Auditory-Oral Early Education Program

DOH RFA #15-009

APPLICATION GUIDELINES

FY 2016-2017

Florida Department of Health
Division of Community Health Promotion
Bureau of Chronic Disease Prevention

June 24, 2016

Application Deadline:

July 29, 2016

Auditory-Oral Education Program RFA Timeline

Applicants must adhere to the RFA timelines as identified below.

Schedule	Due Date	Location
Request for Applications Released and Advertised	**July 1, 2016**	Posted electronically via: http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html Vendor bid system: http://vbs.dms.state.fl.us/vbs/main_menu
Submission of Written Questions	**Prior to 5:00 P.M. E.S.T. July8, 2016**	All questions must be submitted electronically to: bryan.russell@flhealth.gov
Responses to Questions Posted	**July12, 2016**	Posted electronically via Vendor Bid System: http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html http://www.myflorida.com/apps/vbs/vbs_www.main_menu
Application Due (No Faxed or E-mailed copies of application accepted)	**July 29, 2016**	For U.S. Mail: Florida Department of Health Division of Administration, Bureau of General Services 4052 Bald Cypress Way, Bin B06 Tallahassee, Florida 32399-1734 For Overnight Shipping (Physical Address): Florida Department of Health Division of Administration, Bureau of General Services 4052 Bald Cypress Way, First Floor Tallahassee, FL 32399- 1734
Evaluation of Applications	**August 1, 2016**	Review and Evaluation of Proposals Begins
Anticipated Negotiations Begin	**August 15, 2016**	Negotiations and budget revisions for grant awards begins
Anticipated Award Date	**August 19, 2016**	Posted electronically via: http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html Vendor bid system: http://vbs.dms.state.fl.us/vbs/main_menu
Anticipated Grant Start Date	**September 6, 2016**	Selected applicants begin implementing project activities

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Section 1.0 INTRODUCTION

1.1 Program Authority

This program is authorized under Ch. 16-006, § 3, at 466, Laws of Fla.

1.2 Notice and Disclaimer

Grant awards will be determined by the Florida Department of Health (DOH) in accordance with this publication based on the availability of funds. DOH reserves the right to offer multiple grant awards if it deems it is in the best interest of the state of Florida and DOH. Additionally, DOH reserves the right to negotiate with applicants prior to the offer of a grant award or execution of the contract. If during the grant funding period, the authorized funds are reduced or eliminated by the grantor agency or by the legislature, DOH may immediately reduce or terminate the grant award by written notice to the selected applicants. The termination or reduction will not apply to allowable costs already incurred by the selected applicants to the extent that funds are available for payment of such costs.

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 DOH.

1.3 Program Purpose

The purpose of this RFA is to provide grant funding for auditory-oral early intervention programs serving children throughout Florida, who are deaf or hard of hearing. These early intervention programs must solely offer auditory-oral educational instruction and services, as defined in section 1002.391, Florida Statutes. Additionally, the intervention programs must have a supervisor and faculty members who are credentialed as Certified Listening and Spoken Language Specialists.

Section 1002.391(1)(a), Florida Statutes, defines "Auditory-oral education program," as a program that develops and relies solely on listening skills and uses an implant or assistive hearing device for the purpose of relying on speech and spoken language skills as the method of communication.

1.4 Available Funding

DOH has an estimated $400,000 to implement this program statewide. DOH reserves the right to award one grant or multiple awards to eligible applicants. These non-recurring funds are from the General Revenue fund and provided to DOH's Division of Community Health Promotion, Bureau of Chronic Disease Prevention.

Section 2.0 PROGRAM OVERVIEW

2.1 Background

Chapter 1002, Florida Statutes was amended in 2015 to add section 1002.391, Florida Statutes providing for the establishment of Auditory-Oral Education Programs and to increase access to these programs for children who are deaf or hard of hearing.

2.2 Program Expectations

The funded program must provide auditory-oral early intervention programs to children who are deaf or hard of hearing in multiple counties in Florida including underserved populations or rural areas. The programs must consist of auditory-oral educational habilitation and services and be provided by certified Listening and Spoken Language Specialists.

2.3 Current and Prior Funded Projects

Applicants must demonstrate the ability to meet the requirements of this RFA. In the narrative, applicants should:

- Describe the current status of programs conducted by the organization, and the understanding of the need for this program and the organization's capacity to implement and evaluate the proposed activities

- Demonstrate relevant experience of providing auditory-oral early intervention services.
- Present a staffing plan and project management structure sufficient to carry-out the project with clearly defined staff roles
- Submit no more than three success stories demonstrating program accomplishments. Each story should not exceed one page and may be included in the appendix

2.4 Project Requirements

Applicants must meet the following requirements to fulfill the goals of this project:

- Solely offer auditory-oral education and habilitation programs, as defined in section 1002.391(1)(a), Florida Statutes and Ch. 16-006, § 3, at 466, Laws of Fla..
- Employ certified Listening and Spoken Language Specialists as faculty members and supervisors
- Have the capacity to serve the required population in rural and underserved areas in Florida
- Have extensive and verifiable experience in providing services to children who are deaf or hard of hearing.
- Ensure that children in the program are deaf or hard of hearing
- Ensure that children in the program have a hearing implant or assistive hearing device
- Ensure that children in the program are between the ages of 3 and 7 years, or between the ages of 2 and 7 years when the school district elects to serve children with disabilities under the age of 3, as defined in section 1002.391 (1)(a), Florida Statutes
- Ensure children in the program are residents of the state of Florida

Section 3.0 TERMS AND CONDITIONS OF SUPPORT

3.1 Eligibility Criteria

This RFA is open to applicants who:

3.1.1 Have certified Listening and Spoken Language Specialists as faculty and supervisors

3.1.2 Are registered as a vendor in the state's MyFloridaMarketplace system. For more information or to register as a licensed vendor, please visit: http://www.dms.myflorida.com/business_operations/state_purchasing/myfloridamarketplace

3.1.3 Agree that, in accepting state dollars under this RFA, they will be required to comply with all state laws, executive orders, regulations and policies governing these funds. Applicants that have had contracts terminated or reduced by DOH for reasons other than a mutually agreed upon cause or that are classified as a prohibited vendor are ineligible for funding

3.1.4 Are able to serve the population in rural or underserved areas within the state of Florida.

3.2 Period of Support

The selected applicants will receive an award for approximately a 10-month budget period to last from September 6, 2016 to June 30, 2017.

3.3 Use of Grant Funds

Applicants must provide a detailed description of how the funds will be used. Costs not allowed for these programs may be found at http://www.myfloridacfo.com/aadir/reference_guide/Reference_Guide_For_State_Expenditures.pdf

Grant funds may be requested to cover costs of:

- Personnel
- Consultants
- Travel
- Supplies
- Curriculum
- Printing
- Conference or training registration fees

Funds may not be used for:

- Building alterations or renovations
- Research
- Construction
- Direct services
- Fund raising activities
- Refreshments (food and beverages)

Section 4.0 APPLICATION REQUIREMENTS

4.1 Order of Application Package

The application must follow the format and arrangement described below:

- Cover Page
- Table of Contents
- Abstract
- Detailed Budget and budget narrative
- Project Narrative

- Statement of No Conflict of Interest
- Statement of Drug-Free Work Place
- Statement of Civil Rights Checklist
- Financial Compliance Audit
- Appendices

4.2 Detailed Budget Form and Budget Justification Narrative

4.2.1 A detailed budget and budget narrative and computation of expenditures must be provided. In the budget, provide a detailed line-item budget that represents allowable and reasonable costs.

4.2.2 In the budget narrative, provide for all expenditures detailing how amounts were determined. They must be necessary, allowable and related to the Auditory-Oral Education Program

4.2.3 Describe the administrative and fiscal infrastructure that will enable the applicant to track and expend funds in accordance with generally accepted accounting practices

Applicants should recognize that costs do not remain static. The budget should reflect the various phases and activities of planning, organizing, implementation, evaluation and dissemination.

Section 5.0 REQUIRED CONTENT OF THE PROJECT NARRATIVE SECTION

5.1 Project Narrative with Abstract

In the project narrative, a maximum of 15 pages, double spaced, Calibri 12 point, 1-inch margins, number all pages. Any content beyond 15 pages will not be considered. The project abstract is a self-contained, brief summary of the proposed program that includes the purpose and description of how the program will be implemented.

5.2 Program Plan

- Applicants must provide a detailed work plan describing how the proposed project will be carried out during the time period of the contract and the funding amount needed. And linked to the program requirements. he work plan must address current needs and identify target areas based on socio-economic, demographic and population factors
- The work plan must describe how the proposed project will be carried out during the time period of the contract and the funding amount needed and be linked to the program objectives and needs. Unclear where any of these came from. Please provide whatever documentation establishes that these are the activities the Legislature identified for this funding.

5.3 Evaluation Plan

Provider's performance will be evaluated based on an on-site monitoring and review of quarterly reports which address the following:

- Number of agreements or schools working with Provider per quarter
- Number of children enrolled in program per quarter
- Number of children who received an implant or other assistive hearing device per quarter

- Improvement in transitions from project to mainstream school
  Improved organizational capacity
- Number of students enrolled in mainstream classes and schools by June 30, 2017
- Improvement in receptive and expressive language development off students

5.4 Staffing and Management Plan

In this section, applicants should identify and discuss the administration and management strategies that will be used in the grant. As specified in Ch. 16-006, § 3, at 466, Laws of Fla., qualified applicants will provide the following:

5.4.1 Staffing Levels: The successful applicants should include their proposed staffing for programmatic, technical and administrative support. **Professional Qualifications:** Identify personnel who will implement the Auditory-Oral Education Programs, their resumes and contact information. Resumes to be added as an Appendix item. Per the GAA, applicants are required to have staff and supervisors credentialed as Certified Listening and Spoken Language Specialists.

5.5 Appendices

All appendices must be clearly referenced and must support elements of the narrative. Appendices will not be counted toward the page limit.

Work plan	Required
Success stories	Optional
Organizational Chart	Required
Letters of Support	Optional
Staff Resumes	Required
Scope of Work	Required
References	Required

Section 6.0 SUBMISSION OF APPLICATION

6.1 Application Deadline

Applications must be postmarked no later than **July 29, 2016**.

6.2 Submission Methods

Applications may only be submitted by regular or express mail. No fax or email submissions will be accepted.

6.3 Mailed Applications

Applicants are required to submit one original and three copies of the application by regular or express mail. The original application must be signed by an individual authorized to act for the applicant agency or

organization and to assume for the organization the obligations imposed by the terms and conditions of the grant.

Mailed applications will be considered as meeting the deadline if they are postmarked no later than **July 15th, 2016**. Applicants are encouraged to submit applications early.

6.4 Where to Send Your Application

Applications will be mailed to:

Florida Department of Health
Division of Administration, Bureau of General Services
4052 Bald Cypress Way, Bin B-06
Tallahassee, FL 32399

Express Mail (Physical Address)
Florida Department of Health
4052 Bald Cypress Way, First Floor
Tallahassee, FL 32399

Section 7.0 EVALUATIONS OF APPLICATONS

7.1 Receipt of Applications

Applications will be scored by an objective review committee. Committee members are chosen for their expertise in health and their understanding of the unique health problems and related issues in Florida.

7.2 How Applications are Scored

Applications will be reviewed on their own merits, and not be compared to each other. The review committee will score the application utilizing the following four factors.

Factor	Maximum Value
Project Narrative	20 Points
Budget and Budget Narrative	20 Points
Evaluation Plan	30 Points
Entirety of Application	30 Points

7.3 Grant Awards

The successful applicant or applicants will enter into a contract with the Florida Department of Health. DOH reserves the right to revise proposed plans and negotiate final funding prior to finalizing the contract.

7.4 Award Criteria

Funding decisions will be determined by the applicant's scores based on the above criteria. Funding award determination is wholly at the discretion of DOH.

7.5 Notification of Awards

Awards will be listed on the website at: http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/ no later than **August 19, 2016**. Funded projects will also be notified by phone and/or email.

Section 8.0 REPORTING AND OTHER REQUIREMENTS

8.1 Post Award Requirements

Funded applicants will be required to submit the following documentation of deliverables:

- Quarterly Reports to include the following:
    - Data documenting improved auditory skill development of students
    - Data documenting number of students enrolled for the specified quarter
    - Quarterly Financial Status Reports

- Final project report at the end of the grant period to include the following deliverables:
    - Data documenting improved auditory skill development of students
    - Data documenting number of students enrolled for the specified quarter

8.2 Financial Consequences

DOH will review the submitted deliverables each quarter.

In the event that a deliverable is not met within the proper quarter financial consequences will be assessed on the grant payment for that quarter.

Section 9.0 REQUIRED FORMS

9.1 Detailed Budget Narrative

9.2 Statement Of No Conflict of Interest—attached

9.3 Civil Rights Checklist—attached

9.4 Financial Compliance Audit—attached

University of Florida

Budget Category	Total	Percentage Allocated to Contract	Total Amount Charged to Contract
Personnel Salary and Benefits			
Salary			
Fringe Benefits			
Contracted Program Staff			
Subtotal Personnel		**0**	
Expenses			
Accounting & Audits			
Consumable Office Supplies			
Rent/Use of Space			
Telephone/Communications			
Utilities			
Insurance			
Travel & Per Diem			
Fuel			
Website & Technology			
Subtotal Expenses		**0**	
SUB-CONTRACTUAL SERVICES*			
		0	
Indirect Cost (10%)			
Total Prject Cost		**0**	**0**

*Must be processed through the DOH subcontract process prior to the execution of a subcontract

Conflict of Interest Questionnaire

_____
(Title of RFP/ITB/ITN Contract)

	Yes	No
1. Do you, your immediate family, or business partner have financial or other interests in any of the potential bidders/entities listed?	☐	☐
2. Have gratuities, favors or anything of monetary value been offered to you or accepted by you from any of the potential bidders/entities listed?	☐	☐
3. Have you been employed by any of the potential bidders/entities listed within the last 24 months?	☐	☐
4. Do you plan to obtain a financial interest, e.g. stock, in any of the potential bidders/entities listed?	☐	☐
5. Do you plan to seek or accept future employment with any of the potential bidders/entities listed?	☐	☐
6. Are there any other conditions which may cause a conflict of interest?	☐	☐

If you answered Yes to any of the above questions, please provide a written explanation of your answer.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I, _____(print or type name)_____ declare all of the above questions are answered truthfully and to the best of my knowledge.

_____ _____
Signature Date

5/16

STATE OF FLORIDA
DEPARTMENT OF HEALTH

CIVIL RIGHTS COMPLIANCE CHECKLIST

Facility / Program	County	
Address	Completed By	
City, State, Zip Code	Date	Telephone

Briefly describe the geographic area served by the program/facility and the type of services provided:

Minimum Requirements	Complies? Yes	Complies? No	N/A	COMMENTS If, No or N/A, Explain briefly	Local - County procedures or policy refs
Requirement: DOH Policy – Designation of Compliance Officer. Programs and facilities that employ 15 or more persons must designate at least one person to coordinate efforts to comply with the requirements of Title VI of the Civil Rights Act of 1964 (Title VI); HHS Assurances; as well as Section 504 of the Rehabilitation Act of 1972 (Section 504), the ADA of 1990 (ADA), and the Age Discrimination Act of 1975.					
1. Has your organization assigned the local responsibility for insuring compliance with the HHS Assurances for **Title VI of the Civil Rights Act of 1964 (Title VI)**, as amended, under the contract between the Florida Department of Health and the U.S. Department of Health and Human Services to someone in your organization?	Y	N			
1a. Who is designated as the local Title VI Coordinator?					
1b. What is this person's position title?					
2. Have **all contracted service providers** with 15 or more employee designated a Title VI Coordinator?	Y	N			
- a Section 504 coordinator:	Y	N			
- a contact person for ADA and Limited English Proficiency (LEP) requests	Y	N			
3. Has your organization appointed an employee with compliance monitoring responsibilities for Section 504, ADA, and the Age Discrimination Act of 1975? If not the same as the Title VI coordinator (#1 above), provide the name, position title and contact information.	Y	N			
Requirement: DOH Policy – Equal Access and Participation (Participation). Programs and facilities will maintain and record statistics which will document equal access and participation in compliance with Title VI, including participant demographics and program qualification requirements, including numbers applying for services, enrollment, and number not enrolled.					

Florida Department of Health
Equal Opportunity Section
COMPLIANCE REVIEW (Continued)

Minimum Requirements	Complies? YES	Complies? NO	N/A	COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy **refs**
Requirement – Equal Access and Participation: Reporting Community Outreach and Advocacy					
4. Does your organization document the dissemination of information to the community (including clients, potential clients and advocacy groups) about HHS's Title VI programs and your organization's commitment to compliance with civil rights and non-discrimination?	Y	N			
4.a – Does your organization regularly meet or communicate with community organizations and advocacy groups?	Y	N			
4.b – What community organizations and advocacy groups do you communicate regularly with, and how? (List on a separate sheet)	Y	N			
Requirement – Equal Access and Participation: Reporting Compliance					
5. Does your organization record and maintain statistics which will document equal access and participation in compliance with Title VI ?	Y	N			
5.a – Do your records identify participants and applicants in each program at each center or location, and if so, do you record race, color, national origin, age, gender and disability status?	Y	N			
5.b – Are the participation rates reported to the EO Section – and how often?	Y	N			
5.c – Do you report the number and enrollment rates of applicants and the number of participants who complete each program?	Y	N			
5.d – Do you offer and collect participant satisfaction surveys for each program?	Y	N			
5.e – Who has physical custody of the records on applicants and participants, and surveys?	Y	N			
Requirement - Equal Access and Participation: Limited English Proficiency and Auxiliary Aids Plan					
6. Does your organization annually review the Department's LEP and Auxiliary Aids Plan (LEP/AA) and incorporate any changes in the local LEP/AA Plan provisions?	Y	N			
6.a Who is designated as the LEP/AA Plan contact and coordinator?	(Name, Title and Phone number)				

Florida Department of Health
Equal Opportunity Section
COMPLIANCE REVIEW (Continued)

Minimum Requirements	Complies? YES	Complies? NO	N/A	COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy **refs**
6.b Does the above individual annually review and update the local resources and referrals for your organization?	Y	N			
Requirement - Equal Access and Participation: Communications					
6.c Does your organization provide an updated list of **local resources and referrals** to staff and/or **training,** to provide information on how to access the list of resources? If so, does it include the following:	Y	N			
6.c.1. Description of auxiliary aids available for use in each phase of the service delivery process	Y	N			
6.c.3. Does the organization have a requirement for **training** for direct services field staff, institutional staff and other staff who deal with the public? If so, does it include the following:	Y	N			
6.c.3a. Procedures to be used by direct service staff in requesting appropriate auxiliary aids	Y	N			
6.c.3b. Florida Relay Service (FRS) phone number (711) publicized for communications	Y	N			
6.c.3c. Full range of communication options, at no cost	Y	N			
6.c.3d. A list of formal arrangements with interpreters who can accurately and fluently express and receive in sign language? The names, addresses, phone numbers and hours of availability of interpreters must be readily available to direct services employees.	Y	N			
6.c.3e. – Accessibility to supplemental hearing devices as needed.	Y	N			
6.c.3f. - Use of written communication in lieu of verbal communications.	Y	N			
6.c.3g. – Use of Flash cards to communicate.	Y	N			
6.c.3h. At least one telecommunications device, or an arrangement to share a TDD line with other facilities.	Y	N			
6.c.4. Information that use of family members may be used only if they are specifically requested by a hearing impaired person.	Y	N			

Florida Department of Health
Equal Opportunity Section
COMPLIANCE REVIEW (Continued)

Minimum Requirements	Complies? YES	Complies? NO	N/A	COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy **refs**
7. Does the organization have a written **Monitoring Procedure** which includes:					
- Description of how client needs are assessed.	Y	N			
- Approval responsibility for request for and obtaining the requested auxiliary aid or interpreter	Y	N			
- Standard time for DOH to provide service(s)	Y	N			
- FRS phone number (711) publicized	Y	N			
- Name of CHD/CMS Director or Administrator is provided and displayed	Y	N			
- Name and contact information for local EO Coordinator, ADA Coordinator and to request LEP/AA Plan services displayed in each location	Y	N			
- Name and contact information for the DOH EO Manager is provided and displayed	Y	N			
-. A procedure (including Poster) for notifying clients and applicants of the availability of auxiliary aids and procedures for requesting an auxiliary aid	Y	N			
7a - List of Locations where DOH Posters have been posted; and when the last On-site was done to ascertain Posters are visible and current?	Y	N			
7b - Training and Meeting Notices contain required contact information to request services	Y	N			

Requirement: DOH Policy - Notice of Title VI Rights and Complaint Procedures – Programs/facilities must make available to their participants, beneficiaries or any other interested parties information on their right to file a complaint of discrimination with either the Florida Department of Health or the United States Department of Health and Human Services (HHS). The information may be supplied verbally or in writing to every individual, or may be supplied through the use of an equal opportunity policy poster displayed in public areas of the facility.

8. Does your organization inform participants, beneficiaries or other interested parties of their right to file a complaint of discrimination with either the DOH or the U S Department of Health and Human Services (HHS)?	Y	N			
8a – How do you inform and instruct your employees and provider personnel of the commitment to compliance with federal regulations regarding nondiscrimination?	Y	N			
8b – Do you have an established procedure for reporting internal grievance or complaints for possible discrimination or civil rights violations?	Y	N			

COMPLIANCE REVIEW (Continued)

Minimum Requirements	Complies? YES	Complies? NO	N/A	COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy **refs**
8c – Have your local procedures been reviewed and approved by the DOH EO Section?	Y	N			
8d – Has your organization provided all participants or applicants for services with contact information for the state Equal Opportunity office (EO Section) in Tallahassee?	Y	N			
8e – Have your employees or applicants for employment been provided with contact information for the Department Equal Opportunity office (EO Section) in Tallahassee and informed of their right to file a discrimination complaint ?	Y	N			
8f – Is there a written record made of information regarding a person's request to file a complaint and who provided it?	Y	N			
8g. Does your organization ensure the EO Section is informed of any report by a client or employee of possible or alleged violation of discrimination laws within recommended time frames?	Y	N			

Requirement: DOH Policy - Reporting Requirements: Self-Evaluation (Physical Accessibility). Programs and facilities must conduct a self-evaluation to identify any accessibility barriers, using the four step process that includes (1) evaluate current practices and policies to identify any that do not complaint with Section 504 or the ADA; modify policies and practices that do not meet requirements; take remedial steps to eliminate any discrimination that has been identified; and maintain the self-evaluation on file. Assure the program/facility is physically accessible to disabled individuals. Physical accessibility includes designated parking areas, curb cuts or level approaches, ramps and adequate width to entrances. The lobby, public telephone, restroom facilities, water fountains, information and admissions offices should be accessible. Door widths and traffic areas of administrative offices, cafeterias, restrooms, recreation areas, counters and serving lines should be observed for accessibility. Switches and controls for light, heat, ventilation, fire alarms, and other essentials should be installed at an appropriate height for accessibility for mobility-impaired individuals.

9. Has your organization, and each program, conducted and submitted a self-evaluation in the past three to five years? (Forms: Program Self-Evaluation, Communication Access, and an ADA Facility Accessibility Checklist(s))	Y	N			
9a –Has a copy of each completed self-evaluation been provided to the compliance officer and the DOH EO Section?	Y	N			
9b – Has there been any new construction or renovation work done on the facility in which the programs are provided since the last self-evaluation?	Y	N			
9c – Was a self-evaluation completed following completion of the work or provided by the contractor	Y	N			
9d – Has your organization identified any areas in which compliance should or could be improved?	Y	N			

COMPLIANCE REVIEW (Continued)

Minimum Requirements	Complies? YES	Complies? NO	N/A	COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy **refs**
9e – What has the organization done to address previous compliance issues or to improve compliance in the previous year?	Y	N			

Requirement: DOH Policy - Reporting Requirements: Training.					
10. Has the local compliance officer or designee completed DOH's EO training in the last 3 years?	Y	N			
10a. Have all employees completed DOH's orientation to EO rights: in New Hire training, or in the last 3 years, or when new policies or procedures have been promulgated?	Y	N			

Requirement: DOH Policy- Reporting Requirements: Staff Recruitment and Selection					
11. Are recruitment and selection files maintained for not less than two years after the selection is processed?	Y	N			
12. Do recruitment announcements include the "Equal Employment Opportunity" nondiscrimination statement (tagline) in all job vacancy announcements?	Y	N			
13. Is there any written guidance regarding advertising position vacancies in local newspapers? In minority newspapers?	Y	N			
14. Are other methods used to publicize job vacancies? If so, describe.	Y	N			

ATTACHMENT

FINANCIAL AND COMPLIANCE AUDIT

The administration of resources awarded by the Department of Health to the provider may be subject to audits and/or monitoring by the Department of Health, as described in this section.

MONITORING

In addition to reviews of audits conducted in accordance with 2 CFR Part §200.500, formerly OMB A-133 and Section 215.97, F.S., monitoring procedures may include, but not be limited to, on-site visits by Department of Health staff, limited scope audits, and/or other procedures. By entering into this agreement, the provider agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Department of Health. In the event the Department of Health determines that a limited scope audit of the provider is appropriate, the provider agrees to comply with any additional instructions provided by the Department of Health to the provider regarding such audit. The provider further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer (CFO) or Auditor General.

AUDITS

PART I: FEDERALLY FUNDED

This part is applicable if the provider is a State or local government or a non-profit organization as defined in 2 CFR Part §200.500.

1. In the event that the provider expends $750,000 or more in Federal awards during its fiscal year, the provider must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR Part §200.501. EXHIBIT 1 to this agreement indicates Federal resources awarded through the Department of Health by this agreement. In determining the Federal awards expended in its fiscal year, the provider shall consider all sources of Federal awards, including Federal resources received from the Department of Health. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by 2 CFR Part §200.502-.503. An audit of the provider conducted by the Auditor General in accordance with the provisions of 2 CFR Part §200.500 will meet the requirements of this part.

2. In connection with the audit requirements addressed in Part I, paragraph 1, the provider shall fulfill the requirements relative to auditee responsibilities as provided in 2 CFR Part §200.508-.512.

3. If the provider expends less than $750,000 in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of 2 CFR Part §200.501(d) is not required. In the event that the provider expends less than $750,000 in Federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of 2 CFR Part §200.506, the cost of the audit must be paid from non-Federal resources (i.e., the cost of such audit must be paid from provider resources obtained from other than Federal entities.)

4. An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Department of Health shall be based on the agreement's requirements, including any rules, regulations, or statutes referenced in the agreement. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health agreement involved. If not otherwise disclosed as required by 2 CFR Part §200.510, the schedule of expenditures of Federal awards shall identify expenditures by funding source and contract number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the provider's fiscal year end.

PART II: STATE FUNDED

This part is applicable if the provider is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

1. In the event that the provider expends a total amount of state financial assistance equal to or in excess of $500,000 in any fiscal year of such provider (for fiscal years ending September 30, 2004 or thereafter), the provider must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), and Rules of the Auditor General. EXHIBIT I to this agreement indicates state financial assistance awarded through the Department of Health by this agreement. In determining the state financial assistance expended in its fiscal year, the provider shall consider all sources of state financial assistance, including state financial assistance received from the Department of Health, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

2. In connection with the audit requirements addressed in Part II, paragraph 1, the provider shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.

3. If the provider expends less than $500,000 in state financial assistance in its fiscal year (for fiscal years ending September 30, 2004 or thereafter), an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, is not required. In the event that the provider expends less than $500,000 in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, the cost of the audit must be paid from the nonstate entity's resources (i.e., the cost of such an audit must be paid from the provider resources obtained from other than State entities).

4. An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Department of Health shall be based on the agreement's requirements, including any applicable rules, regulations, or statutes. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health agreement involved. If not otherwise disclosed as required by Rule 69I-5.003, Fla. Admin. Code, the schedule of expenditures of state financial assistance shall identify expenditures by agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within 45 days after delivery of the audit report, but no later than 9 months after the provider's fiscal year end for local governmental entities. Non-profit or for-profit organizations are required to be submitted within 45 days after delivery of the audit report, but no later than 9 months after the provider's fiscal year end. Notwithstanding the applicability of this portion, the Department of Health retains all right and obligation to monitor and oversee the performance of this agreement as outlined throughout this document and pursuant to law.

PART III: REPORT SUBMISSION

1. Copies of reporting packages for audits conducted in accordance with 2 CFR Part §200.512 will be submitted by or on behalf of the provider directly to each of the following:

A. The Department of Health as follows:

SingleAudits@flhealth.gov

Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto, and accompanied by the "Single Audit Data Collection Form." Files which exceed 8 MB may be submitted on a CD or other electronic storage medium and mailed to: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), Tallahassee, FL 32399-1729.

B. The Internet Data Entry System (IDES) is the place to submit the single audit reporting package, including form SF-SAC, to the Federal Audit Clearinghouse (FAC). Single audit submission is required under the Single Audit Act of 1984 (amended in 1996) and 2 CFR Part §200.36 and §200.512. The Federal Audit Clearinghouse requires electronic submissions as the only accepted method for report compliances. FAC's website address is: https://harvester.census.gov/sac/

C. Other Federal agencies and pass-through entities in accordance with 2 CFR Part §200.331 and §200.517.

2. Pursuant to 2 CFR Part 200.521 the provider shall submit a copy of the reporting package and any management letter issued by the auditor, to the Department of Health as follows:

SingleAudits@flhealth.gov

Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto, and accompanied by the "Single Audit Data Collection Form." Files which exceed 8 MB may be submitted on a CD or other electronic storage medium and mailed to: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), Tallahassee, FL 32399-1729.

3. Additionally, copies of financial reporting packages required by Part II of this agreement shall be submitted by or on behalf of the provider directly to each of the following:

A. The Department of Health as follows:

: SingleAudits@flhealth.gov

Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto, and accompanied by the "Single Audit Data Collection Form." Files which exceed 8 MB may be submitted on a CD or other electronic storage medium and mailed to: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), Tallahassee, FL 32399-1729.

B. The Auditor General's Office at the following address:

Auditor General's Office
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450

4. Any reports, management letter, or other information required to be submitted to the Department of Health pursuant to this agreement shall be submitted timely in accordance with 2 CFR Part §200.512, Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.

5. Providers, when submitting financial reporting packages to the Department of Health for audits done in accordance with 2 CFR Part §500.512 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the provider in correspondence accompanying the reporting package.

PART IV: RECORD RETENTION

The provider shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued, and shall allow the Department of Health or its designee, the CFO or Auditor General access to such records upon request. The provider shall ensure that audit working papers are made available to the Department of Health, or its designee, CFO, or Auditor General upon request for a period of six years from the date the audit report is issued, unless extended in writing by the Department of Health.

End of Text

Contract #: _____

EXHIBIT 1

1. FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

Federal Program 1_____ CFDA# _____Title_____$_____

Federal Program 2 _____CFDA# _____Title_____$_____

TOTAL FEDERAL AWARDS $_____

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

_____

_____

_____

2. STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

State financial assistance subject to Sec. 215.97, F.S.: CSFA# _____Title_____ $_____

State financial assistance subject to Sec. 215.97, F.S.: CSFA# _____Title_____ $_____

TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, F.S. $_____

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

_____

_____

_____

_____

Financial assistance not subject to Sec. 215.97, F.S. or 2 CFR Part §200.40: $_____

Financial assistance not subject to Sec. 215.97, F.S. or 2 CFR Part §200.40: $_____

_____

Matching and Maintenance of Effort *

Matching resources for federal program(s):

Program: _____CFDA#_____Title_____$_____

Maintenance of Effort (MOE):

Program: _____CFDA#_____Title_____$_____

***Matching Resources, MOE, and Financial Assistance not subject to Sec. 215.97, F.S. or 2 CFR Part §200.306 amounts should not be included by the provider when computing the threshold for single audit requirements totals. However, these amounts could be included under notes in the financial audit or footnoted in the Schedule of Expenditures of Federal Awards and State Financial Assistance (SEFA). Matching, MOE, and Financial Assistance not subject to Sec. 215.97, F.S. or 2 CFR Part §200.306 is not considered State/Federal Assistance.

EXHIBIT 2

PART I: AUDIT RELATIONSHIP DETERMINATION

Providers who receive state or federal resources may or may not be subject to the audit requirements of 2 CFR Part §200.500, and/or Section 215.97, Fla. Stat. Providers who are determined to be recipients or subrecipients of federal awards and/or state financial assistance may be subject to the audit requirements if the audit threshold requirements set forth in Part I and/or Part II of Exhibit 1 is met. Providers who have been determined to be vendors are not subject to the audit requirements of 2 CFR Part §200.38, and/or Section 215.97, Fla. Stat. Regardless of whether the audit requirements are met, providers who have been determined to be recipients or subrecipients of Federal awards and/or state financial assistance must comply with applicable programmatic and fiscal compliance requirements.

In accordance with 2 CFR Part §200 and/or Rule 69I-5.006, FAC, provider has been determined to be:

_____Vendor not subject to 2 CFR Part §200.38 and/or Section 215.97, F.S.
_____ Recipient/subrecipient subject to 2 CFR Part §200.86 and §200.93 and/or Section 215.97, F.S.
_____Exempt organization not subject to 2 CFR Part §200 and/or Section 215.97, F.S. For Federal awards, for-profit organizations are exempt; for state financial assistance projects, public universities, community colleges, district school boards, branches of state (Florida) government, and charter schools are exempt. Exempt organizations must comply with all compliance requirements set forth within the contract or award document.

NOTE: If a provider is determined to be a recipient/subrecipient of federal and or state financial assistance and has been approved by the department to subcontract, they must comply with Section 215.97(7), F.S., and Rule 69I-.5006, FAC [state financial assistance] and 2 CFR Part §200.330[federal awards].

PART II: FISCAL COMPLIANCE REQUIREMENTS

FEDERAL AWARDS OR STATE MATCHING FUNDS ON FEDERAL AWARDS. Providers who receive Federal awards, state maintenance of effort funds, or state matching funds on Federal awards and who are determined to be a subrecipient must comply with the following fiscal laws, rules and regulations:

STATES, LOCAL GOVERNMENTS AND INDIAN TRIBES MUST FOLLOW:
2 CFR Part 225 – Cost Principles*
2 CFR Part 215 – Administrative Requirements**
2 CFR Part §200.500 – Audit Requirements
Reference Guide for State Expenditures
Other fiscal requirements set forth in program laws, rules and regulations

NON-PROFIT ORGANIZATIONS MUST FOLLOW:
2 CFR Part 300 – Cost Principles*
2 CFR Part§215 – Administrative Requirements
2 CFR Part §200.500 – Audit Requirements
Reference Guide for State Expenditures
Other fiscal requirements set forth in program laws, rules and regulations

EDUCATIONAL INSTITUTIONS (EVEN IF A PART OF A STATE OR LOCAL GOVERNMENT) MUST FOLLOW:
2 CFR Part 220 – Cost Principles*
2 CFR Part 215 – Administrative Requirements
2 CFR Part §200.500 – Audit Requirements
Reference Guide for State Expenditures
Other fiscal requirements set forth in program laws, rules and regulations

*Some Federal programs may be exempted from compliance with the Cost Principles Circulars as noted in the 2 CFR Part §200.401(5) (c).
**For funding passed through U.S. Health and Human Services, 45 CFR 92; for funding passed through U.S. Department of Education, 34 CFR 80.

STATE FINANCIAL ASSISTANCE. Providers who receive state financial assistance and who are determined to be a recipient/subrecipient must comply with the following fiscal laws, rules and regulations:

Section 215.97, Fla. Stat.
Chapter 69I-5, Fla. Admin. Code
State Projects Compliance Supplement

Reference Guide for State Expenditures
Other fiscal requirements set forth in program laws, rules and regulations

Additional audit guidance or copies of the referenced fiscal laws, rules and regulations may be obtained at http://dohiws.doh.ad.state.fl.us/ by selecting “Single Audit Review” in the drop-down box at the top of the Department’s webpage.
* Enumeration of laws, rules and regulations herein is not exhaustive or exclusive. Fund recipients will be held to applicable legal requirements whether or not outlined herein.

EXHIBIT 3

INSTRUCTIONS FOR ELECTRONIC SUBMISSION OF SINGLE AUDIT REPORTS

Single Audit reporting packages ("SARP") must be submitted to the Department in an electronic format. This change will eliminate the need to submit multiple copies of the reporting package to the Contract Managers and various sections within the Department and will result in efficiencies and cost savings to the Provider and the Department. Upon receipt, the SARP's will be posted to a secure server and accessible to Department staff.

The electronic copy of the SARP should:

- Be in a Portable Document Format (PDF).
- Include the appropriate letterhead and signatures in the reports and management letters.

  Be a single document. However, if the financial audit is issued separately from the Single Audit reports, the financial audit reporting package may be submitted as a single document and the Single Audit reports may be submitted as a single document. Documents which exceed 8 megabytes (MB) may be stored on a CD and mailed to: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), Tallahassee, FL 32399-1729.

- Be an exact copy of the final, signed SARP provided by the Independent Audit firm.
- Not have security settings applied to the electronic file.
- Be named using the following convention: [fiscal year] [name of the audited entity exactly as stated within the audit report].pdf. For example, if the SARP is for the 2009-10 fiscal year for the City of Gainesville, the document should be entitled 2010 City of Gainesville.pdf.
- Be accompanied by the attached "Single Audit Data Collection Form." This document is necessary to ensure that communications related to SARP issues are directed to the appropriate individual(s) and that compliance with Single Audit requirements is properly captured.

Questions regarding electronic submissions may be submitted via e-mail to SingleAudits@flhealth.gov or by telephone to the Single Audit Review Section at (850) 245-4444 ext. 3046.

Single Audit Data Collection Form

GENERAL INFORMATION

1. Fiscal period ending date for the Single Audit.

Month	Day	Year
/	/	

2. Auditee Identification Number

a. Primary Employer Identification Number (EIN)

		--							

b. Are multiple EINs covered in this report ☐Yes ☐No

c. If "yes", complete No. 3.

3. ADDITIONAL ENTITIES COVERED IN THIS REPORT

Employer Identification #												Name of Entity
		--										
		--										
		--										
		--										

4. AUDITEE INFORMATON

a. **Auditee name:**

b. **Auditee address (number and street)**

City

State **Zip Code**

c. **Auditee contact**
Name:

Title:

d. **Auditee contact telephone**
( ) -

e. **Auditee contact FAX**
( ) -

f. **Auditee contact E-mail**

5. PRIMARY AUDITOR INFORMATION

a. **Primary auditor name:**

b. **Primary auditor address (number and street)**

City

State **Zip Code**

c. **Primary auditor contact**
Name:

Title:

d. **Primary auditor contact telephone**
( ) -

e. **Primary auditor E-mail**
( ) -

f. **Audit Firm License Number**

6. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of 2 CFR Part §200. 512 and/or Section 215.97, Fla. Statutes, for the period described in Item 1; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the aforementioned Circular and/or Statute; (3) the attached audit is a true and accurate copy of the final audit report issued by the auditor for the period described in Item 1; and (4) the information included in this data collection form is accurate and complete. I declare the foregoing is true and correct.

AUDITEE CERTIFICATION Date _____/_____/_____

Date Audit Received From Auditor: _____/ _____/ _____

Name of Certifying Official: _____
(Please print clearly)

Title of Certifying Official: _____
(Please print clearly)

Signature of Certifying Official: _____