REDUCING RACIAL AND ETHNIC HEALTH DISPARITIES

CLOSING THE GAP GRANT PROGRAM (CTG)
REQUEST FOR APPLICATIONS
RFA # 23-004

APPLICATION GUIDELINES

FY 2024-2025

Florida Department of Health

Office of Minority Health

Pre-Conference February 9, 2024, Call:10:00 am
Number: 888-585-9008
Code: 603-602-521 then press #

Application Deadline:
March 6, 2024

Direct all questions about the online application process or related issues via email to RequestforApplication@flhealth.gov with the subject heading.

"RFA# 23-004 Questions".

Authorized under Sections 381.7351 - 381.7356, Florida Statutes

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

This grant opportunity is not subject to Section 120.57 (3) Florida Statutes

Table of Contents

FUNDING ANNOUNCEMENT 4
TIMELINE RFA #:23-004 5
DEFINITIONS 6
SECTION 1.0: PROGRAM OVERVIEW 9
1.1 Overview of Closing the Gap (CTG) Program 9
1.2 Program Authority 9
1.3 Statement of Purpose 9
1.4 Funding Period 10
1.5 Grant Renewals 10
1.6 Eligible Applicants 10
1.7 Matching Funds Requirements 10
1.8 Performance Based Funding Allocation 10
1.9 Notice and Disclaimer 11
SECTION 2.0: TERMS AND CONDITIONS OF GRANT 12
2.1 Grant Requirements 12
2.2 Minority Participation 14
2.3 Corporate Status 14
2.4 Non-Corporate Status 14
2.5 Use of Grant Funds 14
2.6 Method of Payment 14
2.7 Invoicing and Payment of Invoices 14
2.8 Evaluation of Applications 15
2.9 Required Program Reports 15
2.10 Programmatic Specifications 15
SECTION 3.0: SUBMISSION OF APPLICATIONS 16
3.1 Cost of Preparation 16
3.2 Instructions for Submitting Applications 16
3.3 Pre-Application Conference Call 16
3.4 Applicants Written Questions 17
SECTION 4.0: APPLICATION PREPARATION GUIDELINES 18
4.1 Application Content 18
4.2 Instructions for Formatting Applications 18
4.3 Order of Application 18
4.4 Cover Page 19
4.5 Table of Contents 19
4.6 Project Abstract 19
4.7 Project Narrative 19
4.7.1 Organizational Overview – 10-Page Limit 20
4.7.2 Statement of Need- Five-Page Limit 21
4.7.3 Program Description- 15-Page Limit 21
4.7.4 Project Management Plan- 10-Page Limit 22
4.7.5 Workplan- 10-Page Limit 22
4.8 Collaboration (Partnership Plan) 20-Page Limit 22
4.9 Project Evaluation-15-Page Limit 23
4.10 Proposed Budget Summary and Narrative-10-Page Limit 24
A. Budget Summary Sheet 25
B. Budget Justification-Three-Page Limit 25
4.11 Appendices for Application 25
4.12 Authorized Signatory 26
SECTION 5.0: EVALUATION OF APPLICATIONS 27
5.1 Receipt of Applications 27

5.2 Evaluation of Applications ... 27
5.3 How Applications are Scored ... 27
SECTION 6.0: GRANT AWARDS ... 36
6.1 Grant Awards ... 36
6.2 Award Criteria ... 36
6.3 Funding ... 36
6.4 Posting of Awards ... 36
6.5 Vendor Registration ... 36
SECTION 7.0: REPORTING AND OTHER REQUIREMENTS ... 37
7.1 Post Award Requirements ... 37
SECTION 8.0: REQUIRED FORMS ... 38
8.1 Cover Page – pg. 60 ... 38
8.2 Budget Summary ... 38
8.3 Budget Narrative ... 38
8.4 Personnel Form ... 38
8.5 Certification of Drug Free Work Place – (Applicant will provide documentation) ... 38
8.6 IRS Non-Profit Status 501 © (3) – (Applicant will provide documentation) ... 38
8.7 Florida Department of Health Standard Contract ... 38
8.8 Financial Compliance Audit ... 38
RFA Appendix A Evidence-Based Intervention Repository ... 39
RFA Appendix B Evidence-Based Intervention Automated External Defibrillator (AED) ... 57
RFA Appendix C HIV Evidence-Based Intervention Resources ... 58
ATTACHMENTS ... 60
ATTACHMENT 1 – Application Cover Page ... 60
ATTACHMENT 2 – SMART Objective Hints ... 61
Attachment 3 – Budget Summary Template ... 62
Attachment 4 – Budget Narrative Template ... 65
Attachment 5 – Personnel Form ... 68
Attachment 6 ... 69
Attachment 7 ... 71
ATTACHMENT 8 – Financial Compliance Audit ... 85
ATTACHMENT 9 – Work Plan Template ... 98
ATTACHMENT 10 – Budget Management Plan Instructions ... 99
Attachment 11 – Referral Assessment ... 100
Attachment 12 ... 101

NOTE: All awards in response to this Funding Opportunity are subject to the availability of funds and spending authority provided by the Florida Legislature. By submitting a grant application pursuant to this Funding Opportunity, all applicants acknowledge and consent to this condition.

FUNDING ANNOUNCEMENT

The Florida Department of Health (Department), through its Office of Minority Health, announces the availability of funding for Fiscal Year (FY) 2024-2025 awards of the Office of Minority Health Closing the Gap (CTG) grant program to eliminate racial and ethnic health disparities and improve minority health outcomes.

Purpose: The CTG grant program seeks to promote the improvement of minority health outcomes and the elimination of health disparities through the development of closely coordinated community-based and neighborhood-based projects. **Eligibility:** Any person, entity, or organization within a county may apply for a CTG grant and may serve as the lead agency to administer and coordinate project activities within the counties and develop community partnerships necessary to implement the grant, pursuant to section 381.7354, Florida Statutes.

Estimated Funds Available: Approximately $3.5 million, subject to the funding amount appropriated for FY 2024-2025 by the Florida Legislature.

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

Range of Awards: The amount of award per applicant may vary. There are no minimum or maximum amounts for grant awards. The Department will make every attempt not to award multiple grants covering the same priority area within the same county. However, this will be contingent upon the number and strength of the applications received. If multiple applications are received for one county, the Department will consider only the application with the best score that meets all other requirements stated in the RFA. If no application for a county meets the minimum criteria, none will be considered for an award.

Type of Award: Grant

Budget Period: Twelve Months

Program Period: Estimated to be from July 1, 2024- June 30, 2025

Grant Period: Estimated to be from July 1, 2024- June 30, 2027

TIMELINE RFA #: 23-004

Applicants must adhere to the RFA timelines as identified 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	**January 22, 2024,**	Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html Office of Minority Health Closing the Gap https://www.floridahealth.gov/programs-and-services/minority-health/GrantFundingResources/closing-the-gap.html
Pre-Application Conference Call	**February 9, 2024 10:00 am. EDT**	Conference Call Number: (888) 585-9008 Conference Code: 603-602-521 then press #
Submission of Questions	**February 16, 2024 by 6:00 p.m. EDT**	Submit questions by email with the subject heading "RFA# Questions" to RequestforApplication@flhealth.gov.
Anticipated posting of Answers to Questions	**February 22, 2024**	Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html
Applications due (no faxed or e-mailed applications)	**Must be received by March 6, 2024 11:59 p.m. EDT**	To upload your application, go to the Department of Health Automated Upload System: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html.
Anticipated evaluation of applications	**March 11, 2024 – March 19, 2024**	Review and Evaluation of Applications Begins
Anticipated award date	**By April 2, 2024**	Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html Office of Minority Health Closing the Gap https://www.floridahealth.gov/programs-and-services/minority-health/GrantFundingResources/closing-the-gap.html

DEFINITIONS

1. **Applicant:** Any person, entity or organization that submits an application in response to this RFA.
2. **Award:** Financial assistance that provides support or stimulation to accomplish a public propose. Awards include grants and other agreements in the form of money or property in lieu of money, by the CTG program to an eligible recipient.
3. **Awardee:** Any person, entity, or organization that receive support or stimulation from CTG funds resulting from this RFA.
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. **Care Coordinator:** Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care.
6. **CLAS Standards:** A set of 15 action steps intended to advance optimal health, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services.
7. **Community:** A body of people living in the same locality with a common language or interest or populations living and interacting with one another in a particular environment.
8. **Community Health Worker:** A member of a community who is chosen by community members or organizations to provide basic health and medical care within their community, and is capable of providing preventive, promotional, and rehabilitation care to that community based upon the specifications of their training.
9. **Concentrated Poverty:** Defined by the United States Census Bureau as areas where 40 percent of the tracked population lives below the federal poverty threshold.
10. **Contract:** A formal agreement or order that will be awarded to an applicant under this RFA, unless indicated otherwise.
11. **Contract Manager:** An individual designated by the Department to be responsible for the monitoring and management of the resulting Contract.
12. **Cultural Competence:** A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.
13. **Conditions Impacting Health:** The range of personal, social, economic, and environmental factors that influence health status.
14. **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.
15. **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 welfare benefits.
16. **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.
17. **Guide to Community Preventive Services:** A free resource of evidence-based recommendations and findings from the CPSTF (https://www.thecommunityguide.org/).
18. **Health Disparity**: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

19. **Health in All Policies (HiAP):** A collaborative approach that integrates and articulates health considerations into policymaking across health sectors, and all levels, to improve the health of all communities and people.
20. **Health Literacy:** The degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.
21. **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.
22. **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.
23. **Healthy People 2030:** A national effort that sets goals and objectives to improve the health and well-being of people in the United States.
24. **Implementation Plan (IP):** A summary of the formalized strategy adopted by an applicant which outlines action steps that will be taken within the funding period and beyond to increase outreach, awareness, training, education, screening, and referrals.
25. **Health Center Program Look-Alikes (Look-Alikes):** Look-Alikes are community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding. Section 1905(l)(2)(B) of the Social Security Act.
26. **Minority Racial and Ethnic Populations:** African Americans/Black, Hispanic/Latino Americans, Asian Americans, Native Hawaiian/Other Pacific Islanders, American Indians, and Alaska Natives.
27. **National Minority Health Month:** Led by the United States Department of Health and Human Services, health and optimal health partners and interested individuals, groups, communities and organizations are encouraged to work across public and private sectors to collaborate on initiatives to reduce disparities, advance optimal health, and strengthen the health and well-being of all Americans in the month of April.
28. **Optimal Health:** The attainment of the highest level of health for all people.
29. **Partner Organizations:** Organizations the applicant will partner with to provide services related to the Contract either directly or indirectly.
30. **Policies:** Laws, regulations, and formal rules that are adopted to guide individual and collective behavior within an organization.
31. **Priority Area:** The twelve health areas identified in section 381.7355, Florida Statutes: adult and child immunization, Alzheimer's disease and related dementias, cancer, cardiovascular disease, diabetes, HIV/AIDS, lupus, severe maternal morbidity, maternal and infant mortality, oral health, sickle cell disease, and social and economic conditions impacting health.
32. **Priority Population:** The racial and ethnic groups identified by an applicant in its RFA application.
33. **Project:** The applicant's proposal intended for funding through this grant.
34. **Reducing Racial and Ethnic Health Disparities Closing the Gap (CTG) Grant Program**: Programs promoting coordinated efforts to reduce and eliminate racial and ethnic health disparities in Florida.
35. **Reducing Structural Barriers:** A process using interventions to decrease structural barriers, which are non-economic obstacles that make it difficult for people to access needed services (e.g., inconvenient hours or days of clinical service, transportation costs, unpaid sick leave).

36. **Referral:** The process of directing or redirecting a client to an appropriate program or agency upon assessing the client's specific needs.
37. **Screening:** The evaluation or investigation of something as part of a methodical survey to assess suitability for a particular role or purpose.
38. **Service Area:** The geographic level to which program services will be directed (e.g., county, zip code, census tract, community, neighborhood).
39. **Social and Economic Conditions Impacting Health:** Factors in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.
40. **Socioeconomic Status:** A measure of the relative influence wielded by an individual, family, or group because of their income, education, and occupation. Socioeconomic status is linked to a wide range of health problems, including low birth weight, cardiovascular disease, hypertension, arthritis, diabetes, and cancer.
41. **Systems Change:** Occurs when one or several elements in a system are markedly improved, substantially altering the relationship of elements to one another and the overall structure of the system itself.
42. **"Tools for Putting Social Determinants of Health into Action":** A compilation of tools and resources from the Centers for Disease Control and Prevention (CDC) to help practitioners taking action to address SDOH which is available at: https://www.cdc.gov/socialdeterminants/tools/index.htm
43. **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.
44. **Underserved Population:** Population who do not have adequate access to health care include the elderly, rural, low-literacy, and low-income populations.
45. **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.
46. **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_www.main_menu.
47. **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 1.0: PROGRAM OVERVIEW

1.1 Overview of Closing the Gap (CTG) Program

Chronic diseases such as heart disease, cancer, stroke, and diabetes are the leading cause of death and disability in the United States. These conditions are often exacerbated by unhealthy behaviors such as tobacco use, poor nutrition, limited physical activity and inequitable access to healthcare services. Minority populations, particularly African Americans/Black, Hispanic/Latino Americans, Asian Americans, Native Hawaiian/Other Pacific Islanders, American Indians, Alaska Natives, and other vulnerable populations are disproportionately impacted.

Social and economic conditions that negatively impact health and wellbeing include poverty; limited access to quality education or employment; inadequate housing; unfavorable work and neighborhood conditions; exposure to neighborhood violence; and the clustering of underserved groups of people and places. Yet, current intervention strategies to reduce health disparities do not typically take a "life-course perspective" and tend to be disease-specific, often targeting individual and health systems factors without addressing social and economic conditions impacting health.

Interventions targeting individual-level factors include improving health and lifestyle behaviors; reducing socio-contextual barriers, such as access to adequate food and employment resources or support for issues such as domestic violence; and delivering health programs that are culturally and linguistically tailored to specific individuals or groups. Health system interventions that address discrimination, access to care, and quality of care are also important. However, these approaches are not enough to address social and economic factors such as neighborhood conditions or poverty, which are also fundamental drivers of persistent health disparities. Policy, social norms, and system change are the major components needed to achieve, support, and sustain initiatives focused on improving health outcomes for social and economic conditions impacting health.

The CTG grant program works within the Department's mission to promote and protect the health and safety of all people in Florida by promoting holistic approaches to address the priority areas. This ideology is centered upon multilevel interventions that consider the complex interaction between individuals and their environments to better address social and economic conditions impacting health and enhance priority area prevention and health promotion for local communities. Over the years, the CTG grant program, through a competitive procurement process, has contracted with providers to stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of Florida's minority populations, including persons with disabilities within Florida counties. Further, the CTG grant program aims to foster the development of coordinated, collaborative, and broad-based participation by entities, either public and private, or faith-based organizations.

1.2 Program Authority

The "Reducing Racial and Ethnic Health Disparities: Closing the Gap Act" is authorized by sections 20.43 (9) and 381.7351 – 381.7356, Florida Statutes.

1.3 Statement of Purpose

The Reducing Racial and Ethnic Health Disparities "Closing the Gap" grant program is seeking applications that employ Evidence Based Interventions (EBI) strategies to advance underserved and minority health outcomes, promote the reduction of health disparities, forge sustainable partnerships, and enhance prevention and health promotion efforts focused towards CTG priority areas through closely coordinated community-based projects in Florida. All activities and services proposed must be delivered in a culturally and linguistically appropriate manner, and include diverse populations, including persons with disabilities. Proposed strategies must address disparities in at least one of the twelve priority areas, outlined in section 381.7355, Florida Statutes and align with the State Health Improvement Plan.

1.4 Funding Period

The term of any contract resulting from this RFA will be for a period of twelve months beginning July 1, 2024, and ending June 30, 2025.

1.5 Grant Renewals

Any contracts resulting from this solicitation may be renewed. Contracts may be renewed for a period that may not exceed three years or the term of the original Contract, whichever is longer. Renewals must be in writing, subject to the same terms and conditions set forth in the initial contract and any written amendments signed by the parties. Renewals are contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and are subject to the availability of funds. The renewal may not include any compensation for costs associated with the renewal.

1.6 Eligible Applicants

A CTG program grant may be awarded to any person, entity, or organization within a Florida county. Persons, entities, or organizations within adjoining counties, with populations of less than 100,000, based on the annual estimates produced by the Population Program of the University of Florida Bureau of Economic and Business Research (https://www.bebr.ufl.edu/population) may submit multi-county proposals if the populations served are representative of those to benefit from the activities of this RFA. The proposal must clearly identify a single lead agency and any subcontractors with respect to program accountability and administration. The populations of a multi-county proposal will be combined for determining match obligations as indicated in section 1.7 Matching Funds Requirement.

1.7 Matching Funds Requirements

In-kind matching of funds is encouraged in the form of free services and non-personnel resources. CTG program grants will be awarded on a matching basis. The funds must be matched at a ratio of one dollar in local (non- state) funds for every three dollars of grant funds provided by the CTG program grant except:

a) In counties with populations greater than 50,000, up to 50 percent of the local match may be in kind in the form of free services or human resources. Fifty percent of the local match must be in the form of cash.
b) In counties with populations of 50,000 or less, the required local matching funds may be provided entirely through in-kind contributions.
c) Grant awards to Front Porch Florida Communities shall not be required to have a matching requirement (for a list of Florida's Front Porch Communities (See Attachment 12). Funding acquired to provide other services may not be used as cash match.

1.8 Performance Based Funding Allocation

Applicants can select multiple priority areas and focal priority populations. Applications and resulting contracts must indicate the priority areas covered, deliverables for each priority area, and the funding allocated for each.
For Example:

PRIORITY AREA	DELIVERABLE	BUDGET
Diabetes	Through local policy initiatives, increase in Florida County, the number of convenience stores offering fresh fruit and vegetables by 70%.	50%
Oral Health	Increase, by 50%, the proportion of children and adolescents in Florida Counties, screened and referred for needed dental services such as sealants.	50%

1.9 Notice and Disclaimer

The CTG Grant program is governed by sections 381.7351 – 381.7356, Florida Statutes, "Reducing Racial and Ethnic Health Disparities: Closing the Gap Act" (the Act). Grant awards under the Act are not purchases of services or commodities governed by Chapter 287, Florida Statutes. Pursuant to the Act, by this solicitation the Department gives notice of the expected availability of funds and its application process to submit grant proposals. Grant awards, if any, will be determined by the Department in accordance with the Act, as described in this solicitation. Grant awards will be determined by the Department at its sole discretion based on the availability of funds and the quality of the application. The Department reserves the right to offer grant awards for less than the amount requested by applicants as it deems is in the best interest of the State of Florida and the Department. The receipt of proposals in response to this solicitation does not imply or guarantee that any one or all proposals will be awarded a grant. **Additionally, the Department reserves the right to negotiate services 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 Closing the Gap (CTG) program trainings and workshops sponsored by OMH. Awardees traveling to required meetings who fail to attend sessions or workshops will not be reimbursed for travel expenditures. Failure to attend the sessions will result in financial consequences as specified in resulting contract.
2. The provision of medical or clinical services are not permitted with this funding.
3. Within 10 days of award notification, Awardees will be required to submit a copy of current W-9, copy of liability insurance copy of lease agreement, proof of match account, 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.
4. Subcontracts and consultants are allowed under this contract. However, they are accountable to the applicant for the management of any funds received. Awardees may not sub-contract any of the proposed services without prior written approval from the Contract Manager. Applicants must demonstrate to OMH the procurement method used to secure all subcontracts and consultant agreements. Consultant and sub-contract agreements will be restricted to no more than 15% of the total final award.
5. Medical Home is an approach to the delivery of a comprehensive primary care that is patient-centered, team-based, accessible, culturally effective and coordinated. The Department of Health and Human Services (HHS) Disparities Action Plan supports the Patient-Centered Medical Home (PCMH) model to increase access to health care, insurance coverage, and access to high-quality healthcare services and systems, which is embedded in the CTG program. Studies have shown that PCMH has the potential to enhance clinical outcomes in high-complexity populations with chronic diseases by coordinating with primary care providers who lead a team responsible for managing patients' holistic healthcare needs.
   CTG program is now seeking to promote the PCMH model and increase awareness of the health disparity populations in Florida to address the priority areas through sustainable partnerships with health care providers, and community-based organizations. Grantees will be expected to complete the following requirements:
   A) Identify and describe the target population to be served.
   B) Identify potential primary care providers willing to coordinate services based on the high-risk areas to be served. Grantees should be provided the names of the primary care providers for the target population by the participants. A signed Release Form should be provided to share health information with the selected healthcare providers. The Release form can be found at https://www.floridahealth.gov/licensing-and-regulation/ems-system/_documents/ems-photo-release-form-english.pdf
   C) Determine types of services and activities offered.
   D) Specify coordinated preventive services in primary healthcare.
   E) Specify the implementation of Evidence-Based interventions (EBI) and demonstrate short-term outcomes.

   Applicants are encouraged to apply the requirements above into a logic model.

   Suggested Resource: Developing and Using a Logic Model CDC:
   https://www.cdc.gov/dhdsp/docs/logic_model.pdf

   Additional Resources: Florida KidCare: Quality, affordable health and dental insurance for kids:
   https://www.floridakidcare.org/

   Programs and Services to increase access to high quality-care for families: https://www.floridahealth.gov/programs-and-services/index.html

6. Proposed activities should include an assessment of the social and economic conditions impacting health affecting the priority populations. These assessments should not be conducted as a one-time occurrence but should be conducted at regular intervals to ensure the client's needs are being adequately met as well as to ensure the client is following- up on the referrals and utilizing the resources provided through the referral services (See Attachment 11). Applicants are encouraged to align activities with the State Health Improvement Plan (SHIP), the Florida Department of Health's Strategic Plan, and their county's Community Health Improvement plan, as applicable to their selected priorities and the agency's capacity to implement them. Grantees will be expected to complete the following requirements:
   A) Train at least six community health workers on how to apply for health insurance including Florida KidCare, Florida Marketplace, or how to access health care services at Federally Qualified Health Centers, Look-Alikes, and free clinics. In addition, the CHW training must include information about available resources related to your proposed program, and the Healthy People 2030 recommended evidence-based preventive health care for adults.
   B) Assess individuals and/or families regarding insurance status, barriers, needs related to health care and other public health services.
   C) Refer each individual or family to health care and social services resources as needed. Collaboration activities should include a strategic partnership plan detailing the intended strategy to recruit, engage and maintain new partners, especially health clinics to support this project. It should also include participating partners contact information (e.g. phone number, address, email, role, activity, and contact info of liaison), meeting schedule, role, action steps, and deliverables. Awardees are expected to convene a minimum of one meeting per quarter with all partners; and report on activities, communications and products on a quarterly basis.
7. To maximize efficiency and effectiveness of funds and program activities to advance optimal health, all applicants should select one or more interventions listed under the subtitle "Evidence-Based Interventions" (EBIs) in Appendix A in this RFA. Applicants can supplement their choice of evidence-based interventions by adding one or more strategies listed under the subtitle "Supplemental Strategies and Resources." Including only interventions from "Supplemental Strategies and Resources" will result in a lower score on Program Description (See Scoring Criteria). If an organization proposes an evidence-based intervention that is not found in the Appendix list, their application should include citations that demonstrate that the intervention has been deemed effective through scientific research.
8. Propose 2-5 quantitative performance measures for initial program outcomes for your best practice and plan to report these quarterly. Performance measures should demonstrate progress toward proposed objectives and produce information that is valuable to the program for ongoing evaluation and quality improvement. Examples of possible performance measures include:
   A) Proportion of Chronic Disease Self-Management Program course registrants that report scheduling an appointment with their physician regarding their blood pressure within 3 months of the course date.
   B) Proportion of Chronic Disease Self-Management Program course registrants that report scheduling an appointment with their physician regarding their blood pressure within 3 months of the course date.
   C) Proportion of pregnant patients that report adopting an exercise program.
   D) Proportion of pregnant patients that report increasing their regular physical activity.

   For each indicator, propose a current or estimated baseline and target and describe your intended data source (e.g., intake and exit surveys), frequency of collection (e.g., intake and exit surveys are taken upon start and completion of program, approximately 6 weeks), and position responsible for the data collection and reporting.

2.2 Minority Participation

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

2.3 Corporate Status

For all corporate applicants, proof of corporate status must be provided with the application. Tax-exempt status is not required, except for applications applying as non-profit organizations. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501©(3). Any of the following is acceptable evidence: a statement from a state taxing body, State Attorney General, or other appropriate state official, certifying that the applicant has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.

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 federal or state law and are specified in "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
   A) Administrative or Indirect costs of up to 10% of salary and fringe-benefits are allowed under this grant award. All indirect costs must be justified and not a duplication of identified direct costs. Indirect Cost Agreement submission procedure: Grantees who do not have an approved indirect agreement can request up to 10% of indirect cost. Please use the following form to complete the indirect cost request and include it in your proposal: IndirectCost_De_MinimisRateCalculationWorksheet_FDOHCM.pdf (floridahealth.gov)
   B) To assist your agency with completing the form, applicants are encouraged to take the training below. The training demonstrates how to calculate the indirect amount using federal guidelines. A link to the training:
   C) https://www.youtube.com/watch?v=jVBlDWbQV5o
   D) If applicants have an approved indirect 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. With the exception for cooking demonstrations, the purchase of food is **not allowed** with grant funds provided under this RFA.

2.6 Method of Payment

The Department will use a fixed price for communities and faith-based organizations and a cost reimbursement method of payment for government agencies and state universities.

2.7 Invoicing and Payment of Invoices

1. The Department will provide reimbursement for allowable expenditures incurred pursuant to the terms of the contract 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 for up to two staff members to attend the **mandatory** CTG workshops. This expenditure must be reflected in the budget proposal.
3. Payment will be made upon the receipt, review, and approval of deliverables and a properly completed invoice. Invoices must be submitted and received (not postmarked) **within 15 days** following the end of the month for which reimbursement is being requested. Invoices must be supported with appropriate documentation and reports. Late invoices will result in withheld or delayed payment.
4. Awardees must maintain records documenting the total number of participants and names, or unique identifiers, of individuals who benefit from project activities and the dates on which activities were conducted so that an audit trail is available.

2.8 Evaluation of Applications

Each proposal will be evaluated and scored based on the category requirements identified in Section 5.0. 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 teams 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. **Grants will be awarded based on the available funding and the application's final score. The final award amount will be determined through negotiation.**

2.9 Required Program Reports

Funded projects must utilize a data collection method as directed by OMH. Awardees must submit reports to OMH on a monthly basis. These reports include monthly invoices, expenditure reports, progress reports, strategic partnership plans, and a data collection tool provided by OMH.

2.10 Programmatic Specifications

Applicants serving clients are required to serve unduplicated clients over the course of the project period. It is highly recommended applicants focus on areas in their community with concentrated poverty as identified by the US Census. However, other social indicators must be assessed in addition to concentrated poverty to avoid incorrect assessments (e.g., college/university areas). Tasks to be performed will be developed based on the application submitted and negotiations between OMH and the applicant. Applicants must demonstrate the ability to initiate activities immediately upon execution of a contract. The applicant will not perform any tasks related to the project other than those negotiated without the prior written consent of the Department and execution of a contract. Each applicant will include its 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. The applicant must ensure that background screenings are conducted on all employees and volunteers as specified in the contract.

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

1. Applicants are required to submit the electronic application, via the Florida Department of Health RFA Automated System, as follows:
   - A) 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.
   - B) The naming convention of the application must follow this format: RFA#-Provider Name-Program Specific Information (Example: RFA23-004-Elimination Inc-Closing the Gap).
   - C) The application must be uploaded into the system by the deadline stated in the Timeline.
   - D) To upload the application, go to https://requestforapplications.floridahealth.gov/ . Click the drop-down menu to select the applicable RFA.
   - E) To upload a document for the first time, select Browse, click to choose file(s), then click "Upload",
   - F) Upload only one file. Accepted file types are .pdf, .xls, .xlsx, .doc, and .docx only. For the submitted document, the file size must not exceed 100 MB.
   - **G)** To replace a previously uploaded document, select Overwrite from the Upload Type drop-down menu. You must enter the session key received with your initial submission confirmation. Click Browse to choose the updated file(s), then click Upload. **Note: In order to properly overwrite the previous upload, the updated file(s) must have the exact same file name as the document(s) being replaced.**

Applicants are encouraged to submit applications early. The applicant must click the Upload button prior to the deadline time in order 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 RequestforApplication@flhealth.gov with the subject "RFA 20-005 Questions".

3.3 Pre-Application Conference Call

A pre-application conference call will be held at the date, time, and location indicated in the timeline above. Prospective applicants are encouraged, but not required, to participate in the pre-application conference call. The purpose of the pre-application conference call is to raise awareness of the request for applications (RFA), its posting locations, and the expected submission processes prior to the application deadline. Any statements made at the pre-application conference call 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 conference call. The Department will determine the appropriate action necessary, if any, and may issue a written amendment to the RFA. Only those changes or modifications issued in writing and posted as an official amendment will constitute a change or modification to the RFA. To access the teleconference, dial 1-888-585-9008 conference code 603-602-521 then press #.

3.4 Applicants Written Questions

Questions related to this RFA must be received in writing at the site identified by the date and time indicated in the Timeline. No questions will be accepted after the date and time indicated in the timeline. The questions may be sent by e-mail to: RequestforApplication@flhealth.gov with the subject heading "RFA# 23-004 Questions".

SECTION 4.0: APPLICATION PREPARATION GUIDELINES

4.2 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 one document in the order and formatting set forth in this RFA. The provision of extraneous information should be avoided.

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.

4.3 Instructions for Formatting Applications

1. Applications must be submitted using the following specifications:
   - A) Word or PDF file format.
   - B) Font Size: 12 point (Arial or Times New Roman).
   - C) Single-spaced.
   - D) Page Margin Size: One inch.
   - E) 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.
   - F) Project Narrative (Proposal):
   - G) 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).
   - H) Budget:
     - a. The budget summary information must be completed on Attachment 3.
     - b. 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).
   - I) Number and label all pages; not to exceed the maximum number of pages where applicable.
   - J) Headers should identify each section and Footers should include the name of the organization and page number.
   - K) All required forms and content should be submitted in one document in the order and format set forth in this RFA.

4.4 Order of Application

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

1. Cover Page – (One Page Limit).
2. Table of Contents – (Two Page Limit).
3. Project Abstract – (One Page Limit).
4. Project Narrative – (Thirty Page Limit).
5. Project Management Plan- (Ten Page Limit).
6. Workplan- (Ten Page Limit).
7. Collaboration (Twenty Page Limit).
8. Project Evaluation – with logic model – (Fifteen Page Limit).
9. Budget Summary and Narrative- (Ten Page Limit).
10. Budget Justification (Three Page).
11. Appendices and Attachments (See Table of Contents and Section 8.0 Required Forms).

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

4.5 Cover Page

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

1. RFA number.
2. Title of the application.
3. Legal name of the organization or individual (applicant's legal name).
4. Applicant's mailing address, including city, state and zip code.
5. Telephone number, fax number, and e-mail address of the person who can respond to inquiries regarding the application.
6. Applicant's Federal Employer Identification (FEID) Number.
7. Total amount of grant requested.
8. Contact person for negotiations.
9. Name, title, and signature of the person authorized to submit the application on behalf of the applicant.
10. Type of applicant (i.e., person, entity, organization);
11. County, or counties, to be served.
12. Priority Areas covered; and,
13. Brief project description (250 words or less).

4.6 Table of Contents

The application must contain a table of contents with page numbers identifying major sections of the application. The table of contents is not included in the project narrative page limit.

4.7 Project Abstract

A project abstract must identify the main purpose of the project, the priority population to be served, types of services offered, the area to be served, and expected outcomes. In addition, applicants should specify within their Project Abstract, how the Evidence-Based Interventions (EBI) strategies supported through funding will demonstrate short term impact within the grant period as well as potential for long term sustained impact through specific, measurable, achievable, realistic, and time-bound (SMART) objectives.

4.8 Project Narrative

The Project Narrative is limited to **30** singled spaced pages and shall not exceed the maximum number of pages for each section (4.7.1-4.7.3). If the narrative exceeds the page limit, only the first pages written within the page limit will be reviewed.

Key components of the Project Narrative include an Organizational Overview, Statement of Need, and Project Description. Applicants should provide enough details for reviewers to be able to assess the project's appropriateness and merit. In narrative form, be sure to address the following:

1. Lifestyle factors that contribute to disparate health outcomes; for example, increasing physical activity and improving nutrition.
2. Areas with the greatest documented racial and ethnic health disparities in the priority areas. 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

3. Broad-based local support and commitment from entities representing diverse minority racial and ethnic populations including indicators of support and commitment, agreements to participate in the program, letters of endorsement, letters of commitment, interagency agreements, or other forms of support.
4. Training of healthcare providers in cultural, linguistic, and spiritual competencies (i.e. CLAS standards).
5. Training of community health workers on strategies to conduct assessments on health care coverage, needs, barriers, satisfaction, and referrals to health care insurers, Medicaid, Medicare, federally qualified health centers, free clinics, and the Florida Kid program for children.
6. Collaboration with community and faith-based organizations representing diverse communities to obtain the help of trusted leaders and to better understand and address the concerns of their members.
7. Implementation of optimal health-informed system- and community-driven approaches for eliminating public health disparities such as tobacco use, substance abuse, chronic conditions and low birth weight.
8. Comprehensive participation by the health care community in clinical preventive service activities and community-based health promotion and disease prevention interventions.
9. Partnerships with established coalitions focusing on promoting health improvement.
10. Incorporation of documented evidence-based interventions to improve the population's health status.
11. Likelihood that project activities will occur and continue in the absence of CTG funding.

Note: The 30-page limit applies specifically to the Project Narrative. Required forms are not counted as part of the Project Narrative page limit (See Section 8.0 for the required forms).

4.8.1 Organizational Overview – 10-Page Limit

The organizational overview should outline key descriptors of the agency to help external reviewers assess your fit with the CTG program's goals, objectives and beneficiaries. In narrative form, applicants must address the following information about the agency's:

1. History.
2. Mission, vision, strategy, and values.
3. Goals.
4. Program/services offered.
5. Operating hours.
6. Outcomes/Achievements.
7. Experience related to preventing and eliminating health disparities.
8. Service Area(s).
9. Focal population(s) served.
10. Partners and how those connections interface with the applicant's organization.
11. Budget.
12. Funders.
13. Capacity and ability to direct, perform, and complete the proposed activities including project management experience.
14. Organizational chart.
15. Sustainability plan.

4.8.2 Statement of Need- Five-Page Limit

The statement of need is the focal point of the entire proposal. It should define the problem, describe the community, implications of the problem, and identify the disparities and inequities within the community that may be aggravating and heightening the problem. In narrative form, applicants must address the following information:

1. Identify the focal populations to be served, types of prevention and intervention activities offered, the area to be covered by the project, expected overall outcomes, and the applicant's experience related to preventing and eliminating health disparities.
2. Demographic information about the focal population to be served in the proposed target county (or counties) under this project.
3. Justification for the need of funding to address health disparities in the targeted area, including strengths and challenges.
4. Impact of the problem on the identified focal population.
5. Prevalence of health disparities that exist within the county or areas proposed.
6. Risk factors and other health or social indicators that contribute to the problem. It is highly recommended applicants focus on areas in their community with concentrated poverty as identified by the US Census. However, other social indicators must be assessed in addition to concentrated poverty to avoid incorrect assessments (e.g., college/university areas).
7. Previous and current efforts and outcomes undertaken to address minority health and health disparities including any collaborations with health entities, local governmental agencies, civic associations, and others that show experience with the identified problem and focal population.
8. The sources of all data and statistics used to validate the need.
9. A comparison of data for the proposed project geographic area with statewide averages to demonstrate relative need for the project.
10. **Sources of other funds currently received by the applicant to support proposed activities.**
11. **Explain how the funding requested under this program will be used differently than the funding already received for the proposed activities**.
12. Identify other health disparities programs operating in the county serving the same population proposed to be served under this project. Applicant should explain how it proposes to avoid duplication of existing services or how the proposed program will enhance or differ from services provided by existing programs.

4.8.3 Program Description- 15-Page Limit

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 of the following information:

1. Activities to be conducted as a result of this funding including the timeframes for implementation. Describe all strategies to be used for policy initiatives, prevention, intervention, education and outreach
2. An explanation of how and to whom activities will be implemented. Include the intended focal population, the total number of unduplicated 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 including descriptions, such as number and length of classes (e.g., ongoing or repeated, number of hours and sessions offered, number in each session or activity etc.).
3. Strategies to address potential barriers to the provision of the activities proposed.
4. A description of plans to collaborate with organizations and health care systems to conduct outreach, recruit for program activities and provide referrals for follow-up services.
5. Lists of intended outcomes or specific changes expected as a result of program activities.
6. A description of how the program will be staffed, (e.g., paid staff and/or volunteers, consultants 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.

4.7.4 Project Management Plan- 10-Page Limit

1. 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 be used by the applicant to deliver the intended activities of the project. See Attachment 10.
2. 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 monthly totals will not be reached or staff leaves, and subsequent replacements will be integrated into activities; 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.
3. Provide a timeline comprehensive, clear, and concise for the project activities. It should show a clear start and end date of activities based on proposed grant cycle.

4.7.5 Workplan- 10-Page Limit

Applicants must submit a work plan using the SMART objective (see Attachment 2) for implementation of proposed activities, including activities which will be conducted to meet each objective each month, methods used to assess whether or not objectives are met, timeframe, and the individual responsible for carrying out each activity. All awardees will be expected to submit an updated work plan in the frequency specified in the resulting contract. A work plan template has been provided for use (see Attachment 9). This section must describe how the proposed project will be carried out and linked to the objectives and needs.

4.8 Collaboration (Partnership Plan) 20-Page Limit

1. 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 focal population. Collaboration may also be considered as a means of ensuring program sustainability once grant funding ends. Limit 20 pages. In narrative form, applicants must address the following information:
   - A) Introduce the partners. Be brief, highlighting each partner’s expertise and success.
   - B) Define participation for each collaborative partner in program implementation. Describe their role, activities, and expected outcomes as a result of their input.
   - C) 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 proposal. If partners do not directly contribute to the program, detail how their partnership is beneficial to your mission.
   - D) Explain sub-awards. 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.
   - E) Define process and authority. Demonstrate a clear process in place for handling sub-awards, making decisions, and managing joint efforts.
   - F) Provide current letters of commitment or Memoranda of Understanding (MOUs). The letters or MOUs must line up exactly with the partner roles and contributions specified in the narrative and budget. This documentation may be provided in the Appendix section of the application and is not included in this section’s page limit.
   - G) Include a strategic partnership plan detailing the intended strategy to recruit, engage, and maintain <u>new</u> partners, especially health clinics to support this project.

Note: Awardees are expected to submit a collaboration report on a quarterly basis.

4.9 Project Evaluation-15-Page Limit

Applicants will provide an evaluation plan describing their process for evaluating program activities within their 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 involved in the implementation of the project. In narrative form, applicants must describe the following information:

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

Suggested Resource: CDC Evaluation Framework: (cdc.gov/eval/framework/index.htm).

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 the improvement in access to care services and the elimination of health disparities. OMH will provide technical assistance as needed on evaluation during the first quarter of the contract to assist with refining the evaluation approach and measurements, with the awardee finalizing the evaluation plan by June 30, 2022.

1. Awardees 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 promotional, outreach, and recruitment efforts; and, where possible, increases in knowledge, intended behavior modification, or noted improvements in quality-of-life measures as a result of participation in the activities provided. The quarters for reporting will be in accordance with the state or grant fiscal year.

2. The evaluation plan must clearly articulate how the applicant will assess program activities starting with assessment of program implementation. The evaluation must be able to produce results that demonstrate whether and how the strategies and activities funded under the program made a difference toward the improvement of minority health and the elimination of health inequities. 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 must be an internal process and funds may not be authorized to secure an outside evaluator.

3. The evaluation plan will be reviewed for the following criteria:
   - A) Does the evaluation plan include a logic model that helps clearly depict the applicant's program activities and its intended effects?
   - B) Does the evaluation plan include core evaluation questions for both process and outcome specific, time-phased, measurable objectives, and indicators of progress?
   - C) Does the evaluation plan include detailed information about data collection, analysis, and reporting?
   - D) Does the evaluation plan adequately speak to relevant standards for program evaluation planning, implementation, and the use of findings for program accountability and improvement?

Below is an example of how applicants should demonstrate measures and outcome evaluation.

MEASURES	OUTCOME EVALUATION QUESTIONS
Changes in policy	Have local policies been adopted or implemented that will affect health outcomes within the community?
Changes in knowledge, attitude, skills, and practices	Has the requisite change in knowledge, attitudes, habits, and skills needed for behavior change occurred?
Changes in behavior, behavior population	Has a new healthier behavior been adopted?
Changes in morbidity and mortality	Has a change in health status occurred? (BMI, BP, glucose/HA1C levels)?

Evaluation Resources:

American Evaluation Association. The Program Evaluation Standards. https://www.eval.org/About/Competencies- Standards/Program-Evaluation-Standards

Centers for Disease Control and Prevention (CDC). (2017). A Framework for Program Evaluation in Public Health. Morbidity and Mortality Weekly Report (MMWR) 1999; Volume 48 (NO. RR-11). https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf

Lennie, J., Tacchi, J., Koirala, B., Wilmore, M., Skuse, A. (2011) Equal Access Participatory Monitoring and Evaluation toolkit.
https://wkkf.issuelab.org/resource/the-step-by-step-guide-to-evaluation-how-to-become-savvy-evaluation-consumers-4.html
https://wkkf.issuelab.org/resource/logic-model-development-guide.html

4.10 Proposed Budget Summary and Narrative-10-Page Limit

The Proposed Budget Summary and Budget Narrative must provide a breakdown and explanation of all requested cost items that will be incurred by the proposed project as they relate to the Program Description. All proposed costs for the project activities described in this RFA are required to be presented in a line-item budget format that is accompanied by a budget narrative that supports, justifies, and clarifies the various line items. Justification for all cost items, including cash match, contained in the Proposed Budget Summary must be described in a separate Budget Narrative, the format for which is contained in Attachments 3 and 4. Only cost allocations under the terms of the RFA and applicable federal and state cost principles may be included in the line-item budget. All requested costs must be reasonable and necessary.

Note: Points will be deducted for not using the budget form and lack of detailed narrative. Administrative or Indirect costs should be directly related to project activities and may not exceed 10% of the salary and fringe benefits.

A. Budget Summary Sheet

All cost contained in the Budget Summary must be directly related to the services and activities identified in the application. All cost must be presented in the format outlined in this RFA. Indicate the amount of match an organization or a partner agency will be providing for each budget category if there is a match of cash or in-kind services being committed to the project. The method of cost presentation will be a line-item budget using the format specified in Attachments 3 and 4.

B. Budget Justification-Three-Page Limit

1. 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.
2. Include only expenses directly related to the project and necessary for program implementation using only the standard heading listed on the budget form.
3. Provide a narrative description of the amount and sources of cash match. Provide similar information on other budget items under the appropriate headings. Participation in an annual CTG workshop is mandatory and must be included in your budget.

4.11 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:
1. An organizational table or chart is required for all applicants except individuals. (See Section 4.7.1)
2. A current roster of the board of directors, including name, address and telephone numbers is required for all applicants except individuals (if applicable).
3. Outline of personnel. (See Attachment 5)

Appendix B of the application must include: Proposed data collection instruments.

Appendix C of the application must include: No more than a one-page verification of applicant's official status (e.g.., Community-Based Organization (CBO), 501©(3), etc.).

Appendix D of the application must include: Letters from the County Health Departments (CHDs) of the counties in which services will be provided outlining any partnerships, referral agreements, and collaborations on the CHD's Community's Health Improvement Plan (CHIP). Letters should be signed by the CHD Administrator, CHD Director, or a designee.

Appendix E of the application must include: A letter from the Front Porch Florida Community, if applicable, detailing the cooperative partnership, services to be provided, and support for the proposed project.

Appendix F of the application must include: Letters of agreement, support, or commitment from organizations where program activities will be implemented that detail the collaborative partnerships. Letters with collaborative partners should identify their role and contribution to the project.

4.12 Authorized Signatory

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

SECTION 5.0: EVALUATION OF APPLICATIONS

5.1 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. The Department will make every attempt not to award multiple grants covering the same priority area within the same county. However, this will be contingent upon the number and strength of the applications received. If multiple applications are received for one county, the Department will consider only the application with the best score that meets all other requirements stated in the RFA. If no application for a county meets the minimum criteria, none will be considered for an award. Receipt confirmation will be sent for all received applications. Notification of incomplete application will be sent via email from the Contract Manager within 10 business days following the close of the RFA.

5.2 Evaluation of Applications: Applications will be evaluated on the following core elements:

Applications will be scored by Evaluators. Evaluators are selected based on their expertise in chronic disease prevention and intervention strategies, minority health, optimal health, social and economic conditions impacting health, and other issues confronted by vulnerable populations in the state of Florida.

The scoring of proposals establishes a reference point from which to make negotiation decisions. It in no way implies that a contract will be awarded.

5.3 How Applications are Scored

Applications will be evaluated based on the core components listed below:

Reducing Racial and Ethnic Health Disparities "Closing the Gap" (CTG) Grant Program: **Proposal Evaluation Scoring Rubric** ***RFA# 23-004***	
Applicant Name:	
Legal Name of Applicant:	
Principal Investigator/ Program Director:	
Proposed Priority Area(s):	
Proposed Service Area(s):	
Amount Requested:	
How Proposals are Scored: Each proposal will be evaluated and scored based on the category requirements identified. 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 teams 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 500. Scoring will be in the following categories up to the maximum points indicated for each category:	

Scoring Criteria		
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 50.**	**Maximum Points Possible**	**Points Awarded**
1. To what extent does the applicant sufficiently demonstrate and clearly identify how the administrative structure of the organization, its mission, services provided, and the overall infrastructure will meet the activities?	10	
2. To what extent does the applicant sufficiently demonstrate and clearly identify the background of the organization and previous related experience, including a brief description of similar projects (if any) that will advance the activities?	10	
3. To what extent does the applicant sufficiently demonstrate and clearly identify the positions, roles, capabilities, and experience of program staff as well the percent of time each is committed to the project activities?	15	
4. To what extent does the applicant sufficiently demonstrate and clearly identify the contingency plan (section 4.7.4 requirement) if key staff leave the projector how new staff will be integrated into the project activities; how volunteers will be recruited, if used; and if subcontractors are used, their role in implementation of the project and experience with similar projects?	15	
	50	
Total Score for Staffing and Organizational Capacity		

Statement of Need and Focal 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 60.**	**Maximum Points Possible**	**Points Awarded**
1. To what extent does the applicant sufficiently demonstrate and clearly identify the priority population and geographic area proposed to be served by the activities, including age, gender, racial and ethnic background, health disparities, underserved populations, and risk factors?	10	
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)?	10	
3. To what extent does the applicant sufficiently demonstrate and clearly identify data related to the priority focus area in the community, statewide averages, the population data of the community to be served, and other relevant data?	10	
4. To what extent does the applicant sufficiently demonstrate and clearly identify how the funding, through activities, will impact the problem on the identified priority population?	10	
5. To what extent does the applicant sufficiently demonstrate and clearly identify whether there are any other 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?	10	
6. To what extent does the applicant sufficiently demonstrate an understanding of the challenges with community program participation in the priority area?	10	
	60	
Total Score for Statement of Need		

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 100.**	**Maximum Points Possible**	**Points Awarded**
1. To what extent does the applicant sufficiently demonstrate and clearly identify how the activities will be implemented?	20	
2. To what extent does the applicant sufficiently demonstrate and clearly identify the anticipated number of individuals that will be served, how this will be accomplished, and how the individuals will benefit from the proposed activities to meet the allowable project activities for the applicable priority focus area?	20	
3. To what extent does the applicant sufficiently demonstrate and clearly identify how the proposed activities will lead to the outcomes in the logic model?	20	
4. To what extent does the applicant sufficiently demonstrate and clearly identify how their program is supported by evidence-based interventions (Appendix A in the RFA or provided appropriate citation to research that demonstrates program effectiveness)?	20	
3. To what extent does the applicant sufficiently demonstrate and clearly identify how they ensure fidelity in their implementation of the evidence-based interventions?	20	
	100	
Total Score for Program Description		
Collaboration: Provides strategic partnership plan for community collaboration. Criteria to be considered below. **Maximum Possible Score for the section is 80.**	**Maximum Points**	**Points Awarded**
To what extent has the applicant sufficiently described how members of the priority population and the local community will be involved in project implementation?	10	
To what extent has the applicant sufficiently outlined (i.e. strategic partnership plan) how to forge and sustain new partnerships in the proposed service area?	20	
To what extent has the applicant sufficiently demonstrated and clearly identified how collaboration may be a means to create sustainability if project funding ends?	20	
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?	20	
To what extent does the applicant demonstrate a comprehensive plan to address referrals based on Social & Economic Conditions Impacting Health Referral Assessment (Attachment 11)?	10	
	80	
Total Score for Collaboration		

Evaluation: Provides evaluation plan for the project activities. Criteria to be considered are listed below. **Maximum Possible Score for the Section is 80.**	**Maximum Points**	**Points Awarded**
1. To what extent has the applicant sufficiently demonstrated the use of a logic model to depict the relationship between program activities and its intended effects.	10	
2. To what extent does the applicant sufficiently demonstrate and clearly identify the project outputs and short-term outcomes?	10	
3. To what extent does the applicant sufficiently demonstrate and clearly identify which staff, including their qualifications, will be evaluating the project activities?	10	
4. To what extent does the applicant sufficiently demonstrate and clearly identify how to measure the changes in health-related knowledge?	10	
5. To what extent does the applicant sufficiently demonstrate and clearly identify how to measure the changes in health-related behavior (e.g., physical activity, sexual practices, smoking)?	10	
4 To what extent does the applicant sufficiently demonstrate and clearly identify how to measure the changes in health outcomes (e.g., blood pressure)? Please specify which health outcomes you will measure in your application.	10	
5 To what extent does the applicant sufficiently demonstrate and clearly identify how to measure the impact of the program in the community?	10	
6 To what extent does the applicant sufficiently demonstrate and clearly identify plans to analyze, disseminate, and use evaluation findings to improve quality of program activities?	10	
7 To what extent does the applicant sufficiently demonstrate and clearly identify 2-5 quantitative performance measures for initial program outcomes for their best practice?	10	
8 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?	10	
	100	
Total Score for Evaluation		

Timeline: Provides a timeline that is comprehensive, clear and concise for the project activities. Criteria to be considered are listed below. **Maximum Possible Score for the Section is 50.**	**Maximum Points Possible**	**Points Awarded**
1. To what extent does the applicant sufficiently demonstrate and clearly identify the activities?	15	
2. To what extent does the applicant sufficiently demonstrate and clearly identify the start and end date for each activity?	20	
3. To what extent does the applicant sufficiently demonstrate and clearly identify the person responsible for each activity?	15	
	50	
Total Score for Timeline		

Budget: Provides a budget for the proposed project which provides a detailed line-item breakdown 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 50.**	**Maximum Points Possible**	**Points Awarded**
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?	20	
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?	10	
3. To what extent does the applicant sufficiently demonstrate and clearly identify that the budget is added correctly?	10	
4. To what extent does the applicant sufficiently demonstrate and clearly identify that there are no unallowable costs included?	10	
	50	
Total Score for Budget		
Budget Narrative: Provides a budget narrative that corresponds to budget and directly related to the success of the project activities. Criteria to be considered are listed below. **Maximum Possible Score for the Section is 30.**	**Maximum Points Possible**	**Points Awarded**
1. To what extent does the applicant sufficiently demonstrate and clearly identify the purpose of each line item in the budget and how that item will be implemented to support the project activities?	30	
	30	
Total Score for Budget Narrative		

Objective Review:	
Brief Summary of Application:	
Summary of Major Weaknesses:	
Summary of Major Strengths:	
General Comments:	
Major Recommendations:	
Overall Recommendation:	☐ Approve ☐ Approve—but deferred pending application of major recommendations ☐ Disapproved

_______________________________________ _______________________________________

Review Committee Member's Signature Date

____

Print Name

SECTION 6.0: GRANT AWARDS

6.1 Grant Awards

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

The amount of the grant award shall be based on the county or neighborhood's population, or on the combined population in a group of adjoining counties from which a multicounty application is submitted, and on other factors, as determined by the Department. The Department may not 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 shall ensure that grants are awarded to applicants in various regions of the state, pursuant to section 381.7356, Florida Statute.

6.2 Award Criteria

Funding decisions will be determined by the OMH who 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.

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

1. www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html
2. http://www.myflorida.com/apps/vbs/vbs_www.main_menu
3. https://www.floridahealth.gov/programs-and-services/minority-health/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 system, unless exempted under subsection 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 MyFloridaMarketPlace system, unless exempted by rule. A vendor not currently registered in the MyFloridaMarketPlace system will do so within 5 days after posting of intent to award. Information about registration is available, and registration may be completed, on the MyFloridaMarketPlace website http://www.dms.myflorida.com/business_operations/state_purchasing/vendort _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

Funded applicants will be required to negotiate with the OMH contract managers to create and finalize the Work Plan.

Funded applicants will also be required to submit:

1. Progress reports in accordance with the Attachment I of the contract.
2. Quarterly/Annual Financial Status Reports.
3. Quarterly evaluation reports.

The Department reserves the right to evaluate the organization administrative structure, economic viability, and ability to deliver services prior to final award and execution of the contract.

SECTION 8.0: REQUIRED FORMS

8.1 Cover Page – pg. 60

8.2 Budget Summary – pg. 62

8.3 Budget Narrative – pg. 65

8.4 Personnel Form – pg. 68

8.5 Certification of Drug Free Work Place – (Applicant will provide documentation)

8.6 IRS Non-Profit Status 501 © (3) – (Applicant will provide documentation)

8.7 Florida Department of Health Standard Contract – pg. 71

8.8 Financial Compliance Audit – pg. 85

RFA Appendix A Evidence-Based Intervention Repository Priority 1: Alzheimer's

Goal: Protect Individuals with ADRD from further vulnerability (SHIP).

- Evidence-Based Interventions:
  - Building Better Caregivers Online – Self-Management Resource Center (In Partnerships with Stanford and Chronic Disease Self-Management Program)
    - https://selfmanagementresource.com/programs/online-programs/building-better-caregivers-online/
  - Chronic Care Model – Improving Chronic Illness Care
    - http://www.improvingchroniccare.org/
- Additional Resources:
  - Healthy Brain Initiative – CDC
    - https://www.cdc.gov/aging/pdf/2018-2023-Road-Map-508.pdf
  - National Alzheimer's Project Act (NAPA) – U.S. Department of Health and Human Services
    - https://aspe.hhs.gov/national-plans-address-alzheimers-disease
  - Alzheimer's Disease State Plan 2020 (Florida) – Florida Department of Elder Affairs, AARP, Alzheimer's Associations, Alzheimer's Disease Advisory Council
    - https://elderaffairs.org/wp-content/uploads/alzheimers-disease-state-plan-2020.pdf
  - Train Health Care Workers About Dementia – Health Resources and Service Administration
    - https://bhw.hrsa.gov/alzheimers-dementia-training
  - Medicare and Alzheimer's Disease – Alzheimer's Association
    - https://www.alz.org/help-support/caregiving/financial-legal-planning/medicare

Supplemental Strategies and Resources:

- Healthy Brain Initiative – CDC
- Alzheimer's Disease State Plan 2020 (Florida) – Florida Department of Elder Affairs, AARP, Alzheimer's Associations, Alzheimer's Disease Advisory Council
- Train Health Care Workers About Dementia – Health Resources and Service Administration
- Person Centered Assessment and Care Planning- Recommended by Alzheimer's Association
- Alzheimer's Association Dementia Care Practice Recommendations
- The Fundamentals of Person-Centered Care for Individuals with Dementia

Priority 2: Cancer

Goal: Reduce inequities in diagnosis of prostate, breast, colorectal and cervical cancer in minority populations by encouraging and providing regular screenings.

- Evidence-Based Interventions:
  - Promoting Cancer Screening in Partnership with Health Ministries – CDC
    - https://www.cdc.gov/pcd/issues/2019/19_0135.htm
  - Against Colorectal Cancer in Our Neighborhoods (ACCION) – National Cancer Institute
    - https://rtips.cancer.gov/rtips/programDetails.do?programId=26767808
  - Interventions Engaging Community Health Workers (Breast, Cervical, Colorectal) – Community Guide – CPSTF
    - https://www.thecommunityguide.org/findings/cancer-screening-interventions-engaging-community-health-workers-cervical-cancer.html
  - Multicomponent Interventions (Breast, Cervical, Colorectal) – Community Guide – CPSTF
    - https://www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-breast-cancer.html
  - Client Reminders (Breast, Cervical, Colorectal) – Community Guide – CPSTF
    - https://www.thecommunityguide.org/findings/cancer-screening-client-reminders-breast-cancer.html
  - Reducing Structural Barriers for Clients (Breast, Colorectal) – Community Guide – CPSTF
    - https://www.thecommunityguide.org/findings/cancer-screening-reducing-structural-barriers-clients-breast-cancer.html
  - Provider Reminder and Recall Systems (Breast, Cervical, Colorectal) – Community Guide – CPSTF
    - https://www.thecommunityguide.org/findings/cancer-screening-provider-reminder-and-recall-systems-cervical-cancer.html
  - Small Media Targeting Clients (Breast, Cervical, Colorectal) – Community Guide – CPSTF
    - https://www.thecommunityguide.org/findings/cancer-screening-small-media-targeting-clients-cervical-cancer.html

Goal: Increase awareness and education concerning prostate, breast, colorectal and cervical cancer in minority populations.

- Evidence-Based Interventions:
  - Cancer Thriving and Surviving Program – Self-Management Resource Center (In Partnerships with Stanford and Chronic Disease Self-Management Program):
    - https://selfmanagementresource.com/programs/small-group/cancer-thriving-and-surviving-small-group/
  - Prostate Health Awareness Project – NIH Cancer Institute
    - https://ebccp.cancercontrol.cancer.gov/programDetails.do?programId=308757
  - One-on-One Education (Breast, Cervical) – Community Guide – CPSTF
    - https://www.thecommunityguide.org/findings/cancer-screening-one-one-education-clients-breast-cancer.html
  - Cancer Screening: Group Education for Clients (Breast) – CPSTF
    - https://www.thecommunityguide.org/findings/cancer-screening-group-education-clients-breast-cancer
  - Cancer Screening: One-on-One Education for Clients (Cervical) – CPSTF
    - https://www.thecommunityguide.org/findings/cancer-screening-one-one-education-clients-cervical-cancer.html

Supplemental Strategies and Resources:

- Promoting Cancer Screening in Partnership with Health Ministries

Priority 3: Cardiovascular Disease

Goal: Improve overall heart health and decrease instances of cardiovascular disease among minority populations

- Evidence-Based Interventions:
  - Cardiovascular Disease: Interactive Digital Interventions for Blood Pressure Self-Management –CPSTF
    - https://www.thecommunityguide.org/findings/cardiovascular-disease-interactive-digital-interventions-blood-pressure-self-management
  - Chronic Disease Self-Management Program (CDSMP) – Stanford
    - https://www.cdc.gov/arthritis/interventions/self_manage.htm

Goal: Reduce risk factors among those at a higher risk of developing cardiovascular disease

- Evidence-Based Interventions:
  - Obesity: Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children – CPSTF
    - https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among
  - Cardiovascular Disease: Interventions Engaging Community Health Workers – CPSTF
    - https://www.thecommunityguide.org/findings/cardiovascular-disease-prevention-and-control-interventions-engaging-community-health
  - Health Information Technology: Comprehensive Telehealth Interventions to Improve Diet Among Patients with Chronic Diseases – CPSTF
    - https://www.thecommunityguide.org/findings/health-it-comprehensive-telehealth-interventions-improve-diet-among-patients-chronic-diseases

Goal: Improve medication adherence among patients with CVD

- Evidence-Based Interventions
  - Cardiovascular Disease: Mobile Health (mHealth) Interventions for Treatment Adherence Among Newly Diagnosed Patients – CPSTF
    - https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/cardiovascular-disease-mobile-health-mhealth
  - Health Information Technology: Text Messaging Interventions for Medication Adherence Among Patients with Chronic Diseases – CPSTF
    - https://www.thecommunityguide.org/findings/health-information-technology-text-messaging-medication-adherence-chronic-disease
  - Cardiovascular Disease: Tailored Pharmacy-based Interventions to Improve Medication Adherence – CPSTF
    - https://www.thecommunityguide.org/findings/cardiovascular-disease-tailored-pharmacy-based-interventions-improve-medication-adherence

Supplemental Strategies and Resources:

- Telehealth Interventions to Improve Chronic Disease

Priority 4: Diabetes

Goal: Promote early detection and screening for diabetes

- Evidence-Based Interventions:
  - Diabetes Self-Management Education and Support (DSMES) Toolkit – CDC
    - https://www.cdc.gov/diabetes/dsmes-toolkit/index.html
  - Diabetes Empowerment Education Program (DEEP) – UIC Midwest
    - https://mwlatino.uic.edu/deep-program/
  - Chronic Disease Self-Management Program (CDSMP) – Stanford
    - https://www.cdc.gov/arthritis/interventions/self_manage.htm
  - Chronic Care Model – Improving Chronic Illness Care
    - http://www.improvingchroniccare.org/
    - Diabetes Management – Interventions Engaging Community Health Workers – HP 2030/CPSTF
    - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-interventions-engaging-community-health-workers

Goal: Increase access to resources that promote healthy behaviors to prevent diabetes

- Evidence-Based Interventions:
  - National Diabetes Prevention Program (NDPP) – CDC
    - https://www.cdc.gov/diabetes/prevention/people-at-risk.html
  - Diabetes Education Empowerment Program (DEEP) – UIC Midwest
    - https://mwlatino.uic.edu/deep-program/

Goal: Increase the percentage of minority children and adults who are at a healthy weight

- Evidence-Based Interventions:
  - Obesity Prevention and Control: Meal or Fruit and Vegetable Snack Interventions Combined with Physical Activity Interventions in Schools – CPSTF
    - https://www.thecommunityguide.org/findings/obesity-prevention-control-meal-fruit-vegetable-snack-interventions-combined-physical-activity-interventions-schools
  - Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk – CPSTF
    - https://www.thecommunityguide.org/findings/diabetes-combined-diet-and-physical-activity-promotion-programs-prevent-type-2-diabetes
  - Physical Activity: Social Support Interventions in Community Settings – CPSTF
    - https://www.thecommunityguide.org/findings/physical-activity-social-support-interventions-community-settings

Supplemental Strategies and Resources:

- Risk Test | ADA (diabetes.org): Available in English and Spanish.
- 2022 National Standards for Diabetes Self-Management Education and Support | Diabetes Care | American Diabetes Association (diabetesjournals.org)
- Nutrition: Gardening Interventions | The Community Guide
- The Road to Health Toolkit-User's Guide (cdc.gov)

Priority 5: HIV/AIDS

Tier 1: Community Outreach, Engagement, and Education	
Strategy	**Activities**
Community-Level Prevention	• Condom distribution • Community outreach, mobilization, engagement, and education • Social media and marketing • Referral to prevention and essential support services

Tier 2: HIV Testing and Linkage to Prevention and Care Services	
Strategy	**Activities**
HIV Testing Applicants can choose to implement routine **and/or** targeted HIV testing based on their agency site type and organizational capacity.	• Routine, opt-out HIV testing in health care settings **AND/OR** • Targeted HIV testing in non-health care settings **<u>OPTIONAL:</u>** • Integrated screening activities
Prevention for HIV-Negative Persons at Increased Risk for HIV	• PrEP Screening, Referrals, and/or Provision • nPEP Screening, Referrals, and/or Provision
Prevention for PLWH	• Linkage to and re-engagement in HIV medical care • Medication and treatment adherence services • Risk Reduction Interventions for PLWH
Referral and Navigation to Prevention and Essential Support Services	• Referral and navigation to screening and treatment for STIs • Referrals and navigation to essential support services (e.g., housing, food assistance, transportation, employment)

Tier 3: Comprehensive HIV Prevention Services	
Strategy:	**Activities:**
HIV Testing Applicants may choose to implement routine **and/or** targeted HIV testing based on their site type and organizational capacity.	• Routine, opt-out HIV testing in health care settings **AND/OR** • Targeted HIV testing in non-health care settings **<u>OPTIONAL:</u>** • Integrated screening activities
Prevention for PLWH	• Linkage to and re-engagement in HIV medical care • Partner services • Medication and treatment adherence services • Risk Reduction Interventions for PLWH

Prevention for HIV-Negative Persons at Increased Risk for HIV	• PrEP Screening, Referrals, and/or Provision • nPEP Screening, Referrals, and/or Provision • Risk Reduction Interventions
Community-Level Prevention	• Condom distribution • Community outreach, mobilization, engagement, and education • Social media and marketing
Referral and Navigation to Prevention and Essential Support Services	• Referral and navigation to screening and treatment for STIs • Referrals and navigation to essential support services (e.g., housing, food assistance, transportation, employment)

Evidence-based Effective HIV Interventions

DIAGNOSE: Diagnose all people with HIV as soon as possible after infection

- Routine HIV Testing in Clinical Settings
- HIV Testing in Non-Clinical Settings
- HIV Testing in Retail Pharmacies
- Social Network Strategy for HIV Testing Recruitment
- Personalize Cognitive Counseling
- Mobile Testing Services
- Venue-based HIV Testing
- HIV Self-Testing Kits
- Integrated Screening (incorporating HIV screening with other health and wellness screenings to reduce stigma and normalize HIV testing)

TREAT: Treat persons diagnosed with HIV rapidly and effectively to achieve and maintain viral suppression; all of these activities can be used for *Prevention for PLWH* strategy

- Rapid access to treatment for persons newly diagnosed with HIV and those previously diagnosed who have disengaged from care
- Access to telehealth visits to reduce barriers to treatment adherence
- Antiretroviral Treatment and Access to Services (ARTAS)
- Choosing Life! Empowerment, Action, Results (CLEAR)
- Community PROMISE
- Healthy Relationships
- Helping Enhance Adherence to Antiretroviral Therapy (HEART)
- HIV Navigation Services
- Partnership for Health – Medication Adherence
- Partnership for Health – Safer Sex
- Peer Support
- Project START +
- Stay Connected
- Taking Care of Me
- Transgender Women Involved in Strategies for Transformation (TWIST)
- Women Involved in Life Learning from Other Women (WILLOW)

PREVENT: Protect people at risk for HIV using potent and proven prevention interventions, including PrEP and syringe services programs (SSPs); all of these activities can be used for *Prevention for HIV-negative persons* strategy

- Pre-exposure prophylaxis (PrEP) – Screening, Referrals, Navigation, Provision
- Condom Distribution Programs
- D – Up: Defend Yourself!
- Mpowerment
- Popular Opinion Leader (POL)
- Risk Reduction Counseling
- Safe in the City
- Sin Buscar Excusas/No Excuses
- Sister to Sister
- Syringe Services Programs **(where applicable)**
- Toolkit for Providing HIV Prevention Services to Transgender Women of Color
- TRANSFORM: Comprehensive HIV Care Delivery for MSM of Color
- Video Opportunities for Innovative Condom Education & Safer Sex (VOICES/VOCES) for Men who have Sex with Men (MSM)

Social Media and Marketing, Targeted Outreach, Mobilization, Public/Private Partnerships, Stigma Reduction, HIV Education and Awareness

- HIV/STI Prevention Education
- Business Responds to AIDS (BRTA)
- Faith Responds to AIDS (FRTA)
- Let's Stop HIV Together **(CDC Campaign Resources)**

  For Consumers:
  - ***Stop HIV Stigma* (Anti-Stigma)**
  - ***Doing It* (Testing)**
  - ***Start Talking. Stop HIV.* (Prevention)**
  - ***HIV Treatment Works* (Care and Treatment)**

  For Health Care Providers:
  - ***HIV Screening. Standard Care.***
  - ***Prescribe HIV Prevention***
  - ***Transforming Health***
  - ***Prevention is Care***
- Social Marketing
- **Targeted Outreach for Priority Populations (face-to-face, Internet-based)**

Supplemental Strategies & Resources:

- Business Responds to AIDS (BRTA)
- Faith Responds to AIDS (FRTA)

Priority 6: Immunization

Goal – Increase access to immunizations for infants, children and teens

- Evidence-Based Interventions:
  - Vaccination Programs: Schools and Organized Child Care Centers – CPSTF
    - https://www.thecommunityguide.org/findings/vaccination-programs-schools-and-organized-child-care-centers
  - Vaccination Programs: Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Settings – CPSTF
    - https://www.thecommunityguide.org/findings/vaccination-programs-special-supplemental-nutrition-program-women-infants-children-wic
  - Vaccination Programs: Home Visits to Increase Vaccination Rates – CPSTF
    - https://www.thecommunityguide.org/findings/vaccination-programs-home-visits-increase-vaccination-rates
  - Ensure a Stable Supply of, Access to, and Better Use of Recommended Vaccines in the United States – National Vaccine Program Office (Healthy People 2020)
    - https://www.hhs.gov/vaccines/national-vaccine-plan/goal-4/index.html

Goal – Maintain adequate follow ups for vaccinations and immunizations

- Evidence-Based Interventions:
  - Vaccination Programs: Client or Family Incentive Rewards – CPSTF
    - https://www.thecommunityguide.org/findings/vaccination-programs-client-or-family-incentive-rewards
  - Vaccination Programs: Health Care System-Based Interventions Implemented in Combination –CPSTF
    - https://www.thecommunityguide.org/findings/vaccination-programs-health-care-system-based-interventions-implemented-combination
  - Vaccination Programs: Client Reminder and Recall Systems – CPSTF
    - https://www.thecommunityguide.org/findings/vaccination-programs-client-reminder-and-recall-systems

Supplemental Strategies & Resources:

- ACIP Vaccination Programs Guidelines for Immunization | CDC: Offers comprehensive recommendations and guidelines.

Priority 7: Lupus

Goal: Health care system interventions to improve the education and training of healthcare providers about the symptoms and treatment of lupus

- Evidence-Based Interventions:
  - Chronic Disease Self-Management Program (CDSMP) – Stanford
    - https://www.cdc.gov/arthritis/interventions/self_manage.htm
  - Chronic Care Model – Improving Chronic Illness Care
    - http://www.improvingchroniccare.org/
  - Lupus Initiative – CDC and American College of Rheumatology
    - https://thelupusinitiative.org/
  - Playbook Project – CDC and American College of Rheumatology
    - https://playbook.thelupusinitiative.org/
- Additional Resources:
  - Lupus Awareness, Education and Management Activities – CDC
    - https://www.cdc.gov/lupus/funded/awareness.htm
  - Be Fierce Take Control National Awareness Campaign – CDC and American College of Rheumatology
    - https://befiercetakecontrol.org/
  - Florida Public Health Plan for Addressing Lupus
    - https://chronicdisease.org/lupus/nacdd-action-on-lupus/
  - Lupus Foundation of America
    - https://www.lupus.org/resources

Supplemental Strategies & Resources:

- Lupus Initiative – CDC and American College of Rheumatology:
- Playbook Project – CDC and American College of Rheumatology:
- Lupus Awareness, Education and Management Activities – CDC:
- Be Fierce Take Control National Awareness Campaign – CDC and American College of Rheumatology:
- Florida Public Health Plan for Addressing Lupus:
- Hospital for Special Surgery – lists several educational programs:
- Implementation of a health education program for teenagers affected by systemic lupus erythematosus:

Priority 8: Maternal/Infant Mortality

Goal: Reduce sexually transmitted infection (STI) incidence; reduce sexual risk behavior; reduce repeat pregnancy; reduce psychosocial risk factors

- Evidence-Based Interventions:
  - Centering Pregnancy Plus (CPP) – Centering Healthcare Institute
    - https://www.centeringhealthcare.org/what-we-do/centering-pregnancy

Goal: Reduce infant mortality and related inequities in minority populations

- Evidence-Based Interventions:
  - Pregnancy Health: Community-Wide Campaigns to Promote the Use of Folic Acid Supplements
    - https://www.thecommunityguide.org/findings/pregnancy-health-community-wide-campaigns-promote-use-folic-acid-supplements

Goal: Reduce risk of maternal mortality and pregnancy related deaths in minority populations

- Evidence-Based Interventions:
  - Nurse Family Partnership
    - https://www.nursefamilypartnership.org/about/proven-results/evidence-of-effectiveness/
  - Pregnancy Health: Exercise Programs to Prevent Gestational Hypertension – CPSTF
    - https://www.thecommunityguide.org/findings/pregnancy-health-exercise-programs-prevent-gestational-hypertension
  - Pregnancy Health: Lifestyle Interventions to Reduce the risk of Gestational Diabetes – CPSTF
    - https://www.thecommunityguide.org/findings/pregnancy-health-lifestyle-interventions-reduce-risk-gestational-diabetes

Supplemental Strategies & Resources:

- Promoting Science-Based Approaches to Teen Pregnancy Prevention Using Getting to Outcomes (PSBA-GTO) | Practitioner Tools & Resources | Teen Pregnancy | Reproductive Health | CDC: comprehensive guide to help teen pregnancy prevention program managers employ science-based approaches as they plan, develop, and conduct process and outcome evaluations of programs, and learn ways to improve and sustain programs that are reaching outcomes.

Priority 9: Oral Health

Goal: Reduce the incidence of tooth decay among children

- Evidence-Based Interventions:
  - School-Based Dental Sealant Delivery Programs – CPSTF (Healthy People 2030).
    - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/dental-caries-cavities-school-based-dental-sealant-delivery-programs
  - Dental Carries in Children from Birth Through Age 5 Years: Screening – USPSTF (Healthy People 2030).
    - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/dental-caries-children-birth-through-age-5-years-screening

Goal: Reduce the incidence of tooth decay among minority communities

- Evidence-Based Interventions:
  - Dental Caries (Cavities): Community Water Fluoridation – CPSTF (Healthy People 2030)
    - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/dental-caries-cavities-community-water-fluoridation

Supplemental Strategies & Resources:

- Fluoride Toothpastes of Different Concentrations for Preventing Dental Caries

Priority Area 10: Severe Maternal Morbidity& Other Maternal Health Outcomes

The Department of Health, through its Office of Minority Health, receives ongoing funds to address the priority area "Severe Maternal Morbidity and Maternal Health Outcomes. The department funds 20 counties to reduce severe maternal morbidity through Telehealth (SMMT) Programs.

- Applicants who are within the 20 funded counties and proposing a project related to the SMMT must provide a letter that includes the following:
- The activities and services the organization will receive.
- The proposed funding.
- Applicants who are not within the 20 funded counties under the SMMT Program do not have to provide a letter.
- Please click the link below for additional information regarding the SMMT RFA.

https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/RFA22-002.pdf#Open%20in%20new%20window

- Please direct all inquiries to Walter W. Niles at Walter.Niles@FLHealth.gov or 850-245-4439.

Priority 10: Sickle Cell Disease (SCD)

Goal: Improve health outcomes for patients living with sickle cell disease and sickle cell trait.

- Evidence-Based Interventions:
  - Chronic Care Model
    - http://www.improvingchroniccare.org/
  - Living Well w/ Sickle Cell Disease: Self-Care Toolkit
    - https://www.cdc.gov/ncbddd/sicklecell/documents/livingwell-with-sickle-cell-disease_self-caretoolkit.pdf
  - Interventions for Patients and Caregivers to Improve Knowledge of Sickle Cell Disease and Recognition of Its Related Complications (Listed on Healthy People 2030).
    - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/interventions-patients-and-caregivers-improve-knowledge-sickle-cell-disease-and-recognition-its-related-complications
  - Evidence-Based Management of Sickle Cell Disease: Expert Panel Report, 2014 (Listed on Healthy People 2030).
    - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/evidence-based-management-sickle-cell-disease-expert-panel-report-2014
  - Community Health Workers as Support for Sickle Cell Care
    - https://doi.org/10.1016/j.amepre.2016.01.016

Supplemental Strategies & Resources:

- Living Well w/ Sickle Cell Disease: Self-Care Toolkit
- CDC - American Society of Hematology (ASH) Clinical Practice Guidelines on Sickle Cell Disease
- Community Health Workers as Support for Sickle Cell Care
- Transcranial Doppler Ultrasonography (TCD) Screening Among Children with Sickle Cell Anemia Toolkit

Priority 11: Social and Economic Conditions Impacting Health

Goal: Create social and physical environments that promote good health for all.

Healthy People 2030 defines and Economic Factor Impacting Health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. One of Healthy People 2030's five overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

Social and economic conditions impacting health can be grouped into five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment and Social and Community Context. Examples of SDOH include: Safe housing, transportation, and neighborhoods; Racism, discrimination, and violence; Education, job opportunities, and income; Access to nutritious foods and physical activity opportunities; Polluted air and water and; Language and literacy skills.

Five federal agencies are part of the national Social and Economic Conditions Impacting Health Workgroup. Members of the workgroup have expertise in areas including social and economic conditions impacting health, optimal health, health disparities, economics, and vulnerable populations. Through a collaborative process, they developed seven objectives related to social and economic conditions impacting health. The National Center for Healthcare Statistics (NCHS) workgroup participants will provide data analysis and track the progress towards achieving these seven objectives throughout the decade. Please consider the following objectives as you develop your workplan, especially as they may relate to your goals, strategies, objectives and activities.

The seven Social and Economic Conditions Impacting Health Workgroup Objectives

1. Reduce the proportion of people living in poverty — SDOH-01
2. Increase employment in working-age people — SDOH-02
3. Increase the proportion of children living with at least 1 parent who works full time — SDOH-03
4. Reduce the proportion of families that spend more than 30 percent of income on housing — SDOH-04
5. Reduce the proportion of children with a parent or guardian who has served time in jail — SDOH-05
6. Increase the proportion of high school graduates in college the October after graduating — SDOH-06
7. Increase the proportion of federal data sources that include country of birth — SDOH-R01

- Evidence-Based Interventions:
  - Healthy People 2030 Social and Economic Conditions Impacting Health
    - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources#social-determinants-of-health
  - CDC Programs Addressing Social and Economic Conditions Impacting Health
    - https://www.cdc.gov/socialdeterminants/cdcprograms/index.htm
  - CDC Policy Resources to Support Social and Economic Conditions Impacting Health
    - https://www.cdc.gov/socialdeterminants/policy/index.htm
  - Tools for Putting Social and Economic Conditions Impacting Health into Action- CDC
    - https://www.cdc.gov/socialdeterminants/tools/index.htm
  - Protocol for Responding to and Assessing Patient's Assets, Risk, and Experiences (PRAPARE) Implementation and Action Toolkit
    - http://www.nachc.org/research-and-data/prapare/toolkit/
  - Protocol for Assessing Community Excellence -Environmental Health (PACE-EH)
    - https://www.cdc.gov/nceh/ehs/docs/pace-eh-guidebook.pdf

- Additional Resources:

  - Health People 2030 Social and Economic Conditions Impacting Health (Seven Objectives)
    - Seven Objectives: https://health.gov/healthypeople/objectives-and-data/social-determinants-health
    - Additional Objectiveshttps://health.gov/healthypeople/search?query=sdoh
  - CDC- 500 Cities: Local Data for Better Health
    - https://www.cdc.gov/500Cities/
  - STATUS OF HEALTH EQUITY REPORT- The Root Couse Coalition
  - https://www.rootcausecoalition.org/post/2020-status-of-health-equity-report Promising Strategies For Community Service Navigation: Lessons From Health Quality Innovators
    - https://innovation.cms.gov/files/x/ahcm-casestudy.pdf
  - Using Data for Quality Improvement: A Case Study from St. Joseph's Hospital Health System
    - https://innovation.cms.gov/files/x/ahcm-casestudy-stjoseph.pdf
  - The Accountable Health Communities Health-Related Social Needs Screening Tool
    - https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf
  - Standardized Screening for Health-Related Social Needs in Clinical Settings- Discussion Paper
    - https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf
  - Developing Partnership and Coalitions to Advance Optimal Heath
    - https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/health-equity-guide/Health-Equity-Guide-sect-1-3.pdf
  - Prevention Institute Module 5: Enhancing Effective Partnerships For Optimal Health (explores the power of partnerships for improving equity. It introduces the Eight Steps to Coalition Building, which can be used to develop a successful collaborative health equity effort)
    - https://www.preventioninstitute.org/tools/focus-area-tools/health-equity-toolkit/community-health-status-indicators. See the video to increase the awareness of Eight Steps to Coalition Building.
  - Building Coalitions to Promote Optimal Health: A Toolkit for Action
    - https://neactioncoalition.org/wp-content/uploads/2019/12/FON-CFA-Health-equity-toolkit-11-6-19.pdf
  - oversees policy and funding toward ending homelessness and serving persons experiencing homelessness and recognizes and designates local Continuum of Care (CoC) entities to serve as lead agencies for the homeless assistance system throughout Florida.
    - https://www.myflfamilies.com/services/public-assistance/homelessness
  - U.S Department of Housing and Urban Development: Emergence Housing Voucher
    - https://www.hud.gov/ehv

- The Florida Department of Children and Families Public Benefits and Assistance help promote strong and economically self-sufficient communities by determining eligibility for food, cash, and medical assistance for individuals and families in Florida.
  - https://www.myflfamilies.com/services/public-assistance
- The Florida Department of Children and Families: DCF Services
  - https://www.myflfamilies.com/services
- Florida Department of Commerce's workforce programs and services
  - https://www.floridajobs.org/office-directory/division-of-workforce-services/workforce-programs

Supplemental Strategies & Resources:

- CDC Programs Addressing Social Determinants of Health
- Tools for Putting Social Determinants of Health into Action- CDC
- Health People 2030 Social Determinants of Health (Seven Objectives)
  - Seven Objectives:
  - Additional Objectives
- CDC- 500 Cities: Local Data for Better Health
- CDC Policy Resources to Support SDOH
- STATUS OF HEALTH EQUITY REPORT- The Root Couse Coalition
- Promising Strategies For Community Service Navigation: Lessons From Health Quality Innovators
- Using Data for Quality Improvement: A Case Study from St. Joseph's Hospital Health System
- The Accountable Health Communities Health-Related Social Needs Screening Tool
- Standardized Screening for Health-Related Social Needs in Clinical Settings- Discussion Paper
- Developing Partnership and Coalitions to Advance Heath Equity
- Prevention Institute Module 5: Enhancing Effective Partnerships For Health Equity (Enhancing Effective Partnerships for Health Equity explores the power of partnerships for improving equity. It introduces the Eight Steps to Coalition Building, which can be used to develop a successful collaborative health equity effort)
  - See the video to increase the awareness of Eight Steps to Coalition Building.
- Building Coalitions to Promote Health Equity: A Toolkit for Action
  - https://neactioncoalition.org/wp-content/uploads/2019/12/FON-CFA-Health-equity-toolkit-11-6-19.pdf
  - https://campaignforaction.org/wp-content/uploads/2021/05/AARP_CCNA_HealthEquityToolkit_041522_111.pdf

Social and Economic Conditions Impacting Health Contingency Plan for Emerging Threats

The Office of Minority Health is including this section with the intent to address unforeseen barriers, challenges, and opportunities to provide essential services to address social and economic conditions impacting the health of your focal populations related to the OMH priority areas that you selected and proposed in your application.

OMH is asking you to propose activities describing how your agency will respond before or after a natural disaster such as public health emergency. It is recommended that proposed activities are as applicable to as many types of disasters as possible.

These activities will be added to your contract as a contingency plan and will become active for a specific period of time around the time of the disaster. The contingency plan will mitigate the effect of the emergency on the most vulnerable racial and ethnic populations that you work with, which often do not have the resources to address the potential devastating effects of emerging threats in Florida. The decision to activate the contingency plan and duration of the activation will be made by OMHE with contractor agreement. It will require a state or county-level state of emergency declaration. OMH will discuss with your agency which activities may temporarily replace other contracted activities.

RFA Appendix B Evidence-Based Intervention Automated External Defibrillator (AED)

Chronic disease such as cardiovascular disease is a concern to the rural populations and rural healthcare system due to its impact on the mortality rate, quality of life, and healthcare costs. Public access to Automated External Defibrillators (AEDs) and the use of Cardiopulmonary Resuscitation (CPR) can substantially reduce the mortality rate of cardiac arrest in public settings before Emergency Medical Services (EMS) arrive. A study conducted in 2018 found an association between bystanders' AED use and an increase in favorable functional outcomes. However, the use of AEDs remains low in rural areas due to limited access to AEDs and lack of knowledge.

Review criteria:

a. A need for AED equipment and training with documentation using the local standard enumerating average response and transport times (or include a plan on how these times will be recorded if there are no pre-existing records of such) noting mileage to stabilizing and/or definitive care and cardiovascular mortality prevalence rates for the proposed response area(s).
b. A plan for a need-based placement of AEDs and accessibility plan for those AEDs.
c. Reasonableness of the proposed budget, including estimated AED purchasing, training and maintenance costs (include maintenance schedule).
d. Demonstration of how the grant award will be distributed within the community partnership, with identified names of who will receive funding for each entity within the partnership.
e. A listing of identified and approved CPR and AED training entities.
f. A listing of who will use the AEDs, and a reference to State laws regulating AED usage.
g. Integration into local EMS systems ensuring medical direction for documented protocols of care and legal oversight.
h. A well-defined data collection and reporting mechanism via their State Office of Emergency Medical Services or the State Office of Rural Health should the former be unable to participate.

References:

7.1.1 Neighborhood characteristics, bystander automated external defibrillator use, and patient outcomes in public out-of-hospital cardiac arrest - PubMed (nih.gov): https://pubmed.ncbi.nlm.nih.gov/29477731/

7.1.2 Evidence of Impact for Public Access Defibrillation - HEART DISEASE AND STROKE BEST PRACTICES CLEARINGHOUSE (cdc.gov): https://hdsbpc.cdc.gov/s/article/Evidence-of-Impact-for-Public-Access-Defibrillation

7.1.3 Public Access Defibrillation (PAD) State Law Fact Sheet | CDC: https://www.cdc.gov/dhdsp/policy_resources/pad_slfs.htm#background

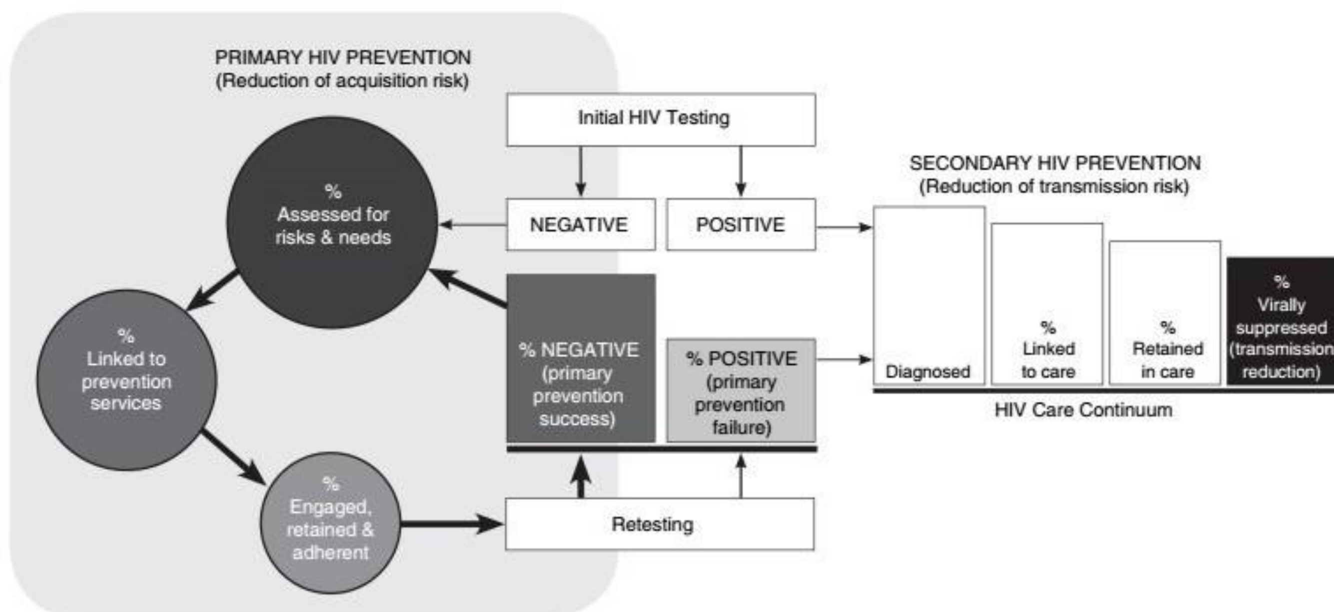
RFA Appendix C HIV Evidence-Based Intervention Resources

Effective Interventions (Diagnose, Treat, Prevent)- CDC

- https://www.cdc.gov/hiv/effective-interventions/index.html

HIV testing is the entry point in the HIV prevention cycle, as it generally provides a critical point of contact with the health care and service delivery systems for individuals who are HIV negative but are vulnerable to the infection, as well as being a gateway to treatment for people diagnosed with HIV.[1] Below is a diagram illustrating the interplay between processes to halt both the acquisition and transmission of HIV. The primary HIV prevention cycle begins with HIV testing. Risk and needs assessments, linkage to prevention and support services, engagement in risk reduction prevention interventions, and HIV testing are repeated for as long as an individual remains at risk for HIV acquisition.[1]

Figure 1. Comprehensive HIV Prevention Continuum



Source: Horn et al. *Journal of the International AIDS Society* 2016, 19:21263

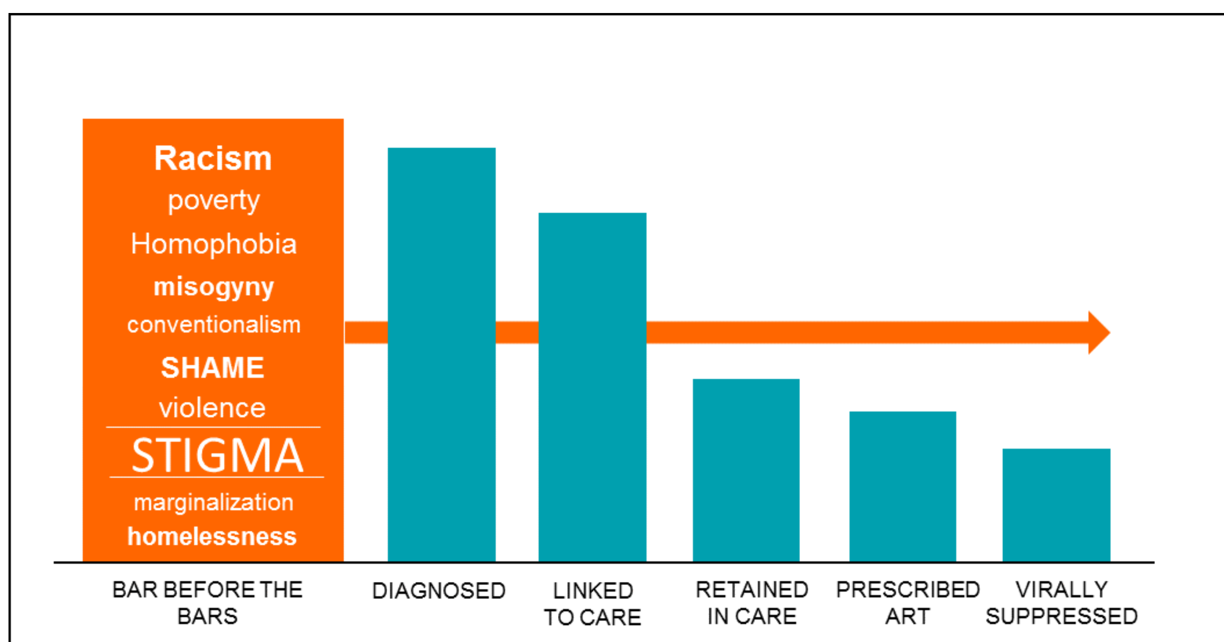
Health Disparities and Optimal Health

Health disparities in HIV are tied to a mix of social and economic conditions that impact populations most severely affected by this disease. Optimal Health is defined as the attainment of the highest level of health for all people. Achieving optimal health requires valuing everyone equally with focused and ongoing societal efforts to address avoidable disparities, historical and contemporary injustices, and the elimination of health and health care disparities.

Social and economic conditions impacting health affect disparities in HIV, viral hepatitis, and sexually transmitted infections (STIs). Environmental factors such as housing conditions, social networks, and social support are also key indicators for infection with HIV, viral hepatitis, and STIs.

Factors driving the HIV epidemic within priority populations are as diverse as Florida's communities themselves. In all communities, **lack of awareness of HIV status** contributes to HIV risk. People who do not know they have HIV cannot take advantage of HIV care and treatment and may unknowingly pass HIV to others. The **greater number of PLWH (prevalence)** in these populations mean that sexual and injection drug sharing networks in these populations face greater risks of HIV transmission. Some of these populations also experience higher rates of **other STIs** than other communities in Florida; having another STI can significantly increase a person's chance of acquiring or transmitting HIV. **Stigma, fear, discrimination, and homophobia also place individuals from priority populations** at higher risk for HIV. The **socioeconomic issues** associated with poverty—including limited access to health care, housing, and education—directly and indirectly increase the risk for HIV acquisition and affect the health of people living with and at risk for HIV. Stigma and other social conditions influence the HIV Care Continuum before a diagnosis is even made, hence why these factors appear in the 'bar before the bars' on the continuum.[2]

Figure 2. The Bar Before the Bars



Source: Addressing Stigma: A Blueprint for Improving HIV/STD Prevention and Care Outcomes for Black and Latino Gay Men. National Association of State and Territorial AIDS Directors (NASTAD) and National Coalition of STD Directors (NCSD). May 2014. Accessed May 25,

ATTACHMENTS
ATTACHMENT 1 – Application Cover Page

ATTACHMENT 1

COVER PAGE

FLORIDA DEPARTMENT OF HEALTH
OFFICE OF MINORITY HEALTH AND HEALTH EQUITY
REDUCING RACIAL & ETHNIC HEALTH DISPARITIES:
CLOSING THE GAP
RFA #

Title of Application	
Legal Name of Applicant	
Applicant Mailing Address	
City, State, Zip:	
Telephone Number (including area code)	
Fax	
Email Address:	
Applicant FEID:	
Total Amount of Funding Requested:	
Contact Person for Negotiations:	
Name of Authorized Official:	
Title of Authorized Official:	
Signature of Authorized Official:	
By signing above, you are attesting that: TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
Type of applicant	☐ Community Based Organization (CBO) ☐ County Health Department ☐ For Profit ☐ Front Porch Community ☐ Individual ☐ Faith Based ☐ Other (specify)
County(s) Served	
Priority Area(s) Covered:	☐ Immunization ☐ HIV/AIDS ☐ Oral Health ☐ Cancer ☐ Diabetes ☐ Maternal & Infant Mortality ☐ Cardiovascular Disease

ATTACHMENT 2 – SMART Objective Hints

ATTACHMENT 2

SMART Objective Hints

State the objectives in measurable terms and include a realistic time frame for achievement. To further enhance the performance measurement, OMHHE is requiring that objectives be Specific, Measurable, Achievable, Realistic and Timely (*"SMART"*). This will assist the Department in evaluating whether objectives that are being set are effective and appropriate for the project.

1. A specific objective is concrete, detailed, focused, and well defined. The objective should communicate what the applicant would like to see happen and emphasize the action and outcome.

2. Measurable terms include both baseline numbers from the start of the project and outcome numbers expected at the end of the project for each major component.

3. An objective is only achievable when it is also measurable and limitations have been assessed.

4. An objective when it discusses who, what, when, where, and how. This is where human capital, resources, time, money and opportunity intersect. Specifically seek to answer the following:
    a. How it is to be done?
    b. When it is to be done?
    c. Where it will be done?
    d. Who will do it?
    e. For whom it is to be done?

5. Deadlines must be achievable and realistic to merit the undertaking. The timeframe should indicate when the objective will be achieved. The timeline should list the following:
    a. Each objective;
    b. The activities under each objective;
    c. The specific month each activity will be implemented; and
    d. The individual responsible for the listed activities by project title and position.

Attachment 3 – Budget Summary Template

Provider Name:	The official name of the provider as written in the contract.
Budget Start Date:	The budget start date will be the **first day** of the current annual period of the contract term. Each year of the contract, or for each renewal period, a new budget should be prepared and submitted to the contract manager to account for the annual allocation.
Budget End Date:	The budget end date will be the last day of the current annual period of the contract term. Each year of the contract, or for each renewal period, a new budget should be prepared and submitted to the contract manager to account for the annual allocation.
Budget Categories:	The budget categories are the major categories of expense allowed under the contract. Generally, there are two categories: 1. Direct Program Expense and 2. Administrative/Indirect Expense.
Current Budget:	Current Budget represents the amount originally allocated to an individual category of expense. For the purpose of revisions, it is the amount of the last approved budget revision.
Budget Adjustment:	Budget adjustment represents the need to change a category of expense in order to maximize the funds allocation under the contract. The Program will inform Provider which categories can and cannot be adjusted. When entering the change, increases are entered normally. Decreases must be entered with the minus sign first, followed by the amount.
Revised Budget:	This cell is formatted to add the "Current Budget" and the "Budget Adjustment".

A. DIRECT PROGRAM COST:

SALARIES:	Salaries of individuals directly involved in the performance of the contract deliverables.
FRINGE BENEFITS:	Fringe Benefits of individuals directly involved in the performance of the contract deliverables.
	This cell is formatted to add the "Salaries" and the "Fringe Benefits" to provide a subtotal for salaries and/or adjustments.
ITEMIZED DIRECT EXPENSES:	For this section, you will need to list the expenses identified in the Budget Narrative, note that the items listed in this section of the budget may not be items needed for the services provided under contract. You can adjust this section as needed to include or remove items listed in the Budget Narrative.
RENT:	Expense for the building or office space dedicated to the delivery of service provided under contract.
UTILITIES:	Expense for lights, water and sewage associated with the space dedicated to the delivery of service provided under contract.
COMMUNICATION:	Expense for telephone, cellphone, internet, and cable TV services required for the delivery of services under the contract.
TRAVEL:	Expense for employee's travel directly related to the delivery of services under the contract. Employees must be identified as staff listed in the Budget Narrative. Program approval required for all events and for individuals not directly funded under the contract. Travel reimbursement must be consistent with Chapter 112.061 F.S.
OFFICE EQUIPMENT:	Computers, printers, furniture, lamps, etc. Any equipment that has a useful life greater than 12months.
OFFICE SUPPLIES:	Pens, paper, staples, etc.
INCENTIVES:	Please consult with Program on allowable incentive items for clients who will be receiving services under the contract.

BUDGET SUMMARY

B. ADMINISTRATIVE/INDIRECT COST: Administrative and indirect costs are those costs associated with activities that do not directly impact the performance of the contract deliverables, administrative cost includes clerical staff; accounting staff; executive management staff; common offices supplies and/or equipment, etc. In the case of indirect cost, these costs are shared amongst a host of programs and/or contracts and are calculated based on a cost allocation plan.

(Administrative/indirect cost are capped at **10%** of contract amount.)		
	ADMINSTRATNE:	Sum of administrative cost identified in the Budget Narrative for the contract.
	INDIRECT:	Sum of indirect cost identified in the Budget Narrative for the contract.
	ADMIN. SUBTOTAL:	This cell is formatted to add "Administrative" and "Indirect" to provide a subtotal and/or adjustment.
	BUDGET TOTAL:	This cell is formatted to add "all Budget Categories" to provide a total budget amount and/or adjustment for the budget period.

BUDGET REVISIONS: This Budget Summary is supported by the Budget Narrative. The Budget Narrative will remain in the contract file as a supporting document. Any change to the Budget Summary must be supported by the Budget Narrative. All revisions to the budget must be approved by the contract manager prior to expenditures being charged to the contract.

Signature not required for the initial execution of the contract, Signature will be required for all revisions and annual updates to the budget by a person authorized to approve the budget for the provider.

Provider's Authorized Representative Signature

Date Provider approves budget revision or annual update.

Date

Florida Department of Health's Contract Manager or authorized staff allowed to approve budget revisions to the contract.

Contract Managers Signature

Date Department of Health approves budget revision or annual update.

Date

CTG RFA#20-005, 2021-2022 Fiscal Year

SECTION A – BUDGET SUMMARY						
Grant Program	**Florida Statutes**	**State**	**Cash Match** (33% of budget)	**In-Kind**	**Other Funding**	**Total**
Closing the Gap	381.7351-381.7356	$0.00	$0.00	$0.00	$0.00	$0.00

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

	State	**Cash Match**	**In-Kind**	**Total**
1. Personnel	$0.00	$0.00	$0.00	$0.00
2. Fringe Benefits	$0.00	$0.00	$0.00	$1.00
3. Contracted Program Staff **(Must be preapproved)**	$0.00	$0.00	$0.00	$2.00
4. Staff Travel	$0.00	$0.00	$0.00	$3.00
5. Training and Seminars	$0.00	$0.00	$0.00	$4.00
6. Consumable Office Supplies	$0.00	$0.00	$0.00	$5.00
7. Rent/Telephone/Utilities or Use of Space	$0.00	$0.00	$0.00	$6.00
8. Curricula and Other Educational Materials	$0.00	$0.00	$0.00	$7.00
9. Promotional and Marketing Materials	$0.00	$0.00	$0.00	$8.00
10. Media Advertising	$0.00	$0.00	$0.00	$9.00
11. Other	$0.00	$0.00	$0.00	$10.00
12. Total Direct Cost	$0.00	$0.00	$0.00	$11.00
13. Indirect Cost (Must not exceed 10% of salary and fringe)	$0.00	$0.00	$0.00	$12.00
Totals	$0.00	$0.00	$0.00	$13.00

BUDGET REVISIONS: This Budget Summary is supported by the Budget Narrative. The Budget Narrative will remain in the contract file as a supporting document. Any change to the Budget Summary must be support by the budget narrative. All revisions to the budget must be approved by the contract manager prior to expenditures being charged to the contract.

Provider's Authorized Representative Signature Date

Contract Manager's Signature of Approval Date

Attachment 4 – Budget Narrative Template

Provider Name:			CONTRACT AMOUNT:	
Contract Budget Period (Should reflect the annual contract term. For a multi-year agreement, a budget narrative and summary should be completed to each annual period of the agreement.)				
Start Date:		**End Date:**		
A. DIRECT PROGRAM COST				
A.1: SALARIES:				
This section is for salaries for staff directly involved in the performance of the deliverables of the contract.				**Amount Charged to Contract**
Staff #1	Enter job function information for the responsibilities performed for this contract			
Staff Name				
Title				
Annual Salary				
Contract Allocation	Percent Allocated to Contract:			
Staff #2	Enter job function information for the responsibilities performed for this contract			
Staff Name				
Title				
Annual Salary				
Contract Allocation	Percent Allocated to Contract:			
Staff #3	Enter job function information for the responsibilities performed for this contract			
Staff Name				
Title				
Annual Salary				
Contract Allocation	Percent Allocated to Contract:			
For additional staff: Copy the 5 rows for Staff#3 and insert above this row.				
			Total Salary Allocation:	$ -

A.2: FRINGE BENEFITS		
Note: Expand this section to see full explanation. This section is for fringe benefits of staff directly involved in the performance of the deliverables of this contract. Fringe may include any or all of the following: Medical Plan, VISTA Health Plan, Dental Plan, Vision Insurance Plan, Prescription Drug Plan, LTD Insurance – Management, Unemployment Compensation, Social Security Tax, etc.		**Amount Charged to Contract**
ITEMIZED FRINGE CLASSIFICATION:		
Item of Cost	**Description**	
FICA	Personnel Cost x %rate established	
Health Insurance	Information on insurance provider plan, and how amount was determined for allocation to this agreement.	
Retirement		
Other		
Other		
Insert rows as needed		
	Total Fringe Benefits Allocation:	$ -

A.3: DIRECT EXPENSES

Note: Expand this section to see full explanation. This section is for direct expenses involved in the performance of the deliverables of this contract. This includes rent, utilities, phone service, internet services, supplies, liability insurance, etc.		
ITEMIZED DIRECT EXPENSE:		
Item of Cost	**Description**	**Amount Charged to Contract**
Rent	Describe need and how the amount was determined for	
Utilities		
Phone		
Internet		
Staff Travel	For travel, please describe need for travel and provide	
Office Equipment		
Office Supplies		
List item		
Insert rows as needed		
	Total Direct Expense Allocation:	$ -

B. ADMINISTRATIVE/INDIRECT EXPENSE

This section is for administrative cost and/or indirect cost. The Program must determine the cap through

B.1: SALARIES:

This section is for salaries for administrative staff involved with a role tied to this contract.				**Amount Charged to Contract**
Staff #1	Enter job function information for the responsibilities performed for this contract			
Staff Name				
Title				
Annual Salary				
Contract Allocation	Percent Allocated to Contract:			
Staff #2	Enter job function information for the responsibilities performed for this contract			
Staff Name				
Title				
Annual Salary				
Contract Allocation	Percent Allocated to Contract:			
For additional staff: Copy the 5 rows for Staff#2 and insert above this row.				
	Total Administrative Salary Allocation:			**$ -**

B.2: FRINGE BENEFITS		
Note: Expand this section to see full explanation. This section is for fringe benefits of staff directly involved in the performance of the deliverables if this contract. Fringe may include any or all of the following: Medical Plan, VISTA Health Plan, Dental Plan, Vision Insurance Plan, Prescription Drug Plan, LTD Insurance – Management, Unemployment Compensation, Social Security Tax, etc.		Amount Charged to Contract
ITEMIZED FRINGE CLASSIFICATION:		
Item of Cost	Description	
FICA	Personnel Cost x %rate established	
Health Insurance	Information on insurance provider plan, and how amount was	
Retirement		
Other		
Other		
Insert rows as needed		
	Total Administrative Fringe Benefits Allocation:	$ -

B.3: ADMINISTRATIVE/INDIRECT EXPENSES		
Note: Expand this section to see full explanation. This section is for direct expenses involved in the performance of the deliverables if this contract. This includes rent, utilitizes, phone service, internet services, supplies, liability insurance, etc.		Amount Charged to Contract
ITEMIZED ADMINISTRATIVE EXPENSE:		
Item of Cost	Description	
Phone	Describe need and how the amount was determined	
Internet		
Office Equipment		
Office Supplies		
Indirect		
	Total Administrative/Indirect Expense Allocation:	$ -

C. TOTAL CONTRACT ALLOCATION SUMMARY:		
	TOTAL DIRECT COST:	$ -
	TOTAL ADMINISTRATIVE COST:	$ -
	TOTAL CONTRACT COST:	$ -

Attachment 5 – Personnel Form

Provider/Grantee Name:
Service Period:

Name of Employee on CTG Grant	Hourly **Rate**	%of Time on CTG Project	Salary	**Retire•** ment Amount	**FICA** Amount	Workers Comp. Amount	Medical Ins.	LifeIns.	Cash Match Amount	Total Salary & Benefits **paid** by CTG	Total Invoiced to OMH•CTG
Total	0	0	0	0	0	0	0	0	0	0	0

CERTIFICATION STATEMENT: The information reported on this form is true and correct. The source of non-state funds used for MATCH amounts reported for salaries and benefits are correct and have not been used in any other state assisted project or program. If MATCH is not required, insert N/A in the indicated column.

Signature: Date:

Attachment 6

Contract Summary – Instructions

The Contract Summary Form provides basic information to the provider and DOH staff as a quick overview of the attached contract action. The following are instructions for completing the Contract Summary Form.

Division/CHD/Office	Enter the Division, County Health Department, or Office. No additional information should be entered on this line. **Examples:** Division of Administration, Orange County Health Department, or **Office of General Counsel.**
Provider Name	Enter the official Provider name. This line must match the name listed in the first paragraph of the Standard Contract for the associated contract or the first paragraph of the associated Memorandum of Agreement/Understanding.
Contract Number	Enter the assigned contract number. The assigned contract number must match all references in the footer of the initial contract.
Original Contract Amount	Enter the original contract amount. This amount can be found on the Method of Payment section of the Standard Contract or the Payment section of the Memorandum of Agreement/Understanding.
Total Contract Amount (executed actions)	For the initial contract, this line will remain blank. After the execution of the initial contract, this line must be completed. When routing the :frst amendment, this line will be the same as the **original contract amount** because the executed contract would be the only executed action.
Original Contract Start Date	For the initial contract, enter the start date listed in the agreement. If the original contract start date will be the date of execution, this can simply state **Upon Execution.** In cases where the contract starts Upon Execution, enter the execution date of the contract as the original contract start date for all amendment and renewal actions
Contract End Date	For the initial contract, enter the end date listed in the contract. This date will not change until an executed action officially changes the end date. This will occur with an executed contract renewal and/or executed amendment to extend the term of the contract.

DESCRIPTION OF CONTRACTUAL SERVICES:

Enter the **general description** from the Attachment I or the **scope** from Memorandum of Agreement/Understanding.

CONTRACT ACTION: This section is to be completed for amendments and/or renewals to the agreement

Amendment (Y/N)	Enter "Y" when the contract action is amending the agreement. If the action is not an amendment, this field can remain blank.
Amendment Amount	Enter the amount of the amendment. **$0.00** should be used for non-monetary amendment actions.
Change To Term (Y/N)	Does the Amendment change the contract end date? Enter "Y" or "N".
Start Date	Enter the start date of the amendment. If the start date will be the date of execution, this can sim 1 state **U on Execution.**
End Date	If the **Change To Term (Y/N)** field is **"N"**, enter the original contract end date. Otherwise, enter the new contract end date.
Renewal	Enter the renewal number. Example, "R1", "R2", etc.
Renewal Amount	Enter the amount of the renewal amount.
Start Date	Enter the start date of the renewal period.
End Date	Enter the end date of the renewal period.

Contract Summary - Instructions

DESCRIPTION OF CONTRACT AMENDMENT ACTION:

Enter a brief description for the amendment action. This information is generally found in the second paragraph of the amendment document.

ATTENTION: The following information is only required for agreements of$1 million or more. As well as any other agreement that must be signed by a Deputy Secretary or the Surgeon General.

DOH APPROVALS:

For this section, the contract manager must enter the last name and the initial of the first name of the staff that serves in the **approval role** listed for this section. Furthermore, the **approval roles** identified in this section **cannot be changed** from title or order listed in the Contract Summary Form template.

The approvers and order are as follows:

1.	**Contract Manager**	**Entered by the contract manager**
2.	**Bureau Chief/'CHD Program Manager**	**Entered by the contract manager**
3.	**Division Director/CHO Health Officer**	**Entered by the contract manager**
4.	**Budget Approval** - (Central Office Budget Analyst/CHD Business Office staff)	Enter by the Office of Contracts or CHD Staff
5.	**Contract Administrator** - (Assigned Analyst)	Enter by the Office of Contracts or CHD Staff

***DELEGATION:** In the event that an approver is out of the office for an extended period (more than 5 business days), the Office of Contracts will require a written delegation for that member. If the contract manager supervisor will be delegated for the contract manager, no delegation will be required. However, the staff that serves in the official role must be listed on the Contract Summary Form.

Attachment 7

CFDA No. | **STATE OF FLORIDA** | ☐ Client ☐ Non-Client

CSFA No. ___ | **DEPARTMENT OF HEALTH** | ☐ Multi-County

STANDARD CONTRACT

THIS CONTRACT, which includes Attachment I and the accompanying attachments and exhibits, is entered into between the State of Florida, Department of Health, hereinafter referred to as the Department", and _____ hereinafter referred to as the "Provider", each a "party" and jointly referred to as the "parties."

THE PARTIES AGREE:

I. PROVIDER AGREES:

A. To provide services in accordance with the terms specified in Attachment I attached hereto

B. To the Following Governing Law

1. State of Florida Law: This Contract is executed and entered into in the state of Florida, and will be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the state of Florida (State). Each party will perform its obligations in accordance with the terms and conditions of this Contract.
2. Federal Law

a. If this Contract contains federal funds, Provider must comply with the provisions of 2 C.F.R. part 200, appendix II as revised, and other applicable regulations as specified in the Contract.

b. If this Contract includes federal funds that will be used for construction or repairs, Provider must comply with the provisions of the Copeland "Anti-Kickback" Act (18 U.S.C. section 874), as supplemented by the U.S. Department of Labor regulations (29 C.F.R. part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The act prohibits providers from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. All suspected violations must be reported to the Department.

c. If this Contract includes federal funds that will be used for the performance of experimental, developmental, or research work, Provider must comply with 37 C.F.R., part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms under Governmental Grants, Contracts, and Cooperative Agreements."

d. If this Contract contains federal funds and is over $100,000, Provider must comply with all applicable standards, orders, or regulations of the Clean Air Act, as amended (42 U.S.C. chapter 85) and the Clean Water Act, as amended (33 U.S.C. chapter 26), President's Executive Order 11738, and Environmental Protection Agency regulations codified in Title 40 of the Code of Federal Regulations. Provider must report any violations of the above to the Department.

e. If this Contract contains federal funding in excess of $100,000, Provider must, prior to Contract execution, complete the Certification Regarding Lobbying form, Attachment _____. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the Contract Manager and must be completed prior to Contract execution. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the Contract Manager.

f. If this Contract contains federal funds, Provider must comply with President's Executive Order 11246, Equal Employment Opportunity (30 Fed. Reg. 12935), as amended by President's Executive Order 11375, (32 Fed. Reg. 14303), and as supplemented by regulations at 41 C.F.R. chapter 60, as revised.

g. If this Contract contains federal funds, Provider must comply with the Pro-Children Act of 1994, 20 U.S.C. sections 6081-6084, which requires that smoking not be permitted in any portion of any indoor facility used for the provision of federally funded services including health, daycare, early childhood development, education or library services on a routine or regular basis, to children up to age 18. Provider's failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and the imposition of an administrative compliance order on the responsible entity. Provider must include a similar provision in any subcontracts it enters under this Contract.

h. Health Insurance Portability and Accountability Act of 1996 (HIPAA): When applicable, Provider must comply with Federal Privacy and Security Regulations developed by the U.S. Department of Health and Human Services as specified in 45 C.F.R. parts 160 and 164 promulgated pursuant to HIPAA, Pub. L. No. 104-191, and the Health Information Technology for Economic and Clinical Health Act, Title XIII of Division A, Title IV of Division B, Pub. L. No 111-5, as revised, collectively referred to as "HIPAA."

i. Use and Disclosure of Confidential Women, Infant and Children (WIC) Information: When applicable, Provider must

restrict the use and disclosure of the United States Department of Agriculture (USDA), WIC confidential applicant and participant information as specified in 7 CFR § 246.26(d)(1)(i) in accordance with 7 CFR § 246.26(d)(1)(ii). If Provider is determined to be a sub-recipient of federal funds, Provider must comply with the requirements of the American Recovery and Reinvestment Act and the Federal Funding Accountability and Transparency Act, by obtaining a Data Universal Numbering System (D-U-N-S) number and registering with the federal System for Award Management (SAM). No payments will be issued until Provider has submitted a valid D-U-N-S number and evidence of registration (i.e., a printed copy of the completed SAM registration) in SAM to the Contract Manager. To request a D-U-N-S number visit http://fedgov.dnb.com/webform and to obtain registration and instructions for SAM, visit https://sam.gov/.

C. Audits, Records (including electronic storage media), and Records Retention

1. To establish and maintain books, records, and documents in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the Department under this Contract.
2. To retain financial records, supporting documents, statistical records, and any other documents pertinent to this Contract for a period of six years after termination of the Contract, or if an audit has been initiated and audit findings have not been resolved at the end of six years, the records must be retained until resolution of the audit findings or any litigation which may be based on the terms of this Contract.
3. Upon completion or termination of this Contract and at the request of the Department, Provider must, at its expense, cooperate with the Department in the duplication and transfer of any said records or documents during the required retention period as specified in Section I, paragraph C.2., above.
4. Persons duly authorized by the Department and federal auditors, pursuant to 2 C.F.R. section 200.337, as revised, will have full access to and the right to examine any of Provider's records and documents related to this Contract, regardless of the form in which kept, at all reasonable times for as long as records are retained.
5. To ensure these audit and record-keeping requirements are included in all subcontracts and assignments. Provider agrees to provide such records, papers, and documents, outlined in paragraphs 1 through 4 above, to the Department within 10 business days after the request is made in accordance with section 216.1366, Florida Statutes.
6. If Provider is a recipient or subrecipient as specified in Attachment _____, Provider will perform the required financial and compliance audits in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 C.F.R. Part 200 as revised, subpart F and section 215.97, Florida Statutes, as applicable and conform to the following requirements:
   a. Documentation. Maintain separate accounting of revenues and expenditures of funds under this Contract and each Catalog of State Financial Assistance (CSFA) or Catalog of Federal Domestic Assistance (CFDA) number identified on the attached Exhibit 1, in accordance with generally accepted accounting practices and procedures. Expenditures that support Provider's activities not solely authorized under this Contract must be allocated in accordance with applicable laws, rules, and regulations and the allocation methodology must be documented and supported by competent evidence.
   b. Maintain sufficient documentation of all expenditures incurred (e.g., invoices, canceled checks, payroll detail, bank statements, etc.) under this Contract which evidences that expenditures are:
      1) Allowable under the Contract and applicable laws, rules, and regulations;
      2) Reasonable; and
      3) Necessary for Provider to fulfill its obligations under this Contract.

      All documentation required by this section is subject to review by the Department and the State's Chief Financial Officer. Provider must timely comply with any requests for documentation.
   c. Annual Financial Report. Submit to the Department an annual financial report stating, by line item, all expenditures made as a direct result of services provided through this Contract within 45 days from the end of each Contract year, but no later than submission of the final invoice for that year. Each report must include a statement signed by an individual with legal authority to bind Provider, certifying that these expenditures are true, accurate, and directly related to this Contract.
   d. Ensure that funding received under this Contract in excess of expenditures is remitted to the Department within 45 days of the end of each Contract year and the Contract end date.
   e. Annual Compensation Report: If applicable, Provider must submit Attachment _____, Annual Compensation Report, including the most recent Internal Revenue Services (IRS) Form 990, detailing the total compensation for the Providers' executive leadership teams, to the Contract Manager no later than January 31 of each Contract year. Total compensation must include salary, bonuses, cashed-in leave, cash equivalents, severance pay,

retirement benefits, deferred compensation, real-property gifts, and any other payout. If Provider is exempt from filing IRS Form 990, submit Attachment _____ without including the IRS Form 990, to the Department. All Annual Compensation Reports must indicate what percent of compensation comes directly from State or Federal funding allocations given to Provider. In addition, Provider, by executing this Contract, which includes any subsequent amendments, agrees to inform the Department of any changes in total executive compensation specified in Provider's submitted Annual Compensation Reports.

7. Public Records: Keep and maintain public records, as defined by Chapter 119, Florida Statutes that are required by the Department to perform the services required by the Contract. Upon request from the Department's custodian of public records, provide the Department with a copy of the requested public records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed that provided in Chapter 119, Florida Statutes, or as otherwise provided by law. Ensure that public records that are exempt or that are confidential and exempt from public record disclosure are not disclosed, except as authorized by law for the duration of the Contract term and following completion of the Contract if Provider does not transfer the public records to the Department. Upon completion of the Contract, transfer to the Department at no cost, all public records in possession of Provider or keep and maintain public records required by the Department to perform the Contract services. If Provider transfers all public records to the Department upon completion of the Contract, Provider will destroy any duplicate public records that are exempt or confidential and exempt. If Provider keeps and maintains public records upon completion of the Contract, Provider will meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Department, upon request of the Department's custodian of public records, in a format that is compatible with the information technology systems of the Department. The Department may unilaterally terminate this Contract if Provider refuses to allow access to all public records made or maintained by Provider in conjunction with this Contract, unless the records are exempt from section 24(a) of Art. I of the State Constitution and section 119.07(1), Florida Statutes.

   If the Provider has questions regarding the application of Chapter 119, Florida Statutes, to the Provider's duty to provide public records relating to this Contract, contact the custodian of public records at (850)245-4005, PublicRecordsRequest@flhealth.gov or 4052 Bald Cypress Way, Bin A02, Tallahassee, FL 32399.

8. Coordination of Contracted Services: Pursuant to section 287.0575(2), Florida Statutes, if Provider has more than one Contract with one or more of the five Florida health and human services agencies (the Department of Children and Families, the Agency for Persons with Disabilities, the Department of Health, the Department of Elderly Affairs, and the Department of Veterans' Affairs), a comprehensive list of the Provider's health and human services Contracts must be submitted to the respective agencies Contract Manager(s). The list must include the following information: a) The name of each Contracting state agency and the applicable office or program issuing the Contract; b) the identifying name and number of each Contract; c) the starting and ending date of each Contract; d) the amount of each Contract; e) a brief description of the purpose of the Contract and the types of services provided under each Contract; f) the name and contact information of the contract manager.
9. Cooperation with Inspectors General: To the extent applicable, Provider acknowledges and understands it has a duty to and will cooperate with the inspector general in any investigation, audit, inspection, review, or hearing pursuant to section 20.055(5), Florida Statutes.
10. Cooperation with the Florida Senate and the Florida House of Representatives: Pursuant to section 287.058(7), Florida Statutes, Provider agrees to disclose any requested information, relevant to the performance of this Contract, to members or staff of the Florida Senate or the Florida House of Representatives, as requested. Provider is strictly prohibited from enforcing any nondisclosure clauses that conflict with this requirement.
11. Exit Transition Services: If applicable, Provider must provide to the Department, or its designee, all reasonable services necessary for the transfer of knowledge regarding the services and deliverables provided under the Contract to facilitate the orderly transfer of such services to the Department or its designee. If the Department determines that Exit Transition Services are necessary, such services may continue for up to six months after termination, expiration, or cancellation of the Contract, at no cost to the Department, or as agreed upon by the Parties in writing.

D. Monitoring by the Department and Dispute Resolution:

1. Monitoring by the Department: To permit persons duly authorized by the Department to inspect any records, papers, documents, facilities, goods, and services of Provider, which are relevant to this Contract and interview any clients or employees of Provider to assure the Department of satisfactory performance of the terms and conditions of this Contract. The Provider must provide the requested records, papers, and documents to the Department within 10 business days after

the request is made. Following the Department's monitoring, the Department may provide the Provider with a written report specifying the noncompliance and request a Corrective Action Plan to be carried out by the Provider. At the sole and exclusive discretion of the Department, the Department may take any of the following actions including the assessment of financial consequences pursuant to section 287.058(1)(h), Florida Statutes, termination of this Contract for cause, demand the recoupment of funds from subsequent invoices under this Contract, or demand repayment pursuant to the terms set forth in this Contract.

2. Dispute Resolution: Any dispute concerning the performance of this Contract or payment hereunder shall be decided by the Department in writing and submitted to the Provider for review. The decision is final unless Provider submits a written objection to the Department within 10 calendar days from receipt of the decision. Upon receiving an objection, the Department shall provide an opportunity to resolve the dispute by mutual agreement between the parties using a negotiation process to be completed within 7 calendar days from the Department's receipt of the objection. Completion of the negotiation process is a condition precedent to any legal action by Provider or the Department concerning this Contract. Nothing contained in this section is construed to limit the parties' rights of termination specified in this Contract.

E. Indemnification and Limitation of Liability

1. Indemnification:
    a. This section is not applicable to contracts executed with State agencies or subdivisions, as defined in section 768.28, Florida Statutes.
    b. Provider is liable for and will indemnify, defend, and hold harmless the Department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions, neglect, or omissions by Provider, its agents, or employees during the performance or operation of this Contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.
    c. Provider's inability to evaluate liability or its evaluation of no liability will not excuse Provider's duty to defend and indemnify the Department. Only adjudication or judgment after the highest appeal is exhausted specifically finding Provider not liable will excuse the performance of this provision. Provider will pay all costs and fees related to this obligation and its enforcement by the Department. The Department's failure to notify Provider of a claim will not release Provider of the above duty to indemnify.
    d. Nothing in this Contract shall be construed as the Department agreeing to indemnify the Provider.
2. Limitation of Liability: For all claims against the Provider under the Contract, and regardless of the basis on which the claim is made, the Provider's liability under the Contract for direct damages will be limited to the greater of $500,000.00, the dollar amount of the Contract, or two times the charges rendered by the Provider under the Contract. This limitation will not apply to claims arising under the Indemnification paragraph contained in section E.1. above. Unless otherwise specifically enumerated in the Contract, or where such limitation is unconscionable under law, no party will be liable to another for special, indirect, punitive, or consequential damages, including lost data or records (unless the Contract requires the Provider to back-up data or records), even if the party has been advised that such damages are possible. No party will be liable for lost profits, lost revenue, or lost institutional operating savings. The Department and the State may, in addition to other remedies available to them at law or equity and upon notice to the Provider, retain such monies from amounts due Provider as may be necessary to satisfy any claim for damages, penalties, costs, and the like asserted by or against them. The Department and the State may set off any liability or other obligation of the Provider or its affiliates to the Department or the State against any payments due to the Provider under the Contract. Nothing contained herein negates the sovereign immunity protections provided to State agencies or subdivisions, as defined in section 768.28, Florida Statutes.

F. Insurance: To maintain insurance sufficient to adequately protect the Department from all liability and property damage and hazards that may result from Provider's performance under this contract. Provider must always hold such insurance during the existence of this Contract and any renewal(s) and extension(s) of it. Upon execution of this Contract, unless it is a state agency or subdivision as defined in section 768.28, Florida Statutes, Provider accepts full responsibility for identifying and determining the type(s) and extent of liability, workers compensation, and property damage insurance necessary to provide reasonable financial protections for Provider and the clients to be served under this Contract. The limits of coverage under each policy maintained by Provider do not limit Provider's liability and obligations under this Contract. Upon the execution of this Contract, Provider must furnish the Department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State. The Department reserves the right to require additional insurance as specified in Attachment I.

G. Safeguarding Information: Provider will not use or disclose any information concerning a recipient of services under this Contract for any purpose not in conformity with State and federal law except upon written consent of the recipient or the responsible parent or guardian when authorized by law.

H. Assignments and Subcontracts

1. Assignment: Provider will not assign the responsibility of this Contract to another party without the prior written approval of the Department, which will not be unreasonably withheld. Any assignment or transfer otherwise occurring without the Department's approval will be null and void and the Provider will not be paid for such assigned services. This Contract will bind the successors, assigns, and legal representatives of Provider and any legal entity that succeeds to perform the Provider's obligations. The Department will be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this Contract to another governmental entity or as required under Florida law upon prior written notice to Provider.
2. Subcontracts:
   a. Provider will be responsible for all work performed and all expenses incurred for this Contract. Provider will not subcontract any work contemplated under this Contract without the prior written approval of the Department. If the Department permits Provider to subcontract under this Contract, the Department will not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and Provider will be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. If the Department permits the Provider to subcontract, such permission will be indicated in Attachment I. If Provider subcontracts any of the services performed under the Contract without obtaining the Department's prior written approval, such action will be null and void and Provider will not be paid for such subcontracted services.
   b. Unless otherwise stated in the Provider's contract with the subcontractor, payments must be made within seven working days after receipt of full or partial payments from the Department in accordance with section 287.0585, Florida Statutes. Failure to pay within seven working days will result in a penalty charged against the Provider to be paid by the Provider to the subcontractor in the amount of one-half of one percent of the amount due per day from the expiration of the period allowed herein for payment. The penalty will be in addition to actual payments owed and will not exceed 15 percent of the outstanding balance due.

I. Return of Funds: Return to the Department any overpayments due to unearned funds or funds disallowed and any interest attributable to such funds pursuant to the terms of this Contract that were paid to Provider by the Department. If Provider or its independent auditor discovers that an overpayment has been made, Provider will repay the overpayment within 40 calendar days without prior notification from the Department. If the Department first discovers an overpayment has been made, the Department will notify Provider in writing of such a finding. Should repayment not be made in the time specified by the Department, Provider will pay interest of one percent per month compounded on the outstanding balance after 40 calendar days after the date of notification or discovery. The Department reserves the right, in its sole and exclusive discretion, to recoup Provider's unearned funds from any invoice submitted under this Contract or through collection proceedings.

J. Transportation Disadvantaged: If clients are to be transported under this Contract, Provider must comply with the provisions of Chapter 427, Florida Statutes, and Florida Administrative Code, Chapter 41-2 and submit reports as directed by the Department.

K. Purchasing

1. Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE): Pursuant to section 946.515(2), Florida Statutes, it is expressly understood and agreed that any articles which are the subject of, or required to carry out, this Contract shall be purchased from the corporation identified under Chapter 946, Florida Statutes, in the same manner and under the same procedures set forth in section 946.515(2) and (4), Florida Statutes; and for purposes of this Contract the person, firm, or other business entity carrying out the provisions of this contract shall be deemed to be substituted for the Department insofar as dealings with such corporation are concerned. An abbreviated list of products and services available from PRIDE may be obtained by contacting PRIDE at 1-800-643-8459 or visiting http://www.pride-enterprises.org.
2. Procurement of Materials with Recycled Content: Any products or materials which are the subject of or are required to carry out this Contract will be procured in accordance with the provisions of section 403.7065, Florida Statutes.
3. MyFloridaMarketPlace Vendor Registration: Each Provider doing business with the State for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, must register in the MyFloridaMarketPlace system, unless exempted under Florida Administrative Code, Rule 60A-1.033.
4. MyFloridaMarketPlace Transaction Fee:
   a. The state of Florida, through its Department of Management Services (DMS), has instituted MyFloridaMarketPlace, a statewide procurement system. Pursuant to section 287.057(24), Florida Statutes,

all payments will be assessed a Transaction Fee of one percent, which Provider will pay to the State.

b. For payments within the State accounting system (FLAIR or its successor), the Transaction Fee will, when possible, be automatically deducted from payments to the Provider. If automatic deduction is not possible, Provider will pay the Transaction Fee pursuant to Florida Administrative Code, Rule 60A-1.031(2).

c. Provider will receive a credit for any Transaction Fee paid by the Provider for the purchase of any item, if such item is returned to Provider through no fault, act, or omission of Provider. Notwithstanding the foregoing, a Transaction Fee is non-refundable when an item is rejected or returned, or declined, due to the Provider's failure to perform or comply with the specifications or requirements of this Contract. Failure to comply with these requirements will constitute grounds for declaring the Provider in default and recovering procurement costs from the Provider in addition to all outstanding fees. A Provider delinquent in paying transaction fees may be excluded from conducting future business with the State.

5. Alternative Contract Source: This Contract may be used as an alternative contract source, subject to approval from DMS, pursuant to section 287.042(16), Florida Statutes and Florida Administrative Code, Rule 60A-1.045.
6. Registered to do Business with the State: All limited liability companies, corporations, corporations not for profit, and partnerships seeking to do business with the State must be registered with the Florida Department of State in accordance with the provisions of Chapters 605, 607, 617, and 620, Florida Statutes, respectively prior to Contract execution.
7. Taxes: The Department is generally exempt from all federal, state, and local taxes and no such taxes must be included in the price of the Contract. The Department will have no responsibility for the payment of taxes that become payable by Provider or its subcontractors in the performance of the Contract.

L. Background Screening Requirements and Drug Screening Requirements:

1. Background Screening Requirements: In the Department's sole and exclusive discretion, it may determine that background screening of some or all of the Provider's officers, agents, employees, subcontractors, or assignees is necessary (collectively individuals). In the event background screenings are required under this contract, the Provider agrees to the following:
   a. Conduct background screenings in accordance with Chapter 435, Florida Statutes, using level 2 screening standards.
   b. Provide the Department with a written attestation confirming that the individual has completed and cleared the level 2 background screening.
   c. Not allow the individual to begin work under this contract until that individual has been cleared by the Department.
   d. Be responsible for any costs incurred in meeting this screening requirement.
2. Drug Screening Requirements:
   a. If the Provider's officers, agents, employees, subcontractors, or assignees (collectively "individuals") are assigned to work in a Department designated Safety-Sensitive Class and/or Position, under this Contract, then a drug test must be performed prior to the individual being allowed to start work under this Contract. If an individual has already been screened by the Provider, then a written attestation confirming that the individual has completed and cleared the drug screening must be submitted to the Department prior to contract execution. If an individual has not been drug screened, notify the Department immediately. No individual can begin work under this Contract until they have been cleared by the Department.

If at any time while performing services under this Contract reasonable suspicion exists to believe that the Provider's staff, which includes, but is not limited to, Provider's officers, agents, employees, subcontractors, or assignees, are under the influence of or impaired by drugs, the Department reserves the right to require the individual to undergo drug testing. The Department may require the individual to cease performing services pending drug test results. In the event of a positive drug test, the Provider must notify the Department in writing and at which time the Department may request a replacement of equal or superior skills and qualifications of the prior individual.

   b. The Provider is responsible for any costs associated with meeting this screening requirement.

M. Civil Rights Requirements:

1. Provider, including its officers, agents, employees, subcontractors, or assignees must review the following policies and procedures as directed by the Department: Policy for Access to Programs and Activities; Procedure for Access to Programs and Activities; Language and Disability Access Plan; and the Civil Rights Training for Access to Programs and Activities.
2. Upon contract execution and each subsequent year thereafter, the Provider must complete the Department's Civil Rights Compliance Checklist and submit it as directed by the Department.

N. Independent Capacity of the Provider

1. Provider is an independent contractor and is solely liable for the performance of all tasks and deliverables contemplated by this Contract.
2. Except where Provider is a state agency, Provider, its officers, agents, employees, subcontractor, or assignees, in performance of this Contract, will act in the capacity of an independent contractor and not as an officer, employee, or agent of the State. Provider will not represent to others that it has the authority to bind the Department unless specifically authorized to do so.
3. Provider, its officers, agents, employees, subcontractor, or assignees are not entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this Contract.
4. Provider agrees to take such actions as may be necessary to ensure that each subcontractor of Provider understand they are independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the state of Florida.
5. Unless justified by Provider and agreed to by the Department in the Attachment I, the Department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to Provider or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for Provider, Provider's officers, employees, agents, subcontractors, or assignees will be the responsibility of Provider.

O. Sponsorship: As required by section 286.25, Florida Statutes, if Provider is a non-governmental organization that sponsors a program financed wholly or in part by state funds, including any funds obtained through this Contract, it will, in publicizing, advertising, or describing the sponsorship of the program, state: "*Sponsored by (Provider's name) and the State of Florida, Department of Health.*" If the sponsorship reference is in written material, the words "*State of Florida, Department of Health*" will appear in at least the same size letters or type as Provider's name.

P. Final Invoice: To submit the final invoice for payment to the Department as specified in Attachment I or is terminated. If Provider fails to do so, all right to payment is forfeited and the Department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this Contract may be withheld until all deliverables and any necessary adjustments have been approved by the Department.

Q. Use of Funds for Lobbying Prohibited: Comply with the provisions of sections 11.062 and 216.347, Florida Statutes, which prohibit the expenditure of Contract funds for the purpose of lobbying the Legislature, judicial branch, or a state agency.

R. Public Entity Crime, Discriminatory Vendor, Antitrust Violator Vendor List, and Scrutinized Companies

1. Public Entity Crime: Pursuant to section 287.133, Florida Statutes, the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with the Department: When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, he or she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a Provider, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
2. Discriminatory Vendor: Pursuant to section 287.134, Florida Statutes, the following restrictions are placed on the ability of persons convicted of discrimination to transact business with the Department: When a person or affiliate has been placed on the discriminatory vendor list following a conviction for discrimination, he or she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a Provider, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the discriminatory vendor list.
3. Scrutinized Companies:
    a. The following paragraph applies regardless of the dollar value of the good or services provided: In accordance with the requirements of section 287.135, Florida Statutes, the Provider certifies that it is not participating in a boycott of Israel. At the Department's option, the Contract may be terminated if the Contractor is placed on the Quarterly List of Scrutinized Companies that Boycott Israel (referred to in statute as the "Scrutinized Companies that Boycott Israel List") or becomes engaged in a boycott of Israel.

b. The following paragraph applies only when goods or services to be provided are $1 million or more: In accordance with the requirements of section 287.135, Florida Statutes, the Provider certifies that it is not on the Scrutinized List of Prohibited Companies (referred to in statute as the "Scrutinized Companies with Activities in Sudan List" and the "Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List") and, to the extent not preempted by Federal law, that it has not been engaged in business operations in Cuba or Syria. At the Department's option, the Contract may be terminated if such certification (or the certification regarding a boycott of Israel) is false, if the Contractor is placed on the Scrutinized List of Prohibited Companies, or, to the extent not preempted by Federal law, if the Contractor engages in business operations in Cuba or Syria.

3. Antitrust Violator Vendor List: Pursuant to section 287.137(2)(a), "[a] person or affiliate who has been placed on the antitrust violator vendor list following a conviction or being held civilly liable for an antitrust violation may not submit a bid, proposal, or reply for a new contract with a public entity for the construction or repair of a public building or public work; may not submit a bid, proposal, or reply on new leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a new contract with a public entity; and may not transact new business with a public entity."

4. Department Notification Requirements: Provider must notify the Department in writing if it or any of its suppliers, subcontractors, or consultants have been placed on the convicted vendor list, the discriminatory vendor list, or the antitrust violator vendor list during the term of the Contract.

S. Patents, Copyrights, Royalties, and Ownership of Property

1. Provider shall not assert any rights to: a) intellectual property created or otherwise developed specifically for the Department under this Contract or any prior agreement between the parties (which includes any deliverables); b) intellectual property furnished by the Department; and c) any data collected or created for the Department. Provider shall transfer all such intellectual property or data to the Department upon completion, termination, or cancellation of the Contract and prior to payment of the final invoice. If the Department or State has the authority to assert a right in any of the intellectual property or data, Provider shall assist, if necessary, in the assertion of such right. Provider must inform the Department of any inventions or discoveries developed in connection with this Contract and will be referred to the Department of State for a determination on whether patent protection will be sought for the invention or discovery. The state of Florida will be the sole owner of all patents resulting from any invention or discovery made in connection with this Contract.
2. Provider must notify the Department of State of any books, manuals, films, or other copyrightable works developed in connection with this Contract. All copyrights accruing under or in connection with the performance of the Contract are the sole property of the state of Florida.
3. Provider, without exception, will indemnify and save harmless the state of Florida and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured by Provider. Provider has no liability when such claim is solely and exclusively due to the Department of State's alteration of the article. The state of Florida will provide prompt written notification of claim of copyright or patent infringement. Further, if such claim is made or is pending, Provider may, at its option and expense, procure for the Department of State, the right to continue use of, replace, or modify the article to render it non-infringing. If Provider uses any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the bid prices will include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.
4. Proceeds derived from the sale, licensing, marketing, or other authorization related to any such Department-controlled intellectual property rights shall belong to the Department, unless otherwise specified by applicable State law.
5. Notwithstanding the foregoing, and unless otherwise specified in the Attachment I, Provider's intellectual property rights that preexist this Contract will remain with Provider unless such preexisting software or work was developed under a previous Contract with the Department.

T. Construction or Renovation of Facilities Using State Funds: Any state funds provided for the purchase of or improvements to real property are contingent upon Provider granting to the state a security interest in the property at least to the amount of the state funds provided for at least five years from the date of purchase or the completion of the improvements or as further required by law. As a condition of a receipt of state funding for this purpose, Provider agrees that, if it dispose

of the property before the state's interest is vacated, Provider will refund the proportionate share of the state's initial investment, as adjusted by depreciation or appreciation.

U. Electronic Fund Transfer: Provider agrees to enroll in Electronic Fund Transfer (EFT) provided by DFS. Questions should be directed to DFS's EFT Section at (850) 410-9466. The previous sentence is for notice purposes only. Copies of the authorization form and sample bank letter are available from DFS.

V. Information Security and Confidentiality of Data, Files, and Records:

1. Information Security: The State requires that all data generated, used or stored by Provider pursuant to this Contract reside and remain in the United States and not be transferred outside of the United States. The State also requires that all services provided under the Contract, including call center or other help services, will be performed by persons located in the United States.
2. Confidentiality of Data, Files, and Records: Provider must maintain confidentiality of all data, files, and records, including client records, related to the services or commodities provided pursuant to this Contract in accordance with applicable state and federal laws, rules, and regulations and any Department program-specific supplemental protocols, which are incorporated herein by reference and the receipt of which is acknowledged by Provider upon execution of this Contract, including any amendments. The Department will provide any Department program-specific supplemental protocols to Provider and reserves the right to update such protocols throughout the term of the Contract. The Provider agrees that it will continue to comply with all protocols, as updated and supplemented, throughout the duration of this Contract. Provider agrees to restrict the use and disclosure of confidential United States Department of Agriculture (USDA), WIC applicant, and participant information as specified in 7 CFR § 246.26(d)(1)(i) in accordance with 7 CFR § 246.26(d)(1)(ii), as applicable. Provider is required to have written policies and procedures ensuring the protection and confidentiality of Protected Health Information as defined in 45 CFR § 160.103. Provider must comply with any applicable professional standards of practice with respect to the confidentiality of information.
3. Business Associate Agreement: If applicable, Provider must execute Attachment ____, Business Associates Agreement prior to receiving any Protected Health Information, as defined in 45 CFR § 160.103, from the Department.
4. Acceptable Use and Confidentiality Agreement: If applicable, and Provider requires access to the Department's network under the Contract, Provider must execute Attachment ____, Acceptable Use and Confidentiality Agreement prior to accessing the network.

W. Venue and Remedies for Default:

1. Venue: Venue for any legal actions arising from this Contract must be in Leon County, Florida, to the exclusion of any other jurisdiction unless the Contract is entered into by one of the Department's County health department, in which case, venue for any legal actions will be in the county in which the county health department is located. Each party hereby consents to the jurisdiction of such court and irrevocably waives, to the maximum extent permitted by law, any objection or defense of lack of jurisdiction or inconvenient forum. In the event of a dispute, each party is responsible for their own attorney fees and costs unless otherwise prohibited by law.
2. Remedies for Default: Provider's failure to adhere to the Contract terms and conditions will subject Provider to the remedies set forth in Section III., paragraph B. 3., below.

X. Force Majeure: Provider may be excused from liability for the failure or delay in performance of any obligation under this Contract for any event beyond Provider's reasonable control, including but not limited to, Acts of God, fire, flood, explosion, earthquake, or other natural forces, war, civil unrest, any strike or labor disturbance. Such excuse from liability is effective only to the extent and duration of the event(s) causing the failure or delay in performance and provided that Provider or its employees, including any subcontracted providers, have not caused such event(s) to occur. If Provider believes an excusable delay has occurred, Provider must notify the Department in writing of the delay or potential delay within five business days after its occurrence for review and approval (which will not be unreasonably withheld) and include at a minimum, a description of the delay, date the force majeure event occurred including the duration, and the tasks and deliverables affected by the delay. Provider will not be entitled to an increase in the Contract price or payment of any kind from the Department for direct, indirect, consequential, impact or other costs, expenses or damages, including but not limited to costs of acceleration or inefficiency, arising because of delay, disruption, interference, or hindrance from any cause whatsoever.

All delivery dates under this Contract that have been affected by the force majeure event is tolled for the duration of such force majeure event. If the Contract is tolled for any reason, Provider is not entitled to payment for the days services were not rendered and no financial consequences will be assessed by the Department for that affected task(s) or deliverable. In the event a force majeure event persists for 30 days or more, the Department may terminate this Contract at its sole discretion upon written notice being given to Provider.

Y. Employment Eligibility Verification: Provider is required to use the U.S. Department of Homeland Security's E-Verify system, located at www. e-verify.gov, to verify the employment eligibility of all newly hired employees used by Provider under this Contract. Provider must also include in related subcontractors, if authorized under this Contract, a requirement that subcontractors performing work under this Contract use the E-Verify system to verify employment eligibility of all newly hired employees. Failure to comply with the requirements of section 448.095, Florida Statutes, will result in the Contract being terminated.

Z. USDA WIC Services: Provider agrees to abide by the following requirements if the Contract is related to services or commodities being provided to WIC applicants or participants:

Assurance of Civil Rights Compliance: Provider hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq.); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the Provider agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the USDA shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other Contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the Provider, its successors, transferees, and assignees as long as it receives or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to agree to abide by these assurances on behalf of the Provider.

AA. Replacement of Provider staff: The Department may request the removal or replacement of Provider staff, which includes, but is not limited to, Provider's officers, agents, employees, subcontractors, or assignees, from performing services under this Contract. The Provider's offered replacement must have equal or superior skills and qualifications of the prior individual.

BB. Purchase of Motor Vehicles: Pursuant to section 287.14(3), Florida Statutes, funds received under this Contract cannot be used to purchase or allow for the continuous lease of any motor vehicle unless funds were appropriated by the Legislature. This requirement does not apply to motor vehicles needed to meet unforeseen or emergency situations if approved by the Executive Office of the Governor after consultation with the legislative appropriations committees.

CC. Pharmacy Benefit Manager Services: Pursuant to Fla. Exec. Order No. 22-164, if this Contract is for the provision of Pharmacy Benefit Manager Services (PBM), Provider's PBM is prohibited from the use of spread pricing and financial draw backs. Provider agrees to have data reporting measures, including, but not limited to, data regarding rebates and payments from drug manufacturers, insurers, and pharmacies, if applicable, available to the Department for review. Any information provided by the Provider may only be collected, shared, or disclosed in accordance with federal and state law, including any relevant privacy laws related to proprietary or confidential information.

Notice Requirements: Any notices provided under this Contract must be delivered by certified mail, return receipt requested, in person with proof of delivery, or by email to the email address of the respective party identified in Section III.D., below.

II. Method of Payment

A. Contract Amount: The Department agrees to pay the Provider for the completion of the deliverables as specified in Attachment I, in an amount not to exceed _____, subject to the availability of funds. The state of Florida's performance and obligation to pay under this Contract is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this Contract.

B. Contract Payment:

1. Provider must submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit thereof.

2. Where reimbursement of travel expenses is allowable as specified in Attachment I, bills for any travel expenses must be submitted in accordance with section 112.061, Florida Statutes. The Department may, if specified in Attachment I, establish rates lower than the maximum provided in section 112.061, Florida Statutes.

3. Pursuant to section 215.422, Florida Statutes, the Department has five working days to inspect and approve goods and services, unless this Contract specifies otherwise. Except for payments to health care providers for hospital, medical, or other health care services, if payment is not available within 40 days, measured from the latter of the date the invoice is received or the goods or services are received, inspected, and approved, a separate interest penalty set by the State's Chief Financial Officer pursuant to section 55.03, Florida Statutes, will be due and payable in addition to the invoice amount. To obtain the applicable interest rate, contact the Department's fiscal office or Contract administrator. Payments to health care providers for hospitals, medical, or other health care services, will be made not more than 35 days from the date eligibility for payment is determined, at the daily interest rate of 0.03333 percent. Invoices returned to the Provider due to preparation errors will result in a payment delay. Interest penalties of less than one dollar will not be enforced unless the Provider requests payment. Invoice payment requirements do not start until a properly completed invoice is provided to the Department.

4. Bonuses: Pursuant to section 215.425, Florida statutes, any bonus scheme implemented by Provider must: 1) base the award of a bonus on work performance; 2) describe the performance standards and evaluation process by which a bonus will be awarded; 3) notify all employees of the policy, ordinance, rule, or resolution before the beginning of the evaluation period on which a bonus will be based; and 4) consider all employees for the bonus. A copy of the Provider's policy, ordinance, rule, or resolution must be submitted to the Contract Manager for review prior to Contract funds being allocated for such payment. The Department reserves the right to refuse Provider's request to allocate any Contract funds for the payment of bonuses.

5. Florida Substitute Form W-9: Provider is required to submit a substitute W-9 form to the Department of Financial Services (DFS) electronically prior to doing business with the state of Florida via the Vendor Website

at https://flvendor.myfloridacfo.com. Any subsequent changes to Provider's W-9 must be made on this website; however, if the Provider needs to change its Federal Employer Identification Number (FEID), it must contact the DFS Vendor Ombudsman Section at (850) 413-5516.

C. Vendor Ombudsman: A Vendor Ombudsman has been established within DFS whose duties include acting as an advocate for providers who may be experiencing problems in obtaining timely payment from a state agency. The Vendor Ombudsman may be contacted at (850) 413-5516 or by calling the DFS Consumer Hotline at 1-(800)-342-2762.

D. **Counterparts; Electronic Signatures:** This Contract may be executed in one or more counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument. For purposes of this Contract, use of a facsimile, e-mail, or another electronic medium shall have the same force and effect as an original signature.

III. PROVIDER CONTRACT TERM

A. Effective and Ending Dates: This Contract will begin on or on the date on which the Contract has been signed by both parties, whichever is later. It will end on .

B. Termination

1. Termination at Will: This Contract may be terminated by either party upon no less than 30 calendar days' written notice to the other party, without cause, unless a lesser time is mutually agreed upon in writing by both parties. Provider will be compensated for any work completed prior to the effective date of the termination.
2. Termination Because of Lack of Funds: In the event funds to finance this Contract become unavailable, the Department may terminate the Contract upon no less than 24 hours' written notice to Provider. The Department will be the final authority as to the availability and adequacy of funds. Provider will be compensated for any work completed prior to the effective date of the termination.
3. Termination for Breach: This Contract may be terminated for material breach upon no less than 24 hours' written notice to Provider. Waiver of breach of any provisions of this Contract will not be deemed to be a waiver of any other breach and will not be construed to be a modification of the terms of this Contract. In the event of default, in addition to the Department's right to terminate the Contract, the Department may pursue any of its remedies at law or in equity, including but not limited to, any losses or expenditures of the Department in obtaining replacement services or commodities, investigating, monitoring or auditing, including legal fees, professional fees, consulting fees, and witness fees. These remedies shall include offsetting any sums due to Provider under the Contract, and any other remedies at law or in equity.

C. Modification: Any modifications to this Contract must be in writing and executed by the parties.

D. Contract Representatives Contact Information:

1. The name, mailing address, and telephone number of Provider's official payee to whom the payment will be made is:

____

____

____

2. The name of the contact person and street address where Provider's financial and administrative records are maintained is:

____

____

____

____

3. The name, address, and telephone number of the Department's Contract Manager is:

____

____

____

____

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

____

____

____

____

5. Provide written notice to the other party of any changes in the above contract representative's contact information. Any such changes will not require a formal amendment to this contract.

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

IN WITNESS THEREOF, the parties hereto have caused this _____page contract to be executed by their undersigned, duly authorized, officials, and attest to have read the above contract and agree to the terms contained within it.

PROVIDER: _____	**STATE OF FLORIDA, DEPARTMENT OF HEALTH**
SIGNATURE:	**SIGNATURE:**
PRINT/TYPE NAME:	**PRINT/TYPE NAME:**
TITLE:	**TITLE:**
DATE:	**DATE:**
STATE AGENCY 29-DIGIT FLAIR CODE:	
FEID# (OR SSN):	
PROVIDER FISCAL YEAR ENDING DATE:	

- **BY SIGNING THIS CONTRACT, THE ABOVE ATTESTS THERE IS EVIDENCE IN THE CONTRACT FILE**
- **DEMONSTRATING THIS CONTRACT WAS REVIEWED BY THE DEPARTMENT'S OFFICE OF**
- **THE GENERAL COUNSEL.**

ATTACHMENT 8 – Financial Compliance Audit

AUDIT REQUIREMENTS FOR AWARDS OF STATE AND FEDERAL FINANCIAL ASSISTANCE

The administration of resources awarded by the Department of Health to recipient organization may be federal or state financial assistance as defined by 2 CFR § 200.40 and/or section 215.97, Florida Statutes, and may be subject to audits and/or monitoring by the Department of Health, as described in this section. For this agreement, the Department of Health has determined the following relationship exist:

1. ______________ **Vendor/Contractor (215.97(z), F.S.) and (2 CFR § 200.23)**. Funds used for goods and services for the Department of Health's own use and creates a procurement relationship with Recipient which is not subject to single audit act compliance requirements for the Federal/State program as a result of this contract agreement.

   A vendor/contractor agreement may also be used with an established Service Organization (SO) that is serving as a Third-Party Administrator and in this case, is subject to SSAE18 audit reporting requirements (see Part III. Other Audit Requirements).

2. ______________ **Recipient/Subrecipient of state financial assistance (215.97(o)(y), F.S.)**. Funds may be expended only for allowable costs resulting from obligations incurred during the specified contract period. In addition, any balance of unobligated funds which has been advanced or paid must be refunded to the Department of Health as the state awarding agency. As well as funds paid in excess of the amount to which the recipient/subrecipient is entitled under the terms and conditions of the contract must be refunded to the Department of Health.

3. ______________**Recipient/Subrecipient of federal financial assistance (2 CFR § 200.40)** . Funds paid in excess of the amount to which the recipient/subrecipient is entitled under the terms and conditions of the contract must be refunded to the Department of Health as the Pass-Through state awarding agency. In addition, the recipient/subrecipient may not earn or keep any profit resulting from Federal financial assistance, unless explicitly authorized by the terms and conditions of the Federal award or this agreement.

Note: A vendor/contractor vs. recipient/subrecipient determination must conclude with the completion of **Exhibit 2** to identify the recipient's audit's relationship with the department.

MONITORING

In addition to reviews of audits conducted in accordance with 2 CFR Part 200, Subpart F (formerly A-133) - Audit Requirements, and section 215.97, Florida Statutes (F.S.), as revised (see AUDITS below), monitoring procedures may include, but not be limited to, on-site visits by Department of Health staff, limited scope audits as defined by 2 CFR §200.425, or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures or processes deemed appropriate by the Department of Health. In the event the Department of Health determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by Department of Health staff to the recipient regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer (CFO) or Auditor General.

AUDIT GUIDANCE

PART I: FEDERALLY FUNDED

This part is applicable if Recipient is a State or local government or a non-profit organization as defined in 2 CFR §200.90, §200.64, and §200.70.

1. If a recipient expends $750,000 or more in Federal awards during its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR 200, Subpart F - Audit Requirements. **EXHIBIT 1** to this form lists the federal resources awarded through the Department of Health by this agreement. In determining the federal awards expended in its fiscal year, the recipient shall consider all sources of federal awards, including federal resources received from the Department of Health. The determination of amounts of federal awards expended should be in accordance with the guidelines established in 2 CFR §§200.502-503. An audit of the recipient conducted by the Auditor General in accordance with the provisions of 2 CFR §200.514 will meet the requirements of this Part.

2. In connection with the audit requirements addressed in Part I, paragraph 1, Recipient shall fulfill the requirements relative to auditee responsibilities as provided in 2 CFR §§ 200.508-.512.

3. If a recipient expends less than $750,000 in Federal awards in its fiscal year, the recipient is not required to have an audit conducted in accordance with the provisions of 2 CFR 200, Subpart F - Audit Requirements. If the recipient expends less than $750,000 in federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of 2 CFR 200, Subpart F - Audit Requirements, the cost of the audit must be paid from non-federal resources (i.e., the cost of such an audit must be paid from recipient resources obtained from other than federal entities).

Note: Audits conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to contracts with the Department of Health shall be based on the contract agreement's requirements, including any rules, regulations, or statutes referenced in the contract. The financial statements shall disclose whether the matching requirement was met for each applicable contract. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health contract involved. If not otherwise disclosed as required by 2 CFR § 200.510, the schedule of expenditures of Federal awards shall identify expenditures by funding source and contract number for each contract with the Department of Health in effect during the audit period.

Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of Recipient's fiscal year end.

PART II: STATE FUNDED

This part is applicable if the recipient is a nonstate entity as defined by section 215.97(1)(n), Florida Statutes.

1. If a recipient expends a total amount of state financial assistance equal to or in excess of $750,000 in any fiscal year of such recipient (for fiscal years ending June 30, 2017 or thereafter), recipient must have a State single or project-specific audit for such fiscal year in accordance with section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; Chapter 10.550 (local governmental entities) or Chapter 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. **EXHIBIT I** to this contract indicates state financial assistance awarded through the Department of Health by this contract. In determining the state financial assistance expended in its fiscal year, recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Health, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

2. In connection with the audit requirements addressed in Part II, paragraph 1, recipient shall ensure that the audit complies with the requirements of section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by section 215.97(2), Florida Statutes, and Chapter 10.550 (local governmental entities) or Chapter 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.

3. If a recipient expends less than $750,000 in state financial assistance in its fiscal year (for fiscal years ending June 30, ,2017 or thereafter), an audit conducted in accordance with the provisions of section 215.97, Florida Statutes, is not required. In the event that a recipient expends less than $750,000 in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of section 215.97, Florida Statutes, the cost of the audit must be paid from the nonstate entity's resources (i.e., the cost of such an audit must be paid from recipient resources obtained from other than state funds).

Note: An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to contracts with the Department of Health shall be based on the contract's requirements, including any applicable rules, regulations, or statutes. The financial statements shall disclose whether the matching requirement was met for each applicable contract. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health contract involved. If not otherwise disclosed as required by Florida Administrative Code Rule 69I-5.003, the schedule of expenditures of state financial assistance shall identify expenditures by contract number for each contract with the Department of Health in effect during the audit period.

Financial reporting packages required under this part must be submitted within 45 days after delivery of the audit report, but no later than 9 months after recipient's fiscal year end for local governmental entities. Non-profit or for-profit organizations are required to be submitted within 45 days after delivery of the audit report, but no later than 9 months after recipient's fiscal year end. Notwithstanding the applicability of this portion, the Department of Health retains all right and obligation to monitor and oversee the performance of this contract as outlined throughout this document and pursuant to law.

PART III: OTHER AUDIT REQUIREMENTS

This part is applicable to a contractor, vendor and/or provider organization serving as a third-party administrator on behalf of FDOH programs and is classified or determined in the FDOH contract agreement to be a Service Organization (SO).

If the contracted entity is determined to be a Service Organization (SO), the entity must perform an attestation to the Service Organization Controls (SOC) and submit to FDOH a "Statement on Standards for Attestation Engagements (SSAE18) audit report within the assigned timeframe as agreed upon in the SO's contract agreement. The hired Auditor must make an evaluation consistent with the FDOH contract terms and conditions to determine which SSAE18 report types to perform for the required SOC types. Below are the options available for the SSAE18 reports.

TYPES:

1. **SOC 1** – A report on controls over financial reporting.

    - **Type 1 Report** - Report on the fairness of the presentation of management's description of the service organization's system and the suitability of the design of the controls to achieve the related control objectives included in the description as of a specified date.

    - **Type 2 Report** - Report on the fairness of the presentation of management's description of the service organization's system and the suitability of the design and **operating effectiveness** of the controls to achieve the related control objectives included in the description throughout a specified period. (**Auditor conducts testing**)

2. **SOC 2** – A report on controls that may be relevant to security, availability, processing Integrity, confidentiality or privacy. These reports are intended to meet the needs of a broad range of users that need detailed information and assurance about the controls at a service organization relevant to security, availability, and processing integrity of the systems the service organization uses to process users' data and the confidentiality and privacy of the information processed by these systems. These reports can play an important role in:

- Oversight of the organization
- Vendor management programs
- Internal corporate governance and risk management processes
- Regulatory oversight

    - **Type 1 Report** - Report on the fairness of the presentation of management's description of the service organization's system and the suitability of the design of the controls to achieve the related control objectives included in the description as of a specified date.

    - **Type 2 Report** - Report on the fairness of the presentation of management's description of the service organization's system and the suitability of the design and **operating effectiveness** of the controls to achieve the related control objectives included in the description throughout a specified period. (**Auditor conducts testing**)

PART IV: REPORT SUBMISSION

1. Copies of single audit reporting packages for state financial assistance (CSFA) and federal financial assistance (CFDA) conducted in accordance with **2 CFR § 200.512 and section 215.97(2), Florida Statutes**, shall be submitted by or on behalf of recipient directly to:

   A. The Department of Health as follows:

   SingleAudits@flhealth.gov

   Pursuant to 2 CFR § 200.521, and section 215.97(2), Florida Statutes, recipient shall submit an electronic copy of the reporting package and any management letter issued by the auditor to the Department of Health.

   Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto and accompanied by the "Single Audit Data Collection Form, Exhibit 4." Files which exceed electronic email capacity may be submitted on a CD or other electronic storage medium and mailed to:

   Florida Department of Health
   Bureau of Finance & Accounting
   Attention: FCAM, Single Audit Review
   4052 Bald Cypress Way, Bin B01
   Tallahassee, FL 32399-1701.

   B. The Auditor General's Office as follows:

   One electronic copy email by or on behalf of recipient directly to the Auditor General's Office at: flaudgen_localgovt@aud.state.fl.us.

   One paper copy mail to:
   Auditor General's Office
   Claude Pepper Building, Room 401
   111 West Madison Street
   Tallahassee, Florida 32399-1450

2. In addition to item 1, electronic copies of reporting packages for federal financial assistance (CFDA) conducted in accordance with **2 CFR § 200.512** shall also be submitted by or on behalf of recipient directly to each of the following:

   A. The Federal Audit Clearinghouse (FAC), the Internet Data Entry System (IDES) is the place to submit the Federal single audit reporting package, including form SF-SAC, for Federal programs. Single audit submission is required under the Single Audit Act of 1984 (amended in 1996) and 2 CFR § 200.36 and § 200.512. The Federal Audit Clearinghouse requires electronic

submissions as the only accepted method for report compliances. FAC's website address is: https://harvester.census.gov/facweb/

B. When applicable, other Federal agencies and pass-through entities in accordance with 2 CFR §200.331 and § 200.517.

3. Copies of SSAE18 reports and supporting documents shall be submitted by or on behalf of SO/Third Party Administrator directly to the FDOH designated Contract Manager (CM) as outlined in each SO contract agreement.

Note: Any reports, management letter, or other information required to be submitted to the Department of Health pursuant to this contract shall be submitted timely in accordance with 2 CFR § 200.512 and Florida Statutes, Chapter 10.550 (local governmental entities) or Chapter 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.

Recipients, when submitting financial reporting packages to the Department of Health for audits done in accordance with 2 CFR § 500.512 or Chapter 10.550 (local governmental entities) or Chapter 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to recipient in correspondence accompanying the reporting package.

PART V: RECORD RETENTION

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

End of Text

Contract #: ________________

EXHIBIT 1

Federal Award Identification #:____

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

Federal Agency 1____________________CFDA# _______Title______________________$_____________

Federal Agency 2 ____________________CFDA# _______Title______________________$_____________

TOTAL FEDERAL AWARDS $____________

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

2. STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

State financial assistance subject to section 215.97, Florida Statutes: CSFA# ______Title_________________________

$______________

State financial assistance subject to section 215.97, Florida Statutes: CSFA# ______Title_________________________

$______________

TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, FLORIDA STATUTES

$_____________

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

Financial assistance not subject (exempt) to section 215.97, Florida Statutes or 2 CFR § 200.40:
$______________

Financial assistance not subject (exempt) to section 215.97, Florida Statutes or 2 CFR § 200.40:
$______________

Matching and Maintenance of Effort *

Matching resources for federal Agency(s):

Agency: ________________________CFDA#_________Title___________________________________
$_______________

Maintenance of Effort (MOE):

Agency: ________________________CFDA#_________Title___________________________________
$_______________

*Matching Resources, MOE, and Financial Assistance not subject to section 215.97, Florida Statutes or 2 CFR § 200.306 amounts should not be included by recipient when computing the threshold for single audit requirements totals. However, these amounts could be included under notes in the financial audit or footnoted in the Schedule of Expenditures of Federal Awards and State Financial Assistance (SEFA). Matching, MOE, and Financial Assistance not subject to section. 215.97, Florida Statutes or 2 CFR § 200.306 is not considered State or Federal Assistance.

EXHIBIT 2

PART I: AUDIT RELATIONSHIP DETERMINATION

Recipients who receive state or federal resources may or may not be subject to the audit requirements of 2 CFR § 200.500, and/or section 215.97, Florida Statutes, recipients who are determined to be recipients or subrecipients of federal awards and/or state financial assistance may be subject to the audit requirements if the audit threshold requirements set forth in Part I and/or Part II of Exhibit 1 is met. Recipients who have been determined to be vendors are not subject to the audit requirements of 2 CFR § 200.501, and/or section 215.97, Florida Statutes. Recipients who are "higher education entities" as defined in Section 215.97(2)(h), Florida Statutes, and are recipients or subrecipients of state financial assistance, are also exempt from the audit requirements of Section 215.97(2)(a), Florida Statutes. Regardless of whether the audit requirements are met, recipients who have been determined to be recipients or subrecipients of Federal awards and/or state financial assistance must comply with applicable programmatic and fiscal compliance requirements.

For the purpose of single audit compliance requirements, the Recipient has been determined to be:

_____Vendor/Contractor not subject to 2 CFR § 200.501 and/or section 215.97, Florida Statutes
______Recipient/subrecipient subject to 2 CFR § 200.501and/or section 215.97, Florida Statutes
______ Exempt organization <u>not</u> subject to 2 CFR § 200.501; For Federal awards for-profit subrecipient organizations are exempt as specified in 2 CFR § 200.501(h).
______Exempt organization <u>not</u> subject to section 215.97, Florida Statutes, for state financial assistance projects, public universities, community colleges, district school boards, branches of state (Florida) government, and charter schools are exempt. Exempt organizations must comply with all compliance requirements set forth within the contract.

For other audit requirements, the Recipient has been determined to be:

______Service Organization (SO) subject to SSAE18 reporting requirements

NOTE: If a recipient is determined to be a recipient/subrecipient of federal and or state financial assistance and has been approved by the department to subcontract, it must comply with section 215.97(7), Florida Statutes, and Florida Administrative Code Rule 69I-.5006, [state financial assistance] and 2 CFR § 200.330 [federal awards].

PART II: FISCAL COMPLIANCE REQUIREMENTS

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

1. 2 CFR Part 200- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
2. Reference Guide for State Expenditures
3. Other fiscal requirements set forth in program laws, rules, and regulations.

*Some Federal programs may be exempted from compliance with the Cost Principles Circulars as noted in the 2 CFR § 200.401(5) (c).

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

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

1. Section 215.97, Florida Statutes
2. Florida Administrative Code Chapter 69I-5,
3. State Projects Compliance Supplement
4. Reference Guide for State Expenditures
5. Other fiscal requirements set forth in program laws, rules and regulations

This document may be obtained online through the FLHealth website under Audit Guidance. *Enumeration of laws, rules and regulations herein is not exhaustive or exclusive. Funding to recipients will be held to applicable legal requirements whether or not outlined herein.

End of Text

EXHIBIT 3

INSTRUCTIONS FOR ELECTRONIC SUBMISSION OF SINGLE AUDIT REPORTS

Part I: Submission to FDOH

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

The electronic copy of the SARP should:

- Be in a Portable Document Format (PDF).
- Include the appropriate letterhead and signatures in the reports and management letters.
- Be a single document. However, if the financial audit is issued separately from the Single Audit reports, the financial audit reporting package may be submitted as a single document and the Single Audit reports may be submitted as a single document. Documents which exceed 8 megabytes (MB) may be stored on a CD and mailed to: Bureau of Finance & Accounting, Attention: FCAM, Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), Tallahassee, FL 32399-1701.
- Be an exact copy of the final, signed SARP provided by the Independent Audit firm.
- Not have security settings applied to the electronic file.
- Be named using the following convention: [fiscal year] [name of the audited entity exactly as stated within the audit report].pdf. For example, if the SARP is for the 2016-17 fiscal year for the City of Gainesville, the document should be entitled 2016 City of Gainesville.pdf.
- Be accompanied by the attached "Single Audit Data Collection Form." This document is necessary to ensure that communications related to SARP issues are directed to the appropriate individual(s) and that compliance with Single Audit requirements is properly captured.

Questions regarding electronic submissions may be submitted via e-mail to SingleAudits@flhealth.gov or by telephone to the Single Audit Review Section at (850) 245-4185.

Part II: Submission to Federal Audit Clearinghouse

Click Here for instructions and guidance to submit the completed SF-SAC report to the Federal Audit Clearinghouse website or click Here to access the SF-SAC Worksheet & Single Audit Component Checklist Form.

Part III: Submission to Florida Auditor General

Click Here for questions and other instructions for submitting Single SAC reports to the State of Florida, Auditor General's Office

EXHIBIT 4

Single Audit Data Collection Form

Part 1: GENERAL INFORMATION

1. Fiscal period ending date for the Single Audit.

Month
Day
Year
/
/

2. Auditee Identification Number

a. Primary Employer Identification Number (EIN)

[ ][ ] - [ ][ ][ ][ ][ ][ ][ ]

b. Are multiple EINs covered in this report ☐ Yes ☐ No

c. If "yes", complete No. 3.

3. ADDITIONAL ENTITIES COVERED IN THIS REPORT

Employer Identification #	Name of Entity
[ ][ ] - [ ][ ][ ][ ][ ][ ][ ]	
[ ][ ] - [ ][ ][ ][ ][ ][ ][ ]	
[ ][ ] - [ ][ ][ ][ ][ ][ ][ ]	
[ ][ ] - [ ][ ][ ][ ][ ][ ][ ]	

4. AUDITEE INFORMATON

a. **Auditee name:**

Auditee Primary DUNS#:

b. **Auditee address (number and street)**

City

State **Zip Code**

c. **Auditee contact Name:**

Title:

d. **Auditee contact telephone**
( ) -

e. **Auditee contact FAX**
( ) -

5. PRIMARY AUDITOR INFORMATION

a. **Primary auditor name:**

b. **Primary auditor address (number and street)**

City

State **Zip Code**

c. **Primary auditor contact Name:**

Title:

d. **Primary auditor contact telephone**
( ) -

e. **Primary auditor E-mail**
( ) -

f. **Audit Firm License Number**

______________________________ __________________ f. **Auditee contact E-mail** ______________________________ __________________	
6. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of 2 CFR § 200. 512 and/or section 215.97, Florida Statutes, for the period described in Item 1; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the aforementioned Circular and/or Statute; (3) the attached audit is a true and accurate copy of the final audit report issued by the auditor for the period described in Item 1; and (4) the information included in this data collection form is accurate and complete. I declare the foregoing is true and correct.	**AUDITEE CERTIFICATION** Date _____/_____/______ Date Audit Received from Auditor: _______/ _______/ ________ Name of Certifying Official: ______________________________ *(Please print clearly)* Title of Certifying Official: ______________________________ *(Please print clearly)* Signature of Certifying Official: ______________________________

ATTACHMENT 9 – Work Plan Template

Please use this template to complete the work plan and include it with the application. Work Plan should be completed for one year only.

*Assessment Method - details of how each activity under this goal will be measured

Name of program(s) being implemented: ____________________

<table>
<tr><td colspan="3">Goal 1:</td><td colspan="2">Measures of Effectiveness (Specify what type of data you are collecting whether knowledge gain, behavior change, or health indicators):</td></tr>
<tr><td>Objectives</td><td>Activities Planned to Achieve This objective</td><td>*Assessment Method</td><td>Timeframe for Assessing Progress</td><td>Person/s Responsible</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="3">Goal 2:</td><td colspan="2">Measures of Effectiveness (Specify what type of data you are collecting whether knowledge gain, behavior change, or health indicators)::</td></tr>
<tr><td>Objectives</td><td>Activities Planned to Achieve This objective</td><td>*Assessment Method</td><td>Timeframe for Assessing Progress</td><td>Person/s Responsible</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="3">Goal 3:</td><td colspan="2">Measures of Effectiveness (Specify what type of data you are collecting whether knowledge gain, behavior change, or health indicators)::</td></tr>
<tr><td>Objectives</td><td>Activities Planned to Achieve This objective</td><td>*Assessment Method</td><td>Timeframe for Assessing Progress</td><td>Person/s Responsible</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="3">Goal 4:</td><td colspan="2">Measures of Effectiveness (Specify what type of data you are collecting whether knowledge gain, behavior change, or health indicators)::</td></tr>
<tr><td>Objectives</td><td>Activities Planned to Achieve This objective</td><td>*Assessment Method</td><td>Timeframe for Assessing Progress</td><td>Person/s Responsible</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
</table>

ATTACHMENT 10 – Budget Management Plan Instructions

The management plan defines how the organization is run both day-to-day and over the long term. The objective of the management plan is to define how the project is executed, monitored, and controlled. It describes the applicant's ability to successfully carry-out the proposed project and to sustain the program once grant funding ends. Address the following in narrative form:

A. Personnel:

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

a. Deliverable Timelines:

1. Discuss the process getting the project on tract if deliverables aren't being met as specified in by the criteria set forth in contract.

b. Contingency Plan:

1. Discuss how applicant plans to handle any issues that might arise during the proposed project funding period.

Attachment 11 – Referral Assessment
Social and Economic Conditions Impacting Health Referral Assessment

The Office of Minority Health expects proposed activities to include an assessment of the social and economic conditions impacting health affecting the focal populations. The type of assessment can use PRAPARE (English, Spanish, other languages), The AHC Health-Related Social Needs Screening Tool (cms.gov)or other assessment tools to identify the health and social economic needs of your focal population. This includes assessing individuals and/or families regarding their insurance status, last medical checkup date, barriers to care and services, needs for services for your proposed program, and their health care and other public health and social services needs These assessments should not be conducted as a one-time occurrence but should be conducted at regular intervals to ensure the client's needs are being adequately met as well as to ensure the client is following-up on the referrals and utilizing the resources provided through the referral services.
Aside from your proposed activities, the Office of Minority Health may add to your contract the following referral activities based on assessment results and the needs of your focal populations . These referrals could address the following areas (note, this is not an all-inclusive list):

- Affordable Housing
- Transportation
- Food Security
- Employment Opportunities
- Insurance enrollment
- Immunizations based on patient age, including flu vaccine
- Health Care/Primary care provider/ mental health services
- Social Services
- Tobacco Cessation Program
- Family Planning/ Prenatal care
- Disaster Preparedness
- Human Trafficking
- 2-1-1 and 9-8-8
- Legal Services
- Translational and/or Interpreter Services
-

The priority for referrals will be patients below 50 percent Federal Poverty Level, followed by patients below 100 percent Federal Poverty Level and lastly patient below 200 percent of Federal Poverty Level.

Resources
Accelerating Strategies to Address Social and Economic Conditions Impacting Health
https://www.nachc.org/wp-content/uploads/2016/09/PRAPARE_Abstract_Sept_2016.pdf

Attachment 12

Florida Front Porch Communities

Bartow	West Bartow Neighborhood	(863) 534-0121
Gifford	Gifford Neighborhood Youth Achievement Center	(722) 794-1005
Immokalee	Immokalee South Park	(239) 252-4677
Jacksonville	Sherwood Forest Neighborhood	(904) 248-8188
Miami	Riverside Neighborhood of Little Havana	(305) 545-0926
Orlando	Holden Heights Front Porch Florida Revitalization Council in Orange County	(407) 836-6729 (407) 342-6477
Sanford	Goldsboro Front Porch Council (Sanford Community) in Seminole County	(321) 262-6564