

Regional Cancer Control Collaborative Support

APPLICATION GUIDELINES

FY 2010

Florida Department of Health  
Bureau of Chronic Disease Prevention and Health Promotion  
Division of Family Health Services  
Comprehensive Cancer Control Program

December 2010

Application Deadline:

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



Application Deadline:

COVER PAGE  
FLORIDA DEPARTMENT OF HEALTH

RFA #: 10-017

REQUEST FOR APPLICATIONS (RFA)

Applicant's Legal Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number(s) (Including area code) \_\_\_\_\_

Fax Number(s): (Including area code) \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Federal Employer Identification Number (FEID): \_\_\_\_\_

Applying for Category One: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Applying for Category Two: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Applicant's Fiscal Year End Date: \_\_\_\_\_

Contact Person for Negotiations: \_\_\_\_\_

Authorized Signature in blue ink: \_\_\_\_\_

Printed Name of Authorized Signature: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Comprehensive Cancer Control Program  
TIMELINE  
RFA # 10-017

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

Schedule	Date	Location
RFA Released	December 27, 2010	Posted electronically via: <a href="http://www.doh.state.fl.us/Admin/General_Services/Purchasing/grants_funding.htm">http://www.doh.state.fl.us/Admin/General_Services/Purchasing/grants_funding.htm</a>
Submission of Written Questions  (Questions may be faxed or e-mailed)	PRIOR to January 11, 2011 5:00 pm EST	Submit to: cancer@doh.state.fl.us  Or fax (850)921-8510 (fax)
Responses to Questions Posted	January 14, 2011	Posted electronically via: <a href="http://www.doh.state.fl.us/Admin/General_Services/Purchasing/grants_funding.htm">http://www.doh.state.fl.us/Admin/General_Services/Purchasing/grants_funding.htm</a>
Sealed Grant Applications Due to Department and Opened  (No Faxed or E-mailed Copies of Applications Accepted)	PRIOR to January 21, 2011 2:00 pm EST	U.S. Mail: Florida Department of Health Attn: Sue Higgins, MPH Comprehensive Cancer Control Program 4052 Bald Cypress Way, Bin A-18 Tallahassee, FL 32399-1749  For Overnight or Hand Delivery (Physical Address): Florida Department of Health Attn: Sue Higgins, MPH Comprehensive Cancer Control Program 4025 Esplanade Way, Suite 120H Tallahassee, FL 32399
Anticipated Evaluation of Grant Applications	January 24, 2011	Review and Evaluation of Grant Applications Begins
Anticipated Deliberations with Anticipated Awardees Begins	January 31, 2011	Deliberations and budget revisions, if necessary, prior to grant awards.
Anticipated Posting of Intent to Award	February 1, 2011	Posted electronically via: <a href="http://www.doh.state.fl.us/Admin/General_Services/Purchasing/grants_funding.htm">http://www.doh.state.fl.us/Admin/General_Services/Purchasing/grants_funding.htm</a>
Anticipated Grant Start Date	February 15, 2011	

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

## TABLE OF CONTENTS

- Section 1.0 Introduction
  - 1.1 Program Authority
  - 1.2 Statement of Purpose
  - 1.3 Available Funding
  - 1.4 Matching Funds
  
- Section 2.0 Program Overview
  - 2.1 Background
  - 2.2 Program Expectations
  - 2.3 Current and Prior Funded Projects
  
- Section 3.0 Terms and Conditions of Support
  - 3.1 Eligible Applicants
  - 3.2 Eligibility Criteria
  - 3.3 Minority Participation
  - 3.4 Period of Support
  - 3.5 Use of Grant Funds
  
- Section 4.0 Application Documentation
  - 4.1 Description of Application Components
  
- Section 5.0 Submission of Application
  - 5.1 Instructions for Submitting Application
  - 5.2 Instructions for Formatting Application
  - 5.3 Where to Send Application
  
- Section 6.0 Evaluation of Applications
  - 6.1 How Applications are Scored
  - 6.2 Awards

### Attachments

- I. 2010 Florida Cancer Plan Priority Strategies
- II. Florida Cancer Plan 2010 Guide
- III. Regional Cancer Control Collaborative Map
- IV. Performance Evaluation
- V. Proposal Scoring Criteria Worksheet
- VI. Financial and Compliance Audit
- VII. Standard Contract

## **Section 1.0 Introduction**

### **1.1 Program Authority – CFDA# 93.283**

This project is offered by the Centers of Disease Control and Prevention (CDC) as cited in the Notice of Cooperative Agreement (DP07-703 U58/DP000844) for the National Cancer Prevention and Control Program - National Program of Cancer Registries, the National Breast and Cervical Cancer Early Detection Program, and the National Comprehensive Cancer Control (CCC) Program and administered by the Comprehensive Cancer Control Program at the Florida Department of Health (the “department” or DOH).

### **1.2 Statement of Purpose**

The purpose of this Request for Applications (RFA) is to support cancer control activities through the creation of or continued support for a cancer collaborative infrastructure at the local level throughout the state of Florida. The Comprehensive Cancer Control (CCC) Program defines a cancer collaborative as an active group of cancer stakeholders who meet on a routine calendar basis, and implement cancer control efforts to address the priority strategies of the Florida Cancer Plan Council (FCPC) and the Cancer Control and Research Advisory Council (CCRAB), see Attachment I.

The CCC Program is seeking qualified applicants to enter into a contractual agreement with the department’s CCC Program to create or continue support of a regional cancer collaborative for the purpose of enhancing communication among the department and external partners, networking local resources, and addressing the goals and strategies of the Florida Cancer Plan 2010. An additional intent is to raise local awareness of the Florida Cancer Plan and to encourage use of the Florida Cancer Plan Guide: Building Blocks to Reduce the Burden and Enhance Cancer Collaboratives (Guide). This Guide provides tools and resources to assist cancer stakeholders in implementing cancer control efforts and was designed to be used in coordination with the Florida Cancer Plan 2010 (to view in its entirety, please visit <http://www.doh.state.fl.us/family/cancer>).

### **1.3 Available Funding**

Based on CDC support, the CCC Program has an estimated total amount of \$68,000 for contractual funding. The department expects to award between four and eight applicants for both Category One and Category Two combined. The contracts for Category 1 may be funded up to \$7,000 and Category Two may be funded up to \$15,000 (see section 2.2 Program expectations). The contracts shall begin on February 15, 2011 or on the date, which the contract has been signed by both parties, whichever is later, and end on June 15, 2011. In order to assure the state will fulfill current and future needs, the department reserves the right to award contracts to multiple applicants and to offer contract awards for less than the amounts requested by applicants as deemed in the best interest of the State of Florida and the department. The department and the CCC Program reserve the right to reallocate funds to established priority areas, at their discretion, of any awarded funds that may be unobligated and returned by the award recipient under this RFA.

### **1.4 Matching Funds**

There is no matching requirement for this project.

## **Section 2.0 Program Overview**

### **2.1 Background**

The National Comprehensive Cancer Control Program (NCCCP) funds states, tribes/tribal organizations, and territories to establish coalitions, assess the burden of cancer, determine priorities, and develop and implement Comprehensive Cancer Control Programs. The NCCCP defines comprehensive cancer control as an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.

The Florida Comprehensive Cancer Control (CCC) Program, in the Bureau of Chronic Disease Prevention and Health Promotion, began in 2001. Funding for the CCC Program is through a cooperative agreement with the CDC. The purpose of the CCC Program is to develop and implement strategic, collaborative approaches to implementing data- and evidence-based cancer education, prevention, and control activities statewide through an established infrastructure of partners.

In response to Florida's large geographical size, diverse resources and significant cancer burden, the CCC Program has configured programmatic efforts for the state into regional sectors called cancer collaboratives to better network and coordinate efforts. The CCC Program relies heavily upon the strong multi-disciplinary volunteer partners who participate on the regional collaboratives in implementing strategies to address the cancer plan goals and ensure sustainability with cancer control efforts.

The Florida Cancer Plan 2010 outlines the state's goals, strategies, and planning necessary to reduce the burden of cancer on individuals, families, and communities in Florida.

Goal One: A coordinated approach among public and private cancer control stakeholders to implement cancer activities statewide.

Goal Two: Floridians practice the healthy behaviors associated with prevention of cancer or to reduce risk.

Goal Three: Floridians have access to appropriate health information and effective health services for the timely detection, diagnosis, and treatment of cancer.

Goal Four: Floridians affected by cancer are aware of and have access to quality, appropriate services for quality of life, palliative care, and survivorship.

The Florida Cancer Plan 2010 provides the "large picture" for planning and the Guide serves as the complimenting document, allowing each cancer stakeholder group to outline the action steps in addressing the prioritized strategies. Please refer to Attachment II.

### **2.2 Program Expectations**

An interested entity may submit an application for only one of the following two categories.

**Category One:** Interested applicants are required to submit an application which outlines the cancer control efforts and timeframe to establish and convene a regional cancer collaborative.

The proposal must meet the following criteria:

1. Applicant must be based in one of the following areas (see Attachment III):
  - a. In Region 1 and will collaborate within and surrounding counties, or
  - b. In Region 4 and will collaborate within and surrounding counties, or
  - c. In Region 5 will collaborate within and surrounding counties, or
  - d. In Region 6 will collaborate within and surrounding counties.
2. Provide individualized letters that express commitment to participate in regional cancer collaborative meeting and activities from at least five local/regional partners.
3. Convene the regional cancer collaborative meetings either on a monthly or bi-monthly or quarterly basis.
4. Be familiar with the Florida Cancer Plan 2010 and the Guide (<http://www.doh.state.fl.us/cancer/ccc>), and the 2010 Florida Cancer Plan Priority Strategies (see Attachment I).
5. Implement and evaluate capacity building and participation activities that are described in Attachment IV, Performance Evaluation.
6. Use Attachment IV as a template for the design and submission of a performance evaluation plan, which details: program indicators, data sources, data collection methods, and timeframes.
7. Complete the Action Plan in the Florida Cancer Plan 2010 Guide (see Attachment II).
8. Submit a budget request up to \$7,000 to support establishing and convening a regional cancer collaborative in accordance with Section 3.5 Use of Grant Funds of the Request for Applications.
9. Submit a progress report at mid-point of the project period and a final report at the end of the project period on the accomplished action steps, with updates related to targets and measures as identified in the Action Plan.
10. Serve as a member on the Florida Cancer Plan Council.
11. Maintain on-going communication via phone, e-mail or face to face with CCC Program staff.

The successful applicant for Category One shall be required to request reimbursement through the submission of a mid-point and final progress report, and supporting documentation to the contract manager. All documentation is subject to approval by the department prior to payment.

As with any part of the grant application, the proposed budget is subject to review and possible modification by the department.

**Category Two:** This category reflects the program's understanding of the importance of continuity of initiatives that demonstrate steady and significant progress towards statewide goals. Interested applicants are required to submit a proposal that includes an action plan to expand the quantity and quality of activities completed by existing regional cancer collaboratives.

The proposal must meet the following criteria:

1. Applicant must be a member of an existing Florida Department of Health, CCC Program-sponsored regional cancer control collaborative (see Attachment III):
  - a. Northwest Florida Cancer Control Collaborative
  - b. North Central Florida Cancer Collaborative
  - c. Southeast Florida Cancer Control Collaborative
  - d. Southwest Florida Cancer Control Collaborative
2. Provide baseline data, as described in Section 2.3 of this RFA.

3. Provide documentation such as meeting minutes that demonstrates interest and participation at regional cancer collaborative meetings and activities from at least ten local/regional partners.
4. Convene the regional cancer collaborative meetings either on a monthly or bi-monthly basis.
5. Be familiar with the Florida Cancer Plan 2010 and the Guide (<http://www.doh.state.fl.us/cancer/ccc>), and the 2010 Florida Cancer Plan Priority Strategies (see Attachment I).
6. Select and implement one or more activity or intervention that is described in Attachment IV, Performance Evaluation.
7. Use Attachment IV as a template for the design and submission of a performance evaluation plan, which details: program indicators, data sources, data collection methods, and timeframes.
8. Complete the Action Plan in the Florida Cancer Plan 2010 Guide (see Attachment II).
9. Submit a budget request up to \$15,000 to support expansion of the quantity and quality of activities conducted by the regional cancer control collaborative in accordance with Section 3.5 Use of Grant Funds of the Request for Applications.
10. Submit a narrative progress report at mid-point of the project period and a final report at the end of the project period on accomplished action steps, with updates related to targets and measures as identified in the Action Plan.
11. Serve as a member on the Florida Cancer Plan Council.
12. Maintain on-going communication via phone, e-mail or face to face with CCC Program staff.

The successful applicant for Category Two shall be required to request reimbursement through the submission of a mid-point and final progress report, and supporting documentation to the contract manager. All documentation is subject to approval by the department prior to payment.

As with any part of the grant application, the proposed budget is subject to review and possible modification by the department.

### **2.3 Current and Prior Funded Projects**

Existing regional cancer collaboratives are eligible for Category Two funding if the collaborative is actively engaged in cancer control activities. An active cancer collaborative is defined as a membership from ten or more organizations which has consecutively met over the last six months, maintains a membership roster, and has a designated collaborative website. The successful applicant requesting funding for Category Two will be required to demonstrate their previous success in sustaining an active regional cancer collaborative. Success may be demonstrated through baseline data such as the number and types of activities hosted by the regional cancer control collaborative, the number and types of educational or informational products created and/or disseminated by the regional cancer control collaborative, the number and types of media coverage generated for cancer control by the regional cancer control collaborative, the number of visitors to the regional cancer collaborative's website, and other numerical and tangible data that captures the regional cancer control collaborative's efforts and accomplishments.

## **Section 3.0 Terms and Conditions of Support**

### **3.1 Eligible Applicants**

All entities submitting an application must be registered as a vendor in the state's MyFloridaMarketPlace. For further information please visit

[http://dms.myflorida.com/business\\_operations/state\\_purchasing/myflorida\\_marketplace](http://dms.myflorida.com/business_operations/state_purchasing/myflorida_marketplace). All entities submitting an application for funding are advised that in accepting federal dollars under this RFA, as a sub-recipient, they will be required to comply with all state laws, executive orders, regulations, and policies governing these funds. Entities that had contracts terminated or reduced by the department for reasons other than a mutually agreed upon cause, may be ineligible for funding.

### **3.2 Eligibility Criteria**

Eligible applicants should be entities that are actively involved in community cancer efforts which serve to bring together private and public agencies, community groups, academic institutions, hospitals, and other groups to address health concerns and comply with Section 2.2 of this RFA.

### **3.3 Minority Participation**

In keeping with the One Florida Initiative, the Florida Department of Health encourages minority business participation in all its procurements. Applicants are encouraged to contact the Office of Supplier Diversity at (850) 487-0915 or visit their website at <http://osd.dms.state.fl.us> for information on becoming a certified minority or for names of existing certified minorities who may be available for subcontracting or supplier opportunities.

### **3.4 Period of Support**

The initial term of the contract resulting from this RFA shall be for a project period of approximately five (5) months beginning from the date of execution of the contract through June 15, 2011.

### **3.5 Use of Grant Funds**

Allowable and unallowable expenditures are defined by at least one of the following: Reference Guide for State Expenditures found at <http://www.fldfs.com/aadir>, Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), Office of Management and Budget (OMB) Circulars A-110-General Administrative Requirements, A-133-Federal Single Audit, A-122-Cost Principles for Not-For-Profits, A-21-Cost Principles for Universities, Federal Public Laws, Catalog of Federal Domestic Assistance (CFDA), and Code of Federal Regulations (CFR).

It should be noted that once federal funds are allocated to a state agency, the Florida Department of Financial Services considers the funding to be subject to the same standards and policies as funding allocated by the state legislature. The powers and duties of the Chief Financial Officer (CFO) are set forth in Section 17.03(1), F.S., requires that the CFO of the State of Florida, using generally accepted auditing procedures for testing or sampling, shall examine, audit, and settle all accounts, claims, and demands against the State. Section 17.29, F.S., gives the CFO the authority to prescribe any rule he considers necessary to fulfill his constitutional and statutory duties, which include, but are not limited to, procedures or policies related to the processing of payments from any applicable appropriation.

The following lists of allowable and unallowable costs were created solely to be used as a helpful guide for successful applicants. These lists do not supersede the federal or state definitions of allowable and unallowable costs.

1. **Allowable costs** - must be reasonable and necessary and may include, but are not limited to the following:
  - Personnel to implement the regional cancer collaborative activities
  - Project related expenses, such as office supplies, postage, copying, and advertising for the regional cancer collaborative
  - Advertising for regional cancer collaborative meetings

- Programmatic initiatives to address the cancer plan goals and strategies
2. **Unallowable costs** - include, but are not limited to the following:
- Building alterations or renovations
  - Construction
  - Direct services (e.g., hiring grant writers to prepare competitive grant applications, supporting direct patient services such as counseling)
  - Fringe benefits for temporary employees
  - Fund raising activities
  - Food or beverages
  - Travel – within state nor out-of-state
  - Research
  - Cancer screening
  - Cancer treatment

## **Section 4.0 Application Documentation**

### **4.1 Description of Application Components**

#### **Project Narrative (Limit 5 Pages)**

All applicants shall submit a comprehensive narrative description of the planned activities and timeline necessary to achieve the goals and objectives of the Action Plan; a description of the role for each partner that submitted a letter of commitment, and a performance evaluation plan (see Attachment IV). Category Two applicants must include baseline data as described in Section 2.3 of this RFA.

#### **Action Plan (Limit 2 Pages)**

All applicants shall submit a completed Action Plan. Please refer to Attachment II.

#### **Proposed Budget Summary and Budget Narrative (Limit 2 Pages)**

All applicants shall provide a breakdown and explanation of all requested cost items that will be incurred as they directly relate to the proposal submitted for this RFA. The method of cost presentation will be a line-item budget. Include only expenses directly related to the project and necessary for project implementation. Provide justification and details for all cost items.

All applicants shall submit the Cover Page presented on page 2 of this RFA.

## **5.0 Submission of Application**

### **5.1 Instructions for Submitting Application**

- Applications must be sent by U.S. Mail, Courier or may be hand delivered to the address identified in Section 5.3. Faxed or emailed applications will not be accepted.
- Applications must be submitted in a sealed envelope and shall be clearly marked on the outside with the application number, date, and time of opening.
- It is the responsibility of the applicant to assure their applications are submitted at the designated place and on time.
- Late applications will not be accepted.

### **5.2 Instructions for Formatting Application**

- Applicants are required to complete, sign, and return the cover page (see page 2) with their application.
- The application should be single-spaced and no more than nine (9) pages, including the following: 1) project narrative, 2) performance evaluation plan 3) Action Plan, and 4) budget and budget narrative. Appendices will not be counted towards the page limitation.
- The pages should be numbered and one-inch margins should be used.
- The font size and type is at the discretion of the applicant but must be at least as large as the font type you are currently reading (Arial 11).
- One (1) original application; three (3) copies of the application must be submitted.
- Materials submitted will become the property of the State of Florida. The state reserves the right to use any concepts or ideas contained in the response.

### **5.3 Where to Send Application**

For US Mail:

Florida Department of Health  
 Attn: Sue Higgins, MPH  
 Comprehensive Cancer Control Program  
 4052 Bald Cypress Way, Bin A-18  
 Tallahassee, FL 32399-1749

For Overnight Shipping (Physical Address)

Florida Department of Health  
 Attn: Sue Higgins, MPH  
 Comprehensive Cancer Control Program  
 4025 Esplanade Way, Suite 120H  
 Tallahassee, FL 32399

## **6.0 Evaluation of Applications**

### **6.1 How Applications are Scored**

Each application will be evaluated and scored based on the criteria defined in Attachment V. Evaluation sheets will be used by the evaluators to designate the point value assigned to each application. The scores of the evaluators will be averaged with the scores of the other members to determine scoring. The maximum possible score for any application is 100 points. Contract managers will proceed with negotiations with the highest-ranked qualified applicants.

### **6.2 Awards**

The successful applicant will adhere to the Financial and Compliance Audit requirements (see Attachment VI) as applicable.

The successful applicant(s) will enter into a Standard Contract (see Attachment VII) with the Department of Health. The department reserves the right to revise proposed plans and negotiate final funding prior to finalizing the Standard Contract.

**2010 Florida Cancer Plan Priority Strategies**  
**Florida Cancer Control and Research Advisory Council**  
**Florida Cancer Plan Council**

Primary statewide efforts will be concentrated to achieve progress in the following areas:

**Goal I: Develop System Capacity**

- Reconfigure the cancer councils into one united network
- Expand the health care workforce to provide comprehensive cancer services in Florida

**Goal II: Prevention**

- Strengthen links to partner organizations to reduce the burden of tobacco and obesity
- Promote measures to increase cancer screening and early detection
- Emphasize the danger of UV ray exposure in Florida especially to youth

**Goal III: Treatment and Access to Care**

- Improve cancer resource awareness and access for minority and disparate populations
- Increase cancer patient awareness of and participation in clinical trials

**Goal IV: Survivorship**

- Improve record keeping systems, expand services and resources for cancer survivors

Note: Goal and strategy references are from the 2010 Florida Cancer Plan

**Signed: Membership:**

The Florida Cancer Control and Research Advisory Board and the Florida Cancer Plan Council

# Florida Cancer Plan 2010 Guide

Building Blocks to Reduce the Burden  
and Enhance Cancer Collaboratives

# Table of Contents

Purpose	3
Section 1. Background	
National Perspective	4
Framework for Comprehensive Cancer Control (CCC)	5
Florida Perspective	6
Florida Regional Cancer Control Collaborative	7
Map of Cancer Control Collaboratives	8
Section 2. Cancer Control in Florida	
Florida Cancer Plan 2010	9
Section 3. Framework for Cancer Control Efforts	11
Conceptual Framework for CCC Planning Building Blocks	12
Building Partnerships	13
Mobilize Support	16
Use Data and Research	19
Enhance Infrastructure	22
Assess and Address Cancer Burden	25
Conduct Evaluation	26
Section 4. Florida Comprehensive Cancer Control Action Plan – Template	
How to Complete the Action Plan	31
Sample Action Plan	32
Section 5. Conclusion	33

## Purpose

The Florida Comprehensive Cancer Control Program on behalf of the state councils and regional collaboratives is pleased to present the Florida Cancer Plan Guide: Building Blocks to Reduce the Burden and Enhance Cancer Collaboratives (Guide). This Guide provides tools and resources to assist cancer stakeholders in implementing cancer control efforts and was designed to be used in coordination with the **Florida Cancer Plan 2010** (to view in its entirety, please visit <http://www.doh.state.fl.us/family/cancer>).

The Florida Cancer Plan 2010 provides cancer incidence, mortality, and site-specific data, and outlines the state's goals and strategies to reduce the cancer burden on Floridians. It also provides a historical perspective on the state's cancer control efforts. The Guide instructs future cancer efforts by mapping out a process for determining action steps, aligning resources, and measuring impact through the instruction of practical information and sample tools. Finally, the Guide contains instructions on how to complete an Action Plan (see page 31). Regional cancer collaboratives are strongly encouraged to map out their action steps, align resources, and measure their impact.

This Guide is an abbreviated version of the Centers for Disease Control and Prevention's (CDC) Building Blocks framework. It is an introductory approach to formalizing a structure and unified process for Florida's cancer collaboratives. For a more comprehensive and broader breadth of detail, please view the CDC's website for the *Guidance for Comprehensive Cancer Control Planning Toolkit* in its entirety.

## Acknowledgements

Thank you to all of the extremely knowledgeable cancer partners whose tools and resources we learned, adapted and incorporated into this Guide. Also, thank you to the many Floridians whose commitment, contributions, and participation in cancer control activities have strengthened the fight against cancer.

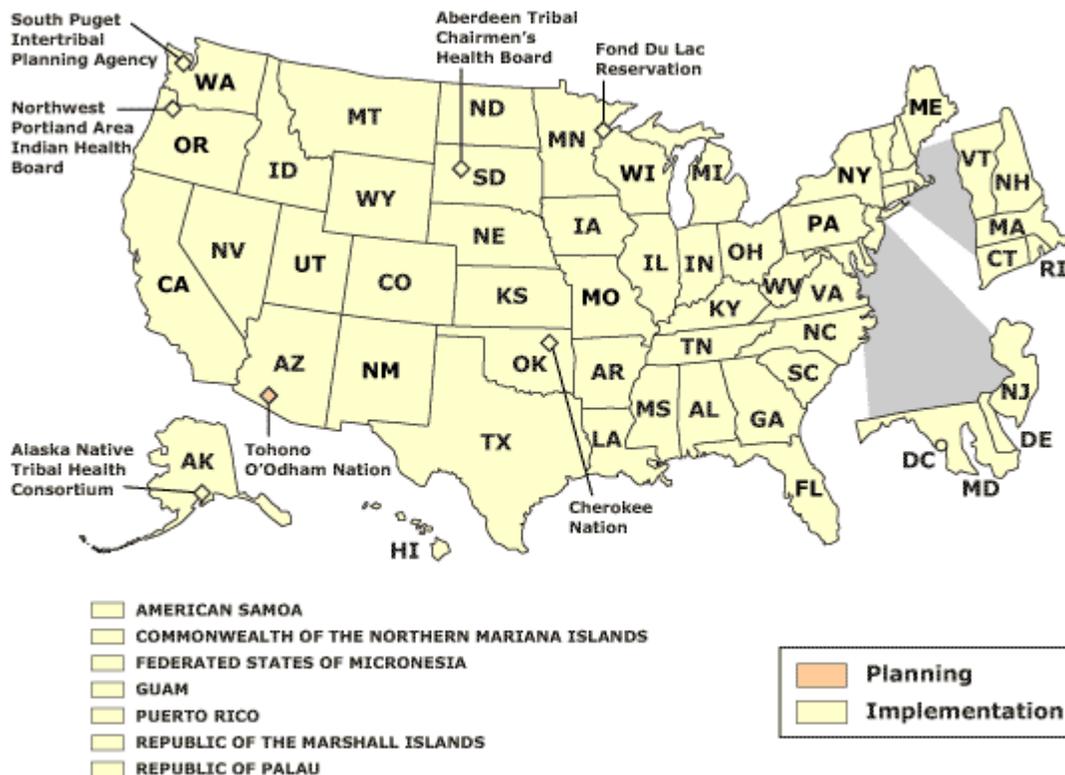
## Section 1: Background National Perspective



### Centers for Disease Control and Prevention (CDC)

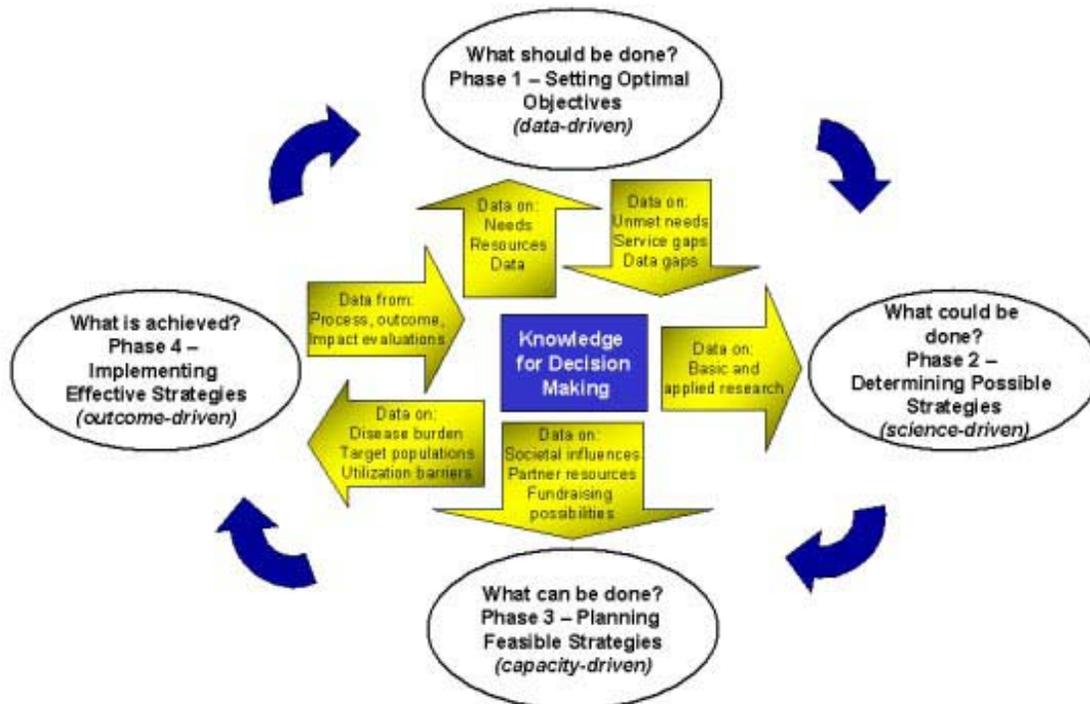
The CDC defines comprehensive cancer control as “an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention (primary prevention), early detection (secondary prevention), treatment, rehabilitation, and palliation.”

In 1998, the CDC established the National Comprehensive Cancer Control Program (NCCCP) to provide guidance to states, territories and tribes to form coalitions, assess the burden of cancer, determine priorities, and develop and implement cancer plans. Over the past twelve years, the NCCCP has grown from six to 69 funded states, territories, and tribal programs. To learn more about the national program visit <http://www.cdc.gov/cancer/ncccp/about.htm>



## Framework for Comprehensive Cancer Control

The framework for comprehensive cancer control focuses on four key phases of planning. Phase 1 is setting the objectives based on data, Phase 2 is utilizing existing research to determine the strategies for meeting the objectives, Phase 3 is planning the strategies that are feasible to implement, and Phase 4 is implementing the strategies that are effective and yield desired outcomes.



Source: Adapted from Journal of Public Health Management Practice 2000;6(2):67-78

## Florida Perspective



### **Florida Cancer Councils**

The state of Florida has had a cancer plan for almost 30 years. The first Florida Cancer Plan was written and approved by the Governor-appointed Florida Cancer Control and Research Advisory Council (CCRAB) in 1981. At the 2004 national Comprehensive Cancer Control Leadership Institute, a secondary statewide body was formed, the Florida Cancer Plan Council (FCPC) under the guidance of the CDC. Through the dedication of CCRAB and FCPC members, the current Florida Cancer Plan 2010 was created. For a broader description of the Florida Cancer Plan 2010 is provided on page 9 of this Guide. To view the Florida Cancer Plan 2010 please visit: <http://www.doh.state.fl.us/family/cancer>.

### **Florida Comprehensive Cancer Control Initiative**

Cancer control efforts are guided by the leadership of CCRAB and FCPC and are implemented at the local level through a network of volunteer groups called Collaboratives. In 2000, the University of Miami, Sylvester Comprehensive Cancer Center received funding from the CDC to establish the Florida Comprehensive Cancer Control Initiative (FCCCI). The FCCCI launched four locally organized partnerships called regional cancer control collaboratives which covered all 67 Florida counties.

### **Florida Comprehensive Cancer Control Program**

In 2001, the CDC redirected their cancer control efforts and began awarding funds through cooperative agreement (U58/DP000844) with state health departments, including the Florida Department of Health. This funding permitted the creation of the Comprehensive Cancer Control (CCC) Program. The CCC Program worked in cooperation with the FCCCI to continue the support for the regional cancer control collaborative network.

### **Florida Regional Cancer Collaboratives**

Over the years, the CCC Program has provided financial support to the regional cancer collaboratives through a competitive process. Interested collaboratives are required to address one or more of the prioritized goals and strategies outlined in the Florida Cancer Plan 2010 and complete the Action Plan (see page 31).

Since the inception of the regional cancer collaboratives, there has been much success in providing education, promoting healthy messages to increase cancer prevention, creating stronger partnerships, producing better linkage for services and enhanced communication among cancer stakeholders.

### ***Take Action!***

#### **Get Involved in Florida's Comprehensive Cancer Control Activities**

For more information on the CDC funded Comprehensive Cancer Control Program, the Florida Cancer Plan 2010 or the regional cancer collaboratives please visit:

**Comprehensive Cancer Control Program – [www.doh.state.fl.us/family/cancer](http://www.doh.state.fl.us/family/cancer)**

To contact a Comprehensive Cancer Control Program staff member please e-mail: [cancer@doh.state.fl.us](mailto:cancer@doh.state.fl.us).

## Florida Regional Cancer Control Collaboratives

For more information about a specific regional collaborative please visit:

**Northwest FL Collaborative's** website at <http://www.nwfcc.net/>. The Collaborative includes individuals from Bay, Calhoun, Escambia Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington counties.

**North Central FL Collaborative** website at <http://www.ncfcancercontrol.org/>. The Collaborative includes individuals from Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Sumter, Suwannee, Union counties.

**Southeast FL Collaborative** website at <http://sfccc.med.miami.edu/>. The Collaborative includes individuals from Broward, Miami-Dade, Indian River, Martin, Monroe, Okeechobee, Palm Beach, St. Lucie counties.

**Southwest Collaborative** website at <http://swflccc.com>. The Collaborative includes individuals from Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota counties.

**Northeast Collaborative** website at <http://www.doh.state.fl.us/family/cancer>. The Collaborative includes individuals from Baker, Brevard, Clay, Duval, Flagler, Lake, Marion, Nassau, Orange, Osceola, St. Johns, Seminole, Sumter, Volusia counties.

# Regional Cancer Control Collaboratives

## Central Region:

Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Sumter, Suwannee, Union

<http://www.ncfcancercontrol.org/>

## Northeast Region:

Baker, Brevard, Clay, Duval, Flagler, Lake, Marion, Nassau, Orange, Osceola, St. Johns, Seminole, Sumter, Volusia

<http://www.doh.state.fl.us/family/cancer>

## Northwest Region:

Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

<http://www.nwfcc.net/>

## Southwest Region:

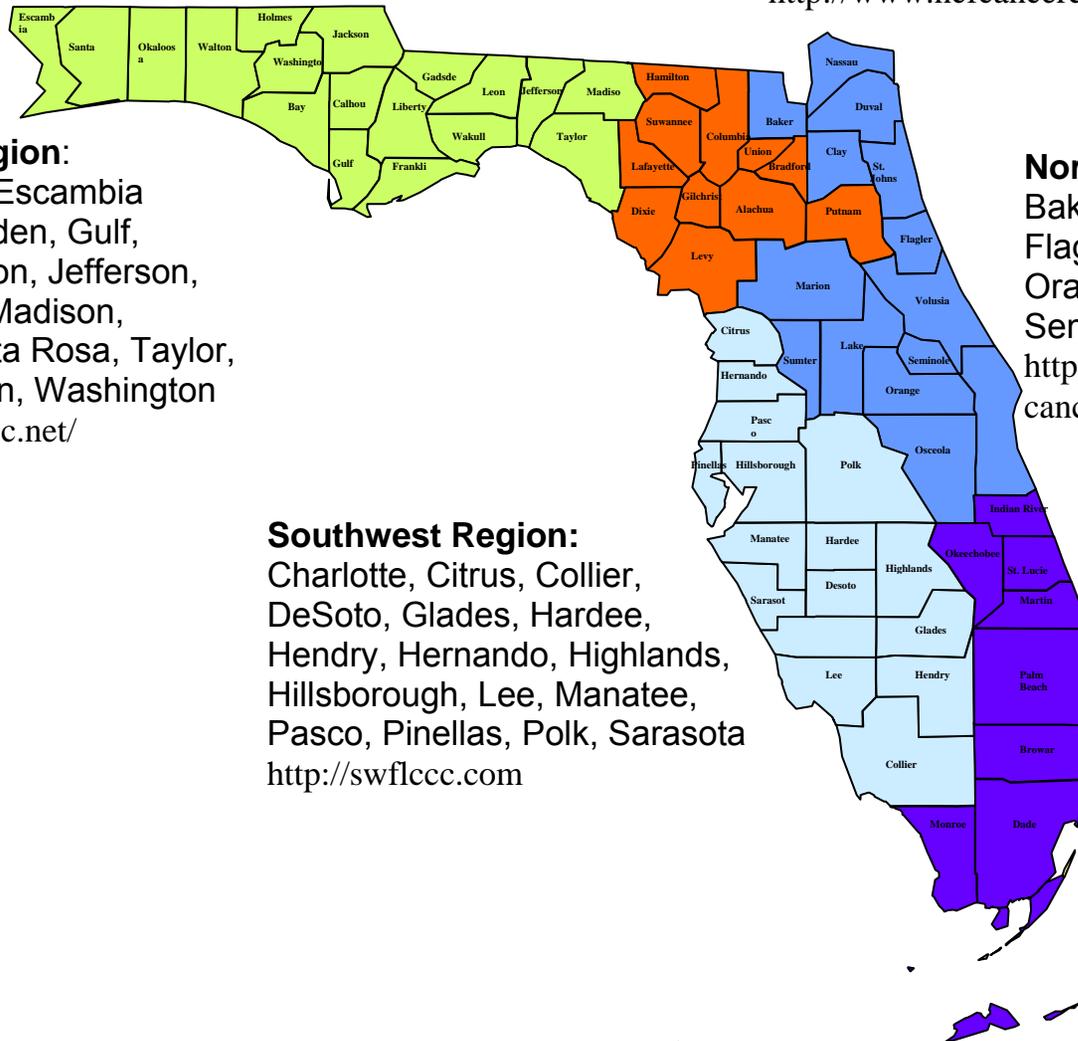
Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota

<http://swflccc.com>

## Southeast Region:

Broward, Miami-Dade, Indian River, Martin, Monroe, Okeechobee, Palm Beach, St. Lucie

<http://sfccc.med.miami.edu/>



## **Section 2: Florida Cancer Plan 2010**

This Florida Cancer Plan 2010 was developed based on the tenants of the previous Florida Cancer Plan 2006. Analysis of the previous Plan's cancer plan goals resulted in redefining and simplifying them into four prioritized goals. The Florida Cancer Plan 2010 was designed to provide a blueprint and a list of options for cancer stakeholders to establish a course of action in preventing, reducing, and controlling cancer.

### **Goals and Overarching Strategies**

The Florida Cancer Plan 2010 provides health information and data on nine cancer sites and classifications include breast, cervical, childhood, colorectal, lung and pharyngeal, melanoma of the skin, oral, ovarian, and prostate.

The contributing authors of the Plan also identified ten overarching strategies, which are applicable to each of the nine cancer site classifications, and are fundamental when conducting cancer control efforts for Floridians. These strategies are infrastructure, lifestyle, disparities, access to care, education, research, survivorship, policy legislation, environmental factors, and patient navigation.

The Florida Cancer Plan 2010 provides an overview of the cancer burden in Florida from the state's cancer registry, the Florida Cancer Data System, and the findings from the most recent nationally sponsored Behavioral Risk Factor Surveillance System report on the state's screening practices (see page 19 of this Guide for more information). Additionally, the Plan outlines health disparities by population, specific behavioral and preventive measures that may reduce one's risk of cancer, and early detection techniques. Each of the data points are depicted for nine specific cancer sites or classifications.

For more specific information, please refer to page 15 in the Florida Cancer Plan 2010.

---

## Florida Cancer Plan Goals

---

**Goal 1:** A coordinated approach among public and private cancer control stakeholders to implement cancer activities statewide

**Goal 2:** Floridians practice the healthy behaviors associated with prevention of cancer or to reduce risk

**Goal 3:** Floridians have access to appropriate health information and effective health services for the timely detection, diagnosis, and treatment of cancer

**Goal 4:** Floridians affected by cancer are aware of and have access to quality, appropriate services for quality of life, palliative care, and survivorship

---

Overarching Strategies	Cancer Sites
Category	Category
<ul style="list-style-type: none"><li>• Infrastructure</li><li>• Lifestyle</li><li>• Disparities</li><li>• Access to Care</li><li>• Education</li><li>• Research</li><li>• Survivorship</li><li>• Policy Legislation</li><li>• Environmental Factors</li></ul>	Breast
Patient Navigation	Cervical
	Childhood
	Colorectal
	Lung
	Melanoma
	Oral and Pharyngeal
	Ovarian
	Prostate

The document entitled Florida Cancer Plan 2010 provides an expanded description of the goals and strategies. To view in its entirety, please visit <http://www.doh.state.fl.us/family/cancer>. A review of the Plan is critical to the effective use of this Guide. This Guide provides tools and resources to assist cancer stakeholders in implementing cancer control efforts and was designed to be used in coordination with the **Florida Cancer Plan 2010**.

Collaborative members should use the Guide to map out the action steps, align resources, and measure the impact of the goals and strategies described in the Plan.

### **Section 3: Framework for Cancer Control Efforts**

There are a multitude of cancer control models and frameworks to assist and support cancer efforts. The Florida CCC Program has selected to adopt the CDC's *Guidance for Comprehensive Cancer Control Planning, Volume 1 and 2*. To view the guidance information and assistive toolkit please visit <http://www.cdc.gov/cancer/ncccp/pdf/Guidance-Guidelines.pdf> for Volume 1 and <http://www.cdc.gov/cancer/ncccp/pdf/Guidance-Toolkit.pdf> for Volume 2.

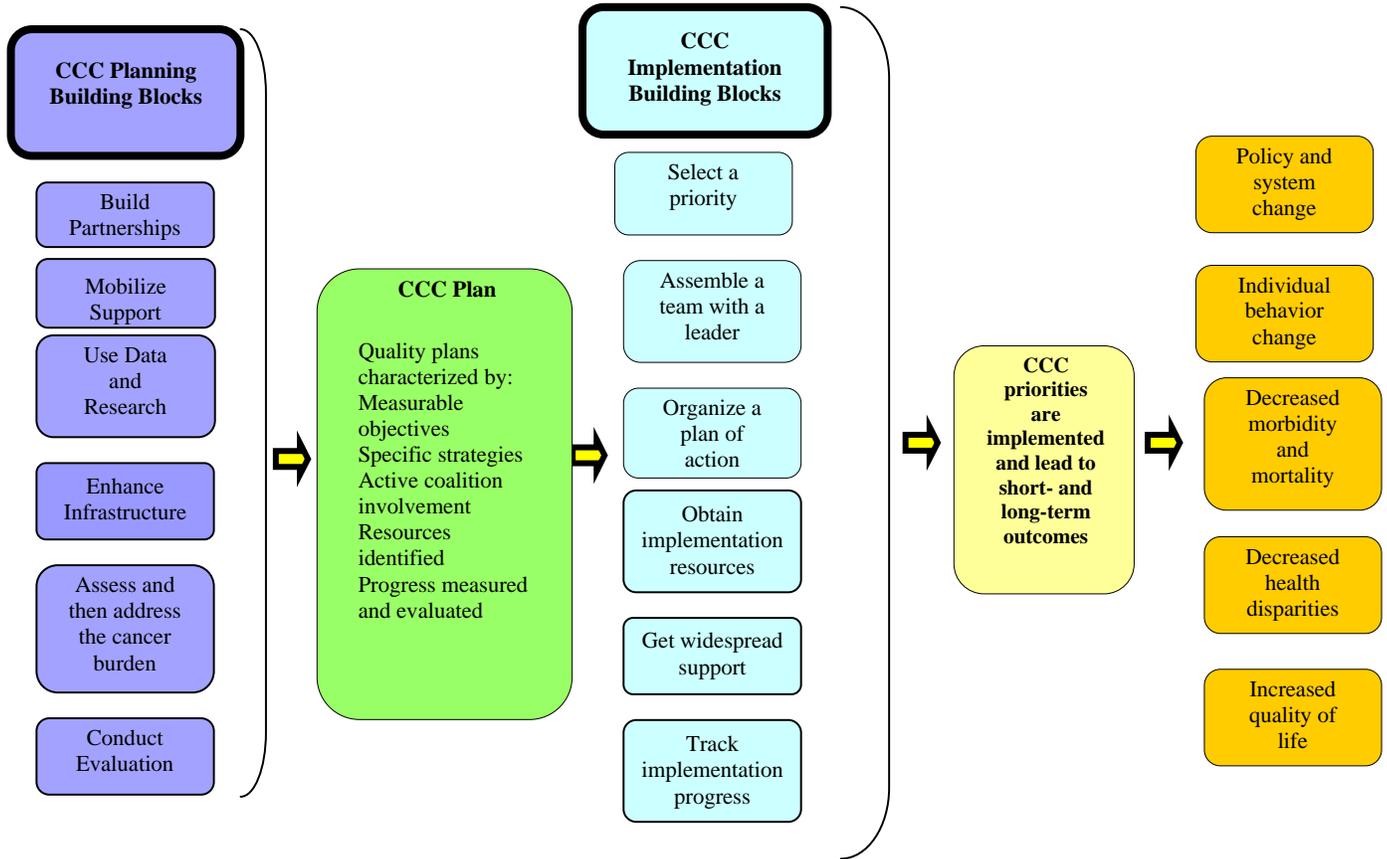
In 2002, the NCCCP and national partners developed the Comprehensive Cancer Control Planning Guidance and Toolkit to provide a framework for states, territories, and tribes on how to review their existing cancer data, develop a plan for addressing cancer and identify priorities for their specific jurisdiction.

Currently, the CDC is working with a contractor to design a CCC Toolkit for Implementation to be disseminated in 2011. However, for inclusion in this Guide, the Florida CCC Program was provided a portion of the content from the CDC Toolkit for Implementation including the six key elements for implementation referred to as the "building blocks."

The Florida Cancer Plan Guide uses these "building blocks" to provide structure and guidance for regional cancer collaboratives in coordinating and mapping their cancer control activities. The Guide also provides sample tools and resources.

Once a regional collaborative has identified the prioritized goal and strategy, they will navigate through the building blocks to direct their efforts and utilize the Action Plan (see page 29) to outline, monitor, and evaluate work.

# Conceptual Framework for Comprehensive Cancer Control Planning Building Blocks



Presented by Strategic Health Concepts at the Comprehensive Cancer Control Leadership Institute (CCCLI), June 7-10, 2010 Los Angeles, CA.

## Building Partnership

Every successful local implementation of the state cancer plan begins with building a strong partnership. A collaborative must build partnerships to increase awareness and involvement of interested individuals and organizations from different disciplines and sectors including providers, public and private healthcare facilities, non-profit organizations, insurance companies, businesses, cancer survivors, government, colleges, and universities. Successful collaboratives require a strong, integrated group of individuals. Large, inclusive, and diverse memberships produce effective networks. The quantity and quality of members ensures that responsibilities can be shared and delegated to the appropriate stakeholders to ensure achievement of the goals.

Each collaborative must identify and develop their own leadership and workgroup structure. The leadership can provide the foundation for recruiting new partners, assessing the collaborative's needs and facilitation of the Action Plan. A workgroup structure should be organized based on the goals in the Action Plan.

Communication is vital in the development and sustainability of a partnership. Sharing information through face-to-face meetings, conference calls, and/or electronic communications are ways to recruit and connect partners. Each collaborative should establish a means to engage and inform their partners. The CCC Program employs several avenues to communicate with partners including disseminating a monthly, e-newsletter to engage and routinely inform statewide cancer stakeholders on current cancer control efforts. Each e-newsletter includes the following sections: Department of Health Spotlight, Survivors' Corner, Tools and Resources, Cancer Events, Grant Opportunities, and Cancer News Articles.

### ***Take action!***

1. Identify which individual(s) or agency(ies) will help the collaborative to achieve its objectives and strategies, and recruit them to participate.
2. Ensure collaborative participants have experience working in the target communities and come from diverse backgrounds.
3. Assess the membership from initiation and throughout the life cycle of the partnership. A checklist (see page 14) will help a collaborative outline its inter-organizational partners that should be or are involved.
4. Decide the method of communication that will be used to involve and inform potential partners. This information will help in the completion of column six (Person Responsible) and seven (Communications Plan) of the Action Plan (see page 31).
5. To join the *Cancer Stakeholder* e-mail distribution list, send an email to [Cancer@doh.state.fl.us](mailto:Cancer@doh.state.fl.us).

## Sample Collaborative Membership Checklist

Please rate the participation of the following organizations in the areas of their importance to the work of the collaborative, the feasibility of getting them involved, and if they already participate, the level of their involvement. A “1” indicates least and a “5” indicates most.

<b>Government</b>	<b>Importance</b>	<b>Feasibility</b>	<b>Involvement</b>
Elected Official (national, state, and local)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
State and Local Health Department	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Other _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

<b>Education</b>	<b>Importance</b>	<b>Feasibility</b>	<b>Involvement</b>
<i>Education (K-12)</i>			
School Superintendent(s)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
School Staff	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
PTA Organizations	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
School Resource Officer	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

<b>Education</b>	<b>Importance</b>	<b>Feasibility</b>	<b>Involvement</b>
<i>Colleges &amp; Universities (if they are present in the community)</i>			
Administration	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Student Affairs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Fraternities and Sororities	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Other _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

<b>Health Care Community</b>	<b>Importance</b>	<b>Feasibility</b>	<b>Involvement</b>
Hospitals/Trauma Centers	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Physicians	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Pediatricians	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Medical Associations	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Nurses	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Other _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

<b>Businesses/Employers</b>	<b>Importance</b>	<b>Feasibility</b>	<b>Involvement</b>
Insurance Companies	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Local Major Employers	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Media	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Television Stations	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Radio Stations	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Newspapers	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Other _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

<b>Youth &amp; Youth Organizations</b>	<b>Importance</b>	<b>Feasibility</b>	<b>Involvement</b>
SWAT Groups	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Boys & Girls Clubs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Boy Scouts/Girl Scouts	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Other _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

<b>Community</b>	<b>Importance</b>	<b>Feasibility</b>	<b>Involvement</b>
Parent Groups	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Faith Community	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Citizen Activist Groups	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Civic Groups	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Minority/Culturally Specific Organizations	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Other _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

## SAMPLE INVITATION LETTER

Dear **[insert recipients title and name]**:

I am writing you on behalf of the **[insert collaborative's name]**. You are invited to participate in the local cancer control efforts to build partnerships, share resources, and reduce the cancer burden for our community. The **[insert collaborative's name]** membership is comprised of volunteer, community individuals, like you, who are interested in enhancing cancer prevention, education and services for **[insert county or geographical area]**.

We believe that you are committed to improving community health and that you would be an ideal partner in this work. We know having participation from strong leaders in the community, like yourself, the **[insert collaborative's name]** will have a greater impact on improving reducing the burden of cancer in Florida.

We would like to invite two representatives from your organization who have an interest in advancing cancer prevention and control to attend an upcoming meeting. The meeting is scheduled for **[insert date and time]** at **[insert information about location]**. **[If you have conference call capability]**The meeting will also be accessible via conference call by dialing **[insert conference call number and, if any, related codes]**.

I have enclosed a preliminary agenda. Please RSVP by **[insert information regarding postal mail, fax, or email]** by **[insert date]**. If you have any questions, please contact **[insert name]** by phone at **[insert phone number]** or by e-mail at **[insert email address]**.

We look forward to your insight and involvement with the comprehensive cancer control efforts.

Sincerely,

**[Name of chair or designated lead]**

**[Title/position], [Organization, agency, or collaborative's name]**

## **Mobilize Support**

Mobilization is a dynamic, ongoing process to marshal partners' support for implementing the Action Plan. Mobilizing partner support is necessary for taking action, leveraging political will, advocating for additional funding and resources, and enhancing visibility and a broader base of support. By building an expansive collaborative base, you will establish a strong, unified force to enact local cancer control efforts. Initially, this may be essential since resources are limited.

Periodically, collaboratives must assess the value that each partner brings. This value is translated into resources and can be entered into the third column ("Resources Required") of the Action Plan (see page 31). The CCC Interest Form is an example of how this information can be recorded and collected (see page 19). Over time, collaboratives may need to seek new partners in order to advance progress and embark in new initiatives.

The CDC toolkit states "the objective for mobilizing support is to improve the use of existing resources for cancer programming and to increase the level of support overall". Community assessments and surveys can assist a collaborative in identifying available resources and determining the tools needed for success. Collecting this information during the planning phase can enhance success and lead to greater support over time. Look for creative ways of identifying and securing needed resources.

Support can be provided as in-kind through personnel, physical, resources, or funding. Potential funding sources could include: Centers for Disease Control and Prevention (CDC), National Cancer Institute (NCI), state and county health departments, pharmaceutical company grants, university grants, foundation grants, and private funding to name a few. Two examples of websites that provide links to government agencies and private foundations (such as American Cancer Society and Susan G. Komen for the Cure) that support cancer research are: Community of Science <http://fundingopps.cos.com/> and National Cancer Institute <http://www.cancer.gov/researchandfunding/organizations>

### ***Take action!***

1. Periodically assess your partners and their role in the collaborative.
2. Conduct community assessments or surveys to identify existing resources.
3. Think creatively about enhancing support, including diverse fiscal opportunities, to accomplish the goals outlined in the Action Plan.

## Comprehensive Cancer Control Interest Form

*Directions:* Please complete the form below if you interested in, and available to, serve as a member of the **[insert name of collaborative]**. This form may also be used to provide us with information about other individuals that may be interested and available to serve.

### Interested Member's Contact Information-

Name:

Title:

Organization:

Address:

Phone Number:

Fax:

E-mail:

- Yes, I am interested in participating in the **[insert name of collaborative]**.
- Yes, I am also interested in a leadership position.
- No, I am not interested in participating in the comprehensive cancer control development.

I recommend the following people/organizations to participate in **[insert name of collaborative]**.

Name:

E-mail address:

---

---

---

The resources that I can contribute to the collaborative are: *(please list any resources such as meeting space, personnel, website expertise...)*

---

---

---

Please return this survey via fax **[insert fax number]** or email **[insert email address]** by **[insert due date]**.

# Sample Community Survey

## Demographics

Sex/gender:

Male

Female

Age:

Under 18

18 – 34

35 – 64

65+

Race/ethnicity: (check all that apply)

African American

American Indian/Alaska Native

Hispanic/Latino/a

White/ Caucasian

Other (specify): \_\_\_\_\_

Have you ever been told that you have: (check all that apply)

Cancer

High Cholesterol

Diabetes

High Blood Pressure

Asthma

Arthritis

Other (specify): \_\_\_\_\_

*If you answer "no" to any of the following questions, please circle the number of the THREE you would MOST like to see addressed in the community. (Please circle only three.)*

1. Do MOST businesses or public buildings in the community have areas that prohibit smoking?

Yes

No

Don't Know

2. Do you have access to public trainings on cancer screening?

Yes

No

Don't Know

3. Do you have access to public trainings on cancer treatment?

Yes

No

Don't Know

4. Do you have access to health care providers that specialize in cancer treatment in your community?

Yes

No

Don't Know

5. Does your community have affordable, convenient public transportation?

Yes

No

Don't Know

6. Do you have access to free cancer screenings?

Yes

No

Don't Know

7. Do you have access to a nonprofit, like American Cancer Society, that provides cancer information and educational classes?

Yes

No

Don't Know

8. Are you aware of a "navigator" or community health worker program in your community?

Yes

No

Don't Know

9. Is there a policy that you think can help make cancer prevention and control better in your community?

Yes

No

Don't Know

If yes, please describe:

Return this form to:

## Use Data and Research

The selection of prioritized goals and strategies should be data driven. In the Action Plan, a collaborative must understand and analyze data to complete column one (Strategies) and column five (Targets and Measures). Data and research: 1) influence partners' perception of their role in cancer control, 2) create an interest to mobilize support, 3) explain the outcomes of previous strategies, and 4) provide a basis for program specific measurements. Data is available from a number of sources including, state, and federal websites. The following data sources are recommended for Florida cancer stakeholders.

### Florida Cancer Data System

<http://fcds.med.miami.edu/>

The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry that began operation in 1980 as a pilot project. FCDS has been collecting cancer incidence data since 1981 and is administered by the Florida Department of Health and operated by the Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine (<http://fcds.med.miami.edu>).

### Behavioral Risk Factor Surveillance System

[http://www.doh.state.fl.us/disease\\_ctrl/epi/brfss/reports.htm](http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm)

Florida is one of 50 states conducting the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the CDC. This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States.

### Health Information National Trends Survey

<http://hints.cancer.gov/>

The Health Information National Trends Survey (HINTS) was developed by the National Cancer Institute, Health Communication and Informatics Research Branch of the Division of Cancer Control and Population Sciences. HINTS was created to monitor changes in the rapidly evolving field of health communication. The survey data can be used to understand how adults use different communication channels to obtain health information for themselves and their loved ones, and to create more effective health communication strategies across populations.

### NCI State Cancer Legislative Database Program

<http://www.sclld-nci.net/index.cfm>

The National Cancer Institute's (NCI) State Cancer Legislative Database (SCLD) serves as an important resource for research and analysis of cancer-related health policy. Since 1989, NCI has monitored cancer-related state legislation and maintained the SCLD Program.

### ***Take action!***

1. Research and compile a variety of data to establish a baseline and monitor progress.
2. Learn more about the Florida Cancer Data System (see page 21).
3. Visit the FCDS website at <http://fcds.med.miami.edu/inc/datarequest.shtml> for information about data release procedures and web practices. Complete the FCDS IDEA User Account Form Researcher Request to obtain data that will help strategize priority actions.



## Florida Cancer Data System

A JOINT PROJECT OF THE SYLVESTER COMPREHENSIVE CANCER CENTER AND THE FLORIDA DEPARTMENT OF HEALTH

### **Quick Facts:**

**Single largest population-based cancer incidence registry in the nation**

**Annual caseload:** ~ 160,000 cancer abstracts per year

**Existing database:** 3.8 million cancer records, 6 million discharge records, and 3.5 million mortality records

**State burden:** Approximately 100,000 new cancers diagnosed and 40,000 cancer deaths occur each year

The Department of Health, Bureau of Epidemiology has contracted with the University of Miami's Miller School of Medicine since 1979 for the day-to-day operations of the statewide cancer registry, the Florida Cancer Data System (FCDS).

The Florida Cancer Data System is Florida's legislatively mandated, population-based, cancer registry. Under Section 385.202 *Florida Statutes*, each hospital and outpatient facility licensed in Florida must report to the Department of Health each patient diagnosed and admitted for treatment of cancer. Information to be reported, in addition to routine personal and demographic data, includes diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, and method(s) of treatment.

The FCDS has been collecting statewide cancer incidence from hospitals since 1981 and from ambulatory surgical centers, radiation therapy centers, private physicians, and pathology laboratories since 1997.

Data collected and coded by the FCDS are in accordance with national standards as put forth by the North American Association of Central Cancer Registries (NAACCR), and the FCDS uses the International Classification of Diseases – Oncology, 3<sup>rd</sup> edition (ICD-O-3) to code primary site and morphology.

The FCDS data are utilized to: (1) to monitor the occurrence of cancer; (2) to focus cancer control activities and the development of health and screening programs in the state; (3) inform health professionals and educate citizens regarding specific cancer risks; and (4) to aid in research studies.

Aggregate, de-identified data for the 80 malignant cancers and four benign/borderline central nervous system tumors collected by the FCDS are available online at:

<http://www.fcds.med.miami.edu/inc/statistics.shtml>.

## Example output from the Interactive Rates Query Module

### Incidence Rates Results

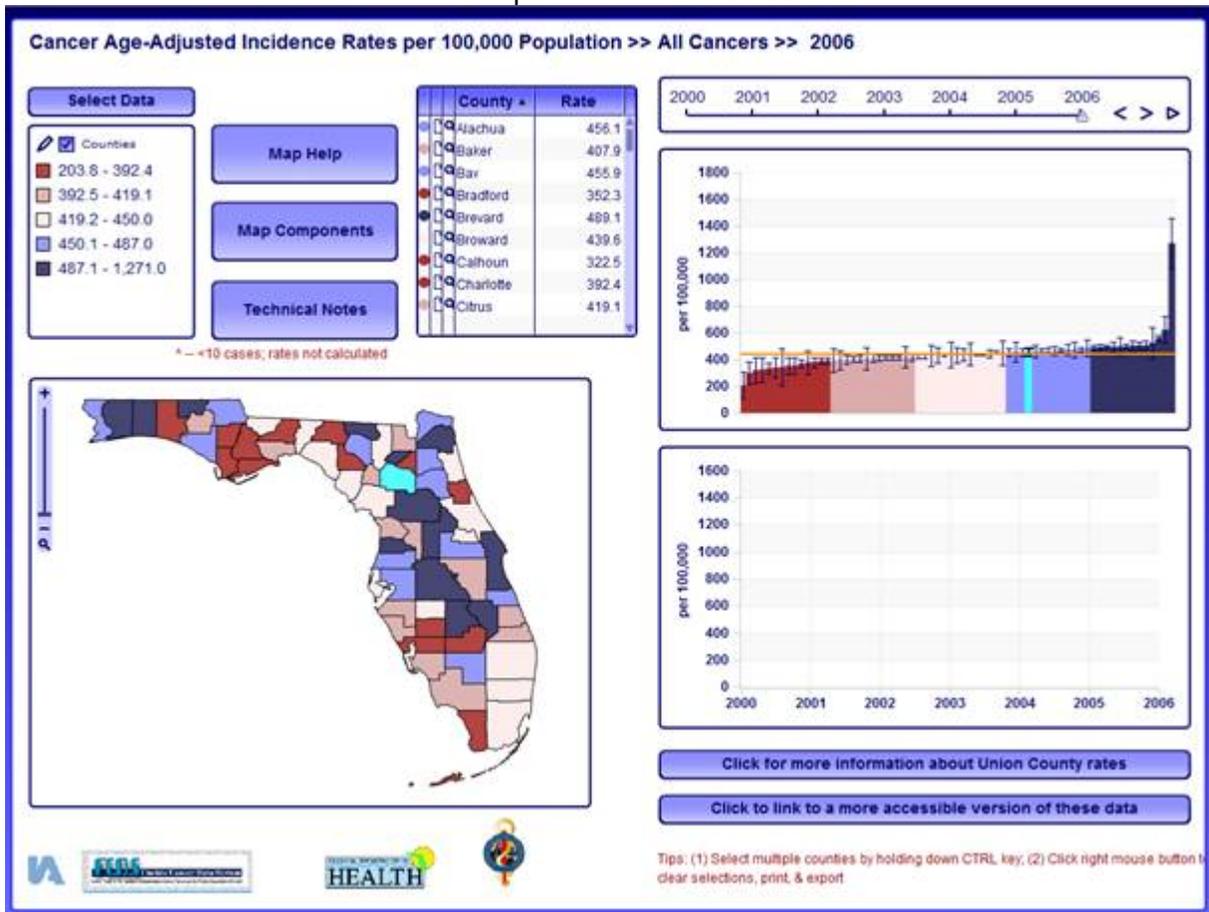
Site	County	DX Year	Sex	Race
Acute Lymphocytic Leukemia	ALACHUA	2006-Provisional	Male	White

State		State			
Rate	Rate	Rate	Rate		
Age 0 to 4	.00	6.11	Age 45 to 49	.00	.73
Age 5 to 9	.00	4.17	Age 50 to 54	.00	.40
Age 10 to 14	.00	2.23	Age 55 to 59	.00	.21
Age 15 to 19	.00	1.32	Age 60 to 64	.00	1.50
Age 20 to 24	.00	.89	Age 65 to 69	.00	1.19
Age 25 to 29	.00	.69	Age 70 to 74	.00	1.97
Age 30 to 34	.00	.66	Age 75 to 79	.00	4.02
Age 35 to 39	.00	.20	Age 80 to 84	.00	1.95
Age 40 to 44	.00	1.27	Age 85 and Up	.00	1.95
Adjusted Rate		.00			
State Adjusted Rate		1.68			

Please select 'Interactive Rates and Maps' to access the data query system. Data can be queried by cancer site, diagnosis year, county, sex, race, and age. Age-adjusted rates are provided based on the data selection criteria. In addition, county-level cancer data can be viewed through an interactive mapping program, *InstantAtlas*, for all of Florida's 67 counties.

### Example *InstantAtlas* Screen



A training module, entitled *Data Access for Department of Health Personnel and Approved Researchers*, providing step-by-step instruction is available at: <http://www.fcds.med.miami.edu/inc/training.shtml#webmod>.

## Enhance Infrastructure

A collaborative's infrastructure is the framework for how the group is organized and how the work is conducted. Components of an infrastructure include human resources such as collaborative members as described in the Building Partnership section of this Guide, as well as administrative processes. Both human resources and administrative processes must be developed and periodically evaluated to ensure that members' have a clear understanding of the collaborative's capacity and expectations for its operation.

During the formation stage, collaborative participants will determine the mission statement and objectives, and establish core functioning processes such as decision-making and communication. Through consensus, the collaborative will select the appropriate operational tools. These tools will serve as the manual for the collaborative by recording how the group was established, how members are retained, how leadership was chosen, and how decisions are made.

Ideal Documents	Example
Bylaws	Northwest Florida Cancer Control Collaborative Bylaws (visit other collaborative websites for additional examples) <a href="http://nwfcc.net/uploads/nwfccc_bylaws_1202010.pdf">http://nwfcc.net/uploads/nwfccc_bylaws_1202010.pdf</a>
Meeting Rules	Robert's Rules of Order Summary <a href="http://www.mass.gov/agr/agcom/docs/handbook/PDF/E%20-%20Robert's%20Rules%20of%20Order%20Summary.pdf">http://www.mass.gov/agr/agcom/docs/handbook/PDF/E%20-%20Robert's%20Rules%20of%20Order%20Summary.pdf</a>
Collaborative Assessment Tool	Nutrition and Physical Activity Online Coalition Self-Assessment Tool, (to assess infrastructure needs and capacity) <a href="https://doa.wi.gov/DHSSurveys/TakeSurvey.aspx?SurveyID=I4LJ373K">https://doa.wi.gov/DHSSurveys/TakeSurvey.aspx?SurveyID=I4LJ373K</a>
Position descriptions	National Network for Health, Tobacco-free Youth, Coalition Volunteer Job Description <a href="http://wch.uhs.wisc.edu/docs/PDF-Pubs/job_descriptions.pdf">http://wch.uhs.wisc.edu/docs/PDF-Pubs/job_descriptions.pdf</a>
Action plan	Florida Cancer Plan <a href="http://www.doh.state.fl.us/family/cancer/plan/plan20032006.pdf">http://www.doh.state.fl.us/family/cancer/plan/plan20032006.pdf</a>

The aforementioned list of documents is not exhaustive. To achieve statewide success in the reduction of cancer burden, each collaborative is encouraged to use the Florida Cancer Plan 2010 as the foundation for cancer control planning and implementation activities. The Florida Cancer Plan Council Member Profile Form (see page 24) identifies each member's interest goals and objectives and contribution to the infrastructure needed to achieve the Action Plan.

### **Take action!**

1. Establish the collaborative's mission statement.
2. Identify a framework for collaborative's structure.
3. Review samples of existing tools and design the collaborative's guiding principles.
4. Routinely review and update the Action Plan to ensure coordination and support among partners.



## Florida Cancer Plan Council

### MEMBER PROFILE

#### PURPOSE

1. The purpose of this form is to collect information regarding your interests and skills in order to better facilitate your involvement with the Florida Cancer Plan Council. This form will also identify your workgroup selection.
2. Submission of this form provides consent to capture this information in an electronic database for record keeping and communication purposes, to be maintained by the Florida Department of Health and the Florida Cancer Plan Council and will not be shared with outside entities.

#### MEMBER INFORMATION

Name: \_\_\_\_\_  
*Name and credentials* *Title*

Name of the Alternate to the Florida Cancer Plan Council from your organization:  
 \_\_\_\_\_  
*Name and credentials* *Title*

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

The four goals of the Florida Cancer Plan 2010 are:

Goal 1: A coordinated approach among public and private cancer control stakeholders to implement cancer activities statewide.

Goal 2: Floridians practice the healthy behaviors associated with prevention of cancer or to reduce risk.

Goal 3: Floridians have access to appropriate health information and effective health services for the timely detection, diagnosis, and treatment of cancer.

Goal 4: Floridians affected by cancer are aware of and have access to quality, appropriate services for quality of life, palliative care, and survivorship.



## **Assess and Address Cancer Burden**

The purpose of this section is to provide an overview of the key steps involved in compiling relevant data to summarize the cancer burden for your region. The CDC Planning Guidance and Toolkit states that assessing and addressing the cancer burden “remains the crux of a meaningful comprehensive cancer control program, however is augmented by the other building blocks.” Completing these steps will help to assure that the collaborative has the best information available to complete the Action Plan. To achieve long-term goals and population-level change, the completed Action Plan should parallel the state plan priority strategies as defined by the state councils on a yearly basis, whenever possible.

There are multiple data sources available to determine cancer morbidity and mortality as well as to assess individual risk behaviors and preventive health practices related to cancer. Sources for Florida specific data include the FCDS, the BRFSS, and the Florida Annual Morbidity Statistics Report. For additional information on data sources please see the Use Data and Research section on page 20 of this Guide.

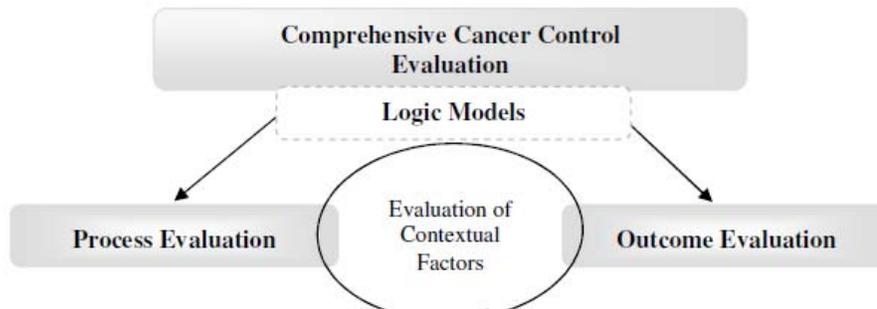
### ***Take action!***

1. Provide relevant cancer data to collaborative participants.
2. Assess gaps and disparities in data.
3. Identify goals and action steps based on reliable data.
4. Create workgroups to address data needs.

## Conduct Evaluation

Evaluation is the systematic collection, analysis, and use of program information for monitoring, program improvement, outcome assessment, planning, and policy-making. More simply, evaluation is a process that helps a collaborative assess the strengths and weaknesses of their activities and identifies areas for improvement. Evaluation is most effective when it is viewed as an integral part of the entire planning process and initiated at the beginning of the project.

There are many ways to conduct evaluation but no one best way to do any evaluation. Good evaluation requires thinking through the questions that need to be answered (what information is needed), identifies the type of program being evaluated, and considers how the information will be used. Evaluation does not have to be expensive or complicated to be effective. Some evaluations can be done at little cost, and can even be completed by persons who are not professional evaluators. The information included in the following Action Plan will assist you in making some of the decisions for planning an evaluation.



Evaluation has two functional roles, namely formative and summative (Scriven, M. 1967). According to Scriven, “formative evaluation is conducted to provide program staff evaluative information useful in improving the program” and “summative evaluation is conducted and made public to provide program decision makers and potential consumers with judgments about that program’s worth or merit in relation to important criteria.”

	<b>Formative Evaluation</b>	<b>Summative Evaluation</b>
Purpose:	Program improvement	Program accountability
General Question:	Is this educational program being implemented as planned to achieve set goals?	Did this educational program contribute to the planned impact and compensate the resources utilized?
Specific Questions:	<ul style="list-style-type: none"> <li>• What are the strengths and weaknesses?</li> <li>• What is working and not working?</li> <li>• Why is it working or not working?</li> <li>• How should it be improved?</li> </ul>	<ul style="list-style-type: none"> <li>• What are the program results?</li> <li>• Did intended audience benefit from the program?</li> <li>• Was the program cost effective?</li> <li>• Is it worth to continue this program?</li> </ul>

The CDC promotes the following steps in evaluation practice and standards, for effective evaluation:

### Steps in Evaluation Practice

- **Engage stakeholders** - Those persons involved in or affected by the program and primary users of the evaluation
- **Describe the program** - Need, expected effects, activities, resources, stage, context, logic model
- **Focus the evaluation design** - Purpose, users, uses, questions, methods, agreements
- **Gather credible evidence** - Indicators, sources, quality, quantity, logistics
- **Justify conclusions** - Standards, analysis/synthesis, interpretation, judgment, recommendations
- **Ensure use and share lessons learned** - Design, preparation, feedback, follow-up, dissemination

### Standards for Effective Evaluation

- **Utility** - Serve the information needs of intended users
- **Feasibility** - Be realistic, prudent, diplomatic, and frugal
- **Propriety** - Behave legally, ethically, and with regard for the welfare of those involved and those affected
- **Accuracy** - Reveal and convey technically accurate information

CDC Framework for Program Evaluation in Public Health



For a detailed description of each step and standard, review the Comprehensive Cancer Control Branch Program Evaluation Toolkit available at [http://www.cdc.gov/cancer/ncccp/pdf/CCC Program Evaluation Toolkit.pdf](http://www.cdc.gov/cancer/ncccp/pdf/CCC_Program_Evaluation_Toolkit.pdf).

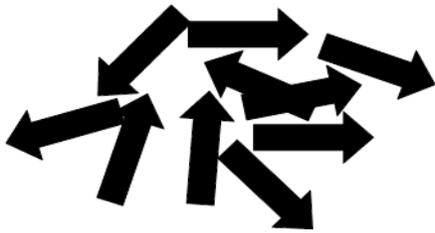
## Sample Evaluation Questions

Evaluation Level	Evaluation Questions
<b>CCC Initiative Process Evaluation</b>	Is the comprehensive cancer control process working well?
	Are meetings regularly attended?
	Are members satisfied with the process?
	Are planning tasks being accomplished and are planning products being produced in a timely manner?
<b>CCC Initiative Outcome Evaluation</b>	Are the partnership's overarching goals and objectives being achieved?
	Is infrastructure for cancer control being enhanced?
	Is support for the initiative being mobilized?
	Are data and research being utilized?
	Are partnerships being built?
	Is the cancer burden being assessed? Addressed?
<b>CCC Plan Process Evaluation</b>	Is evaluation of planning process and outcomes being conducted?
	Are strategies proposed in the plan being implemented?
	Are knowledge gaps being addressed through surveillance and research?
	Are the health systems issues impacting each cancer prevention and control intervention strategy being addressed?
	Are interventions being delivered— <ul style="list-style-type: none"> <li>• To subpopulations with high risk and high burden?</li> <li>• In a culturally appropriate manner?</li> <li>• In a timely manner?</li> <li>• In a cost effective manner?</li> </ul>
<b>CCC Plan Outcome Evaluation</b>	Are implementation difficulties being successfully overcome?
	Are the health outcomes anticipated by the partnership for each strategy being achieved?
	Has the baseline problem status identified by partners improved?
	Over time, has incidence, morbidity, and mortality from cancer decreased?
<b>CCC Plan Outcome Evaluation</b>	Over time, are health disparities relating to cancer among subpopulations reduced?

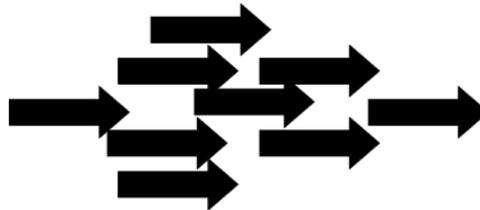
Centers for Disease Control and Prevention *Guidance for Comprehensive Cancer Control Planning, Volume 1* retrieved from <http://www.cdc.gov/cancer/ncccp/pdf/Guidance-Guidelines.pdf>

# How can collaboratives use the building blocks?

To change this . . . . .



To this . . . . .



There are many strong and successful cancer stakeholders throughout Florida. Each has developed customized plans for reducing the burden of cancer. While change in several areas is being achieved, the power of collective planning can maximize these efforts and lead to greater impact and increase sustainability in cancer control.

The CDC building blocks is a simple, strategic, and efficient approach. The building blocks are essential activities: build partnerships, mobilize support, use data and research, enhance infrastructure, assist and then address cancer burden, and conduct evaluation. Use the building blocks to move forward together with a clear vision of the most meaningful activities that can be conducted given the powerful and committed members present.

Each collaborative should review the six building blocks as a framework for coordinating and mapping their cancer control activities. Once a collaborative has identified the prioritized goal and strategy, the next step is to complete the Action Plan to systematically and logistically outline the cancer control efforts. Together, the Florida Cancer Plan 2010, Florida Cancer Plan Guide, and the Action Plan serve as a comprehensive toolkit that local areas can use to support statewide improvements in cancer prevention, early detection, treatment, and survivorship.

Start your plan now and take action today!

## Section 4: Florida Comprehensive Cancer Control Action Plan

### How to Complete the Action Plan

#### **Step 1. Choose a Goal**

**Goals:** *visionary statement of the end result or achievement in reducing the burden of cancer.*

#### **Florida Cancer Plan Goals**

---

**Goal 1:** A coordinated approach among public and private cancer control stakeholders to implement cancer activities statewide

**Goal 2:** Floridians practice the healthy behaviors associated with prevention of cancer or to reduce risk

**Goal 3:** Floridians have access to appropriate health information and effective health services for the timely detection, diagnosis, and treatment of cancer

**Goal 4:** Floridians affected by cancer are aware of and have access to quality, appropriate services for quality of life, palliative care, and survivorship

#### **Step 2. Choose Strategy**

**Strategies:** *define steps needed to achieve a goal. These strategies are divided into two categories - overarching and by cancer site. Compared to objectives, strategies are general.*

#### **Step 3. Identify the Action Steps**

*Identify what action or work will be done to accomplish this strategy.*

#### **Step 4. Identify the Resources Required**

*Identify what resources are needed to address or achieve this strategy.*

*Identify what resources are available to address or achieve this strategy.*

#### **Step 5. State the Timeframe**

*State the chronological date as to when this action step will be completed.*

#### **Step 6. State the Targets and Measures**

*State what you are aiming to achieve, what the intended outcome is to be and how progress will be determined. State how progress will be to measured.*

#### **Step 7. State the Person Responsible**

*State who is the person(s) or what agency that will have lead on this action step.*

#### **Step 8. State the Communications Plan**

*State what other partners will be involved. State what their actions or role will be. And state the frequency, or how often they will be doing this action.*

**Date:** \_\_\_\_\_ **Organization:** \_\_\_\_\_ *State name of individual or agency*

**Goal:** \_\_\_\_\_ *State the Florida Cancer Plan Goal to be addressed*

<p><b>Strategies</b></p> <p><i>Identify the specific strategy</i></p> <p><b>Column 1</b></p>	<p><b>Action Steps</b></p> <p><i>What will be done to accomplish this?</i></p> <p><b>Column 2</b></p>	<p><b>Resources Required</b></p> <p><i>What resources are available? What resources are needed?</i></p> <p><b>Column 3</b></p>	<p><b>Timeframe</b></p> <p><i>By when?</i></p> <p><b>Column 4</b></p>	<p><b>Targets and Measures</b></p> <p><i>State what you are aiming to achieve – the intended outcome. State how progress will be determined- the means of measurement.</i></p> <p><b>Column 5</b></p>	<p><b>Person Responsible</b></p> <p><i>Name who or what agency will have lead?</i></p> <p><b>Column 6</b></p>	<p><b>Communications Plan</b></p> <p><i>Who is involved? What methods? What role? How often?</i></p> <p><b>Column 7</b></p>
<p>1. Form groups of stakeholders to address strategies based on data, interest, abilities, and resources in order to build momentum.</p>	<p>1. Send letters of invite to diverse stakeholders.</p> <p>2. Establish meeting schedule.</p>	<p>1. Designated coordinator.</p> <p>2. Meeting space.</p>	<p>1. Bi-weekly.</p> <p>2. Bi-monthly.</p>	<p>1. Have representation from five organizations by completion of year one.</p>	<p>1. Coordinator and collaborative chair.</p>	<p>1. Coordinator is responsible for disseminating on-going electronic correspondence.</p> <p>2. Chair will provide oral and written partner updates at each meeting</p>

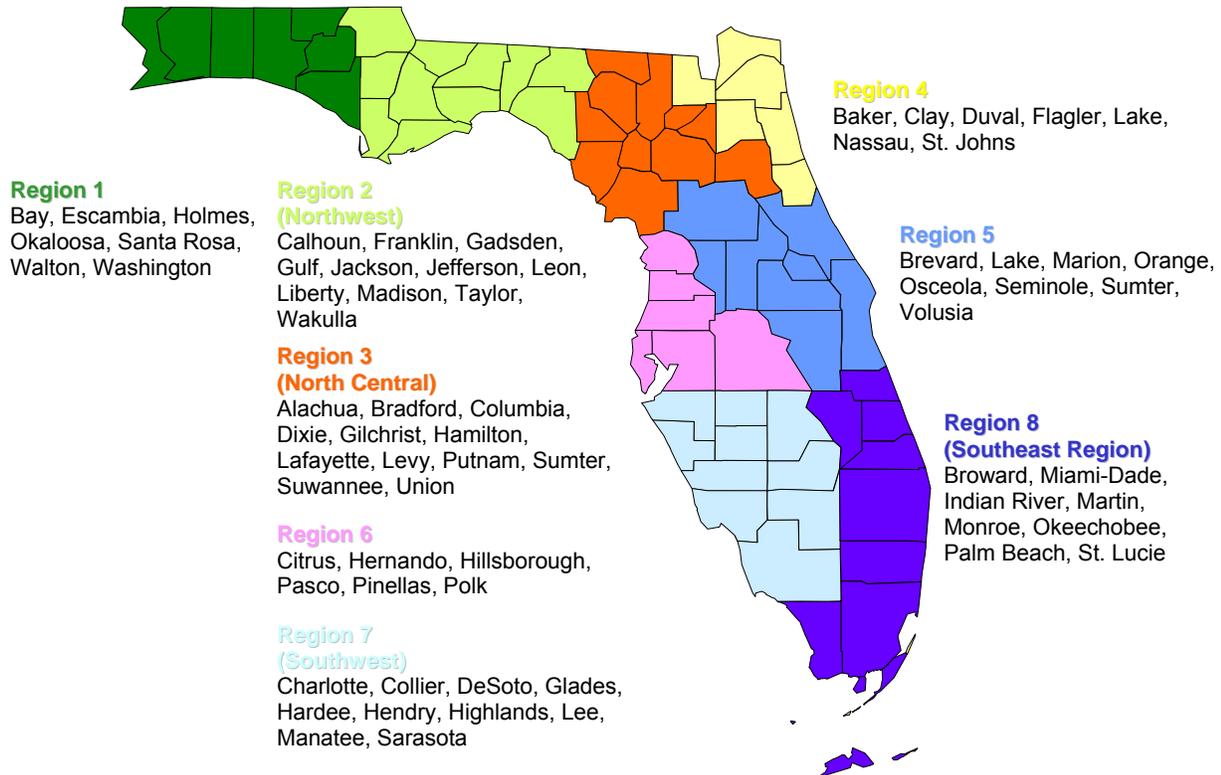
## **Section 5: Conclusion**

The purpose of this Florida Cancer Plan Guide 2010 is to assist Florida's cancer partners in the coordination and collaboration of cancer control efforts. This comprehensive approach to cancer control is a strategy to ensure that the state's cancer resources, from government programs to private and public organizations, are working together to reduce the burden of cancer in every community.

We hope this Guide will help new partners who are embarking upon the rewarding effort of building a local collaborative, as well as provide additional support to those established collaboratives that are evolving and thriving.

For more information about working with the CDC funded Comprehensive Cancer Control Program, the Florida Cancer Plan 2010 or the regional cancer collaboratives please visit [www.doh.state.fl.us/family/cancer](http://www.doh.state.fl.us/family/cancer).

# Regional Cancer Control Collaborative Map



**Performance Evaluation  
Category One**

Activity or Intervention	Example Evaluation Question	Example Indicator	Data Source	Data Collection Method	Data Collection Time
Capacity Building	Is there sufficient representation to foster regional change?	The membership is diverse and geographically far-reaching	Collaborative members	Member Profile Forms	March 2011 June 2011
Participation	Are there sufficient opportunities to plan, implement, and evaluate the collaboratives Action Plan?	Frequency of meetings	Collaborative members	Meeting calendar	Monthly, bi-monthly or quarterly
		Number of community presentations and the number of participants	Collaborative members and community members	Conference, meeting, or training reports and participant satisfaction surveys	Following each event
	Number of task-oriented and 2010 FCP related items on the agenda	Collaborative members	Finalized meeting agendas	Monthly, bi-monthly or quarterly	
	How much, and what type of, information is exchanged between members?	Resource generation (e.g. creation of collaborative website) and resource use (e.g. sharing educational materials)	Collaborative members	Collaborative meeting minutes	Monthly, bi-monthly or quarterly

For additional information about evaluation, review The Comprehensive Cancer Control Branch Program Evaluation Toolkit, which is available online at [http://www.cdc.gov/cancer/ncccp/prog\\_eval\\_toolkit.htm](http://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm)

## Performance Evaluation Category Two

Activity or Intervention	Example Evaluation Question	Example Indicator	Data Source	Data Collection Method	Data Collection Time
Media Advocacy (For more information, visit <a href="http://here.doh.wa.gov/professional-resources/policy-and-environmental-change/">http://here.doh.wa.gov/professional-resources/policy-and-environmental-change/</a> )	How has the media been utilized to gain support for the collaboratives goals and objectives (e.g. news releases or conferences, article publications, radio and television interviews)?	Measure the exposure of the messages, directly related to the regional cancer collaborative, in the print media, radio and television	Media partners and collaborative members	Run data (dates and frequency of publication or broadcast)  Company's readership and viewership statistics	March 2011 June 2011
System Changes	How has the collaborative assessed and responded to the information and education needs of clinicians?	Frequency of informational and educational presentations and the number of participants	Collaborative members	Rosters/ rolls, sign in sheets, meeting agendas	Following each event
	Has the collaborative impacted the delivery of cancer services in one or more counties?	Type of service added, expanded, or enhanced in the region	Collaborative members	Survey of members of the health care systems	March 2011 June 2011
	What health care system resources were generated or disseminated by the collaborative to members of the health care system including patients and their family members?	Creation of online tools for training, networking, or information sharing	Collaborative members, and members of the health care systems	Document and website reviews	Monthly, bi-monthly or quarterly

For additional information about evaluation, review The Comprehensive Cancer Control Branch Program Evaluation Toolkit, which is available online at [http://www.cdc.gov/cancer/ncccp/prog\\_eval\\_toolkit.htm](http://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm)

**PROPOSAL SCORING CRITERIA WORKSHEET**

**Prospective Applicant's Name:** \_\_\_\_\_

**Region/Counties covered by this project:** \_\_\_\_\_

**Annual Amount Requested:** \_\_\_\_\_

**TOTAL POSSIBLE POINTS: 100**

Score

Section 1 Project Summary (Maximum 30 points)

Section 2 Action Plan (Maximum 45 points)

Section 3 Performance Evaluation (Maximum 15 points)

Section 4 Budget (Maximum 10 points)

**TOTAL POINTS** \_\_\_\_\_

\_\_\_\_\_  
**Evaluator's Signature**

\_\_\_\_\_  
**Date**

## RATING SECTIONS

This evaluation sheet will be used by the Evaluation Team to assign scores to all proposals that are submitted. Scores will be averaged for all Evaluation Team members and ranked, highest to lowest averaged score. Both the breadth of detail and quality of the response will be evaluated when determining point value. The respondents that receive the highest overall scores will be selected for contract negotiations and award. Point Value will be assigned to each question ranging from zero to the highest value for that category.

Category	Question	Point Value	Points Awarded and Comments
SECTION 1 PROJECT SUMMARY	1. To what extent does the project narrative concisely and effectively summarize the applicant's current level of readiness, partners' role, key points from the Action Plan, and of their performance evaluation?	10	
	2. To what extent has the proposal identified appropriate partners and clearly defined each partner's role?	15	
SECTION 2 ACTION PLAN Refer to Section 2.2 and Attachments I- 2010 Florida Cancer Plan Priority Strategies	1. To what extent are the proposed strategies appropriate, realistic and feasible to achieve the goal of the Action Plan?	10	
	2. To what extent are the proposed action steps appropriate, realistic and feasible to achieve the strategies?	10	
	3. To what extent are the proposed resources appropriate, realistic and feasible to conduct the action steps?	10	
	4. To what extent are the proposed timeframes appropriate, realistic and feasible to achieve the achieve the goal by June 29, 2011?	5	
	5. To what extent are the proposed targets and measures appropriate, realistic and feasible to capturing outcomes related to the goal?	10	
SECTION 3 PERFORMANCE EVALUATION	1. To what extent do the proposed indicators in the Performance Evaluation capture progress towards accomplishment	10	

Refer to Section 2.2 and Attachment IV- Performance Evaluation	of the Action Plan targets and measures?		
	2. To what extent does the data sources and collection methods lead to back-up documentation that can be submitted with invoices?	10	
SECTION 4 BUDGET Refer to Sections 3.5 and 4.1	1. How well does the detailed line-item budget with narrative description support the activities described in the proposal?	4	
	2. The proposed budget and descriptive narrative are reasonable to implement the proposed project?	3	
	3. For each line-item, is the cost competitive or customary?	3	

**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 at each of the following addresses:

Contract Administrative Monitoring Unit  
4052 Bald Cypress Way, Bin B01 (HAFACM)  
Tallahassee, FL 32399-1729

The contract manager for this agreement listed in the standard agreement.

- 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 10<sup>th</sup> 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 at each of the following addresses:

Contract Administrative Monitoring Unit  
4052 Bald Cypress Way, BIN B01 (HAFACM)  
Tallahassee, Florida 32399-1729

The contract manager for this agreement listed in the standard agreement.

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 at each of the following addresses:

Contract Administrative Monitoring Unit  
4052 Bald Cypress Way, BIN B01 (HAFACM)  
Tallahassee, FL 32399-1729

The contract manager for this agreement listed in the standard agreement.

- 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# \_\_\_\_\_ Title \_\_\_\_\_ \$ \_\_\_\_\_

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

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

## 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.

- Recipient who is exempt from Section 215.97, F.S. (public university, community college, district school board, branch of state government, charter schools)
- Subrecipient who is exempt from OMB Circular A-133 (for-profit organization)

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].

NOTE: Recipients/Subrecipients who are exempt from the audit requirements set forth in OMB Circular A-133 and Section 215.97, Fla. Stat., are not required to have a Single Audit. However, the exempt organization must comply with all compliance requirements set forth within the contract or award document.

### PART II: FISCAL COMPLIANCE REQUIREMENTS

**FEDERAL AWARDS OR STATE MATCHING FUNDS ON FEDERAL AWARDS.** Providers who receive Federal awards 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 69I-5, Fla. Admin. Code  
State Projects Compliance Supplement  
Reference Guide for State Expenditures  
Other fiscal requirements set forth in program laws, rules and regulations

Additional audit guidance or copies of the referenced fiscal laws, rules and regulations may be obtained at <http://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.

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

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.

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 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.
- c. 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.
- d. 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.
- e. 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.
- f. 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).

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The name of the contact person and street address where financial and administrative records are maintained 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 officials as duly authorized.

**PROVIDER:**  
**SIGNATURE:** \_\_\_\_\_

**PRINT/TYPE NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**STATE AGENCY 29-DIGIT FLAIR CODE:** \_\_\_\_\_

**FEDERAL EID# (OR SSN):** \_\_\_\_\_

**PROVIDER FISCAL YEAR ENDING DATE:** \_\_\_\_\_

**STATE OF FLORIDA, DEPARTMENT OF HEALTH**  
**SIGNATURE:** \_\_\_\_\_

**PRINT/TYPE NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_