

**Sexual Risk Avoidance Education Grant**  
**Cover Page**

**Organization Profile**

**Organization Name:** Click or tap here to enter text.

**Amount of Grant Funds Requested:** Click or tap here to enter text.

**County or Counties to be Served:** Click or tap here to enter text.

**Primary Contact Name:** Click or tap here to enter text.

**Primary Contact Title:** Click or tap here to enter text.

**Primary Contact Telephone with Extension:** Click or tap here to enter text.

**Primary Contact Email Address:** Click or tap here to enter text.

**Organization Federal ID Number (FEID):** Click or tap here to enter text.

**Organization Mailing Address:** Click or tap here to enter text.

**Organization Type – check one:**

☐ Non-Profit 501(c)(3)

☐ School

☐ School District

☐ For-Profit

☐ Other

**Organization's Authorized Official Contact & Certification**

**Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Telephone Number and Extension:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Note: This application is for the purpose of selection. Final negotiation of the workplan and budget will be completed after the grant award at the discretion of the Adolescent Health Program.**

The signature below certifies that all information, facts, and figures are true and correct and that if awarded, the organization will comply with the funding opportunity, Scope of Work all applicable State and federal laws, regulations, grant terms, and conditions, action transmittals, guidance, instructions and procedures for grant and fiscal compliance. The organization also agrees to comply the terms and conditions of the Department of Health as it relates to criminal background screening of all paid staff and volunteers.

**Certification of Authorized Official**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Approved by Contract Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## Attachment II

### Sexual Risk Avoidance Education Grant Budget Summary

**Organization Name:** [Click or tap here to enter text.](#)

Budget Category	Amount Requested
A. Personnel	
B. Fringe Benefits	
<b>Subtotal Personnel</b>	
C. Staff Travel	
D. Training and Seminars	
E. Equipment (\$1000 and under)	
F. Equipment (Over \$1,000)	
G. Consumable Office Supplies	
H. Rent/Telephone/Utilities	
I. Curricula/Educational Materials	
J. Field Trips	
K. Community Events	
L. Background Screening	
M. Insurance	
N. Promotion and Marketing Materials	
O. Media Advertising	
P. Additional (with justification in narrative)	
<b>Subtotal Expenses</b>	
<b>TOTAL*</b>	

*\*Note: The budget summary total must not exceed the funding level amount requested as part of this application*

### Budget Narrative

*A justification for all costs associated with the proposed program must be provided. The budget narrative must provide detailed information to support each line item contained in the proposed budget summary. The narrative must include justification for personnel and expenses.*

### PERSONNEL (SALARY AND FRINGE, A and B)

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Ex. Terry Smith	Government Operations Consultant	Program Direction	\$35,000	20%	100%
<b>Summary of Tasks:</b> Coordinating monthly technical assistance, reviewing and monitoring grant budget, monitoring reports for grant compliance					
<b>Salary Total Computation:</b> Annual Salary x Percent of Time on Grant = Total \$35,000					
<b>Fringe Total Computation:</b> Salary Total x Fringe Benefits Percent = Total \$7,000					

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Ex. Terry Smith	Government Operations Consultant	Program Direction	\$35,000	20%	50%
<b>A. Summary of Tasks:</b> Coordinating monthly technical assistance, reviewing and monitoring grant budget, monitoring reports for grant compliance					
<b>B. Salary Total Computation:</b> Annual Salary x Percent of Time on Grant = Total \$17,500					
<b>C. Fringe Total Computation:</b> Salary Total (Total from part B) x Fringe Benefits Percent = Total \$3,500					

Approved by Contract Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit	Percent of Time on Grant
Summary of Tasks: .					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total.					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total					

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Summary of Tasks:.					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total .					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total .					

Approved by Contract Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
<b>Summary of Tasks:</b>					
<b>Salary Total Computation: Annual Salary x Percent of Time on Grant = Total</b>					
<b>Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total</b>					

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
<b>Summary of Tasks:</b>					
<b>Salary Total Computation: Annual Salary x Percent of Time on Grant = Total</b>					
<b>Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total</b>					

Approved by Contract Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Summary of Tasks: .					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total					

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Summary of Tasks:					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total					

**EXPENSES**

**C. Staff Travel** – Itemize the cost of the local travel and mileage expenses for personnel by purpose. Show the basis of the calculation. Travel expenses are limited for reimbursement as authorized in Section 112.061 Florida Statutes. Mileage is reimbursed at \$0.445 cents per mile. Show computation.

**D. Training and Seminars** – Itemize costs associated with required or anticipated staff training or seminars by purpose and include associated costs (mileage, per diem, meals, hotel, registration fees, etc.) Travel expenses are limited for reimbursement as authorized in Section 112.061 Florida Statutes. ***Any and all conference travel must be requested and approved in writing by the program office in advance.*** Show computation.

**E. Equipment (\$1,000 and under)** – List each equipment item to be purchased. Indicate whether equipment is to be purchased or leased and why it is necessary for program operation. Show computation.

**F. Equipment (Over \$1,000)** - List each equipment item to be purchased. Indicate whether equipment is to be purchased or leased and why it is necessary for program operation. Show computation.

**G. Consumable Office Supplies** – List program-related supplies by type (office supplies, copy paper, postage, etc.) that are expendable or consumed during the course of the grant year. Show computation.

**H. Rent/Telephone/Utilities** – Itemize program-specific costs to implement the program by pro-rata share or applicable percentage of the total costs of these items. List each item separately and show the formula used to derive total program costs. Show computation.

**I. Curricula/Educational Materials** – Itemize the costs of program related curricula, including consumable workbooks and other educational materials proposed to be used by the program. Show computation.

Approved by Contract Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**J. Field Trips** – Itemize any field trips proposed as a component of program implementation. Detail the educational or community service related benefits of each field trip and how it relates to the goals and objectives of the program. Itemize costs associated with each field trip including transportation, admission fees, etc. Show computation.

**K. Community Events** – Itemize any community events that will occur during the grant year as part of program implementation. Community events paid for with grant funds must be directly related to grant messaging. Events should be submitted for approval before implementation. Show computation.

**L. Background Screening** - Indicate the cost of conducting background screening for all staff and volunteers working with youth.

**Insurance** – Indicate the cost of maintaining comprehensive liability insurance for the program. Show computation.

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

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

**O. Additional** – List and describe any other expenses related to the program that are not specifically listed above. Show the justification and computation for each line item. Show computation.



**STATE SEXUAL RISK AVOIDANCE EDUCATION GRANT  
WRITTEN ASSURANCE OF COMPLIANCE**

The applicant hereby provides assurance that it will comply with the following:

A. The Applicant shall make every effort to provide accurate materials and information to all clients they serve under the State Sexual Risk Avoidance Education Grant by

- Assuring that selected curricula and supplementary materials are the most current editions available.
- Providing or having available, the reference source for any and all statements of a medical nature to ensure medical accuracy.
- Ensuring that any out-of-date medical facts, data and statistics or other information or research is updated to reflect the most currently accepted medical facts, data and statistics or other information for the topic.

B. The Applicant shall provide all necessary documentation to satisfy state and federal performance measures noting that federal requirements for the measures are subject to change

C. The Applicant shall maintain a values-neutral approach that focuses on sexual risk avoidance through health promotion and does not include religious or moral instruction

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

\_\_\_\_\_  
Title of Authorized Official

\_\_\_\_\_  
Date

**Mission:**

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

**Ron DeSantis**

Governor

**Joseph A. Ladapo, MD, PhD**

State Surgeon General

**Vision:** To be the Healthiest State in the Nation**ATTACHMENT V****CIVIL RIGHTS COMPLIANCE CHECKLIST****For the Fiscal Year July 1, 2021 to June 30, 2022**

<b>Facility / Program:</b>	<b>County:</b>	
<b>Address:</b>	<b>Completed By:</b>	
<b>City, State, Zip Code:</b>	<b>Date:</b>	<b>Telephone:</b>
<b>Briefly describe the geographic area served by the program/facility and the type of services provided:</b>		

Minimum Requirements	Compliance			COMMENTS If, No or N/A, Explain briefly	Local - County procedures or policy reference
	Yes	No	N/A		
<b>Requirement: DOH Policy – Designation of Compliance Officer. Programs and facilities that employ 15 or more persons must designate at least one person to coordinate efforts to comply with the requirements of Title VI of the Civil Rights Act of 1964 (Title VI); HHS Assurances; as well as Section 504 of the Rehabilitation Act of 1972 (Section 504), the ADA of 1990 (ADA), and the Age Discrimination Act of 1975.</b>					
<b>1.</b> Has your organization assigned the local responsibility for insuring compliance with the HHS Assurances for <b>Title VI of the Civil Rights Act of 1964 (Title VI)</b> , as amended, under the contract between the Florida Department of Health and the U.S. Department of Health and Human Services to someone in your organization?					
<b>1a.</b> Who is designated as the local Title VI Coordinator?					
<b>1b.</b> What is this person's position title?					
<b>2.</b> Have <b>all contracted service providers</b> with 15 or more employees designated a Title VI Coordinator?					
<b>2a.</b> a Section 504 coordinator:					
<b>2b.</b> a contact person for ADA and Limited English Proficiency (LEP) requests					

Florida Department of Health  
 Equal Opportunity Section  
 Civil Rights Compliance Checklist (Continued)

Minimum Requirements		Compliance			COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy references
		YES	NO	N/A		
3.	Has your organization appointed an employee with compliance monitoring responsibilities for Section 504, ADA, and the Age Discrimination Act of 1975? If different from the Title VI coordinator (#1 above), provide the name, position title and contact information.					
<b>Requirement: DOH Policy – Equal Access and Participation (Participation). Programs and facilities will maintain and record statistics which will document equal access and participation in compliance with Title VI, including participant demographics and program qualification requirements, including numbers applying for services, enrollment, and number not enrolled.</b>						
<b>Requirement – Equal Access and Participation: Reporting Community Outreach and Advocacy</b>						
4.	Does your organization document the dissemination of information to the community (including clients, potential clients, and advocacy groups) about HHS's Title VI programs and your organization's commitment to compliance with civil rights and non-discrimination?					
4a.	Does your organization regularly meet or communicate with community organizations and advocacy groups?					
4b.	What community organizations and advocacy groups do you communicate regularly with, and how? (List on a separate sheet)					

<b>Requirement – Equal Access and Participation: Reporting Compliance</b>						
5.	Does your organization record and maintain statistics which will document equal access and participation in compliance with Title VI?					
5a.	Do your records identify participants and applicants in each program at each center or location, and if so, do you record race, color, national origin, age, gender, and disability status?					
5b.	Are the participation rates reported to the EO Section – and how often?					

Florida Department of Health  
 Equal Opportunity Section  
 Civil Rights Compliance Checklist (Continued)

Minimum Requirements		Compliance			COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy references
		YES	NO	N/A		
5c.	Do you report the number and enrollment rates of applicants and the number of participants who complete each program?					
5d.	Do you offer and collect participant satisfaction surveys for each program?					
5e.	Who has physical custody of the records on applicants and participants, and surveys?					

**Requirement - Equal Access and Participation: Limited English Proficiency and Auxiliary Aids Plan**

6.	Does your organization annually review the Department's LEP and Auxiliary Aids Plan (LEP/AA) and incorporate any changes in the local LEP/AA Plan provisions?					
6a.	Who is designated as the LEP/AA Plan contact and coordinator? (Provide the name, title, and phone number)					
6b.	Does the above individual annually review and update the local resources and referrals for your organization?					

**Requirement - Equal Access and Participation: Communications**

6c.	Does your organization provide an updated list of <b>local resources and referrals</b> to staff and/or <b>training</b> , to provide information on how to access the list of resources? If so, does it include the following:					
6c1.	Description of auxiliary aids available for use in each phase of the service delivery process					
6c2.	Does the organization have a requirement for <b>training</b> for direct services field staff, institutional staff and other staff who deal with the public?					

Florida Department of Health  
 Equal Opportunity Section  
 Civil Rights Compliance Checklist (Continued)

Minimum Requirements		Compliance			COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy references
		YES	NO	N/A		
	If so, does it include the following:					
<b>6c2a.</b>	Procedures to be used by direct service staff in requesting appropriate auxiliary aids.					
<b>6c2b.</b>	Florida Relay Service (FRS) phone number (711) publicized for communications.					
<b>6c2c.</b>	Full range of communication options, at no cost to the client.					
<b>6c2d.</b>	A list of formal arrangements with interpreters who can accurately and fluently express and receive in sign language? The names, addresses, phone numbers and hours of availability of interpreters must be readily available to direct services employees.					
<b>6c2e.</b>	Accessibility to supplemental hearing devices as needed.					
<b>6c2f.</b>	Use of written communication in lieu of verbal communications.					
<b>6c2g.</b>	Use of Flash cards to communicate.					
<b>6c2h.</b>	At least one telecommunications device, or an arrangement to share a TDD line with other facilities.					
<b>6c3.</b>	Information that use of family members may be used only if they are specifically requested by a deaf or hard-of-hearing person, and the use does not constitute a conflict of interest.					

<b>7.</b>	Does the organization have <b>Written Monitoring Procedure</b> which includes:					
<b>7a.</b>	Description of how client needs are assessed.					
<b>7b.</b>	Approval responsibility for request for and obtaining the requested auxiliary aid or interpreter					
<b>7c.</b>	Standard time for DOH to provide service(s)					
<b>7d.</b>	FRS phone number (711) publicized					
<b>7e.</b>	Name of CHD/CMS Director or Administrator is provided and displayed					

Florida Department of Health  
 Equal Opportunity Section  
 Civil Rights Compliance Checklist (Continued)

Minimum Requirements		Compliance			COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy references
		YES	NO	N/A		
7f.	Name and contact information for local EO Coordinator, ADA Coordinator and to request LEP/AA Plan services displayed in each location					
7g.	Name and contact information for the DOH EO Manager is provided and displayed					
7h.	A procedure (including Poster) for notifying clients and applicants of the availability of auxiliary aids and procedures for requesting an auxiliary aid					
7i.	List of Locations where DOH Posters have been posted; and when the last On-site was done to ascertain Posters are visible and current?					
7j.	Training and Meeting Notices contain required contact information to request services					
<b>Requirement: DOH Policy - Notice of Title VI Rights and Complaint Procedures –</b> <b>Programs/facilities must make available to their participants, beneficiaries, or any other interested parties information on their right to file a complaint of discrimination with either the Florida Department of Health or the United States Department of Health and Human Services (HHS). The information may be supplied verbally or in writing to every individual, or may be supplied using an equal opportunity policy poster displayed in public areas of the facility.</b>						
8.	Does your organization inform participants, beneficiaries, or other interested parties of their right to file a complaint of discrimination with either the DOH or the U S Department of Health and Human Services (HHS)?					
8a.	How do you inform and instruct your employees and provider personnel of the commitment to compliance with federal regulations regarding nondiscrimination?					
8b.	Do you have an established procedure for reporting internal grievance or complaints for possible discrimination or civil rights violations?					

Florida Department of Health  
 Equal Opportunity Section  
 Civil Rights Compliance Checklist (Continued)

Minimum Requirements		Compliance			COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy references
		YES	NO	N/A		
8c.	Have your local procedures been reviewed and approved by the DOH EO Section?					
8d.	Has your organization provided all participants or applicants for services with contact information for the state Equal Opportunity office (EO Section) in Tallahassee?					
8e.	Have your employees or applicants for employment been provided with contact information for the Department Equal Opportunity office (EO Section) in Tallahassee and informed of their right to file a discrimination complaint?					
8f.	Have your employees or applicants for employment been provided with contact information for the Equal Employment Opportunity Commission (EEOC or the Florida Commission on Human Relations (FCHR) and informed of their right to file a discrimination complaint?					
8g.	Is there a written record made of information regarding a person's request to file a complaint and who provided it?					
8h.	Does your organization ensure the EO Section is informed of any report by a client of possible or alleged violation of discrimination laws in a timely manner?					

**Requirement: DOH Policy - Reporting Requirements: Self-Evaluation (Physical Accessibility).** Programs and facilities must conduct a self-evaluation to identify any accessibility barriers, using the four-step process that includes (1) evaluate current practices and policies to identify any that do not comply with Section 504 or the ADA; modify policies and practices that do not meet requirements; take remedial steps to eliminate any discrimination that has been identified; and maintain the self-evaluation on file. Assure the program/facility is physically accessible to disabled individuals. Physical accessibility includes designated parking areas, curb cuts or level approaches, ramps, and adequate width to entrances. The lobby, public telephone, restroom facilities, water fountains, information and admissions offices should be accessible. Door widths and traffic areas of administrative offices, cafeterias, restrooms, recreation areas, counters and serving lines should be observed for accessibility. Switches and controls for light, heat, ventilation, fire alarms, and other essentials should be installed at an appropriate height for accessibility for mobility-impaired individuals.

Florida Department of Health  
 Equal Opportunity Section  
 Civil Rights Compliance Checklist (Continued)

Minimum Requirements		Compliance			COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy references
		YES	NO	N/A		
9.	Has your organization, and each program, conducted and submitted a self-evaluation in the past three to five years? (Forms: Program Self-Evaluation, Communication Access, and an ADA Facility Accessibility Checklist(s))					
9a.	Has a copy of each completed self-evaluation been provided to the compliance officer and the DOH EO Section?					
9b.	Has there been any new construction or renovation work done on the facility in which the programs are provided since the last self-evaluation?					
9c.	Was a self-evaluation completed following completion of the work or provided by the contractor					
9d.	Has your organization identified any areas in which compliance should or could be improved?					
9e.	What has the organization done to address previous compliance issues or to improve compliance in the previous year?					
<b>Requirement: DOH Policy - Reporting Requirements: Training.</b>						
10.	Has the local compliance officer or designee completed DOH's EO training in the last 3 years?					
10a.	Have all employees completed DOH's orientation to EO rights: in New Hire training, or in the last 3 years, or when new policies or procedures have been promulgated?					
10b.	Have all employees received equal opportunity training within the past three years.					

**Requirement: DOH Policy- Reporting Requirements: Staff Recruitment and Selection**



Florida Department of Health  
 Equal Opportunity Section  
 Civil Rights Compliance Checklist (Continued)

Minimum Requirements		Compliance			COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy references
		YES	NO	N/A		
11.	Are recruitment and selection files maintained for not less than two years after the selection is processed?					
12.	Do recruitment announcements include the “Equal Employment Opportunity” nondiscrimination statement (tagline) in all job vacancy announcements?					
13.	Is there any written guidance regarding advertising position vacancies in local newspapers? In minority newspapers?					
14.	Are other methods used to publicize job vacancies? If so, describe.					

**CERTIFICATION REGARDING LOBBYING**  
**CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS**

**Contract # \_\_\_\_\_**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in the connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in the connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit [Standard Form-LLL](#), "Disclosure of Lobbying Activities", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. §1352 (1996). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Individual

\_\_\_\_\_  
Application or Contract Number

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address of Organization

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION  
CONTRACTS / SUBCONTRACTS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369).

**INSTRUCTIONS**

1. Each provider whose contract/subcontract contains federal monies or state matching funds must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. DOH cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred", "suspended", "ineligible", "person", "principal", and "voluntarily excluded", as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the contract manager for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will consist of federal monies, to submit a signed copy of this certification.
7. The Department of Health may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in the contract manager's file. Subcontractor's certifications must be kept at the contractor's business location.

**CERTIFICATION**

- (1) The prospective provider certifies, by signing this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- (3) By initialing, the Contract Manager certifies that the prospective provider does not have an active exclusion record in the [System for Award Management \(SAM\)](#) database.  
Initials: \_\_\_\_\_ Verification Date: \_\_\_\_\_

# ATTACHMENT \_\_\_\_\_

## 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 System 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](mailto: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**  
Contracts and Grants Management Unit  
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](mailto: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**

## **EXHIBIT 1**

Contract #: \_\_\_\_\_

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:**

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**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:**

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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: \$ \_\_\_\_\_

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**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 § 200.501 and/or section 215.97, Florida Statutes
- ☐ Exempt organization not 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 not 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 FIHealth 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: Contracts and Grants Management Unit, Attention: FCAM, Single Audit Review, 4052 Bald Cypress Way, Bin B01, 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](mailto: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)

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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

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#### 4. AUDITEE INFORMATION

a. Auditee name:

Auditee Primary DUNS#:

b. Auditee address (number and street)

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City

State

Zip Code

c. Auditee contact

Name:

Title:

d. Auditee contact telephone

( ) -

e. Auditee contact FAX

( ) -

f. Auditee contact E-mail

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#### 5. PRIMARY AUDITOR INFORMATION

a. Primary auditor name:

b. Primary auditor address (number and street)

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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

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**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: \_\_\_\_\_

## Sexual Risk Avoidance Education Grant Application Checklist

CHECKLIST ITEMS	SPECIFICATIONS	Y, N, or N/A
<b>1. Cover Page</b>	Includes authorized signature	
<b>2. Table of Contents</b>	Major application sections are identified with page numbers	
<b>3. Narrative</b>	Does not exceed page limits.	
A. Project Summary		
B. Statement of Need		
C. Project Plan		
D. Management Plan	Supporting documentation in appendices	
E. Collaboration	Supporting documentation in appendices	
<b>4. Budget Summary</b>	All totals balance, does not exceed funding level requested	
<b>A. Budget Narrative</b>	All totals balance, computations are included, justification is included, matches budget summary	
<b>5. Written Assurance of Compliance</b>	Includes authorized signature	
<b>6. Compliances and Certifications</b>		
<b>A. Civil Rights Compliance Checklist</b>		
<b>B. Certification Regarding Lobbying</b>		
<b>C. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion</b>		
<b>D. Financial and Compliance Audit</b>		
<b>7. Performance History</b>		
<b>A. Most recent progress report (if applicable)</b>		
<b>B. Most recent monitoring tool (if applicable)</b>		
<b>8. Appendices</b>		
• <b>Management Plan Supporting Documentation</b>	Organizational Chart, Board of Directors List	
• <b>Collaboration Supporting Documentation</b>	Letters of Support	
• <b>Other Applicant Appendices (as applicable)</b>		
<b>9. Application Checklist</b>		
<i>Application follows the Order of Application Package required in Section 4.2. All pages are numbered consecutively, including Appendices. Application is typed in font size Arial 12 with one-inch page margin.</i>		

**EVALUATION CRITERIA FORM  
STATE SEXUAL RISK AVOIDANCE EDUCATION GRANT  
REQUEST FOR APPLICATION**

**Reviewer:** \_\_\_\_\_ **Applicant Organization:** \_\_\_\_\_

<b>STATEMENT of NEED (Section 5.2):</b> Provides information that indicates a comprehensive understanding of the need for and purpose of the local project. Criteria to be considered are listed below. <b>Maximum Possible Score for the Section is 20</b>	<b>Point Value</b> Please check one value per prompt.
1. How well are the focal population and geographic area to be served by the project identified?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2. How well described is the need for SRA education in the local community, including any gaps (unmet needs) in services? Is data included that relates to teen birth, repeat teen birth, and Sexually Transmitted Infections for the priority area, as well as a comparison of the local data with statewide data?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3. How well does the application identify whether or not there are other state or federally funded SRA education programs operating in the same county or local community as the applicant? If there are other programs, how will the applicant ensure that services are not duplicated, or funds supplanted ( <b>Section 2.3.K</b> )? How will the proposed project enhance or differ from existing services?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
4. How well are risk factors and other health indicators that impact the priority area identified? How well is the information supported by data?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
5. How well is information regarding racial, ethnic, socio-economic, and other health disparities related to sexual risk identified? How well is the information supported by data?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>Total Score for Section</b>	
<b>Comments:</b> Click or tap here to enter text.	

<b>OBJECTIVES (Section 5.3):</b> Provides a coherent and understandable description of the proposed project. Criteria to be considered are listed below. <b>Maximum Possible Score for the Section is 6.</b>	<b>Point Value</b> Please check one value per prompt.
1. How well do the applicant's objectives relate to program goals as identified in <b>Section 2.3</b> ? How well does the applicant identify the results to be achieved by each objective and the manner in which the results will be achieved?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>
2. How well are the activities or actions that will be taken to achieve the objectives identified? Are timelines and the persons responsible for each action identified? How well are any other organizations involved in project implementation and their roles identified?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>
3. How well are the mechanisms that will be used to document and measure the provider's progress toward meeting the local programmatic objective identified? How reasonable are they?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>
<b>Total Score for Section</b>	
<b>Comments:</b> Click or tap here to enter text.	

<b>PROJECT PLAN (Section 5.4):</b> Describes how the project education and activities will be delivered. Criteria to be considered are listed below. <b>Maximum Possible Points for the Section is 20.</b>	<b>Point Value</b> Please check one value per prompt.
1. How well does the project plan fully meet or exceed the grant expectations as referenced in <b>Section 2.3</b> ?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2. How well are the numbers of unduplicated youth to be served by the project identified? Do they meet or exceed the minimum number required by the selected funding level in <b>Section 2.3</b> with the expectation that a majority of the unduplicated youth participants will complete at least 75% of the SRA education offered?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3. How well are theoretical frameworks described as an integral part of implementation? Does the applicant propose to use evidence-based strategies that support holistic SRA education?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>



4. How well do the number of parents/significant adults to be served by the project meet or exceed the requirements in <b>Section 2.3</b> , as well as creative and sound methods for recruiting and actively engaging them throughout the contract term?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
5. Has the applicant included a clear timeline of activities to meet project objectives with starting dates, ending dates, and staff responsible?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>Total Score for Section</b>	
<b>Comments:</b> Click or tap here to enter text.	

<b>MANAGEMENT PLAN (Section 5.6):</b> Provides a description of the organization and its capacity to manage the proposed project. Criteria to be considered are listed below. <b>Maximum Possible Score for the Section is 8.</b>	<b>Point Value</b> Please check one value per prompt.
1. How clearly written is the description of the organization and supporting documentation, as provided in the appendices of the application? Does it clearly demonstrate the capacity and experience of the program to successfully carry out the proposed project?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2. How clearly described is the staffing for the project? How well does the description identify the number and types of full-time, part-time, and volunteer positions? Are the qualifications for positions clear?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3. How well written is the Applicant's plan for sustaining the project after contract funding ends?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>
<b>Total Score for Section</b>	
<b>Comments:</b> Click or tap here to enter text.	

<b>COLLABORATION (Section 5.7)</b> Describes the organization's collaborative efforts directly related to the project. Criteria to be considered are listed below. <b>Maximum Possible Score for the Section is 12.</b>	<b>Point Value</b> Please check one value per prompt.
1. How well is the description of the collaborative process used to plan and implement the project clearly identified? How does the Applicant describe the process for building and maintaining partnerships?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2. How well are collaborative partners identified, including the roles, activities, and expected outcomes for each?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3. How well do the letters of support and collaboration included in the appendices, reflect the narrative in defining partnerships for implementation?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>Total Score for Section</b>	
<b>Comments:</b> Click or tap here to enter text.	

<b>BUDGET SUMMARY AND BUDGET NARRATIVE (Section 9):</b> Provides a separate Budget Summary and Budget Narrative with a line-item breakdown and justification for all project expenses. Criteria to be considered are listed below. <b>Maximum Possible Score for the Section is 12.</b>	<b>Point Value</b> Please check one value per prompt.
1. Does the Budget Summary and Narrative match the requested funding level ( <b>Section 2.3</b> )? How well are expenses related to the activities and overall operation of the project as identified in the project plan? How well does the budget follow the allowable cost guidelines ( <b>Section 3.6</b> )?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2. How reasonable, necessary, and consistent with the project plan are the personnel costs?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3. How well does the budget narrative ( <b>Attachment III</b> ) justify each line item in the budget summary ( <b>Attachment II</b> )?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>Total Score for Section</b>	
<b>Comments:</b> Click or tap here to enter text.	

<b>PERFORMANCE HISTORY (Section 9 and Appendices):</b> If applicable, this section provides context for an Applicant who previously received sexual risk avoidance education funding. <b>Maximum Possible Score for the Section is 6.</b>	<b>Point Value</b> Please check one value per prompt.
1. How well does the recent progress report show the Applicant's record of success in meeting grant deliverables?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2. How well does the recent monitoring tool show the Applicant's record of compliance with grant requirements?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<b>Total Score for Section</b>	
<b>Comments:</b> Click or tap here to enter text.	

<b>Expansion and Continuation –</b> This section denotes how the Applicant's priority area will aid the Department in expanding and/or continuing SRA education and activities in places of need.	<b>Point Value</b> Please check one value per prompt.
1. Expansion - How comprehensive is the Applicant's plan to implement SRA education and activities in one or more counties where no state or federally funded efforts are currently provided, or will be provided during the contract term covered by this funding opportunity? To receive the maximum score, the Applicant must show plans to implement SRA education in counties with risk behavior averages above the state average. Reviewers should refer to the attached list of counties served and state data table.	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>  4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>  8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
2. Continuation - If funded, how comprehensive is the Applicant's plan to continue SRA education in one or more counties that are currently receiving services from the Applicant, but funding ends on or before September 30, 2022? To receive the maximum score, the Applicant must include a progress report or monitoring tool from the 2018 – 2022 grant cycle.	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>  3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
<b>Total Score for Section</b>	
<b>Comments:</b> Click or tap here to enter text.	

**EVALUATION SCORE SUMMARY**

<b>Application Section</b>		<b>Possible Points</b>	<b>Applicant's Score</b>
1.	Statement of Need	20	_____
2.	Objectives	6	_____
3.	Project Plan	20	_____
4.	Management Plan	8	_____
5.	Collaboration	12	_____
6.	Budget Summary and Budget Narrative	12	_____
7.	Performance History	6	_____
8.	Expansion and Continuation	16	_____
<b>TOTAL POSSIBLE SCORE</b>		<b>100</b>	<b>APPLICANT TOTAL</b> _____