

Diabetes Prevention and Control Primary Prevention Grant

APPLICATION GUIDELINES

FY 2012-2013

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

May 2012

Application Deadline: June 4, 2012

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



Application Deadline:

COVER PAGE  
FLORIDA DEPARTMENT OF HEALTH

RFA #: 12-005  
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): \_\_\_\_\_

Total Application Amount: \_\_\_\_\_

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

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

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

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Diabetes Prevention and Control Program  
TIMELINE  
RFA # 12-005

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

Schedule	Date	Location
RFA Released	May 21, 2012	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	PRIOR to May 25, 2012 5:00 pm EST	Submit to: diabetes@doh.state.fl.us
Responses to Questions Posted	May 29, 2012	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>
Grant Applications Due to Department	PRIOR to June 4, 2012 5:00 pm EST	U.S. Mail: Florida Department of Health Attn: Catherine Howard, PhD Diabetes Prevention and 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: Catherine Howard, PhD Diabetes Prevention and Control Program 4025 Esplanade Way, Suite 130X Tallahassee, FL 32399  E-mail: <a href="mailto:Catherine.Howard@doh.state.fl.us">Catherine.Howard@doh.state.fl.us</a>
Anticipated Evaluation of Grant Applications	June 5, 2012	Review and Evaluation of Grant Applications Begins
Anticipated Deliberations with Anticipated Awardees Begins	June 7, 2012	Deliberations and budget revisions, if necessary, prior to grant awards.
Anticipated Posting of Intent to Award	June 8, 2012	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	June 11, 2012	

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

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## **Section 1.0 Introduction**

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

This project is offered by the Centers for Disease Control and Prevention (CDC) as cited in the Notice of Cooperative Agreement for Behavioral Risk Factor Surveillance System, Diabetes Prevention and Control Program (DPCP), Healthy Communities and Tobacco, Federal Grant ID #: 5U58DP001961-04 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 address the diabetes burden in Florida’s Hispanic/Latino population. The long term goal for this project is to build local capacity to 1) increase screening for and diagnosis of prediabetes; 2) increase access to evidence-based lifestyle interventions for the primary prevention of type 2 diabetes; 3) improve the quality of diabetes care; and/or 4) increase participation in diabetes self management education.

The DPCP is seeking qualified applicants to enter into a contractual agreement with the department to implement community-based interventions that address at least one of the four goals above.

### **1.3 Available Funding**

Based on CDC support, the DPCP has an estimated total amount of \$80,000 for contractual funding. The department expects to award between three and five applicants. The agreements shall begin upon award in June 2012 and end on March 15, 2013. In order to assure the state will fulfill current and future needs, the department reserves the right to award contractual agreements 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 DPCP reserve the right to reallocate funds to established priority areas under this RFA.

### **1.4 Matching Funds**

There is no matching requirement for this RFA.

## **Section 2.0 Program Overview**

### **2.1 Background**

The DPCP's funding agency, the CDC, promotes three core interventions:

Intervention Area #1: Improve quality of clinical care for populations with greatest diabetes burden and risk to improve control of A1C, blood pressure, and cholesterol, and to promote tobacco cessation.

Intervention Area #2: Increase access to sustainable self management education and support services for populations with greatest diabetes burden and risk to improve control of A1C, blood pressure, and cholesterol, and to promote tobacco cessation.

Intervention Area #3: Increase access to sustainable, evidence-based lifestyle interventions to prevent or delay onset of type 2 diabetes among people at high risk.

The purpose of this funding is to support organizations that serve Hispanic/Latino populations to address one or more of these three intervention areas. Attachment I provides a list of suggested activities and example project objectives that support the three intervention areas.

### **2.2 Program Expectations**

Interested applicants are required to submit an application which outlines action steps, resources and timeframes to complete a project in one of the three intervention areas. A budget for up to \$20,000 should be included in the application.

The application must include all of the components outlined in **Section 4.1**.

Furthermore, successful applicants are expected to maintain ongoing communication via phone, e-mail or face to face with DPCP Program staff after they have received notification of award.

As with any competitive procurement process, all proposed budgets are subject to review and possible modification by the department.

## **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 more information, please visit [http://dms.myflorida.com/business\\_operations/state\\_purchasing/myflorida\\_marketplace](http://dms.myflorida.com/business_operations/state_purchasing/myflorida_marketplace).

As of March 12, 2012, all vendors doing business with the State of Florida must have a completed W-9 on file with the Department of Financial Services. Please see the W-9 website to complete: <https://flvendor.myfloridacfo.com> and <http://www.myfloridacfo.com/aadir/SubstituteFormW9.htm>.

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**

This RFA is designed for organizations with a mission to serve persons of Hispanic/Latino descent. The applicant must include a percentage estimate of Hispanic populations served by their organization. Backup documentation may be requested.

### **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 seven (7) months beginning from the date of execution of the contract through March 15, 2013.

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

Allowable and unallowable expenditures are defined by: 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 project activities
  - Project related expenses, such as office supplies, postage, copying, and advertising for the project activities
  - Continuing education credits or professional certifications
  - Programmatic initiatives to address project goals and strategies including, but not limited to, food purchases for cooking and tasting demonstrations and incentive items to promote program participation.

2. **Unallowable costs** - include, but are not limited, to the following:
  - Building alterations or renovations
  - Construction
  - Equipment
  - Direct patient services such as counseling or medical treatment
  - Fringe benefits for temporary employees
  - Fund raising activities
  - Food or beverages for meals that are not part of an educational demonstration
  - Research
  - Medical supplies
  - Grant writing services
  - Political education or lobbying
  - Any other expenditures not authorized by law

## **Section 4.0 Application Documentation**

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

#### Project Narrative (Limit 6 pages, not including attachments)

All applicants shall submit a comprehensive narrative description to include all of the following:

1. A description of the applicant's organization, including:
  - a. Population served (the applicant should serve primarily Hispanic/Latino populations); and
  - b. Current services offered
  - c. Description of the organization's capability or experience that will enable them to successfully complete the project
2. A thorough description of the proposed project, including:
  - a. Core intervention area addressed;
  - b. A description of the activity(ies) to be completed during the project period that support the chosen intervention area;
  - c. Performance indicators that correlate to the activity(ies) written as S.M.A.R.T. objectives (S.M.A.R.T. is an acronym for Specific, Measurable, Achievable, Realistic, and Time-limited. S.M.A.R.T. objectives require an organization to carefully consider its activities to ensure that goals can be met and measured within a specific timeframe. Attachment 1 provides examples of how S.M.A.R.T. objectives can be written to correspond with the intervention areas);
  - d. Timeframe (no longer than 1 page); and
3. A plan for project evaluation.

#### 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 (up to \$20,000) as they directly relate to the application 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 complete and 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, emailed or may be hand delivered to the address identified in Section 5.3. Faxed applications will not be accepted.
- 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 match the page limitation described in Section 4.1. 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 must be at least as large as the font type you are currently reading (Arial 11).
- One (1) original application and three (3) copies of the application must be submitted. (This requirement does not apply to electronic submissions.)
- 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: Catherine Howard, PhD  
Diabetes Prevention and Control Program  
4052 Bald Cypress Way, Bin A-18  
Tallahassee, FL 32399-1749

For Overnight Shipping (Physical Address)

Florida Department of Health  
Attn: Catherine Howard, PhD  
Diabetes Prevention and Control Program  
4025 Esplanade Way, Suite 130X  
Tallahassee, FL 32399

For Electronic Submissions:

[Catherine.Howard@doh.state.fl.us](mailto:Catherine.Howard@doh.state.fl.us)

## **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 II. 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.

### **6.2 Awards**

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

The department reserves the right to revise proposed plans and negotiate final funding prior to finalizing the contractual agreement. DPCP staff will proceed with negotiations with the highest-ranked qualified applicants.

ATTACHMENT I

Core Interventions & Activities	Example Performance Indicators with S.M.A.R.T. Objectives*
<p><b><u>Intervention Area #1:</u> Improve quality of clinical care for populations with greatest diabetes burden and risk to improve control of A1C, blood pressure, and cholesterol, and to promote tobacco cessation.</b></p> <p>1.1 Support health care organizations in assessing and implementing practice changes to improve quality of care for people with and at risk for diabetes through use of the Planned Care Model and/or Patient Centered Medical Home and supported by provider education.</p> <p>1.2 Advocate for the implementation of policies within health care organizations that contribute to and help sustain quality care improvements for people with diabetes/pre-diabetes.</p>	<p><b><u>This table provides examples of S.M.A.R.T. objectives that correspond with the Core Interventions. Examples are not provided for all Core Interventions &amp; Activities</u></b></p> <p><b>1.1a Patients in the Registry/EHR:</b> Increase the number of patients with diabetes in the registry/EHR being used in <i>[specify target setting(s)]</i> from <i>[specify baseline]</i> to <i>[specify target]</i> by March 29, 2013.</p> <p><b>1.2a Health Care Organizations Providing Data:</b> Increase the number of <i>[specify targeted health care organizations]</i> providing data on their patients with diabetes to the DPCP from <i>[specify baseline]</i> to <i>[specify target]</i> by March 29, 2013.</p> <p><b>1.2b Providers Receiving Data:</b> Increase the number of providers in <i>[specify target setting(s)]</i> who receive data on status or outcomes for their patients with diabetes from a registry/EHR from <i>[specify baseline]</i> to <i>[specify target]</i> by March 29, 2013.</p> <p><b>1.2c Practices Pursuing Medicare Meaningful Use for Diabetes:</b> Increase the number of <i>[specify targeted practices]</i> that select at least one diabetes-related clinical quality measure to report for Stage 1 Medicare meaningful use from <i>[specify baseline]</i> to <i>[specify target]</i> by March 29, 2013.</p> <p><b>1.2d Practices Pursuing Medical Home Certification:</b> Increase the number of <i>[specify targeted practices]</i> pursuing NCQA medical home certification from <i>[specify baseline]</i> to <i>[specify target]</i> by March 29, 2013.</p>

Core Interventions & Activities	Example Performance Indicators with S.M.A.R.T. Objectives*
<p><b>Intervention Area #2: Increase access to sustainable self-management education and support services for populations with greatest diabetes burden and risk to improve control of A1C, blood pressure, and cholesterol, and to promote tobacco cessation.</b></p> <p>2.1 Expand access to diabetes self-management education/training (DSME/T) programs that meet national standards and demonstrate improved behavioral and/or clinical outcomes for people with diabetes (e.g., ADA recognized or AADE accredited DSME/T programs);</p> <p>2.2 Implement evidence-based programs and policies within worksites that contribute to improved control of A1C, blood pressure, and cholesterol, and promote tobacco cessation among people with diabetes.</p>	<p><b>2.1a Newly Established DSME/T Programs:</b> Increase the number of new DSME/T programs [not recognized/accredited or specify other type] in [specify target setting(s)] from [specify baseline] to [specify target] by March 29, 2013.</p> <p><b>2.1b People with diabetes enrolled in DSME/T Programs:</b> Increase the number of people with diabetes enrolled in DSME/T programs [note recognized/accredited or specify other type] in [specify target setting(s)] from [specify baseline] to [specify target] by March 29, 2013.</p> <p><b>2.1c Patients Receiving Referrals for DSME/T:</b> Increase the proportion of active patients with diabetes receiving care at [specify target setting(s)] with a provider referral for DSME/T from [specify baseline] to [specify target] by March 29, 2013.</p> <p><b>2.1d DSME/T Programs with Community Health Workers (CHWs) Participating in the Delivery of DSME/T:</b> Increase the number of DSME/T programs with CHWs participating in the delivery of DSME/T in [specify target setting(s)] from [specify baseline] to [specify target] by March 29, 2013.</p> <p>-----</p>

Core Interventions & Activities	Example Performance Indicators with S.M.A.R.T. Objectives*
<p>2.3 Increase access to tobacco cessation services (e.g., quitlines) for adult tobacco users with diabetes.</p> <p>2.4 Advocate for the implementation of policies that promote financial sustainability/reimbursement for Community Health Workers (CHWs) involved in providing self-management education and support services for people with diabetes.</p>	<p>-----</p> <p><b>2.4a Provider Referrals to the Quitline:</b> Number and proportion of adults with diabetes in targeted settings who smoke or use tobacco and are referred to the quitline</p> <p><b>2.4b Quitline Callers with Diabetes:</b> Number and proportion of adult quitline callers with diabetes</p> <p><b>2.4c Quitline Callers with Diabetes Making a Quit Attempt:</b> Number and proportion of adult quitline callers with diabetes who have made at least one quit attempt</p>
<p><b>Intervention Area #3: Increase access to sustainable, evidence-based lifestyle interventions to prevent or delay onset of type 2 diabetes among people at high risk.</b></p> <p>3.1 Increase access/availability and use of the CDC-recognized lifestyle change program in YMCA's, worksites, and other settings as an intervention targeting populations at high risk for type 2 diabetes (including but not limited to women with previously diagnosed gestational diabetes).</p> <p>3.2 Partner with employers and health plans to offer the CDC-recognized lifestyle change program as a covered benefit to prevent or delay onset of type 2 diabetes.</p> <p>3.3 Implement systems to increase provider referrals of people with prediabetes or multiple diabetes risk factors to sites offering the CDC-recognized lifestyle change program.</p>	<p>-----</p> <p>-----</p> <p>-----</p>

Core Interventions & Activities	Example Performance Indicators with S.M.A.R.T. Objectives*
<p>3.4 As a complement to work occurring under strategies 3.1-3.3, promote health communication and marketing campaigns or coalition initiatives that will:</p> <ul style="list-style-type: none"> <li>• increase access to sustainable, evidence-based lifestyle interventions to prevent or delay onset of type 2 diabetes among people at high risk;</li> <li>• raise awareness of prediabetes among populations at risk and health care providers</li> </ul>	<p style="text-align: center;">-----</p> <p style="text-align: center;">-----</p>

**APPLICATION SCORING CRITERIA WORKSHEET**

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

Geographic area covered by this project: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Date

Notes: \_\_\_\_\_

## RATING SECTIONS

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

Question	Point Value	Points Awarded and Comments
To what extent does the applicant serve Hispanic/Latino populations in Florida?	10	
To what extent does the applicant demonstrate the organizational capability/experience to successfully complete the project?	10	
Does the proposed project address one of the core intervention areas?	10	
To what extent do the outcome objectives address the applicant's chosen core intervention area?	20	
To what extent are outcome objectives written as S.M.A.R.T. objectives?	20	
Does the applicant adequately describe how they will evaluate the project?	10	

<p>To what extent are the proposed resources appropriate, realistic and feasible to conduct the action steps?</p>	<p>8</p>	
<p>To what extent are the proposed timeframes appropriate, realistic, and feasible to achieve the goal by March 15<sup>th</sup>, 2013</p>	<p>5</p>	
<p>How well does the detailed line-item budget with narrative description support the activities described in the application?</p>	<p>4</p>	
<p>The proposed budget and descriptive narrative are reasonable to implement the proposed project?</p>	<p>3</p>	
<p>Total Score (out of 100)</p>		

**FINANCIAL AND COMPLIANCE AUDIT**

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

**MONITORING**

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

**AUDITS**

**PART I: FEDERALLY FUNDED**

This part is applicable if the provider is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

1. In the event that the provider expends \$500,000 or more in Federal awards during its fiscal year, the provider must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. EXHIBIT 1 to this agreement indicates Federal resources awarded through the Department of Health by this agreement. In determining the Federal awards expended in its fiscal year, the provider shall consider all sources of Federal awards, including Federal resources received from the Department of Health. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by OMB Circular A-133, as revised. An audit of the provider conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part.
2. In connection with the audit requirements addressed in Part I, paragraph 1, the provider shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.
3. If the provider expends less than \$500,000 in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, is not required. In the event that the provider expends less than \$500,000 in Federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, the cost of the audit must be paid from non-Federal resources (i.e., the cost of such audit must be paid from provider resources obtained from other than Federal entities.)
4. An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Department of Health shall be based on the agreement's requirements, including any rules, regulations, or statutes referenced in the agreement. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities

due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health agreement involved. If not otherwise disclosed as required by Section .310(b)(2) of OMB Circular A-133, as revised, the schedule of expenditures of Federal awards shall identify expenditures by agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the provider's fiscal year end.

## **PART II: STATE FUNDED**

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

1. In the event that the provider expends a total amount of state financial assistance equal to or in excess of \$500,000 in any fiscal year of such provider (for fiscal years ending September 30, 2004 or thereafter), the provider must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. EXHIBIT I to this agreement indicates state financial assistance awarded through the Department of Health by this agreement. In determining the state financial assistance expended in its fiscal year, the provider shall consider all sources of state financial assistance, including state financial assistance received from the Department of Health, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.
2. In connection with the audit requirements addressed in Part II, paragraph 1, the provider shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.
3. If the provider expends less than \$500,000 in state financial assistance in its fiscal year (for fiscal years ending September 30, 2004 or thereafter), an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, is not required. In the event that the provider expends less than \$500,000 in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, the cost of the audit must be paid from the nonstate entity's resources (i.e., the cost of such an audit must be paid from the provider resources obtained from other than State entities).
4. An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Department of Health shall be based on the agreement's requirements, including any applicable rules, regulations, or statutes. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health agreement involved. If not otherwise disclosed as required by Rule 69I-5.003, Fla. Admin. Code, the schedule of expenditures of state financial assistance shall identify expenditures by agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within 45 days after delivery of the audit report, but no later than 12 months after the provider's fiscal year end for local governmental entities. Non-profit or for-profit organizations are required to be submitted within 45 days after delivery of the audit report, but no later than 9 months after the provider's fiscal year end. Notwithstanding the applicability of this portion, the Department of Health retains all right and obligation to monitor and oversee the performance of this agreement as outlined throughout this document and pursuant to law.

### **PART III: REPORT SUBMISSION**

1. Copies of reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by PART I of this agreement shall be submitted, when required by Section .320 (d), OMB Circular A-133, as revised, by or on behalf of the provider directly to each of the following:

- A. The Department of Health as follows:

[SingleAudits@doh.state.fl.us](mailto:SingleAudits@doh.state.fl.us)

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

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

Federal Audit Clearinghouse  
Bureau of the Census  
1201 East 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 as follows:

[SingleAudits@doh.state.fl.us](mailto:SingleAudits@doh.state.fl.us)

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

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

- A. The Department of Health as follows:

[SingleAudits@doh.state.fl.us](mailto:SingleAudits@doh.state.fl.us)

Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto, and accompanied by the "Single Audit Data Collection Form." Files which exceed 8 MB may be submitted on a CD or other electronic storage medium and mailed to: Contract Administrative Monitoring Unit, Attention:

Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.

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

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

4. Any reports, management letter, or other information required to be submitted to the Department of Health pursuant to this agreement shall be submitted timely in accordance with OMB Circular A-133, Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.
5. Providers, when submitting financial reporting packages to the Department of Health for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the provider in correspondence accompanying the reporting package.

#### **PART IV: RECORD RETENTION**

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

**End of Text**

**EXHIBIT 1**

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

Federal Program 1

CFDA# \_\_\_\_\_

Federal Program 2

\_\_\_\_\_ CFDA# \_\_\_\_\_ Title \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL FEDERAL AWARDS =

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

**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

**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.

\_\_\_\_\_ Exempt organization not subject to OMB Circular A-133 and/or Section 215.97, F.S. For Federal awards, for-profit organizations are exempt; for state financial assistance projects, public universities, community colleges, district school boards, branches of state (Florida) government, and charter schools are exempt. Exempt organizations must comply with all compliance requirements set forth within the contract or award document.

NOTE: If a provider is determined to be a recipient/subrecipient of federal and or state financial assistance and has been approved by the department to subcontract, they must comply with Section 215.97(7), F.S., and Rule 691-.006(2), FAC [state financial assistance] and Section \_ .400 OMB Circular A-133 [federal awards].

### PART II: FISCAL COMPLIANCE REQUIREMENTS

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

#### **STATES, LOCAL GOVERNMENTS AND INDIAN TRIBES MUST FOLLOW:**

- 2 CFR 225 a/k/a OMB Circular A-87 – Cost Principles\*
- OMB Circular A-102 – Administrative Requirements\*\*
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

#### **NON-PROFIT ORGANIZATIONS MUST FOLLOW:**

- 2 CFR 230 a/k/a OMB Circular A-122 – Cost Principles\*
- 2 CFR 215 a/k/a OMB Circular A-110 – Administrative Requirements
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

**EDUCATIONAL INSTITUTIONS (EVEN IF A PART OF A STATE OR LOCAL GOVERNMENT)  
MUST FOLLOW:**

- 2 CFR 220 a/k/a OMB Circular A-21 – Cost Principles\*
- 2 CFR 215 a/k/a OMB Circular A-110 – Administrative Requirements
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

\*Some Federal programs may be exempted from compliance with the Cost Principles Circulars as noted in the OMB Circular A-133 Compliance Supplement, Appendix 1.

\*\*For funding passed through U.S. Health and Human Services, 45 CFR 92; for funding passed through U.S. Department of Education, 34 CFR 80.

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

- Section 215.97, Fla. Stat.
- Chapter 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.

## EXHIBIT 3

### INSTRUCTIONS FOR ELECTRONIC SUBMISSION OF SINGLE AUDIT REPORTS

Effective April 1, 2011, Single Audit reporting packages (“SARP”) must be submitted to the Department in an electronic format. This change will eliminate the need to submit multiple copies of the reporting package to the Contract Managers and various sections within the Department and will result in efficiencies and cost savings to the Provider and the Department. Upon receipt, the SARP’s will be posted to a secure server and accessible to Department staff.

The electronic copy of the SARP should:

- Be in a Portable Document Format (PDF).
- Include the appropriate letterhead and signatures in the reports and management letters.
- Be a single document. However, if the financial audit is issued separately from the Single Audit reports, the financial audit reporting package may be submitted as a single document and the Single Audit reports may be submitted as a single document. Documents which exceed 8 megabytes (MB) may be stored on a CD and mailed to: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.
- Be an exact copy of the final, signed SARP provided by the Independent Audit firm.
- Not have security settings applied to the electronic file.
- Be named using the following convention: [fiscal year] [name of the audited entity exactly as stated within the audit report].pdf. For example, if the SARP is for the 2009-10 fiscal year for the City of Gainesville, the document should be entitled 2010 City of Gainesville.pdf.
- Be accompanied by the attached “Single Audit Data Collection Form.” This document is necessary to ensure that communications related to SARP issues are directed to the appropriate individual(s) and that compliance with Single Audit requirements is properly captured.

Questions regarding electronic submissions may be submitted via e-mail to [SingleAudits@doh.state.fl.us](mailto:SingleAudits@doh.state.fl.us) or by telephone to the Single Audit Review Section at (850) 245-4444 ext. 3071.

