

Florida Department of Health

RFA25-001

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

Autism Screening

REQUEST FOR APPLICATIONS

APPLICATION GUIDELINES

FY (2025-26)



Division of Public Health Statistics & Performance Management

Pre-Application Webinar August 5, 2025, 10:00 am Eastern
Visit www.FloridaHealth.gov/CinottiGrantProgram to obtain the Teams Meeting link.

Application Deadline:

August 28, 2025

Direct all questions about the online application process or related issues via email to CinottiGrantProgram@flhealth.gov with the subject heading "RFA25-001 Questions".

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

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

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NOTE: All awards in response to this Request for Applications (RFA) are subject to the availability of funds and spending authority provided by the Florida Legislature. By submitting a grant application pursuant to this RFA, all applicants acknowledge and consent to this condition. A standard contract with the Florida Department of Health will be required prior to the initiation of activities. A sample contract is available. Please reference Attachment 5: Standard Contract at www.FloridaHealth.gov/CinottiGrantProgram.

FUNDING ANNOUNCEMENT

The Florida Department of Health (Department), through its Division of Public Health Statistics and Performance Management, announces the availability of funding awards for Fiscal Year (FY) 2025-26 through the Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program (Cinotti grant program).

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

Eligibility: A nonprofit entity may apply for Cinotti grant program funds to implement new health care screening or service programs for autism screenings that the entity has not previously provided. Any nonprofit entity that has previously implemented a specific health care screening or services program at one or more specific location may apply for grant funds in order to provide the same or similar screenings or services at new locations or through a mobile health clinic or mobile unit, or the mobilization of staff in order to expand the program's delivery capabilities, pursuant to section 381.9855, Florida Statutes.

Estimated Funds Available: \$2,500,000

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

Potential Award Range: \$250,000.00 to \$500,000.00

Type of Award: Grant

Budget Period: October 1, 2025 - June 30, 2026 (Nine Months)

Grant Period: October 1, 2025- June 30, 2026

Note: There is an anticipated four-to-eight-week contract preparation period from the Notice of Award (NOA) date.

TIMELINE RFA25-001

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

Schedule	Due Date	Location
Request for Applications Released and Advertised	August 1, 2025	Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html and www.FloridaHealth.gov/CinottiGrantProgram
Pre-Application Webinar	August 5, 2025 10:00 am. EDT	To join the Webinar, please register below and find more information at www.FloridaHealth.gov/CinottiGrantProgram
Submission of Questions (Due date for submission)	August 7, 2025 By 5:00 p.m. EDT	Submit questions by email with the subject heading "RFA25-001 Questions" to CinottiGrantProgram@flhealth.gov .
Anticipated Posting of Answers to Questions	August 14, 2025	Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html and www.FloridaHealth.gov/CinottiGrantProgram
Applications Due (Faxed or e-mailed applications will not be accepted or reviewed)	Must be received by August 28, 2025, 11:59p.m.	To upload your application, go to the Department of Health Automated Upload System: www.FloridaHealth.gov/CinottiGrantProgram .
Anticipated Evaluation of Applications	August 29 – September 12, 2025	Review and Evaluation of Applications
Anticipated Award Notification Date (Notice of Award or NOA)	September 15, 2025	Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html and www.FloridaHealth.gov/CinottiGrantProgram

SECTION 1.0: PROGRAM OVERVIEW

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

The Cinotti grant program furthers the Department's mission to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. The Cinotti grant program will engage with providers to expand no-cost health screenings and services to improve the health outcomes for Floridians. Through RFA25-001 exclusively, the Cinotti grant program will foster the development of coordinated, collaborative, and broad-based participation in screening programs for autism screenings by non-profit entities, that the entity has not previously provided.

1.2 Program Authority

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

1.3 Statement of Purpose

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

1.4 Funding Period

The term of any grant resulting from this RFA will be for a period of nine months beginning October 1, 2025, and ending June 30, 2026.

1.5 Grant Renewals

Grant renewal may be available and will depend on the availability of future funding. If grant renewal is available, an updated grant process will be released for existing grant recipients to report on accomplishments in the initial year and propose continuing programs that build on that success. The initial funding period is fixed. No-cost extensions may be considered on a case-by-case basis and all funds must be expended before the close of the fiscal year. Final approval or denial of no-cost extensions will be made at the discretion of the Department. No-cost extensions do not include additional funding but allow grantees to complete approved activities using unexpended funds from the original award period. Approval of such extensions will be contingent upon demonstrated need, satisfactory progress toward project goals, and availability of programmatic oversight.

1.6 Eligible Applicants

A grant awarded under the Cinotti program may be awarded to any nonprofit entity to implement new health care screening or services programs that the entity has not previously implemented. Any nonprofit entity that has previously provided a specific health care screening or services program at one or more specific locations may apply for grant funds to provide the same or similar screenings or services at new locations or through a mobile health clinic or mobile unit to expand the program's delivery capabilities.

A nonprofit entity, per the Internal Revenue Service (IRS), is defined as an entity that is

organized and operates exclusively for a specified purpose, that meets certain requirements and are tax exempt under IRS Section 501(c)(3). The non-profit applicant must have a current IRS Form 990 on file, dated within the past twelve months, to demonstrate active tax-exempt status and financial reporting compliance.

The application must clearly identify a single lead agency and any subcontractors with respect to program accountability and administration. Subcontractors must also meet the eligibility guidelines. Only one (1) application will be accepted per organization as identified by the Federal Employee Identification Number (FEIN).

No state funding under this RFA may be used to promote, advocate for, or provide training or education on diversity, equity, and inclusion (DEI) as defined by state guidelines. DEI, in this context, refers to any program, activity, or policy that classifies individuals by race, color, sex, national origin, gender identity, or sexual orientation and promotes differential or preferential treatment based on such classifications.

1.7 Matching Funds Requirements

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

1.8 Performance Based Funding Allocation

Applicants will direct 100 percent of the grant toward autism screening, including referrals for treatment, if appropriate, or related services.

1.9 Notice and Disclaimer

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

SECTION 2.0: TERMS AND CONDITIONS OF GRANT

2.1 Grant Requirements

1. Awardees will be required to attend any Cinotti Grant Program training events and workshops sponsored by the Department.
2. The provision of medical or clinical services are permitted with this funding. Screening professionals must have current and valid licenses as required by state and federal law and proof of licensure must be available for programmatic review during grant activities.
3. Within 10 days of award notification, grantees will be required to submit a copy of the current W-9, copy of liability insurance, copy of lease agreement, proof of business address (nonresidential), and a letter of credit from a bank or certified statement from a financial institution indicating the availability of credit or cash to sustain the project for at least three months.

4. Subcontracts are allowed under this grant. The Department may approve or deny any subcontracts. Subcontractors are accountable to the grantee for the management of any funds received. Grantees may sub-contract any of the proposed services with prior written approval from the Contract Manager. Grantees must demonstrate to the Department the procurement method used to secure all subcontract agreements. Subcontract agreements will be restricted to no more than 25% of the total final award and subcontractors must be registered with the Division of Corporations under the Florida Department of State (www.sunbiz.org). Subcontracts must meet the eligibility guidelines of this grant and any work by the subcontractor must meet the grant requirements specified in the RFA and in the program contract. Indirect cost incurred by subcontracts count towards the 15% maximum indirect.
5. Proposed activities will focus on autism screening only, no other screenings are allowable under this RFA. Autism screenings should be offered to anyone who is eligible. Grantees must follow uniform data reporting requirements for the purpose of evaluating performance. Grant funds must be spent on staffing, supplies and other necessary costs directly related to screenings or related services, including referrals for treatment, if appropriate. An entity that receives a grant must follow Department guidelines for reporting the expenditure of grant funds and measures to evaluate effectiveness of the autism screening and services program and must publicize and encourage the use of the health care screening portal managed by the Department (HealthCareScreenings.floridahealth.gov).
6. All screening program activity funded by this grant and described in the Budget Narrative must be new activity and not currently funded by any other program. This would include any local, state, federal or private funding, including other funding from the Department. The grantee must make clear that the proposed autism screening program does not receive funds for the same screening activities described herein and all proposed activities are not supplanting funds.

2.2 Corporate Status

Grantees will be nonprofit entities that are tax-exempt as noted in section 1.6 (Eligible Applicants). Tax-exempt status is determined by the IRS Code, Section 501(c)(3). The non-profit applicant must have a current IRS Form 990 on file, dated within the past twelve months, to demonstrate active tax-exempt status and financial reporting compliance. This documentation (tax-exempt status and IRS 990) will be required as an appendix to the proposal (Appendices for Application).

2.3 Use of Grant Funds

1. Allowable and Unallowable Costs: Grant funds may be expended on allowable expenditures only. Allowable and unallowable expenditures are defined by applicable state law and are specified in the "Reference Guide for State Expenditures" found at: <https://www.myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/reference-guide-for-state-expenditures.pdf>. During the budget review, the Department Contract Manager will determine whether proposed expenditures are permissible.
2. Administrative or indirect costs of up to 15% of total grant funds are allowed under this grant award. Administrative staff must be clearly identified in the Budget Narrative. If grantees have an approved indirect cost agreement, documentation must be submitted.
3. To support program outcomes identified in this RFA and upon approval by the Department, grant funds may be used for personnel, fringe benefits, domestic travel, supplies,

contractual, advertising, print or educational materials, technology, communications, maintenance, and copying and other direct services expenditures as described in the submitted application. The purchase of food is not allowed with grant funds provided under this RFA.

4. Grant recipients of this RFA may not use funds for research. Research is generally defined as a systematic investigation that includes development, testing, and evaluation to create or contribute to generalizable knowledge. The intent of this funding is to provide screening services to the public, not primarily to research the efficacy of such programs.
5. The direct and primary recipient must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider.
6. Section 11.062(1), Florida Statutes, prohibits the use of state funds by the executive or judicial branch to pay a person that is not an employee, for the purpose of lobbying the Florida Legislature. Please see the Reference Guide for State Expenditures for additional information.
7. Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body, the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order or other action pending before any legislative body.
8. In general, funds from this grant may not be used for fixed capital outlay (FCO). FCO is defined as an appropriation category for the purchase of real property (land, buildings, including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs and renovations to real property which materially extend its useful life or materially improve or change its functional use and including furniture and equipment necessary to furnish and operate a new or improved facility. Any FCO requests must be thoroughly justified in the Budget Narrative.
9. Regarding Mobile grant programs, the purchase of vehicles is not allowable with this funding and any equipment purchases over \$5,000.00 will need to be specifically reviewed and approved by the Department. If your grant application includes an item above \$5,000.00 this will be reviewed during the post-award contract negotiation phase and prior to the start of program activities.
10. Recipients may not use funds to support projects where the primary activity is planning and implementation of a conference or meeting.
11. Recipients may not use funds to hire staff and place them at another agency.
12. No state funding under this RFA may be used for promoting, advocating for, or providing training or education on diversity, equity, and inclusion (DEI). DEI means any program, activity, or policy that classifies individuals based on race, color, sex, national origin, gender identity, or sexual orientation and promotes differential or preferential treatment of individuals based on such classification or promotes the position that a group or an individual's action is inherently, unconsciously, or implicitly biased based on such classification.
13. Maintenance of effort (MOE) means the requirement that local support for a project remain constant and is not a requirement of this grant project.
14. Agreements with recipients and sub recipients of state financial assistance, even if awarded on a fixed price basis, require compliance with section 215.971, Florida Statutes. (http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0200-0299/0215/Sections/0215.971.html). Expenditures of state financial assistance must comply with laws, rules and regulations applicable to expenditures of state funds, including, but not

limited to, the Reference Guide for State Expenditures.

2.4 Method of Payment

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

1. The Department will provide reimbursement for allowable expenditures incurred pursuant to the terms of the grant for a total dollar amount not to exceed the awarded amount, subject to the availability of funds. Total expenditures will be reconciled at the end of the contract and unexpended funds must be returned to the Department.
2. Reimbursement will be made for travel expenses when necessary; however, to be eligible for reimbursement, all anticipated travel must be included as a separate line item in the submitted budget. Travel expenses must be reasonable, necessary, and directly related to the implementation of the proposed project. In addition to travel related to mobile health clinics or mobile units, general travel expenses may be reimbursed if properly budgeted and justified. All travel must comply with the State of Florida travel guidelines and regulations, including applicable per diem rates, mileage, and allowable costs, as outlined in section 112.061, Florida Statutes.
3. Payment will be made upon the receipt, review, and approval of the deliverables outlined in the contract, along with submission of a properly completed invoice. A properly completed invoice must include all required financial details and be accompanied by appropriate supporting documentation, such as receipts, timesheets, travel logs, or other records that verify the expenses incurred. Invoices and documentation must clearly correspond to the approved budget and demonstrate that expenditures are aligned with the scope of work. Payment will not be issued for incomplete or undocumented submissions. Invoices must be submitted and received within 15 days following the end of the quarter for which reimbursement is being requested. Invoices submitted late will be subject to financial consequences, as per the contract.
4. Grantees must maintain records documenting the total number of unique individual participants who benefit from grant activities and the dates on which activities were conducted for auditing. These records will be submitted quarterly to the Department.
5. Following the completion of all required monitoring activities, if it is determined that any program funds remain unexpended, the provider must return those funds to the Department within 40 calendar days of the Department's request, in accordance with the terms of the standard contract. This request will be made no later than 45 days after June 30, marking the end of the grant period. Any unreturned funds may be subject to interest charges.

2.5 Required Program Reports

Funded grants must meet standard reporting requirements as noted below.

1. The grant recipient must be prepared to utilize any central data management portals which the Department manages for this grant program. Summative fiscal and programmatic reports will be due after the conclusion of the full grant period of the grant program.
2. Any proposed data collection method will be reviewed and agreed to by the Department in the post-award phase for reporting quarterly on the number of screenings completed or related services provided and including reporting on any referrals for treatment, if appropriate.
3. Grantees must also submit reports and any data collection updates to the Contract Manager on a quarterly basis in a manner specified by the Department. Additional information on reporting will be made available to successful grantees.
4. Required quarterly reports will include quarterly invoices, expenditure reports, progress

reports, collaboration and partnership updates, and any updates on the use and management of data or the data collection tool(s).

5. This grant will not fund programs that include the development of new data collection tools or methods.

2.6 Programmatic Specifications

1. Applicants are required to provide free autism screenings over the course of the grant period, with services tailored to address the specific types of screenings proposed in the application. It is highly recommended that applicants prioritize offering these screenings in communities and geographic areas where a concentrated need has been identified.
2. The applicant shall not undertake any grant-related task beyond those explicitly negotiated without the Department's prior written consent and formal contract execution. Each applicant will include proposed staffing for professional, technical, administrative, clerical support, and direct service provision.
3. Professionals must have current and valid licenses as required by state and federal law, and proof of licensure must be available for programmatic review during grant activities. For example, all screening personnel must have completed the appropriate practical exams for Florida licensure, whether for a specific health discipline or under a general health practitioner license that permits them to conduct such screenings.
4. All employees and volunteers with direct client contact must have a level II background screening. Proof of background check records management will be included in monitoring reports to the Department.
5. Although this may not apply to autism specific screenings, if the proposed screenings include any laboratory-based testing (e.g., blood, urine, or swab-based diagnostics), the facility or provider must possess a valid Clinical Laboratory Improvement Amendments (CLIA) waiver or other certification, as appropriate. Documentation of CLIA compliance must also be available for review and must be maintained throughout the grant period.

SECTION 3.0: SUBMISSION OF APPLICATIONS

3.1 Cost of Preparation

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

3.2 Instructions for Submitting Applications

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

1. The application must be signed by an individual authorized to act for the applicant organization and to assume for the organization the obligations imposed by the terms and conditions of the grant.
2. The application must be uploaded into the system by the deadline stated in the Timeline. Applicants should carefully follow all provided instructions in the online upload system.
3. To upload the application, go to www.FloridaHealth.gov/CinottiGrantProgram.
4. To upload a document for the first time, select Browse, click to choose file(s), then click "Upload." Accepted file types are .pdf, .xls, .xlsx, .doc, and .docx only. For each submitted document, the file size must not exceed the stated file size limits. PDF files should be electronically generated and should not be scans or photographs of original documents.

5. Multiple file uploads will be required for this application. The Budget (Summary and Narrative) and Workplan documents are provided as Excel templates and should be submitted as Excel documents.
6. Applicants are encouraged to submit applications early. The applicant must click the Upload button prior to the deadline (date and time) to receive a successful confirmation. Once the deadline has passed, the system will no longer offer an option to upload documents for the applicable RFA.
7. Applicants with inquiries regarding the electronic upload process via the automated system may contact CinottiGrantProgram@flhealth.gov with the subject "RFA 25-001 Questions".

3.3 Pre-Application Webinar

A pre-application webinar will be held August 5, 2025, 10:00 am. EDT via the Microsoft Teams platform as indicated in the Timeline. Prospective applicants are encouraged, but not required, to participate in the pre-application webinar. The purpose of the pre-application webinar is to raise awareness of the RFA prior to the application deadline, its posting locations, and the expected submission processes. Any statements made at the pre-application webinar are advisory only and will in no way be considered as a change or modification to the RFA contents. Any questions regarding the RFA requirements or any apparent omissions or discrepancies should be presented to the Department in writing prior to, or during, the pre-application webinar. The Department will determine the appropriate action necessary, if any, and may issue a written amendment to the RFA. Only those changes or modifications issued in writing and posted as an official amendment will constitute a change or modification to the RFA. To access the webinar, please visit www.FloridaHealth.gov/CinottiGrantProgram to obtain the Teams Meeting link.

3.4 Applicants Written Questions

Questions related to this RFA must be received in writing via email. Emails with the subject heading "RFA25-001 Questions" should be sent to CinottiGrantProgram@flhealth.gov by August 7, 2025, before 5:00 p.m. EDT as indicated in the Timeline. No questions will be accepted after the date and time indicated in the Timeline. Questions may be sent by e-mail to: CinottiGrantProgram@flhealth.gov with the subject heading "RFA 25-001 Questions". Questions submitted to the RFA email will be available to the public.

SECTION 4.0: APPLICATION PREPARATION GUIDELINES

4.1 Application Content

Applications must address all sections identified below in the order presented and in as much detail as requested. Applicants must use the official forms attached to this RFA. If alternate forms are used, the application will be disqualified. All required forms and content should be submitted in the order and formatting set forth in this RFA. The provision of extraneous information should be avoided and will not be reviewed as part of the application package. Materials submitted will become the property of the state of Florida. The state reserves the right to use any concepts or ideas contained in the response.

4.2 Instructions for Formatting Applications

Applications must be submitted using the following specifications:

1. PDF or Word file format (Project Narrative). Excel file format (Workplan, Budget Summary and Narrative).
2. Font Size: 12-point (Arial or Times New Roman).
3. Single-spaced.
4. Number and label all pages; not to exceed the maximum number of pages where applicable.

5. Page Margin Size: One inch.
6. Applicants are required to complete, sign, and return the “Cover Page” (Attachment 1) with the application.
7. 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).
8. The Budget Summary must be completed using Attachment 3. A Budget Summary is a brief line-item presentation of the financial aspects of the grant proposal.
9. The Budget Narrative is limited to the number of pages outlined in Section 4.3 and should adhere to the format in Attachment 4 (if the Budget Narrative exceeds the page limit, only the first pages which are written within the page limit will be reviewed). A Budget Narrative is a detailed explanation of all budget elements including staff and supplies with a description of how requested budget items align with the purpose of the grant program as defined in this RFA.
10. Headers should identify each section, and footers should include the name of the organization and page number.

4.3 Order of Application

Provide these items in the application package:

1. Cover Page – (One Page Limit) (See Attachment 1)
2. Table of Contents – (Two Page Limit)
3. Project Summary– (One Page Limit) Minimum 250 words
4. Project Narrative – (15-page limit) Including Organizational Capacity/Overview Statement; Statement of Need; Program Description; Project Management Plan; Collaboration/Partnerships, and Evaluation and Performance Measurement Plan (EPMP)
5. Workplan - (Attachment 2) (No Page Limit)
6. Budget Summary – (Attachments 3)
7. Budget Narrative – (Attachments 4)
8. All required Application Appendices (See Section 8.0)

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

4.4 Cover Page

The application will include a signed Cover Page (Attachment 1) which contains the following:

1. RFA number.
2. Title of the application.
3. Legal name of the applicant organization.
4. Applicant organization 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 Number with three-digit sequence number. Sequence numbers can be located at the [Florida Department of Financial Service Vendor Search](#) page.
7. Total amount of grant funds requested.
8. Contact information of personnel for negotiations. Personnel should include budget/ fiscal staff, program administrator, and authorized signatory or their representative whenever feasible.
9. Name, title, and signature of the person authorized to submit the application on behalf of the applicant organization.
10. County, or counties, to be served.

11. Other information as needed.

4.5 Table of Contents (Two-page limit)

The application must contain a table of contents with page numbers identifying the major sections of the application. The table of contents is not included in the project narrative 15-page limit.

4.6 Project Summary (Minimum of 250 words)

A project summary is limited to one single spaced page and must identify the main purpose of the project, the types of autism screening services offered, the area(s) to be served, and the expected outcomes.

4.7 Project Narrative

The Project Narrative is limited to 15 single spaced pages and shall not exceed the maximum number of pages for each section. If the narrative exceeds the page limit, only the pages written up to the page limit will be reviewed. If the grantee intends to provide follow-up including referrals for treatment, if appropriate, or related services this should be clearly expressed in the project narrative.

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

4.7.1 ORGANIZATIONAL OVERVIEW

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

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

4.7.2 Staffing and Clinical Oversight

Describe how the program will be staffed, including the use of paid staff, volunteers, and/or subcontractors. Specify the number and type of positions required, indicating which roles will be full-time and which will be part-time. For each position, outline the required qualifications, including the type of experience and training necessary. The applicant must explain the process for recruiting staff and volunteers, as well as the method for procuring consultants and subcontractors. Include CVs of any key personnel demonstrating expertise in autism.

Explain how the program maintains appropriate clinical or medical oversight to ensure the validity, reliability, and effectiveness of autism screenings and related referrals. Due to the complexity of autism, it is essential that screening tools be administered by qualified personnel who possess the training and expertise necessary to accurately identify signs of autism and make appropriate referrals. Applicants must address the following:

1. Clinical or Medical Supervision - Describe how licensed medical professionals (e.g., developmental pediatricians, psychologists, neurologists, or other qualified clinicians) are involved in overseeing screening protocols, tool selection, and follow-up processes. Programs must demonstrate a clear clinical chain of responsibility.
2. Training Requirements for Screening Personnel - Provide a description of the qualifications and training required for all individuals administering autism screenings. At a minimum, staff must receive documented training in:
 - a. The proper administration and scoring of validated autism screening tools (e.g., M-CHAT-R/F, STAT, or others listed in Appendix A)
 - b. Recognizing early behavioral and developmental indicators of ASD
 - c. Communicating sensitively with families during and after screenings, including how to explain results and next steps
 - d. Making appropriate referrals
3. Continuing Education and Quality Assurance - Indicate how staff will maintain competencies over time. This may include continuing education, observation or supervision by licensed clinicians, and regular review of screening outcomes to ensure consistency and accuracy.
4. Referral and Diagnostic Follow-up - Clinical oversight must extend beyond initial screening to include coordination and quality control for referral processes, particularly in ensuring that families are connected to licensed diagnostic professionals for further evaluation when indicated. Programs must show that clinical oversight is not only present, but integral to all phases of the screening and referral workflow.
5. Mobilization of Staff (Optional) - Applicants may propose the mobilization of staff as part of their service delivery model to increase accessibility and improve the accuracy of autism screenings and assessments. For example, this approach could involve deploying qualified staff - such as trained screeners, behavioral health professionals, or care coordinators - into a child's natural environments (e.g., home, school, or early learning center) to observe behavior and support the completion of the screening process.

4.7.3 Statement of Need

1. The statement of need should describe any current problems in autism screening service availability within the identified service area, identify the implications related to lack of access to screenings, describe the community, and distinguish any issues within the community that may be escalating the problem.
2. The demographic and geographic information provided should clearly align with the proposed autism screening activities. For example, autism screenings that target young children within appropriate developmental age ranges as identified in the Appendix A: Health Screenings Table. 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. Risk factors and other health indicators that contribute to the autism screening service problem may be used. It is recommended that applicants focus on areas in their community with concentrated need.
4. Identify the specific population(s) to be served, the estimated number of individuals to benefit from each activity, and the geographic area(s), settings, and frequency of services. Be as specific as possible (e.g., number of screening sessions, hours of operation).

4.7.4 PROGRAM DESCRIPTION

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

- 1) Proposed Activities and Timeline
 - a) Describe the specific activities that will be implemented using this funding, along with the timeframes for each activity. Briefly explain how your proposed project aligns with the program logic model provided in Appendix B.
 - b) Please outline how the project will be executed, monitored, and controlled. Explain how your organization will successfully deliver the intended activities of the project, ensuring quality and timeliness throughout its lifecycle.
 - c) Describe other sources of funding currently supporting the applicant's proposed activities. Explain how the requested funding for this project will be allocated differently from the funds already in use, specifying any new or unique aspects of the project that will benefit from the additional funding.
- 2) Screening Strategies and Client Engagement
 - a) Explain all strategies for implementing the screening program, including targeted outreach and marketing, client education, referral to services (active or passive), and follow-up after screenings. Refer to Appendix A for guidance on recommended screening tools, time intervals, target populations, and applicable clinical guidelines.
 - b) Confirm that all screening tools used are evidence-based, developmentally appropriate, and aligned with current clinical guidelines. Include a process for ensuring fidelity to standardize protocols.
 - c) Describe the approach for redirecting resources to ensure the successful completion of the proposed project. Additionally, outline how the program will be sustained after the grant funding ends, ensuring its continuity and impact beyond the funding period.
- 3) Tool Validation and Protocol Adherence - Confirm that all screening tools used are evidence-based, developmentally appropriate, and aligned with current clinical guidelines. Include a process for ensuring fidelity to standardize protocols.
- 4) Mobile Health Screenings (Optional) - For programs proposing mobile screening services, describe how these efforts will align with cost-effectiveness principles. Include details on transportation methods, staff qualifications, and implementation specifics. Clarify how these services differ from any previous or existing activities.
- 5) Data Collection and Reporting - Describe the data collection plan for program activities. The recipient must be prepared to use any centralized data management portal provided by the Department. Minimum data requirements include type of screening (with ICD-10 codes), monthly screening totals, outreach efforts, education activities, referrals made, client follow-up, and False Positive Rates (FPR) by method. This grant may not be used to develop new data collection tools.
- 6) Addressing Barriers to Participation
 - a) Identify potential barriers to screening participation and describe specific, actionable strategies to address them. Applicants should describe plans to monitor, track, and respond to barriers that arise during implementation and demonstrate a realistic and practical approach for delivering accessible, and effective screening, education, referral,

- and follow-up services.
- b) Outline how the applicant will address potential issues that may arise during project implementation, including remedies for any changes in the project timeline. Describe the contingency plans in place should the targeted quarterly milestones not be met or if key staff members leave the project. Include strategies for integrating replacements into project activities without disrupting progress.
- 7) Communications and Outreach Plan
- Applicants must provide a detailed communications and outreach plan that describes how they will promote the screening program to the identified target population using appropriate media channels and communication platforms. Note that an initial plan is due with the proposal and a modified and updated plan will be required in the post-award phase. The plan must include:
- a) A strategy for targeted marketing designed to effectively reach the communities identified in the application.
 - b) A commitment to promote the Florida Department of Health's healthcare screening portal <https://healthcarescreenings.floridahealth.gov/>, encouraging its use with patients and providers.
 - c) A description of how patient education will be integrated to ensure that individuals who are screened understand their results and are supported in taking appropriate next steps.
 - d) A process for sharing evaluation results with stakeholders and partner organizations.
- 8) Referral Process (To Related Health Services)
- Describe how referrals to related health services will be handled following the autism screening process. Given the complex and varied needs of individuals with autism, particularly youth, referral systems must be designed to ensure that families are supported throughout the process of diagnosis and intervention. Applicants must address the following:
- a) Use of Active, Bi-directional Referrals - Active, bi-directional referral processes are strongly encouraged. These involve real-time communication and coordination between the referring organization and clinical or service providers to confirm that families are successfully connected to services.
 - b) Referral System Readiness - Clarify whether your referral system is currently in place or if it will be developed as part of the proposed project. If developing a system, provide a timeline and steps to ensure implementation during the grant period.
 - c) Support Youth with Autism as They Approach Adulthood (Long-term Referral): In the event of screenings which result in a positive clinical diagnosis, recipients will develop a specific long-term referral plan for parents and caretakers. Include specific referral strategies for when youth are approaching adolescence and adulthood. This may include planning services, referral to vocational or life skills training programs, connections to adult behavioral health, education, or employment support services, and coordination with schools, social service agencies, and other transition-focused providers.
 - d) Explain how your organization will monitor referral completion, ensure service uptake, and track client progress post-referral. Mechanisms should be in place to follow up with both the provider and the family to ensure connection to care.
 - e) The referral process should reflect a thoughtful understanding of the unique barriers families may face in navigating autism-related services. The referral process should consider the need for a trauma-informed approach and should aim to support long-term engagement with appropriate developmental, behavioral, and medical resources.

4.7.5 Collaboration (Partnership Plan)

The collaboration section should describe the past, current and future efforts to partner with

other organizations within the local community to deliver the proposed project as described in the Program Description (Section 4.7.4). Collaboration may also be considered as a means of ensuring program sustainability once grant funding ends.

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

1. Introduce partners. Be brief, highlighting each partner's expertise and success.
2. Define participation for each collaborative partner in program implementation. Describe the roles, activities, and expected outcomes because of partner input.
3. Specify contributions. Highlight the resources, staff, facilities, and expertise each partner will provide. Include these contributions as either cash or in-kind resources in the budget section of the application. If partners do not directly contribute to the program, detail how their partnership is beneficial to the organization's mission.
4. Explain subcontracts. If a portion of the grant will go to partner organizations as subcontracts, discuss that in the narrative. Be sure the line-item budget shows how partners will spend the funds. Provide the name of organizations that you intend to work with in a subcontracting process. Demonstrate a clear process in place for handling subcontracts, making decisions, and managing joint efforts. Awardees will need to complete the Department's Subcontracting Request Form and meet the Department's subcontracting request guidelines.
5. Provide current Letters of Support (LOS) or Memoranda of Understanding (MOUs). The LOS or MOUs should align with the partner roles and contributions specified in the narrative and budget if applicable. Identify the clinical or community partners involved in the referral process. Detail any existing MOUs or coordination agreements. This documentation may be provided in the Appendix section of the application and is not included in this section's page limit.
6. Partnerships may include alignment with the work of the local County Health Department (CHD) and/or with the local Federally Qualified Health Centers (FQHCs). A letter of support from these entities is recommended, but not required.
7. Awardees are expected to submit a collaboration report as determined by the Department on a quarterly basis.

4.7.6 Expected Outcomes (This completes the Project Narrative - 15-page limit)

1. List specific outcomes or changes anticipated because of program activities. These outcomes focus on measurable impacts, such as increased screening rates or improved follow-up.
2. Describe the process for evaluating the proposed program's activities.
3. Clearly define the key outcome-oriented questions to be addressed—specifically how the program improves access to and completion of autism screenings.
4. Please explain how the use of evaluation findings may inform continuous quality improvement (CQI).
5. Evaluation efforts are expected to begin at project inception to ensure early and ongoing documentation of activities and outcomes. The evaluation must generate documented evidence of how the funded strategies improved access to autism screenings and referrals to related health services.

4.8 Workplan (See Attachment 2 for required Excel template)

Applicants must complete and submit a workplan addressing screening activity using the required Excel template (Attachment 2). The workplan should briefly summarize proposed activities from the Project Narrative using Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) objectives to demonstrate how the applicant will meet project goals. The following topics should be included in the workplan:

1. Activities to be carried out for each objective.

2. Timeframes for completion of each activity.
3. Responsible individuals assigned to each task.
4. Methods to assess progress and evaluate whether each objective has been met.

The workplan should clearly show how proposed activities are connected to the project's goals and the needs identified in the Statement of Need (Section 4.7.3). Recipients will need to provide quarterly reporting aligned with the objectives and strategies outlined in the approved workplan.

4.9 Proposed Budget Summary and Narrative (Use attached Excel templates)

The summary and narrative budgets must each provide a detailed description of proposed expenditures by type and an explanation of all requested cost items that will be incurred by the proposed project. The scoring for this application will include a section for the Budget. All applicants should use the provided budget forms and include a detailed narrative regarding expenditures.

4.9.1 Proposed Budget Summary (Attachment 3 - Excel templates)

All cost contained in the Budget Summary must be directly related to the services and activities identified in the application. The maximum possible award amount is \$500,000. All anticipated costs must be presented in the format outlined in this RFA. The method of cost presentation will be a line-item budget using the format specified in the Attachments. Administrative or Indirect costs should be directly related to project activities and may not exceed 15% of the total grant award. All requested costs must be reasonable and necessary. This document will be submitted as an additional attachment to the submitted application.

4.9.2 Proposed Budget Narrative- (Attachment 4 - Excel templates)

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

4.10 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:

4.10.1 Appendix A – Organizational Information (required)

1. An organizational table or chart. (See Section 4.7.1 – Organizational Overview) Please include those positions that are potentially serving in the proposed program.
2. A current roster of the board of directors, if applicable.
3. A list of relevant program personnel who will have a role in the proposed new screening work. Please include names, job titles, relevant education, certifications, and training, a description of current job functions, and potential role and responsibilities in the proposed project.

4.10.2 Appendix B – Proposed data collection instruments (optional)

This appendix would capture any new tools for data collection if any will be implemented specifically for this proposed grant effort. This is not a requirement. The grant recipient must be prepared to utilize any central data management portals which the Department manages for this grant program. This grant will not fund programs where the primary focus is research or the

development of new data collection tools or methods.

4.10.3 Appendix C – Applicant’s official status (required)

Applicants must provide verification of the organization’s official status (e.g. nonprofit entity, 501(c)(3), etc.). Acceptable documentation includes: 1) appropriately filed articles of incorporation, 2) an IRS determination letter, or 3) a current tax-exempt certificate (required). The non-profit applicant must also have a current IRS Form 990 on file, dated within the past twelve months, to demonstrate active tax-exempt status and financial reporting compliance (required). Please upload the most recently filed IRS 990. If your organization has any currently approved indirect cost rate, please upload this document as well.

4.10.4 Appendix D – County Health Department letter (optional)

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

4.10.5 Appendix E – Letter of Support (required)

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

1. Identify their role and contribution to the project.
2. Provide relevant Memorandums of Understanding (MOU) with any partner organizations these may be included here. Memorandums of Understanding are encouraged, but not required.
3. Include a minimum of one (1) Letter of Support is required as part of the application. However, you may submit additional letters.

4.10.6 Appendix F – Certification of Drug Free Workplace (required)

Upload a Certification of Drug Free Workplace. The Applicant will provide the necessary organizational documentation.

4.11 Authorized Signatory

The signature on the application must be that of an organization’s authorized official who has legal authority to bind the organization to the provisions of the RFA and the subsequent grant award. As examples, this person is usually the President, Chairman of the Board, Chief Executive Officer, or Executive Director. If another person 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 organization will comply with the RFA, the subsequent contract, all applicable state and federal laws and regulations, and other instructions and procedures for program compliance and fiscal control. The signatory is certifying that these potential grant funds will not be used to supplant other resources or be used for any purposes other than the funded program. The organization also agrees to comply with the terms and conditions of the Department as it relates to criminal background screening of the Chief Executive Officer, Executive Director, program director, direct-service staff, volunteers, and others, as necessary.

4.12 Definitions

1. **Administrative or Indirect Costs:** Indirect Costs are defined by the Office of Management and Budget (OMB) in the Uniform Guidance (UG) as costs that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. For the purposes of this grant, indirect costs are costs which are indirect to the main activity of implementing free screening programs and related services with referral to treatment, if appropriate. Indirect costs may include administrative work such as financial or staff management and any clerical work.
2. **Applicant:** Any person, entity or organization that applies in response to this RFA. This term refers to the pre-award phase of the grant. An organization is defined by the Federal Employer Identification Number or (FEIN).
3. **Autism Spectrum Disorder (ASD):** Autism Spectrum Disorder (ASD) is a developmental disorder characterized by persistent challenges in social communication and social interaction, along with restricted, repetitive patterns of behavior, interests, or activities. Symptoms typically appear in early childhood and can vary widely in severity and presentation. ASD affects how individuals perceive and interact with the world around them, and it may impact learning, attention, and sensory processing. Early identification and intervention are critical to improving outcomes. ASD is diagnosed based on criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).
4. **Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants by the Cinotti Grant Program to an eligible recipient.
5. **Bi-directional Referral:** A process that considers both the information going from the screening program provider to the referred community program and the information returning from the community program to the screening provider.
6. **Budget Summary:** A brief line-item presentation of the financial aspects of the grant program.
7. **Budget Narrative:** A detailed explanation of all budget elements including staff and supplies with a description of how requested budget items align with the purpose of the grant program as defined in this RFA. The Budget Narrative should include a detailed justification for budget items.
8. **Contract:** A formal agreement or order that will be awarded to an applicant under this RFA, unless indicated otherwise. A standard Department contract is available for review. Successful grantees will negotiate, complete, and sign a standard contract with the Department prior to the initiation of grant-funded activities.
9. **Contract Manager:** An individual designated by the Department to be responsible for the monitoring and management of the resulting contract.
10. **False Positive Rate (FPR):** A measure of the proportion of positive cases that were incorrectly identified or classified as positive in a screening.
11. **Federal Employer Identifier Number (FEIN):** A unique identifying number provided by the federal government to uniquely identify an organization.
12. **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.
13. **Grantee:** Any entity or organization that receives an award from the Cinotti Grant Program funds resulting from this RFA. This term refers to the post-award phase of grant-funded activity.

14. **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.
15. **Mobile Health Unit (ASD-Specific Definition):** A Mobile Health Unit is a specially equipped vehicle staffed with qualified health professionals that travels to community locations to deliver autism screenings. Mobile health units may provide developmental screenings, caregiver consultations, and referrals to diagnostic services at schools, community centers, or public events. These units are designed to reduce geographic and logistical barriers by bringing standardized, evidence-based screening tools to families where they live and work, improving early identification rates among underserved children. Reference: National Academies of Sciences, Engineering, and Medicine. (2016). *Families Caring for an Aging America*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/23606> (While focused broadly, the principles of mobile health access are transferable and cited in related ASD care models.)
16. **Mobilization of Staff (ASD-Specific Definition):** Mobilization of Staff refers to the strategic deployment of trained personnel—such as behavioral specialists, screeners, and care coordinators—into a child’s natural settings (e.g., home, school, daycare) to conduct autism screenings, gather behavioral observations, assist with intake processes, and support caregivers through the diagnostic journey. Reference: Zwaigenbaum, L., et al. (2015). *Early Identification and Interventions for Autism Spectrum Disorder: Executive Summary*. *Pediatrics*, 136(Supplement 1), S1–S9. <https://doi.org/10.1542/peds.2014-3667B>
17. **Nonprofit entity:** A nonprofit entity is an organization that qualifies for tax-exempt status by the IRS, because its mission and purpose are to further a social cause and provide a public benefit. Nonprofit entities may include hospitals, universities, charities, and foundations.
18. **Partner Organizations:** Organizations the applicant will partner with to provide services related to the contract either directly or indirectly.
19. **Passive Referral:** Referral process that considers only the information going from the screening program provider to the referred community program or resource.
20. **Referral:** The process of directing or redirecting a client to an appropriate program or agency upon assessing the client’s specific needs. Referral can be active or passive.
21. **Request for Application (RFA):** A competitive instrument used to select providers which allows the Department an opportunity to make a well-informed decision for the commodities/services provided under the Department’s oversight.
22. **Screening:** A health screening test is a medical test or procedure performed on members of an asymptomatic population to assess their likelihood of having a particular disease or condition(s).
23. **Service Area:** The geographic level to which program services will be directed (e.g., county, zip code, census tract, community, neighborhood).
24. **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.

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.

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

5.2 Evaluation of Applications

Applications will be evaluated according to the core components listed in the sample scoring sheet provided below. This sheet will be used by objective reviewers recruited by the Department to review each grant for completion and alignment to the RFA. The reviewers are selected based on their expertise in chronic disease prevention, program management experience and knowledge of intervention strategies. The scoring of applications establishes a reference point from which to make negotiation decisions. The scoring of applications does not imply that a contract will be awarded. An additional Department internal review will analyze potential grantees based on alignment to the intent of the RFA. Grant awards will be based on available funding with the final award amount and final deliverables determined through negotiation with the Department in the post-award phase.

Cinotti Grant Program: Application Evaluation Scoring Rubric RFA# 25-001	
How Applications are Scored: Each application will be evaluated and scored based on the identified category requirements. Applications will be scored by objective review teams using evaluation sheets to designate the point value assigned to each application. The scores of all review team members will be averaged to determine the final score. The maximum score possible is 100. Review team members will use only whole numbers and not decimals for each line. Scoring will be in the following categories up to the maximum points indicated for each category:	
Scoring Criteria:	

A. Organizational Overview and Staffing: Provides information on staffing levels and organizational capacity that indicates a comprehensive understanding of requirements to complete the local project activities. Criteria to be considered are listed below. Maximum Possible Score for the Section is 10.		Points
1. The applicant sufficiently demonstrates and clearly identifies the administrative structure of the organization, its mission, services provided, and how the overall infrastructure will support the proposed activities. The applicant has infrastructure in place to establish and sustain a new or expanded screening program. Previous experience with the new screening program type is not required but is useful for establishing current capacity. For a program without existing screening program management experience, how does the applicant establish that there is sufficient organizational capacity for screening program management based on similar programs or the targeted new program design?		3
2. The applicant sufficiently demonstrates and clearly identifies the background of the organization and previous experience providing screening services, including a brief description of similar projects that will advance the activities. How does this activity align with standards of practice in screening programs (See Appendix A)?		3
3. The applicant sufficiently demonstrates and clearly identifies the positions, roles, capabilities, and experience of program staff as well as the percent of time each is		3

committed to the project activities. The applicant demonstrates medical and clinical oversight. To what extent is this defined in the organizational overview?	
4. The applicant sufficiently demonstrates and clearly identifies its contingency plan. If key staff leave the project, how will new staff be integrated into the project activities; how will volunteers be recruited, if used; and if subcontractors are used, explain their role in implementation of the project and experience with similar projects? Contingency plans should describe screening outcome goals (number of screenings) and steps to take if numbers are below the proposed amount.	1
Total Points for this section:	10

B. Statement of Need: Provides information for each proposed project that indicates a comprehensive understanding of the need for and purpose of the local project activities. Criteria to be considered are listed below. Maximum Possible Score for the Section is 10.	Points
1. The applicant sufficiently demonstrates and clearly identifies the geographic service area for proposed activities and the communities that will be served through the program. Sufficient research, data and background are provided to demonstrate the need for the screening in the area. Sources provided are both current and appropriate.	4
2. The applicant sufficiently demonstrates and clearly identifies the need for the activities in the local community, including any gaps (unmet needs) specific to the availability of screenings and a description of any barriers which may prevent the access of existing services.	2
3. The applicant sufficiently demonstrates and clearly identifies how the grant funding, through proposed activities and specific types of screening, will impact screening availability in the geographic area.	2
4. The applicant sufficiently demonstrates and clearly identifies whether there are any other local, state or federally funded programs operating in the same county or local community that the project will serve. If other programs exist, the applicant demonstrates that services will not be duplicated, that funds will not be supplanted and that the proposed project activities will enhance or differ from existing projects.	2
Total Score for Statement of Need	10

C. Project Narrative: Provides information for how each proposed project will be designed and implemented. Criteria to be considered are listed below. Maximum Possible Score for the Section is 25.	Points
1. The applicant explains how screening activities will be provided. This area should include what type of autism screenings will be provided, the total number of individuals (duplicated and/or unduplicated clients) that will benefit from each new or expanded screening activity, the area/s served and/or locations and settings in which activities will take place. Duplicated patient screenings may be included in reporting if multiple screenings per an established timeline are indicated per standard clinical guidance. See Appendix A for more details for each screening type. At a minimum, outcome measures should include monthly screening numbers, but programs must also report on screening program outreach, patient education, referrals to related health services and client follow-up. Programs should	10

also report on the False Positive Rate (FPR) and report on mitigation strategies to address false positives with patients and clinical partners. See Appendix A for additional guidance on evaluation per screening type.	
2. Strategies to address existing barriers affecting the provision of screening activities that will be addressed with grant funding. Outreach including targeted marketing is included within this category of activity. All outreach and marketing should be designed to reach the area selected for the screening program with appropriate media or communication platforms. Patient education would also be included in this category. What plans are in place to ensure that the patients that are screened understand and can act on screening results? Applicant should describe an active or passive process to connect patient education with referral to post-screening clinical services and should identify targeted follow-up with patients and medical partners to determine screening program impact.	8
3. The applicant explains the intended outcomes or specific changes expected because of program activities within the project narrative. The applicant maintains an outcomes-oriented view of proposed program management. Proposed outcomes are reasonable and achievable within the timeline of the project and based on the proposed program staffing and capacity.	4
4. The applicant explains how the program maintains any clinical or medical oversight to determine the effectiveness and validity of the screening practice and referral to related health services.	3
Total Score for Project Narrative	25

D. Collaboration: Provides strategic partnership plan for community collaboration. Criteria to be considered below. Maximum Possible Score for the section is 15.	Points
1. The applicant sufficiently outlined through a strategic partnership plan how the organization will forge and sustain new partnerships in the proposed service area. To what extent are these partnerships established with Letters of Support (LOS) or Memorandums of Understanding (MOU) or records of shared activity? To what extent is there a clear description of ongoing bi-directional communication with partners?	5
2. The applicant sufficiently demonstrated and clearly identified how collaboration may be a means to create sustainability if project funding ends.	2
3. The applicant sufficiently demonstrates and clearly identifies how the roles and responsibilities of collaborative partners will support the proposed activities in the workplan. How will partners participate actively in patient outreach, education, referral, and follow-up?	2
4. The applicant demonstrates a comprehensive plan to address referrals and patient follow-up. This plan is bi-directional with activity for both the managing agency and for individual partners.	6
Total Score for Collaboration	15

E. Workplan: Provides a coherent and understandable description of the proposed project that will meet the allowable activities under Section 4.8 of the RFA. Criteria to be considered are listed below. Maximum Possible Score for the Section is 10.	Points
1. The applicant sufficiently demonstrates and clearly identifies what screening activities will be provided and how the screening activities will be implemented across a timeline. This is a reasonable and achievable timeline for project activity.	4
2. To what extent does the applicant sufficiently demonstrate and clearly identify how the proposed activities will lead to the outcomes in Appendix B – Logic Model?	3
3. To what extent is the design of the workplan clear and understandable and likely to result in a well-managed and effective program?	3
Total Score for Program Workplan	10

F. Expected Outcomes: Provides expected outcomes for the project activities. Criteria to be considered are listed below. Maximum Possible Score for the Section is 15.	Points
1. The applicant sufficiently demonstrates and clearly identifies specific outcomes or changes anticipated because of program activities. These outcomes focus on measurable impacts, such as increased screening rates or improved follow-up.	4
2. The applicant sufficiently demonstrates and clearly identifies the process for evaluating the proposed program's activities and how to measure the changes in health outcomes which are aligned with typical screening program assessment. To what extent does this include appropriate medical oversight of screening evaluation activities and follow-up?	4
3. The applicant sufficiently demonstrates and clearly identifies how to measure the impact of the program in the community? This should include assessment of initial outreach, any patient education, referral, and follow-up.	3
4. The applicant sufficiently demonstrates and clearly identifies plans to analyze, disseminate, and use evaluation findings to improve the quality of program activities and produce information that is valuable to the program for ongoing evaluation and quality improvement?	4
Total Score for Evaluation	15

G. Budget Summary and Narrative (Attachments 3 and 4): Provides a budget for the proposed project which provides detailed line-items for all cost items that will be incurred by the proposed project activities. Criteria to be considered are listed below. Maximum Possible Score for the Section is 15.	Points
1. The applicant sufficiently demonstrates and clearly identifies budget costs that are reasonable and consistent with the purpose, outcomes, and program strategy of the project activities.	5

2. The applicant sufficiently demonstrates and clearly identifies the line item, number of units, the cost per unit, and the total costs.	3
3. The applicant sufficiently demonstrates and clearly identifies that administrative or indirect costs are no more than 15% of total grant funds and that subcontracts are no more than 25% of the total grant funds.	5
4. The applicant sufficiently demonstrates and clearly identifies that there are no unallowable costs included?	2
Total Score for Budget	15

SCORE REVIEW (MAXIMUM POINTS)	
A. Organizational Overview and Staff:	10
B. Statement of Need:	10
C. Project Narrative:	25
D. Collaboration:	15
E. Workplan:	10
F. Expected Outcomes:	15
G. Budget Summary and Narrative:	15
TOTAL SCORE FOR ALL SECTIONS	100

SECTION 6.0: GRANT AWARDS

6.1 Grant Awards

The amount of the grant award shall be determined by the Department. The Department may establish a minimum amount or a maximum amount for grants and shall determine the amount of each award based on the merits of the application. The Department reserves the right to evaluate the organizational capacity, administrative structure, economic viability, and the ability to deliver services by each applicant prior to final award and execution of the contract.

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

6.2 Award Criteria

Funding decisions will be determined by the Department who will take into consideration the recommendations and ratings determined by the review team. Funding is at the discretion of the Department notwithstanding evaluation point totals.

6.3 Funding

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

6.4 Posting of Awards

Award information will be posted to the following website:

1. www.FloridaHealth.gov/CinottiGrantProgram

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

6.5 Vendor Registration

Each vendor doing business with the state for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, will register in the MyFloridaMarketPlace (MFMP) system, unless exempted under rule 60A- 1.030(3), Florida Administrative Code. Also, an agency will not enter into an agreement for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, with any vendor not registered in the MFMP system, unless exempted by rule. Each grant recipient must be a vendor in the My Florida Marketplace (MFMP) system. Any grant recipient not currently registered in the MFMP system will need to register within 5 days of receiving the notice of award. Information about registration is available, and registration may be completed, on the MFMP website https://www.dms.myflorida.com/business_operations/state_purchasing/vendor_resources. Those lacking internet access may request assistance from the MyFloridaMarketPlace Customer Service at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 300, Tallahassee, Florida 32399.

Once MFMP registration is complete the vendor will have a sequence number automatically assigned to their account. This sequence number is required for post award management. If your organization already holds MFMP registration and knows the sequence number, please include this in the online portal where requested. If you do not know or do not have a sequence number yet leave this field blank.

SECTION 7.0: REPORTING AND OTHER REQUIREMENTS

7.1 Post Award Requirements

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

Grantees will be required to submit:

1. Quarterly Progress reports
2. Quarterly/Annual Financial Status Reports
3. Quarterly Evaluation reports
4. Quarterly Collaborations Reporting
5. Quarterly Communications Reporting

Report Type	Reporting Time Period	Report Due date
Quarterly Progress Report (QPR) and Financial Status Report (FSR)	October 1, 2025 – December 31, 2025	January 15, 2026
Quarterly Progress Report (QPR) and Financial Status Report (FSR)	January 1, 2026 – March 31, 2026	April 15, 2026
Annual Progress Report (APR) and Closeout Financial Status Report (FSR)	April 1, 2026 – June 30, 2026	August 15, 2026

The format of required reporting will be reviewed with successful grantees in the post-award period. Grantees must complete reporting utilizing the provided systems and reporting tools if any are provided.

SECTION 8.0: REQUIRED FORMS

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

- 1) Cover Page (One Page Limit) (See Attachment 1)
- 2) Table of Contents (Two Page limit)
- 3) Project Summary (One Page Limit – minimum of 250 words)
- 4) Project Narrative (PDF or WORD format) (15-page limit, as described above)
- 5) Appendices (To be included with the application)
 - a) Organizational Information
 - b) Proposed Data Collection instruments (Optional)
 - c) Applicant’s official status - IRS Non-Profit Status 501(c)(3) and filed IRS 990
 - d) Letter of Support (County Health Department) (Optional)
 - e) Letters of Support (General) (One or more letters are required)
 - f) Certification of Drug Free Workplace – (Applicant will provide documentation)
- 6) Workplan (Excel format) (Attachment 2)
- 7) Budget Summary (Attachment 3)
- 8) Budget Narrative (Attachment 4)

SECTION 9.0: APPENDICES AND ATTACHMENTS

RFA Appendices:

Appendix A: Health Screenings Table

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

Appendix B: Program Logic Model

RFA Attachments:

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

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

Post Award Documentation

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

1. Attachment 6: Standard Contract
2. Attachment 7: Financial and Compliance Audit Attachment
3. Attachment 8: Annual Executive Compensation Disclosure and Attestations Survey
4. Attachment 9: Annual Executive Compensation Reporting Form
5. Attachment 10: Reference Guide for State Expenditures
6. Attachment 11: Travel Guidelines - State of FL Authorization to Incur travel
7. Attachment 12: Recipient-Subrecipient and Contractor -Vendor Determination Checklist for State-Federal Funds
8. Attachment 13: Subcontracting Request Form