



**HARRIS COUNTY COMMUNITY
SERVICES DEPARTMENT**

**TEXANS FEEDING TEXANS
PROGRAM**

**FY 2011 REQUEST FOR
QUALIFICATIONS**

August 2, 2010

Dear Applicant:

Thank you for your interest in the Texans Feeding Texans – Home Delivered Meal Program offered through the Texas Department of Agriculture (TDA). As required by the program rules, Harris County is responsible for providing a qualifying grant to any organization seeking a grant through TDA. In order to receive a qualifying grant, Harris County must certify an applicant's financial systems. This Request for Qualifications will allow Harris County to evaluate and certify financial systems as well as understand the scope of your agency's services to homebound seniors in Harris County. A qualifying agency will receive the required Harris County Resolution Form signed by Judge Ed Emmet in addition to an award letter detailing the amount of the award.

As the Harris County Fiscal Year begins on March 1, Harris County will distribute grant awards after March 1, 2011. Any grantee funded through the County should expect monitoring and reporting requirements to ensure compliance with Texans Feeding Texans Program rules and Harris County policies. Any questions about the grant or application should be addressed to Kelly Opot at (713) 578 -2108. Harris County appreciates the work that you do serving homebound seniors and disabled.

Sincerely,

Development Staff
Harris County Community Services Department

Application Instructions

Prior to responding to the RFQ, each qualified organization is urged to read the instructions carefully. Before submitting the application, check all calculations and review the package for completion of all forms and sections. Inaccuracies and omissions will be grounds for rejection. All applications will become part of Harris County's official files.

Application Submittal

- The Development Staff will be available to provide additional assistance with the application process. Please call Kelly Opot at (713) 578-2108.
- Bind only with binder clips.
- **Submit one (1) original and two (2) copies of the application.** All applications must:
 - Include all attachments in their entirety for each copy. (With the exception of **only one return-addressed envelope** and **one copy of the agency's audit**)
 - **Copies of the application should be submitted in a sealed envelope and clearly marked with Attn: Kelly Opot on the outside the envelope.**
 - All originals **must** be signed in **blue** ink.

Application Due Date: Monday, August 30, 2010 by 2:00 P.M. CDT

Harris County Community Services Department
8410 Lantern Point, Houston, Texas 77054
Late applications will NOT be accepted.

Harris County Texans Feeding Texans Home-Delivered Meal Grant Program Fiscal Year 2011

Part 1 – Organizational Information

Full Legal Business Name:

Address:

DUNS number:

Tax ID number:

Authorized Contact and Title:

Email:

Phone:

Financial Contact and Title:

Email:

Phone:

Part 2 – Financial Management Questionnaire

FINANCIAL MANAGEMENT (QUESTIONNAIRE)			
	YES	NO	COMMENT
ACCOUNTING SYSTEM:			
1. Does your organization have and maintain a standard chart of accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does your accounting system include a project cost ledger that can be used for recording expenditures for "each" program by required budget cost categories?	<input type="checkbox"/>	<input type="checkbox"/>	
3. How do employees account for their time and effort? Please explain.			
FINANCIAL CAPABILITY:			
1. Does your organization prepare annual financial statements?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are those financial statements reviewed formally and approved/accepted by your Board or Officers?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are the financial statements subject to an annual Audit?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Describe which basis of accounting your organization uses, e.g. (accrual, cash, or other) and what authoritative guidance your organization relies for accounting for general and grant funded activities.			
5. Has the organization established line(s) of credit? If so, identify source and amount.	<input type="checkbox"/>	<input type="checkbox"/>	
BUDGETARY CONTROLS:			
1. Are there budgetary controls in effect (e.g. comparison of budget with actual expenditures on a monthly basis) to preclude exceeding budgetary limitations?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are all purchases made by PO whereby that encumbers/earmarks funds available for use?	<input type="checkbox"/>	<input type="checkbox"/>	

3. Does someone in your organization periodically perform analysis and recommends/makes adjustments to budgetary spending levels due to identification of unforeseen or potential cash flow problems resulting from the analysis? If so, name the person(s)/position(s) responsible for these activities?	<input type="checkbox"/>	<input type="checkbox"/>	
INTERNAL CONTROLS			
1. Are there written procedures for the following?			
a. Accounting entries are supported by appropriate documentation; e.g. purchase orders and vouchers.	<input type="checkbox"/>	<input type="checkbox"/>	
b. Separation of responsibility in the receipt, payment, and recording of cash.	<input type="checkbox"/>	<input type="checkbox"/>	
c. Procedures for procurement and practices are consistent with applicable governing regulations.	<input type="checkbox"/>	<input type="checkbox"/>	
d. Travel is reviewed and approved and consistent with program guidelines and applicable to job functions.	<input type="checkbox"/>	<input type="checkbox"/>	
e. Timekeeping and payroll functions having segregation, proper review, approval, and support documentation of hours worked by activity and program.	<input type="checkbox"/>	<input type="checkbox"/>	
f. Disclosures of Board, Officers or employees for related party transactions.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Describe the safeguards your entity has instituted to ensure adequate internal controls in the company (e.g. Officially adopted policies and procedures, all expenses approved by board, documented and required annual review of policies).			

Financial Statement & Single Audit Findings

If there were findings noted in either your most recent Financial Statement audit or Single Audit, please describe the nature of the findings and what steps your organization has taken to resolve the findings.

Part 3 – Service by Zip Code

Please list all zip codes where your organization provided home delivered meals and the total number of meals delivered in that zip code from July 31, 2009 – August 1, 2010. Please attach an additional sheet if your organization served more than 60 zip codes.

SERVICE AREA ZIP CODE	TOTAL MEALS SERVED
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.
21.	21.
22.	22.
23.	23.
24.	24.
25.	25.
26.	26.
27.	27.
28.	28.
29.	29.
30.	30.

SERVICE AREA ZIP CODE	TOTAL MEALS SERVED
31.	31.
32.	32.
33.	33.
34.	34.
35.	35.
36.	36.
37.	37.
38.	38.
39.	39.
40.	40.
41.	41.
42.	42.
43.	43.
44.	44.
45.	45.
46.	46.
47.	47.
48.	48.
49.	49.
50.	50.
51.	51.
52.	52.
53.	53.
54.	54.
55.	55.
56.	56.
57.	57.
58.	58.
59.	59.
60.	60.

Total meals served: _____

Part 5 – Activity Narrative

Please explain how you will use the funds provided by Harris County to supplement and extend existing services related directly to delivery of meals to homebound elderly and disabled residents of Harris County.

[Empty text box for activity narrative]

Part 6 – Funding Narrative

Please list all funding sources and average annual amounts for your home delivered meal program. It is not necessary to identify individual donors; a category including all individual donations will suffice.

[Empty text box for funding narrative]

Part 7 – Additional Attachments

- A. As part of your application, please attach:
 - 1. The organization's most recent certified financial statement.
 - 2. The organization's most recent audit.
 - 3. A return-addressed, stamped envelope.

- B. Please sign and include the certification form below with your application.

Certification Form

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED OR FUNDS COMMITTED FOR THE PROPOSED PROJECT.

Signature of Authorized Person Listed Below

DATE

Print Name

DATE

Signature of Authorized Person Listed Below

DATE

Print Name

DATE