

**REDUCING RACIAL AND ETHNIC HEALTH DISPARITIES
CLOSING THE GAP GRANT PROGRAM**

**REQUEST FOR APPLICATIONS
RFA # 13-011
APPLICATION GUIDELINES**

FY 2013-2014

**Florida Department of Health
Office of Minority Health**

**(888) 670-3525
Conference Code: 3449850387**

**Application Deadline:
April 22, 2013**

Letter of Intent must be emailed to: OMH-CTGDatabase@doh.state.fl.us
by 5:00p.m. EDT April 8, 2013

Authorized under Sections 381.7351-381.7356, Florida Statutes

Disclaimer – NOTE: *The receipt of applications in response to this grant opportunity does not imply or guarantee that any one or all qualified applicants will be awarded a grant from the Florida Department of Health.*

This grant opportunity is not subject to Section 120.57 (3) Florida Statutes. .

FUNDING ANNOUNCEMENT

The Florida Department of Health, Office of Minority Health, announces the availability of FY 2013-2014 funds for the Closing the Gap grant program to eliminate racial and ethnic health disparities and improve minority health outcomes.

Purpose:

The Closing the Gap Grant Program seeks to promote the improvement of minority health outcomes and the elimination of health disparities through the development of closely coordinated community-based and neighborhood-based projects.

Eligibility: Any person, entity or organization within a county,

Estimated Funds Available: Approximately \$2.5 million subject to the general revenue appropriation of the 2013 Florida Legislature.

Anticipated Number of Awards: Twelve to Twenty depending on Legislative Appropriation

Range of Awards: The amount of award per applicant may vary. The maximum award per applicant is \$200,000 with the average being \$150,000.

Type of Award: Grant

Budget Period: Twelve Months

Program Period: July 01, 2013- June 30, 2014

TABLE OF CONTENTS

Funding Announcement	2
Table of Contents	3
Timeline	5
Definitions/Terms	6
Section 1.0 Introduction	
1.1 Overview of Closing the Gap	8
1.2 Statement of Purpose	9
1.3 Funding Period	9
1.4 Eligible Applicants	9
1.5 Matching Funds Requirement	9
1.6 Performance Based	10
1.17 Notice and Disclaimer	10
Section 2.0 Program Overview	
2.1 Closing the Gap Program Purpose	11
2.2 Programmatic Authority	11
2.3 Scope of Service	12
Section 3.0 Terms and Conditions of Support	
3.1 Grant Requirements	13
3.2 Invoicing and Payment of Invoices	13
3.3 Evaluation of Applications	13
3.4 Service Delivery Strategies	13
3.5 Required Program Reports	14
3.6 Programmatic Specifications	14
Section 4.0 Submission of Application	
4.1 Cost of Preparation	15
4.2 Instructions for Submitting Applications	15
4.3 Instructions for Formatting Applications	15
4.4 Pre-Application Conference Call	16
4.5 Applicants inquires and written questions	16
4.6 Appendices for Application	16
Section 5.0 Grant Application Instructions	
5.1 Application Content	18
5.2 Cover Page	18
5.3 Table of Contents	18
5.4 Project Narrative (Proposal)	18
5.4.1 Organizational Overview	19
5.4.2 Statement of Need	19
5.4.3 Program Description	19
5.4.4 Project Outcomes	22
5.4.5 Project Management and Work Plan	22
5.4.6 Collaboration	23
5.4.7 Budget Summary and Budget Narrative	24
1. Budget Summary Sheet	
2. Budget Justification	
5.5 Authorized Signatory	25
Section 6.0 Evaluation of Applications	
6.1 Receipt of Applications	26
6.2 How Applications Are Scored	26

Section 7.0 Grant Awards	
7.1 Posting of Awards	30
Section 8.0 Frequently Asked Questions	31

APPENDICES

Appendix A – Evaluation Score Summary	32
Appendix B – SMART Objectives	33
Appendix C – Budget Format/Instructions	34
Appendix D – Management Plan	35
Appendix E – Standard Contract	44
Appendix F – Financial & Compliance Audit	

ATTACHMENTS

Attachment 1 - Application Cover Page	49
Attachment 2 – Budget Summary Sheet	51
Attachment 3 – Budget Narrative Template	52
Attachment 4 – Personnel Form	56
Attachment 5 - Work plan Template	57
Attachment 6 – Certifications	58

TIMELINE

Schedule	Due Date	Information
RFA Released and advertised	April 2, 2013	http://www.doh.state.fl.us/Admin/General_Services/Purchasing/grants_funding.htm and http://myflorida.com/apps/vbs/vbs_www.main_menu
Pre-Application Conference Call	April 5, 2013 2:00 pm. EDT	(888) 670-3525 Conference Code: 3449850387
Applicant Inquiries and Written Questions	April 8, 2013	Applicants can submit any questions regarding the RFA Questions should be emailed to: OMH-CTGDatabase@doh.state.fl.us
Answers to Applicant Inquiries and Written Questions Posted	April 11, 2013	Posted electronically via http://www.doh.state.fl.us/Admin/General_Services/Purchasing/grants_funding.htm and http://myflorida.com/apps/vbs/vbs_www.main_menu
Letter of Intent Due to OMH	April 12, 2013 by 5:00 PM EDT	Send via OMH-CTGDatabase@doh.state.fl.us
Applications Due (No fax, or delivered copies of applications accepted)	April 22, 2013 PRIOR TO 5:00 PM EDT	Application should be e-mailed to: OMH-CTGDatabase@doh.state.fl.us
Anticipated Evaluation of Grant Applications	April 22-29, 2013	Review and Evaluation of Grant Application begins
OMH Staff Review of Finalist	April 29- May 10, 2013	
Contract Negotiations	May 17-May 30, 2013	Negotiations with potential awardees
Anticipated Posting of Intent to Award	June 15, 2013	Posted electronically via http://www.doh.state.fl.us/Admin/General_Services/Purchasing/grants_funding.htm and http://myflorida.com/apps/vbs/vbs_www.main_menu
Anticipated Grant Start Date	July 01, 2013	

It is the applicants' responsibility to regularly check the Vendor Bid System and the Department's website for updates.

DEFINITIONS

1. **Applicant:** Entity applying for funding.
2. **Florida CHARTS:** The Community Health Assessment Resource Tool Set maintained by the Department of Health which contains health statistics such as births, deaths, disease morbidity, population and behavioral risk factors.
3. **Contract Manager:** A DOH employee designated to be responsible for enforcing the performance of the contract terms and conditions and serving as a liaison with the provider for each contractual service contract, pursuant to section 287.057(14), Florida Statutes.
4. **Department:** The Florida Department of Health
5. **Standard Contract:** Document outlining the legal and programmatic requirements of the agreement between the successful applicant and the Department

Program Specific Definitions

1. **Closing the Gap Grant Program (CTG):** Program promoting coordinated efforts to reduce and ultimately eliminate racial and ethnic health disparities in Florida.
2. **Grantor:** Entity which awards a grant for a public purpose. For this RFA it is the Office of Minority Health.
3. **Grants:** Financial assistance transferred, pursuant to written agreements between federal or state agencies and recipients, to carry out a public purpose.
4. **Grant Application:** An application submitted by an entity to the Department in response to a Request for Application (RFA) for funding a project.
5. **Health Disparities:** Health disparities exist when one group of people experience disproportionate health outcomes in comparison to another.
6. **Health Outcomes:** Change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.
7. **Office of Minority Health (OMH):** The organizational unit in the Department of Health which may award grants to applicants.
8. **Racial and Ethnic Underserved Groups:** Blacks or African Americans, Hispanics Latinos, Native Americans, Asian/Pacific Islanders.
9. **Service Area:** the area in which services of the Applicant will be made available
10. **Network:** A collaboration of agencies/organizations formed to increase access to services.
11. **Community:** a body of people living in the same locality or having a common language or interest or populations living and interacting with one another in a particular environment.

12. **Priority Health Area:** the seven health areas identified in the statute for concentration of the CTG grants. These include cancer, cardiovascular disease, diabetes, HIV/AIDS, adult & child immunizations, maternal and infant mortality, and oral health.
13. **Focal population:** the racial/ethnic group identified by an applicant in its RFA.

SECTION 1.0 INTRODUCTION

1.1 Overview of Closing the Gap

The “Reducing Racial and Ethnic Health Disparities: Closing the Gap” grant program (“CTG”) promotes coordinated efforts to reduce and ultimately eliminate racial and ethnic health disparities in Florida. CTG provides grants for coordinated community partners to promote health education, healthy life-style choices, and disease prevention activities.

An estimated 21% of people in Florida living with HIV are undiagnosed, and every 9.5 minutes, a new case is found. In 2010, the age-adjusted HIV/AIDS death rate for blacks was 22.2 per 100,000 population as compared to 3.0 per 100,000 for Hispanics and 2.5 per 100,000 for whites.

Cancer was the second leading cause of death in Florida in 2010. Hispanics have higher rates of cancers associated with infection, such as liver, stomach, and uterine cervix. Compared to other racial/ethnic groups, Asian Americans and Pacific Islanders have higher rates for many of the cancers related to infection. Mortality rates for kidney cancer in American Indian and Alaska Native men and women are higher than in any other racial or ethnic population. African Americans are more likely to develop and die from cancer than any other racial or ethnic group. The top three cancer deaths are cervical, colorectal and breast cancers. The distribution of all three of these types of cancers is greater among non-Hispanic blacks than whites. The age-adjusted death rate for cervical cancer for blacks is 1.7 times that of whites. Although Hispanics and blacks have nearly equal proportions of deaths from colorectal cancers, the black age-adjusted death rate for colorectal cancer is 1.4 times that of whites.

Heart disease and stroke have been ranked number one and number four as leading causes of deaths for Floridians for over seven decades. In 2010, blacks and Hispanics were still 1.3 times more likely than whites to die from a heart attack. . According to the Agency for Healthcare Research and Quality all minorities, except Alaska Natives, have a prevalence of type 2 diabetes that is two to six times greater than that of the white population. Health care interventions that take into consideration cultural and population-specific characteristics can reduce the prevalence and severity of diabetes and its resulting complications. 2010 Behavioral Risk Factor Surveillance Survey (BRFSS), 34.3% of Floridians have been diagnosed with hypertension. Prevalence differs across subpopulations: black adults at 41.7%, white adults at 35.4% and Hispanic adults at 24.8%.

Diabetes mellitus was the sixth leading cause of death in Florida in 2010. Each year since 2004, the percentage of Floridians diagnosed with diabetes has continued to exceed the US average for black, white and Hispanic populations. In 2010, compared with whites, blacks (41.8) had higher rates of diabetes deaths than whites (17.8).

Infant mortality is used as a measure of overall population health of a nation. In 2010, black babies born in Florida were 2.5 times as likely to experience an infant death as white babies. Preterm birth is a major contributor to infant mortality. Unintended pregnancy is associated with an increased risk of morbidity and mortality for women and with adverse outcomes for infants related to late-onset prenatal care.

The lack of dental and oral health care have been related to serious medical conditions such as heart disease, premature birth and low birth weight, and infections of the blood and bones. In 2010, approximately 65% of the general population had visited a dentist within the past year.

The immunization rate for Florida children is 86.7 by two years of age. However, the 2011 BRFSS shows that only 39.1% of blacks age 65 or older received a flu vaccine or shot in the previous

year, and only 52.4% of Hispanics over the age 65 received one. Further, only 21.2% of all black adults under age 65 received a flu shot, and 23.5% of Hispanics adults under age 65 received one.

1.2 Statement of Purpose

The Request for Applications (RFA) seeks applications from entities that will improve health outcomes of racial and ethnic populations and promote disease prevention activities by creating sustainable partnerships to help mobilize communities in supporting long-term social change. Effective partnerships must deliver services in a culturally competent manner and include diverse populations.

Projects funded will focus on: (1) improving health outcomes of racial and ethnic populations and promote disease prevention activities; (2) helping communities address the most pressing health needs through targeted health screenings, education and awareness programs that lead to better health outcomes; and (3) helping communities better understand the nature of health disparities among ethnic and racial groups.

This work will be accomplished in the seven priority areas, outlined in Section 381.7356, Florida Statutes.

1.3 Funding Period

The term of any contract resulting from this RFA shall be no longer than one year (July 1- June 30). The Office of Minority Health may renew grants annually based on satisfactory performance and availability of funds. Projects may be funded for a total of three (3) years.

1.4 Eligible Applicants

A CTG grant may be awarded to any person, entity or organization within a county. Persons, entities, or organizations within adjoining counties with populations less than 100,000 may jointly submit a multicounty grant proposal

1.5 Matching Funds Requirement

CTG grants shall be awarded on a matching basis. The matching funds requirement is that one dollar cash in local (non-state) matching funds must be provided for each 3 dollar grant payment made by the state, except:

- a. In counties with populations greater than 50,000, up to 50% of the local (non-state) matching funds may be in-kind in the form of free services or human resources.
- b. In counties with populations of 50,000 or less, local (non-state) matching funds may be provided entirely through in-kind contributions.
- c. CTG awards to Front Porch Florida Communities or organizations providing services in Front Porch Communities do not have a matching funds requirement. A list of Front Porch Communities is located on the OMH Website.

NOTE: Organizations providing services in a Front Porch Community must submit the requested information as outlined in **(Section 4.6)**.

<http://www.doh.state.fl.us/Minority/index.htm>

Each award recipient must have an established account with available funds specifically identified as match dollars for the CTG program. Verification must be provided each quarter in the form of a bank statement or other approved documentation and submitted by the Chief Financial Officer of the award recipient beginning no later than 30 days following award notification.

Note: Matching cash funds must be designated specifically for the CTG project. Funding obtained to provide other services may not be used as a cash match. Proof of match will be required as outlined above.

1.6 Performance –Based

Applicants are able to select multiple priority areas and focus populations. The application and resulting contract must indicate the priority areas covered, deliverables for each, and the funding allocation for each.

For example:

PRIORITY AREA	DELIVERABLE	% OF BUDGET
Cancer	Provide a prostate and colorectal cancer education awareness program to improve the health awareness among African American men	50%
Dental	Increase by 10 % the proportion of children and adolescents receiving dental sealants on their molars	50%

1.7 Notice and Disclaimer

The Closing the Gap Grant program is governed by sections 381.735-381.7356, Florida Statutes, “Reducing Racial and Ethnic Health Disparities: Closing the Gap Act”(the Act). Grant awards under the Act are not purchases of services or commodities governed by chapter 287, Florida Statutes. Pursuant to the Act, by this publication the Department of Health gives notice of the expected availability of funds and its application process to submit grant proposals. Grant awards, if any, will be determined by the Department of Health in accordance with the Act, as described in this publication.

Grant awards will be determined by the Department at its sole discretion based on the availability of funds and the quality of the application. The Department reserves the right to offer grant awards for less than the amount requested by applicants as it deems is in the best interest of the State of Florida and the Department. Additionally, the **Department reserves the right to negotiate services and funding with applicants prior to the final offer of the grant award.** Please see the time line for when these negotiations will take place.

NOTE: The receipt of proposals in response to this publication does not imply or guarantee that any one or all proposals will be awarded a grant.

SECTION 2.0 - PROGRAM OVERVIEW

2.1 CTG Program Purpose

The 2013-14 grants will be awarded to fund efforts that contribute to meaningful improvements in outcome measures for the lives of Floridians who now suffer disproportionately from disease and disability; and the development of tools and strategies that will enable Florida to eliminate these disparities. Grants will be awarded to projects focusing on strategies designed to impact outcome measures around the identified seven priority areas.

The CTG awards grants that achieve measurable health outcomes such as the following:

1. Interventions that address healthy life-styles including nutritious foods and age-specific preparation, overall improvement in outcome measures for chronic health conditions such as diabetes and cardiovascular disease, based on innovative programs such as Body & Soul in Motion, More Matters, Living Well, etc.
2. Improving overall health outcomes and well-being across the life cycle as a result of access to consistent and ongoing exercise or other physical activity.
3. Reducing the number of new HIV/AIDS cases and increasing longevity for those afflicted with the disease through testing and linkage to care.
4. Reducing infant mortality, and low birth weight through improved health outcomes as a result of information provided and education across a broad spectrum of ages to promote healthy living –nutrition, exercise, sexual activity, etc.
5. Increasing access to oral health information through education designed to foster good dental/oral health practices and decreased dental caries across the life cycle for minority and underserved populations in the communities involved.
6. Increasing immunization rates among minority populations especially those with chronic diseases, such as diabetes, asthma, and cardiovascular disease.

2.2 Programmatic Authority

The Reducing Racial and Ethnic Health Disparities Program is authorized under Sections 381.7351-381.7356, Florida Statutes.

2.3 Scope of Service

The 2013-2014 grants will be awarded based upon efforts that contribute to meaningful improvements in the lives of Floridians who now suffer disproportionately from disease and disability; and the improvement of tools and strategies that will enable Florida to eliminate these disparities. Grants will be awarded to:

1. Decrease the percentage of adults who are overweight or obese
2. Reduce the non-white infant mortality rate; or Reduce maternal and infant morbidity and mortality
3. Decrease the percentage of HIV-infected people in Florida
4. Increase the number of minorities who have access to and are receiving appropriate prevention, care and treatment services for chronic diseases, HIV and oral health

5. Increase the access to resources that promote healthy behaviors.
6. Promote chronic disease self-management education
7. Promote early detection and screening for chronic diseases such as cancer, heart disease and diabetes
8. Promote the use of evidence-based clinical guidelines to manage chronic diseases.
9. .Increase immunization rates among adults, in particularly among people over the age of 65.

Section 3.0 TERMS AND CONDITIONS OF GRANT

3.1 Grant Requirements

1. No priority health area may be duplicated by more than one grantee in any county.
2. Funds may be used for staff positions, fringe benefits, travel, local advertising, print material and educational materials to support program outcome measures as described in the RFA (upon prior approval by funding office).
3. The Department reserves the right to reject any and all applications.
4. Once awarded, and contracts are executed, applicants are required to attend CTG workshops sponsored by the Office of Minority Health. Applicants' traveling to required meetings who fail to attend sessions and/or workshops will not be reimbursed for travel expenditures.

3.2 Invoicing and Payment of Invoices

- 1) This grant will be paid through a cost reimbursement contract. The DOH will reimburse for allowable expenditures incurred pursuant to the terms of the contract for a total dollar amount not to exceed the awarded amount subject to the availability of funds.
- 2) Reimbursement will be made for travel expenses for 2 staff members to attend the CTG workshops.
- 3) Payment shall be made upon the receipt, review and approval of deliverables and a properly completed invoice. Invoices shall be submitted within 10 days following the end of the month for which reimbursement is being requested. Invoices must be supported with documentation and reports.
- 4) The respondent will maintain records documenting the total number of participants and names (or unique identifiers) of participants to whom services were provided and the date (s) on which services were provided so that an audit trail is available.
 - a. Each invoice will be sufficient for a proper pre-audit and post audit thereof.
 - b. Service delivery documentation will be made available upon request.

3.3 Evaluation of Applications

Each application response will be evaluated and scored based on the criteria identified in **Section 6**. Evaluation sheets will be used by the Review Committee to designate the point value assigned to each application. The scores of each member of the Review Committee will be averaged with the scores of the other members to determine the final scoring. The maximum possible score for any application is 100 points. **Awarding of grant funding will be based on available funding and reviewer scores. All final award amounts will be determined through negotiation.**

3.4 Service Delivery Strategies

Outcomes

Awards of CTG funding will be based on the quantification of health outcome changes. Below is an example of how Applicants should demonstrate measures and outcome evaluation.

Measures	Outcome Evaluation Questions
Changes in morbidity and mortality	Is there a change in health status (BMI, BP, glucose/HA1C levels, etc.) and is it attributed to the program?
Changes in behavior, behavioral adaptation	Has the new healthier behavior been adopted, and can it be attributed to the program?
Changes in knowledge, attitude, skills, practices, etc	Is there the requisite change in knowledge, attitudes, habits, and skills needed for behavior change?

NOTE: Applicants that do not propose to impact health outcomes with measureable changes; will not be funded under this RFA.

3.5 REQUIRED PROGRAM REPORTS

Funded projects must utilize a data collection method as directed by the Office of Minority Health and included in the final contract. The applicant must submit reports to the Program Office on a monthly basis. These reports include monthly invoices, expenditure reports, progress reports and a data collection tool provided by the Office of Minority Health.

3.6 Programmatic Specifications

Prospective applicants are required to serve unduplicated clients over the course of the project period. Successful applicants shall demonstrate the ability to initiate services immediately upon execution of a contract. Tasks to be performed will be developed based on the successful applicant's proposal and negotiated by OMH staff. The successful applicant shall demonstrate the ability to initiate services immediately upon execution of a contract. The successful applicant shall not perform any tasks related to the project other than those negotiated without written consent of the Department. Each applicant shall include its proposed staffing for professional, technical, administrative, clerical support and direct service provision. Professionals must have current and valid licenses as required by law. . Each applicant must complete the personnel form (**Attachment 4**). The successful applicant shall ensure that background screenings are conducted on all employees and volunteers as appropriate.

Section 4.0 Submission of Application

4.1 Cost of Preparation

Neither the Department of Health nor the state is liable for any costs incurred by an applicant in responding to this RFA.

4.2 Instructions for Submitting Applications

Applications must be received by 5:00 p.m. (EDT) on April 22, 2013

1. Applications must be sent via e-mail to: OMH-CTGDatabase@doh.state.fl.us

Applications sent by any other method will not be accepted.

2. It is the responsibility of the applicant to assure its application is submitted at the place and time indicated in the Timeline.
3. No late applications will be accepted under any circumstances, regardless of the reason(s) for a late submission.

<p>Note: Materials submitted will become property of the State of Florida. The state reserves the right to use any concepts or ideas contained in the application.</p>

4.3 Instructions for Formatting Applications

Applicants should adhere to the following:

1. **Word or PDF file format**
2. **Font Size:** 12 point (Arial or Times New Roman)
3. **Page Margin Size:** One inch
4. Applicants are required to complete, sign, and return the "Cover Page" (**Attachment 1**) with the application. This should be the first page submitted as part of the application.
5. **Project Narrative(Proposal):**
 - a. The Project Narrative should be single spaced
 - b. The Project Narrative shall not exceed the maximum number of pages for each section outlined in **Section 5.4** (if the narrative exceeds the page limit, only the first pages which are written within the page limit will be reviewed).
6. **Budget:**
 - a. The budget information must be completed on **Attachment 2**
 - b. The budget narrative is limited to the number of pages outlined in **Section 5.4.7** and should adhere to the format in **Attachment 3** (if the budget narrative exceeds the page limit, only the first pages which are written within the page limit will be reviewed).
7. **Number** and **label** all pages; not to exceed the maximum number of pages where applicable.
8. **Headers** should identify each section and **Footers** should include: the name of the organization and page number.
9. **All** required forms and content **MUST** be submitted in one document in the order and format set forth in this RFA.

4.4 Pre-Application Conference Call

A pre-application conference call will be held at the date, times, and locations indicated in the timeline. Prospective applicants are encouraged, but not required, to participate in the pre-application conference call. The purpose of the pre-application conference call is to answer questions that have been submitted in writing by the due date as provided in the Timeline. Any statements made at the pre-application conference call are advisory only and shall in no way be considered as a change or modification to the contents of the RFA. Any questions as to the requirements of this RFA or any apparent omissions or discrepancy should be presented to the Department in writing prior to, or during the pre-application conference call. The Department will determine the appropriate action necessary, if any, and may issue a written amendment to the RFA. Only those changes or modifications issued in writing and posted as an official amendment shall constitute a change or modification to the RFA. **To access the teleconference, dial 1-888-606-3525 conference code 3449850387.** Questions from the pre-application teleconference that are not addressed in the Frequently Asked Questions of the application guidelines will be posted within five days of the teleconference on CTG website at: <http://www.doh.state.fl.us/Minority/index.htm>.

4.5 Applicants Inquiries and Written Questions

Questions related to this RFA must be received in writing to the site identified by the date and time indicated in the Timeline. No questions will be accepted after the date and time indicated in the timeline. The questions may be sent by e-mail to: [OMH CTGDatabase@doh.state.fl.us](mailto:OMH_CTGDatabase@doh.state.fl.us)

No telephone calls will be accepted. Answers will be posted as indicated in the timeline.

4.6 Appendices for Application (All Applicants)

Applications should contain the following appendices as applicable and all appendices must be clearly referenced and support elements of the narrative.

Include documentation and other supporting information in this section.

Appendix A of the application shall include:

- A table of organization or organizational chart (all applicants except individuals)
- A current roster of the board of directors, including name, address and telephone numbers (all applicants except individuals)

Appendix B of the application shall include:

- Proposed data collection instruments (all applicants)

Appendix C of the application shall include:

- No more than a one-page verification of applicant's official status (i.e, Community-Based Organization (CBO), 501(c)(3) etc.) (all applicants)

Appendix D of the application **MUST** include:

- Letter(s) from the county health department (CHD) in which services will be provided outlining any partnership and referral agreements. This letter should be signed by CHD Administrator or CHD Director. (if applicable)

Appendix E of the application shall include:

- A letter from the Front Porch Florida Community, if applicable, detailing the cooperative partnership, services to be provided and support for the proposed project (if applicable)

Appendix F of the application shall include:

- Letters of agreement or commitment from organizations where program activities will be implemented, detailing the cooperative partnership. (all applicants)
- Letters of support with other collaborative partners, identifying their role and contribution to the project. (if applicable)

NOTE: Upon award Providers will be required to submit Copy of current W-9; liability insurance and proof of match account.

Section 5.0 GRANT APPLICATION INSTRUCTIONS

5.1 Application Content

Applications for funding must address all sections of the RFA in the order presented and in as much detail as requested. The provision of extraneous information should be avoided. Prospective applicants should adhere to the page limits as identified below.

5.2 Cover Page- One Page Limit

Each copy of the application must include the Cover Page (**Appendix 1**) which contains the following:

1. RFA number
2. Title of the application
3. Legal name of the organization/individual (applicant's legal name)
4. Applicant's mailing address, including city, state and zip Code
5. Telephone number, fax number and e-mail address of the person who can respond to inquiries regarding the application
6. Manual signature of the person authorized to submit the application on behalf of the applicant
7. Name and title of the person authorized to submit the application on behalf of the applicant
8. County(ies) to be served
9. Answer to question have you ever had "Closing the Gap funding"? If so, when?
10. List of all current funding sources

5.3 Table of Contents-Two Page Limit

The application shall contain a table of contents with page numbers identifying major sections of the application.

5.4 Project Narrative (Proposal)

The Project Narrative is limited to **16** singled spaced pages. The Appendices are limited to an additional ten pages. Provide sufficient details for reviewers to be able to assess the proposal's appropriateness and merit. Cover key aspects of the Statement of Need, Program Description, Evaluation Plan and Budget.

Priority shall be given to proposals that:

1. Represent areas with the greatest documented racial and ethnic health status disparities in the priority areas per Florida CHARTS.
2. Demonstrate broad-based local support and commitment from entities representing racial and ethnic populations, including non-Hispanic whites. Indicators of support and commitment may include agreements to participate in the program, letters of endorsement, letters of commitment, interagency agreements, or other forms of support.
3. Demonstrate a high degree of participation by the health care community in clinical preventive service activities and community-based health promotion and disease prevention interventions.

4. Demonstrate a coordinated community approach to addressing racial and ethnic health issues within existing publicly financed health care programs.
5. Incorporate intervention mechanisms which have a high probability of improving the targeted population's health status.
6. Demonstrate a commitment to quality management in all aspects of project administration and implementation.
7. Demonstrate the likelihood that project activities will occur and continue in the absence of CTG funding.

The project narrative shall include all of the following:

5.4.1 Organizational Overview– One Page Limit

The organizational overview should identify the main purpose of the project, the focal population to be served, types of services offered, the area to be served, expected outcomes, and identify the Applicant's experience related to health disparities and activities.. In addition include the following:

1. Explain overall mission and how it relates to the statement of purpose in this RFA.
2. Identify experience related to eliminating health disparities activities including length of experience.
3. Describe capacity and ability to direct and perform the proposed activities.
4. Describe the background/experience of any proposed linkage organization and how the organization will interface with the applicant's organization. Include the percentage of time utilized for CTG.
5. A synopsis of qualifications indicating ability to manage and complete the proposed project.
6. Operating hours.
7. Description of plans for financially sustaining the project once the funding period ends.

<p>Note: Collaborators and consultants are accountable to the Applicant for the management of any funds received. Awardees may not sub-contract any of the proposed services without prior written approval from the OMH contract manager.</p>

5.4.2 Statement of Need– One Page Limit

The Statement of Need shall be used to describe the need for the proposed project. Applicants shall include in narrative form all the following information:

1. Demographic information about the focal population to be served in the proposed target county(ies) under this project.
2. Describe the need for funding to address health disparities in the targeted area, including strengths and challenges.
3. Impact of the problem on the identified target population.

4. Prevalent health disparities that exist within the county(ies).
5. Risk factors and other health and/or social indicators that contribute to the problem.
6. Previous and current efforts being undertaken to address minority health and health disparities including any collaborations with health entities, local governmental agencies, civic associations, and others that show experience with the identified problem and target group(s).
7. Outcomes of previous and current activities with, or on behalf of, the targeted minority and underserved group(s) that show experience with the identified problem and target group(s).
8. The source(s) of all data and statistics used to validate the need using APA format.
9. A comparison of data for the proposed project geographic area with statewide averages to demonstrate relative need for the project.
10. Identify sources of other funds currently received by the applicant to support proposed activities. Explain how the funding requested under this program will be used differently than the funding already received for the proposed activities.
11. Identify whether there are any other state or federally-funded health disparities programs operating in the county proposed to be served including the following:
 - What focal population or area is being served by these existing programs;
 - How the applicant proposes to avoid duplication of these existing services;
 - How the proposed program will enhance or differ from the existing programs.

5.4.3 Program Description - Seven Page Limit

A. Provision of Services (3 pages):

In narrative form explain how the project will address the needs as identified in the Statement of Need section. Applicants must identify all of the following information:

1. Describe the one or more activity/ies which will be conducted as a result of this funding, include the timeframe for implementation.
2. Describe how the activity/ies will be implemented/offered and to whom; include the intended focal population, the total number of **unduplicated** individuals to be served by each activity, the service area/s and/or locations/settings in which services will be provided and descriptions, such as number and length of classes (e.g., ongoing or repeated, number of hours and sessions offered, etc.).
3. List the intended outcomes or specific changes expected to result from the program activities.
4. **Develop SMART Objectives** (see Appendix C) to achieve outcomes for this project.

5. Describe the activities, actions and strategies that will be undertaken to achieve the SMART objectives. Including timelines with beginning and ending dates, and the persons who will be responsible for each activity
6. The mechanism that will be used by the program to document and measure its progress toward meeting the programmatic objectives.
7. The roles and responsibilities of other organizations that will be involved in implementing the project, if any.

Description of how the program will be staffed, e.g., paid staff and/or volunteers. Identify the number and type of positions needed, which will be full-time and which will be part-time, and qualifications proposed for each position, including type of experience and training required. Particularly address instructors, counselors, administrative and management staff and volunteers. If the program will use volunteers, how will they be recruited?

B. Promotion, Outreach and Recruitment (2 pages)

1. Describe the strategies that will be used to conduct outreach to identify and engage participants/clients in the proposed services.
2. Describe plans to collaborate with organizations, and health care systems to conduct outreach and recruitment activities to promote the activity/ies to participants. Describe plans for recruitment of project participants for chosen activity/ies in which services will be provided and descriptions, such as number and length of classes (e.g., ongoing or repeated, number of hours and sessions offered, etc.).
3. Describe specific proposed strategies that address potential barriers to accessing the proposed services, including the specific outreach and recruitment strategies to reach intended focal populations and/or underserved populations.
4. Describe plans to monitor the effectiveness of each activity and provide specific indicators and measures that will determine whether activities are meeting the needs of the proposed focal population/s and contributing towards achieving the long term goals of the program.

C. Evaluation (2 pages)

Successful applicants will evaluate the implementation of and measure outcomes of proposed activities. This will include quarterly reporting on the strategies identified in proposed work plans. Evaluation activities may also include quantitative and qualitative assessments of service participation, yield from promotional, outreach, and recruitment efforts, and, where possible, increases in knowledge, and/or intended behavior modification, and/or noted improvements in quality of life measures (such as energy level, appetite, stress and/or other aspects of physical, social and emotional well-being) as a result of participation in the services provided, as demonstrated through pre- and post-test assessments.

The Evaluation Plan must clearly articulate how the applicant will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the program in order to capture and document actions contributing to program outcomes. The evaluation plan must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in the improvement of minority health and the elimination of health disparities. The plan should identify the expected result (i.e., a particular

impact or outcome) for each major objective and activity and discuss the potential for replication. This is an internal process and funds will not be authorized to secure an outside evaluator.

Process Measures describe indicators to be used to monitor and measure progress toward achieving projected results by objective.

For example:

- Steps completed in developing a new or changing an existing organizational or health-related policy.

Outcome Measures will show that the project has accomplished the activities it planned to achieve. For example:

- Increase in minority populations' knowledge about targeted health issues based on results from the pre & post tests.

Impact Measures demonstrate the achievements of the goal to positively affect health disparities. For example:

- Changes in access/utilization of health care or medical services over time demonstrated by noticeable increases in medical appointments made and kept.
- Describe the project's potential for long-term impact on the state's efforts to decrease any identified health disparities in minority and underserved communities.
- Discuss how activities of the project might be replicated by other state or local organizations.

5.4.4 Project Outcomes – One Page Limit

Note: Objectives should not be confused with specific tasks or activities that will be implemented to achieve each objective. Activities should be quantifiable (numbers to be served etc).__

Describe the methods and types of activities that will make up the outcome component of the project.

Outcome SMART Objective Example:

By the end of June 2013, there will be a decrease in the number of new STD cases by 25% in the community we serve.

Measure: Changes in behavior, behavioral adaptation.
There will be an increase in consistent condom use.

Outcome: What is the impact? Has a new healthier behavior been adopted, and can it be attributed to the program?

This increase will be documented in post program interviews.

5.4.5 Project Management and Work Plan -One Page Limit

In narrative formation the Applicant will outline a detailed project management plan that defines how the project is executed, monitored and controlled by the Applicant. The objective of the project management plan is to define the approach to be used by the Applicant to deliver the intended activities of the project.

This section must outline how the Applicant will handle any issues including what remedies will be taken if project timeline changes occur. This section shall be used by the

applicant to describe the agency's contingency plan if target monthly totals will not be reached, how they will redirect resources to successfully carry-out the proposed project, and how Applicant plans to sustain the program once grant funding ends.

Work Plan

Applicants shall submit a work plan (not included in 2 page limit) in the Excel Workbook posted along with this RFA to list objectives for implementation of proposed promotion activities, include activities which will be conducted to meet each objective per month, methods used to assess whether or not objectives are met, timeframe and person responsible for carrying out each activity.

An updated work plan must be submitted quarterly following the effective date of the contract. A sample work plan is provided in **Attachment 5**, and shall minimally contain the following:

1. Program Goal which describes the expected long-term effects of the proposed project.
2. Description of the focal population to be served by the project.
3. Programmatic Objectives directly related to achievement of the identified local program goals. Programmatic objectives should describe the results to be achieved and the manner in which results will be achieved by the project.
4. Identification of the resources available to operate the program (inputs), things that the project will do to achieve the programmatic objectives (activities), the amount of product or services the program intends to provide (outputs), and the intended outcomes or specific changes expected to result from the program activities (outcomes).
5. Persons responsible for carrying out the identified activities.
6. Timelines for achieving the identified activities.
7. Identification of collaborative partners and their roles and responsibilities in implementation of the project.
8. Mechanism for internal monitoring of the agency's performance on each activity and progress toward meeting the programmatic objectives.

5.4.6 Collaboration- One Page Limit

The Collaboration section shall be used by the applicant to describe the agency's efforts to partner with other organizations within the local community to deliver the proposed project as described in the Program Description for the benefit of the identified focal population. Collaboration may also be considered as a means of ensuring program sustainability once grant funding ends. Applicants shall identify in narrative form the following information:

1. The coordination/collaborative process used to plan and implement the proposed project. Explain who was involved, how these relationships will be maintained, the expected roles and responsibilities, and assurance that there is no duplication or over-lap of services.
2. Each collaborative partner. Describe their role, activities, and expected outcomes as a result of their input.

As evidence of collaborative partnerships, applicants must provide documentation in Attachments section of application.

5.4.7 Proposed Budget Summary and Budget Narrative-Four Page Limit

The Proposed Budget Summary and Budget Narrative shall provide a breakdown and explanation of all requested cost items that will be incurred by the proposed project as they relate to the Program Description. All proposed costs for the project activities described in this RFA are required to be presented in a line-item budget format that is accompanied by a budget narrative that supports, justifies and clarifies the various line items. Justification for all cost items, including cash match, contained in the Proposed Budget Summary must be described in a separate Budget Narrative, the format for which is contained in **Attachment 2 & 3**. Only cost allocations under the terms of the RFA and applicable federal and state cost principles may be included in the line item budget. All requested costs shall be reasonable and necessary. Note: Points will be deducted for not using the budget form and lack of detailed narrative. **Administrative / Indirect costs** should be directly related to project activities and may not exceed 10% of the total budget (i.e. audit, computer/network maintenance, payroll fees, phone/internet service, and database management).

1. Budget Summary Sheet - Two Page Limit

All costs contained in the Budget Summary must be directly related to the services and activities proposed to be provided and identified in the application. All cost must be presented in an Excel file using outline in table on page 53.

If there is a match of cash or in-kind services being committed to the project, indicate the amount of match the organization or partner agencies will be providing for each budget category.

The method of cost presentation will be a line-item budget using the format found in **Attachment 2 & 3**.

2. Budget Justification – Two Page Limit

In narrative format, provide a brief narrative justification for each budget item: Applicants should demonstrate how the proposed expenditures relate to at least one of the activities in the work plan or how the proposed expenditures will improve progress towards work plan objectives.

Include only expenses directly related to the project and necessary for program implementation using only the standard heading listed on the budget form, i.e., personnel, fringe benefits, consultant, travel, supplies, equipment and other grant related expenses. **Note:** All applicants must fill out the Personnel Form. This form must follow the budget information included in the Application Package.

Provide a narrative description of the amount and sources of cash match, if any that will be provided. **Provide similar information on other budget items under the appropriate headings.**

<p>Reminder: Participation in an annual Applicants' workshop or Closing the Gap Summit is mandatory and must be included in your budget.</p>

5.5 Authorized Signatory

The signature on the application must be that of an authorized official of the organization. An authorized official is an officer of the prospective applicant's organization who has legal authority

to bind the organization to the provisions of the RFA and the subsequent grant award. This person is usually the President, Chairman of the Board, Chief Executive Officer, or Executive Director. If a person other than the President, Chairman of the Board, Chief Executive Officer, or Executive Director signs the application, a document establishing delegated authority must be included with the application. The authorized signature certifies that all information, facts and figures are true and correct and that if awarded a grant, the agency will comply with the RFA, the contract, all applicable state and federal laws, regulations, grant terms and conditions, action transmittals, review guides, and other instructions and procedures for program compliance and fiscal control. The signatory is certifying that these funds will not be used to supplant other resources nor for any other purposes other than the funded program. The organization also agrees to comply with the terms and conditions of the Department as it relates to criminal background screening of the Chief Executive Officer, Executive Director, program director, direct-service staff, volunteers, and others, as necessary as stated.

Section 6.0 EVALUATION OF APPLICATIONS

6.1 Receipt of Applications

Upon receipt, applications will be reviewed for compliance with the requirements in the RFA. Applications that are not complete, or that do not conform to or address the criteria of the program will be considered non responsive and not accepted. **Incomplete applications will not be evaluated.**

No more than one award will be made for each county. If multiple applications are received for one county, the Department will consider only the application with the best score that meets all other requirements stated in the RFA. If no application for a county meets the minimum criteria, none will be considered for an award.

Receipt confirmation will be sent for all received applications. Notification of incomplete application will be sent via email from the OMH contract manager within 10 business days following the close of the RFA.

<p>NOTE: The scoring of proposals establishes a reference point from which to make negotiation decisions. It in no way implies that a contract will be awarded.</p>
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6.2 How Applications Are Scored

Applications will be scored by peer reviewers. Reviewers are chosen for their expertise in minority health and their understanding of the unique health problems and related issues confronted by racial and ethnic minority populations in Florida. Each application will be independently evaluated and scored by no less than three reviewers. In completing their assessment, reviewers will use an electronic version of the evaluation scoring sheet.

Each application will be evaluated and scored based on the criteria identified below.

Statement of Need- Maximum points score for this section is (15).

1. How well is the focal population being served within the county/service area identified?
2. Clearly state, using data driven documentation, the impact of the health disparity and need at the local level, as applicable
3. Significance and prevalence of any identified health problem(s) or health issue(s) in the county/service area.
4. How well does the application identify whether there are any other State-funded or Federally-funded health disparities education programs operating in the county/service area that the project will serve, and if there are other programs. How will the applicant ensure that existing services are not duplicated or funds supplanted? How will the proposed project enhance or differ from existing services?
5. Include information on each priority health disparities area this proposed project will cover, and the impact to the county/service area.

6. To what extent does the applicant demonstrate access to the county/service area, and whether it is well positioned and accepted within the focal population(s) and community/communities to be served.
7. How well does the applicant document the outcomes of past efforts and activities with the focal population(s).
8. How well is information regarding racial/ethnic health disparities that exist in the county/service area/county identified presented? How well is the information supported by data?
9. How well are the sources of all data and statistics cited in the Statement of Need identified?

Provision of Services (30)

1. How well does the applicant document the number of UNDUPLICATED participants to be served by the proposed program?
2. How well does the applicant describe specific activities and/or actions to be implemented during the proposed program?
3. How well does the applicant describe mechanism that will be used to document activities and/or actions during the proposed program? How will records and files be maintained?
4. How well does the applicant describe the service area that the services and activities will cover? Is there an explanation of why those sites were chosen?
5. To what extent are the outcome objects written as S.M.A.R.T objectives?
6. To what extent do the outcome objectives address the applicants chosen core intervention?
7. How well does the applicant describe persons responsible for each activity and/or action to be implemented during the proposed project? Are any other organizations involved in project implementation? If so, are their roles identified?
8. To what extent does the applicant demonstrates access to the target population/community, and whether it is well positioned to accommodate target population within community/communities to be served
9. How appropriate is the proposed approach to activities and/or actions of proposed program in relation to the achievement of major program goals and objectives.

Promotion, Outreach, Recruitment (25)

1. How well does the applicant list and describe methods to promote proposed program?

2. Are the proposed timelines for outreach and recruitment appropriate and reasonable for the proposed project?
3. Is each activity described as required?
4. Are the methods and types of activities that will make up the outcome component of the project described?
5. Are the methods and types of activities that will make up the outcome component of the project described?

EVALUATION PLAN Maximum Possible Score for the Section is (25).

1. Are the objectives defined and relevant to the goal of the program.
2. The degree to which expected results are appropriate for major objectives and activities.
3. Suitability of process, outcome and impact measures.
4. Potential for the proposed project to impact the health status of, and barriers to, health care experienced by the targeted minority populations.
5. Appropriateness of the proposed data collection, including demographic data to be collected, analysis, and reporting procedures.
6. Potential for replication of the project by other state and local organizations.
7. Relevance to the program purpose, expectations, and stated problem.
8. How well are all program services and activities proposed related to the achievement of the overall purpose and goals of the Closing the Gap Program

PROPOSED BUDGET SUMMARY AND BUDGET NARRATIVE Maximum Possible Score for the Section is (20)

1. How well does the proposed budget fall within the grant amount guidelines? How well are cost items related to the tasks, services, activities and overall operation of the project as identified in the program description and project design? How well does the proposed budget follow the allowable cost guidelines?
2. How reasonable and necessary and consistent with the program description and project design are the personnel costs?
3. How well does the separate budget summary and narrative (Attachments 2 & 3) budget narrative justify each cost item contained in the related budget summary? How well does the budget summary identify the committed cash/in kind match amount by budget category? How well does the budget narrative identify and describe the committed cash/in-kind match amount, as indicated on the budget summary, and the sources of each?

The evaluation criteria (**Appendix A**) will be used by the Competitive Grant Review Committee to designate the point value assigned to each application. The scores of each member of the Review Committee will be averaged with the scores of the other members to determine the final scoring. The maximum possible score for any application is 100 points.

The Office of Minority Health anticipates that there may be more worthy applications than can be funded with the available resources. Applications will be deemed to fall into one of three categories: (1) approved and funded, (2) approved but not funded, (3) not approved. If additional funding becomes available, additional monies may be awarded to those deemed to fall into the approved but not funded category.

7.0 Grant Awards

7.1 Posting of Awards

Awards will be posted on the Closing the Gap website at:
<http://www.doh.state.fl.us/Minority/index.htm> on or about June 29, 2012.

This document may be downloaded from:
http://www.doh.state.fl.us/Admin/General_Services/Purchasing/grants_funding.htm or
<http://www.doh.state.fl.us/Minority/index.htm>

Vendor Registration

Each vendor doing business with the State for the sale of commodities or contractual services as defined in Section 287.012, F.S., shall register in the MyFloridaMarketPlace system, unless exempted under subsection 60A-1.030(3), F.A.C. Also, an agency shall not enter into an agreement for the sale of commodities or contractual services as defined in Section 287.012 F.S. 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 5 days after posting of intent to award. Information about the registration is available, and registration may be completed, at the MyFloridaMarketPlace website

http://dms.myflorida.com/business_operations/state_purchasing/myflorida_marketplace/vendors

Those lacking internet access may request assistance from the MyFloridaMarketPlace Customer Service at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 300, Tallahassee, Florida 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.

Section 8.0 FREQUENTLY ASKED QUESTIONS

1. **Where can I get more information about the program?** [Please review our website www.doh.state.fl.us/minority/](http://www.doh.state.fl.us/minority/)
2. **Who is eligible to apply?** See Second page of this announcement.
3. **What is the Project Period?** July 01, 2013-June 30, 2014.
4. **Do I budget for one year or two years?** The period of support is for twelve months.
5. **How do I submit an application?** Methods for application submission is by **e-mail only**: Entire proposal **MUST** be received by OMH **no later than 5:00 p.m. Eastern Daylight Time on April 22, 2013** to OMH-CTGDatabase@doh.state.fl.us
6. **Should the proposal be single or double-spaced?** All of the required sections must be singled spaced. Information in the appendices is excluded.
7. **Are the required forms counted as part of the 21 pages?** No.
8. **If any of the forms in the required forms section are not completed and submitted with the grant application, will the application be reviewed?** The application will not be reviewed if any of the required forms are not included with the grant application and will be returned to the applicant.
9. **Can an applicant provide services in more than one county?** An organization may provide services in counties contiguous to the county in which the organization is located.
10. **Do cash match funds have to actually be in an applicant's account at the time of application or at the time of the award?** If an applicant has been awarded a grant, the cash match must be available and in an established account identified specifically for the CTG program prior to contract negotiations. A copy of awardees bank statements must be provided to substantiate the account and required amount.
11. **Can grant funds secured from another source be utilized as matching dollars?** Dollars from other sources that are already committed to provide services cannot be used as cash match under this program. A cash match is considered uncommitted dollars from another source designated specifically for services under this program.
12. **What is In-Kind?** In-Kind means goods and services dedicated toward the CTG program from an outside organization, volunteers, equipment, or supplies.
13. **What is cost reimbursement?** Cost reimburse is a method of repayment for all documented expenditures for the approved project budget.

APPENDIX A

EVALUATION SCORE SUMMARY

	Maximum Points Possible	Score/Comment
1. Statement of Need	10	
2. Provision of Services	35	
3. Project Promotion, Outreach and Recruitment	25	
4. Evaluation Plan	10	
5. Budget Summary and Budget Narrative	20	

TOTAL POSSIBLE SCORE 100 _____

Review Committee Member's Signature

By signing I attest there is no conflict of interest in being a reviewer for this applicant.

APPENDIX B

SMART Objectives

State the objective(s) in measurable terms and include a realistic time frame for achievement. To further enhance the performance measurement, the Office of Minority Health is requiring that objectives be “*SMART*” (Specific, Measurable, Achievable, Realistic and Timely). This will assist the Department in evaluating whether objectives that are being set are effective and appropriate for the project.

a. A specific objective is concrete, detailed, focused and well defined. The objective should communicate what the applicant like to see happen and emphasize the action and outcome.

b. Measurable terms include both baseline numbers (at the start of the project) and outcome numbers expected at the end of the project for each major component.

c. An objective is only achievable when it is also measurable and limitations have been assessed.

d. Realistic is about who, what, when, where, and how. This is where human capital, resources, time, money and opportunity intersect. Specifically seek to answer

- How it is to be done?
- When it is to be done?
- Where it will be done?
- Who will do it?
- For whom it is to be done?

e. Timely is the deadline set for achievement of an objective. Deadlines **MUST** be achievable and realistic to merit the undertaking. The time frame should indicate when the objective will be achieved. The time line should list:

- Each objective;
- The activities under each objective;
- The specific month(s) each activity will be implemented; and
- The individual(s) responsible for the listed activities by project title/position.

APPENDIX C

Application Budget Format and Instructions

General Information

All expenses for your project must be in line item detail on the forms provided. CTG funded indirect costs may not exceed ten percent (10%) and must be fully itemized (i.e., space, utilities, etc.) and justified.

Assume a twelve (12) month budget, with a July 1, 2013 start date. Complete **Attachment 3 (Budget Narrative and Justification)**

Budget Narrative/Justification Forms

Use forms below to provide a justification/explanation for the expenses included in the Budget Request. The justification must show all items of expense and the associated cost that comprise the amount requested for each budget category (e.g., if your total travel cost is \$1,000, show how that amount was determined – conference, local travel, etc.) and, if appropriate, an explanation of how these expenses relate to the goals and objectives of the project.

Personnel Services

Include a description for each position and the annual salary or rate per hour if non-salaried or if hourly, percentage of time spent on various duties where appropriate, on this form. Contracted or per diem staff is not to be included in personnel services; these expenses should be shown as consultant or contractual services under non-personnel services.

Fringe Benefit Rate

Specify the components (FICA, Health Insurance, Unemployment Insurance, etc.) and their percentages comprising the fringe benefit rate, then total the percentages to show the fringe benefit rate used in the budget calculations. If different rates are used for different positions, submit a Form 2 for each rate and specify which positions are subject to which rate.

Non-Personnel Services

Any item of expense not applicable to the following categories must also be listed along with a justification of need.

- Supplies and Materials – Delineate the items of expense and estimated cost of each item along with justification of their need.
- Travel – Delineate the items of expense and estimated cost (i.e. travel costs associated with conferences, including transportation, meals, lodging, and registration fees) and estimated cost along with a justification need. Costs should be based upon the agency's applicable travel reimbursement policy.
- Consultants/Per Diem/Contractual Services – Provide a justification of why each service listed is needed. Justifications should include the name of the consultant or contractor, the specific service(s) to be provided, and the time frame for the delivery of services. The cost for each service should be fully justified.
- Equipment – Delineate each piece of equipment and estimated cost along with a justification of need. Equipment costing less than \$500 should be included in the Supplies and Materials category. Anticipated equipment purchases of \$500 or more should be included in the equipment line.

Budget: Summary Budget Sheet (Attachment 2)

APPENDIX D

Management Plan Instruction

The management plan defines how the project is executed, monitored and controlled. It may be summary or detailed and may be composed of one or more subsidiary management plans and other planning documents. The objective of the management plan is to define the approach to be used by the Applicants to deliver the intended project management scope of the project. This section shall be used by the applicant to describe the agency's ability to successfully carry-out the proposed project and to sustain the program once grant funding ends. Include the following in narrative form:

Personnel

- Discuss any assumptions and constraints associated with the staffing estimates described in the organizational overview
- Describe the appropriate procedures used to manage staff on the project.
- Describe the process for transitioning state staff once the project is completed. Describe how the project or Department will help to place staff. Indicate how consultant/contractor staff will be released

Budget

- Discuss how staff travel will be handled if the budget does not allow for the amount of travel requested?
- Discuss how supplies will be purchased any of the itemize program related supplies are not funded?
- How CTG and the organization be marketed if marketing and promotion is not allowable in the budget/

Deliverable Timelines

- Discuss how deliverables will be met if not executed by the dates outlined in the contract?

Note: Management Plan should also discuss how applicant plans to handle any issues that might arise during the course of the proposed project funding period.

APPENDIX D

CFDA No.

CSFA No.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
STANDARD CONTRACT

Client Non-Client
 Multi-County

THIS CONTRACT is entered into between the State of Florida, Department of Health, hereinafter referred to as the *department*, and _____ hereinafter referred to as the *provider*.

THE PARTIES AGREE:

I. THE PROVIDER AGREES:

A. To provide services in accordance with the conditions specified in Attachment I.

B. Requirements of §287.058, Florida Statutes (FS)

To provide units of deliverables, including reports, findings, and drafts as specified in Attachment I, to be received and accepted by the contract manager prior to payment. To comply with the criteria and final date by which such criteria must be met for completion of this contract as specified in Section III, Paragraph A. of this contract. To submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit thereof. Where applicable, to submit bills for any travel expenses in accordance with §112.061, FS. The department may, if specified in Attachment I, establish rates lower than the maximum provided in §112.061, FS. To allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, FS, made or received by the provider in conjunction with this contract. It is expressly understood that the provider's refusal to comply with this provision shall constitute an immediate breach of contract.

C. To the Following Governing Law

1. State of Florida Law

a. This contract is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Each party shall perform its obligations herein in accordance with the terms and conditions of the contract.

b. If this contract is valued at 1 million dollars or more, the provider agrees to refrain from any of the prohibited business activities with the Governments of Sudan and Iran as described in s.215.473, F.S. Pursuant to s.287.135(5), F.S., the department shall bring a civil action against any company that falsely certifies its status on the Scrutinized Companies with Activities in Sudan or the Iran Petroleum Energy Sector Lists. The provider agrees that the department shall take civil action against the provider as described in s. 287.135(5)(a), F.S., if the provider fails to demonstrate that the determination of false certification was made in error.

2. Federal Law

a. If this contract contains federal funds, the provider shall comply with the provisions of 45 CFR, Part 74, and/or 45 CFR, Part 92, and other applicable regulations as specified in Attachment I.

b. If this agreement includes federal funds and more than \$2,000 of federal funds will be used for construction or repairs, the provider shall comply with the provisions of the Copeland "Anti-Kickback" Act (18 U.S.C. 874 and 40 U.S.C. 276c), as supplemented by Department of Labor regulations (29 CFR part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The act prohibits providers from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he/she is otherwise entitled. All suspected violations must be reported to the department.

c. If this agreement includes federal funds and said funds will be used for the performance of experimental, developmental, or research work, the provider shall comply with 37 CFR, part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Governmental Grants, Contracts and Cooperative Agreements."

d. If this contract contains federal funds and is over \$100,000, the provider shall comply with all applicable standards, orders, or regulations issued under §306 of the Clean Air Act, as amended (42 U.S.C. 1857(h) et seq.), §508 of the Clean Water Act, as amended (33 U.S.C. 1368 et seq.), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15). The provider shall report any violations of the above to the department.

e. If this contract contains federal funding in excess of \$100,000, the provider must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment _____. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager.

f. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §§274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department. The provider agrees to utilize the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp>, to verify the employment eligibility of all new employees hired during the contract term by the Provider. The Provider shall also include a requirement in subcontracts that the subcontractor shall utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term. Contractors meeting the terms and conditions of the E-Verify System are deemed to be in compliance with this provision.

g. The provider shall comply with President's Executive Order 11246, Equal Employment Opportunity (30 FR 12319, 12935, 3 CFR, 1964-1965 Comp., p. 339), as amended by President's Executive Order 11375, and as supplemented by regulations at 41 CFR, Part 60.

- h. The provider and any subcontractors agree to comply with Pro-Children Act of 1994, Public Law 103-277, which requires that smoking not be permitted in any portion of any indoor facility used for the provision of federally funded services including health, day care, early childhood development, education or library services on a routine or regular basis, to children up to age 18. Failure to comply with the provisions of the law may result in the imposition of civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.
- i. HIPAA: Where applicable, the provider will comply with the Health Insurance Portability Accountability Act as well as all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).
- j. Provider is required to submit a W-9 to the Department of Financial Services (DFS) electronically prior to doing business with the State of Florida via the Vendor Website at <https://flvendor.myfloridacfo.com>. Any subsequent changes shall be performed through this website; however, if provider needs to change their FEID, they must contact the DFS Vendor Ombudsman Section at (850) 413-5519.
- k. If the provider is determined to be a subrecipient of federal funds, the provider will comply with the requirements of the American Recovery and Reinvestment Act (ARRA) and the Federal Funding Accountability and Transparency Act, by obtaining a DUNS (Data Universal Numbering System) number and registering with the federal Central Contractor Registry (CCR). No payments will be issued until the provider has submitted a valid DUNS number and evidence of registration (i.e. a printed copy of the completed CCR registration) in CCR to the contract manager. To obtain registration and instructions, visit <http://fedgov.dnb.com/webform> and www.ccr.gov.

D. Audits, Records, and Records Retention

- 1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the department under this contract.
- 2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
- 3. Upon completion or termination of the contract and at the request of the department, the provider will cooperate with the department to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in Section I, paragraph D.2. above.
- 4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the department.
- 5. Persons duly authorized by the department and Federal auditors, pursuant to 45 CFR, Part 92.36(i)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.
- 6. To provide a financial and compliance audit to the department as specified in Attachment _____ and to ensure that all related party transactions are disclosed to the auditor.
- 7. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.
- 8. If Exhibit 2 of this contract indicates that the provider is a recipient or subrecipient, the provider will perform the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133, and/or section 215.97 Florida Statutes, as applicable and conform to the following requirements:
 - a. Documentation. To maintain separate accounting of revenues and expenditures of funds under this contract and each CSFA or CFDA number identified on Exhibit 1 attached hereto in accordance with generally accepted accounting practices and procedures. Expenditures which support provider activities not solely authorized under this contract must be allocated in accordance with applicable laws, rules and regulations, and the allocation methodology must be documented and supported by competent evidence.
 Provider must maintain sufficient documentation of all expenditures incurred (e.g. invoices, canceled checks, payroll detail, bank statements, etc.) under this contract which evidences that expenditures are:
 - 1) allowable under the contract and applicable laws, rules and regulations;
 - 2) reasonable; and
 - 3) necessary in order for the recipient or subrecipient to fulfill its obligations under this contract.
 The aforementioned documentation is subject to review by the Department and/or the State Chief Financial Officer and the provider will timely comply with any requests for documentation.
 - b. Financial Report. To submit an annual financial report stating, by line item, all expenditures made as a direct result of services provided through the funding of this contract to the Department within 45 days of the end of the contract. If this is a multi-year contract, the provider is required to submit a report within 45 days of the end of each year of the contract. Each report must be accompanied by a statement signed by an individual with legal authority to bind recipient or subrecipient by certifying that these expenditures are true, accurate and directly related to this contract.
 To ensure that funding received under this contract in excess of expenditures is remitted to the Department within 45 days of the earlier of the expiration of, or termination of, this contract.

E. Monitoring by the Department

To permit persons duly authorized by the department to inspect any records, papers, documents, facilities, goods, and services of the provider, which are relevant to this contract, and interview any clients and employees of the provider to assure the department of satisfactory performance of the terms and conditions of this contract. Following such evaluation the department will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the department within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of

the department, result in any one or any combination of the following: (1) the provider being deemed in breach or default of this contract; (2) the withholding of payments to the provider by the department; and (3) the termination of this contract for cause.

F. Indemnification

NOTE: Paragraph I.F.1. and I.F.2. are not applicable to contracts executed between state agencies or subdivisions, as defined in §768.28, FS.

1. The provider shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.
2. The provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty to defend and indemnify within seven (7) days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and its enforcement by the department. The department's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

G. Insurance

To provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of this contract and any renewal(s) and extension(s) of it. Upon execution of this contract, unless it is a state agency or subdivision as defined by §768.28, FS, the provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the provider and the clients to be served under this contract. The limits of coverage under each policy maintained by the provider do not limit the provider's liability and obligations under this contract. Upon the execution of this contract, the provider shall furnish the department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The department reserves the right to require additional insurance as specified in Attachment I where appropriate.

H. Safeguarding Information

Not to use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with state and federal law or regulations except upon written consent of the recipient, or his responsible parent or guardian when authorized by law.

I. Assignments and Subcontracts

1. To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sub-license, assignment, or transfer otherwise occurring shall be null and void.
2. The provider shall be responsible for all work performed and all expenses incurred with the project. If the department permits the provider to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider, at its expense, will defend the department against such claims.
3. The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the provider. In the event the State of Florida approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors, assigns, and legal representatives of the provider and of any legal entity that succeeds to the obligations of the State of Florida.
4. The contractor shall provide a monthly Minority Business Enterprise report summarizing the participation of certified and non-certified minority subcontractors/material suppliers for the current month, and project to date. The report shall include the names, addresses, and dollar amount of each certified and non-certified MBE participant, and a copy must be forwarded to the Contract Manager of the Department of Health. The Office of Supplier Diversity (850-487-0915) will assist in furnishing names of qualified minorities. The Department of Health, Minority Coordinator (850-245-4199) will assist with questions and answers.
5. Unless otherwise stated in the contract between the provider and subcontractor, payments made by the provider to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §§287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the provider and paid by the provider to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

J. Return of Funds

To return to the department any overpayments due to unearned funds or funds disallowed and any interest attributable to such funds pursuant to the terms of this contract that were disbursed to the provider by the department. In the event that the provider or its independent auditor discovers that overpayment has been made, the provider shall repay said overpayment within 40 calendar days without prior notification from the department. In the event that the department first discovers an overpayment has been made, the department will notify the provider by letter of such a finding. Should repayment not be made in a timely manner, the department will charge interest of one (1) percent per month compounded on the outstanding balance after 40 calendar days after the date of notification or discovery.

K. Incident Reporting

Abuse, Neglect, and Exploitation Reporting

In compliance with Chapter 415, FS, an employee of the provider who knows or has reasonable cause to suspect that a child, aged person, or disabled adult is or has been abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the single statewide toll-free telephone number (1-800-96ABUSE).

L. Transportation Disadvantaged

If clients are to be transported under this contract, the provider will comply with the provisions of Chapter 427, FS, and Rule Chapter 41-2, FAC. The provider shall submit to the department the reports required pursuant to Volume 10, Chapter 27, DOH Accounting Procedures Manual.

M. Purchasing

1. It is agreed that any articles which are the subject of, or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) identified under Chapter 946, FS, in the same manner and under the procedures set forth in §§946.515(2) and (4), FS. For purposes of this contract, the provider shall be deemed to be substituted for the department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law. An abbreviated list of products/services available from PRIDE may be obtained by contacting PRIDE, 1-800-643-8459.

2. Procurement of Materials with Recycled Content

It is expressly understood and agreed that any products or materials which are the subject of, or are required to carry out this contract shall be procured in accordance with the provisions of §403.7065, and §287.045, FS.

3. MyFloridaMarketPlace Vendor Registration

Each vendor doing business with the State of Florida 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 Florida Administrative Code Rule 60A-1.030(3) (F.A.C.).

4. MyFloridaMarketPlace Transaction Fee

The State of Florida, through the Department of Management Services, has instituted MyFloridaMarketPlace, a statewide eProcurement system. Pursuant to section 287.057(23), Florida Statutes (2008), all payments shall be assessed a Transaction Fee of one percent (1.0%), which the Provider shall pay to the State.

For payments within the State accounting system (FLAIR or its successor), the Transaction Fee shall, when possible, be automatically deducted from payments to the vendor. If automatic deduction is not possible, the vendor shall pay the Transaction Fee pursuant to Rule 60A-1.031(2), F.A.C. By submission of these reports and corresponding payments, vendor certifies their correctness. All such reports and payments shall be subject to audit by the State or its designee.

The Provider shall receive a credit for any Transaction Fee paid by the Provider for the purchase of any item(s) if such item(s) are returned to the Provider through no fault, act, or omission of the Provider. Notwithstanding the foregoing, a Transaction Fee is non-refundable when an item is rejected or returned, or declined, due to the vendor's failure to perform or comply with specifications or requirements of the agreement. Failure to comply with these requirements shall constitute grounds for declaring the vendor in default and recovering procurement costs from the vendor in addition to all outstanding fees. Providers delinquent in paying transaction fees may be excluded from conducting future business with the State.

N. Civil Rights Requirements

Civil Rights Certification: The provider will comply with applicable provisions of DOH publication, "Methods of Administration, Equal Opportunity in Service Delivery."

O. Independent Capacity of the Contractor

1. In the performance of this contract, it is agreed between the parties that the provider is an independent contractor and that the provider is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.
2. Except where the provider is a state agency, the provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida. Nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.
3. Except where the provider is a state agency, neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

P. Sponsorship

As required by §286.25, FS, if the provider is a non-governmental organization which sponsors a program financed wholly or in part by state funds, including any funds obtained through this contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: *Sponsored by (provider's name) and the State of Florida, Department of Health*. If the sponsorship reference is in written material, the words *State of Florida, Department of Health* shall appear in at least the same size letters or type as the name of the organization.

Q. Final Invoice

To submit the final invoice for payment to the department no more than _____ days after the contract ends or is terminated. If the provider fails to do so, all right to payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the department.

R. Use of Funds for Lobbying Prohibited

To comply with the provisions of §216.347, FS, which prohibit the expenditure of contract funds for the purpose of lobbying the Legislature, judicial branch, or a state agency.

S. Public Entity Crime and Discriminatory Vendor

1. Pursuant to §287.133, FS, the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with the department: When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, FS, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
2. Pursuant to §287.134, FS, the following restrictions are placed on the ability of persons convicted of discrimination to transact business with the department: When a person or affiliate has been placed on the discriminatory vendor list following a conviction for discrimination, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, FS, for CATEGORY TWO for a period of 36 months from the date of being placed on the discriminatory vendor list.

T. Patents, Copyrights, and Royalties

1. If any discovery or invention arises or is developed in the course or as a result of work or services performed under this contract, or in anyway connected herewith, the provider shall refer the discovery or invention to the department to be referred to the Department of State to determine whether patent protection will be sought in the name of the State of Florida. Any and all patent rights accruing under or in connection with the performance of this contract are hereby reserved to the State of Florida.
2. In the event that any books, manuals, films, or other copyrightable materials are produced, the provider shall notify the Department of State. Any and all copyrights accruing under or in connection with the performance under this contract are hereby reserved to the State of Florida.
3. The provider, without exception, shall indemnify and save harmless the State of Florida and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured by the provider. The provider has no liability when such claim is solely and exclusively due to the Department of State's alteration of the article. The State of Florida will provide prompt written notification of claim of copyright or patent infringement. Further, if such claim is made or is pending, the provider may, at its option and expense, procure for the Department of State, the right to continue use of, replace, or modify the article to render it non-infringing. If the provider uses any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

U. Construction or Renovation of Facilities Using State Funds

Any state funds provided for the purchase of or improvements to real property are contingent upon the provider granting to the state a security interest in the property at least to the amount of the state funds provided for at least (5) years from the date of purchase or the completion of the improvements or as further required by law. As a condition of a receipt of state funding for this purpose, the provider agrees that, if it disposes of the property before the department's interest is vacated, the provider will refund the proportionate share of the state's initial investment, as adjusted by depreciation.

Electronic Fund Transfer

The provider agrees to enroll in Electronic Fund Transfer, offered by the State Comptroller's Office. Copies of Authorization form and sample bank letter are available from the Department. Questions should be directed to the EFT Section at (850) 410-9466. The previous sentence is for notice purposes only.

Information Security

The provider shall maintain confidentiality of all data, files, and records including client records related to the services provided pursuant to this agreement and shall comply with state and federal laws, including, but not limited to, sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes. Procedures must be implemented by the provider to ensure the protection and confidentiality of all confidential matters. These procedures shall be consistent with the Department of Health Information Security Policies, as amended, which is incorporated herein by reference and the receipt of which is acknowledged by the provider, upon execution of this agreement. The provider will adhere to any amendments to the department's security requirements provided to it during the period of this agreement. The provider must also comply with any applicable professional standards of practice with respect to client confidentiality.

II. THE DEPARTMENT AGREES:

A. Contract Amount

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed _____ subject to the availability of funds. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract.

B. Contract Payment

Pursuant to §215.422, FS, the department has five (5) working days to inspect and approve goods and services, unless the bid specifications, Purchase Order, or this contract specifies otherwise. With the exception of payments to health care providers for hospital, medical, or other health care services, if payment is not available within 40 days, measured from the latter of the date the invoice is received or the goods or services are received, inspected and approved, a separate interest penalty set by the Comptroller pursuant to §55.03, FS, will be due and payable in addition to the invoice amount. To obtain the applicable interest rate, contact the fiscal office/contract administrator. Payments to health care providers for hospitals, medical, or other health care services, shall be made not more than 35 days from the date eligibility for payment is determined, at the daily interest rate of 0.03333%. Invoices returned to a vendor due to preparation errors will result in a payment delay. Interest penalties less than one dollar will not be enforced unless the vendor requests payment. Invoice payment requirements do not start until a properly completed invoice is provided to the department.

C. Vendor Ombudsman

A *Vendor Ombudsman* has been established within the Department of Financial Services. The duties of this individual include acting as an advocate for vendors who may be experiencing problems in obtaining timely payment(s) from a state agency. The Vendor Ombudsman may be contacted at (850) 413-5516 or (800) 342-2762, the State of Florida Chief Financial Officer's Hotline.

III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE

A. Effective and Ending Dates

This contract shall begin on _____ or on the date on which the contract has been signed by both parties, whichever is later. It shall end on _____.

B. Termination

1. Termination at Will

This contract may be terminated by either party upon no less than thirty (30) calendar days notice in writing to the other party, without cause, unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

2. Termination Because of Lack of Funds

In the event funds to finance this contract become unavailable, the department may terminate the contract upon no less than *twenty-four (24) hours* notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department shall be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the provider will be compensated for any work satisfactorily completed prior to notification of termination.

3. Termination for Breach

This contract may be terminated for the provider's non-performance upon no less than *twenty-four (24) hours* notice in writing to the provider. If applicable, the department may employ the default provisions in Chapter 60A-1.006 (3), FAC. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the department's right to remedies at law or in equity.

4. Termination for Failure to Satisfactorily Perform Prior Agreement

Failure to have performed any contractual obligations with the department in a manner satisfactory to the department will be a sufficient cause for termination. To be terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with the department, been notified by the department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the department; or (2) had a contract terminated by the department for cause.

C. Renegotiation or Modification

Modifications of provisions of this contract shall only be valid when they have been reduced to writing and duly signed by both parties. The rate of payment and dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the department's operating budget.

D. Official Payee and Representatives (Names, Addresses and Telephone Numbers)

- 1. The name (provider name as shown on page 1 of this contract) and mailing address of the official payee to whom the payment shall be made is: _____ and administrative records are maintained is: _____

- 2. The name of the contact person and street address where financial

3. The name, address, and telephone number of the contract manager for the department for this contract is:

4. The name, address, and telephone number of the provider's representative responsible for administration of the program under this contract is:

5. Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and said notification attached to originals of this contract.

E. All Terms and Conditions Included

This contract and its attachments as referenced, _____ contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of the contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

I have read the above contract and understand each section and paragraph.

IN WITNESS THEREOF, the parties hereto have caused this _____ page contract to be executed by their undersigned

PROVIDER: _____

STATE OF FLORIDA, DEPARTMENT OF HEALTH

SIGNATURE: _____

SIGNATURE: _____

PRINT/TYPE NAME: _____

PRINT/TYPE NAME: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

STATE AGENCY 29-DIGIT FLAIR CODE: _____

FEDERAL EID# (OR SSN): _____

PROVIDER FISCAL YEAR ENDING DATE: _____

ATTACHMENT F 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 OMB Circular A-133, as revised, and Section 215.97, F.S., (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Department of Health staff, limited scope audits as defined by OMB Circular A-133, as revised, 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 OMB Circular A-133, as revised.

1. In the event that the provider expends \$500,000 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 OMB Circular A-133, as revised. 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 OMB Circular A-133, as revised. An audit of the provider conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, 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 Subpart C of OMB Circular A-133, as revised.
3. If the provider expends less than \$500,000 in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, is not required. In the event that the provider expends less than \$500,000 in Federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, 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 Section .310(b)(2) of OMB Circular A-133, as revised, the schedule of expenditures of Federal awards 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 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; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), 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 12 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 OMB Circular A-133, as revised, and required by PART I of this agreement shall be submitted, when required by Section .320 (d), OMB Circular A-133, as revised, by or on behalf of the provider directly to each of the following:

- A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

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: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.

- B. The Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by Sections .320 (d)(1) and (2), OMB Circular A-133, as revised, should be submitted to the Federal Audit Clearinghouse), at the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

C. Other Federal agencies and pass-through entities in accordance with Sections .320 (e) and (f), OMB Circular A-133, as revised.

2. Pursuant to Sections .320(f), OMB Circular A-133, as revised, the provider shall submit a copy of the reporting package described in Section .320(c), OMB Circular A-133, as revised, and any management letter issued by the auditor, to the Department of Health as follows:

SingleAudits@doh.state.fl.us

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: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), 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@doh.state.fl.us

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: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), 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 OMB Circular A-133, 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 OMB Circular A-133 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

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:

Matching resources for federal program(s) _____ CFDA# _____ Title _____ \$ _____

State financial assistance subject to Sec. 215.97, F.S.: CSFA# 64.056 Title Closing the Gap \$200,000

TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, F.S. \$200,000

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

The Closing the Gap grant program created an initiative that works to eliminate racial and ethnic health disparities in Florida. It provides grants to local counties and Front Porch Communities with the intent to stimulate the development of community-based and neighborhood-based projects to improve the health outcomes of racial and ethnic populations through health promotion and disease prevention activities.

The Closing the Gap grants are for communities to mobilize and organize their resources in support of effective and sustainable programs which will assist in eliminating the health disparities of racial and ethnic populations. The grantees will be expected to provide community-level prevention, education, and interventions that are effective in eliminating health disparities, with the goal of becoming sustainable and developing successful projects that may be replicated in other communities.

These funds may not be used to support treatment, facilities construction, or to supplant or duplicate existing funding, lobbying, out of state travel, fringe benefits for temporary employees, fund raising activities, grant writing services, or medical supplies. Funds may not be used for capital improvements, renovations, or alterations, direct patient services, or costs not directly related to the Closing the Gap grant program.

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 OMB Circular A-133, as revised, 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 are met. Providers who have been determined to be vendors are not subject to the audit requirements of OMB Circular A-133, as revised, 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 Sec. 210 of OMB Circular A-133 and/or Rule 691-5.006, FAC, provider has been determined to be:

- Vendor not subject to OMB Circular A-133 and/or Section 215.97, F.S.
- Recipient/subrecipient subject to OMB Circular A-133 and/or Section 215.97, F.S.
- Exempt organization not subject to OMB Circular A-133 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 691-006(2), FAC [state financial assistance] and Section _ .400 OMB Circular A-133 [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 225 a/k/a OMB Circular A-87 – Cost Principles*
- OMB Circular A-102 – Administrative Requirements**
- OMB Circular A-133 – 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 230 a/k/a OMB Circular A-122 – Cost Principles*
- 2 CFR 215 a/k/a OMB Circular A-110 – Administrative Requirements
- OMB Circular A-133 – 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 220 a/k/a OMB Circular A-21 – Cost Principles*
- 2 CFR 215 a/k/a OMB Circular A-110 – Administrative Requirements
- OMB Circular A-133 – 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 OMB Circular A-133 Compliance Supplement, Appendix 1.

**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 691-5, 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://www.doh.state.fl.us/> by selecting "Contract Administrative Monitoring" in the drop-down box at the top of the Department's webpage. * Enumeration of laws, rules and regulations herein is not exhaustive nor exclusive. Fund recipients will be held to applicable legal requirements whether or not outlined herein.

ATTACHMENT 1

COVER PAGE

**FLORIDA DEPARTMENT OF HEALTH
OFFICE OF MINORITY HEALTH
REDUCING RACIAL & ETHNIC HEALTH DISPARITIES:
CLOSING THE GAP
RFA #**

Applicant Legal Name	
Applicant Mailing Address	
City, State, Zip:	
Telephone Number (including area code)	
Email Address:	
Applicant FEID:	
Total Amount of Funding Requested:	
Contact Person for Negotiations	
Title:	
By signing above you are attesting that : TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TURE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
Type of applicant	<input type="checkbox"/> Community Based Organization (CBO) <input type="checkbox"/> County Health Department <input type="checkbox"/> For Profit <input type="checkbox"/> Front Porch Community <input type="checkbox"/> Individual <input type="checkbox"/> Faith Based <input type="checkbox"/> Other (specify)

PROJECT SUMMARY OUTLINE

PROJECT TITLE:	
PROJECT DIRECTOR:	
TARGET POPULATION:	<input type="checkbox"/> American Indian or Alaska Natives <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other (specify)
LOCATION (Service Area/Counties):	
Priority Area:	<input type="checkbox"/> Adult /Child Immunization <input type="checkbox"/> HIV <input type="checkbox"/> Oral Health Care <input type="checkbox"/> Breast & Cervical Cancer <input type="checkbox"/> Comprehensive Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Maternal & Infant Mortality <input type="checkbox"/> Cardiovascular Disease
PROJECT DESCRIPTION:	
Project Abstract (250 words max.)	

Additional Questions:

Have you ever had Closing the Gap funding?	
If so, when?	
List any current funding sources and amounts	

Disclaimer - NOTE: The receipt of applications in response to this grant opportunity 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.

**ATTACHMENT 2
Budget Summary Sheet**

BUDGET INFORMATION

SECTION A – BUDGET SUMMARY						
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Grant Program	Florida Statutes	State	Cash Match 33% of budget	In-Kind	Other Funding	Total
1. CTG Grant Program	381.7351-381.7356					

SECTION B – BUDGET CATEGORIES						
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<i>Identify source of cash match – what cash will pay for and what in-kind will cover</i>						
	State	Cash Match	In-Kind	Total		
2. Personnel						
2a. Fringe Benefits						
3. Travel						
4. Rental or Use of Space						
5. Supplies						
6. Contractual (NOT ALLOWED IN THIS CONTRACT)						
7. Other (Specify)						
8. Total Direct Cost						
9. Indirect Cost (Must not exceed 10% of salary and fringe)						
10. Totals						

ATTACHMENT 3

BUDGET NARRATIVE TEMPLATE

A justification for all costs associated with the proposed program must be provided. The Budget Narrative **must provide detailed** information to support each line item contained in the proposed Budget Summary. All contracts resulting from this RFA will be fixed price, unit costs based upon the service deliverables and unit costs per deliverables. The Budget Narrative should include, at a minimum the following:

PERSONNEL (SALARY AND BENEFITS)

A. Personnel – List each position by title or name of employee (if available). Show the annual salary rate and the percentage of time to be devoted to the program. Compensation paid to employees engaged in grant activities must be consistent with that paid for similar work within the prospective applicant’s organization.

Name/Position	Computation of Salary (Annual Salary)	(% of Time)	Hourly Rate	Cost

B. Fringe Benefits – Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in the Personnel category and only for the percentage of time devoted to the program.

Name/Position	Time of Benefit	(% Rate)	Cost
	FICA		
	Health Insurance (permanent employees only)		
	Unemployment		
	other		

C. Contracted Program Staff – These are program staff employed on a contractual basis to provide direct services related to program implementation and for which the organization directs and controls when, where and how the employee performs the work.. List each position by title or name of employee (if available). Show the hourly rate and the percentage of time to be devoted to the program. Compensation paid to such employees must be consistent with that paid for similar work within the prospective Applicant’s organization.

Name/Position	Hourly Rate	(% of Time)	Cost

EXPENSES

D. Staff Travel – Itemize the cost of local travel and mileage expenses for personnel by purpose. Show the basis of the calculation. Travel expenses are limited for reimbursement as authorized in Section 112.061, Florida Statutes. Mileage is reimbursed at \$0.44.5 cents per mile. Travel should also include the CTG mandatory training.

Position Traveling	Total Miles	State Mileage Rate	Total Travel
Project Director	500	.445	222.50

E. Training and Seminars – Itemize costs associated with required or anticipated staff training or seminars by purpose, and include associated costs (i.e., mileage, per diem, meals, hotel, registration fees, etc.). Travel expenses are limited for reimbursement as authorized in Section 112.061, Florida Statutes. No out-of-state travel may be paid with funds provided under this RFA. **All conference travel must be requested and approved in writing by the Department in advance**

Description of Travel	Benefit to state	Position Traveling	Mileage/Air Fare	Hotel/Lodging	Meals	Rental	TOTAL COST

F. Consumable Office Supplies – Itemize program related supplies separately by type (office supplies, copy paper, postage, etc.) that are expendable or consumed during the course of the program and show the formula used to arrive at total program costs.

Items Computation Cost

Supply Type	Units	Unit Cost	Total	State Funds Requested

G. Rent/Telephone/Utilities – Itemize program specific costs to implement the program by prorate share or applicable percentage of the total costs of these items. List each item separately and show the formula used to derive at total program costs.

Expenditure	Month price	Cost Sharing %	Total	State Funds Requested
Rent/lease/mortgage	Cost per month x # of months			

H. Curricula and Other Educational Material – Itemize the costs of program related curricula, including consumable workbooks, and other educational material proposed to be used by the program.

Description	Quantity	Unit Cost	Total	State Funds Requested

N. Promotion and Marketing Materials – Itemize the type and costs of materials to be purchased or developed for use in promoting and marketing the program in the local community. Detail the programmatic benefits to be derived from the promotion and marketing materials and how they relate to achievement of the programmatic goals and objectives.

Description	Quantity	Unit Cost	Total	State Funds Requested

O. Media Advertising – Itemize the costs of media advertising related to marketing and promotion of the program and marketing. Detail the programmatic benefits to be derived from the advertising and how it relates to achievement of the programmatic goals and objectives.

Media Type	Total Reach of Type	Quantity	Unit Cost	Total	State funds Requested
TV					
Radio					
Newspaper					

P. Other – List and describe any other expenses related to the program that is not specifically listed above. Breakout and show the computation for each line item

Description	Quantity	Unit Cost	Total	State Funds Requested

CASH/IN-KIND MATCH

If a commitment of cash and/or in-kind match has been identified on the Budget Summary provide a narrative description of each source of match by budget category, including the amount of cash and/or in-kind match and how the amount was calculated.

Personnel (Salary and Benefits)

A. Description of Match Sources \$ Amount How Calculated
Expenses

B. Description of Match Sources \$ Amount How Calculated
Contractual Services

C. Description of Match Sources \$ Amount How Calculated

NOTE:

**DO NOT use etc. in any line item narrative.
Please spell out all possible resources need to complete this project.**

In addition to your budget Narrative outlined above, please provide us with a detailed plan for how you will allocate funds from CTG to the priority areas you have chosen. Please use the format below (add lines as needed).

PRIORITY AREA	DELIVERABLE(S) for this priority	% OF BUDGET allocated to this priority
Cancer	Provide a prostate and colorectal cancer education awareness program to improve the health awareness among African American men	50%
Dental	Increase the proportion of children and adolescents by 10% who have received dental sealants on their molar teeth	50%

County/Service Area	# of Participants	% OF BUDGET allocated to this county
Gadsden	500	80%
Washington	200	20%

**ATTACHMENT 4
PERSONNEL FORM**

Name and Position Title	Annual Salary (1)	Number Months Budget (2)	% Time CTG project (3)	Amt CTG Funding (4)	% Time Other Funding (5)	Cash Match Amount (6)	Total State (7)
Totals							

**ATTACHMENT 5
Work Plan Template**

Please use this Word document to complete the work plan, print it out and include it with the hard copy application; the work plan does not need to be double-spaced. Complete three work plans for each of the three 12-month periods for the three year grant period (July 1, 2013 – June 30, 2014)

*Assessment Method-details of how each activity under this goal will be measured

A. Program Services			Measures of Effectiveness:	
Goal 1:				
Goal 2:			Measures of Effectiveness:	
Objectives	Activities Planned To Achieve This objective	*Assessment Method	Timeframe for Assessing Progress	Person/s Responsible
B. Promotion, Outreach and Recruitment			Measures of Effectiveness:	
Goal 1:				
Goal 2:			Measures of Effectiveness:	
C. Evaluation			Measures of Effectiveness:	
Goal 1:				

**ATTACHMENT 6
REQUIRED CERTIFICATIONS**

ACCEPTANCE OF TERMS AND CONDITIONS

I hereby certify that should my company be awarded this contract, it will comply with all the terms and conditions specified in the RFP and contained in the Standard Contract/Purchase Order attached. (Attachment VI, Attachment VII).

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 solicitation document, or in developing the subject program. Further, my company, its employees, and principals, engaged in no collusion in the development of the instant proposal or offer. This proposal or offer is made in good faith and there has been no violation of the provisions of Chapter 287, Florida Statutes, the Administrative Code Rules promulgated pursuant thereto, or any procurement policy of the Department of Health. I certify I have full authority to legally bind the Respondent or Offeror to the provisions of this proposal or offer.

Signature of Authorized

Official Date

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