



HEALTHY START COALITION

A Healthy Start Coalition to be established in Seminole County

REQUEST FOR APPLICATIONS (RFA)

RFA # 14-001

Fiscal Year (2014-2015)

Issued by:

The Florida Department of Health
Division of Community Health Promotion
Maternal Child Health Section

January 24, 2014

Application Deadline: February 25, 2014

This grant opportunity is not subject to 120.57 (3) F.S.

DISCLAIMER—NOTE: The receipt of applications in response to this publication does not imply or guarantee that any one or all qualified applicants will be awarded a grant or result in a contract with the Department of Health



Application Deadline:

COVER PAGE
FLORIDA DEPARTMENT OF HEALTH

RFA # 14-001

REQUEST FOR APPLICATIONS (RFA)

Applicant's Legal Name: _____

Applicant's Mailing Address: _____

City, State, Zip: _____

Telephone Number(s) (Including area code): _____

Fax Number(s): (Including area code): _____

Email Address: _____

Federal Employer Identification Number (FEID): _____

Applicant's Fiscal Year End Date: _____

Contact Person for Negotiations: _____

Authorized Signature in blue ink: _____

Printed Name of Authorized Signature: _____

Title: _____

Date: _____

**ESTABLISHMENT OF A HEALTHY START COALITION IN SEMINOLE COUNTY
TIMELINE
RFA # 14-001**

Prospective applicants shall adhere to the RFA timelines as identified below.

Schedule	Due Date	Location
RFA Released	January 24, 2014	Posted electronically via: http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html
Submission of Written Questions by 4 pm EST (Questions should be e-mailed)	January 31, 2014	Submit to: Nita.harrelle@flhealth.gov Please include Seminole County RFA in the subject line
Responses to Questions Posted	February 5, 2014	Posted electronically via: http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html
Sealed Applications Due to Department by 2 pm EST (No Faxed or E-mailed Copies of Applications Accepted)	March 4, 2014	U.S. Mail: Florida Department of Health Attn: Nita Harrelle IMRH 4052 Bald Cypress Way, Bin A-13 Tallahassee, FL 32399-1749 For Overnight or Hand Delivery (Physical Address): Florida Department of Health Attn: Nita Harrelle IMRH 2585 Merchants Row Blvd. Rm 135M Tallahassee, FL 32399
Anticipated Evaluation of Applications	March 13, 2014	Review and Evaluation of Grant Applications
Anticipated Posting of Intent to Award	March 14, 2014	Posted electronically via: http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html
Anticipated Start Date	July 1, 2014	

It is the applicant's responsibility to regularly check the department's website for updates.

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SECTION 1.0 – INTRODUCTORY INFORMATION

1.1 Statement of Need

Pursuant to section 383.216, Florida Statutes, the purpose of this program is to establish a partnership among the private sector, the public sector, state government, local government, community alliances, and maternal and child health care providers, for the provision of coordinated community-based prenatal and infant health care.

In 2010, the national infant mortality rate was 6.15 deaths per 1000 live births. Florida's infant mortality rate was 6.54, which ranked Florida 24th among the states. However, Florida's 2012 infant mortality of 6.0 shows continued improvement.

One component of the Healthy Start statute recognizes the importance of community-based coalitions that can promote the health and well being of all pregnant women and infants. Information derived from these public and private partnerships can be a vital contribution to the success of this initiative.

1.2 Statement of Purpose

The Department of Health, Division of Community Health Promotion, is requesting applications for Seminole county from coalitions of private and public individuals or groups as outlined in Section 383.216, Florida Statutes. Responses to the application will include an assessment of the needs of the community, a plan to build community support, and ensure that services are available to promote and protect the health and well being of pregnant women, interconception women, infants, and children up to age three.

The department will award the successful applicant in Seminole county a contract to develop the Healthy Start Prenatal and Infant Health Care Coalition, and will provide financial support up to \$150,000.00 annually, as funds are available. These funds are for planning and administrative expenses.

1.3 Term

The initial term of the contract resulting from this Request for Applications (RFA) shall be from July 1, 2014 through June 30, 2015. The payment terms of the contract(s) resulting from this RFA shall be paid upon the delivery of units provided.

1.4 Definitions

Definitions of terms used in this RFA are as set forth in Florida Administrative Code Chapters 64F-2 and 64F-3, <https://www.flrules.org/Default.asp>, and the Healthy Start Standards and Guidelines http://www.floridahealth.gov/healthy-people-and-families/childrens-health/healthy-start/index.html#heading_4 that are hereby incorporated by reference. If any changes are made to these documents during the duration of contracts resulting from this RFA, the successful applicant agrees to abide by those changes.

SECTION 2.0 - TECHNICAL SPECIFICATIONS

2.1 Scope of Service

The prospective applicant will develop a prenatal and child health care service delivery plan that establishes a system that ensures all women have access to prenatal care and support services. The plan must also provide for the development and delivery of health care and support services for children up to age three that promotes their health, normal growth, and development. The plan will maximize public and private cooperation, be cost-effective, eliminate barriers to care, and promote improved health and consumer satisfaction. The plan will be developed in accordance with the procedures and requirements referenced in Florida Administrative Code Chapter 64F-2, and the Healthy Start Standards and Guidelines.

2.2 Programmatic Authority

The successful applicant must comply with all applicable state and federal laws, including but not limited to, Section 383.216, Florida Statutes, and Florida Administrative Code Chapters 64F-2 and 64F-3.

2.3 Major Program Goals

The primary goals of the Healthy Start initiative are to reduce infant mortality and morbidity, to improve pregnancy outcomes and improve the woman's health between pregnancies and to enhance the health and development of children birth to age three.

2.4 Client General Description

The successful applicant will provide no direct services to clients through the resulting contract. The successful applicant will build community support, develop a system of service, and oversee allocations of appropriate state and local funds to local subcontractors.

2.5 Program Requirements

The successful applicant shall fulfill the key program components below:

- A. Perform an assessment of the prenatal, infant, and child, up to age three, health care needs of the service delivery catchment area. This would include, at a minimum, developing a demographic and economic profile of the service area including an estimate of the number of women who will get pregnant each year; assessing the issue of unfunded prenatal care within the area; determining priority target groups by geographic location of these groups by census tracts or ZIP Codes.

The assessment shall be conducted utilizing a community planning process such as the Assessment Protocol for Excellence in Public Health (APEX/PH) or other Department of Health-approved assessment methodology. In the determination of priority target groups, the following barriers to service should be considered: transportation difficulties, inconvenient days and hours of care available from providers, excessive waiting periods, inability to pay for services or lack of third party coverage, lack of child care, poor motivation due to impaired psychological functioning, illegal or alien status, lack of knowledge of where to seek care, and the importance of seeking prenatal care, past

negative experiences with providers, language barriers, cultural barriers, insufficient number of health care providers, and negative perceptions of provider quality.

- B. Develop a comprehensive resource inventory of services within the service delivery catchment area. It should identify both actual and potential local providers of health and social services. Research, identify, and compile a comprehensive resource inventory of services and potential service providers available for residents of the service delivery area. The resource inventory should outline the strengths, weaknesses, opportunities and threats facing the county in providing services.
- C. Develop a prenatal, infant, and child health care service delivery plan based on a health problem analysis using the data collected during the needs assessment. It should identify issues that impact maternal and child health and the development of strategies to address those issues.

The completed Service Delivery Plan should contain at a minimum the following elements: a description of the priority target population, a prioritized listing of maternal and infant health care issues, an analysis of the identified health care issues including direct and indirect contributing factors to poor outcomes, a plan that outlines action steps which describe the activities necessary to bring about the desired health outcome, and internal monitoring of the performance of each activity and evaluating progress in meeting objectives.

- D. Develop an allocation methodology for how funds will be used. The Service Delivery Plan must be approved by the department prior to the development of the allocation plan.

2.6 Staffing Plan and Qualifications

The prospective applicant's proposal must include:

- 1) A list of each job title and job description for each proposed position. Specify supervisory relationships, methods of supervision, qualification required for positions, duties, responsibilities, and salary range.
- 2) A plan to employ staff that is knowledgeable and experienced with target populations.

2.7 Organizational Capability and Infrastructure

Discuss organizational strengths, infrastructure and ability to effectively manage its agency and proposed program. The prospective applicant should include, at a minimum, the following information in the agency description/capability statement:

- 1) Describe the prospective applicant's organizational structure, including a copy of the table of organization.
- 2) Describe the prospective applicant's office structure (physical location), including a copy of the lease agreement.
- 3) Describe the prospective applicant's coalition general membership, including a list of the coalition's general membership.

- 4) Describe the prospective applicant's Board of Directors, including a list of the coalition's Board of Directors and its commitment letter.
- 5) Describe the prospective applicant's by-laws; including a copy of the coalition's approved by-laws and Board of Directors' minutes reflecting approval.
- 6) Describe the prospective applicant's operational policies and procedures, including a copy of the approved operational policies and procedures and Board of Directors' minutes reflecting approval.
- 7) Explain the prospective applicant's overall mission and how it relates to the statement of purpose for this RFA.
- 8) Explain the prospective applicant's overall vision and how it relates to the statement of purpose for this RFA.
- 9) Describe how input from members of the target populations assisted in the development of the application.
- 10) Describe how members of the target population will assist in the implementation of the application.
- 11) Describe staff training requirements and training plans.
- 12) Describe budgetary oversight, including signatory authority and segregation of duties.

2.8 Equipment

The successful applicant must include any consideration for costs associated with the provision of equipment in the cost proposal.

2.9 Financial Specifications

Funding Source

This project is funded by state legislatively appropriated general revenue funds and federal funds.

Allowable Costs

Allowable costs must be directly related to the services provided under this RFA and may be used for the following purposes:

- A. Staff;
- B. Travel, according to state guidelines;
- C. Office space, furniture, equipment; infrastructure expenses;
- D. Contractual activities, such as conducting community needs assessments and evaluating performance, but not direct client services; and
- E. Computer hardware and software.

2.10 Cost Proposal/Sample Budget

This section shall include the proposed line item budget and detailed budget narrative. The proposed line item budget should be in the format shown in ATTACHMENT II. The budget narrative must justify each proposed line item shown on the proposed budget.

Pursuant to section 383.216, Florida Statutes, a match of 25 percent of the funds received is required. This 25 percent match is to be included in the proposed budget and may be cash, or in-kind, or a combination of the two. The proposed budget shall identify the source and use of the match, and include commitment letters from donors supporting the match. The following guidelines are provided for calculating and justifying the budget details.

Unallowable Costs include, but are not limited to the following items under the terms of this RFA:

- A. Direct service provision;
- B. Cash award to employees or ceremony expenditures;
- C. Entertainment costs, including food and drinks; and
- D. Penalty on borrowed funds or statutory violations or penalty for late/non-payment of taxes.

2.11 Signature Authority

The application shall include proof of signature authority if someone signs the application other than the president or chairperson of the Board of Directors. This proof may include one of the following: a written statement by the president or chairperson of the board delegating authority to a particular person, a copy of the entity's by-laws reflecting signature authority to a particular position, or a copy of the Board of Director's meeting minutes that shows action to delegate signature authority to a particular person or position.

2.12 Evaluation Criteria

Each application shall be evaluated and scored based on the criteria defined in ATTACHMENT I. Evaluation sheets will be used by the Evaluation Team to designate the point value assigned to each application. The scores of each member of the Evaluation Team will be averaged with the scores of the other members to determine the final scoring.

There will be one award for Seminole county. The application receiving the highest score will be selected for award.

The Scored Criteria Rating Sheet groups the criteria in five general areas:

- 1) Response to Introduction/Community Description: Prospective applicant will be evaluated for awareness of the issue of access to prenatal, infant, and child care, a clear understanding of community resources, and the importance of community-based coalitions that can promote the health and well being of all pregnant women, infants, and children.

- 2) Proposed Program Planning: Prospective applicant will be evaluated for developing broad based community support, collaboration, and assessment of community needs.
- 3) Proposed Program Requirements: Prospective applicant will be evaluated for a detailed, realistic, and measurable program implementation and evaluation plan.
- 4) Description of Staffing and Organizational Capacity: Prospective applicant will be evaluated for organizational strength, structure and ability to manage the proposed program, capacity to analyze data, capacity for board development, and capacity to generate community involvement.
- 5) Budget: Prospective applicant will be evaluated for a realistic and detailed line item budget and budget narrative.

2.13 Description of Approach to Meeting Program Requirements

This section should describe the proposed program with specific information on the results the program expects to produce and the major activities for achieving the proposed objectives.

A. Proposed Program:

- 1) Coalition membership. Provide listing by category (see ATTACHMENT III) of the coalition members. Include the required information and a notarized statement.
- 2) Explain why particular strategies were chosen to reach, educate and unite the community in an effort to promote the health and well being of pregnant women, infants and children.
- 3) Explain how linkages and referrals with other community services and agencies will be incorporated into the plan.

B. Key Program Components:

Provide a detailed narrative for each program component.

- 1) Needs Assessment
- 2) Comprehensive Resource Inventory
- 3) Service Delivery Plan
- 4) Allocation Methodology Plan-Budget

3.0 Instructions For Submitting Applications

- Neither the Department of Health nor the state is liable for any costs incurred by an applicant in responding to this RFA.
- Applications may be sent by U.S. Mail, Courier, Overnight, or Hand-Delivered. One (1) original application, three (3) copies of the application, and one electronic copy of the application on CD. The electronic copy should contain the entire proposal as submitted, including supporting and signed documents. The electronic copy should also be

submitted using software in accordance with DOH standards, which include Microsoft Office products and Acrobat Reader.

- Applications must be received in a sealed package by the contact person identified in the Request for Applications prior to the time listed in the timeline.
- It is the applicant's responsibility to assure its application is submitted at the place and time indicated in this Request for Applications.
- Late applications will not be accepted.
- Applicants are required to complete, sign, and return the "Title Page" with their applications.
- The applicant shall complete, sign, and submit required certifications attached to this RFA.

3.1 Instructions for Formatting Applications

- The application should be single-spaced and no more than 10 letter-sized pages in length that does not include (1) table of contents, (2) index, (3) appendices, (4) budget analysis, (5) other support materials.
- The pages should be numbered and one-inch margins should be used.
- The font size and type is of the applicant but must be at least as large as the font type you are currently reading (Arial 11).

Materials submitted will become the property of the State of Florida. The state reserves the right to use any concepts or ideas contained in the response.

3.2 Contact Person and Application Delivery Information

The contact person listed below is the sole point of contact from the date of release of the RFA until the selection of the awarded applicants. Applications must be submitted by the due date and time as indicated in the RFA Timeline. LATE APPLICATIONS WILL NOT BE ACCEPTED.

Contact Person – U.S. Mail

Nita Harrelle
Florida Department of Health
IMRH Section
4052 Bald Cypress Way, Bin A13
Tallahassee, Florida 32399-1721
Fax Number: 850-245-4047
E-mail: Nita.Harrelle@flhealth.gov

Overnight Shipping and Hand Delivery

Nita Harrelle
Florida Department of Health
IMRH Section
2585 Merchants Row Blvd. Suite 135M
Tallahassee, Florida 32399-1721
Fax Number: 850-245-4047
E-mail: Nita.Harrelle@flhealth.gov

3.3 Applicants Inquiries/Written Questions

Questions related to this RFA must be received in writing by the contact person identified above by the date and time indicated in the Timeline. Please put "Seminole County RFA" in the

subject line. No questions will be accepted after the date and time indicated in the timeline. Answers will be posted as indicated in the timeline.

3.4 Minority and Service-Disabled Veteran Business Participation

The Department of Health encourages minority and women-owned business (MWBE) and service-disabled veteran business enterprise (SDVBE) participation in all its contracts. Applicants are encouraged to contact the Office of Supplier Diversity at 850/487-0915 or visit their website at <http://osd.dms.state.fl.us> for information on becoming a certified MWBE or SDVBE or for names of existing businesses that may be available for subcontracting or supplier opportunities.

3.5 Budget Availability

Current analysis of budget availability indicates that budget amount may change based on allocation by the funding source. Subject to future availability of budget, and pursuant to section 287.057 Florida Statutes, the department reserves the right to renew any contract(s) resulting from this RFA.

3.6 Special Accommodations

Any person requiring special accommodations because of a disability should notify the contact person as listed in Section 3.2 at least five (5) work days prior to any pre-application conference, application opening, or meeting. If hearing or speech impaired, individuals should notify the contact person by using the Florida Relay Service, which can be reached at 1-800-955-8771 (TDD).

3.7 Vendor Registration

Each vendor doing business with the State for the sale of commodities or contractual services as defined in Section 287.012., Florida Statutes shall register in the MyFloridaMarketPlace system, unless exempted under subsection 60A-1.030(3), Florida Administrative Code. Also, an agency shall not enter into an agreement for the sale of commodities or contractual services as defined in Section 287.012 Florida Statutes with any vendor not registered in the MyFloridaMarketPlace system, unless exempted by rule. A vendor not currently registered in the MyFloridaMarketPlace system shall do so within five (5) days after posting of intent to award. Information about the registration is available, and registration may be completed, at the MyFloridaMarketPlace website:

http://www.dms.myflorida.com/business_operations/state_purchasing/myfloridamarketplace

Those lacking Internet access may request assistance from the VendorHelp@MyFloridaMarketPlace.com at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 360, Tallahassee, FL 32399.

For vendors located outside of the United States, please contact Vendor Registration Customer Service at 866-352-3776 (8:00 AM – 5:30 PM Eastern Time) to register.

End of Text

RFA Number: _____

RFA SCORED CRITERIA RATING SHEET

DEPARTMENT OF HEALTH, INFANT, MATERNAL AND REPRODUCTIVE HEALTH SECTION
ESTABLISHMENT OF A HEALTHY START HEALTH CARE COALITION APPLICATION

Applicant's Name: _____

Scoring Criteria

0=Does Not Meet Requirement or Omitted this item

1=Minimally Meets Requirement

2=Meets Requirement

3=Exceeds Requirement

1. **Response to Introduction/Community Description:** These include indicators of awareness of the issue of access to prenatal and infant care, the importance of early prenatal care, a clear understanding of community resources, and the importance of community-based coalitions that can promote the health and well being of all pregnant women, interconception women and children up to age 3, barriers, and unmet needs within the prospective applicant's community.
 - A. Rate the prospective applicant's statement of the **impact** of lack of prenatal and child health care services within its local community and the target populations.
Score _____
 - B. Rate the prospective applicant's description of the **local community's response** to the need of prenatal and child health care services.
Score _____
 - C. Rate the prospective applicant's description of the **barriers** to providing prenatal, infant and child health care services within its community.
Score _____
 - D. Rate the prospective applicant's description of the **current** prenatal, infant and child health care services within its community.
Score _____
 - E. Rate the prospective applicant's description of any **existing gaps** in services for pregnant women and children up to age 3.
Score _____

Total Score for Community Description: _____ (total of 15 points possible)

- 2. Proposed Program Planning:** These include target populations, barriers, interventions, and other programmatic information.
- A. Rate the prospective applicant's **coalition membership**, to the extent to which it represents broad-based and community-centered providers, consumers, and interest groups in the service area.
Score_____
 - B. Rate the prospective applicant's explanation of **strategies** chosen to unite the community in an effort to promote the health and well being of pregnant women, infants, and children within its community.
Score_____
 - C. Rate the prospective applicant's explanation of how **linkages and referrals** with other community services and agencies will be implemented in the program.
Score_____
 - D. Rate the prospective applicant's explanation of their proposed process to solicit and oversee subcontractors for direct client services after the first year.

Total Score for Program Planning: _____ (total of 12 points possible)

3. Key Components of the Program: This narrative should show how the coalition will perform the requirements. This will include the action steps that describe the major activities and timeframes for these activities. The action steps should be specific and measurable. It should also include quality assurance activities to provide a self-assessment of the coalition in carrying out its responsibilities.

- A. Rate the prospective applicant's plan for performing an assessment of the prenatal, infant and child health care needs of the service delivery catchment area.

Score_____
- B. Rate the prospective applicant's plan for developing a **comprehensive resource inventory of services** within the service delivery catchment area.

Score_____
- C. Rate the prospective applicant's plan for developing a **prenatal, infant and child health care service delivery plan**.

Score_____
- D. Rate the prospective applicant's plan for developing an allocation methodology for how funds that are appropriated for the service area, and over which the successful applicant will be given authority over, once the service delivery plan, will be used.

Score_____

Total Score: _____ X 2 = _____ (total of 24 points possible)

Description of Staffing and Organizational Capacity: These include indicators of coalition's strengths, structure, administrative function, and ability to effectively manage their proposed Healthy Start Coalition:

- A. Rate the prospective applicant's plan for **employing** staff who are knowledgeable and experienced with the target populations.
Score _____
- B. Rate the prospective applicant's plan to provide **orientation and ongoing** education to the project staff.
Score _____
- C. Rate the prospective applicant's description of its **organizational structure** and how the proposed project will fit into this structure.
Score _____
- D. Rate the prospective applicant's description of its **overall mission** and how it relates to the statement of purpose for this RFA.
Score _____
- E. Rate the prospective applicant's description of current and past **collaborative efforts** with other local, public and private agencies, especially those involved in providing services to pregnant women, infants and children.
Score _____
- F. Rate the prospective applicant's description of the process for including **input from members of the target populations** in the development, planning, and delivery of the proposed program.
Score _____

Total Score for Staffing and Organizational Capacity _____ (total of 18 points possible)

5. BUDGET: These indicators include a proposed budget that is realistic, and does not include any unallowable costs. Items should be reasonable and necessary. Each line item needs clear budget narrative justification.

- A. Rate the prospective applicant's **proposed budget** as reasonable and allowable.
Score _____

- B. Rate the prospective applicant's **budget narrative** for clarity.
Score _____

Total points for Budget _____ (total of 6 points possible)

SCORE SUMMARY

TOTAL POSSIBLE POINTS

		SCORE
1. Response to Introduction	15	_____
2. Proposed Program Planning	12	_____
3. Proposed Program Components	24	_____
4. Staffing and Organizational Capacity	18	_____
5. Budgetary Issues	6	_____
TOTAL POINTS	<u>75</u>	_____

Evaluation Team Member's Signature

Print Name: _____

SAMPLE BUDGET FORMAT

Expenses	Amount Requested	Budget Narrative
Salaries (not including fringe)	\$ 75,000	Position Title and Name, Monthly Salary, % Time x # Months
Other Personnel Services (OPS)	\$ 10,000	Position Title and Name, Hourly Rate, x Hrs./week x # Weeks
Fringe Benefits	\$ 21,000	Show calculation of fringe benefits for each proposed funded position
Expenses	\$ 4,000	Furniture, Equipment, Computer Hardware and Software, Office Supplies, brochures, printing, copying, etc. Use state-approved rates for travel
Contractual	\$ 40,000	Identify the name of the proposed contractual providers, describe the services to be provided, and provide the total dollars to be contracted out. Additional information will be required if the application is selected to receive funding.
Total Proposed Project Costs	\$ 150,000	

Required Certifications

ACCEPTANCE OF TERMS AND CONDITIONS

The undersigned agrees to accept the terms and conditions of provision of services as specified in the Standard Contract and the Request for Application contained in Section 64F-2.002, F.A.C. titled Coalition’s Responsibilities. This certifies there has been no prior involvement by the applicant in performing a feasibility study of the implementation of the subject contract, in participating in the drafting of the application, or in developing the subject program.

Signature of Authorized Official

Date

**STATEMENT OF NO INVOLVEMENT
CONFLICT OF INTEREST STATEMENT (NON-COLLUSION)**

I hereby certify that my company, its employees, and its principals, had no involvement in performing a feasibility study of the implementation of the subject contract, in the drafting of this application document, or in developing the subject program. Further, my company/agency, its employees, and principals, engaged in no collusion in the development of the Request for Applications. This application or offer is made in good faith and there has been no violation of the provisions of applicable Florida Statutes, the Administrative Code Rules promulgated pursuant thereto, or any grant application policy of the Florida Department of Health. I certify I have full authority to legally bind the applicant to this RFA.

Signature of Authorized Official

Date

I certify that the undersigned does not provide any direct prenatal and infant care services as defined in the rule section 64F-2.005.

Signature of Authorized Official

Date

USE OF ADMINISTRATIVE FUNDS

I certify that the undersigned will use any administrative funds received under contract with the department solely for the operation of the coalition.

Signature of Authorized Official

Date

*An authorized official is an officer of the applicant’s organization who has legal authority to bind the organization to the provisions of the application. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the application if signed by other than the President, Chairman or owner.

COALITION MEMBERSHIP CRITERIA

1. The coalition must contain, at a minimum, representation from these following groups:
 - (a) Consumers of family planning, primary care, or prenatal care services.
 - (b) County Health Departments.
 - (c) Migrant and community health centers, if their service area contains any part of the service area represented by the coalition.
 - (d) Hospitals, birthing centers, and other providers of maternity and/or infant services to the population included in the coalition's service area.
 - (e) Local medical societies.
 - (f) Local health planning organizations.
 - (g) Local maternal and infant health advocacy interest groups and community organizations.
 - (h) County and municipal governments.
 - (i) Social service organizations
 - (j) *Local Education Communities.
 - (k) Community organizations who represent or serve the target population.
2. At least two of the members must be consumers who are low income or Medicaid eligible.
3. The coalition membership must represent the racial, ethnic, and gender composition of the community.
4. Each agency that is a member of the coalition shall have only one official representative per county who shall be a voting member of the coalition. Each agency may have other non-voting members who can participate in the operation of the coalition.
5. It is crucial that the membership of multi-county coalitions exhibits adequate representation from each of the counties. For example, if a coalition represents a four county area, it is not acceptable that three of the counties are represented solely by one agency and the remaining members are from one dominant county.

*All Healthy Start Coalitions, either funded or recognized without funding, shall involve local education agencies in their membership to facilitate the development of an integrated and coordinated system of care essential in meeting the requirements of numerous prevention and early intervention initiatives that are integrated with health initiatives.

Required information on each coalition member:

- 1. Name
- 2. Title and Occupation
- 3. Home Address
- 4. Race/Ethnic group and gender
- 5. Agency represented (if none, then specify if Low Income or Medicaid consumer or provider)
- 6. Notarized statement signed by the president or chief administrative officer of the organization for each coalition member who represents the organization. This statement must attest that the person listed on the membership roster as the organization's authorized representative has been designated to fulfill that position by the organization.

You may use the following form to document each coalition member.

COALITION MEMBER

Name: _____

Title and Occupation: _____

Home Address: _____

Agency: _____

(The following statement must be notarized.)

I attest that _____ has been authorized to represent
_____ as its
representative on _____

Signature: _____

Title: _____