**ESCAMBIA COUNTY
REQUEST FOR PROPOSALS****WHEELCHAIR RAMP PARTNERSHIP PILOT PROJECT**

**OVERVIEW:**

Escambia County is requesting proposals from qualified non‑profit organization(s)who are interested in implementing a wheelchair ramp partnership pilot project for owner occupied low income families in Escambia County.

**WHO MAY APPLY:**

The County is looking for a qualified not for profit partner or partners to help leverage CDBG program income funds to the greatest extent possible. Not for profit organizations incorporated in the State of Florida are eligible to apply under this RFP; agency does not have to be an official 501(c)3, but must have active corporation status through the State of Florida Division of Corporations before funding can be awarded. Agency must have been in existence for at least two years.

The County will provide funding for ramp materials and supplies, with the partner agency providing labor and construction oversight for the project. County funds may not be used for tool purchases.

**FUNDING:**

$50,000 is available under this pilot project. This RFP seeks to serve 40-50 clients.

**APPLICANTS:**

The County will pre-screen and qualify eligible applicants to determine income eligibility for the program. Applicants must have incomes that are at or below 80% of area median income and must reside in Escambia County. Priority will be given to owner occupied properties with homestead exemption that are current on property taxes and do not have any outstanding County liens or encumbrances. Consideration will be given to rental properties with owner permission as funding permits. Funding will be provided as a grant.

Current income limits (April 1, 2018 effective date):

|  |  |
| --- | --- |
| **# PERSONS IN FAMILY** | **80% OF AREA MEDIAN INCOME (AMI)** |
| **1** | $36,550 |
| **2** | 41,750 |
| **3** | 46,950 |
| **4** | 52,150 |
| **5** | 56,350 |

**AGREEMENT INFORMATION**:

A formal agreement will be entered with the agency subject to approval by the Board of County Commissioners (BCC). Agreements will be in place for a 12 month period. Payments reimbursed on a per unit basis unless otherwise requested.

**TENTATIVE SCHEDULE:**

January 8, 2019 Request for Proposals Issued
January 22, 2019 Submission Deadline
February 7, 2019 BCC Approval of Funding Agreement

Applications will continue to be accepted after the submission deadline as funding permits and will be submitted to the Board of County commissioners at the next earliest BCC meeting.

**submission Information:**

Please complete the following proposal application and submit by 4:00 p.m. CST Tuesday, January 22, 2019:

Meredith Reeves, Division Manager
Escambia County Neighborhood Enterprise Division
221 Palafox Place, Suite 200
Pensacola, FL 32502
Phone: 850.595.4968
Email: mareeves@myescambia.com

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 *Please complete the following in its entirety, sign and return to the County at the contact listed in the RFP by the deadline stated. Additional sheets may be utilized as necessary.*

1. Contact Information:

|  |  |
| --- | --- |
| **Applicant Name:** |  |
|  |  |
| **Mailing Address:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Primary Contact/Title:** |  |

1. Is your agency a 501(c)(3)? [ ]  YES [ ]  NO

*If yes, please include a copy of your 501(c)(3) information*

1. Is your agency incorporated in the State of Florida, with an active listing with the Florida Division of Corporations? [ ]  YES [ ]  NO
2. Has your agency been in existence for at least 2 years? [ ]  YES [ ]  NO
Date of incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Describe agency’s previous experience with wheelchair ramp installation and administration.
4. Total amount of funds requested by agency: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Proposed Number of Ramps to be completed using County funds: \_\_\_\_\_\_\_\_\_\_
6. Does your agency have the ability to provide the labor and construction oversight for this project? [ ]  YES [ ]  NO
7. Projected (average) materials cost per unit: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Target Date for project completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. List any other partners or leveraging required to complete the project:
10. Other considerations:

|  |  |
| --- | --- |
| **Signed:**  |  |
| **Print Name and Title:** |  |
| **Date:** |  |

Agency Applicants acknowledge that all information provided in this application is considered a public record to the extent of the State of Florida public record law.