

Mission:

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



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

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

Addendum No. 1
RFA 20-009
Family Planning Services

DATE: February 26, 2021

TO: Applicants

FROM: Wilmer Alonso Valentin, Administrative Services/Hillsborough/Office of Contracts
Florida Department of Health

SUBJECT: Addendum No. 1: RFA 20-009

The purpose of this addendum is to provide an application cover page and to clarify instructions for submission of the required budget. Request for Application RFA 20-009 Family Planning Services is amended as follows:

1. Application Cover Page
 - a. The attached Application Cover Page is a required form and has been added here.
2. Budget Information Form
 - a. The attached Budget Information Form is a required form and has been added here.

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

**Family Planning Services
APPLICATION COVER PAGE**

**Florida Department of Health -Hillsborough County
Community Health – Office of Health Equity
Fiscal Year 2021-2022**

RFA # 20-009

Organization Name:	
Mailing Address:	
City, State, Zip:	
Telephone Number(s) (including area code):	
Fax Number(s) (including area code):	
Federal Employer Identification Number (FEIN):	
Organization Type:	
Total Amount of Grant Request:	

Contact Person for Negotiations:	
E-mail Address of Contact Person:	

Printed Name of Authorized Signatory:	
Title of Authorized Signatory:	
Authorized Signature in Blue or Black Ink:	
Date:	

Budget Information Form

Provider Name:	Complete this field with the official name of the applicant.
Budget Start Date:	Complete this field with the first day of the current annual period of the contract term.
Budget End Date:	Complete this field with the last day of the current annual period of the contract term.
Budget Categories:	The budget categories are the major categories of expense allowed under the contract. Generally, there are two categories: 1. Direct Program Expenses and 2. Administrative/Indirect Expenses. Indirect costs are not allowable within the scope of this contract. See section 3.6 of the RFA for information on allowable and unallowable costs under the terms of this contract. Direct patient services will be reimbursed at a maximum rate of \$110 per patient encounter. Other costs are limited to a maximum of \$10,000 reimbursement for the contract year. You will need to list expenses identified in the Budget Narrative. Note that items listed in these categories are not required in your budget and you can adjust this section as needed to include or remove items from your narrative.

DIRECT PROGRAM EXPENSES:

SALARIES:	Complete this field with salaries of individuals directly involved in the performance of the contract deliverables.
FRINGE BENEFITS:	Complete this field with fringe Benefits of individuals directly involved in the performance of the contract deliverables.
PATIENT ENCOUNTERS:	Complete this field with the estimated dollar value of reimbursable patient encounters.
MEDICAL SUPPLIES/TESTS:	
SOCIAL SERVICES:	
MARKETING, EDUCATION, COMMUNIATIONS:	

TRAVEL:	
TITLE X TRAINING:	
IT SUPPORT:	
EQUIPMENT LESS THAN \$1,000	
IT SUPPORT:	

BUDGET TOTAL:

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BUDGET REVISIONS: This Budget Summary should be 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.