Application to Provide Sickle Cell Disease Services
FY 2014-2015
Directions and Information

I. Purpose & Overview

The County of Volusia Community Assistance Division is soliciting funding applications from organizations incorporated in the State of Florida and registered with the Department of Agriculture and Consumer Services as a non-profit tax exempt organization and be able to demonstrate a minimum of one year of successful service delivery to provide sickle cell disease services.

The purpose of providing sickle cell services in Volusia County is to enhance the quality of life for all individuals with a sickle cell condition and to educate the community and encourage public awareness concerning the disease and its traits. Based on recent reports from the U.S. Census Bureau in 2013 there is an estimated 500,800 individuals residing in Volusia County. An estimated 63% which equates to 315,504 individuals are of child bearing age and could be potential carriers of the sickle cell gene. As a result, sickle cell education and awareness is a well needed service in our community.

II. Services to be provided

1. Education and awareness of groups at risk for sickle cell disease.
2. Counseling, including but not limited to health management, financial management and family planning for children and adults.
3. Case management for persons with sickle cell disease to assist them access needed services, including but not limited to:
   A. Support groups
   B. Academic enhancement
   C. Nutrition/dietary supplement assistance
   D. Pharmaceutical assistance
   E. Transportation assistance
4. Electrophoresis screenings for children and adults to test for abnormal hemoglobin levels.

III. Eligibility Requirements

1. The organization must be incorporated in the State of Florida and registered with the Department of Agriculture and Consumer Services as a non-profit corporation and be recognized by the Internal Revenue Service (IRS) as a non-profit tax exemption.
2. The organization must be able to demonstrate a minimum of one year of successful service delivery and financial management. (Verified by IRS 990)
3. The agency must not have any past and/or present monitoring or audit findings resulting in a suspension or loss of funding.
4. The organization must be in existence primarily to provide social services.

IV. Use of funds

County funds are to be provided only for sickle cell disease education, counseling, case management, electrophoresis and other supporting services.

County funds may not be used for endowments, escrow accounts, contributions to other organizations, social activities or other related entertainment expenses, penalty fees for violations of Federal, State, or local law, interest payments or professional fees related to loans or refinancing, or for the purchase of capital equipment.

V. Application process

1. Applications are available online at www.volusia.org/community_assistance/applications.htm or by emailing your request to bscott@volusia.org.
2. Contingency funding checklist, application (1 original and 12 copies), IRS 990 and audited financial statement or attestation with agency financial statements (balance sheet and profit and loss), must be submitted no later than October 3, 2014 by 4:30 p.m.to:

   County of Volusia
   Community Assistance Division
   110 West Rich Avenue
   Deland, FL 32720
   Attention: Brittany Scott

3. All applications must be typed. Applications will be reviewed for completeness, and a determination of recommendation for funding will be made by the Children and Families Advisory Board through a scoring rubric. Incomplete applications may not be considered for funding.

4. All copies must be attached within the same packet and submitted at the same time. (The original application and 12 copies, the audited financial statement or attestation with agency financial statements, and the IRS 990)

VI. Application Directions

1. Applications received after the due date will be accepted at the discretion of the Volusia County Council. Agencies will be required to provide a written explanation as to why the application could not be submitted on time.

2. When completing the budgets for both Section 1 and Section 2, you may add new lines with categories that further describe your agency’s revenues and expenses.
For example, if you receive substantial support from churches, you might add a line for “Donations from local churches.”

3. Section 2 Program Information must be completed for each program for which the agency is requesting funding. For example, if the agency requests funding for three programs, Section 2 must be completed three times, once for each program. In Section 2, please separate each program by using a sheet of colored paper as the first page of each program.

4. Do not submit the application in a binder, report cover, or folder. Simply make copies and place a staple in the upper left-hand corner.

5. To distinguish sections, please fill in your agency name and/or program name in the footer so that it will show up on each page. If you have more than one Section 2, change the “A” beside the Section 2 page numbers to “B,” for the second program, “C,” for the third program, etc. Subsequent pages for the first program would be 2A, 3A, 4A.

6. Complete all forms for total agency budget, total agency salaries, program budget, and program salaries. If Program Budgets are the same as Total Agency Budget, use the same information and complete forms.

7. Sign the original. Be sure both the Chief Executive Officer and the Chief Volunteer Officer has signed the original.

VII. Program Description and Outcomes

In Section 2 you are asked to provide outcomes for your programs. Outcomes demonstrate the difference the program makes in the lives of participants. Please number each program outcome and its associated components. The chart below summarizes the type of information to be submitted for program outcomes.
<table>
<thead>
<tr>
<th>Activities (Services provided)</th>
<th>Outputs (Units of service)</th>
<th>Outcome (How will you determine/measure whether you achieved the outcome?)</th>
<th>Expected Outcomes (What are the benefits to program participants?)</th>
<th>Expectation for proposed year (MMYY/MMYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are you going to do?</td>
<td>How much are you going to do?</td>
<td>How are you going to measure the success of what you are going to do?</td>
<td>What difference does this program make?</td>
<td>How many clients are you proposing to serve?</td>
</tr>
<tr>
<td>Activities are what a program does with its resources—the services it provides to fulfill its mission. Examples: shelter, training, education, counseling, mentoring</td>
<td>Outputs are products of a program's activities indicated in numbers, or units of service. Examples: # of classes taught, # of hours of service delivered</td>
<td>Outcome indicators are the specific items of information that track a program's success on outcomes. They describe observable, measurable characteristics</td>
<td>Outcomes are benefits for participants during or after their involvement with a program. Examples: increased skills, modified behavior, improved condition Example: 85% will earn better grades following completion of the program.</td>
<td>Provide the proposed number and percent of participants that are expected to achieve the outcome in the proposal year. Example: 85 of 100 participants, 85% are expected to earn better grades following the program, than in the grading period immediately preceding the program.</td>
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**VIII. Questions/Contact Person**

Brittany Scott, Children and Families Program Coordinator
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