

Florida Department of Health

RFA24-001

DR. AND MRS. ALFONSE AND KATHLEEN CINOTTI HEALTH CARE SCREENING AND SERVICES GRANT PROGRAM

REQUEST FOR APPLICATIONS

APPLICATION GUIDELINES

FY (2024-2025)



Division of Public Health Statistics & Performance Management

Pre-Application Webinar August 8, 2024, 10:00 am Eastern
Visit www.FloridaHealth.gov/CinottiGrantProgram to obtain the Teams Meeting link.

Application Deadline:

September 3, 2024

Direct all questions about the online application process or related issues via email to CinottiGrantProgram@flhealth.gov with the subject heading "RFA24-001 Questions".

Authorized under Sections [381.9855](#), Florida Statutes

Disclaimer – NOTE: The receipt of applications in response to this grant opportunity does not imply or guarantee that any one or all qualified applicants will be awarded a grant from the Florida Department of Health. This grant opportunity is not subject to Section 120.57 (3) Florida Statutes

Table of Contents

FUNDING ANNOUNCEMENT	3
TIMELINE RFA24-001	4
SECTION 1.0: PROGRAM OVERVIEW	5
1.1 Overview of the Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program (Cinotti Grant Program).....	5
1.2 Program Authority	5
1.3 Statement of Purpose	5
1.4 Funding Period	5
1.5 Grant Renewals.....	5
1.6 Eligible Applicants	5
1.7 Matching Funds Requirements.....	5
1.8 Performance Based Funding Allocation	5
1.9 Notice and Disclaimer.....	6
SECTION 2.0: TERMS AND CONDITIONS OF GRANT	6
2.1 Grant Requirements	6
2.2 Minority Participation	8
2.3 Corporate Status	8
2.4 Non-Corporate Status.....	8
2.5 Use of Grant Funds	8
2.6 Method of Payment	9
2.7 Evaluation of Applications.....	9
2.8 Required Program Reports	10
2.9 Programmatic Specifications	10
SECTION 3.0: SUBMISSION OF APPLICATIONS	10
3.1 Cost of Preparation.....	10
3.2 Instructions for Submitting Applications.....	10
3.3 Pre-Application Webinar.....	11
3.4 Applicants Written Questions	11
SECTION 4.0: APPLICATION PREPARATION GUIDELINES	11
4.1 Application Content.....	11
4.2 Instructions for Formatting Applications	12
4.3 Order of Application.....	12
4.4 Cover Page.....	13
4.5 Table of Contents	13
4.6 Project Abstract.....	13
4.7 Project Narrative.....	13
4.7.1 Organizational Overview	14
4.7.2 Statement of Need	14
4.7.3 Program Description	15
4.7.4 Project Management Plan-.....	16
4.7.5 Collaboration (Partnership Plan).....	16
4.7.6 Project Evaluation and Performance Measurement Plan -	17
4.7.7 Workplan- (See attachment 2 for required Excel template)	18
4.8 Proposed Budget Summary and Narrative-(Use attached Excel templates)	18
A. Budget Justification (Attachment 4)	18
4.9 Appendices for Application	19
4.10 Authorized Signatory	19
4.11 Definitions	20
SECTION 5.0: EVALUATION OF APPLICATIONS.....	22
5.1 Receipt of Applications	22
5.2 Evaluation of Applications	22
5.3 How Applications are Scored.....	22
SECTION 6.0: GRANT AWARDS	28

6.1	Grant Awards	28
6.2	Award Criteria.....	28
6.3	Funding	28
6.4	Posting of Awards.....	28
6.5	Vendor Registration.....	28
	SECTION 7.0: REPORTING AND OTHER REQUIREMENTS	28
7.1	Post Award Requirements.....	28
	SECTION 8.0: REQUIRED FORMS.....	29
	ATTACHMENTS & APPENDICES	30

NOTE: All awards in response to this Request for Applications (RFA) are subject to the availability of funds and spending authority provided by the Florida Legislature. By submitting a grant application pursuant to this RFA, all applicants acknowledge and consent to this condition. A standard contract with the Florida Department of Health will be required prior to the initiation of activities. A sample contract is attached.

FUNDING ANNOUNCEMENT

The Florida Department of Health (Department), through its Division of Public Health Statistics and Performance Management, announces the availability of funding awards for Fiscal Year (FY) 2024-2025 through the Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program (Cinotti grant program).

Purpose: The Cinotti grant program seeks to expand access to certain no-cost health care screenings and services for the public facilitated by nonprofit entities.

Eligibility: A nonprofit entity may apply for Cinotti grant program funds to implement new health care screening or service programs for Hearing, Vision, Dental, Cancer, Diabetes, Renal disease, Chronic obstructive pulmonary disease, Hypertension, Heart disease, Stroke, and Scoliosis screenings that the entity has not previously provided. Any nonprofit entity that has previously implemented a specific health care screening or services program at one or more specific location may apply for grant funds in order to provide the same or similar screenings or services at new locations or through a mobile health clinic or mobile unit in order to expand the program’s delivery capabilities, pursuant to section 381.9855, Florida Statutes.

Estimated Funds Available: \$10,000,000.00

Anticipated Number of Awards: The number of awards is dependent upon the number of applications and the amount of funding requested from each applicant.

Maximum Award: \$500,000.00

Type of Award: Grant

Budget Period: July 1, 2024 - June 30, 2025

Grant Period: November 1, 2024- June 30, 2025

Note: There is an anticipated 30-day contract preparation period from the Notice of Award (NOA) date.

TIMELINE RFA24-001

Applicants must adhere to the RFA timeline as outlined below. It is the applicants' responsibility to regularly check the Vendor Bid System and the Department's website for updates.

Schedule	Due Date	Location
Request for Applications Released and Advertised	August 1, 2024	Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html and www.FloridaHealth.gov/CinottiGrantProgram
Pre-Application Webinar	August 8, 2024 10:00 am. EDT	To join the Webinar, please register below and find more information at www.FloridaHealth.gov/CinottiGrantProgram
Submission of Questions (Due date for submission)	August 13, 2024 By 5:00 p.m. EDT	Submit questions by email with the subject heading "RFA24-001 Questions" to CinottiGrantProgram@flhealth.gov .
Anticipated posting of Answers to Questions	August 20, 2024	Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html and www.FloridaHealth.gov/CinottiGrantProgram
Applications due (faxed or e-mailed applications will not be accepted or reviewed)	Must be received by September 3, 2024, 11:59p.m.	To upload your application, go to the Department of Health Automated Upload System: www.FloridaHealth.gov/CinottiGrantProgram
Anticipated evaluation of applications	September 4-17, 2024	Review and Evaluation of Applications
Anticipated award notification date (Notice of Award or NOA)	October 1, 2024	Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html and www.FloridaHealth.gov/CinottiGrantProgram

SECTION 1.0: PROGRAM OVERVIEW

1.1 Overview of the Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program (Cinotti grant program)

The Cinotti grant program furthers the Department's mission to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. The Cinotti grant program will engage with providers to expand no-cost health screenings and services to improve the health outcomes for Floridians. Further, the Cinotti grant program will foster the development of coordinated, collaborative, and broad-based participation in screening programs for Hearing, Vision, Dental, Cancer, Diabetes, Renal disease, Chronic obstructive pulmonary disease, Hypertension, Heart disease, Stroke, and Scoliosis screenings by non-profit entities, that the entity has not previously provided.

1.2 Program Authority

The Cinotti grant program is authorized under Section 381.9855, Florida Statutes.

1.3 Statement of Purpose

The Cinotti grant program is seeking applications that expand access to no-cost health care screenings and services for the public facilitated by nonprofit entities.

1.4 Funding Period

The term of any grant resulting from this RFA will be for a period of eight months beginning November 1, 2024, and ending June 30, 2025. Anticipated future funding years, if funds are available, will be for a full 12-month period.

1.5 Grant Renewals

Grant renewal may be available and will depend on the availability of future funding. If grant renewal is available, an updated grant process will be released for existing grant recipients to report on accomplishments in the initial year and propose continuing programs that build on that success.

1.6 Eligible Applicants

A grant awarded under the Cinotti program may be awarded to any nonprofit entity to implement new health care screening or services programs that the entity has not previously implemented. Any nonprofit entity that has previously provided a specific health care screening or services program at one or more specific locations may apply for grant funds to provide the same or similar screenings or services at new locations or through a mobile health clinic or mobile unit to expand the program's delivery capabilities. A nonprofit entity, per the Internal Revenue Service (IRS), is defined as an entity that is organized and operates exclusively for a specified purpose, that meets certain requirements, and are tax exempt under Internal Revenue Code Section 501(c)(3). The application must clearly identify a single lead agency and any subcontractors with respect to program accountability and administration. Subcontractors must also meet the eligibility guidelines stated above. Only one (1) application will be accepted per organization as identified by the Federal Employee Identification Number (FEIN).

1.7 Matching Funds Requirements

In-kind and cash matching of funds is not required. Although no matching requirement for this RFA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged and descriptions of such efforts may be included in the program narrative.

1.8 Performance Based Funding Allocation

Applicants can select one screening area to implement or multiple screening areas and can propose a

target population based on an identified need for screenings. Only one (1) application will be accepted per each lead applicant as determined by the Federal Employer Identification Number (FEIN). Applications and resulting grants must indicate the priority areas covered, deliverables for each screening service priority area, and the funding allocated for each.

For Example:

PRIORITY AREA	DELIVERABLE	BUDGET
Diabetes	Provide screening services.	50%
Oral Health	Provide screening services.	50%

1.9 Notice and Disclaimer

The Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program (Cinotti grant program) is governed by Section 381.9855, Florida Statutes. Grant awards will be determined by the Department in accordance with this publication and based on the availability of funds. Additionally, the Department reserves the right to negotiate services, reporting methods and funding with applicants prior to the final offer of the grant award.

SECTION 2.0: TERMS AND CONDITIONS OF GRANT

2.1 Grant Requirements

1. Awardees will be required to attend any Cinotti Grant Program training events and workshops sponsored by the Department.
2. The provision of medical or clinical services are permitted with this funding. Screening professionals must have current and valid licenses as required by state and federal law and proof of licensure must be available for programmatic review during grant activities.
3. Within 10 days of award notification, grantees will be required to submit a copy of the current W-9, copy of liability insurance, copy of lease agreement, proof of business address (nonresidential), and a letter of credit from a bank or certified statement from a financial institution indicating the availability of credit or cash to sustain the project for at least three months. A copy of the current operational budget for the current fiscal year and a three to five-year operational budget are also required, Successful applicants will complete a risk assessment prior to the commencement of activities.
4. Subcontracts are allowed under this grant. However, subcontractors are accountable to the grantee for the management of any funds received. Grantees may sub-contract any of the proposed services with prior written approval from the Contract Manager. Grantees must demonstrate to the Department the procurement method used to secure all subcontract agreements. Subcontract agreements will be restricted to no more than 15% of the total final award and subcontractors must be registered with the Division of Corporations under the Florida Department of State (www.sunbiz.org). Subcontracts must meet the eligibility guidelines of this grant and any work by the subcontractor must meet the grant requirements specified in the RFA and in the program contract.
5. Proposed activities should maintain a health care screening service in one or more of the stated screening service priority areas listed below. Grantees must follow uniform data reporting requirements for the purpose of evaluating performance. Grant funds must be spent on staffing,

supplies and other necessary costs directly related to screenings or related services, including referrals for treatment, if appropriate for one or more of the following:

- a. Hearing.
- b. Vision.
- c. Dental.
- d. Cancer.
- e. Diabetes.
- f. Renal disease.
- g. Chronic obstructive pulmonary disease.
- h. Hypertension.
- i. Heart disease.
- j. Stroke.
- k. Scoliosis.

Other screening types not included above will be excluded from funding for this grant. A nonprofit entity may apply for grant funds to implement new health care screening or services programs that the entity has not previously implemented. Alternatively, a nonprofit that has previously implemented a specific health care screening or services program at one or more specific locations may apply for grant funds to provide the same or similar screening or services at new locations or through a mobile health clinic or mobile unit to expand the program's delivery capabilities. An entity that receives a grant must 1) follow Department guidelines for reporting expenditure of grant funds and measure to evaluate effectiveness of the health care screening and services program and (2) must publicize to the public and encourage the use of the health care screening portal managed by the Department (HealthCareScreenings.floridahealth.gov)

6. To maximize efficiency and effectiveness of funds and program activities to advance optimal health, all applicants should select one or more screening priority area for grant implementation. All screening program activity funded by this grant and described in the Budget Narrative must be new activity and not funded by any other program. Within the application narrative the grantee must make clear that the screening program is not receiving funds for the same screening activities and all proposed activities are not supplanting funds. The Budget Summary and Narrative will be reviewed for appropriateness of expenditure by the Department prior to the release of a grant award notice.
7. Within the Workplan (Attachment 2) Propose 2-5 quantitative performance measures for initial program outcomes for the screening service plan. These outcomes will be reported quarterly to the Department Contract Manager using the proposed data reporting method and making use of any available central data management tools developed by the Department. Performance measures should demonstrate progress toward proposed objectives and produce information that is valuable to the program for ongoing evaluation and quality improvement. Grantees are responsible for submitting quarterly reporting outlining progress towards the proposed and negotiated outcomes to include a collaboration report and a financial status report as outlined in the reporting section in this RFA (Section 7.0).

Examples of possible performance measures include:

- Proportion of Hearing Screening registrants that report scheduling an appointment and who receive a screening. Include any referral to treatment provided, if appropriate.

- For each indicator, propose a current or estimated baseline and target and describe the intended data source, frequency of collection, and position responsible for the data collection and reporting.

2.2 Minority Participation

In keeping with the One Florida Initiative, the Department of Health encourages minority business participation in all procurements. Applicants are encouraged to contact the Office of Supplier Diversity at 850-487-0915 or visit its website at

https://www.dms.myflorida.com/business_operations/state_purchasing/office_of_supplier_diversity_osd for information on becoming a certified minority or for names of existing certified minorities who may be available for subcontracting or supplier opportunities.

2.3 Corporate Status

Grantees will be nonprofit entities that are tax-exempt as noted in section 1.6 (Eligible Applicants). Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Any of the following is acceptable evidence of tax-exempt status: a statement from a state taxing body, Florida 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.

2.4 Non-Corporate Status

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

2.5 Use of Grant Funds

1. Allowable and Unallowable Costs: Grant funds may be expended on allowable expenditures only. Allowable and unallowable expenditures are defined by applicable state law and are specified in the "Reference Guide for State Expenditures" found at: <https://www.myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/reference-guide-for-state-expenditures.pdf>. The Department Contract Manager will decide whether expenditures are permitted during the budget review.
 - Administrative or Indirect costs of up to 10% of salary and fringe-benefits are allowed under this grant award. Administrative staff must be clearly identified in the Budget Narrative and a maximum of 10% of the total staff expenditure may be administrative as noted above.
 - If grantees have an approved indirect cost agreement, documentation must be submitted.
2. To support program outcomes identified in this RFA and upon approval by the Department, grant funds may be used for personnel, fringe benefits, travel, rent, telephone, utilities, supplies, contractual, advertising, print or educational materials, maintenance, and copying and other direct services expenditures as described in the submitted application. The purchase of food is not allowed with grant funds provided under this RFA.
3. Recipients of this RFA may not use funds for research. Research is generally defined as a systematic investigation that includes development, testing, and evaluation to create or contribute to generalizable knowledge. The intent of this funding is to provide screening services to the public, not primarily to research the efficacy of such programs.
4. The direct and primary recipient must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider.
5. Section 11.062(1), F. S., prohibits the use of state funds by the executive or judicial branch to pay a person that is not an employee, for the purpose of lobbying the Florida Legislature. Please see the Reference Guide for State Expenditures for additional information.
6. Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to

support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

7. In general, funds for this program may not be used for Fixed Capital Outlay (FCO). FCO is defined as an appropriation category for the purchase of real property (land, buildings, including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs and renovations to real property which materially extend its useful life or materially improve or change its functional use and including furniture and equipment necessary to furnish and operate a new or improved facility, when appropriated by the Legislature in the fixed capital outlay appropriation category. Any FCO requests must be thoroughly justified in the budget narrative.
8. Recipients may not use funds to support projects where the primary activity is planning and implementation of a conference or meeting.
9. Recipients may not use funds to hire staff and place them at another agency.
10. Maintenance of effort (MOE) or the requirement that local support for a project remain constant, is not a requirement of this grant project.
11. Agreements with recipients and sub recipients of state financial assistance, even if awarded on a fixed price basis, must require compliance with s. 215.971, F.S. (http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0200-0299/0215/Sections/0215.971.html). Expenditures of state financial assistance must be in compliance with laws, rules and regulations applicable to expenditures of State funds, including, but not limited to, the aforementioned Reference Guide for State Expenditures.

2.6 Method of Payment

The Department will use a fixed price/fixed fee for non-profit organizations method of payment for this RFA.

1. The Department will provide reimbursement for allowable expenditures incurred pursuant to the terms of the grant for a total dollar amount not to exceed the awarded amount, subject to the availability of funds.
2. Reimbursement will be made for travel expenses when needed. This travel reimbursement would be in addition to any covered expenses related to a mobile health clinic or mobile unit.
3. Payment will be made upon the receipt, review, and approval of deliverables and a properly completed invoice. Invoices must be submitted and received within 15 days following the end of the quarter for which reimbursement is being requested. Invoices must be supported with appropriate documentation and reports. Invoices submitted late will be subject to financial consequences.
4. Grantees must maintain records documenting the total number of participants and names, or unique identifiers, of individuals who benefit from grant activities and the dates on which activities were conducted for auditing. These records will be submitted quarterly to the Department.

2.7 Evaluation of Applications

Each application will be evaluated and scored based on the requirements specified in Section 5.0. The scoring rubric included in this RFA provides a detailed assessment of each section of the grant application and a total score using a 100-point scale. Applications will be scored by subject matter expert review teams using evaluation score cards to designate the total point value assigned to each application. Scores will be averaged for each member of the review teams to determine the final score. The final score will be used to determine which organizations receive consideration for a grant award. An additional internal review phase will analyze potential grantees based on risk and alignment to the intent of the request for applications. Grant awards will be based on available funding with the final award amount and final set of deliverables determined through negotiation with the Department in the post-award phase.

2.8 Required Program Reports

Funded grants must propose a data collection method as described in the grant application. The proposed data collection method will be reviewed and agreed to by the Department in the post-award phase for the number of screenings or related services and including any referrals for treatment, if appropriate, to be provided quarterly. Grantees must also submit reports and any data collection updates to the Contract Manager on a quarterly basis in a manner specified by the Department. Additional information on reporting will be made available to successful grantees. These reports will include quarterly invoices, expenditure reports, progress reports, collaboration and partnership updates, and any updates on the use and management of data or the data collection tool(s). The grant recipient must be prepared to utilize any central data management portals which the Department may create or manage for this grant program. Summative fiscal and programmatic reports will be due after the conclusion of the full grant period of the grant program.

2.9 Programmatic Specifications

Applicants are required to serve clients in the identified target population over the course of the grant period by providing free screenings. It is highly recommended that applicants focus on communities with concentrated need as identified by recent and representative data. Grantees must use data as specified in the need statement section of this RFA (4.7.2) to demonstrate that there is a specific need for free screenings for the identified target population. Inferential or indirect data such as a lack of available free screening programs may be used. Tasks to be performed will be developed based on the application submitted and negotiations between the Department and the applicant. Applicants must demonstrate the ability to initiate activities immediately upon execution of a contract which is negotiated and signed in the post-award phase and before activities begin. A copy of the standard contract is included with this RFA which should be reviewed for general agreement with the contract structure. A signed and completed contract will be negotiated prior to the initiation of grant activities in the post-award phase.

Other specifications include:

- The applicant shall not undertake any grant-related task beyond those explicitly negotiated without the Department's prior written consent and formal contract execution.
- Each applicant will include proposed staffing for professional, technical, administrative, clerical support, and direct service provision.
- Professionals must have current and valid licenses as required by state and federal law and proof of licensure must be available for programmatic review during grant activities. For example, all screening personnel must have completed the appropriate practical exams for Florida Licensure whether for a specific health discipline (hearing, vision, etc.) or a general health practitioner license which allows such screenings to be provided by the individual.
- The applicant must ensure that background screenings are conducted on all employees and volunteers as specified in the grant. Proof of background checks must be maintained and filed appropriately for program management and reporting to the Department. Proof of background check records management will be included in quarterly reports to the department.

SECTION 3.0: SUBMISSION OF APPLICATIONS

3.1 Cost of Preparation

Neither the Department nor the State of Florida are liable for any costs incurred by an applicant in responding to this RFA.

3.2 Instructions for Submitting Applications

Applicants are required to submit the electronic application, via the Florida Department of Health Automated System, as follows:

- The application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant. Additional information regarding the authorized signatory for the application is available in section 4.10.
- The application must be uploaded into the system by the deadline stated in the Timeline. Please carefully follow all provided instructions in the online upload system.
- To upload the application, go to www.FloridaHealth.gov/CinottiGrantProgram
- To upload a document for the first time, select Browse, click to choose file(s), then click “Upload”.
- Accepted file types are .pdf, .xls, .xlsx, .doc, and .docx only. For each submitted document, the file size must not exceed the stated file size limits..
- PDF files should be electronically generated and should not be scans or photographs of original documents.
- Multiple file uploads will be required for this application. The Budget (Summary and Narrative) and Workplan documents are provided as Excel templates and should be submitted as Excel documents.

Applicants are encouraged to submit applications early. The applicant must click the Upload button prior to the deadline time to receive a successful confirmation. Once the deadline time has passed, the system will no longer offer an option to upload documents for the applicable RFA.

Applicants with inquiries regarding the electronic upload process via the automated system may contact CinottiGrantProgram@flhealth.gov with the subject “RFA 24-001 Questions”.

3.3 Pre-Application Webinar

A pre-application webinar will be held August 8, 2024, 10:00 am. EDT via the Microsoft Teams platform as indicated in the timeline above. Prospective applicants are encouraged, but not required, to participate in the pre-application webinar. The purpose of the pre-application webinar is to raise awareness of the RFA, its posting locations, and the expected submission processes prior to the application deadline. Any statements made at the pre- application webinar are advisory only and will in no way be considered as a change or modification to the contents of the RFA. Any questions regarding the requirements of this RFA or any apparent omissions or discrepancies should be presented to the Department in writing prior to, or during the pre-application webinar. 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 will constitute a change or modification to the RFA. To access the webinar, please visit www.FloridaHealth.gov/CinottiGrantProgram to obtain the Teams Meeting link.

3.4 Applicants Written Questions

Questions related to this RFA must be received in writing via email. Emails with the subject heading “RFA24-001 Questions” should be sent to CinottiGrantProgram@flhealth.gov by August 13, 2024, before 5:00 p.m. EDT as indicated in the Timeline above. No questions will be accepted after the date and time indicated in the timeline. Questions may be sent by e-mail to: CinottiGrantProgram@flhealth.gov with the subject heading “RFA 24-001 Questions”.

SECTION 4.0: APPLICATION PREPARATION GUIDELINES

4.1 Application Content

Applications must address all sections identified below in the order presented and in as much detail as requested. Applicants must use the official forms attached to this RFA. Alternate forms may not be used. All required forms and content should be submitted in multiple documents in the order and formatting set forth in this RFA. The provision of extraneous information should be avoided and will not be reviewed as part of the application package.

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

4.2 Instructions for Formatting Applications

Applications must be submitted using the following specifications:

- PDF or Word file format (Project Narrative). Excel file format (Workplan, Budget Summary and Narrative).
- Font Size: 12-point (Arial or Times New Roman).
- Single-spaced.
- Number and label all pages; not to exceed the maximum number of pages where applicable.
- Page Margin Size: One inch.
- Applicants are required to complete, sign, and return the “Cover Page” (Attachment 1) with the application, and must be the first page submitted as part of the application.
- Project Narrative (Application):
 - The Project Narrative must not exceed the maximum number of pages for each section outlined in Section 4.3 (if the narrative exceeds the page limit, only the first pages which are written within the page limit will be reviewed).
- Budget Summary:
 - The Budget Summary must be completed using Attachment 3. A Budget Summary is a brief line-item presentation of the financial aspects of the grant program.
- Budget Narrative:
 - The budget narrative is limited to the number of pages outlined in Section 4.3 and should adhere to the format in Attachment 4 (if the budget narrative exceeds the page limit, only the first pages which are written within the page limit will be reviewed). A Budget Narrative is a detailed explanation of all budget elements including staff and supplies with a description of how requested budget items align with the purpose of the grant program as defined in this RFA. The Budget narrative should include a detailed justification for budget items.
- Headers should identify each section and Footers should include the name of the organization and page number.
- All required forms and content should be submitted in one document in the order and format set forth in this RFA.

4.3 Order of Application

Provide the following items in the following order in the application package:

- Cover Page – (One Page Limit) (See Attachment 1)
- Table of Contents – (Two Page Limit)
- Project Summary– (One Page Limit)
- Project Narrative – (20-page Limit to include sections below – except for Workplan)
 - Organizational Capacity/Overview Statement
 - Statement of Need
 - Program Description

- Project Management Plan
- Collaboration/Partnerships
- Evaluation and Performance Measurement Plan (EPMP)
- Workplan (See Attachment 2 for template) (No page Limit)
- Budget Summary and Narrative- Use the provided Excel templates in Attachments 3 and 4.
- All required Application Appendices (See Section 8.0)

Note: Any application not meeting the specific requirements will not be reviewed and will be returned with notification of failure to comply with RFA guidelines.

4.4 Cover Page

Each copy of the application must include a signed Cover Page (Attachment 1) which contains the following:

- RFA number.
- Title of the application.
- Legal name of the applicant organization.
- Applicant organization mailing address, including city, state, and zip code.
- Telephone number, fax number, and e-mail address of the person who can respond to inquiries regarding the application.
- Applicant's Federal Employer Identification Number.
- Total amount of grant requested.
- Contact information of personnel for negotiations. Personnel should include budget or fiscal staff and any legal staff whenever feasible.
- Name, title, and signature of the person authorized to submit the application on behalf of the applicant organization.
- County, or counties, to be served.
- Priority Screening Areas covered.
- Other information as needed.

4.5 Table of Contents

The application must contain a table of contents no longer than two pages with page numbers identifying the major sections of the application. The table of contents is not included in the project narrative 20-page limit.

4.6 Project Summary

A project summary is limited to one single spaced page and must identify the main purpose of the project, the priority population(s) to be served, types of screening services offered, the area(s) to be served, and expected outcomes. In addition, applicants should specify within their Project Summary, how any proposed Evidence-Based Intervention (EBI) strategies for screenings will be supported through this RFA and how they will demonstrate short- and long-term impact through specific, measurable, achievable, relevant, and time-bound (SMART) objectives. SMART objectives should be described briefly in the Summary and explained in greater detail in the project narrative below.

4.7 Project Narrative

The Project Narrative is limited to 20 single spaced pages and shall not exceed the maximum number of pages for each section. If the narrative exceeds the page limit, only the pages written up to the page limit will be reviewed.

Key components of the Project Narrative include: (1) Organizational Overview, (2) Statement of Need, (3) Project Description, (4) Program Management Plan, (5) Partnership Plan, and (6) the

Evaluation and Performance Measurement Plan (EPMP). Applicants should provide enough detail for reviewers to assess the project's appropriateness and merit. In narrative form, applicants should thoroughly respond to the prompts below for each section.

Note: The 20-page limit applies specifically to the Project Narrative. Required forms, including the budget summary and narrative and the workplan, are not counted as part of the Project Narrative page limit (See Section 8.0).

4.7.1 Organizational Overview

The organizational overview should outline key descriptors of the applicant organization to help external reviewers assess the agency's alignment with the Cinotti Grant Program's goals, objectives, and beneficiaries. This area should make clear who the organization currently serves, what outcomes are currently generated, what health services are provided and how the organization has the capacity to expand to accomplish the proposed deliverables. In narrative form, applicants must address the following information about their agency:

1. History of the Organization
2. Mission, vision, strategy, and values if applicable
3. Goals if applicable
4. Current Program/services offered and Operating Hours
5. Service Area(s) and Populations Served
6. Insurance and Payment policy: Specifically, if the organization accepts insurance for screening services aside from the free services proposed for this application, if they operate on a sliding fee scale or how they pay for those that are not able to pay for the services directly.
7. Annual Operating Budget (Most current available)
8. Funding Sources. Describe any relevant and current funding sources which are funding screening program activity to provide a context for how active screening program activity is achieved (grants, public funds, etc.).
9. Sustainability plan. This plan should describe how the organization would maintain the proposed activities in the grant application if the Cinotti Grant Program funds were not available.
10. Describe any recent and relevant Outcomes/Achievements in the past year.

4.7.2 Statement of Need

The statement of need should describe known and current problems in screening service availability within the identified service area, identify the implications related to lack of access to screenings, describe the community, and distinguish any disparities within the community that may be escalating the problem. In narrative form, applicants should address the following information:

1. Identify the specific populations to be served, provide data and demographics with data sources, and describe the geographic area to be covered by the project. Poverty levels as related to the federal definition of poverty (see Definitions) may be utilized as a local indicator of need. Applicants can refer to Florida Department of Health data resources for state and local data at <https://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/usingdata/index.html>
2. Risk factors and other health or social indicators that contribute to the screening service problem may be utilized. It is recommended that applicants focus on areas in their community with concentrated need.
3. A comparison of data for the proposed project geographic area with statewide averages to demonstrate relative need for the project. Inferential or indirect data such as a perceived lack of screening programs in the geographic area may be used.

4.7.3 Program Description

In narrative format explain how the services will be provided to address the needs identified in the Statement of Need section (Section 4.7.2). Applicants must include all the following information:

1. Activities to be conducted because of this funding including the timeframes for implementation. Describe all strategies to be used for screening program initiatives and any targeted marketing of the program or outreach, client education, immediate passive or active referral to services, and a description of client follow-up after the screening takes place. Please reference **Appendix A** for guidance on recommended screening tests and recommended Screening Time Intervals, suggested Screening Populations, Recommending Organization for Screening Guidelines, and the Screening Protocol Effective Date. These guidelines should be considered in the design of your screening program.
2. Programs proposing mobile health activities should describe how their screening services will align with general cost effectiveness principles for mobile projects that bring screening services out into the community. The method for transportation, qualifications of personnel related to the transport and any necessary implementation specific to the mobile process should be thoroughly described.
3. An explanation of how and to whom activities will be implemented. Include the intended specific population, the total number of individuals that will benefit from each activity, the area/s served and/or locations and settings in which activities will commence. Be as specific as possible (e.g., ongoing, or repeated, number of hours and screening sessions offered, number in each screening activity etc.).
4. A description of proposed data collection for program activities. At a minimum, outcome measures should include monthly screening numbers, but programs should also report on screening program outreach, any patient education, active or passive referrals to related health services and client follow-up. Programs should also report on the False Positive Rate (FPR) for each selected screening method and report on mitigation strategies to address false positives with patients and clinical partners. The data collection description should include a description of the method for data collection, frequency, timeframes for collection, how data will be maintained confidentially and safeguarded and the responsible staff for the data management. If a specific data tool will be used this may be included as an optional appendix to the application. Reporting may include duplicated and/or unduplicated client data. Duplicated patient screenings may be included in reporting if multiple screenings per an established timeline are indicated per standard clinical guidance. See Appendix A for additional detail on clinical guidance. The reporting method will be reviewed with the Contract Manager in the post award phase of a grant-funded project.
5. Strategies to address potential barriers to the provision of the proposed activities. Include specific strategies that will impact the screening participation by the identified targeted population that may affect outreach, client education, referral to health services, and follow-up activities.
6. Lists of intended outcomes or specific changes expected because of program activities. These outcomes may be listed here and described in further detail in the evaluation section.
7. A brief description of how the project will align with the provided program logic model (Appendix B).
8. A description of a general Communications and Outreach plan including how targeted marketing will be accomplished. All outreach and marketing should be designed to reach the targeted demographic selected for the screening program with appropriate media or communication platforms. Communication plans should include an initial process for alignment to Department communication standards to be finalized in the post-award phase if funding is received. Communication plans should also publicize to the public and encourage the use of the health care screening portal created by the Florida Department of Health. Any activities related to patient education would also be included in this plan. What plans are in place to ensure that the patients that are screened understand and can act on screening results? The applicant should describe a process to connect patient education with referral to post-screening clinical services and should identify targeted follow-up with patients and medical partners to determine screening program impact.

9. Include description of the process for post-screening referrals whether active or passive. An active bi-directional process with established partnerships and regular communications with clinical providers and follow-up with the client is encouraged. The application should describe the process for referrals to treatment and if the process is currently in place or if it needs to be established.
10. Describe previous and current efforts and outcomes undertaken to address screening service disparities including any collaborations with health entities, local governmental agencies, civic associations, and others that show experience with the identified problem and specific population.
11. Describe how the program maintains any clinical or medical oversight to determine the effectiveness and validity of the screening practice and referral to related health services.

4.7.4 Project Management Plan

- A. Outline, in narrative form, a detailed project management plan that defines how the project is executed, monitored, and controlled by the applicant. The objective of the project management plan is to define the approach to deliver the intended activities of the project.
- B. A description of how the program will be staffed, (e.g., paid staff and/or volunteers, and subcontracts). Identify the number and type of positions needed, which positions will be full-time, and which will be part-time, and qualifications proposed for each position, including type of experience and training required. Applicant must explain how staff and volunteers are recruited as well as how consultants and subcontractors are procured.
- C. The Project Management Plan must outline how the applicant will handle any issues, including remedies, to be taken if project timeline changes occur. Describe the contingency plan if the targeted quarterly totals are not met or if staff members leave the project and how subsequent replacements will be integrated into activities.
- D. Describe how resources will be redirected to successfully carry-out the proposed project and how the applicant plans to sustain the program once grant funding ends.
- E. Describe sources of other funds currently received by the applicant to support proposed activities. Explain how the funding requested under this program will be used differently than the funding already received for the proposed activities. Identify other programs operating in the county serving the same population proposed to be served under this project. Applicant should explain how the organization proposes to avoid duplication of existing services or how the proposed program will enhance or differ from services provided by existing programs.

4.7.5 Collaboration (Partnership Plan)

The collaboration section should describe the past, current and future efforts to partner with other organizations within the local community to deliver the proposed project as described in the Program Description (Section 4.7.3) for the benefit of the identified population(s) if applicable. Collaboration may also be considered as a means of ensuring program sustainability once grant funding ends.

In narrative form, applicants should address the following information as applicable:

1. Introduce partners. Be brief, highlighting each partner's expertise and success.
2. Define participation for each collaborative partner in program implementation. Describe the roles, activities, and expected outcomes because of partner input.
3. Specify contributions. Highlight the resources, staff, facilities, and expertise each partner will provide. Include these contributions as either cash or in-kind resources in the budget section of the application. If partners do not directly contribute to the program, detail how their partnership is beneficial to the organization's mission.
4. Explain subcontracts. If a portion of the grant will go to partner organizations, discuss that in the narrative, and be sure the line-item budget shows how partners will spend the funds.
5. Define process and authority. Demonstrate a clear process in place for handling subcontracts, making decisions, and managing joint efforts.

6. Provide current Letters of Support (LOS) or Memoranda of Understanding (MOUs). The LOS or MOUs should align with the partner roles and contributions specified in the narrative and budget if applicable. This documentation may be provided in the Appendix section of the application and is not included in this section's page limit.
7. Partnerships may include alignment with the work of the local County Health Department (CHD) and/or with the local Federally Qualified Health Centers (FQHCs). A letter of support from these entities is recommended but not required.

Note: Awardees are expected to submit a collaboration report as determined by the Department on a quarterly basis.

4.7.6 Project Evaluation and Performance Measurement Plan (EPMP)

Describe the process for evaluating program activities within the proposed project. The evaluation plan should define key evaluation questions to be answered, how progress will be measured, how challenges will be identified and addressed and how progress measured through evaluation will be shared with partner organizations. In narrative form, applicants must describe the following information:

- Expected direct result of an activity (output or product).
- Short-term outcomes tied to each objective (achievable by the end of the funding period).
- Timeline for measuring project progress.
- Methods for collecting and analyzing evaluation data.
- Process for sharing evaluation results with partner organizations and stakeholders.
- Process for using evaluation findings for continuous quality improvement.
- Key stakeholders and the role of each in the evaluation.
- Staff and their qualifications for conducting programmatic evaluation.

Evaluation efforts are expected to be implemented at the start of the project to capture and document actions contributing to program outcomes. The evaluation must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in access to screenings and referral to related health services. Grantees will evaluate the implementation and measure the outcomes of proposed activities, including precise and thorough quarterly reporting on the strategies and objectives identified in proposed work plans. Measurements may include quantitative and qualitative assessments of service participation; yield from outreach efforts; and, where possible, noted improvements in quality-of-life measures because of participation in the activities provided. The quarters for reporting will be in accordance with the state or grant fiscal year.

1. The evaluation plan must articulate how the applicant will assess program activities and implementation. The evaluation must be able to produce results that demonstrate how the strategies and activities made a difference toward the improvement of access to screening services and referral to related health services. The evaluation should identify the expected result (i.e., a particular impact or outcome) for each major objective and activity and discuss the potential for replication. The evaluation should make use of SMART objectives (Specific, Measurable, Achievable, Relevant and Time-Bound). The evaluation must be an internal process and funds may not be authorized to secure an outside evaluator.
2. The evaluation plan will be reviewed for the following criteria:
 - Does the evaluation plan include core evaluation questions for both process and outcome specific, time-phased, measurable objectives, and indicators of progress?
 - Does the evaluation plan include detailed information about data collection, analysis, and reporting?
 - Does the evaluation plan adequately speak to relevant standards for program evaluation

planning, implementation, and the use of findings for program accountability and improvement?

Evaluation Resources:

American Evaluation Association. The Program Evaluation Standards. <https://www.eval.org/>

The Step-by-Step Guide to Evaluation. How to Become Savvy Evaluation Consumers. The W.K. Kellogg Foundation (2017)
<https://wkkf.issuelab.org/resource/the-step-by-step-guide-to-evaluation-how-to-become-savvy-evaluation-consumers-4.html>

4.7.7 Workplan- (See Attachment 2 for required Excel template)

Applicants must submit a workplan using SMART objectives for implementation of proposed activities which will be conducted to meet each objective. A workplan template is provided in Excel format which is required (Attachment 2). This document should be submitted as an Excel file in the document submission system. Please do not alter the columns or framework of the workplan template. The workplan must include methods used to assess whether objectives are met, a timeframe, and the individual responsible for carrying out each activity. All grantees will be expected to submit an updated workplan as outlined in the resulting contract in the post-award phase if funding is received. This section must describe how the proposed project will be carried out and linked to the objectives and needs.

4.8 Proposed Budget Summary and Narrative- (Use attached Excel templates)

The summary and narrative budgets must each provide a detailed description of proposed expenditures by type and an explanation of all requested cost items that will be incurred by the proposed project as they relate to the Program Description. All proposed costs for the project activities described in this RFA are required to be presented in a line-item budget format that is accompanied by a budget narrative that supports the requested budget line items.

Justification for all cost items contained in the Proposed Budget Summary must be described in a separate Budget Narrative, the format for which is contained in the Attachments. Only cost allocations under the terms of the RFA and applicable state cost principles may be included in the line-item budget. All requested costs must be reasonable and necessary. Regarding Mobile grant programs, the purchase of vehicles is not allowable with this funding and any equipment purchases over \$5000.00 will need to be specifically reviewed and approved by the Department. If your grant application includes an item above \$5000.00 this will be reviewed during the post-award contract negotiation phase and prior to the start of program activities.

Note: The scoring for this application will include a section for the Budget. All applicants should use the provided budget forms and include a detailed narrative regarding expenditures. Administrative or Indirect costs should be directly related to project activities and may not exceed 10% of the salary and fringe benefits.

Budget Summary (Attachment 3)

All cost contained in the Budget Summary must be directly related to the services and activities identified in the application. The maximum possible award amount is \$500,000. All anticipated costs must be presented in the format outlined in this RFA. The method of cost presentation will be a line-item budget using the format specified in the Attachments. This document will be submitted as an additional attachment to the submitted application.

Budget Justification/Narrative (Attachment 4)

Provide a brief justification for each budget line item. Applicants should demonstrate how the proposed expenditures relate to the activities in the work plan or how the proposed expenditures will improve progress towards project objectives in a narrative format. Include only expenses directly related to the project and necessary for program implementation using only the standard heading listed on the budget form. This document will be submitted as an additional attachment to the submitted application.

4.9 Appendices for Application

Applicants should include the following appendices in the table of contents, affixed at the end of the application, and are not counted towards page limits. All appendices must be clearly referenced and support elements of the Project Narrative:

Appendix A of the application must include:

- An organizational table or chart. (See Section 4.7.1 – Organizational Overview)
- A current roster of the board of directors if applicable.
- Outline of relevant program personnel who will have a role in the proposed new screening work. This outline should be provided as a brief list with names and job titles and a one-sentence description of the job function.

Appendix B of the application must include proposed data collection instruments (if any). This appendix would capture any new tools for data collection if any will be implemented specifically for this proposed grant effort. This is not a requirement.

Appendix C of the application must include verification of applicant's official status (e.g. nonprofit entity, 501(c)(3), etc.). Acceptable documentation includes 1) appropriately filed articles of incorporation, 2) an IRS determination letter, or 3) a current tax-exempt certificate.

Appendix D of the application may include Letter(s) from the county health departments (CHDs) of the counties where the screenings will be provided outlining any partnerships, referral agreements, and collaborations with the CHD's Community's Health Improvement Plan (CHIP). Letters should be signed by the CHD Administrator, CHD Director, or a designee. This letter is recommended but not required.

Appendix E of the application must include Letter(s) of Agreement, Support, or Commitment from organizations where any program activities will be implemented or that detail the collaborative partnerships described in the collaboration plan. Letters from collaborative partners should:

- Identify their role and contribution to the project.
- If the program holds any relevant Memorandums of Understanding (MOU) with any partner organizations these may be included here. Memorandums of Understanding are encouraged but not required.
- A minimum of one (1) Letter of Support is required as part of the application but you may submit additional letters.
- **Appendix F** of the application must include a Certification of Drug Free Workplace. The Applicant will provide the necessary organizational documentation.

4.10 Authorized Signatory

The signature on the application must be that of an authorized official of the organization that has authorized the submission of the application to the Cinotti Grant Program. An authorized official is an officer of the 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 previous titles are provided as examples. The authorized signature certifies that all information, facts, and figures are true and correct and that if awarded a grant, the organization 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.

4.11 Definitions

1. **Administrative or Indirect Costs:** Indirect Costs are defined by the Office of Management and Budget (OMB) in the Uniform Guidance (UG) as costs that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. For the purposes of this grant, indirect costs are costs which are indirect to the main activity of implementing free screening programs and related services with referral to treatment, if appropriate. Indirect costs may include administrative work such as financial or staff management and any clerical work.
2. **Applicant:** Any person, entity or organization that applies in response to this RFA. This term refers to the pre-award phase of the grant. An organization is defined by the Federal Employer Identification Number or (FEIN).
3. **Award:** Financial assistance that provides support or stimulation to accomplish a public propose. Awards include grants by the Cinotti Grant Program to an eligible recipient.
4. **Best Practice:** A best practice is a standard or set of guidelines that is known to produce good outcomes if followed. Best practices are related to how to carry out a task or configure something.
5. **Bi-directional Referral:** A process that considers both the information going from the screening program provider to the referred community program or resource and the information returning from that program back to the screening provider. A bi-directional referral program is more active.
6. **Budget Summary:** A brief line-item presentation of the financial aspects of the grant program.
7. **Budget Narrative:** A detailed explanation of all budget elements including staff and supplies with a description of how requested budget items align with the purpose of the grant program as defined in this RFA. The Budget narrative should include a detailed justification for budget items.
8. **Concentrated Poverty:** Defined by the United States Census Bureau as areas where 40 percent of the tracked population lives below the federal poverty level.
9. **Contract:** A formal agreement or order that will be awarded to an applicant under this RFA, unless indicated otherwise. A standard FDOH contract is included in this RFA for reference. Successful grantees will negotiate, complete, and sign a standard contract with the Department prior to the initiation of grant-funded activities.
10. **Contract Manager:** An individual designated by the Department to be responsible for the monitoring and management of the resulting Contract.
11. **Evidence-Based Intervention (EBI):** An intervention designed to implement one or more strategies linking public health or clinical practice recommendations to scientific evidence of effectiveness and other characteristics.
12. **False Positive Rate (FPR):** A measure of the proportion of positive cases that were incorrectly identified or classified as positive in a screening.

13. **Federal Employer Identifier Number (FEIN):** A unique identifying number provided by the federal government to uniquely identify an organization.
14. **Federal Poverty Level:** Also known as the “poverty line”, is the amount of annualized income earned by a household, below which they would be eligible to receive certain public benefits.
15. **Federally Qualified Health Centers (FQHCs):** All organizations receiving grants under Section 330 of the Public Health Service Act. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.
16. **Grantee:** Any entity or organization that receives an award from the Cinotti Grant Program funds resulting from this RFA. This term refers to the post-award phase of grant-funded activity.
17. **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.
18. **Health System:** A group of independent, interrelated elements (i.e. individuals, institutions, and infrastructures) that form a unified whole to promote and protect the health of people through the implementation of essential public health services.
19. **Nonprofit entities:** A nonprofit entity is an organization that qualifies for tax-exempt status by the IRS because its mission and purpose are to further a social cause and provide a public benefit. Nonprofit entities may include hospitals, universities, charities, and foundations.
20. **Partner Organizations:** Organizations the applicant will partner with to provide services related to the Contract either directly or indirectly.
21. **Passive Referral:** Referral process that considers only the information going from the screening program provider to the referred community program or resource.
22. **Priority Population:** For the purposes of this RFA, an underinsured or underserved population with limited access to free screening programs.
23. **Referral:** The process of directing or redirecting a client to an appropriate program or agency upon assessing the client’s specific needs. Referral can be active or passive.
24. **Request for Application (RFA):** A Request for Application (RFA) is a competitive instrument which is utilized for the selection of providers which allows the Department an opportunity to make a well-informed decision for the commodities/services provided under the Department’s oversight.
25. **Screening:** A health screening test is a medical test or procedure performed on members of an asymptomatic population to assess their likelihood of having a particular disease or condition(s).
26. **Service Area:** The geographic level to which program services will be directed (e.g., county, zip code, census tract, community, neighborhood).
27. **Underinsured Populations:** Populations who have health insurance but face significant cost sharing or limits on benefits that may impact their ability to access or pay for needed health services.
28. **Underserved Population:** Population who do not have adequate access to health care include the elderly, rural, low-literacy, and low-income populations.
29. **Unduplicated Clients:** The total number of participants who are counted once, regardless of the multiple visits they make and the number of services they receive.
30. **Vendor Bid System (VBS):** Refers to the state of Florida internet-based vendor information system, which is available at: http://www.myflorida.com/apps/vbs/vbs_main_menu.
31. **Vulnerable Populations:** Populations who are at greater risk of experiencing poor health outcomes due to social and economic factors such as place of residence, income, current health status, age, race/ethnicity, and persons with disability.

SECTION 5.0: EVALUATION OF APPLICATIONS

2.5 Receipt of Applications

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

A confirmation will be sent automatically via email to all received applications upon receipt. Notification of an incomplete application will be sent via email from the Department within 15 business days following the close of the RFA.

2.6 Evaluation of Applications: Applications will be evaluated according to the core elements listed in the scoring table.

Applications will be scored by evaluators. Evaluators are selected based on their expertise in chronic disease prevention and intervention strategies, optimal health, social and economic conditions impacting health, and other issues confronted by vulnerable populations in the state of Florida. The scoring of applications establishes a reference point from which to make negotiation decisions. The scoring of applications does not imply that a contract will be awarded.

2.7 Application Scoring

Applications will be scored based on the core components listed in the sample scoring sheet provided below. This sheet will be used by objective reviewers recruited by the Department to review each grant for completion and alignment to the RFA.

**Cinotti Grant Program: Application Evaluation Scoring
Rubric RFA# 24-001**

How Applications are Scored:

Each application will be evaluated and scored based on the identified category requirements. Applications will be scored by objective review teams using evaluation sheets to designate the point value assigned to each application. The scores of each member of the review team will be averaged with the scores of the other members to determine the final score. Application scores establish a reference point from which to make negotiation decisions. The maximum score possible is 100. Review team members will use only whole numbers and not decimals for each line. Scoring will be in the following categories up to the maximum points indicated for each category:

Scoring Criteria (Below)

Staffing and Organizational Capacity: Provides information on staffing levels and organizational capacity that indicates a comprehensive understanding of requirements to complete the local project activities. Criteria to be considered are listed below. Maximum Possible Score for the Section is 10.	Points
1. To what extent does the applicant sufficiently demonstrate and clearly identify the administrative structure of the organization, its mission, services provided, and how the overall infrastructure will support the proposed activities? To what extent does the applicant have infrastructure in place to establish and sustain a new or expanded screening program? Previous experience with the new screening program type is not required but is useful for establishing existing capacity. For a program without existing screening program management experience, how does the applicant establish that there is sufficient organizational capacity for screening program management based on similar programs or the targeted new program design?	3
2. To what extent does the applicant sufficiently demonstrate and clearly identify the background of the organization and previous experience providing screening services (if any), including a brief description of similar projects (if any) that will advance the activities? How does this activity align with standards of practice in screening programs (See Appendix A)?	3
3. To what extent does the applicant sufficiently demonstrate and clearly identify the positions, roles, capabilities, and experience of program staff as well as the percent of time each is committed to the project activities? To what extent does this include medical and clinical oversight as well as defined and active connections with program partners? To what extent is this defined in the organizational plan?	3
4. To what extent does the applicant sufficiently demonstrate and clearly identify its contingency plan (section 4.7.4 requirement). If key staff leave the project, how will new staff be integrated into the project activities; how will volunteers be recruited, if used; and if subcontractors are used, explain their role in implementation of the project and experience with similar projects? Contingency plans should describe plans to meet screening outreach outcome goals (number of screenings) and steps to take if numbers are below the proposed amount.	1
Total Points for this section:	10

Statement of Need and Specific Population: Provides information for each proposed project that indicates a comprehensive understanding of the need for and purpose of the local project activities. Criteria to be considered are listed below. Maximum Possible Score for the Section is 10.	Points
1. To what extent does the applicant sufficiently demonstrate and clearly identify the priority population and geographic service area for proposed activities, including age, gender, racial and ethnic background, underserved populations, and risk factors?	2
2. To what extent does the applicant sufficiently demonstrate and clearly identify the need for the activities for the priority focus area in the local community, including any gaps (unmet needs) specific to the availability of screenings and a description of any barriers which may prevent the access of existing services?	2
3. To what extent does the applicant sufficiently demonstrate and clearly identify data regarding the priority focus area in the community, statewide averages, the population characteristics of the community to be served, and other relevant data? To what extent are sources described and are these sources both current and appropriate?	2
4. To what extent does the applicant sufficiently demonstrate and clearly identify how the grant funding, through proposed activities, will impact screening availability for the identified priority population? To what extent is this based on current data and evidence with sources identified?	2
5. To what extent does the applicant sufficiently demonstrate and clearly identify whether there are any other local, state or federally funded programs operating in the same county or local community that the project will serve, and if there are other programs, how the applicant plans to ensure that services are not duplicated or funds supplanted and how the proposed project activities will enhance or differ from existing projects?	2
Total Score for Statement of Need	10

Project Narrative: Provides information for how each proposed project will be designed and implemented. Criteria to be considered are listed below. Maximum Possible Score for the Section is 30.	Points
1. To what extent does the applicant explain how and for whom screening activities will be provided? This area should include the intended specific population, the total number of individuals (duplicated and/or unduplicated) that will benefit from each new or expanded screening activity, the area/s served and/or locations and settings in which activities will commence. Duplicated patient screenings may be included in reporting if multiple screenings per an established timeline are indicated per standard clinical guidance. See Appendix A for more details for each screening type. At a minimum, outcome measures should include monthly screening numbers, but programs must also report on screening program outreach, patient education, referrals to related health services and client follow-up. Programs should also report on the False Positive Rate (FPR) for each selected screening method and report on mitigation strategies to address false positives with patients and clinical partners. See Appendix A for additional guidance on evaluation per screening type.	10
2. Strategies to address existing barriers affecting the provision of screening activities that will be addressed with grant funding. Outreach including targeted marketing is included within this category of activity. All outreach and marketing should be designed	8

to reach the targeted demographic selected for the screening program with appropriate media or communication platforms. Communication plans should include a process for alignment to Department communication standards as stated within this document. Patient education would also be included in this category. What plans are in place to ensure that the patients that are screened understand and can act on screening results? Applicant should describe an active or passive process to connect patient education with referral to post-screening clinical services and should identify targeted follow-up with patients and medical partners to determine screening program impact.	
3. To what extent does the applicant explain the intended outcomes or specific changes expected because of program activities within the project narrative? How does the applicant maintain an outcomes-oriented view of proposed program management? Are proposed outcomes reasonable and achievable within the timeline of the project and based on the proposed program staffing and capacity?	6
4. To what extent does the applicant explain how the program maintains any clinical or medical oversight to determine the effectiveness and validity of the screening practice and referral to related health services?	6
Total Score for Project Narrative	30

Workplan: Provides a coherent and understandable description of the proposed project that will meet the allowable activities under Section 2.1 of the RFA. Criteria to be considered are listed below. Maximum Possible Score for the Section is 10.	Points
1. To what extent does the applicant sufficiently demonstrate and clearly identify how the activities will be implemented across a timeline? To what extent is this a reasonable and achievable timeline for project activity?	4
2. To what extent does the applicant sufficiently demonstrate and clearly identify how the proposed activities will lead to the outcomes in the logic model?	3
3. To what extent is the design of the workplan clear and understandable and likely to result in a well-managed and effective program?	3
Total Score for Program Workplan	10

Collaboration: Provides strategic partnership plan for community collaboration. Criteria to be considered below. Maximum Possible Score for the section is 10.	Points
1. To what extent has the applicant sufficiently outlined via a strategic partnership plan how to forge and sustain new partnerships in the proposed service area? To what extent are these partnerships established with Letters of Support (LOS) or Memorandums of Understanding (MOU) or records of shared activity? To what extent is there a clear description of ongoing bi-directional communication with partners?	2
2. To what extent has the applicant sufficiently demonstrated and clearly identified how collaboration may be a means to create sustainability if project funding ends?	2
3. To what extent does the applicant sufficiently demonstrate and clearly identify how the roles and responsibilities of collaborative partners will support the proposed activities in the workplan? How will partners participate actively in patient outreach, education, referral, and follow-up?	2

4. To what extent does the applicant demonstrate a comprehensive plan to address referrals and patient follow-up? To what extent is this plan bi-directional with activity for both the managing agency and for individual partners?	4
Total Score for Collaboration	10

Evaluation: Provides evaluation plan for the project activities. Criteria to be considered are listed below. Maximum Possible Score for the Section is 20.	Points
1. To what extent does the applicant sufficiently demonstrate and clearly identify the project outputs and short-term outcomes?	4
2. To what extent does the applicant sufficiently demonstrate and clearly identify which staff, including their qualifications, will be evaluating the project activities? To what extent does this include appropriate medical oversight of screening evaluation activities and follow-up?	2
3. To what extent does the applicant sufficiently demonstrate and clearly identify how to measure the changes in health outcomes which are aligned with typical screening program assessment? See Appendix A for additional guidance on evaluation metrics for each screening type.	2
4. To what extent does the applicant sufficiently demonstrate and clearly identify how to measure the impact of the program in the community? This should include assessment of initial outreach, any patient education, referral, and follow-up.	2
5. To what extent does the applicant sufficiently demonstrate and clearly identify plans to analyze, disseminate, and use evaluation findings to improve the quality of program activities?	2
6. To what extent does the applicant sufficiently demonstrate and clearly identify 2-5 quantitative performance measures for program outcomes?	4
7. To what extent does the applicant sufficiently demonstrate and clearly identify how the performance measures demonstrate progress toward proposed objectives and produce information that is valuable to the program for ongoing evaluation and quality improvement?	4
Total Score for Evaluation	20

Budget Narrative: Provides a budget for the proposed project which provides detailed line-items for all cost items that will be incurred by the proposed project activities. Criteria to be considered are listed below. Maximum Possible Score for the Section is 10.	Points
1. To what extent does the applicant sufficiently demonstrate and clearly identify budget costs that are reasonable and consistent with the purpose, outcomes, and program strategy of the project activities?	3
2. To what extent does the applicant sufficiently demonstrate and clearly identify the line item, number of units, the cost per unit, and the total costs?	3
3. To what extent does the applicant sufficiently demonstrate and clearly identify that the budget is added correctly?	2

4. To what extent does the applicant sufficiently demonstrate and clearly identify that there are no unallowable costs included?	2
Total Score for Budget	10

SCORE REVIEW (MAXIMUM POINTS)	
1. Staffing and Organizational Capacity:	10
2. Statement of Need and Specific Population:	10
3. Project Narrative:	30
4. Workplan:	10
5. Collaboration:	10
6. Evaluation:	20
7. Budget Narrative:	10
TOTAL SCORE FOR ALL SECTIONS	100

Once scores are averaged from the review team, the program will review the highest scoring grants to determine final funding decisions. Funding decisions will take into consideration the recommendations and ratings determined by the evaluation team. Funding an award determination is completely at the discretion of the Department not withstanding evaluation point totals.

SECTION 6.0: GRANT AWARDS

6.1 Grant Awards

The amount of the grant award shall be determined by the Department. The Department may establish a minimum amount or a maximum amount for grants and shall determine the amount of each award based on the merits of the application.

The Department reserves the right to evaluate the organizational capacity, administrative structure, economic viability, and the ability to deliver services by each applicant prior to final award and execution of the contract.

Successful recipients will receive a Notice of Award (NOA) from the department. The NOA will be signed by an authorized department Officer and e-mailed to the recipient program director. A copy of the NOA will be emailed to the recipient fiscal officer identified in the application. Unsuccessful recipients will receive notification of the results of the application review via email.

6.2 Award Criteria

Funding decisions will be determined by the Department who will take into consideration the recommendations and ratings determined by the evaluation team. Funding is completely at the discretion of the Department not withstanding evaluation point totals.

6.3 Funding

The Department reserves the right to revise proposed plans and negotiate final funding prior to execution of contracts.

6.4 Posting of Awards

Award information will be posted to the following website:

1. www.FloridaHealth.gov/CinottiGrantProgram
2. www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html

6.5 Vendor Registration

Each vendor doing business with the State for the sale of commodities or contractual services as defined in Section 287.012, Florida Statutes, will register in the MyFloridaMarketPlace (MFMP) system, unless exempted under rule 60A- 1.030(3), Florida Administrative Code. Also, an agency will not enter into an agreement for the sale of commodities or contractual services as defined in Section 287.012, Florida Statutes, with any vendor not registered in the MFMP system, unless exempted by rule. Each grant recipient must be a vendor in the My Florida Marketplace (MFMP) system. Any grant recipient not currently registered in the MFMP system will need to register within 5 days of receiving the notice of award.

Information about registration is available, and registration may be completed, on the MFMP website https://www.dms.myflorida.com/business_operations/state_purchasing/vendor_resources.

Those lacking internet access may request assistance from the MyFloridaMarketPlace Customer Service at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 300, Tallahassee, Florida 32399.

SECTION 7.0: REPORTING AND OTHER REQUIREMENTS

7.1 Post Award Requirements

Grantees will be required to negotiate with the Department's contract manager and grant staff to create and finalize the grant Work Plan.

Grantees will also be required to submit:

- Quarterly Progress reports

- Quarterly/Annual Financial Status Reports.
- Quarterly Evaluation reports.

Report Type	Reporting Time Period	Report Due date
Quarterly Progress Report (QPR) and Financial Status Report (FSR)	November 1, 2024 – December 31, 2024 /Fourth Quarter of 2024 (Q4-24)	January 15, 2025
Quarterly Progress Report (QPR) and Financial Status Report (FSR)	January 1, 2024 – March 31, 2025 / First Quarter of 2025 (Q1-25)	April 15, 2025
Quarterly Progress Report (QPR) and Financial Status Report (FSR)	April 1, 2025 – June 30, 2025 / Second Quarter of 2025 (Q2-25)	July 15, 2025
Annual Progress Report (APR) and Closeout Financial Status Report (FSR)	April 1, 2025 – June 30, 2025 / Second Quarter of 2025 (Q2-25)	August 15, 2025

The format of required reporting will be reviewed with successful grantees in the post-award period. Grantees must complete reporting utilizing the provided systems and reporting tools if any are provided. The grantee and the Department will engage in negotiation prior to establishing the agreed upon reporting method.

SECTION 8.0: REQUIRED FORMS

Documents (numbers 1-5 in the list below) will be submitted as either PDF or Word documents. The Workplan, Budget Summary and Budget Narrative (numbers 6-8 in the list below) will be submitted in the original Excel format as three separate files. The filenames for all files should begin with the name of the non-profit entity and include the name of the document (For example “Generic Nonprofit-Budget Narrative.xlsx”). Please carefully follow provided instructions in the online upload system.

1. Cover Page (One Page Limit) (See Attachment 1)
2. Table of Contents (Two Page limit)
3. Project Summary (One Page Limit)
4. Project Narrative (Submitted in PDF or WORD format) (20-page limit, As described above)
5. Appendices (To be included with the application)
 - A. Organizational Chart (1 page)
 - B. Proposed Data Collection instruments (If any/Not required)
 - C. IRS Non-Profit Status 501(c)(3) – (Applicant will provide documentation)
 - D. Letter of Support (County Health Department) (Recommended but not required)
 - E. Letters of Support (General – One or more Letters are required)
 - F. Certification of Drug Free Workplace – (Applicant will provide documentation)
 - G.
6. Workplan (Completed in Excel format) (Attachment 2)
7. Budget Summary (Attachment 3)
8. Budget Narrative (Attachment 4)

ATTACHMENTS & APPENDICES

RFA Appendices:

Appendix A: Health Screenings Table.

This table describes the following:

- Screening Time Interval
- Screening Populations (by age group, by gender, etc.)
- Recommending Organization for Screening Guidelines
- Screening Protocol Effective Dates

Appendix B: Program Logic Model

RFA Attachments:

There are 4 attachments required for responding to this RFA. Each provides additional information or a form necessary for the completion of the RFA.

- Attachment 1: Application Cover Page
- Attachment 2: Workplan Template
- Attachment 3: Budget Summary
- Attachment 4: Budget Narrative

Post Award Documentation

Post-award documentation is provided for reference only for eventual grantees of this program. These documents are not necessary for completing an application.

- Attachment 5: Standard Contract
- Attachment 6: Financial and Compliance Audit Attachment
- Attachment 7: Annual Executive Compensation Disclosure and Attestations Survey
- Attachment 8: Annual Executive Compensation Reporting Form
- Attachment 9: Reference Guide for State Expenditures
- Attachment 10: Travel Guidelines - State of FL Authorization to Incur travel
- Attachment 11: Recipient-Subrecipient and Contractor -Vendor Determination Checklist for State-Federal Funds
- Attachment 12: Subcontracting Request Form