reviews/interviews by agencies.
11. To maximize the level of state and federal funds coming into the community through match opportunities.
12. To provide a forum for information sharing and an opportunity to find common ground in defining terms, goals and objectives.
13. To ensure that CHSP funded agencies adhere to the American Institute of Certified Public Accountants (AICPA) standards of accounting for nonprofits.

SECTION THREE: DESCRIPTION OF FUND DISTRIBUTION PROCESS

The CHSP fund distribution process begins with all of the funding parties allocating dollars to the process and defining any limits or constraints placed on their dollars. The CHSP has adopted several human service areas to form a continuum of care model. This model consists of the following human service areas: basic needs and emergency services, community support, senior services, services to persons with disabilities, family support, physical health, substance abuse, youth recreation and character building, youth education, children's services, and the Promise Zone.

The Joint CHSP staff appoints the team leadership for each Citizens Review Team (CRT). The leadership of each team consists of the team leader and time keeper. United Way volunteers and members of the City of Tallahassee Community Improvement Advisory Council (CIAC) and the Leon County Human Services Grant Review Committee (HSGRC), as well as long-term volunteers, fill these leadership positions on each review team. These volunteers lead the team through the review process and present their team's decisions to their respective committees.

The joint staff will determine the amount funded from their respective grantors based on the total allocations recommended by the Citizens Review Teams (CRTs). These decisions are based on funding constraints, availability of funds, and other administrative factors. The joint staff is the most knowledgeable regarding their own funding restraints and requirements.

In accordance with the procedures outlined in this CHSP Description Manual, recommendations from the Citizens Review Teams as well as the appeals process will be forwarded to each applicant agency. The final CHSP recommendations will be submitted to the United Way of the Big Bend Board of Directors, the City of Tallahassee Commission, and the Leon County Board of County Commissioners for approval.

Joint staff will ensure that all the necessary information is complete by reviewing the application materials. **The Fatal Flaws policy will be enforced by staff.**

If an agency is submitting an application for more than one program, they may request to be reviewed by separate review teams. However, joint staff will make final determinations regarding program placement on a particular team.

Prior to the agency presentation, all volunteers will be trained on the use of the application materials and on the evaluation process. They will review, in advance, all application materials.

Agency reviews will take place either at the agency's site or at some other approved location. During the agency presentation, the team leaders will guide the review team through a three-step process: a program review, a budget review, and a question and answer period. This format is carried out in three segments. Agencies applying for **three or fewer programs have one hour to present**, with 30 minutes for program review, 10 minutes for budget review, and 20 minutes for questions/answers. Agencies submitting **four or more programs for review are allowed an hour and a half**, with 40 minutes for program review, 20 minutes for budget review, and 30 minutes for questions/answers. The chart provided on page **seven** outlines the presentation format.

In order to ensure that all agencies are treated equitably, under no circumstances will the Team Leaders allow the agency to go outside of the prescribed presentation format. Furthermore, it is a mandatory requirement that agencies give a formal presentation that addresses the following specific program and budget inquiries:

The Program presentation must include responses to the following key points:

1. Information clearly describing the **program's description**, including the number of participants served at a given time, days and hours of operation, specific activities conducted with the participants, staffing capacity and skillsets, collaborative efforts that directly meet the needs of the participants, and justification regarding how the program is designed/structured (e.g., is the program based on research or a best practice model?).
2. Information clearly **documenting the need for the program**, including local and current data sources detailing the prevalence of the social problem that the program is or proposes to address.
3. A clear **definition of the target population**, including client demographics such as household income; and the geographic service area such as neighborhoods, census tracts, schools, and client eligibility criteria.
4. **Client outcome accomplishments** during FY 2015/16 and client outcome indicators proposed in the FY 2017/18 Program Measurement Framework.
5. The organization's **board of directors or governance structure** such as leadership and committee structure, level of involvement/oversight, expertise, and skill sets.
6. If the agency received a **programmatic finding from the CRT**, discuss how the agency is addressing or has corrected the applicable finding.

The budget presentation must include responses to the following key points:

1. Describe the **overall agency budget**, including administrative/fundraising costs.
2. If there are **significant budgetary changes** impacting the agency or the program, please explain.

3. Specifically, **justify the need for CHSP funding**; and explain how CHSP funds will be used to support the implementation of the program.
4. If you are requesting a **funding increase** compared to the program's current CHSP funding level, provide a specific rationale, including a fiscal justification, for your request.
5. If funded last year, **how does this request compare to last year?**
6. Identify the program's **other sources of funding**.
7. Specify how the **lack of (or reduction of) CHSP funds** would impact the program, its participants, and, if applicable, the community.
8. If there are concerns, particularly **findings**, noted in the agency **audit**, provide an explanation of how the agency is currently addressing or is planning to address those stated concerns.
9. Describe the agency's **overall fiscal management** policies and practices.
10. Explain the **role of the board** in providing fiscal oversight and ensuring that internal controls are in place to protect the agency's fiscal integrity.
11. If the agency received **findings from the CRT** regarding its fiscal system, discuss how the agency has addressed or corrected those findings.

The Presentation Format Based On Number Of Programs Submitted For Review	
Number of Programs for Review	Presentation Format
Applying for three (3) or fewer programs	Program review-30 minutes, Budget-10 minutes, Q/A-20 minutes
Applying for four (4) or more programs	Program review-40 minutes, Budget-20 minutes, Q/A-30 minutes

Upon completion of the agency presentations, each team member will complete the Volunteer Assessment Guide, deliberate agency requests, develop priority rankings, and make recommendations for each program being reviewed. They will take into consideration the criteria delineated in the Volunteer Assessment Guide, which includes:

- The need for the program as demonstrated by the agency and its compatibility with any priorities that may have been set by the funding partners.
- The Citizens Review Team's opinion of the agency's ability to execute and administer the program.
- The agency's past performance.
- The projected and/or reported outcomes of the agency and program.
- The ability of the agency to collaborate and leverage their resources.
- The evaluation criteria identified in the Volunteer Assessment Guide.
- General comments, recommendations, and findings included in the CHSP 2016/17 award letter.

<i>Factors considered in the evaluation process</i>

The Citizens Review Teams will also prepare a list of **general comments or recommendations** for each agency. General comments include suggestions, positive feedback, and other thoughts and ideas from the team that are meant to be constructive and helpful to the agency's success. These comments and/or

recommendations may include, but are not limited to, the areas of planning, budgeting, organizational structure, facilities, service delivery, participant outcome measurements, and positive aspects of the agency and program.

The **award letter also includes findings**. It is strongly recommended that you thoroughly read the comments and, in particular, the findings section included in the CHSP 2016/2017 award letter. Findings represent programmatic or administrative concerns documented by the Citizens Review Team. It is important to note that findings not remedied **may** affect the level of funding that an organization receives in current or future funding cycles. Please note that if an agency receives a finding, conditions prescribed to correct those findings will be specified in the City and County contracts as well as through the United Way Certification process.

Specific conditions that can result in findings are as follows:

- 1) **financial instability** indicated by having a “going concern opinion” in the audit or other evidence of financial instability;
- 2) stated **audit concerns**, including the issuance of findings and material weaknesses, not addressed or corrected by the agency;
- 3) **no measurable, substantive, or relevant** (as defined by the funding categories) **outcomes** or results listed, shown, or explained;
- 4) incorrectly preparing the budget forms including, but not limited to: presenting an unbalanced budget or presenting a budget consisting of errors or omissions, including not submitting an itemized list of miscellaneous revenues and expenses;
- 5) **not following the mandatory CHSP program and budget presentation format**; and
- 6) **egregiousness**: Any condition that represents a chronic and/or vital programmatic or administrative concern.

Overall, CHSP includes the following strategic steps:

- a public notification process;
- a mandatory workshop for interested private, nonprofit organizations;
- use of a standardized application, which includes legal, organizational, financial, managerial, programmatic, and program evaluation information;
- technical assistance is available after the RFP workshop for a period of several weeks;
- submission of agency applications by a designated time frame;
- a technical review of all applications;
- recruitment and training of volunteers;
- the organization of volunteers into Citizens Review Teams (CRTs);
- each team reviews the applications, listens to agency presentations, completes agency/programmatic assessments, recommends priorities, and makes initial funding recommendations;
- CHSP staff determines partner allocations based on legal, procedural and historical factors;

- agency award letters, which include direct feedback from CRTs, are forwarded to the executive director/CEO and the board president;
- an appeals process is made available to currently funded agencies contesting the CRT recommendation(s);
- recommendations are submitted to the City Commission, the Leon County Commission and the United Way Board of Directors for final approval; and
- contracts and memorandum of agreements are executed from October 1, 2017, to September 30, 2018.

SECTION FOUR: DEFINITION OF ROLES AND RESPONSIBILITIES

A. CHSP FUNDING SOURCES

Definition: The CHSP funding partners are the City of Tallahassee Commission, the Leon County Board of County Commissioners, and the United Way of the Big Bend Board of Directors.

Responsibilities include:

1. Determine annually the respective funds committed to the allocation process
2. Determine any constraints put upon these funds
3. Designate one representative to serve on the Executive Team
4. Review and approve final funding recommendations
5. Recommend initial allocations to review team

B. THE EXECUTIVE TEAM & CHSP STAFF

Definition: The Executive Team consists of one representative from each of the three funding sources. The Executive Team addresses the ongoing administrative tasks of the CHSP process. All policy related matters will be brought before the respective governing bodies for review and approval.

Responsibilities of the Executive Team include:

1. Recommend policies and procedures for the overall CHSP process
2. Recommend funding priorities
3. Assign a joint staff to conduct the overall management of the CHSP grants process as outlined below

Responsibilities of the joint CHSP staff include:

1. Development of the CHSP application
2. Distribution of the application
3. Recruitment and team placements of Citizens Review Team volunteers
4. Selection of team leadership positions for the Citizens Review Teams
5. Training of agencies and review team volunteers
6. Perform technical review of applications
7. Ensure all applicant constraints and qualifications are satisfied
8. Support efforts of the Citizens Review Teams, the Appeals Committee, and the CHSP partnership
9. Remove any CRT member who may become unable to effectively work within the committee process
10. Determine, considering constraints, administrative costs, etc., which funding source should fund each program
11. Prepare funding recommendations for standing committees

12. Take recommendations to the governing bodies of each funding source for final approval
13. Forward funding recommendations to applicants
14. Execute contracts and memorandum of understanding for each applicant agency
15. Perform all contract management responsibilities for all funded programs

C. APPLICANT AGENCIES

Definition: Agencies serving the City of Tallahassee/Leon County area who meet the CHSP requirements.

Responsibilities include:

1. Attend one of the mandatory agency trainings
2. Submit completed application by the stated deadline in accordance with the submittal instructions noted in the CHSP Description Manual
- 3. Review CRT roster and immediately notify CHSP staff of potential conflicts**
4. During the agency presentation, present programs to CRT members following the standard, approved format as noted in the CHSP Description Manual
5. Present updated, accurate information in the CHSP application and at the agency's site visit
6. If warranted, by the designated time frame, request and prepare for an appeal hearing
7. Follow through on implementing the Citizens Review Team's recommendations

D. CITIZENS REVIEW TEAMS

Definition: Through the CHSP process, Citizens Review Teams (consisting of community volunteers) are established to review agency applications, hear presentations, and make funding recommendations, which are forwarded to the City Commission, the Leon County Commission, and the United Way Board of Directors for approval. Leadership positions, consisting of the Team Leader and Team Time Keeper, are appointed to each Citizens Review Team.

Responsibilities of the Citizens Review Team Leader include:

1. Attend mandatory training session
2. Read all application materials
3. Immediately notify CHSP staff of any potential conflicts with an assigned agency
4. Forward any questions/concerns to CHSP staff prior to the agency's presentation
5. Attend all agency presentations and deliberations
6. Act as facilitator during the agency presentations and team deliberations
7. Ensure that the agency presentations are conducted in accordance with the CHSP
8. guidelines
9. Keep order and assure that team discussions focus solely on information obtained from agency materials and presentations

10. Maintain an environment during agency presentations and deliberations that allows each CRT member to express his/her opinions openly
11. Rank programs and make funding decisions based on need, proficiency of service delivery, cost effectiveness, program quality, and the agency's ability to carry out the program, etc.
12. Participate fully in the decision making process, making recommendations in a fair, professional, and unbiased manner
13. Complete agency evaluations and return to CHSP staff immediately after completion of team deliberations
14. Ensure that the Citizens Review Team operates in a fair, professional and impartial manner

Responsibilities of the Citizens Review Team Time Keeper include:

1. Assumes duties of Team Leader in his/her absence
2. Manage the agency site visit, ensuring that the site visit adheres to the amount of time given for each segment of the presentation
3. Ensure that the agency presentations are conducted in accordance with the guidelines
4. Attend mandatory training session
5. Read all application materials
6. Immediately notify CHSP staff of any potential conflicts with an assigned agency
7. Forward any questions/concerns to CHSP staff prior to the agency's presentation
8. Attend all agency presentations and deliberations
9. Rank programs and make funding decisions based on need, proficiency of service delivery, cost effectiveness, program quality, agencies' ability to carry out programs, and overall accountability of agencies and programs
10. Participate fully in the decision making process, making recommendations in a fair, professional and unbiased manner
11. Complete agency evaluations and return to CHSP staff immediately after completion of team deliberations
12. Ensure that the Citizens Review Team operates in a fair, professional, and impartial manner

Responsibilities of the Review Team Members include:

1. Attend mandatory training session
2. Read all applicant materials
3. Immediately notify CHSP staff of any potential conflicts with an assigned agency
4. Forward any questions/concerns to CHSP staff prior to the agency's presentation
5. Attend all agency presentations and the deliberation session
6. Rank programs and make funding decisions based on need (community), proficiency of service delivery, specific client outcomes, cost effectiveness, program quality, agencies' ability to carry out programs, and overall accountability of agencies and programs

7. Complete agency evaluations and return to CHSP staff immediately after completion of team deliberations
7. Participate fully in the decision making process, making recommendations in a fair, professional, and unbiased manner
8. Work cooperatively with other team members, respecting their right to voice opinions openly
9. Provide recommendations for each applicant agency
10. Ensure that the CRT operates in a fair, professional, and impartial manner

Any team member displaying inappropriate behavior during agency presentations or deliberations may be asked to remove him/herself from the process by CRT leaders or CHSP staff.

SECTION FIVE: TIPS FOR A SUCCESSFUL SITE REVIEW PRESENTATION



Along with the CHSP application, the agency's presentation is a crucial aspect of the funding cycle. The following agency presentation tips have been compiled by volunteers and CHSP staff in an effort to help enhance your presentation and to assist volunteers in getting the best possible information during your agency presentation. The recommendations are not reflective of any one agency, nor are they inclusive. Hopefully, these tips will allow you to present your program(s) in the most positive manner to the Citizens Review Team (CRT).

In order to ensure that all agencies are treated equitably, please note, under no circumstances will the Team Leaders and Time Keepers allow the agency to deviate from the official site review format as noted on pages 6-8. Additionally, as noted on pages 6-7, it is mandatory that the agency presents a formal budget and program presentation.

1. Avoid negatively comparing your program to other programs. Simply focus on promoting and showcasing your program and allow the team to draw their own conclusion regarding the comparative quality of the program.
2. Focus on the present and the future in your presentation. Limit your discussion regarding the previous year's CHSP allocation unless it is relevant to your presentation. For example, if your prior year's allocation was decreased, your presentation is not going to be enhanced by announcing this fact to the Citizens Review Team. If anything, this has a negative effect, making the CRT members wonder what must have prompted the previous committee's decision to decrease the allocation.
3. If any staff member, board member or volunteer has strong negative feelings toward any or all of the CHSP partners, this may not be the best person to utilize for your agency presentation unless they are absolutely essential. These strong feelings might be exhibited during the presentation.
4. Any supplemental information you provide to the CRT at the time of the agency presentation is welcome as long as it agrees with the information provided in your application. Easy-to-read charts tracking how the proposed allocations would be spent, fact sheets, agency history, national versus local statistics, etc., are helpful tools to utilize during the presentation. DO NOT make changes to your original application and present these changes to the CRT during the presentation without prior approval from the CHSP staff. Therefore, amended application forms will not be accepted at the time of the agency presentation without prior staff approval.

5. Stay within the allotted time frames for each segment of the agency presentation as specified in the CHSP Description Manual. While agency tours are allowed, no additional presentation time will be allotted. Please do not sacrifice the opportunity to promote your program(s) in lieu of a tour. The best way to ensure that your agency maintains the specified schedule is to practice prior to the formal presentation. Make sure that all participants included in the presentation clearly understand their roles, time-limit restraints, etc.
6. If the agency is presently experiencing problems on a local level, address the issue openly and briefly explain what happened and how the issue was (or is being) resolved by the agency. If you have experienced recent problems at the national level, briefly address the issue with the volunteers and do as much as you can (again, briefly) to distance your local chapter or organization from the national problem. Then move on, but anticipate on responding to possible concerns during the question and answer period. If the problem is an old issue, do not address it; however, be prepared to do so if questions should arise.
7. Try not to respond to the Citizens Review Team's questions in a defensive manner, even when a question may sound critical. The team members are only trying to understand your agency and its program(s).
8. If you are requesting funds for salaries, explain to the volunteers how the salaries will be translated into the delivery of direct client services.
9. Encourage board members to attend the agency presentation. Explain the level of board participation in the overall operation of the agency (i.e., committee structure, frequency of meetings, role in maintaining internal fiscal controls, particularly for agencies that don't meet the audit requirement). If your board is not diverse, please explain what steps, if any, are being implemented to increase diversity. Telling the CRT that you tried to increase diverse representation on your board but could not find anyone qualified is often considered by committee members as an unacceptable justification.
10. Informing the CRT about matching-funding opportunities (such as federal or state matching funds) is very compelling evidence to present at the presentation. Please provide specific fiscal and statistical information in reference to dollar amounts and client services.
11. If a video is necessary, make sure it is cued up and ready to go.
12. Please be careful not to use a lengthy video in lieu of a live presentation.
13. Highlight how your agency is able to leverage its limited dollars by securing donations, volunteer service hours, and other funding sources to help implement your program(s).
14. Please note that the CHSP partnership consists of three funding sources: Leon County, the City of Tallahassee, and the United Way of the Big Bend. All three funding sources contribute their human service dollars into the CHSP funding distribution process; in addition, a representative of each of the three funding bodies holds a strategic leadership position on the CRT.
15. If you have questions regarding completing the CHSP application or conducting the agency presentation, please contact a CHSP staff person in a timely manner for technical assistance.

SECTION SIX: FUNDING ELIGIBILITY REQUIREMENTS AND RESTRAINTS

A. General CHSP requirements are as follows:

- CHSP funds will only be granted to programs providing direct client services to City of Tallahassee/Leon County residents.
- CHSP funds can only be used to support a specific human service program that provides direct client services.
- In reference to programs targeting children and youth enrolled in school (grades K-12), it is important to note that CHSP funds can only be used to serve children and youth who are currently enrolled in Leon County schools. Likewise, regarding programs targeting students enrolled in college, CHSP funds can only be used to serve college students who document graduation from a Leon County school.
- Furthermore, the agency must demonstrate that it has appropriate internal fiscal controls in place to clearly document how grant funds are spent; and it has the appropriate personnel (including volunteers) capacity to carry out the stated program goals and objectives.
- Agencies who fail to attend and sign-in at one of the mandatory workshops will not be eligible to apply for funding in the FY 2017-2018 CHSP grant process. The agency's official representative in attendance at the RFP workshop should be an employee or board member.
- **The grant application deadline is final.** No extensions shall be granted.
- **Agencies must meet the minimum legal requirements** shown on Form One of the 2017/2018 Grant Application and the Nonprofit—Organizational Standards Checklist.
- **Grant applicants that do not meet the standards specified in Section Twelve** (General Instructions for Submission of the CHSP Application and CHSP Contact Persons) **will not be accepted.** This standard is based on the premise that the agency has failed to meet the submission deadline for the CHSP application.
- **Fatal Flaws: Specific conditions that will result in the rejection of the application** for consideration in the 2017/18 CHSP funding process include:
 - 1) Not completing sections of the application
 - 2) Not submitting the most recently submitted IRS 990, 990EZ, or Postcard in accordance with federal regulations
 - 3) Not submitting the most recently completed audit – no more than two years old, if applicable
 - 4) Failure of the executive director or board president to sign the application (or the board vice-president if the board president is not available to sign)
 - 5) Not submitting a CHSP Check Signing Policy approved by the agency's board of directors (The policy must address the following criteria: **a.** require two or more signatures based on established fiscal thresholds; **b.** specify that no agency staff, including the executive director, can sign a check written to him/herself or written for cash; and **c.** include specifications and internal safeguards such as board oversight regarding making withdrawals from the agency's accounts.)

- 6) Not submitting proof of current liability insurance
- CHSP funds awarded to university-based programs cannot be utilized to pay for student waivers or indirect costs.
- The CHSP process incorporates a 7.5% funding cap applied to each human service funding category as follows:
 - 1) If a currently funded agency misses the deadline for submitting a CHSP application for one year, that agency is exempt from the 7.5% cap the following fiscal year.
 - 2) Agencies funded by the CHSP process that miss more than two consecutive fiscal years in applying for CHSP funding are subject to the 7.5% funding cap.
 - 3) Agencies that have never received funding from the CHSP process are subject to the 7.5% funding cap.
 - 4) Therefore, in regards to each human service funding category, the Citizens Review Team can only allocate to new agencies a total of 7.5% of available funding on that particular team. Previously funded agencies that miss two or more consecutive funding cycles in applying for CHSP funding are then subjected to the 7.5% cap; the same as a new agency applying for CHSP funding.
- Program grants are normally awarded for a twelve-month period, with the fiscal year beginning on October 1, 2017, through September 30, 2018. An official letter notifying the agency of the funding recommendation will be mailed to the agency director and the board president at the end of the grant review period.

B. The City of Tallahassee funding requirements are as follows:

To be eligible for Community Development Block Grant (CDBG) federal funds program activities must meet one of the three national objectives. Those three objectives are identified as: benefiting low and moderate-income persons, preventing or eliminating slums and blight, and meeting an urgent need as defined by the U.S. Department of Housing and Urban Development (HUD). Please note, due to federal regulations, City specific fiscal and legal requirements, and other applicable policies that govern the City's Human Services Division, agencies that receive City funds are required to: enter into a formal contractual agreement; submit proof of expenditures for reimbursements; submit quarterly client demographic and progress reports; and maintain an acceptable client and fiscal record keeping system, which is subject to on-site monitoring by City and County staff.

C. The Leon County funding requirements are as follows:

Agencies that receive County funds are required to: enter into a formal contractual agreement; submit quarterly client demographic and progress reports; submit proof of expenditures for reimbursements; and maintain an acceptable client and fiscal record keeping system, which is subject to on-site monitoring by County and City staff.

D. the United Way of the Big Bend funding requirements are as follows: To receive funds from the UWBB an agency must be a Certified Partner Agency.

SECTION SEVEN: CHSP 2017/2018 TIMELINE

(Please note, this timeline is subject to minor modification)



DECEMBER 2016

- Agency workshop notification advertised in the Tallahassee Democrat, and interested parties registered in the CHSP portal receive direct notifications

JANUARY 2017

- RFP agency workshops (Upon verification of attendance of the mandatory RFP workshop, applications are available online.)
- Citizens Review Team (CRT) volunteers recruited
- Staff available for technical assistance to agencies in application preparation during a six-week time period

FEBRUARY 2017

- Staff available for technical assistance to agencies in application preparation
- **Grant application deadline is 5:00 PM, Friday, February 24, 2017**
- Development of the master volunteer and agency site visit schedule

MARCH 2017

- Limited technical review of applications by joint staff to ensure each agency meets the grant eligibility criteria
- Funding sources determine funds available for allocation
- Notify agencies of the site visit schedule
- Review Team volunteer training sessions conducted

APRIL/MAY/JUNE 2017

- Agency presentations and Review Team deliberations conducted

JUNE/JULY 2017

- Funding sources review CRT recommendations.
- CHSP partner funding split is determined based on several factors including: the CDBG and Change for Change eligibility criteria; the United Way can only fund their certified agencies, and it has to adhere to policies governing donor designations; the ability of the agency's structure to manage more than one contract; the amount of funding allocated to each agency and on each team;

and the amount of funds allocated by each partner to support the CHSP grant process, as well as other factors. Moreover, certain agencies request that all three partners fund the agency in order to enhance their fundraising opportunities.

- Compilation of agency award letters which include Citizen Review Team comments and recommendations
- Agencies are notified of the 2017/2018 allocations and an opportunity to appeal

AUGUST/ SEPTEMBER 2017

- Conduct agency appeals hearing, if needed.
- United Way Board approval of final recommendations
- Leon County Board of County Commissioners approval of final recommendations
- City of Tallahassee Commissioners approval of final recommendations
- Agencies receive Leon County and City of Tallahassee contracts
- United Way agencies complete certification requirements

OCTOBER 2017

- The funding cycle is from October 1, 2017, through September 30, 2018.

SECTION EIGHT: APPEALS PROCEDURE

CHSP has an appeals process in place whereby an agency may appeal if the following condition applies:

You have a right to appeal this decision by submitting a written request for a hearing. A denial or reduction of the funding request alone is not appealable; your request must include documented evidence that your funding request was inappropriately denied or reduced due to gross misconduct, error, or misinterpretation by the Citizens Review Team. **This condition only applies to agencies funded by the CHSP process in fiscal year 2016/2017.**

Requests for an appeal hearing must be submitted in writing to the CHSP staff by the time frame designated in the CHSP recommendation letter. **Please limit the appeal request to a two-page letter and state (document) clearly how the condition noted above applies to your agency.** Simply restating the above condition is not sufficient and will cause an appeal request to be denied.

In the event the Appeals Committee approves the request for an appeal, a hearing will be scheduled within a reasonable time frame to review all significant issues concerning the appeal. The Appeals Committee will consist of CRT team leaders and other CHSP volunteers as deemed necessary. No member of the appealing agency's original CRT can serve on the Appeals Committee. Joint staff is present for technical assistance. **The decision rendered by the Appeals Committee is final.**

In summary, the appeals process will consist of the following steps:

- Agency notification of the CRT recommendations and timeline to submit an appeal
- Agency submission of intent to appeal
- Appointment of an independent CHSP Appeals Committee
- Agency notification of the agenda, timeline, requirements, and members appointed to the appeals committee
- Agency's responsibility to notify staff immediately if a member on the appeals committee poses a conflict of interest
- The steps included in the appeals hearing are as follows:
 1. CRT members from the appealing team present their recommendations to the committee.
 2. Agency presentations are conducted.
 3. Deliberation and final recommendations are rendered (appeals criteria applied) by the CHSP Appeals Committee.
 4. The CHSP staff notifies the agency of the Appeals Committee's decision.
 5. If an agency wins its appeal, the program funding will be restored to the 2016/17 CHSP funding level.

The CHSP and its representatives will make every effort to ensure that its citizens' review process is conducted in a manner that will yield a non-biased and fair review of each program.

SECTION NINE: HUMAN SERVICE FUNDING CATEGORIES & FRAMEWORK

Team One: Children's Services	Outcome Areas		
	PREVENTION	INTERVENTION/SUPPORT	
Direct client services provided to children from infancy through elementary school.	Alleviates issues with successful development of infants and children.	Targets at-risk children's needs in the areas of physical, cognitive, communication, social, emotional, or adaptive development.	Coordinate individual, family, and community resources to maintain quality of life and healthy development of at-risk infants and children.

Team Two: Community Support Services	Outcome Areas		
	PREVENTION	INTERVENTION/SUPPORT	
Direct client services provided to the community at large.	Direct, community-based services that collectively support the overall wellbeing of the community at-large.	Address overall community needs by providing various services such as, but not limited to, the following: information and referrals, rape and crisis intervention, counseling, legal assistance, literacy, and employment and training.	Serve as a community safety net to ensure that critical services are made available to the public.

Team Three: Services for Persons with Disabilities	Outcome Areas		
	PREVENTION	INTERVENTION/SUPPORT	
Direct client services provided to persons with disabilities.	Early identification of persons at risk of or diagnosed with a disability.	<p>Provision of therapeutic and wrap-around services for individuals with temporary disabilities.</p> <p>Provision of therapeutic and wrap-around services to minimize the handicapping effects of the disability.</p> <p>Enable individuals with disabilities to reach their fullest potential, including, but not limited to, the following: removing obstacles such as structural barriers, obtaining and keeping employment, maintaining independent living, and reaching educational and developmental milestones, etc.</p>	<p>Help to ensure persons with disabilities have the tools, support, and opportunity to achieve success, including maximizing their ability to live independently.</p> <p>Improve long-term ability to manage their self-care and/or improve mobility within their home or the community at large.</p>

Team Four: Basic Needs & Emergency Services	Outcome Areas		
	PREVENTION	INTERVENTION/SUPPORT	
Direct services providing relief for the most basic and emergency needs such as clothing, food, shelter, household items, rental or utilities assistance, etc.	Coordinate community efforts and resources for the purpose of removing obstacles that place individuals, adults, and/or families at risk for economic difficulties or social	<p>Helps children, adults, and/or families meet crisis and fundamental needs such as food, clothing, housing, economic support, household supplies, and utility assistance.</p> <p>Also, reduce behaviors that place individuals or families at risk of economic</p>	<p>Assist children, adults, and/or families achieve self-sufficiency and improve quality of life.</p> <p>Provide supportive services that allow individuals, adults, and/or</p>

	problems, including homelessness.	difficulties, including homelessness.	families to meet their most fundamental needs.
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Team Five: Family Support Services	Outcome Areas		
	PREVENTION	INTERVENTION/SUPPORT	
Direct client services provided primarily to families in an outpatient setting or within a family-focused residential setting, as opposed to serving individuals.	A proactive, comprehensive approach that focuses on the overall health and well-being of individuals within the family unit.	<p>Assist at-risk families in the midst of crisis reach stabilization and permanency.</p> <p>Provide crisis intervention to reduce family dysfunction, including family violence, detachment, parenting and isolation.</p> <p>Assist families in meeting their most fundamental needs, including: learning how to manage limited resources; obtaining safe, affordable housing; and developing life management skills, such as budgeting, that lead to self-sufficiency.</p>	<p>Assist families improve quality of life and achieve and maintain safety and self-sufficiency.</p> <p>Provide supportive services to pregnant women at risk of homelessness and poor pregnancy outcomes.</p> <p>Provide intensive intervention to individuals in a group home setting.</p>

Team Six: Physical Health Services	Outcome Areas		
	PREVENTION	INTERVENTION/SUPPORT	
Direct client services provided to individuals and/or the community at large, either for general health or for specific health related conditions.	A proactive, comprehensive approach that is designed to: promote wellness in order to prevent medical conditions; identify medical conditions early and issue appropriate treatment; and reduce the rate and spread of contagious diseases, etc.	<p>Improve health outcomes and the quality of life for persons who otherwise may not get the medical and/or dental care they require.</p> <p>Educate and assist patients in navigating the complex medical care system, including accessing resources and services.</p> <p>Assists persons in effectively managing chronic, long-term health conditions, as well as end-of-life decision-making.</p>	Provide ongoing healthcare services to holistically address the medical needs of persons who otherwise may not get the medical and/or dental care they require.

Team Seven: Senior Services	Outcome Areas		
	PREVENTION	INTERVENTION/SUPPORT	
Direct client services provided to seniors.	Promote physical, emotional, cognitive, and social functions of seniors at risk of chronic health conditions, poverty, or social isolation.	Assist seniors with managing a disability, daily living, health and safety, end of life decision making, or with personal care needs in order to enhance their quality of life, including remaining in their own homes.	Coordinate personal, family or community resources that help seniors maintain or improve their quality of life.

Team Eight: Substance Abuse Services	Outcome Areas		
	PREVENTION	INTERVENTION/SUPPORT	
Direct client services provided to prevent substance abuse, to	A proactive, comprehensive approach that is designed to preclude, forestall, or	Early Intervention: Alleviates or reduces risk factors (e.g., gang involvement, academic failure, family	Recovery support is offered during and following treatment to

<p>rehabilitate persons with alcohol and drug dependency, and/or support long-term recovery</p>	<p>impede the development of substance abuse problems.</p>	<p>conflict, trauma, availability of drugs) that are directly associated with substance abuse.</p> <p>Identify persons in the early stages of problem behaviors and attempt to avert the ensuing negative consequences by inducing them to cease their problem behavior through various intervention methods.</p> <p>Treatment: Services are designed to help individuals and their families that have lost their abilities to control the substance use on their own and require formal, structured intervention and support to reduce and stop the cycle of addiction. Such services include various levels of outpatient and residential support.</p>	<p>further assist individuals in their development of the knowledge and skills necessary to maintain their recovery. These services include, but are not limited to, the following: transitional housing, life skills training, parenting skills, family reunification, and peer-based individual and group counseling.</p>
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<p>Team 9: Youth Recreation & Character Building Services</p>	<p>Outcome Areas</p>		
	<p>PREVENTION</p>	<p>INTERVENTION/SUPPORT</p>	
<p>Direct client services targeting middle school through high school aged youth.</p>	<p>A proactive, comprehensive approach that is designed to reduce risk factors and strengthen protective factors that lead toward healthy youth development.</p> <p>Risk factors include, but are not limited to: individual, family, peer/social, and community risk factors such as the availability of drugs and gang involvement.</p> <p>Protective factors include, but are not limited to: family attachment, opportunities for pro-social involvement, mentorship, and educational opportunities.</p>	<p>Primarily, focus on building character, safety planning, social and independent living skills, self-esteem, community participation, and life management skills.</p> <p>Foster positive qualities in at-risk youth such as the acquisition of life management skills, anger and stress control, responsible decision-making, delayed gratification and long-range planning, substance abuse resistance skills, and the social and emotional skills necessary for a successful life outcome.</p> <p>Reduce negative behaviors (e.g., antisocial behaviors and gang and drug involvement) that lead to delinquency and criminality.</p>	<p>Provide supportive services that enable youth to minimize their risk factors, enhance their protective factors, and successfully reach their life milestones.</p>

Team 10: Youth Education Services	Outcome Areas		
	PREVENTION	INTERVENTION/SUPPORT	
<p>Direct client services targeting middle school through high school aged youth.</p>	<p>A proactive, comprehensive approach that is designed to reduce risk factors and strengthen protective factors that lead to healthy youth development and academic achievement.</p> <p>Risk factors include, but are not limited to: individual, family, peer/social, and community risk factors such as the availability of drugs and gang involvement.</p> <p>Protective factors include, but are not limited to: academic achievement, family attachment, opportunities for pro-social involvement, mentorship, and educational opportunities.</p>	<p>Primarily, promote educational achievement, development of employability skills and employment, and trade instruction.</p> <p>Foster positive qualities in at-risk youth such as the acquisition of life management skills, anger and stress control, responsible decision-making, delayed gratification and long-range planning, substance abuse resistance skills, and the social and emotional skills necessary for a successful life outcome.</p> <p>Position youth to successfully matriculate through the education and training process, which include, but is not limited to the following: being promoted; passing standardized tests; obtaining a GED; being promoted to the next grade level, including entering college; and obtaining technical, vocational training.</p>	<p>Provide supportive services that enable youth to successfully accomplish their educational and training goals.</p>

Team 11: Promise Zone	Outcome Areas		
	<p>Please review Section Eleven (pgs., 28-34) for specific details explaining the requirements for applying to this particular human service funding category.</p>		

SECTION TEN: COLLABORATION APPROACHES

There are **several different approaches to describe collaborative efforts**. In organizational systems, collaboration can occur at the direct service level, the administrative level, or communitywide. Effective collaborative efforts are built on short-term and long-term goal setting as a collective group. The following collaborative approaches were adopted by the CHSP funding partners. **When completing Form 6 of the grant application, please use this section as a reference.**

Commonly utilized approaches include:

- ✓ **An individual client referral** to another agency or resource is the most commonly used approach.
- ✓ An **interagency agreement with shared client responsibilities**: For example, the Department of Children and Families acts as the client's primary case manager while referring chronically challenged families to alternative programs that have the capabilities of providing intensive in-home services. Families who are referred to these alternative programs must meet specified eligibility criteria as established by both parties. Formalized partnership agreements, as opposed to other informal working arrangements, help to provide those involved with a clear picture of their expected contribution to the collaboration process. Through written partnership agreements, roles and responsibilities are clearly delineated. Such an agreement provides structure, stability, and commitment to the ongoing work of collaborating.
Coalitions and Associations: A collection of agencies with similar focuses meeting on a regular basis (i.e., monthly, quarterly) to address common issues and challenges is another effective collaborative intervention strategy.
- ✓ When **collaborative staff development** exists, all partners in the collaborative effort join to co-sponsor and participate in shared training. Collaborative staff development enhances common skills and knowledge across programs resulting in increased levels of understanding and trust. Partners experience an increased willingness to share resources and expertise and a decreased level of "turf guarding." Individuals, families and communities can be provided with the most effective services available to meet their needs.
- ✓ **Coordinated community outreach efforts** are crucial to successful collaboration. Accomplished through means such as newsletters, open houses, orientation meetings, health fairs, and other community-based activities, outreach programs increase community awareness, buy-in, and participation in programs and services. Outreach must be addressed if the collaboration effort is to reach its potential.
- ✓ **Community development**: concerted efforts are targeted at a given community to address specific social problems. Therefore, intervention strategies are tailored to meet the specific needs of the targeted population. For example, federal, state, and local government entities have distributed massive amounts of

dollars to address the impact of HIV/AIDS; however, the rate of HIV/AIDS continues to accelerate. Experts are re-evaluating the use of traditional (single-agency) intervention strategies to service particular communities and populations. They now recognize the need to explore creative targeted approaches for solving community-based problems. These approaches must be well thought out and carefully planned, taking into consideration the uniqueness of the community (i.e., culture, income range, natural resources, severity of social conditions, developmental history, and "help seeking behaviors").

When we target the community for change, our efforts are directed at causing that change. We may accomplish this through a number of methods which include: creating new services, improving the delivery of existing services, implementing innovative intervention strategies, and drawing upon the resources of the community. In summary, collaboration is based on the premise that groups of agencies (and collective resources) working together enhance each other's chances of being successful at having an immediate, intermediate and long-term impact in any given community.

SECTION ELEVEN: PROMISE ZONE HUMAN SERVICE FUNDING CATEGORY

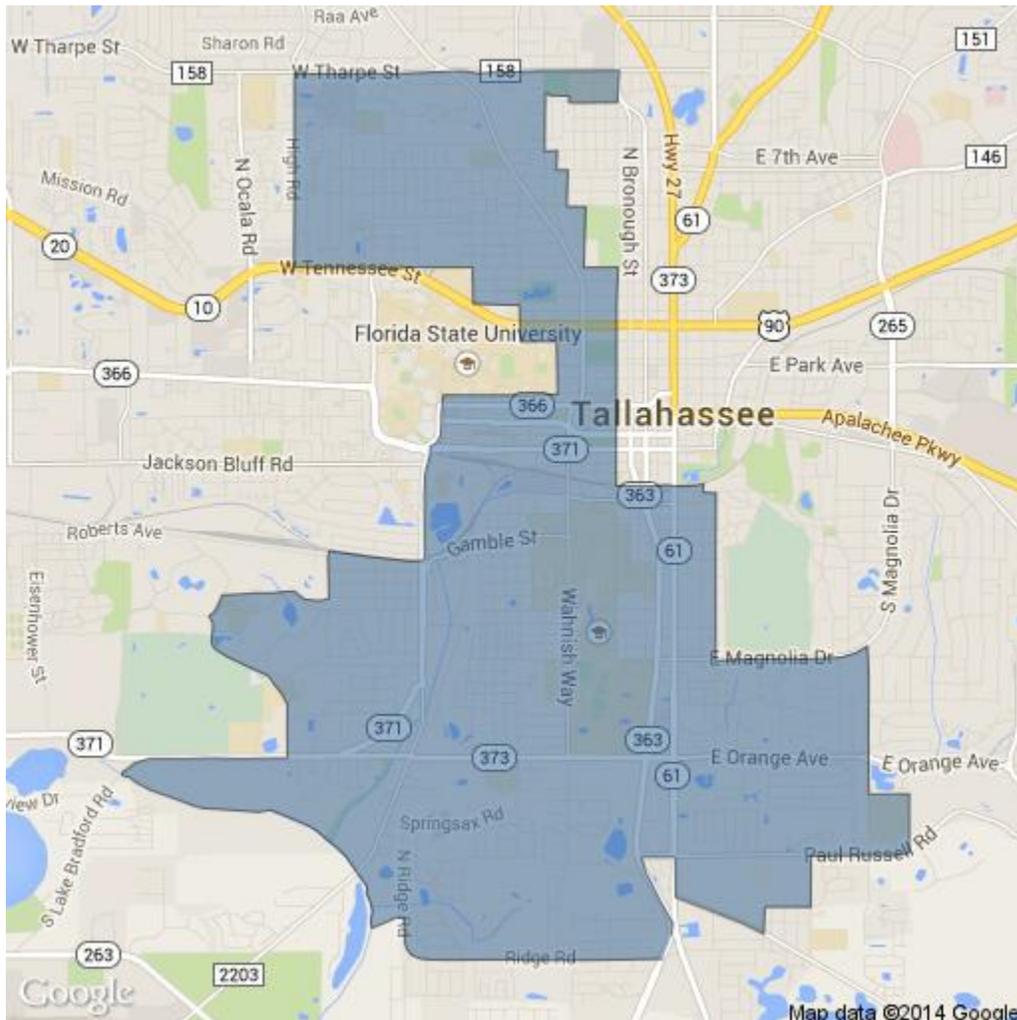
All eligible applicants must demonstrate the provision of direct client services in at least one of the following human service areas: (1) **youth services**, (2) **family services**, (3) **employment training and placement services**, and (4) **health services**. Through the CHSP process, the City of Tallahassee Commission will fund innovative, community-based, culturally relevant programs that can directly improve the lives of residents living in the Promise Zone.

This funding is targeted to serve residents living in the Promise Zone (PZ) using the boundaries approved by the City and County Commissioners. **Applicants are required to:** (1) demonstrate an increased level of services being offered to the targeted area, (2) develop partnerships and collaborations with organizations and groups located in the PZ, (3) participate in an independent program evaluation process conducted by educational institutions, and (4) enter into a legal contract with the City of Tallahassee.

Furthermore, all funded organizations and collaborative partners may be required to comply with the following expectations:

- 1.) Successfully complete a general impact assessment and program evaluation training for project managers and relevant staff.
- 2.) Work with independent evaluators in the development of metrics, data collection techniques, and data analysis strategies for their proposed project.
- 3.) Maintain ongoing contact with independent evaluators to receive support regarding the implementation of the program and utilization of assessment tools.
- 4.) Provide final data, conclusions, and information for the development of a final report.

Target Area Defined: The Promise Zone (PZ) is comprised of 11 contiguous census tracts, which include 4, 5, 6, 10.01, 10.02, 11.01, 11.02, 12, 14.01, 14.02, and 19.01. Within the area are seven communities: the Greater Frenchtown Community on the north, Providence Neighborhood, Callen Neighborhood, and Liberty Park Neighborhood on the west, Bond Community, South City, and Apalachee Ridge neighborhoods in the south. The proposed Promise Zone encompasses communities that have an overall poverty rate of 51.58%. The Promise Zone map is provided on the next page.



Application Overview

Collaboration, an overriding principle: Programs that integrate comprehensive, collaborative strategies in its program design will receive preferential consideration. When we target the community for change, our efforts are directed at causing that change. We may accomplish this through a number of methods which include: creating new services, improving the delivery of existing services, or implementing innovative intervention strategies, drawing upon the resources of the community. In summary, collaboration is based on the premise that groups of agencies (and collective resources) working together enhance each other's chances of being successful at having an immediate, intermediate, and long-term impact in any given community.

Some of the benefits that can be actualized through collaboration are as follows:

- Service capacity is improved when you have groups with different views, resources and skills applying their intelligence and strength to solve complex socio-economic problems.

- Increasing human service coordination, collaboration, and service integration can improve the quality and availability of social services for high-risk communities.
- Social service systems are able to meet the needs of clients and communities in a more efficient, comprehensive fashion.
- By networking, coordinating and cooperating organizations working together can accomplish goals they couldn't reach working in isolation.
- Groups of people can work together to accomplish amazing tasks. They can figure out ways to garner the necessary skills, funds and time to solve community problems and improve the delivery of human services.
- Collaboration can improve individual or caseload outcomes, or expand service availability to particular categories of clients, compared to the performance of providers acting in an uncoordinated fashion.
- As we work together, we are not only accomplishing our goals such as making health care more accessible or creating more jobs; we are also learning how to bring the local decision-making process into the hands of community members, thereby, promoting a sense of ownership and personal responsibility.
- Complex and intertwined problems require cooperation throughout a community in order to make positive changes. No one organization or even one sector can make significant movement without the help and cooperation of the other sectors.
- It requires that all parties give priority to the broader common good of the larger community.

All eligible applicants must demonstrate the provision of direct client services in at least one of the following human service areas: (1) youth services, (2) family services, (3) employment training and placement services, and (4) health services. The following information is a description of the four targeted human service areas eligible for funding consideration.

1) Youth Services

Youth development applies to a set of principles or approaches emphasizing active support for the growing capacity of young people by individuals, organizations, and especially at the community level. It refers to intentional efforts of others, including adults, communities, government agencies, and schools to provide opportunities for youth to enhance their interests, skills, and abilities. This approach is rooted in a commitment to enabling all young people to thrive. It requires making communities more conducive to developing youth to their fullest potential.

Youth who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions, violence, and high unemployment are more likely to develop problems with depression, alcohol and other drug use, delinquency, gang involvement, teen pregnancy, and dropping out of school. Many such youth have witnessed violence and may be affected by Post Traumatic Stress Disorder. Beginning in elementary school, academic failure increases the risk of negative life

outcomes. Young people who have lost commitment to school are at a higher risk of failure.

Early research in resiliency helped highlight that the presence of caring adult relationships, decision-making skills, and other supportive interventions in a young person's life can offset the occurrence of negative outcomes even among youth considered to be at high risk. Youth serving programs need ways in which to measure the impact of their programs in order to provide quality services that meet the needs of youth.

Below are examples of the types of services and outcomes that specifically address the needs of the target population in the Promise Zone:

- a. Youth perform at or above grade level.
- b. Youth successfully pass the Department of Education's educational requirements.
- c. Youth are promoted to the next grade level.
- d. Youth graduate from high school.
- e. Youth enroll in postsecondary education.
- f. Youth complete some type of postsecondary credential.
- g. Youth develop employability skills.
- h. Youth are employed and develop life management skills.
- i. Youth avoid involvement or further involvement in the juvenile delinquency or criminal justice system.
- j. Youth are diverted from gang involvement.
- k. Youth prevent, manage and resolve interpersonal conflicts in constructive ways.
- l. Youth develop critical thinking and decision-making skills.
- m. Youth use refusal skills and avoid risky behaviors such as drug use or early sexual involvement.
- n. Youth develop self-protective skills (i.e., how to thrive in an at-risk environment).
- o. Youth avoid teenage pregnancy.
- p. Youth develop coping skills and a strong sense of self.

2) Family Services

The term family support services means community-based services provided for the safety and well-being of children and families. The advantages of family support services include: a) it helps to increase the strength and stability of the family; b) it helps to increase parent's confidence and competence in their parenting abilities; c) it helps to afford children a safe, stable, and supportive family environment; and d) it strengthens the overall community environment.

Furthermore, family supportive services include the following principles: 1) they are family driven; 2) services are comprehensive, flexible, and individualized to each

family based on their culture, needs, values, and preferences; 3) they build on strengths to increase the stability of family members and the family unit; and 4) they utilize informal and formal family supports to address the needs of the family.

The United States has a higher poverty rate than many other advanced countries, and many Americans reach adulthood without the tools they need to succeed in the workforce. The most common measure of poverty in the U.S. is the *poverty threshold* set by the U.S. Government. This measure recognizes poverty as a lack of those goods and services commonly taken for granted by members of mainstream society. Various programs and policies, especially in areas such as job training and education, could be reformed and strengthened. Poverty reduction is a term that describes the promotion of various measures, both economic and humanitarian, that will permanently lift people out of poverty. Making employment opportunities available is just as important as increasing income and access to basic needs. It is also important to recognize that some individuals may need ongoing support due to experiencing chronic poverty; this is particularly true for the elderly and special needs populations who often rely on fixed incomes.

Below are examples of the types of services and outcomes that specifically address the needs of the target population in the Promise Zone:

- a. Provide housing assistance that enables families to move to areas with high levels of upward mobility; this strategy improves the opportunity for college enrollment, adult earnings, and other positive social indicators.
- b. Provide supportive services that strengthen families and promote self-sufficiency.
- c. Develop job opportunities that allow families to increase their earnings to livable wages.
- d. Provide emergency, cash assistance to help families obtain or remain in stable, long-term housing.
- e. Provide consistent, supplemental food support to reduce the cost of living for families. This measure reduces the challenges that low-income households face regarding *food insecurity* (e.g., having to decide how to use limited income in reference to making choices about paying for food, medicine, utilities or housing).
- f. Increase the number of children who benefit from early childhood education programs, ensuring that the children meet appropriate developmental milestones. These programs increase the individual's long-term, positive outcomes such as higher earnings and educational attainment. Moreover, such supportive services assist families in obtaining and sustaining employment.

- g. Enhance health, growth, and development of children and adults in the family unit.
- h. Promote safe, stable, and supportive families who are connected to their communities.

3) Job Training and Placement: Preparing people for the job market is a critical task for all modern societies. The objectives are to give people the opportunity to attain their career potential while meeting the demands of the labor market, and to minimize the number of long-term joblessness or poor career outcomes. Critical to a nation's success in achieving both goals is an effective training and placement system, as well as sound programs targeted to the structurally unemployed and economically disadvantaged. The program model must be designed to engage low-income youth and adults in work and/or related project activities that teach fundamental job readiness skills training and world-of-work awareness through meaningful experiences.

Below are examples of the types of services and outcomes that specifically address the needs of the target population in the Promise Zone:

- a. Provide effective and innovative year-round employment and training services to at-risk youth and adults.
- b. Jobseekers have improved skills for employment. (Jobseekers are more likely to find and enter employment as a result of improved functional skills, interpersonal skills, motivation, and skills for finding work.)
- c. Jobseekers have improved occupation-specific skills and work experience. (An example of one measurement within this category is the number of jobseekers gaining accredited vocational qualifications.)
- d. Increased numbers of jobseekers enter and sustain (quality) paid employment. (An example of one measurement within this category is the number of jobseekers who enter paid work of a specified quality in reference to wages, etc., as well as the duration of employment.)
- e. Jobseekers complete high school or obtain a GED (if applicable).
- f. Jobseekers are enrolled and successfully complete post-secondary educational opportunities.
- g. Jobseekers obtain summer employment opportunities, including apprenticeships and job shadowing.

4) Health Services

According to the World Health Organization (WHO),

"Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and non-personal health services. Health services are the most visible functions of any health system, both to users and the general public. Service provision refers to the way inputs such as money, staff, equipment and drugs are combined to allow the delivery of

health interventions. Improving access, coverage and quality of services depends on these key resources being available; on the ways services are organized and managed, and on incentives influencing providers and users.”

Integrated health services encompass the management and delivery of quality and safe health services so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life course.”

Below are examples of the types of services and outcomes that specifically address the needs of the target population in the Promise Zone:

- a. Health care is more accessible to community members.
- b. Residents reduce the risk, duration, and effects of acute and episodic health conditions such as asthma or diabetes.
- c. Improve the health and quality of life for area residents.
- d. Low-income, uninsured patients gain access to health care.
- e. Residents receive basic screenings such as physicals, blood pressure, diabetes, hearing, vision, and scoliosis screenings.
- f. Residents receive dental care coordinated through community service providers.
- g. Residents are better health care consumers and advocates through increased utilization of services and better self-care and management of chronic diseases.
- h. To organize and coordinate the delivery of specialty medical and dental care to low-income, uninsured residents.
- i. To create and maintain a system of service delivery that encourages health care providers to volunteer and provide needed services.
- j. To improve medical outcomes for uninsured patients through donated care and prescription and transportation assistance.

SECTION TWELVE: APPLICATION SUBMISSION REQUIREMENTS AND CHSP CONTACT PERSONS



PLEASE CAREFULLY REVIEW THE DIRECTIONS NOTED BELOW

**Applications must be submitted by 5:00 p.m.,
Friday, February 24, 2017**

Gaining Access to the CHSP Portal:

- 1) Register your agency in the CHSP Portal: <https://chsportal.org>.
- 2) Click the icon entitled Partner Agencies and follow instructions.
- 3) Once you register your agency in the CHSP Portal the system will send you a user name and a temporary password.
- 4) Log in the CHSP Portal using your user name and temporary password.
- 5) Complete the Agency Profile and sign up to attend one of the four offered workshops.

Please note that each agency will be assigned an **Agency Administrator**. To allow for multiple staff members to have access to the application the Agency Administrator can assign **Agency Users**. **To be eligible to sign the CHSP grant application the agency's board president and executive director must be registered as an Agency Administrator or Agency User.**

General Submission Requirements

- All applications must be completed and submitted via the CHSP Portal; no paper copies of the application will be accepted.**
- Applications for FY 2017/2018 will only be accepted from agencies that meet the CHSP eligibility criteria and have documented attendance at one of the four mandatory application workshops.
- All agencies must meet the minimum legal requirements** shown on Form One of the 2017/2018 Grant Application and the Nonprofit—Organizational Standards Checklist.
- The grant application deadline is final. No extensions shall be granted.**
- Grant applicants that do not meet the standards specified in Section Thirteen will not be considered.** This standard is based on the premise that the agency has failed to meet the submission deadline for the CHSP application and that all applicants must be treated equally.
- Fatal Flaws: Specific conditions that will result in the rejection of the application** for consideration in the 2017/18 CHSP funding process include:
 - 1) Not completing sections of the application
 - 2) Not submitting the most recently submitted IRS 990, 990EZ, or Postcard in accordance with federal regulations
 - 3) Not submitting the most recently completed audit – no more than two years old, if applicable

- 4) Failure of the executive director or board president to sign the application (or the board vice-president if the board president is not available to sign)
- 5) Not submitting a Check Signing Policy approved by the agency's board of directors (The policy must address the following criteria: **a.** require two or more signatures based on established fiscal thresholds; **b.** specify that no agency staff, including the executive director, can sign a check written to him/herself or written for cash; and **c.** include specifications and internal safeguards such as board oversight regarding making withdrawals from the agency's accounts.)
- 6) Not submitting proof of current liability insurance

 **SUBMISSION OF LEGAL DOCUMENTS: CREATE A PDF FILE OF THE REQUIRED LEGAL DOCUMENTS AND UPLOAD THEM INTO THE CHSP PORTAL.**

- Agency's current **by-laws**
- Agency's registration letter with the **U. S. Department of Treasury, Section 501 (c) (3)**, Internal Revenue Service Code, for exempt status
- Agency's registration letter with the **Florida Department of Agriculture and Consumer Services**, pursuant to Chapter 496, FS (If your organization is exempt, as provided for in sections 496.403 and 496.406, FS, submit a copy of the agency's exemption letter.)
- Agency's proof of registration as a non-profit corporation with the **Florida Department of State, Division of Corporations** pursuant to Chapter 617, FS, which can be obtained by accessing sunbiz.org
- Agency's registration letter with the **Florida Department of Revenue** pursuant to Chapter 212.08 F.S. **State Sales Tax Exemption**
- The agency's proof of **liability insurance**
- Agency's **statement of non-discrimination and its equal opportunity policy** for employees, volunteers, and clients
- Agency's **Fiscal Management Policy**, including a dual check signing policy/procedure. **The procedure must include the Check Signing Policy language noted in the 2017/18 CHSP Application**
- The following agency policies: **Records Retention** and **Conflict of Interest policies/procedures**
- If the agency's program(s) requires **licensing by local, state or federal agencies**, please attach the licenses required (i.e., occupancy licenses, Health Department license, coverage needed for operation, DCF certifications, etc.).

CHSP STAFF PERSONS CAN BE REACHED AT THE FOLLOWING CONTACT NUMBERS AND EMAIL ADDRESSES:



Susan Dunlap, United Way of the Big Bend

Switchboard: 414- 0844

susan@uwbb.org

Pat Holliday, City of Tallahassee

Direct line: 891- 6524 or

patricia.holliday@talgov.com

Anita Morrell: 891- 6561

anita.morrell@talgov.com

Sarala Hermes: 891-6553

sarala.hermes@talgov.com

Pam Tisdale, Leon County

Switchboard: 606-1900

TisdaleP@leoncountyfl.gov