

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

**REQUEST FOR APPLICATIONS**

RFA #: 12-004

**APPLICATION GUIDELINES**

**FY 2012-2013**

**Florida Department of Health**

**Office of Minority Health**

**Pre-Application Teleconference  
April 12, 2012 from 2pm-3pm EDT**

**(888) 808-6959**

**Conference Code: 2744131181**

**Application Deadline:**

**April 30, 2012**

*Authorized under Section 381.7351-381.7356, Florida Statutes*  
**Disclaimer – NOTE:** *The receipt of applications in response to this grant opportunity does not imply or guarantee that any one or all qualified applicants will be awarded a grant or result in a contract with the Florida Department of Health.*

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

# FUNDING ANNOUNCEMENT

The Florida Department of Health, Office of Minority Health, announces the availability of FY 2012-2013 funds for the Closing the Gap grant program to eliminate racial and ethnic health disparities and improve minority health outcomes.

**Purpose:**

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

**Eligibility:** Florida counties and local entities

**Estimated Funds Available:** Approximately \$2 million

**Anticipated Number of Awards:** 3-4 per region; there are 8 regions in Florida

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

**Type of Award:** Grant

**Budget Period Length:** twelve months

**Program Period:** July 02, 2012- June 30, 2013

Inquiries about this announcement should be referred to:

[OMH-CTGDatabase@doh.state.fl.us](mailto:OMH-CTGDatabase@doh.state.fl.us)

Applications can be downloaded on-line at:

[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) or

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

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## TIMELINE

Schedule	Due Date	Information
RFA Released and advertised	March 30, 2012	Check OMH website
Pre-Application Conference Call	April 12, 2012 2:00 pm. EDT	(888) 808-6959 Conference Code: 2744131181
Applicant Inquiries and Written Questions	April 14, 2012	Applicants can submit any questions regarding the RFA. Questions should be emailed to: <a href="mailto:OMH-CTGDatabase@doh.state.fl.us">OMH-CTGDatabase@doh.state.fl.us</a>
Applicant Questions/Inquiries and Answers Posted	April 19, 2012	Posted electronically via <a href="http://www.doh.state.fl.us/Minority/index.htm">http://www.doh.state.fl.us/Minority/index.htm</a>
Letter of Intent Due to Office of Minority Health (OMH)	April 20, 2012 by <b>5:00 PM EDT</b>	Send via <a href="mailto:OMH-CTGDatabase@doh.state.fl.us">OMH-CTGDatabase@doh.state.fl.us</a>
Applications Due (No fax, or delivered copies of applications accepted)	April 30, 2012 <b>PRIOR TO 8:00 PM EDT</b>	Application should be e-mailed to: <a href="mailto:OMH-CTGDatabase@doh.state.fl.us">OMH-CTGDatabase@doh.state.fl.us</a>
Anticipated Evaluation of Grant Applications	May 01-20, 2012	Review and Evaluation of Grant Application begins
Anticipated Posting of Grant Opportunity Award	June 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>  Vendor Bid System: <a href="http://vbs.myflorida.com">http://vbs.myflorida.com</a>
Anticipated Grant Start Date	July 02, 2012	

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

## SECTION 1.0 INTRODUCTION

### **1.1 Overview of Closing the Gap**

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

In 2009, the estimated AIDS case rate among blacks in the U.S. almost doubled the national average (Centers for Disease Control, 2011). The estimated AIDS case rate among blacks in Florida in 2009 was 80.9 per 100,000 of the population, almost double the national rate. In Florida, for newly reported adult HIV cases in 2010, the case rate among Hispanic men was 2 times higher than in white men and the case rate among Hispanic women was 4 times higher than in white women. The estimated AIDS case rate among American Indians in the U.S. in 2009 was 6.6 per 100,000 of the population, which was higher than that for whites at 4.7 per 100,000 of the population.

Hispanics have lower incidence rates for all cancers combined and for most common types of cancer compared to whites, but have higher rates of cancers associated with infection, such as liver, stomach, and uterine cervix. Compared to other racial/ethnic groups, Asian Americans and Pacific Islanders have the lowest overall cancer incidence rates, as well as the lowest rates for most common cancer types. However, similar to Hispanics, this population has higher rates for many of the cancers related to infection. Mortality rates for kidney cancer in American Indian and Alaska Native men and women are higher than in any other racial or ethnic population. African Americans are more likely to develop and die from cancer than any other racial or ethnic group.

Heart disease and stroke have been ranked number one and number four as leading causes of deaths for Floridians for over seven decades. In 2007, stroke rates fell to the fifth leading cause of death in Florida. According to the Agency for Healthcare Research and Quality all minorities, except Alaska Natives, have a prevalence of type 2 diabetes that is two to six times greater than that of the white population. Health care interventions that take into consideration cultural and population-specific characteristics can reduce the prevalence and severity of diabetes and its resulting complications.

Healthy People 2020 recognizes that the social determinants that influence maternal health also affect pregnancy outcomes and infant health. Racial and ethnic disparities in infant mortality exist, particularly for African American infants. Child health status varies by both race and ethnicity, as well as by family income and related factors, including educational attainment among household members and health insurance coverage.

## **1.2 Statement of Purpose**

The Request for Application (RFA) seeks applications from organizations to create ~~free~~ partnerships to mobilize community partners that will support long-term social change; to improve health outcomes of racial and ethnic populations and promote disease prevention activities. Effective partnerships must deliver services in a culturally competent manner and include diverse service providers represented in all goal areas, including schools, and higher education institutions, businesses, health care systems and providers, law enforcement, and local statewide and non-profit agencies. Partnerships sought by this RFA will focus on: (1) improving health outcomes of racial and ethnic populations and promote disease prevention activities; (2) helping communities address their most pressing health needs through targeted health screenings, education and awareness programs that lead to outcome measures and access; and (3) helping communities better understand the nature of health disparities among ethnic and racial groups. Partnerships are outcome based and education must support recruitment for outcome measures.

## **1.3 Funding Source**

This grant is funded by General Revenue appropriations, set forth by the Florida Legislature annually. The Office of Minority Health's mission is to impact health initiatives statewide to be more culturally and linguistically competent in their strategies designed to reach minority and historically underserved populations.

Evidence suggests that race and ethnicity correlate with persistent and often increasing disparities in health care and health care delivery as compared to the majority of the state's population as a whole.

## **1.4 Funding Availability**

The Florida Department of Health, Office of Minority Health has an estimated \$2 million for the CTG award. Funding will be available to award FY 2012-2013 for projects within Florida counties and Front Porch Florida Communities. An estimated 3-4 awards per region will be granted depending on the availability of funding. Implementation of the "Reducing Racial and Ethnic Health Disparities: CTG shall be subject to specific appropriation provided in the General Appropriations Act.

## **1.5 Funding Period**

The term of any contract resulting from this RFA shall be no longer than one year (July 1-June 30).

## **1.6 Project Period**

Awards will be for a twelve month budget period and will begin on July 02, 2012, or upon execution of the contract.

## **1.7 Eligible Applicants**

Eligible applicants shall include be individuals or organizations active in community-focused, collaborative efforts, which serve to bring together agencies, community groups, academic institutions and other groups to address health and social concerns. These individuals or organizations shall serve as the fiscal manager/lead agency. County Health Departments may be partners to applicants but cannot apply themselves.

Public and for-profit organizations vying to be considered as fiscal manager/lead agency should demonstrate a record of community service. Entities eligible to submit must be legal business entities with an office in Florida and can include units of state and local governments, schools, health care providers, and not-for-profit entities, including minority organizations.

To be eligible to receive a grant, all corporations, limited liability companies or partnerships and their sub-contractors, seeking to do business with the state, shall be registered with the Florida Department of State in accordance with the provisions of Chapters 607, 608, 617, and 620, F.S.

### **Corporate/Non Corporate Status**

For all corporate applicants, proof of corporate status must be provided with the application. Tax-exempt status is not required, except for applications applying as non-profit organizations. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Any of the following is acceptable evidence:

- A statement from a state taxing body, state attorney general, or other appropriate state official, certifying that the applicant has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals; or
- A certified copy of the organization's certificate of incorporation or other similar document that shows proof of non-profit status of the organization.

Documentation is required that verifies the official not-for-profit status of an organization in accordance with Chapter 617, Florida Statutes.

Additionally, applications are being sought from the across the state with an emphasis on the following region 1. (see map) ~

[http://www.doh.state.fl.us/PHNursing/SpNS/RDSTF\\_Map.pdf](http://www.doh.state.fl.us/PHNursing/SpNS/RDSTF_Map.pdf)

A CTG grant may be awarded to a county, or a group of adjoining counties from which a multi-county application is submitted. Front Porch Florida Communities (see pg. 47-49) grants may also be awarded to a county or group of adjoining counties that are also receiving another grant award.

### **1.8 Matching Funds Requirement**

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

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

with Front Porch Community grants, up to 20% of any CTG Grant (covering that community) shall be dedicated to projects that address improving racial and ethnic health-status within a specific Front Porch neighborhood. A list of Front Porch Communities is located in **Attachment II** of this RFA document.

Organizations providing services in a Front Porch Community must submit the requested information as outlined in **Section 7.7 (Appendix G)**

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

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

### **1.9 Performance –Based Funding Allocation**

The Performance-Based Funding Allocation Worksheet is used for applicants to identify priority areas, deliverables for those priority areas and what percent of the budget will be used for these purposes. *See example below:*

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

### **1.10 Notice and Disclaimer**

The department may provide technical support and assistance to provider within the resources of the department to assist providers’ in meeting the requirements of the contract. However, the support and assistance, or lack thereof, shall not relieve the providers’ full performance of the contract requirements.

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

proposals. Grant awards, if any, will be determined by the Department of Health in accordance with the Act, as described in this publication.

Grant awards will be determined by the Department at its sole discretion based on the availability of funds. The Department reserves the right to offer grant awards for less than the amount requested by applicants as it deems is in the best interest of the State of Florida and the Department. Additionally, the **Department reserves the right to negotiate budgetary changes with applicants prior to the offer of the grant award.**

<p><b>NOTE: The receipt of proposals in response to this publication does not imply or guarantee that any one or all qualified proposals will be awarded a grant or result in a contract with the Department of Health.</b></p>
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## SECTION 2.0 PROGRAM OVERVIEW

### **2.1 Closing the Gap Program Purpose**

The CTG seeks to promote the improvement of minority health outcomes and the elimination of health disparities through the development of closely coordinated community-based and neighborhood-based projects including schools, partnerships with public and private entities and faith-based organizations, and the extensive use of community health workers all using and providing culturally and linguistically competent messaging and messengers.

The 2012-13 grants will be awarded based upon coordinated efforts that contribute to meaningful improvements in the lives of Floridians who now suffer disproportionately from disease and disability; and the development of tools and strategies that will enable Florida to eliminate these disparities. Grants will be awarded to agencies that coordinate with local partners and focus on strategies designed to impact outcome measures around the seven priority areas.

The Closing the Gap Act targets seven priority health areas:

1. Adult and Child Immunization
2. Reducing Cancer
3. Cardiovascular Disease
4. Diabetes
5. HIV/AIDS
6. Maternal and Infant Mortality
7. Oral Health

The CTG awards grants based providers whose focus is on evidence based innovative programs with measurable health outcomes (as defined in definition section) such as the following:

1. Creating more resources for healthy life-styles including nutritious foods and the ways to prepare them specific to age, overall health condition, family history, etc. based on innovative programs such as Body & Soul in Motion, More Matters, Living Well, etc.
2. Improving overall health and well-being including stress management across the life cycle as a result of access to consistent and ongoing exercise or other physical activity
3. Reducing the number of new HIV/AIDS cases and increasing longevity for those afflicted with the disease.
4. Reducing infant mortality, and low birth weight that is prevalent in minority and underserved populations as a result of information provided and education across a broad spectrum of ages to promote healthy living –nutrition, exercise, sexual activity, etc.

5. Increasing access to oral health and the necessary information and education designed to foster good dental/oral health practices across the life cycle for minority and underserved populations in the communities involved.

## **2.2 Programmatic Authority**

The Reducing Racial and Ethnic Health Disparities Program is authorized under Sections 381.7351-381.7356, Florida Statutes. (**See Attachment I**).

## **2.3 Major Program Goals**

It is expected that the actions of the CTG award recipients will:

Foster and enhance partnerships between local governments, community groups and private sector health care organizations to improve the social determinants that impact the health and well-being of minority and underserved populations.

1. Help communities address their most prevalent health needs through targeted health screenings, education and awareness programs that impact health outcomes;
2. Create closely coordinated programs and strategies designed to improve on the overall health outcomes across the life cycle for minority and underserved populations in specific communities within region 1.

## **2.4 Targeted Populations**

Applications submitted in response to this RFA shall focus on racial and ethnic health disparities in the seven priority health areas.

**Note:** Project expectations and results are set forth in sections 381.735 – 7356, Florida Statutes

## **2.5 Scope of Service**

Although not exhaustive, below are examples of activities to help achieve program goals:

1. Mobilize communities to develop disease prevention and control programs.
2. Conduct activities to strengthen and support healthcare outcomes for racial and ethnic minority communities.
3. Develop partnerships with entities such as county and local governments, volunteer health care organizations, hospitals, universities, medical centers, employer groups, private companies, and healthcare providers to address the burden of healthcare disparities and impact health outcomes.
4. Utilize Florida CHARTS and GIS data to identify local needs and disparate health outcomes.

## **2.6 Applicant Project Results**

Applicants must identify anticipated project results that are consistent with the overall program purpose and identify Healthy People 2020 goals and objective that the project aligns with ([healthypeople.gov](http://healthypeople.gov)). Project results must fall within one of the following categories:

1. Mobilizing Communities, Coalitions, and Networks by forming sustainable local network of community groups, coalitions or local partners to promote improvements in the health outcomes of minority and underserved populations.
2. Utilizing strategies that reinforce the information and education provided and include monitoring increased access to care through partnerships with providers, and will decrease health disparities and improve health outcomes.
3. Establishing projects that improve health outcomes for minority and underserved populations at the county or local levels.

## **2.7 Project Requirements**

Each applicant under this program **must propose to:**

1. Decrease racial and ethnic health disparities.
2. Define disparities elimination in sub-goals for each health outcome goals.
3. Evaluate the impact of projects to assess achievement of decreases in health disparities.
4. Coordinate projects that improve minority and underserved health outcomes and the elimination of health disparities.
5. Establish a written agreement with a county health department(s) to provide medical care at a reduced or no cost to project participants who cannot afford services or who do not have a health care provider. The agreement must be documented in a letter of commitment and submitted with the application.
6. Establish a written agreement with a local health care Provider(s) and/or any federally qualified community health center(s) in the project service area to link, as appropriate, patients at risk for disparate health outcomes. This agreement must be documented in a letter of commitment and submitted with the application.
7. Describe how the proposed project might be replicated by local, community and faith-based organizations, and other entities.

## **Section 3.0 TERMS AND CONDITIONS OF GRANT**

### **3.1 Grant Requirements**

1. No priority health area any be duplicated by more than one awardee in any county/service area.
2. County health departments cannot be the lead agency submitting an application.
3. Funds may be used for staff positions, fringe benefits, travel, local advertising, print material and educational materials to support program outcome measures as described in the RFA (upon prior approval by funding office).
4. The Department reserves the right to reject any and all applications.
5. The period of support shall include a twelve month budget for year 1(July 02, 2012 - June 30, 2013).
6. The provider's proposed project must be aligned with those areas of greatest disparity for overall mortality.
7. Once awarded, providers are required to attend CTG workshops sponsored by the Office of Minority Health. Providers' traveling to required meetings who fail to attend sessions and/or workshops will not be reimbursed for travel expenditures.

### **3.2 Allowable Cost**

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

1. Allowable costs must be reasonable and necessary and include the following:
  - a. Personnel
  - b. Consultants
  - c. Equipment (i.e. HIV testing kits, glucose testing kits, BP testing materials)
  - d. Supplies (i.e. testing stripes)
  - e. Grant related travel (in-state only - local, state sponsored workshops and must be in accordance with state reimbursement requirements 112.061 F.S.). State travel forms must be used for reimbursement.
  - f. Grant related costs (indirect cost of up to 10% of salary and fringe)
  - g. Salary and fringe may not exceed 20% of total budget

### **3.3 Unallowable Cost**

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

1. Unallowable costs include but are not limited to the following:
  - a. Building alterations or renovations
  - b. Construction
  - c. Equipment necessary to perform under this RFA (electronic equipment such as computers/laptops, telephones/cellular phones, copiers, scanner, fax machines, and maintenance of this equipment)
  - d. Supplanting funds that would otherwise be available to conduct activities proposed under this grant announcement
  - e. Direct services (e.g., medical care, treatment or therapy; hiring grant writers to prepare competitive grant applications)
  - f. Fringe benefits for temporary employees
  - g. Fund raising activities
  - h. Job training
  - i. Medical supplies (i.e., medicines or vaccines) or health screenings such as mammograms
  - j. Out of state travel
  - k. Political education and lobbying
  - l. Research studies using human subjects
  - m. Subscriptions and memberships
  - n. Kitchen equipment including small appliances
  - o. Any other expenditures not authorized by law

NOTE: Allowable and unallowable expenditures are defined in accordance with:

- Reference Guide for State Expenditures found at [http://www.myfloridacfo.com/aadir/reference\\_guide/](http://www.myfloridacfo.com/aadir/reference_guide/)
- Office of Management and Budget (OMB) Circulars A-110-General Administrative Requirements
- Catalog of Federal Domestic Assistance (CFDA)

### **3.4 Evaluation of Applications**

Each application response will be evaluated and scored based on the criteria identified in **Attachment III**. Evaluation sheets will be used by the Review Committee to designate the point value assigned to each application. The scores of each member of the Review Committee will be averaged with the scores of the other members to determine the final scoring identified in **Attachment III**. The maximum possible score for any application is 100 points. There will be a reduction of points if the applicant meets any of the following:

1. Applicant has received or is receiving non-CTG funding from the Department or other funding for projects regarding the same focal population and priority health areas.
2. Applicant has previously received funding from the Office of Minority Health for the same focal population using the same approaches as stated in the present application.

### **3.5 Service Delivery Strategies**

#### **1. Outcomes**

CTG funding will be based on measurable health outcomes. The template below is an example of how providers should base their services. Providers will be required to report

monthly on outcomes as performance measures which support the achievement of the Major Program Goals of the CTG Program identified in **Section 2.3**. The following is an example of outcome measures:

<b>Measures</b>	<b>Outcome Evaluation Questions</b>
Changes in morbidity, mortality, and quality of life	<ul style="list-style-type: none"> <li>• What is the outcome?</li> <li>• Is there a change in health status (BMI, BP, glucose/HA1C levels, etc.) and is it attributed to the program?</li> </ul>
Changes in behavior, behavioral adaptation	<ul style="list-style-type: none"> <li>• What is the impact?</li> <li>• Has the new healthier behavior been adopted, and can it be attributed to the program?</li> </ul>
Changes in knowledge, attitude, skills, practices, etc	<ul style="list-style-type: none"> <li>• Is there the requisite change in knowledge, attitudes, habits, and skills needed for behavior change?</li> </ul>

## Section 4.0 REQUIRED PROGRAM REPORTS

Funded projects must utilize the data collection method as directed by the Office of Minority Health and included in the final contract. The applicant must submit reports to the Program on a monthly basis. These reports include monthly invoices, expenditure and progress reports. As well as a final report (template for this report will be disseminated to grantees during the final quarter of funding).

### **4.1 Work Plan**

A properly completed work plan must be submitted within 15 days following the effective date of the contract. A sample work plan is provided in **Attachment VI**. The work plan must be submitted in a format provided by the department and shall minimally contain the following:

1. Program Goal which describes the expected long-term effects of the proposed project.
2. Description of the focal population to be served by the project.
3. Programmatic Objectives directly related to achievement of the Major Program Goals identified in **Section 2.3** and the identified local program goal. Programmatic objectives should describe the results to be achieved and the manner in which results will be achieved by the project.
4. Identification of the resources available to operate the program (inputs), things that the project will do to achieve the programmatic objectives (activities), the amount of product or services the program intends to provide (outputs), and the intended outcomes or specific changes expected to result from the program activities (outcomes).
5. Sources of data that will be used to document how the inputs, activities, outputs and outcomes will be measured.
6. Persons responsible for carrying out the identified activities.
7. Timelines for achieving the identified activities.
8. Identification of collaborative partners and their roles and responsibilities in implementation of the project.
9. Mechanism for internal monitoring of the agency's performance on each activity and progress toward meeting the programmatic objectives.

## Section 5.0 Programmatic specifications

### **5.1 Client Determination**

In the event of any disputes regarding eligibility of clients, the determination made by the department is final and binding on all parties.

### **5.2 Client Limits**

Prospective applicants are required to serve unduplicated clients over the course of the project period.

### **5.3 Task List**

(NOTE: This must be a detailed listing of all task to be undertaken during this funding cycle)

The program requires that all providers’:

1. Maintain partnerships that help meet the major program goals of CTG
2. Partner with a County Health Department, to coordinate services and program follow-up and linkages for clients (i.e. Healthy Start, Breast and Cervical Cancer program, etc.).
3. Work collaboratively with other CTG awardees in the county/service area, providers, and local and statewide non-profit agency partners to support community and inter-agency initiatives. This network must develop long range plans to address disparity elimination beyond OMH funding. (plan will be part of final report).
4. Work with other community partners as needed to avoid duplication of services and to build relationships that will increase the community’s ability to address health disparities beyond OMH funding.
5. Complete the activities outlined in the final work plan as approved by the program.
6. Attend all mandatory statewide meetings, regional trainings, and participate on conference calls as determined by the CTG Program.
7. Submit specific activity related information during the month with respect to the goals, outcomes, outputs, and strategies identified in the work plan.

### **5.4 Task Limits**

The providers shall not perform any tasks related to the project other than those described in **Section 5.3** without written consent of the Department (e-mail correspondence is appropriate).

### **5.5 Staffing Levels**

Each applicant shall include their proposed staffing for technical, administrative, clerical support and direct service provision. Providers’ shall maintain an adequate administrative organizational structure and adequate support staff to discharge its contractual responsibilities. In the event the department determines that the providers’ staffing levels do not conform to those promised in the

application, it shall advise the providers' in writing and the providers' shall have forty-five days to remedy the identified staffing deficiencies. The providers' shall replace any employee whose continued presence would be detrimental to the success of the project as determined by the department with an employee who meets the profession qualifications as identified in **Section 5.6**. The department's designated contract manager will exercise final judgment in this matter. Each applicant must complete the personnel form (**Attachment VIII**) and biographical sketch (**Attachment IX**).

### **5.6 Professional Qualifications**

The provider will be responsible for the staff affiliated with the project, ensuring they have the education, license, certification, experience and training necessary to successfully carry out duties, including any professional licensure or certification which may be required by law. All program staff and volunteers must support the goals and objectives of the program.

### **5.7 Service Times**

Prospective applicants must demonstrate that the proposed services and activities will be offered during hours and at times that are convenient to the identified focal population. Hours of operation must be identified in the response to the RFA. Providers' must remain operational throughout the project term.

### **5.8 Provider Unique Activities**

The provider is solely and uniquely responsible for the satisfactory performance of the tasks described in **Section 5.3**. By execution of a resulting contract, the provider recognize their singular responsibility for the tasks, activities, and deliverables described therein and warrants that they have fully informed themselves of all relevant factors affecting accomplishment of the tasks, activities, and deliverables and agree to be fully accountable for the performance thereof.

### **5.9 Equipment**

Title (ownership) to all property and equipment of a non-expendable nature purchased with grant funds is vested with the department and the State of Florida. Upon the conclusion or termination of the contract, possession of non-expendable property and equipment will revert to the state.

### **5.10 Background Screening**

Providers' shall ensure that all employees and volunteers are background screened in accordance with Sections 110.1127 (3)(a),(3)(c),(4) and 435.04, Florida Statutes. If there are questions as to whether a background screening is required for a particular position the provider should consult with the designated contract manager.

### **5.11 Department Determinations**

The department reserves the exclusive right to make certain determinations in these specifications. The absence of the department setting forth a specific reservation of rights does not mean that all other areas of the resulting contract are subject to mutual agreements.

## SECTION 6.0 DEFINITIONS

### **6.1 General Definitions:**

1. **Applicant:** Entity applying for funding.
2. **Florida CHARTS:** The Community Health Assessment Resource Tool Set data site maintained by the Department of Health which contains health statistics such as births, deaths, disease morbidity, population and behavioral risk factors.
3. **Contract Manager:** A DOH employee designated to be responsible for enforcing the performance of the contract terms and conditions and serving as a liaison with the contractor for each contractual service contract, pursuant to section 287.057(14), *F.S.* This individual is designated by the contract signer to be responsible for the success of the contract in addition to his/her other duties.
4. **Department:** The Florida Department of Health
5. **Standard Contract:** Basic outlining of legal and programmatic requirements by the Department of Health for entering into agreement with a separate party.

### **6.2 Program Specific Definitions**

1. **Attachment I of the contract:** The unique, program-specific part of the contract which contains the following sections: services to be provided, manner of service provision, method of payment, special provisions. The required section of the contract document addressing all programmatic and other contract terms not covered in the standard contract. These terms address such things as the services to be purchased, client eligibility, target groups, service location, hours of operation, provider performance standards, evaluation methodology, provider staff qualifications requirements, reporting requirements payment methodology, and schedule of deliverables.
2. **Competitive Grant Review Committee:** Volunteer committee formed by the Office of Minority Health consisting of representative from each Program focusing on a CTG priority area formed to carry out the grant review process. This committee will be time-limited. The program office director determines the size and membership of the committee. The committee's review of the proposed grant applications will ensure that the proposed grant is compatible with the objectives and priorities of the particular organizational unit.
3. **Closing the Gap Grant Program:** Closing the Gap grant program promotes coordinated efforts to reduce and ultimately eliminate racial and ethnic health disparities in Florida.
4. **Provider:** Entity, as the grant applicant and/or recipient, is designated the provider and assumes legal and financial responsibility for the awarded funds and is accountable for the performance of the grant-supported activity.

5. **Geographic Information Software (GIS):** integrates hardware, software, and data for capturing, managing, analyzing, and displaying all forms of geographically referenced information.
6. **Grantor:** Entity which awards a grant for a public purpose. For this policy it is the Office of Minority Health.
7. **Grants:** Financial assistance transferred, pursuant to written agreements between federal or state agencies and recipients, to carry out a public purpose.
8. **Grant Application:** Within the departmental grant review process, a grant application submitted by an entity to the department in response to a Request for Application (RFA) for funding a project.
9. **Health Disparities:** Health disparities exists when one group of people experience disproportionate health outcomes in comparison to another
10. **Health Outcomes:** Change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.  
*Examples include: HbA1C, blood glucose, T-cell count, blood pressure, decrease days of disability/illness, increased adherence to medical treatment plans.*
11. **Lead Agency:** Refers to the entity that has responsibility for the performance of the grant. The applicants' organization is responsible for coordinating and implementing the Closing the Gap program outlined in the application. If several organizations join to propose an intervention, the applicant organization will be fiscal agent for the others.
12. **Office of Minority Health (OMH):** The organizational unit which may award grants to the recipients. OMH assists statewide efforts to provide more culturally and linguistically competent health initiatives designed to reach emerging majority and historically underserved populations.
13. **Racial and Ethnic Underserved Groups:** Blacks or African Americans, Hispanics Latinos, Native Americans, Asian/Pacific Islanders.
14. **Supplanting Funds:** Use of CTG funding to pay for expenditures that have other sources of payment.
15. **Partnership(s):** A collaborative relationship or joint venture that will enable increased access to or availability of services for clients/participants.
16. **Link:** Providing the client/participant with a connection to, bringing hem together with a healthcare Provider.
17. **Service Area: the area in which services of the Provider will be made available**

18. **Network:** A collaboration of agency's/organization's formed to increase access to services in a effort to decrease health disparities and access issues
19. **Community:** a body of people living in the same locality or having a common language or interest or populations living and interacting with one another in a particular environment
20. **Priority Health Area:** these are the seven health areas in which racial and ethnic groups including cancer, cardiovascular disease, diabetes, HIV/AIDS, Adult & Child Immunizations, maternal and infant mortality, and oral health.
21. **Focal population:** this is the racial/ethnic group that your project will focus on to decrease health disparities and improve health outcomes

## Section 7.0 Submission of Application

### **7.1 Cost of Preparation**

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

### **7.2 Instructions for Submitting Applications**

Applications must be received by 8:00pm. (EDT) on April 30, 2012

1. Applications must be sent via e-mail to: [OMH-CTGDatabase@doh.state.fl.us](mailto:OMH-CTGDatabase@doh.state.fl.us)

Applications sent by U.S. Mail, Courier, or Hand-Delivered or faxed applications will not be accepted.

2. It is the responsibility of the applicant to assure their application is submitted at the place and time indicated in the Timeline.

3. No late applications will be accepted under any circumstances, regardless of the reason(s) for a late submission.

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

### **7.3 Instructions for Formatting Applications**

Applicants should adhere to the following:

1. **Word or PDF file format**
2. **Font Size:** 12 point unreduced (Arial or Times New Roman)
3. **Page Margin Size:** One inch
4. Applicants are required to complete, sign, and return the “Cover Page” (**Attachment IV**) with their application. This should be the first page submitted as part of the application.
5. **Project Narrative(Proposal):**
  - a. The Project Narrative should be single spacing
  - b. The Project Narrative shall not exceed the maximum number of pages for each section outlined in **Section 8.0** (if the narrative exceeds the page limit, only the first pages which are written within the page limit will be reviewed).
6. **Budget:**
  - a. The budget information must be completed on **Attachment X**
  - b. The budget narrative is limited to the number of pages outlined in **Section 8.4.8** and should adhere to the format in **Attachment XI** ( if the budget narrative exceeds the page limit, only the first pages which are written within the page limit will be reviewed).

7. **Number** and **label** all pages; not to exceed the maximum number of pages where applicable.
8. **Headers** should identify each section and **Footers** should include: the name of the organization.
9. **All** required forms and content **MUST** be submitted in one document in the order and format set forth in this RFA.

#### **7.4 Submission**

The contact person(s) listed below is the point of contact from the date of release of the RFA until the selection of the awarded applicants. \*\*\*\*\***DO NOT MAIL APPLICATIONS TO THE CONTACT PERSON** \*\*\*\*\*

**Sharon Perkins or Sade Collins  
Florida Department of Health  
Office of Minority Health**

#### **7.5 Pre-Application Conference Call**

A pre-application conference call will be held at the date, times, and locations indicated in the timeline. Prospective applicants are encouraged, but not required, to participate in the pre-application conference call. The purpose of the pre-application conference call is to answer questions that have been submitted in writing by the due date as provided in the Timeline. Any statements made at the pre-application conference call are advisory only and shall in no way be considered as a change or modification to the contents of the RFA. Any questions as to the requirements of this RFA or any apparent omissions or discrepancy should be presented to the department in writing prior to, or during the pre-application conference call. The department will determine the appropriate action necessary, if any, and may issue a written amendment to the RFA. Only those changes or modifications issued in writing and posted as an official amendment shall constitute a change or modification to the RFA. **To access the teleconference, dial 1-888-808-6959 conference code 2744131181.** Questions from the pre-application teleconference that are not addressed in the Frequently Asked Questions of the application guidelines will be posted within five days of the teleconference on CTG website at:

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

#### **7.6 Applicants Inquiries and Written Questions**

Questions related to this RFA must be received in writing by the contact person identified above by the date and time indicated in the Timeline. No questions will be accepted after the date and time indicated in the timeline. The questions may be sent by e-mail to:

[OMHCTGDatabase@doh.state.fl.us](mailto:OMHCTGDatabase@doh.state.fl.us) **No telephone calls will be accepted.** Answers will be posted as indicated in the timeline.

#### **7.7 Appendices**

All appendices must be clearly referenced and support elements of the narrative.

Include documentation and other supporting information in this section.

**Appendix A** of the application shall include:

- A table of organization or organizational chart
- A current roster of the board of directors, including name, address and telephone numbers

**Appendix B** of the application shall include:

- Proposed data collection instruments

**Appendix C** of the application shall include:

- Documentation that verifies official status of Community-Based Organization (CBO), 501(c)(3)

And

- Documentation that verifies the official not-for-profit status of an organization in accordance with Chapter 617, Florida Statutes

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

- Documentation that outlines other contracts with DOH program areas, and deliverables for these contracts (if applicable). A federal 424 form, may be used.

**Appendix E** of the application shall include:

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

**Appendix F** of the application shall include:

- Letters of agreement or commitment from organizations where program activities will be implemented, detailing the cooperative partnership.
- Five Letters of support with other collaborative partners, identifying their role and contribution to the project (these should be substantive partnerships).

## **Section 8.0 GRANT APPLICATION INSTRUCTIONS**

### **8.1 Application Content**

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

### **8.2 Cover Page- One Page Limit**

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

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

### **8.3 Table of Contents-Two Page Limit**

Each copy of the application shall contain a table of contents identifying major sections of the application, as identified in **Section 8.4**, Order of Submission, with page numbers.

### **8.4 Project Narrative (Proposal)**

The Project Narrative is limited to **25** single spaced pages. The Appendices are limited to an additional ten pages. Provide sufficient details for reviewers to be able to assess the proposal's appropriateness and merit.

The proposal must address one or more of the following priority health areas:

1. Decreasing racial and ethnic disparities in maternal and infant mortality rates.
2. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cancer.

3. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to HIV/AIDS.
4. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cardiovascular disease.
5. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to diabetes.
6. Increasing adult and child immunization rates in certain racial and ethnic populations.
7. Decreasing racial and ethnic disparities in oral health care.

**Priority shall be given to proposals that:**

1. Represent areas with the greatest documented racial and ethnic health status disparities in the priority areas per Florida CHARTS.
2. Demonstrate broad-based local support and commitment from entities representing racial and ethnic populations, including non-Hispanic whites. Indicators of support and commitment may include agreements to participate in the program, letters of endorsement, letters of commitment, interagency agreements, or other forms of support.
3. Demonstrate a high degree of participation by the health care community in clinical preventive service activities and community-based health promotion and disease prevention interventions.
4. Have been submitted from counties with a high proportion of residents living in poverty and with poor health status indicators.
5. Demonstrate a coordinated community approach to addressing racial and ethnic health issues within existing publicly financed health care programs.
6. Incorporate intervention mechanisms which have a high probability of improving the targeted population's health status.
7. Demonstrate a commitment to quality management in all aspects of project administration and implementation.
8. Demonstrates the likelihood that project activities will occur and continue in the absence of funding.
9. Are in accordance with F.S. 381.7353 ch. 2000-256; s. 49, ch. 2004-350.

**The project narrative shall include all of the following:**

### **8.4.1 Organizational Overview– Two Page Limit**

*No points awarded for this section. A maximum of 5 points will deducted from the total score if this section is not included in the application.*

The organization should identify the main purpose of the project, the focal population to be served, types of services offered, the area to be served, expected outcomes, and identify the organization's experience related to health disparities and activities. Cover key aspects of the Statement of Need, Program Description, Project Design, Evaluation Plan and Management Plan. In addition include the following:

1. Explain the organization's overall mission and how it relates to the statement of purpose in this RFA.
2. Identify the organization's experience related to health disparities and activities as well as other member organizations including length of experience.
3. Describe the organization's capacity and ability to direct and perform the proposed activities.
4. Identify key staff and experience delivering the proposed activities. Include an organizational chart that depicts the project staff and indicates how each member relates to each other. Delineate the level of staff needed for the administration of this project.
5. Discuss relevant qualifications of proposed key staff for the project. Provide a resume for each proposed staff member.
6. Indicate the level of effort for each proposed key staff position (e.g., 50%, 75%), including pertinent staff provided on an in-kind basis.
7. Provide position or job descriptions for staff positions, including those to be filled.
8. Provide descriptions of duties for proposed consultants and identify which objectives they will address.
9. Discuss experience in managing projects and activities especially those targeting the populations to be served.
10. Include a chart of the organization's structure showing who reports to whom by position/title and include proposed positions/titles.
11. Describe the background/experience of any proposed linkage organization and how the organization will interface with the applicant's organization. Include the percentage of time utilized for CTG.

<p><b>Note:</b> Collaborators, consultants, sub-providers', and subcontractors are accountable to the provider for the management of any funds received. Awardees may not sub contract any of the proposed services without prior written approval from the OMH contract manager.</p>
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12. Background information about the organization and previous grant related experience, if any, including a brief description of projects similar to the one proposed in response to the RFA. Describe the administrative structure of the organization, its overall mission and how it relates to the statement of purpose for this RFA.
13. A synopsis of corporate qualifications indicating ability to manage and complete the proposed project.
14. The agency's operating hours.
15. Description of any agencies or individuals that would be subcontracted, their role in implementation of the project and their experience with similar programs.
16. Description of how the program will be staffed, e.g., paid staff and/or volunteers. Identify the number and type of positions needed, which will be full-time and which will be part-time, and qualifications proposed for each position, including type of experience and training required. Particularly address instructors, counselors, administrative and management staff and volunteers. If the program will use volunteers, how will they be recruited?
17. Description of the organization's plans to provide orientation and on-going training to ensure that staff and volunteers are properly trained to deliver program services and activities.
18. Description of the organization's plans for financially sustaining the local project once the funding period ends.

#### **8.4.2 Statement of Need– Four Page Limit**

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

1. Target county(s) and priority areas.
2. Previous and current efforts being undertaken to address minority health and health disparities including any collaborations with health entities, local governmental agencies, civic associations, and others that show experience with the identified problem and target group(s).
3. Outcomes of previous and current activities with, or on behalf of, the targeted minority and underserved group(s) that show experience with the identified problem and target group(s).
4. Risk factors and other health and/or social indicators that contribute to the problem.
5. Impact of the problem on the identified target population.
6. Prevalent health disparities that exist within the local community.

7. The source(s) of all data and statistics used to validate the need using APA format.
8. Focal population and geographic area proposed to be served.
9. A comparison of data for the proposed project geographic area with statewide averages to demonstrate relative need for the project.
10. Describe the need for funding to address health disparities in the targeted county, including strengths and challenges.
11. Identify sources of funds, including period of support currently received by the organization. Explain how the funding requested under this program will be used differently.
12. Describe the current county makeup including local county health departments
13. Identify whether there are any other state or federally-funded health disparities programs operating in the county or local community proposed to be served including the following:
  - What focal population or area is being served by these existing programs;
  - How the applicant proposes to avoid duplication of these existing services;
  - How the applicant will prevent the supplanting of funds already being provided; and
  - How the proposed program will enhance or differ from the existing programs.

#### **8.4.3 Program Description-Five Page Limit**

The Program Description shall be used to describe the proposed project and to explain how it will address the needs as identified in the Statement of Need. Applicants shall identify in narrative form the following information:

1. The geographic area by zip code or neighborhood boundaries that the services and activities will cover and the sites where services will be provided. Indicate why those sites were chosen.
2. Each local programmatic objective proposed to be accomplished by the project, the results to be achieved and the manner in which the results will be achieved.
3. List the intended outcomes or specific changes expected to result from the program activities.
4. The activities or actions that will be undertaken to achieve the local programmatic objectives, including timelines with beginning and ending dates, and the persons who will be responsible for each activity or action.
5. The mechanism that will be used by the program to document and measure its progress toward meeting the programmatic objectives.
6. The roles and responsibilities of other organizations that will be involved in implementing the project, if any

#### **8.4.4 Project Design – Three Page Limit**

The project design must achieve specific outcomes within the program’s goals. Clearly describe how the proposed project will be carried out. The Project Design will explain how the proposed project as described in the Program Description will actually be delivered. Objectives must relate to the purpose of the Closing the Gap Grant Program to the health of minority and underserved populations, the identified problem(s), and CTG expectations and activities to be conducted to close the gaps.

**Hint:** Objectives should not be confused with specific tasks or activities that will be implemented to achieve each objective.

Applicants shall identify in narrative form the following information:

1. State the objective(s) in measurable terms and include a realistic time frame for achievement. To further enhance the performance measurement, the Office of Minority Health is requiring that objectives be “*SMART*” (Specific, Measurable, Achievable, Realistic and Timely). This will assist the department in evaluating whether objectives that are being set are effective and appropriate for the project.
    - a. A specific objective is concrete, detailed, focused and well defined. The objective should communicate what the applicant like to see happen and emphasize the action and outcome.
    - b. Measurable terms include both baseline numbers (at the start of the project) and outcome numbers expected at the end of the project for each major component.
    - c. An objective is only achievable when it is also measurable and limitations have been assessed.
    - d. Realistic is about who, what, when, where, and how. This is where human capital, resources, time, money and opportunity intersect. Specifically seek to answer
      - How it is to be done?
      - When it is to be done?
      - Where it will be done?
      - Who will do it?
      - For whom it is to be done?
  - a. Timely is the deadline set for achievement of an objective. Deadlines **MUST** be achievable and realistic to merit the undertaking. The time frame should indicate when the objective will be achieved. The time line should list:
    - Each objective;
    - The activities under each objective;
    - The specific month(s) each activity will be implemented; and
    - The individual(s) responsible for the listed activities by project title/position.
2. Describe in detail specific activities and strategies planned to achieve each objective.

3. The total number of **unduplicated** clients proposed to be served during the project period.
4. Brief description or listing of the services and activities that make up the proposed project.
5. Describe the methods that will be used to recruit and actively engage clients in services offered by the program.
6. Describe the methods and types of activities that will make up the outcome component of the project.

**Outcome Objective Example:**

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

Measure:

Changes in behavior, behavioral adaptation

Outcome:

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

Indicator/Measure	Data Sources/Method	Collection		
		Who	When	How

**8.4.5 Evaluation Plan-Two Page Limit**

Discuss evaluation activities or efforts to measure the effectiveness and findings. Discuss project outcomes relative to project results. The Evaluation Plan must clearly articulate how the applicant will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the program in order to capture and document actions contributing to program outcomes. The evaluation plan must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in the improvement of minority health and the elimination of health disparities. The plan should identify the expected result (i.e., a particular impact or outcome) for each major objective and activity and discuss the potential for replication. This is an internal process and funds will not be authorized to secure an outside evaluator.

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

For example:

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

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

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

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

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

#### **8.4.6 Management Plan -Two Page Limit**

The management plan defines how the project is executed, monitored and controlled. It must be summary or detailed and may be composed of one or more subsidiary management plans and other planning documents. The objective of the management plan is to define the approach to be used by the providers' to deliver the intended project management scope of the project. This section shall be used by the applicant to describe the agency's ability to successfully carry-out the proposed project and to sustain the program once grant funding ends. Applicants shall identify in narrative form the information in **Attachment VII. This section must outline how the grantee will handle any issues including what remedies will be taken.**

#### **8.4.7 Collaboration-Two Page Limit**

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

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

As evidence of collaborative partnerships, applicants must provide documentation identified in **Section 7.7 Appendix F. (pg 25)**

- As the letters are attained throughout the grant period, copies of each letter should be submitted to the program office as part of the monthly report. Such letters of agreement or commitment must define the specific role, desired activity, and the expected outcome for each partner.
- Each collaborative partner is encouraged, but not required, to provide some type of match (in-kind or cash) to the project such as providing condoms, pamphlets, etc.
- Where applicable, at least one collaborative partnership must be with a county health department.

#### **8.4.8 Proposed Budget Summary and Budget Narrative-Five Page Limit**

The Proposed Budget Summary and Budget Narrative provide a breakdown and explanation of all requested cost items that will be incurred by the proposed project as they relate to the Program Description and Program Design. The applicant shall include a line item budget on the budget form provided with this application. All proposed costs for the project activities described in this RFA are required to be presented in a line-item budget format that is accompanied by a budget narrative that supports, justifies and clarifies the various line items.. Justification for all cost items, including cash match, contained in the Proposed Budget Summary must be described in a separate Budget Narrative, the format for which is contained in **Attachment XI**. Only cost allocations under the terms of the RFA and applicable federal and state cost principles may be included in the line item budget. All requested costs shall be reasonable and necessary. Note: Points will be deducted for not using the budget form and lack of detailed narrative

##### **1. Budget Summary - One Page Limit**

- a. All costs contained in the Budget Summary must be directly related to the services and activities proposed to be provided and identified in the application. All cost must be presented in an Excel file.
- b. If there is a match of cash or in-kind services being committed to the project, indicate the amount of match the organization or partner agencies will be providing for each budget category.

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

##### **2. Budget Narrative – Four Page Limit**

- a. Provide justification and details for all cost items, including computations, contained in the Budget Summary.
- b. Include only expenses directly related to the project and necessary for program implementation using only the standard heading listed on the budget form, i.e., personnel, fringe benefits, consultant, travel, supplies, equipment and other grant related expenses.
  - Travel must reflect budget for appropriate staff to attend a two day required workshop
  - The justification for out-of-town “staff travel” should indicate:
    - Number of out-of-town trips
    - Purpose/destination of each trip
    - Estimated cost of travel (e.g., airfare, car rental, mileage) for each trip

- Per diem costs (meals, lodging and local travel)
- Title/position of traveler
- When travel will take place
- Which objective and activity is to be addressed.

**Reminder:** Participation in an annual providers’ workshop or Closing the Gap Summit is mandatory and must be included in your budget.

- c. The “personnel” justification should indicate, for each position to be supported by the grant:
- Position title
  - Level of effort (percentage of time on the project, including in-kind)
  - Salary responsibilities and duties to this project

**Note:** All applicants must fill out the Personnel Form. This form must follow the budget information included in the Application Package.

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

### **8.5 Authorized Signatory**

The signature on the application must be that of an authorized official of the organization. An authorized official is an officer of the prospective applicant’s organization who has legal authority to bind the organization to the provisions of the RFA and the subsequent grant award. This person is usually the President, Chairman of the Board, Chief Executive Officer, or Executive Director. If a person other than the President, Chairman of the Board, Chief Executive Officer, or Executive Director signs the application, a document establishing delegated authority must be included with the application. The authorized signature certifies that all information, facts and figures are true and correct and that if awarded a grant, the agency will comply with the RFA, the contract, all applicable state and federal laws, regulations, grant terms and conditions, action transmittals, review guides, and other instructions and procedures for program compliance and fiscal control. The signatory is certifying that these funds will not be used to supplant other resources nor for any other purposes other than the funded program. The organization also agrees to comply with the terms and conditions of the department as it relates to criminal background screening of the Chief Executive Officer, Executive Director, program director, direct-service staff, volunteers, and others, as necessary as stated in **Section 5.10**.

## **8.6 ORDER OF SUBMISSION**

1. First Page	Cover Page
2. Second and Third Page	Application for Closing the Gap( Attachment VII of the RFA)
3. Part I	Table of Contents
4. Part II	Organizational Review
5. Part III	Statement of Need
6. Part IV	Project Description
7. Part V	Project Design
8. Part VI	Evaluation Plan
9. Part VII	Management Plan
10. Part VIII	Personnel Plan Biographical Sketch
11. Part IX	Budget Information
12. Part X	Budget Narrative
13. Part XI	Collaboration
Appendix A	Organizational Capacity Documentation A.1. A table of organization or organizational chart; A.2. A copy of current Certificate of Authority from the Florida Department of State (not required for governmental agencies, public schools, school districts and county health departments); A.3. A current roster of the board of directors, including name, address and telephone numbers
Appendix B	Sample Data Instruments
Appendix C	Relevant Brochures and newspaper articles about your organization/agency
Appendix D	Community Based Proof of 501 (c) 3 Status
Appendix E	Documentation of another DOH grant and deliverables( if applicable)
Appendix F	IRS Non-Profit 501 (c) 3 status
Appendix G	Letter from Front Porch Community (if applicable)
Appendix H	Letters of Support ( 5 total) H.1. As evidence of collaborative partnerships, applicants must provide signed copies of letters of support from local organizations where program services and activities will be implemented.

## Section 9.0 EVALUATION OF APPLICATIONS

### **9.1 Receipt of Applications**

Receipt confirmation will be sent within five business days of the received application

Upon receipt, applications will be reviewed for compliance with the requirements in the RFA. Applications that are not complete, or that do not conform to or address the criteria of the program will be considered non responsive and not accepted. **Incomplete applications will not be entered into the review process.** Notification of incomplete application will be sent via email from the OMH contract manager within 10 business days following the close of the RFA.

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

### **9.2 How Applications Are Scored**

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

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

**Statement of Need- Maximum points score for this section is 18.**

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

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

**Program Description-maximum points score for this section is 15.**

1. How well is the service area that the services and activities will cover, and the sites where services will be provided identified? Is there an explanation of why those sites were chosen?
2. How well are the quantifiable and measurable local programmatic objectives related to achievement of the Major Program Goals as identified in Section 3.4?
3. How well are the activities or actions that will be undertaken to achieve the objectives identified? Are timelines and the persons responsible for each action identified? How well are any other organizations involved in project implementation and their roles identified?
4. How well are the mechanisms that will be used to document and measure the agency's progress toward meeting the CTG major program goals identified? How reasonable are they?
5. How well information was included on priority health disparities issue areas.
6. Discussion of the extent to which the applicant demonstrates access to the target population/community, and whether it is well positioned and accepted within the population(s) and community/communities to be served
7. Soundness of any proposed partnerships
8. Likelihood of successful implementation of the project
9. Appropriateness of proposed approach and specific activities for each objective

**PROJECT DESIGN: Maximum points score for the Section is 12.**

1. How well do the program structure and related components fully meet or exceed those required in Sections 8.4
2. How well are the numbers of unduplicated clients by the project identified?

3. How well are the objectives stated in measurable terms?
4. Is the time frame indicated when objectives will be achieved?
5. Is each activity described as required?
6. Are the methods and types of activities that will make up the outcome component of the project described?

**EVALUATION PLAN Maximum Possible Score for the Section is 18.**

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

**MANAGEMENT PLAN Maximum Possible Score for the Section is 10.**

1. How well is the plan clearly described?
2. Is there a plan for continuing the program after CTG funding has depleted?

**COLLABORATION Maximum Possible Score for the Section is 12**

1. How well is the description of the collaborative/coordination process used to plan and implement the proposed project clearly identified? How is it described who was involved in the process and how these relationships will be developed and maintained as the project is implemented? How well is it described how members of the focal population and the local community will be involved in project implementation?
2. How well are collaborative partners identified, including the roles, activities, and expected outcomes for each?
3. How well is a letter of agreement or commitment from each school, school district, and other local organizations identified in the application as a location where project activities will be implemented? Is it included in the application?

**PROPOSED BUDGET SUMMARY AND BUDGET NARRATIVE Maximum Possible Score for the Section is 15**

1. How well does the proposed budget fall within the grant amount guidelines? How well are cost items related to the tasks, services, activities and overall operation of the project as identified in the program description and project design? How well does the proposed budget follow the allowable cost guidelines?
2. How reasonable and necessary and consistent with the program description and project design are the personnel costs?

3. How well does the separate budget summary and narrative (Attachments IV and V) budget narrative justify each cost item contained in the related budget summary? How well does the budget summary identify the committed cash/in kind match amount by budget category? How well does the budget narrative identify and describe the committed cash/in-kind match amount, as indicated on the budget summary, and the sources of each?

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

## Section 10.0 GRANT AWARDS

A “Closing the Gap” grant may be awarded in a county, or in a group of adjoining counties from which a multi-county application is submitted. Front Porch Florida Communities grants may also be awarded in a county or group of adjoining counties that are also receiving a grant award.

The amount of the grant award shall be based on the county or neighborhood’s populations, or on the combined populations in a group of adjoining counties from which a multi-county application is submitted and on other factors, as determined by the Department.

**Note: All CTG awardees will be funded on a cost-reimbursement basis.**

### **10.1 Posting of Awards**

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

### **10.2 Additional Information**

This document may be downloaded from:  
[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) or  
<http://www.doh.state.fl.us/Minority/index.htm>

## Section 11.0 FREQUENTLY ASKED QUESTIONS

1. **Where can I get more information about the program?** Please review our website [www.doh.state.fl.us/minority/](http://www.doh.state.fl.us/minority/)
2. **Who is eligible to apply?** See Section 1.7 of these guidelines.
3. **What is the Project Period?** July 02, 2012-June 30, 2013.
4. **Do I budget for one year or two years?** The period of support is for twelve months.
5. **How do I submit an application?** Methods for application submission is by e-mail only to: [OMH-CTGDatabase@doh.state.fl.us](mailto:OMH-CTGDatabase@doh.state.fl.us) no later than 8:00 p.m. Eastern Daylight Time on April 02, 2012 to:
6. **Should the proposal be single or double-spaced?** All of the required sections must be singled spaced. Information in the appendices is excluded.
7. **Are the required forms counted as part of the 25 pages?** No.
8. **If any of the forms in the required forms section are not completed and submitted with the grant application, will the application be reviewed?** The application will not be reviewed if any of the required forms are not included with the grant application and will be returned to the applicant.
9. **Can an applicant provide services in more than one county?** An organization may provide services in counties contiguous to the county in which the organization is located.
10. **Do cash match funds have to actually be in an applicant's account at the time of application or at the time of the award?** If an applicant has been awarded a grant, the cash match must be available and in an established account identified specifically for the CTG program prior to contract negotiations. A copy of awardees bank statements must be provided to substantiate the account and required amount.
11. **Can grant funds secured from another source be utilized as matching dollars?** Dollars from other sources that are already committed to provide services cannot be used as cash match under this program. A cash match is considered uncommitted dollars from another source designated specifically for services under this program.
12. **What is In-Kind?** In-Kind means goods and services dedicated toward the CTG program from an outside organization, volunteers, equipment, or supplies.

## ATTACHMENT I-Florida Statutes

**381.7351** Short title; Closing the Gap Act.—Sections 381.7351-381.7356 may be cited as the “Reducing Racial and Ethnic Health Disparities: **Closing the Gap Act.**”  
History.—s. 27, ch. 2000-256.

**381.7352** Legislative findings and intent.—

(1)The Legislature finds that despite state investments in health care programs, certain racial and ethnic populations in Florida continue to have significantly poorer health outcomes when compared to non-Hispanic whites. The Legislature finds that local solutions to health care problems can have a dramatic and positive effect on the health status of these populations. Local governments and communities are best equipped to identify the health education, health promotion, and disease prevention needs of the racial and ethnic populations in their communities, mobilize the community to address health outcome disparities, enlist and organize local public and private resources, and faith-based organizations to address these disparities, and evaluate the effectiveness of interventions.

(2)It is therefore the intent of the Legislature to provide funds within Florida counties *and Front Porch Florida Communities*, in the form of Reducing Racial and Ethnic Health Disparities: Closing the Gap grants, to stimulate the development of community-based and neighborhood-based projects which will improve the health outcomes of racial and ethnic populations. Further, it is the intent of the Legislature that these programs foster the development of coordinated, collaborative, and broad-based participation by public and private entities, and faith-based organizations. Finally, it is the intent of the Legislature that the grant program function as a partnership between state and local governments, faith-based organizations, and private sector health care providers, including managed care, voluntary health care resources, social service providers, and nontraditional partners.  
History.—s. 28, ch. 2000-256.

**381.7353** Reducing Racial and Ethnic Health Disparities: **Closing the Gap grant program; administration; department** duties.—

(1)The Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program shall be administered by the Department of Health.

(2)The department shall:

(a)Publicize the availability of funds and establish an application process for submitting a grant proposal.

(b)Provide technical assistance and training, including a statewide meeting promoting best practice programs, as requested, to grant recipients.

(c)Develop *uniform data reporting* requirements for the purpose of evaluating the performance of the grant recipients and demonstrating improved health outcomes.

(d)Develop a monitoring process to evaluate progress toward meeting grant objectives.

(e)*Coordinate with existing community-based programs, such as chronic disease community intervention programs, cancer prevention and control programs, diabetes control programs, the Healthy Start program, the Florida Kidcare Program, the HIV/AIDS program, immunization programs, and other related programs* at the state and local levels, to avoid duplication of effort and promote consistency.

(3)Pursuant to s. 20.43(6), the State Surgeon General may appoint an ad hoc advisory committee to: examine areas where public awareness, public education, research, and coordination regarding racial and ethnic health outcome disparities are lacking; consider access and transportation issues which contribute to health status disparities; and make

recommendations for closing gaps in health outcomes and increasing the public's awareness and understanding of health disparities that exist between racial and ethnic populations.

History.—s. 29, ch. 2000-256; s. 21, ch. 2008-6.

**381.7354 Eligibility.—**

(1) Any person, entity, or organization within a county may apply for a Closing the Gap grant and may serve as the lead agency to administer and coordinate project activities within the county and develop community partnerships necessary to implement the grant.

(2) Persons, entities, or organizations within adjoining counties with populations of less than 100,000, based on the annual estimates produced by the Population Program of the University of Florida Bureau of Economic and Business Research, may jointly submit a multicounty Closing the Gap grant proposal. However, the proposal must clearly identify a single lead agency with respect to program accountability and administration.

(3) In addition to the grants awarded under subsections (1) and (2), ***up to 20 percent of the funding for the Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program shall be dedicated to projects that address improving racial and ethnic health status within specific Front Porch Florida Communities.***

(4) Nothing in ss. 381.7351-381.7356 shall prevent a person, entity, or organization within a county or group of counties from separately contracting for the provision of racial and ethnic health promotion, health awareness, and disease prevention services.

History.—s. 30, ch. 2000-256; s. 16, ch. 2004-243; s. 268, ch. 2011-142.

**381.7355 Project requirements; review criteria.—**

(1) Closing the Gap grant proposals shall be submitted to the Department of Health for review.

(2) A proposal must include each of the following elements:

(a) The purpose and objectives of the proposal, including identification of the particular racial or ethnic disparity the project will address. The proposal must address one or more of the following priority areas:

1. Decreasing racial and ethnic disparities in maternal and infant mortality rates.

2. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cancer.

3. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to HIV/AIDS.

4. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cardiovascular disease.

5. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to diabetes.

6. Increasing adult and child immunization rates in certain racial and ethnic populations.

7. Decreasing racial and ethnic disparities in oral health care.

(b) Identification and relevance of the target population.

(c) Methods for obtaining baseline health status data and assessment of community health needs.

(d) Mechanisms for mobilizing community resources and gaining local commitment.

(e) Development and implementation of health promotion and disease prevention interventions.

(f) Mechanisms and strategies for evaluating the project's objectives, procedures, and outcomes.

(g) A proposed work plan, including a timeline for implementing the project.

(h) Likelihood that project activities will occur and continue in the absence of funding.

(3) ***Priority shall be given to proposals that:***

(a) Represent areas with the greatest documented racial and ethnic health status disparities.

(b) Exceed the minimum local contribution requirements specified in s. 381.7356.

(c) Demonstrate broad-based local support and commitment from entities representing racial and ethnic populations, including non-Hispanic whites. Indicators of support and commitment may include agreements to participate in the program, letters of endorsement, letters of commitment, interagency agreements, or other forms of support.

(d) Demonstrate a high degree of participation by the health care community in clinical preventive service activities and community-based health promotion and disease prevention interventions.

(e) Have been submitted from counties with a high proportion of residents living in poverty and with poor health status indicators.

(f) Demonstrate a coordinated community approach to addressing racial and ethnic health issues within existing publicly financed health care programs.

(g) Incorporate intervention mechanisms which have a high probability of improving the targeted population's health status.

(h) Demonstrate a commitment to quality management in all aspects of project administration and implementation.

History.—s. 31, ch. 2000-256; s. 49, ch. 2004-350.

### **381.7356** Local matching funds; grant awards.—

(1) One or more Closing the Gap grants may be awarded in a county, or in a group of adjoining counties from which a multicounty application is submitted. Front Porch Florida Communities grants may also be awarded in a county or group of adjoining counties that are also receiving a grant award.

(2) Closing the Gap grants shall be awarded on a matching basis. One dollar in local matching funds must be provided for each \$3 grant payment made by the state, except that:

(a) In counties with populations greater than 50,000, up to 50 percent of the local match may be in kind in the form of free services or human resources. Fifty percent of the local match must be in the form of cash.

(b) In counties with populations of 50,000 or less, the required local matching funds may be provided entirely through in-kind contributions.

(c) Grant awards to Front Porch Florida Communities shall not be required to have a matching requirement.

(3) The amount of the grant award shall be based on the county or neighborhood's population, or on the combined population in a group of adjoining counties from which a multicounty application is submitted, and on other factors, as determined by the department.

(4) Dissemination of grant awards shall begin no later than January 1, 2001.

(5) A Closing the Gap grant shall be ***funded for 1 year*** and may be renewed annually upon application to and approval by the department, ***subject to the achievement of quality standards, objectives, and outcomes and to the availability of funds.***

(6) Implementation of the Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program shall be subject to a specific appropriation provided in the General Appropriations Act.

History.—s. 32, ch. 2000-256.

Eligible applicants are defined in accordance with section 381.7354, F.S

(1) Any person, entity, or organization within a county may apply for a Closing the Gap grant and may serve as the lead agency to administer and coordinate project activities within the county and develop community partnerships necessary to implement the grant.

(2) Persons, entities, or organizations within adjoining counties with populations of less than 100,000, based on the annual estimates produced by the Population Program of the University of Florida Bureau of Economic and Business Research, may jointly submit a multicounty Closing the Gap grant proposal. However, the proposal must clearly identify a single lead agency with respect to program accountability and administration.

(3) In addition to the grants awarded under subsections (1) and (2), ***up to 20 percent of the funding for the Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program shall be dedicated to projects that address improving racial and ethnic health status within specific Front Porch Florida Communities.***

(4) Nothing in ss. 381.7351-381.7356 shall prevent a person, entity, or organization within a county or group of counties from separately contracting for the provision of racial and ethnic health promotion, health awareness, and disease prevention services.

History.—s. 30, ch. 2000-256; s. 16, ch. 2004-243; s. 268, ch. 2011-142.

## ATTACHMENT II



*DEPARTMENT  
OF ECONOMIC OPPORTUNITY*

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Email: [FrontPorch@myflorida.com](mailto:FrontPorch@myflorida.com)



### *FPFL Communities' Contact Information*

As of : 01/10/2012

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Phone: (863) 370-2538  
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Email: [bartowfrontporch@aol.com](mailto:bartowfrontporch@aol.com)  
**Primary Contact: LeVonia Wynn**

**Bradenton – Bradenton Front Porch Florida  
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Burson**  
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**Gainesville – Northeast Gainesville/Duval  
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**Primary Contact: Sharon Wiley**  
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**John Smith**

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**Jacqueline Miles**

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**Lori Benton**

**St. Petersburg – Front Porch Community  
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**Primary Contact: Lolita Dash**

**Tampa – The Heart of East Tampa  
Front Porch Council, Inc.**  
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[tampafrontporch@gmail.com](mailto:tampafrontporch@gmail.com)  
**Primary Contact: Johnetta Goldsmith**

**Tallahassee – The Greater Frenchtown Area  
Front Porch Revitalization Council, Inc.**  
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Freddie Woolfork**

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**ATTACHMENT III**  
**EVALUATION SCORE SUMMARY**  
**MAXIMUM**

Points are deducted if the applicant meets any of the following:

Applicant is receiving/will receive awards from other Department of Health funding sources during CTG funding cycle (-10 points)

yes      no

Applicant has previous funding for similar projects (-5 points)

yes      no

Applicant has previously received funding from the Office of Minority Health (-5 points)

yes      no

	Maximum Points Possible	Score
1. Statement of Need	18	
2. Program Description	15	
3. Project Design	12	
4. Evaluation Plan	18	
5. Management Plan	10	
6. Collaboration	12	
7. Budget Summary and Budget Narrative	15	

TOTAL POSSIBLE SCORE 100 \_\_\_\_\_

\_\_\_\_\_  
 Review Committee Member's Signature

**ATTACHMENT IV**

**COVER PAGE  
FLORIDA DEPARTMENT OF HEALTH  
OFFICE OF MINORITY HEALTH  
RFA #:  
REQUEST FOR APPLICATIONS  
CLOSING THE GAP PROGRAM**

Applicant Name \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_

City-State-Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

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

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

Authorized Signature (Manual) \_\_\_\_\_

Authorized Signature (Typed) and Title \_\_\_\_\_

County and Areas to be Served \_\_\_\_\_

Have you ever had Closing the Gap funding? \_\_\_\_\_

If so, when? \_\_\_\_\_

List any current funding sources \_\_\_\_\_

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

## ATTACHMENT V

### APPLICATION FOR CLOSING THE GAP FUNDING

1. DATE SUBMITTED	2. DATE RECEIVED BY STATE	4. APPLICATION SUBMISSIONS  PRIORITY NUMBER:	
4. TYPE OF SUBMISSION <input type="checkbox"/> Regular Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Hand Delivered			
<b>5. APPLICANT INFORMATION</b>			
<b>ADDRESS:</b>		Name and telephone number of person to be contacted on matters involving the application (give area code)	
Legal Name:	Prefix::	First Name:	
Street::	Middle Name	Last Name	
City		Suffix:	
Country:		Email:	
State:		Telephone # (give area code)	Fax Number (give area code)
Country:	Zip Code:	6. EMPLOYER IDENTIFICATION NUMBER (EIN) <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>	
7. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		<b>8. TYPE OF APPLICANT:</b> <input type="checkbox"/> Community Based Organization (CBO) <input type="checkbox"/> County Health Department <input type="checkbox"/> For Profit <input type="checkbox"/> Front Porch Community <input type="checkbox"/> Individual <input type="checkbox"/> Faith Based <input type="checkbox"/> Other (specify)	
9. AREA (S) TARGETED BY PROJECT (City (ies), County (ies), zip code (s), etc.)			
<b>10. PROPOSED PROJECT</b>		<b>10. TARGET HEALTH AREA</b>	
Start Date:	Ending Date:	<input type="checkbox"/> Adult /Child Immunization <input type="checkbox"/> HIV <input type="checkbox"/> Oral Health Care <input type="checkbox"/> Breast & Cervical Cancer <input type="checkbox"/> Comprehensive Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Maternal & Infant Mortality <input type="checkbox"/> Cardiovascular Disease	
<b>11. TARGET POPULATION</b>			
<input type="checkbox"/> American Indian or Alaska Natives		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Other (specify)	

12. STATE FUNDING REQUESTED: \$		
13. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix	First Name	Middle Name
Last Name		Suffix
b. Title		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed

## ATTACHMENT VI WORKPLAN

<p><b>Goals</b> Are general, “big picture” statements of outcomes a program intends to accomplish to fulfill its mission.</p>		<p><b>Measures of Success</b> are standards that a program sets for itself to measure progress in achieving program goals. Measures of success should be significant and truly gauge success in attaining the goal. They should contain a numeric value or observable behavior. <b>Outcome Evaluation Questions:</b> Does the data provided adequately address the stated needs? Is the data used to plan evidence driven program and to develop/revise the project? Is the data used to reduce the disparity?</p>		
Objectives...	Activities...	Data/Evaluation...	Timeframe for Assessing Progress	Team Members Responsible
<p>State the “big steps” a program will take to attain its goal. They can be used to determine a program’s status at any given point in time, and they can be measured during the project period. <b>S.M.A.R.T.</b>, that is,</p> <ul style="list-style-type: none"> <li>➤ <b>specific</b> (identify who, what, and where),</li> <li>➤ <b>measurable</b> (identify how many by when),</li> <li>➤ <b>achievable</b> (can be attained),</li> <li>➤ <b>realistic</b> (can be attained given time and resources available),</li> <li>➤ <b>time-frame</b> (identify when).</li> </ul> <p><b>They should not include more than one expectation.</b></p>	<p>Are what a program does, or its specific tasks, to meet its objectives and ultimately fulfill its goal. Examples include educating the public about the importance of sealants for prevention of decay through the distribution of printed materials, using outreach workers to enroll children for screening, and training health professionals about screening technology.</p>	<p>Are pieces of information that can be used to assess program activities or outcomes.</p> <p>Assessment data is more focused – did the activity contribute significantly to the desired outcome? = = evidence for the conclusion = = which components of the activity contributed to the desired outcome – which did not?</p>		

Provider Name:  
Project name;

Goals		Measures of Success		
Objectives...	Activities...	Data/Evaluation...	Timeframe for Assessing Progress	Team Members Responsible

## **ATTACHMENT VII**

### **Management Plan**

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

#### **Personnel**

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

#### **Budget**

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

#### **Deliverable Timelines**

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

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

**ATTACHMENT VIII  
PERSONNEL FORM**

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

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

Provide the following information for the KEY Personnel and other significant contributors in order of intensity of engagement in the project.

Company/Agency Name:

Last, First, Middle

Current Position/Title:

Role in Proposed Project:

Position Classification:

Education Training (Begin with baccalaureate or other initial professional education)

Institution and Location	Degree(if applicable)	Year(s)	Field of Study

Note: The biographical sketch may not exceed two pages.

- A. Experience. List in chronological order previous positions, concluding with your present position.
- B. Job Summary. Detail the qualifications, knowledge, skills and abilities, required for the role of this project.
- C. Responsibilities and Authority. List the detailed duties and task associated with the role of this project. Identify any and all lined of authority including superiors and subordinates if they are included as key personnel.

**ATTACHMENT X**  
**BUDGET INFORMATION**

**SECTION A – BUDGET SUMMARY**

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

**SECTION B – BUDGET CATEGORIES**

*Identify source of cash match – what cash will pay for and what in-kind will cover*

	State	Cash Match	In-Kind	Total
2. Personnel				
2a. Fringe Benefits				
3. Travel				
4. Rental or Use of Space				
5. Supplies				
6. Contractual ( <b>NOT ALLOWED IN THIS CONTRACT</b> )				
7. Other (Specify)				
8. Total Direct Cost				
9. Indirect Cost (Must not exceed 10% of salary and fringe)				
10. Totals				

## ATTACHMENT XI

### BUDGET NARRATIVE FORMAT

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

#### **PERSONNEL (SALARY AND BENEFITS)**

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

B. **Fringe Benefits** – Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in the Personnel category and only for the percentage of time devoted to the program. Name/Position Computation of Fringe Benefits (Personnel Cost X % Rate) Cost

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

#### **EXPENSES**

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

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

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

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

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

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

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

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

**CASH/IN-KIND MATCH**

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

**Personnel (Salary and Benefits)**

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

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

C. Description of Match Sources \$ Amount How Calculated

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

**ATTACHMENT XII**

**STATEMENT OF NO INVOLVEMENT  
AND  
ACCEPTANCE OF TERMS AND CONDITIONS**

I, \_\_\_\_\_, as an authorized representative  
of \_\_\_\_\_, certify that no member of this firm nor any  
person having interest in this firm has been awarded a contract by the Department of Health on a  
noncompetitive basis to:

- develop this grant application;
- perform a feasibility study concerning the
- scope of work contained in this grant application; or
- develop a program similar to what is contained in this grant application.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

## ATTACHMENT XIII

CFDA No.  
CSFA No.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
STANDARD CONTRACT**

Client  Non-Client  
 Multi-County

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

**THE PARTIES AGREE:**

**I. THE PROVIDER AGREES:**

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

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

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

**C. To the Following Governing Law**

1. State of Florida Law

- a. This contract is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Each party shall perform its obligations herein in accordance with the terms and conditions of the contract.
- b. If this contract is valued at 1 million dollars or more, the provider agrees to refrain from any of the prohibited business activities with the Governments of Sudan and Iran as described in s.215.473, F.S. Pursuant to s.287.135(5), F.S., the department shall bring a civil action against any company that falsely certifies its status on the Scrutinized Companies with Activities in Sudan or the Iran Petroleum Energy Sector Lists. The provider agrees that the department shall take civil action against the provider as described in s. 287.135(5)(a), F.S., if the provider fails to demonstrate that the determination of false certification was made in error.

2. Federal Law

- a. If this contract contains federal funds, the provider shall comply with the provisions of 45 CFR, Part 74, and/or 45 CFR, Part 92, and other applicable regulations as specified in Attachment I.
- b. If this agreement includes federal funds and more than \$2,000 of federal funds will be used for construction or repairs, the provider shall comply with the provisions of the Copeland "Anti-Kickback" Act (18 U.S.C. 874 and 40 U.S.C. 276c), as supplemented by Department of Labor regulations (29 CFR part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The act prohibits providers from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he/she is otherwise entitled. All suspected violations must be reported to the department.
- c. If this agreement includes federal funds and said funds will be used for the performance of experimental, developmental, or research work, the provider shall comply with 37 CFR, part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Governmental Grants, Contracts and Cooperative Agreements."
- d. If this contract contains federal funds and is over \$100,000, the provider shall comply with all applicable standards, orders, or regulations issued under §306 of the Clean Air Act, as amended (42 U.S.C. 1857(h) et seq.), §508 of the Clean Water Act, as amended (33 U.S.C. 1368 et seq.), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15). The provider shall report any violations of the above to the department.
- e. If this contract contains federal funding in excess of \$100,000, the provider must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment \_\_\_\_\_. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager.
- f. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department. The provider agrees to utilize the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp>, to verify the employment eligibility of all new employees hired during the contract term by the Provider. The Provider shall also include a requirement in subcontracts that the \_\_\_\_\_ subcontractor shall utilize the E-Verify system to verify the

employment eligibility of all new employees hired by the subcontractor during the contract term. Contractors meeting the terms and conditions of the E-Verify System are deemed to be in compliance with this provision.

- g. The provider shall comply with President's Executive Order 11246, Equal Employment Opportunity (30 FR 12319, 12935, 3 CFR, 1964-1965 Comp., p. 339), as amended by President's Executive Order 11375, and as supplemented by regulations at 41 CFR, Part 60.
- h. The provider and any subcontractors agree to comply with Pro-Children Act of 1994, Public Law 103-277, which requires that smoking not be permitted in any portion of any indoor facility used for the provision of federally funded services including health, day care, early childhood development, education or library services on a routine or regular basis, to children up to age 18. Failure to comply with the provisions of the law may result in the imposition of civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.
- i. HIPAA: Where applicable, the provider will comply with the Health Insurance Portability Accountability Act as well as all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).
- j. Provider is required to submit a W-9 to the Department of Financial Services (DFS) electronically prior to doing business with the State of Florida via the Vendor Website at <https://flvendor.myfloridacfo.com>. Any subsequent changes shall be performed through this website; however, if provider needs to change their FEID, they must contact the DFS Vendor Ombudsman Section at (850) 413-5519.
- k. If the provider is determined to be a subrecipient of federal funds, the provider will comply with the requirements of the American Recovery and Reinvestment Act (ARRA) and the Federal Funding Accountability and Transparency Act, by obtaining a DUNS (Data Universal Numbering System) number and registering with the federal Central Contractor Registry (CCR). No payments will be issued until the provider has submitted a valid DUNS number and evidence of registration (i.e. a printed copy of the completed CCR registration) in CCR to the contract manager. To obtain registration and instructions, visit <http://fedgov.dnb.com/webform> and [www.ccr.gov](http://www.ccr.gov).

#### **D. Audits, Records, and Records Retention**

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

#### **E. Monitoring by the Department**

To permit persons duly authorized by the department to inspect any records, papers, documents, facilities, goods, and services of the

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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.

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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,

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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:**

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**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 0.033333%. Invoices returned to a vendor due to preparation errors will result in a payment delay. Interest penalties less than one dollar will not be enforced unless the vendor requests payment. Invoice payment requirements do not start until a properly completed invoice is provided to the department.

**C. Vendor Ombudsman**

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

**III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE**

**A. Effective and Ending Dates**

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

**B. Termination**

1. Termination at Will

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

2. Termination Because of Lack of Funds

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

3. Termination for Breach

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

4. Termination for Failure to Satisfactorily Perform Prior Agreement

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

**C. Renegotiation or Modification**

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

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

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

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

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

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

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

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

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

**E. All Terms and Conditions Included**

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

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

**IN WITNESS THEREOF**, the parties hereto have caused this \_\_\_\_\_ page contract to be executed by their undersigned 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:** \_\_\_\_\_

**Applicants must submit the following appendices:**

**Appendix A**

- A table of organization or organizational chart;
- A copy of current Certificate of Authority from the Florida Department of State (not required for governmental agencies, public schools, school districts and county health departments);
- A current roster of the board of directors, including name, address and telephone numbers

**Appendix B**

Sample data collection instruments

**Appendix C**

Relevant brochures or newspaper articles

**Appendix D**

If applicable proof of Official Status of Community-Based Organization, 501 (c)(3) status

**Appendix E**

Documentation of another DOH grant and deliverables

**Appendix F**

IRS Non-Profit 501 (c) 3 status

**Appendix G**

Letter from Front Porch Community

**Appendix H**

Letters of Support