
CLOSED REQUEST FOR PROPOSALS

RFP #14-90

FOR

HHS Funding Availability



Issued By:

**St. Johns County
Board of County Commissioners
St. Johns County Purchasing Department
500 San Sebastian View
Saint Augustine, Florida 32084**

Due Date/Time for Receipt of Proposals: September 11, 2014 @ 4:00 P.M.



RFP #14-90

**ST. JOHNS COUNTY
REQUEST FOR PROPOSALS**

HHS FUNDING AVAILABILITY

Notice is hereby given that St. Johns County, a political subdivision of the State of Florida, will be accepting Letters of Interest and Qualification proposals for HHS Funding Availability for the St. Johns County Health and Human Services Department **until 4:00 P.M. on Thursday, September 11, 2014** at the St. Johns County Purchasing Department, 500 San Sebastian View, St. Augustine, Florida 32084.

Request for Proposal packages may be obtained from Bridget Mein, Contracts Coordinator, St. Johns County Purchasing Department, 500 San Sebastian View, St. Augustine, Florida 32084, or by via email request to bmein@sjcfl.us and requesting Document **#14-90**. Many packages can be downloaded from the Internet. Check the agency's site for download availability.

Qualified agencies desiring to respond to the RFP must submit **one original bound copy and seven (7) bound copies** of proposal packages, clearly marked on the outside with the **agency name, funding category, and "Sealed Proposal for RFP #14-90 HHS Funding Availability"** to St. Johns County Purchasing Department, 500 San Sebastian View, St. Augustine, Florida 32084, by or before the time stipulated above.

CONTACTS: Questions related to the RFP should be directed to Bridget Mein, St. Johns County Purchasing, 500 San Sebastian View, St. Augustine, Florida 32084, fax number (904) 209-0163. **Inquiries related to the scope, clarification or correction must be in writing – by fax, email or mail - and received no later than 4:00 p.m. on August 28, 2014 to allow adequate time for response and/or an addendum.** All addendum(a) will be issued by the Purchasing Department **no later than 4:00 p.m. on September 4, 2014. Please do not contact any other staff member of St. Johns County**, except the above, with regard to this RFP. All inquiries will be routed to the appropriate staff member for response.

DUE DATE AND LOCATION - The proposals will be received until **4:00 p.m. on September 11, 2014**. Mail or deliver all proposals to Bridget Mein, Contracts Coordinator, St. Johns County Purchasing Department, 500 San Sebastian View, St. Augustine, Florida 32084.

The St. Johns County Board of County Commissioners reserves the right to reject any or all proposals, waive minor formalities or award to and negotiate with the firm whose proposal best serves the interest of St. Johns County.

Chapter I: Introduction:

A. Health and Human Services Department - The primary goal of the St. John's County Health and Human Services Department (HHS) and the St. John's County Health and Human Services Advisory Council (HHSAC) is to assist families and individuals to lead healthy, stable lives, and to achieve the maximum level of self-sufficiency possible.

HHS and HHSAC had a Needs Assessment conducted in 2010, which identified service area gaps within St. Johns County. The Needs Assessment identified several key issues which when addressed, can assist the most vulnerable residents while moving them toward achieving self-sufficiency and independence. To address these issues, the HHS and HHSAC will continue to build a comprehensive array of services that are accessible, responsive, meet or exceed best practice standards and are results oriented. The objectives focus on creating a more innovative, effective and comprehensive service continuum by reducing fragmentation and encouraging collaboration between community partners.

B. Statement of Purpose for this proposal - HHS is requesting proposals for the delivery of health and human services that address the health and welfare of St. Johns County residents in the following funding and service categories:

Funding Category	Service Category	Estimated Available Funds FY15
Homelessness and Housing	Transitional Housing	
	Affordable Housing	
	Emergency Housing	
	Homelessness and Housing Service Coordination	
Subtotal		\$570,721.00
Community Healthcare	Healthcare Access	
	Substance Abuse	
	Mental Health	
Subtotal		\$437,010.00
Supportive Services for Employment Opportunities	Supportive Services	
Subtotal		\$133,712.00
Aging	Aging	
Subtotal		\$163,063.00
TOTAL		\$1,304,506.00

Approximately \$1,304,506.00 is anticipated to be awarded under this Request for Proposals (RFP). These funds are estimates only, and are contingent upon the approved budget for Fiscal Year (FY) 2015. Please note that the available funds listed above may be increased or decreased at any time without notice at the sole and absolute discretion of St. Johns County. Additionally, the County intends to fund one or more agencies up to the estimated available dollar amount(s).

- C. Who May Submit Proposals** - Agencies who were pre-qualified to respond to this RFP, who are not-for-profit organizations (NPO) incorporated in the State of Florida with a 501(c)(3) status or Public Entities are eligible to respond to the funding opportunity.
- D. About this RFP Process** - Submit all proposals to provide services in any funding category identified in Chapter IV through Chapter VII using Part I and II of the RFP for Health and Human Services. Part I is located in Appendix I. Part II is located in Appendix II. Instructions for completing both portions and identifying the required attachments needed for a complete proposal are included in Appendix III, Proposal Instructions.

Chapter II: GENERAL INFORMATION

A. Terms of Agreement - For agencies awarded funds pursuant to this RFP, the initial term of the Service Agreement is anticipated to be from January 1, 2015 to September 30, 2015. The agreement will have the possibility of funding for two (2) subsequent twelve (12) month periods. The agreement between St. Johns County and the contracted provider will incorporate information from the proposal as part of the agreement. Failure to deliver the services in compliance with the terms and conditions set forth in the agreement, inclusive of information from the proposal, may result in termination of the agreement. St. Johns County may also choose to discontinue a program based on available funding and need.

Second and third year funding is contingent on:

1. Continued demonstrated and documented need for the services or priority area of funding;
2. Satisfactory program performance by the agency; and
3. The availability of funds from the County for services.

Should the County terminate an agreement due to unsatisfactory performance by a contracted agency, or fail to come to terms in negotiating an agreement, the County may reallocate the work to one or more other

agencies who have been recommended for approval under this same RFP process without having to request new proposals for those services.

SJC has the discretion to implement mandatory use of a client management system, for example, HMIS or a comparable system, for all resulting agreements under this RFP, if the county decides to move it that direction.

B. Type of Agreement - The agreement cost will be reimbursed through a method of payment agreed upon during contract negotiation with SJC. The preferred method of payment will be monthly equal payments. Some agreements may include reimbursement for actual costs up to an agreed dollar amount.

C. Method of Reimbursement - St. Johns County reimbursement will be derived from contracted provider invoices reflecting services provided in accordance with the signed agreement between St. Johns County and the contracted provider. Reimbursement is contingent upon the submission of complete and accurate data as required by the agreement. St. Johns County may also choose to suspend funding to a program based on available funding and need.

D. Contact Person for the RFP Process

Bridget Mein, Contract Coordinator
SJC Purchasing Department
500 San Sebastian View
St. Augustine, Florida 32084
Telephone: (954) 209-0162
Fax: (904) 209-0151
E-mail address: bmein@sjcfl.us

E. RFP Timetable

1. Available on the website: Friday, August 8, 2014, 4:00 P.M. at <http://www.sjcfl.us/Purchasing/index.aspx> and <http://www.sjcfl.us/HHS/index.aspx>.

2. Deadline for Receipt of Written Questions (No Exceptions): Thursday, August 28, 2014 by 4:00 PM (ET)

3. Response to Written Questions will be posted on the website: Thursday, September 4 at <http://www.sjcfl.us/Purchasing/index.aspx>

4. Deadline for Receipt of Proposals (NO EXCEPTIONS)

Thursday, September 11, 2014, 4:00PM (ET)

SJC Purchasing Department

500 San Sebastian View

St. Augustine, Florida 32084

5. Opening of Proposals and Fatal Flaw Review

Friday, September 12, 2014, 9:30 AM (ET)

SJC Purchasing Department

500 San Sebastian View

St. Augustine, Florida 32084

6. Notification of Funding Recommendations to Agencies - After Board approval, anticipated to be Tuesday November 4, 2014. Information will be sent to the responding agencies through the agency contact provided in your proposal.

7. Initial Agreement Period – January 1, 2015 or date of execution through September 30, 2015

St. Johns County reserves the right to postpone or alter the dates set forth above. The solicitation and all related information, updates, addenda, and/or revisions will be posted on the websites: <http://www.sjcfl.us/Purchasing/index.aspx> and <http://www.sjcfl.us/HHS/index.aspx>

F. Inquiries about the RFP Process - Written questions regarding the RFP process must be submitted by 4:00 PM (ET), on Thursday, August 28, 2014 to Bridget Mein, Contract Coordinator, SJC Purchasing

Department, 500 San Sebastian View, St. Augustine, FL 32084. E-mail address: bmein@sjcfl.us. Written questions must either be mailed, e-mailed or hand delivered.

G. Proposal/Application Criteria - The RFP document is available to download from the SJC website <http://www.sjcfl.us/Purchasing/index.aspx>. Proposing agencies must submit proposals in accordance with the following St. Johns County requirements:

1. Agencies must submit a proposal that addresses a specific funding category and identified goal(s) stated in this RFP.
2. Agencies must submit a complete proposal package, including all required forms, attachments and program documents that are applicable to the agency's status and the funding category(ies) applied for in this RFP. Electronic or fax submissions are not acceptable and will be removed from further funding consideration.
3. All forms must be appropriately signed in other than black ink and should be placed in the order outlined in the proposal Instructions, Appendix III.
4. The proposal must comply with the Fatal Flaws Checklist and the Document Checklist included in the Proposal Instructions, Appendix IV.

H. Responsiveness Criteria: All services advertised by St. Johns County have requirements that must be met by the responding agencies. Responsiveness may be defined as how the agency's proposal addresses the required areas of the solicitation. To be considered responsive, all proposals submitted in response to services in this RFP must meet the following:

1. The agency's proposal must incorporate all of the elements contained in the description under the funding category name and description of the advertised service section.
2. The agency's proposal must only request funds for a funding category and identified goal(s) listed in the advertised service.
3. The agency's proposal must only provide services to clients within the advertised target population.
4. The agency's proposal must include outcomes that will meet the identified goal.
5. The agency's proposal must include measureable indicator(s) for these required goals, depending on the target population for each service proposed to be funded. The proposals presented in response to this RFP should address strategies to reach respective goals identified and how the agency will report outcomes to demonstrate the effectiveness of the program by quantifiable performance measures that are verified by a data source.

Please be advised that responding agencies should carefully review each funding category for responsiveness requirements specific to that category. Additionally, any proposal that requests funding for a service that is missing required elements, not advertised as available in the RFP, includes services to clients other than those identified in the target population or does not include the identified outcomes and/or indicators as referenced in the specific category will be considered as non-responsive and will be removed from further funding consideration.

I. Copies of Proposal - SJC requires responding agencies to submit proposals using the following formats:

- One (1) complete and bound original and seven (7) complete and bound copies of the proposal containing the Proposal Form, Part I – Agency General Information, including all Organizational Attachments; and Part II – Specific Program Information for each funding category in which an agency is applying, including all program documents.

The complete original and complete copies of the proposal should be in separate binders or 3-ring notebooks. On the OUTSIDE of each binder, the responding agency should indicate its name, and the program category(ies), for which it is applying. One binder should clearly be marked as "Original" and contain the documents with the original signatures. The other binders should be clearly marked as "Complete Copy." If proposals are placed in other than binders or 3-ring notebooks, SJC is not responsible for lost or missing components of the proposal that may occur during the review process.

All binders (original and complete copy) should be tabbed. The first tab should read "Part I." The second tab should read "Attachments." The third tab should read "Part II." The fourth tab should read "Program Documents."

All copies should be bound and the set, if necessary, banded together by funding category. The intent is to ensure each set of seven is clearly separated and identifiable by funding category. **The original and all 7 copies of the proposal must then be placed in a securely sealed container (envelope or box) and clearly marked outside with the agency name, funding category, and "Sealed Proposal for RFP #14-90 HHS Funding Availability."** Based on the size of the entire submission, the sealed container may be an envelope or a cardboard box, as appropriate.

- J. Delivery:** St. Johns County will not be held responsible for a responding agency's failure to meet time deadlines due to any reason, including late delivery or omissions by the U. S. Postal Service or any other courier services. Failure of the agency to deliver the complete proposal package to the specified location by the due date and time will automatically remove the proposal from further funding consideration.
- K. Selection Criteria:** All proposals received by the due date and time are subject to review according to a uniform set of criteria that considers issues of responsiveness, organizational capability, financial viability, program costs and implementation in delivering the advertised services. The proposal must pass each level of review before moving to the next level of review. Failure to meet the minimum threshold in any review will result in the disqualification of the agency's proposal. However, SJC reserves the right to waive the failing, in the event all proposals within the same Funding Category fail to pass any level of review. The review phases are:

1. The Checklist and Organizational Review, which includes the Fatal Flaw Checklist, County Policies Checklist, and Organizational Review conducted by SJC staff. Failure to pass all Fatal Flaws will result in removal of the proposal from subsequent review phases and further consideration in this funding process. Proposing agencies will be notified in writing if a fatal flaw has caused its Proposal to be removed from further review. The Fatal Flaw checklist is available in Appendix IV. The Organizational Review results in a score that will be added to the total score for the proposal.

Failure to submit any applicable, required document on the County Policies Checklist is not a fatal flaw, but proposals will be adversely impacted with negative points on the final ranking.

Documents or attachments not identified on the Fatal Flaw list should be included in the responding agency's original complete package. **An agency failing to provide the identified document(s) and/or attachment(s) in the form of complete original(s) and the required number of copies will be considered to have submitted incomplete proposal(s) and shall have its proposal(s) removed from further funding consideration.**

Any notifications to the agency regarding this portion of the RFP process may be made by e-mail and/or facsimile (fax) to the contact person identified by the agency on the Proposal Form. All responding agencies are solely responsible for contact availability via email and fax. Failure to receive notification from SJC staff is not subject to appeal.

2. Financial Review: All proposals devoid of fatal flaws will receive a Financial Review that includes a review of the organization's audited financial statements, if applicable, and review of the budget forms submitted in the proposal. Any notifications to the agency regarding this portion of the RFP process may be made by e-mail and/or facsimile (fax) to the contact person identified by the agency on the Proposal Form. All responding agencies are solely responsible for contact availability via email and fax. Failure to receive notification from SJC staff is not subject to appeal.
3. Quality Review. The Quality Review Committee will rate each proposal that passes the Fatal Flaw, Financial review, and Evidence Based Practices (EBP) Review (if applicable), in all service categories. All proposals that pass each applicable portion of the Financial Review will receive an EBP Review, if

applicable. All service categories will be scored to create a ranked order. However, the highest-ranking numerical score does not automatically guarantee a funding recommendation. The agency's proposal must pass each level of review before moving to the next level of review.

Failure to meet the minimum threshold in any review will result in the disqualification of the proposal. However, SJC reserves the right to waive the failing in the event all proposals in the same funding category fail to pass any level of review. Other factors that may be considered include, but are not limited to: past performance of individual agencies including outcome attainment and utilization of funds; cost per client; need of the program; location of program; and relevant experience and qualifications of agency and staff.

Any notifications to the responding agencies regarding this RFP process may be made by facsimile and/or e-mail to the contact person identified by the agency on the Proposal Form. All responding agencies are solely responsible for contact availability. Failure to receive notification from SJC staff is not subject to appeal.

4. Administrative Review. In the event that proposals contain any incorrect information, intentional or unintentional, SJC reserves the right to disqualify that proposal in its sole and absolute discretion.

Any notifications to the agency regarding this RFP process may be made by facsimile or e-mail to the contact person identified by the agency on the Proposal Form.

SJC is not obligated to award funds for each category and retains the right to reject all proposals, or to accept, modify, reject entirely, or partially reject portions of a proposal. SJC retains the right to waive the minimum required score on any portion of the Proposal Rating Sheet if 50% of the proposals in the same funding category fail to attain a minimum required score.

5. All programs recommended for funding through HHSAC and HHS will be forwarded to the SJC Board of County Commissioners for approval. SJC staff will negotiate agreements with each agency whose program has been approved for funding by the County Commission. SJC retains the right to rescind an award, including in the event the parties cannot come to terms with respect to the agreement and thereafter, award to another agency recommended for approval under this same RFP process without having to request new proposals for those services.

- L. EVALUATION PROCESS** - An Evaluation Committee will meet to compile the scores and rank the responding firms in order. Evaluation Committee members will individually review proposals with no discussion amongst themselves. Final rankings will be compiled, summarized and ranked in a Public Meeting at the St. Johns County Administration Building, 500 San Sebastian View, St. Augustine, FL 32084. All Respondents will be notified regarding time, date, and location of this meeting. This meeting will be held in accordance to all applicable Sunshine Laws according to Florida Statutes. Award of this RFP shall be made to the proposer who, in the sole opinion of the County, is deemed the most advantageous for the County. Upon selection of the top rated firm, St. Johns County will negotiate the specific terms of the contract.

The County may elect to conduct oral interviews or presentations from one or more of the proposal respondents. Should the County elect to conduct oral presentations or interviews, such presentations or interviews will be conducted in accordance with F.S. 286.0113.

Selected firms will be notified if presentations/interviews are required. The County desires to avoid the expense to all parties of unnecessary presentations. The evaluation team will make every reasonable effort to make recommendations based upon the written submittals alone. If a single number one ranked firm cannot be clearly determined, then the evaluation team shall request the Purchasing Manager to set-up the top ranked firms for presentations/interviews.

The competence, responsiveness, and responsibility of proposers, in addition to cost to the County, will be considered in making the award. Proposers are required to submit with their proposal, data in regard to their

qualifications as a service provider including experience. Please include names and telephone numbers of persons to contact.

The proposer declares that the amount and nature of the materials/services to be furnished is understood and that the nature of this proposal is in strict accordance with the conditions set forth and is a part of this proposal, and that there will at no time be a misunderstanding as to the intent of the specifications or conditions to be overcome or pleaded after the proposals are opened.

By submitting a proposal, the proposer certifies that the proposer has fully read and understands the Proposal method and has full knowledge of the scope, nature, and quality of work to be performed.

It is anticipated that the award shall be made to the responsible bidder whose Proposal is determined to be the most advantageous to the County, taking into consideration, but not limited to, the evaluation factors set forth as stated in the above mentioned criteria.

- M. AWARD OF CONTRACT:** The County is seeking to enter into a Professional Services Contract Agreement for an initial nine (9) month period with two (2) twelve (12) month annual renewal options. The County may consider extending this agreement under mutually acceptable terms and conditions. However, the County is under no obligation to extend any executed contract/agreement. Moreover, it is expressly understood that the option of extension is exercisable only by the County and only upon the County's determination of satisfactory performance of any executed contract/agreement.
- N. Program Monitoring and Evaluation:** SJC will conduct monitoring of the program services contracted through this RFP process. At the time of negotiation, the agency and SJC staff will confirm acceptable outcome measures and reporting requirements.

Monitoring reports, utilization of prior funding, attainment of performance requirements of the agreement, timeliness of requested information, and fiscal stability shall be considered factors in evaluating future funding requests.

Chapter III: POLICIES RELATED TO PROPOSALS AND AGREEMENTS

- A. Contractual Policies and Documentation Requirements** - By submitting a proposal, the responding agency agrees to execute the applicable agreement of SJC. Some of the terms of the agreement that approved agencies will sign with St. Johns County are listed below.
- B. Documentation Required With Proposal and/or Agreement** - The following documentation is required to be provided by an agency with the proposal and prior to a recommendation to the St. Johns County Board of County Commissioners for funds. Additionally, where indicated, the agreement provides for a continuing obligation to produce documentation as required by the agreement. Please note that failure to submit the documents listed under Paragraph 1 below, along with the completed proposal by the due date, will result in a fatal flaw in all cases. The documents listed below and identified as Attachments "A" through "G" are also required with the proposal.
- 1. Agency Verification (Attachment "A" to the proposal)** - Proposing agencies must submit the Agency Verification form provided as Attachment "A" with original signatures required. This document containing original signatures of an authorized agency official and two (2) witnesses, signed in ink other than black, must be submitted in order for the proposal to be recommended for funds.
 - 2. Public Entities Crimes Act (Attachment "B" to the proposal)** - The Agreement will confirm that the proposing agency represents that the execution of the agreement will not violate the Public Entities Crimes Act (Section 287.133, Florida Statutes). Section 287.133, Florida Statutes essentially provides that no one who has been placed on the convicted vendor list following a conviction for a Public Entity Crime may submit a bid or proposal for a contract to provide any goods or services to St. Johns County. The responding agency shall furnish St. Johns County with an original signed and notarized Public Entities Crimes Affidavit with the proposal package. A Public Entities Crimes Affidavit is included with this RFP as Attachment "B." This document must contain notarized original signatures and must be submitted in order for the proposal to be recommended for funds.

3. **Drug Free Workplace Certification (Attachment "C" to the proposal)** - The responding agency must submit the Drug Free Workplace Certification (two-page form) provided as Attachment "C", with an original signature of the person authorized to execute the proposal on behalf of the agency. The agency certifies that it will provide a drug-free workplace program and continue to make a good faith effort to maintain, during implementation of the agreement, a drug free workplace program as set forth in the Drug Free Workplace Act, Section 112.0455 of the Florida Statutes (1995). The certification must be submitted in order for the proposal to be recommended for funds. A notarized original signature is required.
4. **Non-Discrimination Policy Certification (Attachment "D" to the proposal)** - Any agreement pursuant to this RFP will stipulate that the agency shall not unlawfully discriminate on the basis of race, color, national origin, sex, religion, age, marital status, political affiliation, familial status, disability, or sexual orientation, pregnancy, or gender identity and expression in the performance of this agreement, the solicitation for or purchase of goods or services relating to this agreement, or in subcontracting work in the performance of this agreement and shall not otherwise unlawfully discriminate. Consequently, all responding agencies must complete the Non-Discrimination Policy Certification and submit it as Attachment "D" with the proposal. This document certifies that the agency's policies comply with the nondiscrimination provisions of Title VII of the Civil Rights Act of 1964, as amended by the Civil Rights Act of 1991, the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008, the Age Discrimination in Employment Act of 1967, as amended, Veterans' Readjustment Act of 1974, as amended, the Florida Civil Rights Act, as amended, and shall not engage in, or commit any discriminatory practice, in violation of these federal and state laws, county ordinances, and any rules and regulations promulgated thereunder, in: 1) the performance of any agreement with St. Johns County; 2) the solicitation for or purchase of goods or services relating to any agreement with St. Johns County; or 3) subcontracting work in the performance of any agreement with St. Johns County. The certification must be submitted in order for the proposal to be recommended for funds.
5. **Board of Directors (Attachment "E" to the proposal)** - Not-for-profit organizations must include a list of the agency's Board of Directors, and/or Advisory Board, including their addresses and offices held within the Board, as Attachment "E". Public Entities (Units of Government) may check "N/A".
6. **Organizational Chart (Attachment "F" to the proposal)** - Include a direct-line **Organizational Chart** showing where the proposed program/services would function within the agency if the requested funds are provided. The Organizational Chart should be attached to this proposal as Attachment "F".
7. **Scrutinized Companies Certification (Attachment "G" to the proposal)** - Any company, principals, or owners on the Scrutinized Companies with Activities in Sudan List or on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List is prohibited from submitting a bid, proposal or response to a St. Johns County solicitation for goods or services. Therefore, each company submitting a bid, proposal or response to a solicitation must certify to the County that it is not on either list at the time of submitting a bid, proposal or response. The certification form is referenced as Attachment "G" and must be submitted at the time of submitting a bid, proposal or response.

D. Non-Contractual Policies

1. **Collaboration** - SJC strongly encourages providers to help coordinate the provision and delivery of human services in St. Johns County. Therefore, in order to maximize funding dollars, proposing agencies are encouraged to form agreements with other agencies that are cost effective and provide a continuum of care when possible. These partnerships should address issues of system coordination and integration. Proposing agencies are encouraged to demonstrate economies of scale through collaboration. Proposing agencies applying in partnership must complete an Interagency Agreement. A *sample* Interagency Agreement is provided in **Program Document 4** of this RFP document.

In the event multiple agencies submit a joint application in response to this RFP, a single applicant agency shall be identified as the Lead Agency that shall execute an agreement with the County. The agency must identify the name and address of all parties participating in the proposal. The Lead Agency shall also provide all bonding and insurance requirements, execute any agreement(s), complete the required documentation, and have overall and complete accountability to resolve any dispute arising within the agreement. Only a single agreement with one agency shall be acceptable. Lead Agency responsibilities

shall include, but not be limited to the overall contract administration, oversight of preparation of reports and presentations, and the presentation of consolidated invoices and reports for services performed. The Lead Agency shall remain responsible for performing all services identified in the executed agreement.

2. **Ownership of Application** - Pursuant to Chapter 119 of the Florida Statutes, all materials and supporting documentation submitted in response to this RFP become public record, and are the property of St. Johns County. St. Johns County assumes and accepts no liability whatsoever for disclosure or utilization of material unidentified as trade secrets or as confidential information.
3. **Trade Secret and Confidential Materials** - If the proposal includes material that is deemed a trade secret (as defined by Section 812.081, Florida Statutes) or other confidential material exempt from the provisions of Chapter 119, Florida Statutes, which the Applicant Agency does not wish to become public record, the following statement should be included in the proposal:

"Trade Secrets as defined by Section 812.081, Florida Statutes, or other confidential materials contained on (applicable pages) of this proposal shall not be used or disclosed, except for evaluation purposes. However, if an Agreement is awarded to this offer or in connection with the submission of this program, St. Johns County shall have the right to use or disclose the information designated as trade secrets or confidential to the extent provided in the Agreement. This restriction does not limit St. Johns County's right to use or disclose the information designated as trade secrets or confidential which is obtained from another source."

Any exemption claimed will be limited to the pertinent data and/or documents, and must be supported by a statutory exemption. Notwithstanding anything to the contrary, nothing contained in the proposal shall be deemed or interpreted to restrict or prevent the County from complying with the disclosure requirements of Chapter 119 Florida Statutes, when material is incorrectly identified as a trade secret or confidential information. By submitting a proposal, the agency covenants not to sue the County and waives any claim against the County arising under Chapter 119, Florida Statutes.

4. **Pre-Contract Agreement Expenses** - St. Johns County will not be held liable for any cost incurred by the agency and/or contracted providers related to the response to this RFP, nor will any pre-award expenses be funded.
- E. **Protest** - Any bidder, proposer or person substantially and adversely affected by an intended decision or by any term, condition, procedure or specification with respect to any bid, invitation, solicitation of proposals or requests for qualifications, shall file with the Purchasing Department for St. Johns County, a written notice of Intent to Protest no later than 72 hours (excluding Saturdays, Sundays and legal holidays for employees of St. Johns County) after the posting either electronically or by other means of the Notice of Intended Action, Notice of Intent to Award, Bid Tabulation, publication by posting electronically or by other means of a procedure, specification, term or condition which the person intends to protest, or the right to protest such matter shall be waived. The protest procedures may be obtained from the Purchasing Department and are included in the County's Purchasing Manual. All of the terms and conditions of the County's Purchasing Manual are incorporated by reference and are fully binding.
- F. **Indemnification** - To the fullest extent permitted by law, the agency shall indemnify and hold harmless the County, its officials, and employees, from and against liability, claims, damages, losses and expenses including attorney's fees arising out of or resulting from performance of the work, provided that such liability, claims, damages, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the work itself) including loss of use resulting therefrom, but only to the extent caused in whole or in part, by negligent acts or omissions of the Vendor or anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such liability, claim, damage, loss or expense is caused in part by a party indemnified hereunder.

In claims against any person or entity indemnified under this paragraph by an employee of the agency, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, the

indemnification obligation under this shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the Vendor under workers' compensation acts, disability benefits acts or other employee benefits acts.

G. Insurance Requirements- Insurance companies providing the required insurance coverage for the successful bidder must be rated in the current issue of "Best's Insurance Key Rating Guide" at "A" for the policy holder's category and XIII for the financial category to be specifically approved by the Owner.

A Certificate of Insurance, naming St. Johns County, Florida as additional insured, will be required from the successful bidder at the time of signing of the contract. Certificates of Insurance are to be authorized in writing by an officer of the insurance company or companies, identifying their agent and executed by the agent with a copy of the agent's license by the insurance company attached. The Certificate must reflect the required coverage and at least a guaranteed 30 day written notice of cancellation of materials, or change in coverage will be given to St. Johns County. Certified copies of all policies must accompany the Certificate of Insurance when requested by the County.

The CONTRACTOR shall not commence work under this Contract until he/she has obtained all insurance required under this section and such insurance has been approved by the COUNTY. All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida. The CONTRACTOR shall furnish proof of Insurance to the COUNTY prior to the commencement of operations. The Certificate(s) shall clearly indicate the CONTRACTOR has obtained insurance of the type, amount, and classification as required by contract and that no material change or cancellation of the insurance shall be effective without thirty (30) days prior written notice to the COUNTY. Certificates shall specifically include the COUNTY as Additional Insured for all lines of coverage except Workers' Compensation and Professional Liability. A copy of the endorsement must accompany the certificate. A brief description of operations referencing the Bid Number, Contract Title, Location, and/or Agreement/Resolution Number shall also be listed as a description on the certificate. Compliance with the foregoing requirements shall not relieve the CONTRACTOR of its liability and obligations under this Contract.

Certificate Holder Address: St. Johns County
500 San Sebastian View
St. Augustine, FL 32084

Standard Contract for Service: \$500,000 or less with no unusual hazards - The CONTRACTOR shall maintain during the life of this Contract, Comprehensive General Liability Insurance with minimum limits of \$1,000,000 per occurrence, \$2,000,000 aggregate, to protect the CONTRACTOR from claims for damages for bodily injury, including wrongful death, as well as from claims of property damages which may arise from any operations under this contract, whether such operations be by the CONTRACTOR or by anyone directly employed by or contracting with the CONTRACTOR.

The CONTRACTOR shall maintain during the life of the contract, Professional Liability or Errors and Omissions Insurance with minimum limits of \$1,000,000.

The CONTRACTOR shall maintain during the life of this Contract, Comprehensive Automobile Liability Insurance with minimum limits of \$300,000 combined single limit for bodily injury and property damage liability to protect the CONTRACTOR from claims for damages for bodily injury, including the ownership, use, or maintenance of owned and non-owned automobiles, including rented/hired automobiles whether such operations be by the CONTRACTOR or by anyone directly or indirectly employed by a CONTRACTOR.

The CONTRACTOR shall maintain during the life of this Contract, adequate Workers' Compensation Insurance in at least such amounts as are required by the law for all of its employees (if three or more) per Florida Statute 440.02.

The County reserves the right to increase the insurance requirements based on the total cost of the contract and/or unusual or high hazard operations.

H. St. Johns County Administrative Code Section 304.6.5 Procedures Concerning Lobbying. Bidders, proposers, and those intending to qualify must abide by the following requirements: A lobbying blackout period begins upon issuance of the bid solicitation, request for proposal, request for qualifications, and continues until the Purchasing Manager, County Administrator, or designee, or Board Chairperson executes a contract on behalf of the County. For procurements that do not require Board approval, the blackout period starts when the bid solicitation, request for proposal or request for qualifications is issued and ends upon contract award. For any questions concerning a Bid/RFP/RFQ, a bidder or proposer must contact the person listed in the Bid/RFP/RFQ as the Contact Person or Point Person for the County. Bidders or proposers who do not abide by these rules are subject to having their bid or proposal or qualifications automatically rejected, without further recourse, and shall be subject to debarment for periods up to 12 months.

“Blackout” for the purposes of this policy refers to a time period during which vendors, contractors, consultants, or their agents or representatives may not communicate or lobby in any manner with Board members, the County Administrator, or County staff, other than the designated purchasing agent, and to a time when Board members, the County Administrator, or County staff, other than the designated purchasing agent, shall not communicate in any manner with vendors, contractors, consultants, or their agents or representatives, regarding potential contracts with the Board. The blackout period begins once an invitation to bid, request for quote, request for proposal, invitation to negotiate, or request for qualifications has been issued. Any such communication shall disqualify the vendor, contractor, or consultant from responding to the subject invitation to bid, request for quote, request for proposal, invitation to negotiate, or request for qualifications.

Chapter IV: HOMELESSNESS AND HOUSING CURRENT FUNDING OPPORTUNITY

Homelessness and Housing - HHS and HHSAC are working to develop comprehensive, unduplicated services within a system of care for individuals, children and families with homelessness needs. St. Johns County is intending to provide support for implementation of innovative, effective, outcome-based approaches to alleviate homelessness and its causes in St. Johns County. In this funding category of this FY 2015 RFP, the County only intends to fund services described in this section and are limited to those services and goals specifically described in this chapter. Additional criteria for responding agencies in this section:

- Responding agencies are encouraged to carry out a coordinated intake process.
- Responding agencies are required to be actively engaged in developing a strategic plan to reduce homelessness in St. Johns County.
- Subsequently to the development of the strategic plan, responding agencies are expected to evolve their service delivery model to coincide with the strategic plan objectives.

A. Estimated Available Funds - There is approximately **\$570,721.00** available for the Homelessness and Housing Funding Category. These funds are estimates only, and are contingent upon the approved budget for FY 2015. Please note that the available funds listed above may be increased or decreased at any time without notice at the sole and absolute discretion of St. Johns County. Additionally, the County intends to fund one or more agency(ies) up to the estimated available dollar amount(s).

B. Target Population

1. For the purposes of this RFP, a person is considered eligible for homeless funding if they meet one of the four broad categories under the definition of homeless, which are as follows:
 - a. Individuals and families who lack a fixed, regular, and adequate nighttime residence. This includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
 - b. Individuals and families who will imminently lose their primary nighttime residence;
 - c. Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under the definition by the U.S. Department of Housing and Urban Development (HUD);
 - d. Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

2. For an individual or family to qualify as at risk of homelessness, the individual or family must meet both of the following threshold criteria:
 - a. The individual or family has income below 30 percent of median income, or other specified Federal program, for the geographic area;
 - b. The individual or family has insufficient resources immediately available to attain housing stability.
 3. The individual or family must also exhibit one or more of the following specified risk factors:
 - a. Moving frequently because of economic reasons;
 - b. Living in the home of another because of economic hardship;
 - c. Being notified that their right to occupy their current housing or living situation will be terminated;
 - d. Living in a hotel or motel;
 - e. Living in severely overcrowded housing;
 - f. Exiting an institution; and
 - g. Living in housing that has characteristics associated with instability and an increased risk of homelessness.
 4. Homeless persons assisted must be residents of St. Johns County.
- C. Services** - This funding category commonly refers to a variety of services and interventions necessary to assist families and individuals in homelessness and housing problems. Service categories under this category include, but are not limited to, Transitional Housing, Affordable Housing, Emergency Housing, and Homelessness and Housing Service Coordination.
- D. Desired Goals for Homelessness and Housing Funding Category** - This RFP includes specific service components that are required for a comprehensive system of care. The proposals presented in response to this RFP should address strategies to reach respective goals identified and how the agency will report outcomes to demonstrate the effectiveness of the program by quantifiable performance measures that are verified by a data source, such as Point In Time Count. 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. Homeless to be housed:
 - a. Increase availability of permanent supportive housing for homeless families and individuals
 - b. Homeless individuals and families will be housed
 - c. Reduce discharges to homelessness from institutions including, but not limited to, hospitals and corrections facilities
 - d. Provide the highest level of treatment and supportive services in the St. Johns County area, utilizing unprecedented levels of public/private collaboration and adopting an innovative "best practice" model of service delivery
 2. Remain housed:
 - a. Ensure those who obtain permanent housing will maintain it for at least a year
 - b. Ensure those who obtain transitional housing will be self-sufficient enough to maintain housing on their own for at least six months after their subsidies have ended
 3. Less time homeless:
 - a. Significantly reduce amount of time a person is considered homeless from years and months to weeks and days
 - b. Rapid and successful re-housing of individuals and families to reduce the negative and short and long term effects of homelessness and to reduce the costs to the community associated with the longer episodes of homelessness
 4. Increase household income:
 - a. Homeless persons will obtain employment and become self-sufficient
 - b. Homeless persons will obtain benefit income
 5. Homeless children thrive:
 - a. Improve social and emotional functioning and educational needs of children and families in shelters and supportive housing

Chapter V: COMMUNITY HEALTH CARE CURRENT FUNDING OPPORTUNITY

- A. Community Health Care** - The Community Health Care funding category administers funds dedicated to providing the highest quality, consumer-friendly and cost-effective services to individuals with health care, mental health and substance abuse needs. HHS is responsible for the professional oversight, as well as fiscal

and contract administration, pertaining to the delivery of funded health care services. In this funding category of this FY 2015 RFP, the County only intends to fund services described in this section and are limited to those services and goals specifically described in this chapter.

HHS staff will negotiate agreements with those agencies whose proposals are recommended for funding, and subsequently approved by the Board of County Commissioners.

The general philosophy for services funded under the Community Health Care section is that related program services provided to eligible St. Johns County residents in need of health related services are both targeted and specialized. This vision is achieved through values that demonstrate the funded agencies' understanding of disparities in healthcare outcomes within traditionally underserved and low-income segments of our community who are often disenfranchised from medical care and social services. In doing so, funded health care services agencies will integrate the most up to date standards of care/guidelines. Further, the shared vision embraces the provider's commitment to the delivery of the highest quality clinical and social services available to the consumer. Finally, funded agencies providing health services will share in our philosophy, which is that the expected outcome from services received by consumers will produce and maintain self-sufficiency.

- B. Estimated Available Funds** - There is approximately **\$437,010.00** available for the Community Health Care funding category. These funds are estimates only, and are contingent upon the approved budget for FY 2015. Please note that the available funds listed above may be increased or decreased at any time without notice at the sole and absolute discretion of St. Johns County. Additionally, the County intends to fund one or more agency(ies) up to the estimated available dollar amount(s).
- C. Target Population** - The target populations are residents of St. Johns County who are in need of health care access, mental health and substance abuse services.
- D. Services** - This funding category commonly refers to a variety of services and interventions necessary to assist families and individuals in health care needs. Funded service categories under this funding category are health care access including primary care and dental care, substance abuse, and mental health. Substance abuse and mental health services must be implemented through Evidence-Based Practices (EBP).
- E. Desired Goals for the Community Health Care Funding Category** - This RFP includes specific service components that are required for a comprehensive system of care. The proposals presented in response to this RFP should address strategies to reach respective goals identified and how the agency will report outcomes to demonstrate the effectiveness of the program by quantifiable performance measures that are verified by a data source. 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 a 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
 - 2. Substance Abuse:
 - a. Increase % of the uninsured population's access to substance abuse services
 - b. Decrease rate of arrests for drug abuse
 - c. Decrease number of adults and children who abuse substances
 - d. Decrease driving under the influence arrest rates
 - 3. Mental Health:
 - a. Increase % of the uninsured adult population's and/or uninsured children population's access to mental health services
 - b. Increase % of clients that will improve social and emotional functioning after participation for a specified number of sessions or duration in the program, indicate how improvement will be measured and specify what constitutes significant change
 - c. Decrease the age-adjusted adult death rate and/or child death rate per 100,000 population due to suicide

Chapter VI: SUPPORTIVE SERVICES FOR EMPLOYMENT OPPORTUNITIES SECTION - CURRENT FUNDING OPPORTUNITY

- A. Supportive Services for Employment Opportunities** - The aim for the Supportive Services for Employment Opportunities funding category is to help individuals and families achieve economic and social stability that enables community self-sufficiency. The goal is to support and promote effective and easily-accessible community-based human services, assisting individuals/families in accessing and maintaining the resources necessary to achieve long-term physical health and economic stability. In this funding category of this FY 2015 RFP, the County only intends to fund services described in this section and are limited to those services and goals specifically described in this chapter.
- B. Estimated Available Funds** - There is approximately **\$133,712.00** available for the Supportive Services for Employment Opportunities funding category. These funds are estimates only, and are contingent upon the approved budget for FY 2015. Please note that the available funds listed above may be increased or decreased at any time without notice at the sole and absolute discretion of St. Johns County. Additionally, the County intends to fund one or more agencies up to the estimated available dollar amount(s).
- C. Target Population** - St. Johns County individuals and families who have barriers to economic stability, inadequate housing or threatened loss of housing, inadequate income or threatened loss of income, and/or lack of access to basic support.
- D. Services** - Services provided are responsive to emerging trends and needs within the community. Services may include, but are not limited to, child care, job training, self-sufficiency programs, rental assistance, interviewing skills, and personal hygiene and presentation coaching.
- E. Desired goals for the Supportive Services for Employment funding category** - This RFP includes specific service components that are required for a comprehensive system of care. The proposals presented in response to this RFP should address strategies to reach respective goals identified below and how the agency will report outcomes to demonstrate the effectiveness of the program by quantifiable performance measures that are verified by a data source. 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. Supportive Services for Employment Opportunities
 - a. Increase number of persons employed from being unemployed;
 - b. Increase number of persons who increase their wages resulting in transitioning off subsidized child care;
 - c. Provide assistance and opportunities to homeless/low-wage persons in securing employment opportunities to increase an individual's ability to maintain housing and live independently.

Chapter VII: AGING CURRENT FUNDING OPPORTUNITY

- A. Aging** - The Aging funding category is aimed to provide a comprehensive continuum of human & community services to the aging population. The goal is to help the aging population receive the services needed and to assist individuals in accessing and maintaining the resources necessary to achieve physical health and stability. In this funding category of this FY 2015 RFP, the County only intends to fund services described in this section and are limited to those services and goals specifically described in this chapter.
- B. Estimated Available Funds** - Approximately **\$163,063.00** is available for the Aging funding category. These funds are estimates only, and are contingent upon the approved budget for Fiscal Year (FY) 2015. Please note that the available funds listed above may be increased or decreased at any time without notice at the sole and absolute discretion of St. Johns County. Additionally, the County intends to fund one or more agency(ies) up to the estimated available dollar amount(s).
- C. Target Population** - Senior residents of St. Johns County, age 60 years and older, who need supportive care and/or in-home services.
- D. Services** - Services provided are responsive to emerging trends and needs within the community. Services that provide assistance to maintain a senior in-home or a non-institutionalized setting and enhance the senior's quality of life within the community can include, but are not limited to, personal care, homemaker, respite, case management, chores, home-delivered meals, transportation, congregate meals, outreach, and adult day care.

E. Desired goals for the Aging funding category - This RFP includes specific service components that are required for a comprehensive system of care. The proposals presented in response to this RFP should address strategies to reach respective goals identified and how the agency will report outcomes to demonstrate the effectiveness of the program by quantifiable performance measures that are verified by a data source. 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. Increase number of seniors who are able to remain in a non-institutionalized setting by receiving in-home and community based services;
2. Empower seniors to enjoy optimal health status and to have a healthy lifestyle, by sustaining health and wellness programs and initiatives;
3. Increase senior participation in evidence-based health promotion and disease prevention programs;
4. Maximize collaboration, outreach, and training to stop or prevent abuse, neglect, and exploitation of older and vulnerable adults.

APPENDIX I – Proposal Form Part I - Please provide responses to this proposal based on a twelve (12) month period October 1, 2014 through September 30, 2015 **for evaluation purposes**. The initial contract period for this RFP is anticipated to be January 1, 2015 or date of execution through September 30, 2015. Funding will be awarded for the nine (9) month period ending September 30, 2015. If a contract renewal is awarded and funded, then the renewal will be based on the twelve (12) month responses provided in this proposal.

Part I. AGENCY GENERAL INFORMATION

Section A. Funding Request Summary

1. Funding Category	2. Dollar Amount Requested
3. Total Dollar Amount Requested	

Section B. Applicant Agency Information

4. Agency Legal Name:	
5. Main Administrative Address:	
6. City & State:	7. Zip Code:
8. Office Telephone Number:	9. Fax Number:
10. E-mail Address:	11. Web Site:
12. CEO/Executive Officer:	13. CEO Office Phone Number:
14. Chief Financial Officer:	15. CFO Office Phone Number:
16. Contact Person's Name and Title:	17. Contact's Phone & Fax Numbers with area code:
18. Contact's Mailing Address, City, State, Zip Code:	19. Contact's E-mail Address:
20. Type of Entity (check all that apply): <input type="checkbox"/> Private Not-for-profit <input type="checkbox"/> Public Entity <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Other (specify) _____	
21. (State) licensed to do business in Florida (Only units of government can check N/A) Yes; No; N/A.	
22. Federal Identification Number:	

Section C. Certification of Accuracy and Compliance - I do hereby certify that all facts, figures, and representations made in the proposal(s) are true and correct. Furthermore, all applicable statutes, terms, conditions, regulations and procedures for program compliance and fiscal control, including but not limited to, those contained in the RFP will be implemented to ensure proper accountability of contracts. I certify that the funds requested in this proposal(s) will not supplant funds that would otherwise be used for the purposes set forth in this program(s) and are a true estimate of the amount needed to operate the proposed program(s). The filing of this proposal(s) has been authorized by the contracting entity and I have been duly authorized to act as the representative of the agency in connection with this proposal(s). I also agree to follow all Terms, Conditions, and applicable federal and state statutes.

	Witness Signatures	
Authorized Official's Signature		
_____	_____	_____
Print Authorized Official's Name	Witness Signature	Witness Signature
_____	_____	_____
Authorized Official's Title	Print/Type Witness Name	Print/Type Witness Name
_____	_____	_____
Date	Date	Date

Organizational Capability: Sections D and E

Section D. Common Questions

- 23. Provide a concise description of the responding agency, including its general mission statement, primary services provided, years of operation, history, and the capacity of the agency (or municipality) to undertake the proposed program. Response should include contracted program services provided within the past five (5) years and discuss how those program services are relevant to the proposal. If applicable, describe prior experience in the administration and program management of federal, state, and county funds.
- 24. What is the agency’s fiscal year? Beginning (mm/dd):_____ Ending (mm/dd): _____ .
- 25. Identify the most recent fiscal year (ending date) for which the agency’s financial statements have been audited by a Certified Public Accountant: (mm/dd/yy) _____.
- 26. Does the agency carry Commercial or General Liability insurance? (Public Entities may check “n/a”).
 Yes, No N/A If yes, indicate the amount: \$ _____
 If no, or if the amount is less than \$500,000, is the agency able to purchase \$500,000 Commercial or General Liability insurance by execution of the Agreement? Yes, No
- 27. Does the agency carry Professional Liability insurance? (Public Entities may check “n/a”).
 Yes, No N/A If yes, indicate the amount: \$ _____
 If no, or if the amount is less than \$1,000,000, is the agency able to purchase \$1,000,000 Professional Liability insurance, if applicable, by execution of the Agreement? Yes, No.

Section E. Additional Questions

- 28. If a Not-for-profit, enter CEO/Executive Director’s salary: \$_____. If a Public Entity, enter Program Director’s salary: \$_____.
- 29. Describe the agency’s experience in addressing cultural competence in the organization’s practices and service delivery. In your answer, address the following: How is your agency’s guiding principles and standards of cultural competency consistent with the needs of the target population? How does the agency practice individual culturally appropriate care planning? Describe the training provided to the agency’s staff to ensure cultural competency in service delivery.

30. List the agency’s funding sources, including those from fund-raising efforts. State the annual amount from each source and the number of years the agency has received funds from each source. (Add rows, as necessary)

Funding Source	Annual Revenue	Number of Years

- 31. List all names and addresses of entities and individuals that have an ownership interest, and the percentage of each ownership interest, in the agency.
- 32. List names and addresses of all entities with whom the agency has any ownership interest, other than a publicly traded corporation.

PLEASE NOTE: If, in responding to Items 33 through 38, an agency indicates there has been no litigation, regulatory action, corrective action or unexpended funds, and the HHS is aware that this is not true, the proposal will, at the Department’s discretion, be withdrawn from consideration for funding.

33. Has there been litigation or regulatory action (including, but not limited to civil judgments for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public {Federal, State, or local} transaction or contract under a public transaction; violation of a Federal or State antitrust statute; embezzlement, theft, forgery, bribery, falsification, or destruction of records; or false statements or receipt of stolen property, presently indicted or otherwise criminally or civilly charged by a government entity {Federal, State, or local} with commission of any of the offenses enumerated above, investigation and license suspension, or revocation) filed against the agency, board members, executive staff and other key personnel, in addition to entities listed under Item Nos. 31 and 32? Yes, No N/A

If “Yes”, provide a statement of any litigation or regulatory action that has been filed against the agency, board members, executive staff and other key personnel in addition to entities listed under Item Nos. 31 and 32 in the last three (3) years. Indicate if the agency has had any public transaction (Federal, State or local) terminated for cause or default within the three-year period preceding the application. Include the style of the case, case name, case number and court name. Additionally, provide the court status of the litigation or regulatory action, and if complete, state the resolution of the action. If none has been filed, than simply provide a statement to that effect.

34. Has the agency, including all entities listed under 31 and 32 above, been placed on a Corrective Action Plan, within the past three (3) years, with St. Johns County? Yes, No N/A

Describe the nature of the Corrective Action(s) and the Corrective Action(s) implemented by the agency.

35. Has any program/service proposed in Part II of this Proposal Form been operated, in whole or in part, by the agency through a funding source other than the HHS within the past three years?
 Yes, No If “No”, proceed to question 36. If “Yes,” proceed to 35a.

a. If “yes”, has the Applicant Agency been placed on a Corrective Action Plan related to the services with any other funding organization within the past three (3) years?
 Yes, No If “No”, proceed to question 36. If “Yes,” proceed to 35b.

b. If yes, identify the funding organization and describe the corrective action implemented by the agency.

36. Has the HHS ever alleged that the agency, including all entities listed under 31 and 32 above, owes any money, including pursuant to a promissory note, to St. Johns County in conjunction with the HHS, including its divisions/offices, as a result of non-completion of a program within the past three (3) years?

a. Yes, No If “Yes”, proceed to Item 36b. If “No”, proceed to Item 37.

b. If yes, has the amount alleged due been paid in full? Yes, paid in full. Alternatively, is the agency current in the payment of a promissory note? Yes, payments are current.

If neither of the above statements in “36b” is true, check No.

If 36b is “No”, signifying that funds are still owed and payments are not current, the proposal will be fatally flawed, and the agency will not be eligible for an award pursuant to this RFP.

37. Has the agency, including all entities listed under nos. 31 and 32 above, requested forgiveness of a loan within the past three (3) years from St. Johns County, in conjunction with the HHS, including its divisions/offices?
Yes, No N/A

38. Has the agency been awarded funds by SJC through HHS, within the past 3 years?
- ___ Yes, ___ No ___ N/A
 - Has the agency underutilized any of these awarded funds within the past 3 years? If "Yes", List all contracts that may apply in chart (add rows as necessary):

Date of Execution	Dollar amount awarded	Dollar amount expended	Utilization Percentage

- Does the agency collect and verify client family income? ___ Yes, ___ No
 - If yes, describe the process.
- Does the agency charge clients for services? ___ Yes, ___ No
 - If "yes", are clients charged according to a sliding fee scale? ___ Yes, ___ No
 - If yes, enter the agency's cost or sliding fee scale for services. Include the percent of the poverty level at which the agency begins to collect fees.
- Does the agency bill Medicaid, private insurance, or any other third party for services?
___ Yes, ___ No
 - Will Medicaid, private insurance, or any other third party be billed for any part of the proposed services?
Yes, ___ No. If yes, explain.

Section F: Organizational Attachments - The Organizational Attachments listed below do not count against the page limitation on the Proposal responses to items 1 through 41.

A. Agency Verification form must be included as Attachment "A." <i>Applicable to ALL.</i>
B. Public Entities Crime Act Affidavit must be included as Attachment "B". <i>Applicable to ALL.</i>
C. Drug Free Work Place Policy must be included as Attachment "C". <i>Applicable to ALL.</i>
D. Non-Discrimination Policy Certification must be included as Attachment "D". <i>Applicable to ALL.</i>
E. List of Board of Directors should be included as Attachment "E". <i>Not applicable to Public Entities.</i>
F. Organizational Chart should be included as Attachment "F". <i>Applicable to ALL.</i>
G. Scrutinized Companies Certification should be included as Attachment "G". <i>Applicable to ALL.</i>

Submit these attachments as an appendix to Part I of the proposal. Include all that are applicable to the responding agency. The items identified as Attachments "A" through "G" are required with the proposal. If attachments "A" through "G" are not submitted or are missing from the proposal submission, this action will result in point deductions.

The pages that follow contain the attachments, sample policies and in some cases placeholders for the agency's own attachment.

Attachment "A"
Agency Verification

Name of Applicant Agency: _____

I hereby certify that:

1. I am duly authorized to sign this Proposal and have full authority to legally bind the bidder to the provisions in the Proposal for the above Agency.
2. I have participated in and/or read the information provided in this proposal and agree to the terms and conditions in the proposal.
3. Quotations and all other responses in this proposal are to the best of my knowledge, accurate and true.
4. I recognize that failure to be truthful in this proposal may result in the canceling of a contract award.
5. I understand that St. Johns County will award a contract that is most advantageous to St. Johns County, taking all other factors into consideration.
6. I certify that all persons, companies or parties interested in the proposal, made it without collusion with any other person, persons, company or parties submitting a proposal and that it is in all respects made in good faith.
7. I certify that **NO** litigation is threatened or pending which could impair this Agency's ability to fulfill the provisions of this proposal.
8. I certify that **NO** adverse action is pending or threatening by any regulatory, licensing, or oversight Agency which could impair the Agency's ability to fulfill the provisions of this proposal.
9. The Agency Board of Directors has approved this proposal at a meeting on _____ (*insert date*). If approval is pending at the time of submission, please check here _____.
10. All Agency decisions regarding recruitment, hiring, promotions, releases, and conditions of employment will be made without regard to consideration of race, creed, religion, gender, country of national origin, age, physical or mental handicap, marital status or any other factor that cannot lawfully be used as a basis for an employment decision.
11. The Agency agrees to negotiate, if deemed necessary, with the HHSAC and SJC to refine services levels, procedures, objectives, budget, and any other relevant matter for incorporation into an Agreement.
12. The budget included in this proposal is a reasonable estimate of the anticipated revenues and expenditures for the activities proposed.
13. Any of the following documents are available upon request by the HHSAC or SJC and will be produced by the Agency within five (5) work days and may not need to be submitted with this proposal:
 - a. Agency Bylaws
 - b. Personnel Policies and Procedures
 - c. Job Descriptions
 - d. Licenses to Operate Agency/Program

If any of these statements cannot be made, please explain on a separate 8 1/2 x 11 sheet of paper and attach to this form.

OFFICIAL AUTHORIZED TO
SIGN AND BIND Agency TO
PROPOSAL:

WITNESS SIGNATURES:

Signature

Signature

Name (Print or Type)

Name (Print or Type)

Title (Print or Type)

Date

Date

Signature

Name (Print or Type)

Date

Attachment "B"
Public Entities Crimes Affidavit
SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with a proposal to the Human Services Department. This sworn statement submitted by _____ whose business address is _____
(Name of entity submitting sworn statement)

And (if applicable) its Federal Employer Identification Number is _____.

- My name is _____ and my relationship to the entity named above is _____
(Print name of individual signing)
- I understand that a "public entity crime" as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
- I understand that "convicted" or "conviction" as defined in paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
- I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes means:
 - a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of the affiliate. The ownership by one person of shares constituting a controlling interest in another person, or pooling of equipment of income among persons when not for fair market value under an arm's length agreement, shall be prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
- 2. I understand that a "person" as defined in paragraph 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bids on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an entity.
- 3. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. *(Please indicate which statement applies).*
 - Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND *(Please indicate which additional statement applies).*
 - There has been proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. *(Please attach a copy of the final order).*
 - The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. *(Please attach a copy of the final order).*
 - The person or affiliate has not been placed on the convicted vendor list. (Please describe an action taken by or pending

with the Department of General Services).

(Signature) (Date)

STATE OF _____
COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____
(Name of individual signing)

who, after first being sworn by me, affixed his/her signature in the space provided above on the _____
day of _____, 20_____.

NOTARY PUBLIC, State of Florida

My commission expires _____ .

Attachment "C"
Drug Free Workplace Certification

The undersigned Agency hereby certifies that it will provide a drug-free workplace program by:

- (1) Publishing a statement notifying its employees that unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- (2) Establish a continuing drug-free awareness program to inform its employees about the following:
 - (i) The danger of drug abuse in the workplace;
 - (ii) The offeror's policy of maintaining a drug-free workplace;
 - (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (3) Giving all employees engaged in performance of a contract a copy of a statement required by subparagraph (1);
- (4) Notifying all employees, in writing, of the statement required by subparagraph (1), that as a condition of employment on a covered contract, the employee shall:
 - (i) Abide by the terms of the statement; and
 - (ii) Notify the employer in writing of the employee's conviction under criminal drug statute for a violation occurring in the workplace no later than five calendar days after such conviction;
- (5) Notifying St. Johns County government in writing within 10 calendar days after receiving under subdivision (4) (ii) above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
- (6) Within 30 calendar days after receiving notice under subparagraph (4) of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
 - (i) Taking appropriate personnel action against such employee, up to and including termination;
 - (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purpose by federal, state, or local health, law enforcement, or other appropriate agency; and
- (7) Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs(1) through (6).

(Agency Signature)

(Print Agency Name)

STATE OF _____
COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____ (Name of individual signing) who, after first being sworn by me, affixed his/her signature in the space provided above on the ____ day of _____, 20__.

NOTARY PUBLIC, State of Florida

My commission expires _____.

Attachment "D"
Non-Discrimination Policy Certification

The Agency _____ certifies:

1. It will comply with all nondiscrimination provisions of Title VII of the Civil Rights Act of 1964, as amended by the Civil Rights Act of 1991, the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008, the Age Discrimination in Employment Act of 1967, as amended, Veterans' Readjustment Act of 1974, as amended, the Florida Civil Rights Act, as amended, and shall not engage in, or commit any discriminatory practice, in violation of these federal and state laws, county ordinances, and any rules and regulations promulgated thereunder, in: 1) the performance of any Agreement with St. Johns County; 2) the solicitation for or purchase of goods or services relating to any Agreement with St. Johns County; or 3) subcontracting work in the performance of any Agreement with St. Johns County.
2. In making decisions regarding the delivery of services under any Agreement with St. Johns County, the agency shall not unlawfully discriminate based on race, color, religion, sex, national origin, age, marital status, political affiliation, familial status, disability, sexual orientation, pregnancy, gender identity and expression, or any other factor which cannot be lawfully used as a basis for service delivery. Moreover, the agency shall not unlawfully discriminate against any person in its operations and activities, or its use or expenditure of funds, in fulfilling its obligations under any Agreement with St. Johns County.
3. It, and its employees, will, pursuant to the applicable titles of the Americans with Disabilities Act and other applicable nondiscrimination laws, ordinances, rules and regulations, as amended, support through policy, procedure, and action the right of disabled persons, prospective applicants, employees, persons served and other qualified individuals, to equal access to services and employment in the provision of its programs, services, and activities. More specifically:
 - a. The agency will work to include individuals with disabilities and not segregate individuals with disabilities into separate programs, services, and activities. Should separate programs, services, and activities exist, a qualified individual will not be denied participation in other programs, services, and activities upon request.
 - b. The agency will provide reasonable modifications and accommodations, upon request, that do not cause an undue administrative or financial hardship on the agency.
 - c. The agency will provide a grievance policy and procedures, upon request, to any qualified individual who may feel that they did not receive a reasonable accommodation or modification as requested.It agrees to utilize all available staff to the fullest in providing services under any Agreement with St. Johns County, regardless of race, color, religion, sex, national origin, age, marital status, political affiliation, familial status, disability, sexual orientation, pregnancy, gender identity and expression, and veteran status. In addition, it is the policy of the agency to grant equal employment opportunities to all qualified persons without regard to the factors listed herein.
4. It is the policy of the agency to ensure its employees, and persons served under any Agreement with St. Johns County, are free from sexual harassment and from retaliation, should they file a charge or complaint or assist in an investigation resulting from the filing of a charge or complaint about an unlawful employment or other discriminatory practice.
5. It has written nondiscrimination policies that apply, but are not limited to, employment advertising, recruiting and hiring, employment, placement, promotion, transfer, selection for training, rates of pay, and layoff or termination, and all its employees are informed and trained as to the agency's nondiscrimination policies.
6. It agrees to comply with all provisions of applicable federal, state, and local equal opportunity laws, orders, rules, and regulations, and will cooperate with St. Johns County and all applicable government agencies established to investigate and enforce compliance with nondiscrimination laws, county ordinances and applicable rules and regulations.
7. It has designated, or agrees to designate, its Executive Director or other high-level employee, to be responsible for ensuring compliance and adherence with its nondiscrimination policies. In addition, the agency agrees to ensure its supervisors are responsible for using all practical means to implement the agency's nondiscrimination policies within all departments or workgroups.
8. It will review, at least annually, the status of its policies, make changes as necessary, and re-emphasize nondiscrimination.

- 9. It will comply with the provisions of the Family and Medical Leave Act of 1993 and the rules promulgated thereunder.
- 10. It has not been placed on the discriminatory vendor list as provided in §287.134, Florida Statutes, as amended.
- 11. It will provide to St. Johns County, including any person designated by the County in writing or by contract, copies of all its nondiscrimination policies for review, and approval if necessary, upon request of the County or such designated person.
- 12. The agency certifies that all its nondiscrimination policies have been approved by its Board of Directors or other governing authority, and are in full force and effect as of the execution date of this certification.

The person signing below certifies the representations above are true and correct, and he/she is authorized to execute this certification, which when signed shall be binding upon the agency.

Authorized Signature: _____
 (Signature) (Date)

 (Print/Type Name and Title of Authorized Signature)

ATTEST BY:

 Signature

 Print/Type Name Above

Attachment "E"
List of Board of Directors
Names, Addresses and Professions

Not applicable to Public Entities.

Names

Addresses

Professions

**Attachment "F"
Organizational Chart**

Applicable to ALL.

Attachment "G"
Scrutinized Companies Certification

Applicable to ALL.

THIS FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO AWARD. FAILURE TO SUBMIT THIS FORM AS INSTRUCTED, SHALL DEEM THE PROPOSAL NON-RESPONSIVE.

The agency, by virtue of the signature below, certifies that:

- a. The agency, owners, or principals are aware of the requirements of Section 287.135, Florida Statutes, regarding Companies on the Scrutinized Companies with Activities in Sudan List or on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
- b. The agency, owners, or principals, are eligible to participate in this solicitation and not listed on either the Scrutinized Companies with Activities in Sudan List or on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
- c. If awarded the Contract, the agency, owners, or principals will immediately notify the COUNTY in writing if any of its principals are placed on the Scrutinized Companies with Activities in Sudan List or on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

(Authorized Signature)

(Print Name and Title)

(Name of Firm)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (name of person whose signature is being notarized) as _____ (title) of _____ (name of corporation/entity), known to me to be the person described herein, or who produced _____ (type of identification) as identification, and who did/did not take an oath.

NOTARY PUBLIC:

(Signature)

State of _____ at Large (SEAL)

(Print name)

My commission expires: _____

APPENDIX II – PROPOSAL FORM Part II - Please provide responses to this proposal based on a twelve (12) month period October 1, 2014 through September 30, 2015 **for evaluation purposes.** The initial contract period for this RFP is anticipated to be January 1, 2015 or date of execution through September 30, 2015. Funding will be awarded for the nine (9) month period ending September 30, 2015. If a contract renewal is awarded and funded, then the renewal will be based on the twelve (12) month responses provided in this proposal.

Section A. Program Information

42. Agency Name:	
43. Funding Category:	
44. \$ Amount Requested:	

45. Program Status: ___ New ___ Renewal ___ Expansion ___ Enhancement

46. If this request is for renewal, expansion, or enhancement, how many years has it already been funded? What is the current contract amount? _____.

47. What is the target population to be served, including presenting problems and/or special conditions? Describe the Agency’s ability to access this target population and identify the source(s) of referrals to the program.

48. Describe program participant eligibility by answering each of the following four questions:
a. Gender: ___ No restriction, or ___ Male only ___ Female only
b. Age: ___ No restriction, or _____ 0-5, _____ 6-10, _____ 11-14, _____ 15-17(21), _____ Adult
c. Income: ___ No restriction, or ___ Below a given percentage of the federal poverty level:
_____ 100% ___ 133% ___ 150% ___ 185% ___ 200% or ___ Other (specify): _____
d. Residence: ___ No restriction, ___ St. Johns County, ___ City: _____
Other (specify area): _____

49. Identify the racial/ethnic characteristics of the population anticipated to be served.

African American	%	Haitian	%
American Indian	%	Hispanic	%
Asian	%	Other/Unknown	%
Caucasian	%		

50. Identify the racial/ethnic characteristics of Agency’s staff.

African American	%	Haitian	%
American Indian	%	Hispanic	%
Asian	%	Other/Unknown	%
Caucasian	%		

51. Total number of unduplicated clients/participants to be served between October 1, 2014 and September 20, 2015 (Fiscal Year 2015). FY15: _____.

52. Does the proposed program implement an Evidence Based Practices (EBP) Model? ___ Yes; ___ No; If “yes,”

- Insert the name of the EBP model.
- Demonstrate your understanding of the EBP including a description of its main principles, and components. Indicate how the EBP will be implemented.
- Identify if any of the components are not intended to be used for the proposed services. If applicable, explain why the components are not intended to be used.
- Explain why this EBP was chosen from among those approved to address the needs of the target population in this proposal.
- Does the Agency employ a sufficient number of staff already trained in the EBP to implement the services for the proposed number of clients? If not, describe the plan to address this need.

- Typically, staff needs assistance to maintain fidelity to the model throughout the course of the proposed program. Describe the plan to maintain fidelity.

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.

Section B. Service Information

54. List the specific services to be provided by this requested program and the number of client/participants that will receive each service. Note that all services identified must be consistent with the identified program or service intent within the appropriate chapter of this RFP. All services needed for outcome attainment must be identified. A client or participant may only be counted once on a service line so that the number of clients or participants served must be an unduplicated client count on each service line. Rows may be added, if there are additional services in the proposed program.

Service Name and Description	Number of clients or participants to be served

- 55.** Describe the Agency’s experience, if any, in providing these services and in providing the services to the proposed target population. Include any proven outcome(s) resulting from the services.
- 56.** Where will the services be provided? Identify specific address for office locations, schools, parks, churches and/or community centers. If in-home services are provided, identify the city(ies) or neighborhood(s) in the intended service area. Describe how the location(s) identified will reach the specified target population.
- 57.** When will the services be provided? Identify the days of the week and hours of operation. Identify the average length of contact for each client/participant.
- 58.** Is the Agency accredited? ___Yes ___ No. If yes, by whom: _____.
 Level of Accreditation: _____; Period of Accreditation: _____. *State the relevance of this accreditation to the proposed program/services.*
- 59.** Include a detailed plan on how the Agency will ensure that all funds awarded as a result of this RFP will be fully utilized. Include how the Agency proposes to monitor service utilization, cost containment, make program adjustments as a result of both under and over utilization and include a plan on communicating with County staff regarding expenditures.

Section C. Proposed Staff Information

60. Describe how the program will be staffed. List all positions and the number of each, that will be providing direct and support services. Include the job title (which should match your budget narratives), minimum education, training and experience requirements, primary duties, and the percent of each position's time that will be devoted to this program. Attach a résumé or job description for the proposed Program Manager/Director and each proposed position that will provide direct services. If licensed, provide a copy of the license. Number these attachments as **Program Document 1, 1a, 1b, etc.**

<u>Position/ Job Title</u>	<u>No. of Each Position</u>	<u>Minimum Degree</u>	<u>Training and Experience</u>	<u>Duties</u>	<u>Percent of time devoted to the Program</u>	<u>License (Yes or No)</u>

Section D. Program Outputs and Outcomes

61. Provide a list of the output objectives for the proposed program/services.

62. Program Outcomes and Measures: Complete the Outcome Chart by identifying at least two (2) outcomes, or benefits to client/participants, for the proposed program/services. Include any required outcomes in the chosen funding category. Each outcome must be supported by at least one indicator and identification of the measurement that will be used to verify that the benefit has occurred. If any data source is a standardized measurement tool, attach it as **Program Document 2**.

<u>Program Type</u>	<u>Activities</u>	<u>Outcomes</u>	<u>Indicators</u>	<u>Data Source(s)</u>	<u>Data Collection Method</u>

Section E. Additional Program Information

63. If the Agency is seeking renewal, expansion, or enhancement of a program funded through the HHS during the previous fiscal year, attach the most recent semi-annual outcome report as **Program Document "3"**.

If this proposal is for services that were not funded through the HHS during the fiscal year ending September 30, 2014, then check here: N/A ____.

64. Describe how the Agency collaborates with other organizations within their system of care, and across systems to ensure that the full range of the client's needs is addressed. Describe how the collaboration completes, expands or enhances a continuum of care. Describe how the collaboration eliminates duplication of services, or better integrates services. Describe the efficiencies or economies of scale that will result from the collaboration.

65. Does implementation of the proposed program/services include collaboration with one or more other agencies? ___ Yes, ___ No. If "Yes", attach an Interagency Agreement(s) identifying the lead agency in the collaboration & outlining the specific responsibilities of each partner agency as **Program Document(s) "4"**.

Section F. PROGRAM BUDGET INFORMATION - Please provide a 12 month annual budget request. Note – The first year of award will be an amount based on a 9 month service period.

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. Consultants, Contractors, and other Professional Fees			
9. Other			
C. Subtotal Non-Personnel			
D. TOTAL PERSONNEL + NON PERSONNEL (A+B)			
E. ADMINISTRATIVE COSTS (maximum 15% of C, above)			
F. TOTAL EXPENSES (C+D=E)			

67. Budget Narrative for Requested Funding Fiscal Year 2015

Identify the expense, amount, and provide a narrative description (justification) for each expense category and line item included in the Requested Funding column (1) in the Budget Summary form, item no. 66.

<u>EXPENSE</u>	<u>\$ AMOUNT</u>	<u>NARRATIVE (JUSTIFICATION)</u>

68. Budget Narrative for Other Funding Fiscal Year 2015

Identify the expense, amount, and provide a narrative description including the source of funding for each line item included in the Other Funding column (2) in the Program Budget Summary form, question no. 66.

<u>EXPENSE</u>	<u>DOLLAR AMOUNT</u>	<u>NARRATIVE</u>

Additional program documents are required in certain service categories:

If agency is a substance abuse provider, attach a copy of the certificate from the State of Florida, Department of Children and Families certifying that the Agency is licensed to provide the level(s) of substance abuse services proposed as **Program Document 5**.

Following this page, attach any applicable Program Documents.

Program Document "1"
Resume and Job Description

Attach the resume of the Program Manager and proposed direct services positions, and a job description for the position(s).

Program Document "2"
Standardized Measurement Tool(s)

If one or more outcomes will be measured with a standardized measurement tool, attach a copy of the tool(s).

Program Document "3"
Outcome Report

If the program/service(s) for which funds are being requested was funded through the HHS during the previous fiscal year, attach the most recent quarterly outcome report as **Program Document "3"**.

Program Document "4"
Interagency Agreement

SAMPLE

Partners: (Your agency name) and partner agencies (for example, the Department of Juvenile Justice, the School Board, etc.) agree to collaborate to produce the (program title) by sharing resources, including:
_____.

Program Summary: The (program title) will target (describe age, race, gender, and behavior criteria for program admission). (List the services to be provided.) (Identify where the services will be delivered, for example, at a particular school, at home, at a community center.) (Identify some anticipated outcomes.)

Partner Responsibilities: In order to ensure the effective delivery of this program (your agency name) agrees to provide the following: (List your agency's responsibilities that will directly result in the implementation, delivery and evaluation of this program). For example:

1. Advertise and hire staff necessary to implement the program
2. Provide office space and equipment for program staff
3. Secure agreements for use of classroom space and gym at (school location) for service delivery.)

Etc. Continue to list any appropriate responsibilities

List the responsibilities of each partner agency that will directly result in the implementation, delivery, and evaluation of this program. Include the sharing of data and information necessary to measure the effectiveness of the program. Include contributions that will be used as any part of the required match.

For example, The Department of Juvenile Justice agrees to:

1. Provide data on youth admitted to the program regarding the number of referrals to DJJ prior to, during, and after program completion.
2. Provide a guest speaker for a seminar on the juvenile justice system.

Dates enforced: The below signatories agree to contribute the above responsibilities to this program during the year October 1, 2014 through September 30, 2015.

Signatures: The director, CEO, or designee empowered to commit the resources from each agency should sign the agreement.

(Your agency director)

Date

(Other agency director)

Date

Program Document "5"
Agency and Professional Licenses

If agency is licensed or certified, provide a copy of the license or certificate certifying that the Agency is authorized to provide the level(s) of services proposed is attached.

APPENDIX III – PROPOSAL INSTRUCTIONS - Instructions for Part I and Part II - To apply for FY 2015 Services in any advertised funding category, please complete and submit the Request for Health and Human Services, included in this RFP as Appendices I and II, according to the following instructions.

The information, documents and materials submitted in the proposal must be complete and accurate in all material aspects. All proposals must contain direct responses to the questions or requests for information and be organized so that specific subject areas being responded to are readily identifiable and in the same sequence as outlined. Responses to each numbered request for information must begin with the question or request repeated at the beginning of the response. The responses shall contain a certification by the agency that its response to this RFP contains full disclosure and is complete and accurate in all material respects.

Narrative responses should use no smaller than 11-point type, comparable to these instructions. Maintain one-inch margins and number each page of the response beginning with the Agency General Information (Cover Sheet) as page number 1. There are no limits placed on the length of the response to each individual item. However, the completed proposal responses to Part I (items 1 through 41), must total no more than eight (8) pages. The completed proposal responses to Part II (items 42 through 68) must total no more than an additional 25 pages. Agencies applying in more than one funding category should complete Part I only once, but must submit a separate response to Part II for each funding category in which the agency is proposing to provide services. Points will be deducted from the proposal rating if these page limitations are exceeded for either Part I or Part II. The page limitations do not include the attachments or program documents that will also become part of the completed proposal. **A complete proposal must include:**

- One (1) bound original proposal and seven (7) bound complete copies, both of which shall contain the Proposal Form, Part I – Agency General Information, including all organizational attachments; and Part II – Specific program information, including program documents, for each funding category in which an agency is requesting funds; and
- Conflict of Interest - Without breaching confidentiality include:
 - a) a statement indicating whether any clients are currently involved or anticipate being involved in proceedings or transactions involving St. Johns County as an adverse party, and
 - b) a description of any existing, potential or apparent conflicts of interest for the agency or its employees pertaining to St. Johns County from the date hereof.

The bound original and bound complete copy of the proposal should be in separate binders or 3-ring notebooks, tabbed by section with the name of the agency and the funding category and the designation "original" or "complete copy" clearly marked on each outside cover. If proposals are placed in other than binders or 3-ring notebooks, neither SJC nor HHS is responsible for lost or missing components of the proposal during the evaluation process. The original and all copies of the proposal should then be **securely sealed and clearly marked outside the container** with the **agency name, funding category, and "Sealed Proposal for RFP #14-90 HHS Funding Availability."**

PART I: AGENCY GENERAL INFORMATION for ALL PROPOSING AGENCIES - Items 1 through 41 seek information about the agency applying for funds, certification of the accuracy of the information provided in all three parts (including any additional Part IIs), confirmation of the agency's willingness to comply with the terms and conditions identified in the proposal material and the specific funding category(ies), contact person information, the amount being requested, information about the organizational capability, prior experience, fiscal management system, funding and fund-raising sources, certifications, any corrective action and/or litigation, insurance information, and client or third party fees. Additionally, Part I includes any applicable organizational attachments (A through H).

AGENCY GENERAL INFORMATION includes Sections A thru G, as applicable. Limit responses to items 1 through 41 to eight [8] pages.

Section A. Funding Request Summary - For specific information on available funding categories, please reference chart on page 3 of this solicitation.

Funding Category: Insert the advertised funding category in which funds are being requested.

Dollar (\$) Amount Requested: Please provide responses to this proposal based on a twelve (12) month period October 1, 2014 through September 30, 2015 **for evaluation purposes.** The initial contract period for this RFP is anticipated to be January 1, 2015 or date of execution through September 30, 2015. Funding will be awarded for the nine (9) month period ending September 30, 2015. If a contract renewal is awarded and funded, then the renewal will be based on the twelve (12) month responses provided in this proposal.

Total Amount Requested: Identify the total amount of funds being requested. A *sample* Funding Request Summary could look like the following:

1. Funding Category	2. \$ Amount Requested
Aging	\$200,000
Health Care Access	\$12,000
3. Total Amount Requested	
	\$212,000

In the above scenario, the agency would need to complete and provide by the proposal deadline:

- One Part I (items 1 through 41) and applicable Attachments "A" thru "G";
- One Part II (items 42 through 68), with applicable program documents;

Section B. Agency Information - For items 4 through 22, enter **ALL** the requested agency and personnel information.

Section C. Certification of Accuracy and Compliance - Type or print the name and title of the CEO or other person authorized to legally bind and negotiate on behalf of the agency. Have that official affix their "original signature," in ink other than black on the line provided for the "Authorized Official's Signature." The date may be printed or typed. The signature must be verified by two (2) witnesses. The omission of any of these three (3) original signatures will result in a fatal flaw and the proposal will be withdrawn from further funding consideration.

Section D. Organizational Capability

23. Provide a concise description of the agency, including its general mission statement, primary services provided, years of operation, history, and the capacity of the agency (or municipality) to undertake the proposed program. Response should include contracted program services provided within the past five (5) years and discuss how those program services are relevant to the proposal. If applicable, describe prior experience in the administration and program management of federal, state, and county funds. If the agency plans to subcontract any funds for services included in this proposal, review the paragraph on Collaboration Requirements in Chapter III Section D and answer Item 25 for each agency that would receive funds. (One page per additional agency may be used and numbered 2a, 2b etc. These additional pages will not count against the 8-page limit for Part I.)
24. Identify the beginning date (month and day) and ending date of the agency's fiscal year.
25. Identify the most recent fiscal year (month, day and year) for which the agency's financial statements have been audited by a Certified Public Accountant. Be prepared to attach the audit and any management letters generated by it, to the completed proposal.
26. State whether the agency carries commercial or general liability insurance in the minimum amount of five hundred thousand dollars (\$500,000) per occurrence and One Million Dollars (\$1,000,000) annual aggregate. Governmental agencies may check "n/a." If "yes", identify the amount of liability insurance carried by the agency. If "no" or if the amount of commercial or general liability insurance is less than \$500,000 and \$1,000,000 annual aggregate, state whether the agency is able to purchase those minimum amounts by execution of the agreement.
27. St. Johns County Risk Management Division may require **Professional Liability Insurance** for providers of some services. If sufficient Professional Liability Insurance is not currently maintained by the agency, or if the amount is less than \$500,000, is the agency able to purchase \$500,000 Professional Liability insurance, if applicable, by execution of the Agreement?

Section E Additional Organizational Questions

- 28.** Enter the applicable salary figure.
- 29.** Describe the agency's experience in practicing cultural competence. In your answer, address the following: How are the agency's guiding principles and standards of cultural competency consistent with the needs of the target population; how the agency practices individual culturally appropriate care planning; and describe the training provided to the agency's staff to ensure cultural competency in service delivery. For additional assistance and guidance in responding to the cultural competency guidelines in this RFP, agencies may refer to the CLAS website, located at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>.
- 30.** Using the table, identify the agency's major funding sources and the amount that each funding stream contributes to the agency's annual budget. Major funding sources are those that provide the agency revenue of \$5,000 or more annually.
- 31.** List all entities that have an ownership interest in the agency.
- 32.** List all entities in which the agency has any ownership interest, other than a publicly traded corporation. Note: If, in responding to items 33 through 38, an agency indicates there has been no litigation, regulatory action, corrective action, or underutilization of agreements/ contract(s) funded by St. Johns County, and the HHS is aware that this is not true, the proposal will, at the Department's discretion, be considered a fatal flaw, and the proposal will be withdrawn from further funding consideration.
- 33.** Provide a statement of any litigation or regulatory action(s) from a federal, state or local agency (including, but not limited to investigations and license suspension, or revocation) that has been filed against the agency (including all entities listed under items 31 and/or 32) in the last three years. Include the style of the case, case name, case number, and court name. Additionally, provide the court status of the litigation or regulatory action(s), and if completed, state the resolution of the action(s). If none has been filed, than simply provide a statement to that effect.
- 34.** If no agreements between the HHS or any of its divisions and the agency (including all entities listed under items 31 and/or 32) have been placed on Corrective Action within the past three (3) years, check "No". If the agency (including all entities listed under items 31 and/or 32) has had no agreements with the HHS or any of its divisions within the past three years, check "N/A". If one or more agreements have been placed on Corrective Action, check "Yes", enter the contract number(s), and describe the nature of the Corrective Action(s) and the Corrective Action(s) implemented by the agency.
- 35.** Complete parts a., b., and c. as applicable. List and describe any corrective actions required of the agency within the past three (3) years, by any other funding organization, with respect to any program or services for which funds are being requested.
- 36.** a. If no funds have been alleged by the HHS or any of its divisions to be owed by the agency (including all entities listed under items 31 and/or 32) within the past three (3) years, check "No" and proceed to item 37. If the HHS has alleged that the agency (including all entities listed under items 31 and/or 32) has owed funds because of non-completion of a program within the past three (3) years, check "yes" and proceed to item 36b. If the amount alleged to be owed has either been paid in full, or the payments based on a promissory note are current, check "yes." If funds are currently owed, AND payments are not current, the agency is ineligible to apply for funds, and the proposal, if submitted, will be withdrawn from further funding consideration.
- 37.** If the agency (including all entities listed under items 31 and/or 32) has had no agreements with the HHS or any of its divisions within the past three years, check "N/A". If agreements have existed, but no forgiveness of a loan has been requested by the agency (including all entities listed under items 31 and/or 32), check "No". If forgiveness of a loan has been requested by the agency (including all entities listed under items 31 and/or 32), check "Yes".
- 38.** If the agency has received funds from the St. Johns County HHS within the past 3 years of the due date of this solicitation, indicate "Yes." If no funds were received, indicate "No." If agency has never received funds from St. Johns County HHS check "N/A".

It is important the agency provides the date of contract execution. The date of contract execution is the date the contract was signed the St. Johns County designated authority, which could be any of the following: the St. Johns County Board of County Commissioners (Chair or Vice Chair), the County Administrator, or the Director of Purchasing.

Use the following example to calculate the utilization percentage: If the agency was awarded \$100,000 to provide services the St. Johns County HHS in August, 2013 and only \$75,000 was utilized, the utilization percentage would be 75%.

39. If "a" is "yes," then provide a response in part "b." Identify the information or documents that are collected and describe how they are verified.
40. If "a" is "yes," then answer "b." If "b" is "yes," then enter the sliding fee scale identifying the percent of poverty that initiates Client fees.
41. If "a" is "yes," then answer "b". If the agency is an approved Medicaid provider, or accepts insurance payments, identify whether either of these or any other third party is intended to be billed for any portion of the proposed services.

Section F. Organizational Attachments - Attach the following documents as an appendix to Part I of the proposal. Remember that these attachments do not count against the page restriction.

- A. Agency Verification: Complete and attach the two (2)-page form provided as Attachment "A" to the proposal. Requires original signature duly authorizing authority to act on behalf of the agency for this proposal and certifies that all representations made in the proposal are true and correct. Original signatures of an authorized agency official and two (2) witnesses are required.
- B. Current Public Entity Crimes Act Affidavit. Complete and attach the two (2) page form provided as Attachment "B", confirming that the execution of any agreement pursuant to this RFP will not violate the Public Entity Crimes Act as defined in Florida Statutes. The Public Entities Crimes Affidavit must include an authorized original signature that is notarized.
- C. Current Drug Free Work Place Certification: Complete and attach the two-page form provided as Attachment "C." This certifies that the agency will provide a drug-free workplace. A notarized original signature is required.
- D. Responding agencies must complete the Non-Discrimination Policy Certification and submit it as Attachment "D" with their proposal. Original Signature is required.
- E. Not-for-profits must include a list of the agency's board of directors, and/or advisory board, including their addresses and offices held within the board, as Attachment "E." Public entities may check "N/A."
- F. Include a direct line Organizational Chart showing where this program would function within the agency if the requested funds are provided. The organizational chart should be attached to the proposal as Attachment "F."
- G. Scrutinized Companies Certification: Any company, principals, or owners on the Scrutinized Companies with Activities in Sudan List or on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List is prohibited from submitting a bid, proposal or response to a St. Johns County solicitation for goods or services. Therefore, each company submitting a bid, proposal or response to a solicitation must certify to the County that it is not on either list at the time of submitting a bid, proposal or response. The certification form is referenced as Attachment "G" and must be submitted at the time of submitting a bid, proposal or response. Failure to provide the certification with the submission, if applicable, shall deem the submittal non-responsive.

PART II SPECIFIC PROGRAM INFORMATION - Part II requires the agency to describe the program, the location, operating times, target population, staff and/or other oversight of the program, outcomes or benefits to program client/participants, and other information about the proposed program. Additionally, this part requires the agency to provide a budget summary detailing and justifying the funds requested.

There is a 25-page limit on each set of responses to items 42 thru 68. Attach all applicable program documents after the response to item 68. Program documents do not count against the page limitation.

Section A. Program Information

42. **Responding Agency Name:** Repeat the legal name of the Agency.
43. **Funding Category:** Identify the funding category for this Part II of your proposal.
44. **Amount Requested:** Repeat the dollar amount of funds being requested for this funding category for FY2015.
45. **Program Status:** Check "New" if the agency is not currently being funded through the HHS for the program or services being requested. Check "Renewal" if the agency is currently being funded through SJC HHS for program or services being requested and the current contract is scheduled to sunset by the end of the current

fiscal year. Check "Expansion" if the services are already included in an existing contract with the HHS not scheduled to sunset by the end of the current fiscal year, and the proposal will increase the amount of the same services in the renewing contract. Check "Enhancement" if these will be new services added to an existing contract not scheduled to sunset by the end of the current fiscal year.

46. If applicable, identify how many years the program has been funded through HHS; and the maximum budget allowed under the current agreement for this program. If the program status is "new," enter "N/A."
47. Make sure the target population you intend to serve falls within the target population described in this RFP in the service category for which the proposal is responding. Focus on the presenting problems and/or special conditions that make them candidates for the proposed program. Describe the agency's ability to access this target population and identify the source(s) of referrals to the program.
48. Identify program client/participant eligibility regarding gender, age, income, and residence restrictions that may apply.
49. Identify the racial/ethnic characteristics of the population anticipated to be served. Estimate the percent of clients/participants anticipated to be African American, Caucasian, Hispanic, etc.
50. Identify the racial/ethnic characteristics of the Applicant Agency staff. Estimate the percent of staff that are African American, Caucasian, Hispanic, etc. Identify the number of unduplicated clients/participants to be served. Realizing that client/participants may receive more than one service, how many different clients are expected to receive at least one service through the funds being requested?
51. Identify the number of unduplicated clients/participants to be served in this proposal beginning October 1, 2014 and ending September 30, 2015 (FY 2015). Realizing that client/participants may receive more than one service, how many different clients are expected to receive at least one service through the funds being requested?
52. Check "Yes" or "No." If "yes," then;
 - Insert the name of the Evidence Based Practice (EBP) model.
 - Demonstrate your understanding of the EBP including a description of its main principles, and components. Indicate how the EBP will be implemented in a counseling session.
 - Identify if any of the components are not intended to be used for the proposed services. If applicable, explain why the components are not intended to be used.
 - Explain why this EBP was chosen from among those approved to address the needs of the target population in this proposal.
 - Does the agency employ a sufficient number of staff already trained in the EBP to implement the services for the proposed number of clients? If not, describe the plan to address this need.
 - Typically, staff needs assistance to maintain fidelity to the model throughout the course of the proposed program. Describe the plan to maintain fidelity.
53. **Program Narrative:** Provide a narrative of the program including its purpose and the benefits that will be experienced by the clients/participants. Within the narrative, applicants should address identification and recruitment of clients and describe the service delivery process for the program, including the referral process, service delivery timeframes, the average number of services/contacts per client, termination criteria, follow-up services, and documentation that will be maintained. Identify 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/service(s) delivery timelines. For all proposals, review the Funding Chapter to see if any specific program components are required for the funding category in which the proposal is responding. If the program implements EBP, describe how the EBP will be incorporated into the delivery of services.

Section B. Service Information

54. List the specific services to be provided by this proposed program and the number of client/participants that will receive each service. Please be specific. If counseling will be provided, identify whether it will be individual, family, or group counseling. Note that all services identified must be consistent with the identified program/service intent within the appropriate chapter of this RFP. All services deemed for outcome attainment must be identified. A client/participant may only be counted once for each service he/she will receive. However, the same client(s) may receive more than one service, and if so, should be counted on more than one service line. Rows may be added if there are additional services in the proposed program.

55. Describe the agency's experience, if any, in providing these services and in providing them to the proposed target population. Identify any proven outcome(s) that result from the services, or that may be anticipated based on the agency's experience. If these are new services for the agency, describe why the agency believes it can provide the services successfully.
56. Identify the specific location(s) where the services will be provided. Include the street address, city and zip code. For in-home services, identify the city(ies) or neighborhood(s) in the intended service area. If not in-home, is there a transportation plan? Describe how the location(s) identified will reach the specified target population.
57. Identify the time of day and days of the week the services will be offered. Is this a year-round program, or are services based on the school calendar? Identify the average length of contact for each client/participant, for example, one (1) hour of services per client per week for approximately three (3) months.
58. Is the agency accredited? If the agency has received any formal accreditations, related to the proposed program, include the name of the accrediting body, the level of accreditation, & the timeframe, if applicable. Briefly state how the accreditation is relevant to the proposed program and/or services.
59. Include a detailed plan on how the agency will ensure that all funds awarded as a result of this RFP will be fully utilized. Include how the agency proposes to monitor service utilization, cost containment, make program adjustments as a result of both under and over utilization and include a plan on communicating with County Staff regarding expenditures.

Section C. Proposed Staff Information

60. Describe how the program will be staffed. List all positions and the number of each, that will be providing direct and support services. Include the job title (which should match your budget narratives), minimum education, training, and experience requirements, primary duties, and the percent of time for each position that will be devoted to this program. Add additional rows if necessary. Attach a résumé of the proposed Program Manager (if known) or job description (if unknown) as Program Document 1. Also attach a résumé or job description for each proposed position that will provide direct services. Number these 1a, 1b, etc.

Section D. Program Outputs and Outcomes

61. List the output objectives for the proposed program. Outputs are products of the program's activities, such as, the numbers of clients/participants served, or sessions held, etc. Use the examples below as a guide to list the output objectives.
 - To provide 720 clients with a psychosocial evaluation within one month of admission to the Behavioral Health Substance Abuse program;
 - To provide 458 clients with 1 hour of mentoring each, 2 times a week for 3 months;
 - To provide 30 clients with bulk food baskets for up to 90 days each during a 12-month period.
62. Program outcomes and measures - In order to determine program success, all proposals must contain activities, outcomes, indicators, and measures. These terms are adopted from the United Way of America's publication, "Measuring Program Outcomes: A Practical Approach." Complete the outcome chart by addressing at least two (2) outcomes, or benefits to clients/participants that will result from receiving the proposed services. Each outcome must be supported by at least one indicator. For some funding categories, specific outcomes may be required. If the program implements EBP, agencies may include additional outcomes supported by the evidence. Refer to the Funding Opportunity Chapter(s) of this RFP to determine if any particular outcomes are required for the funding category in which you are responding.

Program Type is the funding category.

Activities are what the program does. Activities may include the strategies, techniques, and types of treatment that comprise the program's service methodology. For this RFP, identify the taxonomy/service(s) that will individually or collectively produce the outcome, for example, Occupational Therapy or Individual Advocacy.

Outcomes are benefits for client/participants during or after their involvement with a program. They may relate to an increase or improvement in knowledge, skills, attitudes, values, behavior, condition, or status.

Indicators are the specific items of information that track a program's success. They describe observable, measurable characteristics or changes that represent achievement of an outcome. Indicators include a completion date and the proposed attainment percentage. Indicators operationalize the more general outcomes. An indicator for an outcome to improve the social and emotional functioning of children with behavioral health needs receiving individual counseling could be, "80% of children participating in weekly sessions for 4 months will improve in at least one targeted area of their treatment plan." Attainment percentages should be high but realistic. Mitigating factors include the types of problems, interventions, and target client populations.

The **Data Source** column on the form should identify the person(s) and/or tools the agency will use to measure outcome indicator achievement. For example, specified agency staff, parents, teachers, and/or clients. Agency records and standardized tests could all be data sources. Standardized tests for physical therapy might include the Developmental Milestone Scale or Sensory Integration Praxis. If a standardized tool is being used, please identify it by its full name, not an acronym. **If attainment of one or more outcomes will be measured with a standardized measurement tool, then attach the measurement tool(s) as Program Document 2.** It is also possible to develop simple, reliable behavior observation checklists and surveys to substantiate improvement when accepted standards are not available.

The **Data Collection Method** should show how the agency will obtain the data from the sources. For example, participants might provide a self-report on a daily checklist, or specified staff might report observations in case logs, or administer and review tests at specified intervals.

Complete the Outcome Chart by identifying the **outcomes**, or benefits to client/participants, for the proposed program. Please review the "Desired Goals" section and descriptions in the funding category chapters for specific outcome requirements, if applicable.

Section E. Additional Program Information

- 63.** If the proposed services were funded through the HHS during the previous fiscal year, enter the contract number and attach the most recent Quarterly Outcome Report as **Program Document "3"**. If the program was not funded through the HHS during the fiscal year ending September 30, 2014, then enter "N/A".
- 64.** Although not required, **collaboration** is strongly encouraged by HHS. Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. Describe how the agency collaborates with other organizations within their system of care, and across systems to ensure that the full range of the client's needs is addressed. If the agency is collaborating with another organization in providing the proposed services, describe how the collaboration completes, expands or enhances a continuum of care. Describe how the collaboration eliminates duplication of services, or better integrates services. Describe the efficiencies or economies of scale that will result from the collaboration. Identify the agency that will take the lead in the collaboration.
- 65.** In order to maximize funding dollars, proposing agencies are strongly encouraged to form agreements with other providers to create programs that are cost effective and provide a continuum of care when possible. These partnerships should address issues of system coordination and integration. Proposing agencies are encouraged to demonstrate economies of scale through collaboration. Proposing agencies applying in partnership, or proposing a program that requires the resources of another organization for implementation, must complete an **Interagency Agreement**, or similar document. The Interagency Agreement must specify the lead agency and outline the responsibilities of each participant in the collaboration. For example, proposals including services intended to be provided at any location not owned by the agency must be accompanied by a signed agreement with the appropriate party authorizing use of the park, school, or other facility for the program/services. Use the sample agreement in the Application Forms package to develop your own interagency agreement(s) with those agencies that will be true partners in the proposed program. Follow the sample, specifying the responsibilities of each agency. If applicable, include the agreement as **Program Document 4**.

Section F. Program Budget Information

- 66. Program Budget Summary** - The purpose of the Program Budget Summary is to provide a summary of the

expenses related to the program/services that the agency is asking the HHS to fund. It requires the aggregate dollar amount for each expense category listed on the left column of the form. For this RFP, there are three (3) columns to the right of the Expense Categories. All proposing agencies should enter the amount of funds requested from the HHS in the first column. Budgets should be based on a twelve (12) month fiscal year. Amounts awarded, number of clients to be served and units of service to be provided will be prorated for the time remaining in the initial term at contract execution.

Please provide responses to this proposal based on a twelve (12) month period October 1, 2014 through September 30, 2015 **for evaluation purposes**. The initial contract period for this RFP is anticipated to be January 1, 2015 or date of execution through September 30, 2015. Funding will be awarded for the nine (9) month period ending September 30, 2015. If a contract renewal is awarded and funded, then the renewal will be based on the twelve (12) month responses provided in this proposal.

The "Total Expenses" at the bottom of this column should equal the request for this funding category (Item 4 on the Cover Sheet). Funding for the program/services from sources other than HHS, if any, should be listed in column 2, "Other Funding." The source of those other funds, such as federal, state, private donations, etc., should be listed in Item 71, "Budget Narrative for Other Funding." Adding columns 1 and 2 across will provide the "Total Funding" for each expense in column 3.

A. Personnel Expenses

1. Salaries: Aggregate salary costs for staff providing direct services or direct supervision of direct service staff on this Budget Summary form. On the Narrative form, list each program position title(s) and the number of positions under each title to be funded by the HHS. Include the total annual salary the agency will pay for each position, and a justification (basic functions) for each position.
2. Fringe Benefits: Aggregate fringe benefit costs on this Summary Form. On the Narrative Form, list each program position by title and the number of each position to be funded through the HHS. For each fringe benefit listed, please show calculations indicating the agency rate and the base to which the rate is applied.

Subtotal Personnel - Add the total salaries and total fringe benefits.

B. Non-Personnel Expenses

3. Travel: Explain the purpose of the travel and itemized costs associated with the trip(s) necessary to provide client services.
4. Space and Utilities: Reflects cost for all budgeted space to be used by the program, including electric, water, sewer, sanitation, custodial and maintenance. Space must be given as in-kind unless it is leased for the specific program being requested. Indicate total square footage budgeted for the program and rate per square foot on the Narrative Forms. The HHS does not pay depreciation costs or "rental" costs for property the agency owns unencumbered by a mortgage.
5. Communication: Allowable costs include telephone services (traditional or cellular) and pagers only for direct services personnel identified in A.1. Telephone costs are the charges for local and long distance lines and the charges for leased equipment and the installation of leased equipment. If cellular phones will be an expense, a written policy on cellular use must be included, as well as projected costs. Only the cost for those phone calls identified as client related will be allowed.
6. Printing & Supplies: Reflect costs for office supplies, printing, and program supplies directly applicable to services. Program supplies include the purchase of items of equipment which cost less than \$100 per item and which will be consumed within one year.
7. Shipping & Postage: Includes such items as postage for correspondence to clients and their families, and on behalf of clients to other agencies and institutions.
8. Consultant, Contractual and Other Professional Fees: Includes fees for services of consultants, contractual and other professional services.
9. Other: If there are other expenses, except the "Disallowed Expenses" below associated with this program, identify the dollar amount on this line and describe the expense in the budget narrative. These expenses, as with the entire budget, are subject to the review and approval of the HHS. The

separate amounts anticipated to be needed for the various types of basic needs: clothing, housing, medical care, food, utilities, and transportation should be estimated on the Budget Narrative.

Disallowed Expenses: Funds requested through this RFP may not be used for insurance, audit expenses, fundraising, entertainment purposes, decorative items or client incentives. Food purchased for non-clients is also a disallowed expense.

Subtotal Non-Personnel - Enter the combined subtotals for Expense Categories 1 through 7.

C. Total Personnel and Non-Personnel - Subtotal A + Subtotal B = Total direct costs requested for the proposed services.

D. Administrative Costs (if allowable) - Proposing agencies seeking HHS funding may only request up to 15% of the total direct service cost in order to administer the program. The combined Personnel and Non-Personnel Subtotals (Row "C") multiplied by .15 will equal the maximum allowed administrative cost. Administrative costs are costs that support the operation of the entire agency as a whole. For example, a receptionist answering all incoming calls, the cost of doing payroll or data entry and management staff salaries. The cost of training to implement and/or maintain fidelity to the chosen EBP may also be considered an administrative cost. Enter the dollar amount requested for administrative costs. Specify the use of these administrative dollars on the Narrative forms.

E. Total Expenses - Add the total direct costs "C" and the administrative costs "D" in each column to obtain the total expenses for the Program/services.

67. Budget Narrative for Requested Funding - This form should describe the details of the budget you are requesting for the cost categories and line items in the Requested Funding (column 1) of the Program Budget Summary. The Budget Narrative has 3 columns: Expense Category, \$ Amount, and Justification. Beginning with the "Personnel" Expense Category, follow the sample below.

EXPENSE	DOLLAR AMOUNT	NARRATIVE (JUSTIFICATION)
1. Salaries	\$42,000	One (1) Clinical Supervisor at \$42,000 for 12 months.
	\$144,000	4 Therapists at \$36,000 each for 12 months.
	\$186,000	Total Staff Salaries
2. Fringe Benefits	\$14,229	FICA @ 7.65%
	1,600	Unemployment
	3,000	Worker's Compensation
		(include all categories of fringe benefits)
	\$18,829	Total Fringe
3. Travel	\$11,000	100 miles per week for home visits x 50 weeks x 4 staff x \$.55 per mile.

Continue the Budget Narrative for every expense identified on the Budget Summary form in the column labeled "Requested Funding." Be sure to include the description of any administrative cost requested.

68. Budget Narrative for Other Funding - This form should identify the source(s) and use of other funding, such as federal, state, private donations, etc., described in the Program Budget Summary for the cost categories & line items in the Other Funding column 2. Follow the same example provided for Item 67, above.

INSTRUCTIONS for PROGRAM DOCUMENTS - The Program Documents listed below do not count against the page limitation on the proposal responses to items 42 thru 68.

Section G. Program Documents - Attach the following documents as an appendix to the back of the proposal. The agency must include separate program documents for each funding category in which it applies. The program documents should be attached behind Part II – specific program information for the program to which they relate. Include all documents in the proposal pagination. Remember that these documents do not count against the page restriction.

1. Copy of the résumé of the proposed Program Manager/Director or job description as **Program Document "1"**, (see Item 60).
2. Copy of Standardized Measurement Tool(s) as **Program Document "2"**, if applicable (see item 62).
3. Copy of the most recent Quarterly Outcome Report as **Program Document "3"**, if applicable (see Item 63).
4. Copy of Interagency Agreement(s) and/or Memorandums of Understanding as **Program Document "4"**, if applicable (see Item 65).
5. Copy of the certificate or license certifying that the Agency is licensed to provide the level(s) of services proposed as **Program Document 5**.

ORGANIZING AND PACKAGING THE PROPOSAL - Assuming the funding request summary offered as an example in Appendix III, Part I, Section A of these instructions, the proposal would contain the following components in the order listed.

- Part I (items 1 – 41); Attachments "A" thru "G" as applicable;
- Part II (items 42 – 68) Program Documents 1 thru 5 as applicable

The original and complete copies of the proposal should each be bound separately in 3-ring, spiral, or other binders, tabbed by section with the name of the responding agency, the funding category, and the designation "Original," or "Complete Copy" clearly marked on each outside cover. The original and all copies of the proposal should then be securely sealed and clearly marked outside with the: **'Name of the agency', the 'Name of the Funding Category',** in which funds are being requested **and 'Sealed Proposal for RFP 14-90.'**

Delivery of the proposal package must be made by the due date and time, to the location specified in the General Information chapter.

APPENDIX IV – PROPOSAL RATING SHEET - EVALUATION CRITERIA AND MAXIMUM POINTS

Notice to Responding Agencies: This Rating Sheet is attached to the RFP for your information. You are encouraged to keep it handy while preparing your response since it contains the relative values the Raters will place on the various parts of your proposal.

PROPOSAL RATING SHEET

Agency Name:
Funding Category:
Fatal Flaw Rater:
Financial Raters: (AFS) (Program)
Organizational Capacity Rater:
Program Quality Review Rater:

Each Section of the Rating Sheet shall be completed individually. Part I, Fatal Flaw Checklist shall be reviewed by SJC Purchasing Staff, and Organizational Capability Review shall be reviewed by HHS staff. Part II, Financial Review, shall be performed by SJC Office of Management and Budget staff. Part III, Program Quality Review, will be completed by County Staff and/or individuals from the community experienced in EBP. Part IV, Quality Review of Proposals for Services, shall be rated by County Staff who are experienced in the RFP process and who are free from Conflict of Interest, Section 112.3143, Florida Statutes.

A. FATAL FLAW CHECKLIST

1. The rater must review each Proposal for inclusion of the items listed below. **A "No" response will be given when the policy or document is applicable but not attached.** In the event of a "No" response to any of the following by the raters, the Proposal shall be rejected.
2. In the event the Proposal is rejected, the Rater shall have the Reviewer confirm that the Proposal fails to comply with one or more required item listed below, acknowledge that all procedures were properly followed as identified herein and shall initial next to each "No" response.
3. If the Rater checked "No", and the Reviewer concurs, the Reviewer must indicate in the space provided below, the number(s) of the item(s) in the Fatal Flaw list that resulted in the Fatal Flaw and initial next

to the "No" response directly on the list.

- In the event the Proposal is rejected, then it shall not be forwarded for Financial, or Quality Review, or any additional review based on the Funding, Program, or Service Category.

	Required Item	Yes	No
1	The Proposal was received by the due date and time.		
2	The Original Proposal contains an original signature in ink other than black, under Part I, Section C, Certification of Accuracy and Compliance.		
3	Pre-Qualification: Did the Agency submit a Prequalification package?		
4	Agency responded "Yes" to Item No. 36a, and "No" to Item No. 36b: the agency does not owe any money to the County or is current with payments.		

B. REQUIRED ATTACHMENTS AND DOCUMENTS CHECKLIST: Were the following policies, documents, certifications submitted by the responding agency?

- If there is a "No" response to any question, then in the event the agency is recommended for funds under the RFP, the notification letter shall include a statement that the funding recommendation is contingent upon the agency providing the document(s) in conformity with St. Johns County procurement policy before it can be presented to the County Commission for consideration.

REQUIRED ATTACHMENTS AND DOCUMENTS CHECKLIST				
	Item	Yes	No	N/A
1	Attachment "A": Agency Verification Form, as provided in Appendix I, is included with original signatures in ink other than black.			
3	Attachment "B": Public Entity Crimes Affidavit, as provided in Appendix I, is included with a notarized original signature affixed.			
4	Attachment "C": Drug Free Workplace Certification is submitted; original signatures required.			
6	Attachment "D": Non-Discrimination Policy Certification is submitted; original signatures required.			
9	Attachment "E": List of Board of Directors of the agency is submitted. Not applicable to Public Entities.			
10	Attachment "F": Organizational Chart is submitted.			
13	Attachment "G": Scrutinized Companies Certification is submitted.			
14	Program Document 1 (ALL): The agency's resume/job descriptions of all staff designated for project. <i>Question No. 60.</i>			
15	Program Document 2: If one or more Outcomes will be measured with a Standardized Measurement Tool(s), attach a copy of the tool(s). <i>Question No. 62.</i>			
16	Program Document 3: Outcome Report. The most recent Quarterly Outcome Report is attached only if agency is seeking renewal, expansion or enhancement of program funded by the HHS in the previous fiscal year. <i>Question No. 63.</i>			
17	Program Document 4: Any Interagency Agreement(s) the agency has in place to provide the proposed service(s). <i>Question No. 65.</i>			
18	Program Document 5: A copy of the certificate from the State of Florida, Department of Children and Families certifying that the agency is licensed to provide the level(s) of substance abuse services proposed is attached.			

Agency passed the Fatal Flaws Review? ____ Yes ____ No

Fatal Flaw Rater

Name (Print): _____

Signature: _____

Date: _____

Fatal Flaw Reviewer

Name (Print): _____

Signature: _____

Date: _____

PART I: CHECKLISTS and ORGANIZATIONAL REVIEW (to be completed by the Organizational Capability Rater)

C. ORGANIZATIONAL CAPABILITY REVIEW FOR ALL SERVICE CATEGORIES

1. Unless otherwise specified, points should be assigned for each component of the response according to the following scale: omitted = 0; partially met = 1 point; fully met = 2 points; exceptionally met = 3 points.

Item Number	Item	Component	Component Points				Item Points	Notes
			0	1	2	3		
23	Description of the Responding Agency: Including its years of operation, general service mission, and experience in project management.	Years of operation (1 point for each year, up to a maximum of 3 points).						
		Experience administering government funds (1 point for each year, up to a maximum of 3 points).						
		Proposed project/service(s) is clearly compatible with the Agency's mission.						
29	Cultural Competence is evidenced in the Agency's guiding principles, individual culturally appropriate care planning, and staff development.	The Agency's guiding principles and standards clearly address Cultural Competence						
		Cultural Competence is clearly evident in the Agency's individual care planning for clients.						
		The Agency's professional development standards/staff training requirements clearly ensure Cultural Competence in service delivery.						
C. 1. Total Positive Organizational Capability Points								

2. Possible deductions FOR ALL SERVICE CATEGORIES. Please note that each item may result in a reduction in points to the Organizational Capability Score and Total Quality Point Score.

Item Number	Item	There will be a five (5)-point deduction for each additional page.					Points	Notes
1st page, App. III Instructions	Page limit Part I: 8 page limit for responses to items 1 to 43 Appendix I.	Number of pages above 8. ___ x 5 = ___					()	
	Page limit Part II: 25 page limit for responses to items 42 to 68 Appendix II.	Number of pages above 25. ___ x 5 = ___					()	
33	Litigation or Regulatory Action: Identify whether there has been litigation or regulatory action. If neither has occurred, or where Applicant Agency was successful, put (0).	Check the correct deduction.	0	-3	-6	-9	()	
		No Litigation or Regulatory Action						
		Involved loss of professional accreditation. Regulatory action or litigation did not or minimally affect service to clients.						
		Involved license suspension as an outcome, fiscal negligence, negligence in mishandling of client affairs, or negligence that effected clients.						
		Involved license revocation as an outcome, allegations of fraud, gross fiscal misconduct, abuse or gross negligence in mishandling client affairs, or gross negligence that affected clients.						
34 and 35	Corrective Action: If the agency has been placed on Corrective Action, describe the action. If no corrective action, put (0).	Check the correct deduction.	0	-3	-6	-9	()	
		No Corrective Action						
		No significant issues, but some minor ones						

		Significant issues which were resolved.						
		Significant issues which were <u>not</u> resolved.						
		Check the correct deduction.	0	-3	-6	-9		
38	Utilization: Identify whether there has been underutilization of St. Johns County funds in the past 3 years. If none, put (0).	No underutilization occurred. Agency used between 95% and 100% of awarded funds.						
		Underutilization occurred, but between 94.9% and 90% of awarded funds were utilized.						
		Underutilization occurred, and between 89.9% and 85% of awarded funds were utilized.						
		Underutilization occurred. Less than 84.9% of awarded funds were utilized.						
C. 2. Total Negative Organizational Capability Points								
C.1. Points minus C.2. Points = Total Organizational Capability Points								
Maximum Organizational Capability Points Available = 18								

Org. Capability Rater Name: (Print) _____
Signature: _____
Date: _____

Staff Reviewer Name: _____
Signature: _____
Date: _____

PART II: FINANCIAL REVIEW of Audited Financial Statements and Budget Forms

A. REVIEW of AUDITED FINANCIAL STATEMENTS - Calculate and enter the figures from the agency's Audited Financial Statements in to the Financial Review Worksheet. Enter each percent from the Worksheet into the appropriate Component cell below. Assign a Component Point value of 1, 2, or 3 for each based on the percent.

Item Number	Item	Component	Component Points				Item Points	Notes
			0	1	2	3		
PreQual	Audited Financial Statements	Current Assets as a percent of Current Liabilities = _____% Risk Assessment = ____ (100% or higher = 0 pts, 86%-99%= 4 points, 85% or less = 8 points)	49.9% or <	50% to 109.9%	110 to 150.9%	151% or >		Not Applicable to Public Entities
		Cash/Market Securities/Receivables as a % of Current Liabilities = _____% Risk Assessment = ____ (86% or higher = 0 points, 76%-85%= 4 points, 75% or less = 8 points)	4.9% or <	5% to 9.9%	10% to 15.9%	16% or >		
		Total Liabilities as a percent of Total Assets = _____% Risk Assessment = ____ (85% or less = 0 points, 86%-99%= 4 points, 100% or higher= 8 points)	20% or >	19% to 11%	10% to 1%	0% or <		
		Contingent Liabilities as a percent of Net Assets = _____% Risk Assessment = ____ (None = 0 points, 1%-9%= 4 points, 10% or higher = 8 points)	20% or >	19.9% to 11%	10.9% to 1%	.9% or <		
		Administrative Expenses as a percent of Total Expenses = _____% Risk Assessment = ____ (30% or less = 0 points, 31%-35%= 4 points, 36% or higher= 8 points)	30.1% or >	20.1%-30%	15.1%-20%	0%-15%		
		Total Grant Funds as a percent of Total Revenue = _____% Risk Assessment = ____ (59% or less = 0 points, 60%-80%= 4 points, 81% or higher= 8 points)	75% or >	74.9% - 50.9%	50% - 25.1%	25% or <		
		Risk Value Assessment – Add up values from six boxes above. Place a check in the component point box that contains the point total. <i>For example:</i> if subtotal of Risk points was 15, the component point box "19-10" would be checked and assigned 2 points	48-30	29-20	19-10	9-0		
			DISAGREE= 0 points	AGREE = 3 points	Item Points	Notes		
PreQual	Audited Financial Statements	The Organization received an Unqualified opinion.						
		There is no "Going Concern" comment.						
		The Notes to the Financial Statements are complete and explanatory.						
		There are no significant "Related Party" transactions that materially affect the AFS.						
		There are no material weaknesses.						
Maximum AFS points = 36 Minimum required AFS points = 18						Total AFS points =	Passed _____ Failed _____ NA _____	

In the event that AFS are waived as a Fatal Flaw, then the review of AFS above shall also be waived as to the applicable Service Category.

Audited Financial Statement Reviewer Name: _____ Signature: _____ Date: _____

Staff Reviewer Name: _____ Signature: _____ Date: _____

B. REVIEW of BUDGET FORMS - Unless otherwise specified, points should be assigned for each component of the response according to the following scale: omitted = 0; partially met = 1 point; fully met = 2 points; exceptionally met = 3 points.

Item Number	Item	Component	Component Points				Item Points	Notes	
			0	1	2	3			
66	Budget Summary requires aggregate dollar amounts in each expense category for which funds are being requested.	Column 1: Requested funding amounts are clear, accurately calculated, total is within advertised available.							
		Column 2: Other Funding is contributing to the project. Maximum 1 point.							
		Administrative Cost in Column 1 is no more than 15% of Personnel plus Non Personnel Subtotals.	> 15%	15 - 10%	9 - 1%	0%			
67	Budget Narratives Provide a description of each line item in the Requested Funding column, and (if applicable) the Other Funding column on the Budget Summary form.	Requested Funds Narrative justifications are clear and complete.							
		Requested Funds Narrative includes no disallowed expenses.							
		Requested Funds Narrative costs are correctly calculated and equal Total Expenses on Budget Summary							
68		Other Funds Narrative identifies Source of the funds, and equals Total Expenses for Other Funding (Item 66, column 2). Maximum 2 points.							
Maximum Budget Forms points = 18			Minimum points required = 9			Total Budget Form points:			

The Organization **PASSED** _____ **FAILED** _____ the Audited Financial Statement threshold; or N/A _____ is a Unit of Government.

The Proposal **PASSED** _____ **FAILED** _____ the Budget Forms threshold.

If either the agency or proposal failed the Financial Review, then the proposal shall not be forwarded for Quality Review and the proposal shall be rejected.

Budget Proposal Rater
Name: (Print) _____

Staff Reviewer
Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

PART III: PROGRAM QUALITY REVIEW - Unless otherwise specified, points should be assigned for each component of the response according to the following scale: omitted = 0; partially met = 1 point; fully met = 2 points; exceptionally met = 3 points.

Name the Evidence Based Practice Model to be implemented:

Item Number	Item	Component	Component Points				Item Points	Notes
			0	1	2	3		
47-51	Target Population: What is the target population to be served, including presenting problems or special conditions of eligibility?	Eligibility, admittance criteria are clearly described.						
		Evidence that sufficient numbers of clients meet these criteria is presented.						
		Referral source(s) are clear.						
		Client racial/ethnic and demographic information is complete.						
		Staff racial/ethnic characteristics are similar to clients served.						
		Number of clients is reasonable.						
52	Evidence Based Practice Model	The description presented suggests a clear understanding of the chosen Evidence Based Practice model.						
		The Proposal intends to implement all components of the Evidence Based Practice Model.						
		The Evidence Based Practice Model is appropriate for the proposed target population.						
		All staff members are trained/certified in the Evidence Based Practice Model.						
		The plan to maintain fidelity to the Evidence Based Practice Model is clear and achievable.						
53	Program Narrative: Identify the purpose of the program and how it will operate.	The program description includes purpose, benefits, services to be delivered, and delivery timelines.						
		Program description clearly reflects any Category/Service specific requirements from the applicable Chapter.						
		Agency capacity indicating staff to client ratio / caseload size is reasonable for the proposed services.						
		Client benefits are clearly identified.						
		Start-up/marketing plans are clearly defined and reasonable.						
54	List of Services: to be provided and the number of clients to receive each.	Services and number of clients are clear.						
		Services are consistent with program intent.						
		All services needed for outcome attainment are included.						
55	Experience: with providing the proposed services to the proposed target population.	Experience providing the proposed services is clearly demonstrated. (1 point for each year, maximum 3 points)						
		Experience serving the proposed target population is clearly demonstrated.(1 point for each year, maximum 3 points)						
		Proven outcomes while providing the proposed services to the proposed target population are clearly demonstrated.						
56	Location: Where will the services be provided?	Service delivery locations are clear and specific.						
		Accessibility to the target population is clearly demonstrated.						
57	Time and Frequency: When will the services be provided? Identify the days of the week, hours of operation and length of client contact.	Hours and days of program operation are clearly defined.						
		Hours and days of program operation sufficiently address client access.						
		The planned frequency and duration of client contact is sufficient to anticipate outcome attainment.						
58	Accreditation: is current and relevant to the proposed program / services.	The agency maintains an accreditation that is current and relevant to the proposed program / services. Maximum 2 points.						
59	Cost Containment: Describe how funds will be	Monitoring of service utilization is clearly described.						
		Plan addresses adjustments made as a result of over or underutilization of services						

	monitored and reported	Communications with County Staff regarding use of funds and status is clearly described.							
60 and Program Document 1	Staff: Describe how the program will be staffed. List all positions, qualifications, duties, and % of time devoted to the program.	The proposed staff chart is complete with each position clearly defined.							
		The number of staff is sufficient to address the proposed number of Clients.							
		Staff credentials meet the minimum advertised in the RFP.							
		The resume or job descriptions for Program Manager and direct service staff are attached and include sufficient credentials.							
61	Output Objectives: List the Output Objectives for the proposed program.	The Outputs are clearly stated.							
		The Outputs are consistent with the proposed client numbers and services.							
		The Outputs are sufficient to attain the Outcomes.							
62 and Program Document 2	Proposed Outcomes and Measures: Complete the Outcome Chart for a minimum two (2) outcomes including at least one (1) indicator with clear measures for each.	The Outcome Chart is complete and clear.							
		The Outcomes charted address the minimum required outcomes.							
		The indicators are measurable, using percents, timeframes, and/or other measures							
		Data Sources for each indicator include standardized measurement tool(s).							
		Attainment is likely based on the proposed services.							
63 and Program Document 3	Previous Outcome Report: Programs currently funded through HSD should submit the most recent Outcome Report.	The correct Outcome Report has been submitted. (maximum 1 point)							
		The Outcome Report demonstrates attainment of all outcomes.							
64, 65 and Program Document 4	Collaboration: better integrates services or eliminates their duplication.	How the Organization will work with other agencies that service the Client/Family is clearly demonstrated. If the proposed services are dependent on the resources of another organization, an Interagency Agreement, or similar document, is attached.							
Maximum Score = 135		Minimum Average Score required = 68	Total points Questions 47 through 65:						

The agency PASSED _____, FAILED _____ the Program Quality threshold; or N/A ___ applied in a non-Program Quality Category. In the event the proposal does not receive the minimum acceptable score in the Program Quality Review, then the proposal shall be rejected.

Quality Rater Name: _____
Signature: _____
Date: _____

Staff Reviewer Name: _____
Signature: _____
Date: _____

PART IV: ADMINISTRATIVE FATAL FLAW (if applicable) - If, at any point during the funding process, the HHS becomes aware that the agency's responses to questions about litigation, regulatory action, corrective action, or funds owed are not true, then the Department may at its discretion consider this to be a Fatal Flaw and remove the Proposal from consideration for funds.

The agency has failed to disclose the following:

This will be removed from funding consideration.: Yes_____ No_____

Department Director Name
(or designee): _____

Date: _____

PART V: SCORING (to be completed by HHS Staff)

PART I: Organizational Capability Review: Max Score: 18 **Agency's Score** _____ **(A)**

PART II: Financial Review: Max Score= 36, Min Score= 18 Pass; Fail. **Financial Statements** +
 Budget Form Max Score=18 Min Score= 9 Pass; Fail. **Budget Forms Score** _____ **(B)**

Part III: Program Quality Review: Max Score=135 Min Score=68 Pass; Fail. **PQ Score** _____ **(C)**

PART VI: Administrative Fatal Flaw Y_____ N_____

TOTAL Max Score=207
TOTAL Min Score= 95

TOTAL: Agency's Total Score **(A+B+C)** _____ **(D)**

Staff Reviewer Signature: _____

Date: _____

Staff Reviewer's signature indicates the scoring is clear and the addition has been checked for the accuracy of the agency's total score.

The Evaluation Committee, or respective advisory board, shall review the proposal for the final determination as to whether to recommend for funding, in whole or in part, the agency to the SJC Board of County Commissioners. If the agency is not recommended for funding, a letter indicating the decision not to fund shall be sent to the representative designated as the "contact person" on the cover page (page 1) of the proposal.