

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Addendum No. 2
RFA20-002
COMMUNITY-BASED TOBACCO PREVENTION
INTERVENTIONS

DATE: November 4, 2020

TO: Applicants

FROM: Ron Davis, Bureau of Tobacco Free Florida
Florida Department of Health

SUBJECT: Addendum No. 2: RFA 20-002

The purpose of this Addendum is to clarify application forms and procedures outlined in sections 4.2 Order of Application Package, section 4.4 Application for Funding and section 6.3 Where to Send Your Application. The RFA is amended as follows:

A. Page 14, section 4.2., Order of Application Package, is deleted and replaced with the following:

Applications for funding must address all sections identified below and in as much detail as requested. See the revised Attachment I and Attachments III-VI, attached herein. **Do not include appendices or Attachment II instructions. The final application packet must be combined into a single PDF file in the order listed above prior to uploading to:** <https://requestforapplications.floridahealth.gov/>

The completed online application must include all the following components:

__ Cover Page (Attachment I): See the PDF fillable form provided by the Department.

__ Main Application Template (Attachment II) : Use the format provided by the Department. This is not a form. Create the attachment in a word processing program. Include section headings from format. Applicant must adhere to stated formatting requirements and to page limitations for each section and save it as a PDF document.

This is not a competitive solicitation subject to the notice or challenge provisions of section 120.57(3), Florida Statutes.

___ Attachments (III-VI): See the PDF fillable forms provided by the Department.

___ Additional Attachment VI forms for each staff member proposed.

___ Four Letters of Support: The Department did not provide a form or format for this requirement.

___ Organizational Chart: The Department did not provide a form or format for this requirement.

___ Staff Resumes: The Department did not provide a form or format for this requirement.

___ Certification of Drug Free Work Place on the applicant organization's letterhead: The Department did not provide a form or format for this requirement.

___ Certification of Tobacco Free Staff: The Department did not provide a form or format for this requirement.

B. Page 15, section 4.4., Application for Funding, is deleted and replaced with the following:

The revised Attachment II, referenced herein, is provided as a template for the Application. Applicants must follow the instructions and adhere to page limitations as defined in the template. Applicants will create this document in a word processing program using the format provided and including the listed headings for sections 5.1 through 5.5. Instructions from Attachment II should not be included in the application document. Page limitations must be adhered to for each section as specified. The Attachment II will be combined with the PDF forms and other required components as specified in section 4.2 Order of Application Package, combined into a single PDF file and submitted at the following web link:

<https://requestforapplications.floridahealth.gov/>

C. Page 17-18, section 6.3., Where to Send Your Application, is deleted and replaced with the following:

To complete the application process:

1. Applicants may access the submission site and submit questions regarding this RFA at: <https://requestforapplications.floridahealth.gov/>.
2. An Application cannot be changed after the submission due date. Errata sheets or replacement files will not be accepted after the application deadline. If an application has been submitted and the applicant wishes to change the submitted application before the deadline, resubmit the revised application following the same submission process. The revised version must contain the same title and vendor as the original version and must contain the word "revised" in the file name. Applicants may contact technical assistance at (850) 245-4122 if assistance is needed to access the submission site: <https://requestforapplications.floridahealth.gov/>
3. Resubmission must occur before the Application deadline in order to be eligible for consideration."

- D. Attachment III through VI are deleted and replaced with the the revised Attachment III through VI, referenced herein.

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