



St. Johns County Board of County Commissioners

Purchasing Division

ADDENDUM #1

To: Prospective Bidders
From: St. Johns County Purchasing Department
Subject: RFP #14-90 HHS Funding Availability

This Addendum #1 is issued for clarification on the above titled project, and is hereby incorporated into the subject RFP documents. Each proposer will ascertain before submitting a proposal that he/she has received all Addenda. **Please return the signed Addendum with your proposal.**

1. Where do you indicate what portion of the county funds are used as match? [That information is not being requested within this RFP.](#)
2. The evaluation tool #53 states a startup/marketing plans is clearly defined and reasonable. I was unable to locate information pertaining to a marketing plan in that paragraph. So, is this request in another part of the RFP? [Please refer to question 53 on page 30, also described below. The reference to marketing is in bold.](#)

53. Program Narrative: Provide a narrative of the program/service(s) including its purpose and the benefits that will be experienced by the clients/participants. **Describe the program intent and implementation, including how the program will operate, from marketing and referrals to discharge planning and follow-up.** Identify benefits of the services the clients will receive. Identify which services are being requested through this RFP and if any will be provided through an alternate funding source. Will existing staff provide the services, or are new hires anticipated? Include staff/client ratio and an anticipated start-up date. Provide program or service(s) delivery timelines. If the program implements EBP, describe how the EBP will be incorporated in to the delivery of services. Include any program components that are identified as required to be responsive in the funding chapter for the chosen funding category.

3. The past proposal referenced the economic impact an agency had on the community. Apparently, that is no longer required. If not, where in the RFP does it reference economic impact? [That information is not being requested within this RFP.](#)
4. Is there a certain percentage for the outcome measurements the county wants to maintain, e.g, 75% or 80%. [The measurement that is identified will need to be manageable, obtainable, measurable and one that will work towards making significant progress towards the identified county goal in the community.](#)
5. What information is needed from a subcontractor where there is a collaborative partnership to provide additional services to a targeted population? [Please refer to question 64, 65 and Program Document "4" along with the corresponding question directions on page 49.](#)
6. My question is in regards to funding from the new RFP- currently Kids Bridge bills FIP for supervised visitation services. We bill at a lesser rate than actual cost - Is it possible to use County funding to supplement that cost? [The county funding pertaining to this RFP can only be used by the contractors](#)

who were selected through this RFP process for the specific services proposed and awarded by the Board of County Commissioners.

7. Is it possible to use this funding to address the needs of the visiting parent who is homeless or at risk of becoming home and is drug or alcohol dependent? [The county funding pertaining to this RFP can only be used by the contractors who were selected through this RFP process for the specific services proposed and awarded by the Board of County Commissioners.](#)
8. RFP states we can not include "insurance costs." Does that include employee health insurance benefit costs? [No, it doesn't.](#)
9. Pg 58, #58 - Why should we be "penalized" for not being accredited? That is not required or an expectation of Transitional Housing? [SJC is committed to ensuring provision of the highest quality services to persons we serve. Accordingly, SJC has expectations that where accreditation is generally accepted nationwide as a clear indicator of quality service, it is the hope that our providers will either be accredited, have a plan to meet national accreditation standards, or will initiate one within a reasonable period of time.](#)
10. Is the budget format in Section F. 66, the prescribed format? [Yes. Please use this format to keep it uniform.](#)
11. Budget Summary Pg. 34 states e. Administrative Costs of max. 15% of line C, above (subtotal of Non-Personnel). Whereas on Page 51 D. states up to 15% for total direct service costs, combined Personnel and Non Administrative Costs? Which one is it? Row C or Row D? [Please see below for the correct 'Program Budget Summary' format.](#)

66. Program Budget Summary

	1. Requested Funding	2. Other Funding	3. Total Funding
A. PERSONNEL EXPENSES			
1. Salaries			
2. Fringe Benefits			
A. Subtotal Personnel			
B. NON-PERSONNEL EXPENSES			
3. Travel			
4. Space & Utilities			
5. Communications			
6. Printing & Supplies			
7. Shipping & Postage			
8. Professional Fees			
9. Other			
B. Subtotal Non-Personnel			
C. TOTAL PERSONNEL + NON PERSONNEL (A+B)			
D. ADMINISTRATIVE COSTS (maximum 15% of C, above)			
E. TOTAL EXPENSES (C+D=E)			

12. We are using the word format provided by the Purchasing Department. It does not provide a full 1 inch margin as requested in the RFP. Is this acceptable or should it be reformatted? Also the font is 10 and responses are to be an 11 font. [You may use the formatting as provided in the word document that was provided to you by the Purchasing Department.](#)
13. Item 52, we refer to supportive service agencies who use EBP, however, we are required to use HUD/HEARTH performance outcome model. Should we fill in item 52 with Performance Outcome practices? [An evidence-based practice \(EBP\) is commonly accepted as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of a client. Such](#)

practice is generally deemed evidence based only if research has proven significant positive outcomes in two or more controlled studies. The EBP proposed as part of the response to this RFP should meet those commonly accepted principles.

14. How do we determine St Johns County residency? [St Johns County ID OR Proof of the Intent to Reside.](#)
15. On Attachment A, 13.d. License to Operate Agency/Program - what exactly are you looking for? [If an agency /program requires permission to undertake a trade or carry out a business activity, subject to regulation or supervision by the licensing authority, it is required that the proposal includes the license information in program document 5.](#)
16. On Page 32 of the RFP, Section C. 60. Proposed Staff Information - Are we to list all staff or just the staff we are putting in our budget narrative for funding? [The directions in Appendix III explain what is requested. Please refer to page 48, Section C. 60.](#)
17. On Page 43 of the RFP, Appendix III, Conflict of Interest bullet - Where are we to put the conflict of interest statement? Is this to be a separate sheet and if so will it count in our page count? [Please complete the attached form and submit with the proposal. The form will not count in the limited page count.](#)
18. According to the Chapter V, Section E; specifically: "Responding agencies need to address at least one (1) of the following goals related to the impact of the proposed program on clients/family clients served:
 1. Health Care Access:
 - a. Increase % of adults with a usual source of health care by assisting them to apply for and obtain a payer source (including Medicaid, Medicare, private insurance, etc)
 - b. Increase % of children with usual source of health care by assisting them to apply for and obtain payer source (including Medicaid, Medicare, private insurance, etc)
 - c. Increase % of the uninsured population's access to primary care
 - d. Increase % of the uninsured population's access to dental care"

I want to confirm Vision Is Priceless qualifies for this funding request. Vision Is Priceless provides access to health care via vision care services. Since Dental care is specifically mentioned, I would like to confirm that our services would be considered under primary care. We do provide medical care as related to eye health, including exams, specialty care and surgery when required. [Vision care is considered primary medical care.](#)

The due date of [September 11, 2014 @ 4:00 p.m.](#) remains the same.

**Sincerely,
Bridget Mein
Contracts Coordinator**

Acknowledgment

Signature and Date

Printed Name/Title

Printed Company Name

CONFLICT OF INTEREST DECLARATION

for _____

(name of subcontracted agency/organization)

		YES	NO
1	Do you, your immediate family, or your business partner have financial or other interests in St. Johns County or the recipient(s) of the proposed services?		
2	Have gratuities or anything of monetary value been offered or exchanged between you, your immediate family, or your business partner and any employee of SJC?		
3	Within the last 24 months, have you been employed by, or do you plan to seek or accept future employment with, SJC or the recipient(s) of the proposed services?		
4	Are there any other conditions which may cause a conflict of interest?		

**If you checked “yes” after any of the above questions, please explain your answer.
Please attach additional sheets as necessary.**

I declare that my answers and any related explanation(s) are true, correct and complete to the best of my knowledge and belief, and I will notify SJC’s Contract Manager in writing in the event of any change affecting such correctness or completeness.

Name

Date

Title

Company

End of Addendum #1