

**MONROE COUNTY
FISCAL YEAR 2021
HUMAN SERVICES ADVISORY BOARD
APPLICATION INFORMATION AND INSTRUCTIONS**

Board Members: Michael Ingram, Secretary, appointed by Commissioner Craig Cates, District 1
Sandra Higgs, appointed by Mayor Pro Tem Michelle Coldiron, District 2
Ginny Stones, Vice-Chairperson, appointed by Mayor Heather Carruthers, District 3
David Manz, Chairperson, appointed by David Rice, District 4
Bob Eadie, appointed by Commissioner Sylvia Murphy, District 5

Monroe County will again provide funding for eligible human service providers for County Fiscal Year 2021. The application and instructions will be made available on the Monroe County Human Service Advisory Board (HSAB) page of the County website at the following web address: <http://www.monroecounty-fl.gov/318/Human-Services-Advisory-Board> . The application will be submitted electronically as instructed in the application. Any questions regarding the application should be directed to Janet Gunderson, Gunderson-Janet@monroecounty-fl.gov 305-292-4470, Monroe County Office of Management and Budget, 1100 Simonton Street, Room 2-213, Key West, FL 33040. **The application must be submitted electronically before 12:00 PM (noon) Friday April 24, 2020.** The electronic applications will be distributed to the HSAB for evaluation and recommendation. Each applicant is responsible for ensuring all required information is provided and the application is complete. Please note the instructions below in addition to any on the application.

Background: Funding recommendations are made by the Human Services Advisory Board (HSAB), created in 1991. Each County Commissioner appoints one member, and the County Grants Coordinator provides staff support. Funding recommendations may be altered by the Board of County Commissioners and are not final until the Commission adopts the budget in September.

The HSAB will make its recommendations based on the service needs of Monroe County, availability of funds, prior years' performance, the information contained in your application, and so on. These recommendations will be finalized at a meeting of the HSAB to be held on **May 21, 2020**.

Presentations at the meeting are not required. However, applicants may address the HSAB if they wish to update any information provided in their application or to request a change to their funding category. In addition, applicants are encouraged to be present to address potential questions related to their applications from the HSAB. For the purposes of updates, category changes or questions, applicants will be scheduled to speak in the order the applications were received, and the schedule will be made available prior to the meeting.

All meetings of the HSAB are open to the public and are advertised in the local newspaper. You may attend any of these meetings and you will have an opportunity to address the HSAB if you should choose to. The HSAB funding recommendations will be considered for approval by the Monroe County Board of County Commissioners during its budget process which concludes in September.

A sample contract with attachments is available upon request. Please note Monroe County **funding is on a reimbursement basis only**, and **certain expenses are not eligible (such as, fees, penalties and capital items)**. All funding provided through the HSAB must be spent for the benefit of Monroe County.

VERY IMPORTANT

You MUST use Acrobat Reader XI or Acrobat Reader DC to complete and submit the HSAB application.

If you do not currently have either version of Acrobat Reader they can be downloaded free.

Link to download free Adobe Acrobat Reader DC: <https://get.adobe.com/reader/>

Download the application to your computer and close the file.

Using Acrobat Reader XI or Acrobat Reader DC, open the application document.

Helpful Steps to Accurately Complete the Application

1. Read the instructions and the application before entering data.
2. If you need your board's approval to apply, start the process early.
3. Assemble all required documents and have them available electronically if they need to be attached to the application.
4. Complete the application, referring to the instructions below for each question.
5. When completing the application, do your best to put yourself in the place of the reviewer. Our board members review about thirty applications in their spare time without financial compensation. Answers that are not to the point will unnecessarily take up additional time and space. **All fields are now character limited.**
6. Resist the urge to answer every question with a general narrative about your organization. Space is limited so confine your response to the question asked. **One of the most common errors occurs when applicants do not answer the specific question being asked.**
7. Be sure to read all questions and follow instructions carefully. Failure to do so may result in your application not being considered.
8. Organize and title attachments to be placed on the Attachment Checklist using the attachment icon in the corresponding attachment field.
9. It's a good idea to have a neutral person in your organization review and provide comments on the completed application. Ask them to make sure every question is answered directly and completely. Better for them to find the mistakes and omissions than for us to.
10. Make sure the individuals required to sign the application's certification will be available when it's completed. **The Certification signatures MUST be witnessed by two individuals and attached to Item P on the Attachment Checklist.**
11. Retain backup information used in preparing this application to justify amounts, client counts, etc. These may be examined in an audit by County staff.
12. Please note that your application and all attachments become public record and will be available for public inspection. Do not include any confidential organization or client information.
13. Review the application again, making appropriate changes suggested by the reviewer, and checking to see if you have completely answered each question. Remove extra words and phrases that add nothing to the meaning of your answers.
14. Review the instructions and be mindful of the **due date, Friday, April 24, 2020 before 12:00 PM (noon)**.
15. Review your work one last time, make corrections if needed, you can save an electronic copy of the application and then "Submit" in **Acrobat Reader XI or Acrobat Reader DC** when ready.
16. Do not contact HSAB members directly; any issues arising after the application has been submitted, or topics not addressed in your application, should be discussed at the HSAB public meeting. Should an HSAB member have questions regarding your application our office will contact you with the question. Your response through us will then be provided to all of the HSAB members.

INSTRUCTIONS

FY2021 Application Format

1. From the HSAB page of the Monroe County website, <http://www.monroecounty-fl.gov/318/Human-Services-Advisory-Board> select FY2021 HSAB Application (Fillable) Form.
2. Once it opens download the document to your computer and close the file. Using Acrobat Reader XI or Acrobat Reader DC open the document. **You MUST use Acrobat Reader XI or Acrobat Reader DC to complete and submit the application.** If you do not currently have either version of Acrobat Reader you can download it to your computer at no charge.
3. All answer fields are shaded blue.
4. All questions require a response. Should any question or required document not be applicable to your organization, please explain - including the items listed on the Attachment Checklist.
5. If you are requesting \$5,000 or less in funding there are a few questions which will state in the answer field, 'Response not required if applying for \$5,000 or less'. In those instances you may provide a response or indicate you are requesting \$5,000 or less.
6. All answer fields are character limited. You may delete or backspace over any instructions or titles in the answer fields. You may copy from a word document into the answer fields. **Please make sure your response is visible in the text/answer field.** Only what is visible in the answer field will be captured on the application. **Answers should be brief and to the point.**
7. If you absolutely require additional space to specifically answer a question you can state 'see Item Q' at the end of the text field. On the Attachment Checklist (pg. 19) for Item Q – Other, you may attach additional information. On the Attachment Checklist in the Comments field reference the question number and be sure to include the question number you are responding to in the document you are attaching. If you need assistance with this please contact us!
8. Some questions require a 'Yes' or 'No' response. Click inside the circle to make your selection. Based on your response additional fields may appear or disappear from the form.
9. On #34. Agency Compensation Detail, #36. County HSAB Funding Budget, #37. Agency Expenses and #38. Agency Revenue be sure to enter your organization's fiscal year end month and day. Please realize Monroe County Fiscal Year 2021 funding is for the period of October 1, 2020 through September 30, 2021, regardless of what months your fiscal year covers. We are interested in what your annual expenses and revenues are, no matter what fiscal year you use, and you do not need to pro-rate your figures to fit the County fiscal year.
10. On #36. County HSAB Funding Budget and #37. Agency Expenses you may add additional expense line items/categories used by your agency, except for the personnel line items. Expense line items/categories have been entered as examples; if your agency uses different line items/categories, you may enter them in the available fields on the form, as long as they are reasonable and clear.
11. For currency figures, please round all amounts to the nearest dollar. **Calculations are built into the form fields and will calculate totals and percentages for you.**
12. Label your attachments with the attachment item letter in the title and/or name of the file you are attaching to make it easier to locate the file. You may want to place all files to be attached in one location on your computer.
13. Please be sure that **all** required information and attachments are submitted in the application. It is not the County's responsibility to find and notify you of errors or omissions or to ensure they are corrected.

Your application may not be considered if it is incomplete or if any required documentation is missing at the time of the application deadline.

14. Once you have completed and reviewed the application you may save a copy to your computer. In Acrobat Reader XI or DC, hit the **‘Submit’ button in the upper right hand corner on page one** of the document **to electronically submit the application** via email. The **‘Reset Form’ button in the upper left hand corner of page one will clear all data entered** if you need to restart the application.
15. Once your application is submitted and has been received electronically we will provide you with an email confirmation acknowledging receipt of the application. **Please do not wait until the last minute to try and submit your application.** Should you experience technical difficulties with the application form or submitting the application please contact Janet Gunderson (305) 292-4470. **If you do not receive a confirmation email 48 hours after submitting the application PLEASE CONTACT US!**

Instructions for FY2020 Application Questions

Page 2. Cover Letter **(Required)**

Part I: Provide a brief overview of your organization. Part II: Indicate any change in organizational structure specific to services or method of providing services. The intent is to inform the HSAB of any consolidating, combining, or merging with other agencies to avoid duplication of services.

(Part I): Please provide an overview of your organization.

(Part II): If no changes to the organizational structure you may respond, “No Changes”.

1. Who prepared your application? (select one)
Select the answer that best describes who prepared your application. If other, enter a brief explanation in text field.
2. List any overlap, common associations, common services, working relationships or sub-contractor relationships with any other organizations i.e., board members, personnel or shared services.
3. Describe any networking arrangements or collaborations that are in place with other agencies.
This is more than referrals or association memberships. Referrals to your agency are addressed in Question #20, and referrals from your agency to other agencies would have been included as one of your services in Question #6. Examples include cost-sharing, joint projects, and the like.
4. What unique role in the community does the proposed program fulfill that no one else does?
Provide a brief description of how the services described in question #7 are unique to this community or the people/area they serve.
5. Insert your agency’s board-approved mission statement.
This should concisely describe your agency’s mission, and must have been discussed and approved by your Board of Directors.
6. List the services your agency provides. (General)
You may simply insert a list here; explanations or descriptions need only be entered for those not commonly understood.
7. What specific services will be funded by this request? (Specific)
If the answer is the same as Question #6, just enter “same.” Ensure this matches the description of services, clients, and client numbers required on #35. Profile of Clients, Client Numbers and Services.
8. Have you previously been funded by HSAB? YES or NO
YES -- Would you like the HSAB to consider changing your funding category?

YES -- Which funding category best matches your services? *Select from the drop down menu – Medical, Core, or Quality of Life*

Medical Services: medical, mental, and dental care for the economically disadvantaged.

Core Services: essential services such as food, clothing, or housing; emergency disaster relief; family violence issues, etc.

Quality of Life Improvement Services: services provided to improve the quality of life for individuals or the community such as educational, preventative, training, recreational and cultural services, etc.

NO -- Proceed to question #9.

NO -- not previously funded, then- Which funding category best matches your services? *Select from the drop down menu –Medical, Core Services or Quality of Life (see definitions above).*

9. Will County HSAB funds be used as match for a grant? YES or NO
YES -- then enter pop up fields, Grant Award Title, Purpose, Granting Agency, Amount, Award Date and Match Requirement for each applicable grant.
NO -- Proceed to question #10.
10. If your organization was awarded HSAB funds in FY 2020, please briefly and specifically explain:
- a. How have the 2020 HSAB funds been spent?
 - b. Were all HSAB funds awarded in FY 2019 spent? Will all HSAB funds awarded in FY 2020 be spent?
 - c. Were HSAB funds used to leverage additional funding in FY 2020 and if so how?
 - d. How much additional funding was received?
 - e. How was the additional funding spent?
11. Have you experienced any changes specific to:
Please briefly and clearly state what the specific change is.
- a. Mission Statement. YES or NO
 - 1. YES -- What Changed?
 - 2. NO -- Proceed to b.
 - b. Goals. YES or NO
 - 1. YES -- What Changed?
 - 2. NO -- Proceed to c.
 - c. Expansion or contraction of services, staff or location. YES or NO
 - 1. YES -- What Changed?
 - 2. NO -- Proceed to d.
 - d. How prior year funds were spent. YES or NO
 - 1. YES -- How prior year funds were spent.
 - 2. NO -- Proceed to question #12.
12. Did your agency lose any funding, or partial funding in 2020? YES or NO
YES -- How much? From what source? Why was funding lost?
NO -- Proceed to question #13

13. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? YES or NO
 YES -- List the recipient(s), the purpose(s), and amount(s). (You can backspace over the titles in the text fields for added characters).
 Please make sure any sub-grants are included on #36 County HSAB Funding Budget under "Grants to Other Organizations".
 NO -- Proceed to question #14.

14. Does your organization allocate sub-grants to other organizations using other (non-County) sources of funding? YES or NO
 YES -- List the recipient(s), the purpose(s), and amount(s). (You can backspace over the titles in the text fields for added characters).
 Please make sure any sub-grants are included on #37 Agency Expenses under "Grants to Other Organizations".
 NO -- Proceed to question #15.

15. Will you or have you applied for other sources of Monroe County funding? YES or NO
 YES -- List all other sources of County funding you have applied for and/or have received, and the amounts. An example would be the Sheriff's Shared Asset Forfeiture Fund (SAFF). Make sure these sources/amounts are also reflected on #38 Agency Revenue.
 NO -- Proceed to question #16.

16. What needs or problems in this community does your agency address?
 This should be a short response for each need addressed. For example, if you provide after-school programs for children, the problem that you address might be stated as, "the lack of supervision and activities for school-age children in the afternoon and early evening." **Do not discuss your program or services here.**

17. What statistical data supports the needs listed in Question #16?
 (If applying for \$5,000 or less, a response to this question is not required.) Summarize and explain any data that shows the existence of the problem. You may include crime statistics, census bureau data, studies by impartial organizations, Bureau of Labor Statistics reports, objective surveys, etc. Be sure to cite your sources. You should include data showing the number of people in your target population. If needed, you may use Attachment Item O - Data showing need for your program, to attach additional information, reports, etc. The amount of service you provide does not, in itself, support the need.

18. What are the causes (not the symptoms) of these problems?
 (If applying for \$5,000 or less, a response to this question is not required.) Be sure to discuss only causes. Using the example in Question #16, you might list things such as, "high cost of living and low wages that force both parents to work, single-parent families, and lack of support from relatives."

19. Describe your target population as specifically as possible.
 This should be a rather narrow definition of the people affected by the problems noted in Question #16. Include all relevant characteristics, such as gender, age, geographic location, family situation, etc. For example, "children of both sexes, from age three to fifteen, from single-parent families in the middle keys, with no adult supervision after school."

20. How are clients referred to your agency?
 For example, this could be referral from another agency, self-referral, or referral from a family member or neighbor.

21. What steps are taken to ensure prospective clients are eligible and the neediest clients are given priority?
 Describe your evaluation or screening process. Depending on the source of your referrals, this may have been done by the referring agency; if so, please explain.

22. List all sites and hours of operation. Please note which of these sites will be using HSAB funding. Street address is not necessary; city or town will suffice. If services are offered at clients' places of residence, please note that, along with hours.
23. What financial challenges do you expect in the next two years, and how do you plan to respond to them? (If applying for \$5,000 or less, a response to this question is not required.) This might include economic or political changes that would increase or decrease your revenue or expenses, and your plan to deal with these changes.
24. What organizational challenges do you expect in the next two years, and how do you plan to respond to them? (If applying for \$5,000 or less, a response to this question is not required.) This might include demographic, political, social, or economic changes that would increase or decrease your target population or staff, and your plan to deal with these changes.
25. How are clients represented in the operation of your agency? If, for example, your clients are represented on your board of directors, or on an advisory board, please tell us about it.
26. Is your agency monitored by an outside entity? If so, by whom and how often? (If applying for \$5,000 or less, a response to this question is not required.) This may be a state or federal government agency, an independent auditor, etc. You don't have to go into much detail; a copy of the monitoring report will be inserted as Attachment Item N. Must include a summary of deficiencies and suggested corrective action; may include your responses and actions taken.
27. _____ hours of program service were contributed by _____ volunteers in the last year. Fill in the numbers of volunteers and hours donated. **Do not include board or committee meetings – only program service hours.**
28. Will any services funded by the County HSAB award be performed under subcontract by another agency? If so, what services, and who will perform them? Monroe County would like for the funds to go only to the applicant shown on this form. It is not normal practice for the County to fund subcontract arrangements such as this. It may be done only with Commission approval, and your contract amended to reflect it.
29. What measurable outcomes do you plan to accomplish in the next funding year? Outcomes are different from goals. Outcomes are the benefits to your clients, and may be related to knowledge, skills, self-sufficiency, improved health, etc. For example, a nutrition program may have a goal of serving 1,500 meals, but strive for a measurable outcome of better health for 75% of its clients.
30. How will you measure these outcomes? Tell us how you will know if the outcomes above have been attained. Examples include surveys, arrest records, follow-up visits, student grades, truancy rates, etc.
31. Provide information about units of service below. (If applying for \$5,000 or less, a response to this question is not required.) List the service in the left column, and enter the unit definition in the center column, and the cost per unit in the right column. If any requested information is not applicable, please explain.

| Service | Unit (hour, session, day, etc.) | Cost per unit (current year) |
|---------|---------------------------------|------------------------------|
| | | |
| | | |

32. Address any topics not covered above (optional).
33. **Board Information** – Mostly self-explanatory; for “Affiliation/Title,” examples might be, “postal worker, U.S. Postal Service,” “Vice-President, XYZ Bank,” “Retired,” “client representative,” and so on.

34. **Agency Compensation Detail** - Fill in dates to correspond with your fiscal year in the appropriate spaces. This should include salary and all benefits, such as insurance, retirement, travel or housing allowances, etc. Positions can be listed together, such as “caseworkers; 5.5 FTE; 150,000, etc.” Note that a twenty-hour position would be .5 FTE. Be sure to identify the benefits in the field below the totals. We realize that employees come and go, and an existing long-time employee may be replaced by someone making a different salary. To avoid this problem, for both years, you may use budgeted figures. Or, if you prefer, for the current year’s projection, you may, for example, add the YTD total compensation for all caseworkers and project that to an annual total, then do the same for all other positions. We are also asking for a breakdown of program versus administrative salaries/positions.
35. **Profile of Clients, Client Numbers and Services** – List all services offered by your agency in the first column. In the next column, describe the target population in detail for each service. Include all characteristics of the target population, such as gender, income level, etc. For example, “all single females, up to 125% of poverty level, with dependent child(ren), of all races.” (Use two rows if needed). Then enter the number of persons in the target population (this may be a larger number than the number of clients served). In the “Area” column, describe the area served, such as “Marathon,” “Key West to Big Pine Key,” “Middle Keys,” etc. In the column, “Total # of Clients Served during most recent completed fiscal year,” enter the total number of clients that received each service for the most recent year. In the column, “Current # of Clients as of __/__/__,” enter the number of clients (not cumulative) receiving the service on a recent date (such as the date of the application, or more likely a recent month-end). **(You will enter the actual “snapshot” date in the text box fields on the row “Current number of unduplicated clients for the entire agency (“snapshot”) as of __/__/__.”)** This number will most likely be less than the number in the previous column. For example, in a shelter with 50 beds, you may have served 100 residents in a year’s time, but no more than 50 on any given day.

On the rows, “... unduplicated clients for entire agency...” enter data in the single column to the right. Do not total the numbers already entered above. Note that, if a client receives two services, he or she must be counted only once on this line. These numbers will likely be less than those entered in the upper portion of the form. Please also indicate how many clients served are Monroe County residents in the final row.

There is sample data entered; delete it or backspace over it.

Below the chart on the form, please list the achieved measurable outcomes for the targeted population.

36. **County HSAB Funding Budget** – Please indicate how you plan to use the COUNTY FUNDS requested in the upcoming year. The total must agree with the amount requested on page 1. Enter the month and day of your fiscal year end. We are asking for a breakdown of program versus administrative salaries/positions. Line items/categories have been filled in as examples. If your categories are different, feel free to add them in the fields provided under, “List others below” except for those in the Personnel section. Totals and percentages will automatically populate as data is entered.
37. **Agency Expenses** - Enter the month and day of your fiscal year end. Enter expense figures in the appropriate fields. You may change expense line items/categories, except those in the Personnel section, to fit your organization. Make **annual projections** based on **YTD figures for the current year**, and use **proposed budget figures for the upcoming year**. We are asking for a breakdown of program versus administrative salaries/positions. Totals and percentages will automatically populate as data is entered. Percentages may be reflected as a whole number.

“Revenue over/(under) expenses” fields will automatically be calculated. However, please review the results to be sure they appear correct. Mistakes in entering data in the expense and revenue fields can result in unusual results here.

38. **Agency Revenue** – As on the previous form, enter the ending dates for your fiscal years where requested. Enter revenue information for all sources of revenue in the appropriate fields. Unlike question #37, you may not change existing categories; enter figures for those that apply, and add all other types of revenue in the “All Other Sources” section, such as interest earned, fees collected, etc. If you receive free rent or donated supplies, for example, those would be entered in the “In-Kind” column. Make annual projections based on **YTD figures**

for the current year; use **proposed budget figures for the upcoming year**. Totals and percentages will automatically populate as data is entered. Percentages may be reflected as a whole number.

39. **What is the current number of employees, full-time and part-time, on the payroll for the entire organization?** "There are _____ employees ("snapshot") as today's date _____". Enter the number of employees and the date.
40. Please list the position, if any, within your organization that are currently vacant and explain why each position is vacant.

41. **Instructions for Question #41 Application Checklist**

An example is provided in the first two rows. Help is available on screen to provide information on how to attach documents as well as an explanation for the information requested on each item in the Help column.

How To Attach – To save attachments to PDF files, you will need to use **Acrobat Reader XI, or newer (DC)**. To attach a file to the form, first select the Attachment Tool:

In **XI**: select "Comment > Annotations > Attach file (paperclip icon)".

In **DC**: select "Tools > Comment > Attach file (paperclip icon)".

Then click on the 'Attachment Field', next to the corresponding Attachment Title you intend on attaching.

Next, you will be prompted to select the Attachment from your computer.

Optionally, while the paperclip icon is still selected (it will be blue) you can fine tune its location with the arrow keys.

Preferred Format: PDF

Accepted Format: .docx, .xlsx, .jpg, .png

Attachment Checklist – Select YES or NO in the appropriate column to indicate whether the attachment is included in your application. **You must enter comments for any attachment that is not included. Place the attachment icon (the paperclip) in the Attachment column in the appropriate row for the item.**

Attachment Item A- Evidence of Annual Election of Officers - Attach evidence of annual election of officers (i.e., copy of minutes of meeting in which most recent elections took place.)

Attachment Item B, Audited Financials – A copy of your organization's **unqualified audited financial statement** from the most recent fiscal year (2019) is required if your organization's expenses are \$150,000 or greater, or if you received \$100,000 or more in grants from Monroe County; **if qualified, include a statement of deficiencies with corrective actions recommended/taken; If your organization's expenses are less than \$150,000, a Statement of Functional Expenses for the most recent fiscal year is required.**

Attachment Item C, IRS Form 990 - For FY21, you should be submitting your 2019 IRS 990 Form. If you do not have the 2019 year, please specify why not in the attachment checklist. If you have filed for an extension, please submit that extension letter with your 2018 form. The 990 form **must be the version that was filed with the IRS.**

Attachment Item D, Fee Schedule – A copy of your current fee schedule is required.

Attachment Item E and E.1, Proof of Registration or Exemption with the Fl. Dept. of Agriculture & Consumer Services – Proof of registration with the Florida Department of Agriculture & Consumer Services as required by Florida Statute 496.405 or proof of filing documentation as required by Florida Statute 496.406 for exemption from registration or alternatively a sworn statement from the Organization's representative confirming that it does not conduct solicitation activities. Pursuant to F.S. 496.403, F.S. 496.405 does not apply to religious institutions, educational institutions and state agencies or other governmental entities and thus this requirement does not apply to those organizations.

Attachment Item F and F.1, IRS Letter of Determination & GUIDESTAR – In addition to providing a copy of the actual IRS Letter of Determination indicating 501c3 status, please provide a **current** printout from **GUIDESTAR** that shows your organization has current 501c3 status. This can be a printed copy of the online screen. Please be sure the printout indicates current status with the IRS.

Attachment Item G, Personnel Policy and Procedures Manual – Documentation of hiring policies for all staff, drug and alcohol free workplace provisions, and equal employment opportunity provisions are required.

Attachment Items H through K, Copy of County/State/Federal Licenses/Permits - Provide a copy of Monroe County and City occupational licenses, State and/or Federal licenses, permits or certifications in the appropriate field. Please provide a comment for any that do not apply to your agency.

Attachment Item L, Audit Documentation – If you receive \$100,000 or more in grant funding from the County an audit shall be prepared by an independent certified public accountant. The County shall be considered an ‘intended recipient’ of said audit. Attach the following items from the auditor performing the required audit:

1. A copy of a current, in good standing, State of Florida Board of Accountancy CPA license.
2. A copy of membership document with the American Institute of Certified Public Accountants (AICPA).
3. A copy of malpractice insurance covering the audit services provided

Attachment Item M, Organization’s Corporate Bylaws – Provide a copy of the current bylaws.

Attachment Item N, Evaluation or Monitoring Reports – A copy of your most recent evaluation or monitoring report, including a summary of deficiencies and suggested corrective action; may include your responses and actions taken.

Attachment Item O, Needs Data – This pertains to Question #13 of the application. (If applying for \$5,000 or less, a response to question #13 is not required).

Attachment Item P, Certification Page – Download the blank certification form by selecting the paperclip icon next to the title. Complete the form and secure all required signatures including the witness signatures. Scan the signed, completed form back onto your computer and attach the form and place the attachment icon in the corresponding field.

Attachment Item Q, Other - You may add an attachment of your choice, as Attachment Q. This may include a brochure, letters of support, or other additional responses to earlier questions you were not able to include in your application due to character limitations. Additional responses **MUST** identify the questions number the answer is for. All required documents must be included as attachments to the application.