

Children's Network of South West Florida (CNSWF)

Invitation to Negotiate # ITN0601
Program for Teens with Challenging Behaviors

TABLE OF CONTENTS

Section	Title	Page
	INTRODUCTION	4
1.1	Statement of Need	4
1.2	Purpose	4
1.3	Definitions	4
2	GENERAL SOLICITATION INFORMATION	6
2.1	Eligible Offerors	6
2.2	Disqualification	6
2.3	Contact	6
2.4	Schedule of Events & Deadlines	7
2.5	Notice of Intent to Submit a Proposal	8
2.6	Inquiries	8
2.7	Withdrawal of Proposal	8
2.8	Acceptance of Proposal	8
2.9	Notice of Contract Award	9
2.10	Protests or Disputes	9
2.11	Cost of Proposal Preparation	9
3	PROGRAMMATIC REQUIREMENTS	9
3.1	General Statement	9
3.2	Target Population & Eligibility Criteria	10
3.3	Reports	11
3.4	Outcomes and Performance Measures	11
3.5	Monitoring and Evaluation	12
3.6	Contract Term	11
3.7	Record Retention and Confidentiality	12
3.8	Contract Requirements	12
4	FINANCIAL SPECIFICATIONS	13
4.1	Funding Source	13
4.2	Funding Amount	13
4.3	Allowable Costs	13

4.4	Invoicing and Payment	13
4.5	Financial Audits	13
5	INSTRUCTIONS FOR PROPOSAL PREPARATION	13
5.1	General Information	13
5.2	Contents of the Proposal	14
5.3	Program Narrative	15
5.4	Cost Proposal	17
6	EVALUATION	17
6.1	Review Process	17
6.2	Rating Methodology	18
7	Negotiation	18
7.1	Negotiation Process	18
Appendices		
I	Sample Outcomes	19
II	Standard Contract	20
III	Fatal Criteria	27
IV	Proposal Summary Form	28
V	Required Offeror's Statements & Assurances	30-35
VI	Sample Project Budget Detail	36
VII	Instructions to Evaluators, Summary of Rating Scale, Point Values for Criteria and Rating Sheets	49

SECTION 1: INTRODUCTION

1.1 Statement of Need

As the Community Based Care Lead Agency Camelot Community Care, Inc. dba The Children's Network of Southwest Florida (CNSWF) works in partnership with local community stakeholders to improve outcomes for families and their children in order to achieve safety, permanency and well-being for the Children and Families of District 8.

The Children's Network of Southwest Florida contracts with three Organizations that provide Child Welfare Case Management Services. These organizations work with a group of teenagers that exhibit challenging behaviors that cause them to have unstable living arrangements due to disrupted placements and/or runaway episodes. These teenagers need specialized services that will help them to manage their behaviors to be successful while residing in the Child Welfare System as well as to have a successful transition into adulthood and independence.

1.2 Purpose

The purpose of the Invitation to Negotiate is to find a new and innovative program that will focus on teenagers with challenging behaviors in out of home care placements who have a history of placement disruptions and/or incidence of running away. The teens may have a history of challenging behavior that affects their well-being, safety and permanency plans or that places them at risk of disruption of their out-of-home care placement. These behaviors may place the teen, not only at risk of placement disruption, but interfere with their ability to function across various social settings and possibly places them at risk of law violations or institutionalization. These behaviors include, but are not limited to, runaway, self-injurious behavior, sexual acting out, use or possession of weapons, substance use, and various behaviors intended to harm persons, animals, or property. These teens may also possess borderline intellectual functioning or Mental Health issues. This program will deal with the residential needs of the teens as well has to provide services designed to help them stabilize their challenging behaviors so that they can become successful individuals while in the child welfare system and in the future.

1.3 Definitions

1) Case Management Organization- CMO, an agency in which the CBC provider sub-contracts with to provide Child Welfare services to the community, also referred in this contract as CNSWF's designee.

2) Challenging Behavior – Inappropriate behavior displayed by a child that affects the child's well-being, safety and permanency plans or that places the child at risk of disruption of his out-of-home care placement. Sometimes these behaviors place the child, not only at risk of placement

disruption, but interfere with his ability to function across various social settings and possibly places him at risk of law violations or institutionalization. These behaviors include, but are not limited to, runaway, self-injurious behavior, use or possession of weapons, sexual acting out, substance use and various behaviors intended to harm persons, animals, or property.

3) Children's Network of Southwest Florida (CNSWF)- The lead Community Cased Care agency, Camelot Community Care, Inc.

4) Community Based Care Lead Agency- A not-for-profit provider in district 8 with whom the department contracts for the provision of foster care and related services known also as departments designee.

5) Contract – An agreement between CNSWF and an individual or organization for the procurement of services. (A formal contract consists of the Standard Contract, Program Specific Model Attachment I, plus all attachments or exhibits.)

6) District – The Florida Department of Children and Families' territorial division pertains to a geographical service area.

7) Method of Payment – A payment specification includes the maximum dollar amount of the contract, the manner in which contract costs will be displayed on invoices, the frequency with which invoices will be submitted to CNSWF, and any special conditions pertaining to payment of contract invoices.

8) Outcomes - Quantitative indicators used by CNSWF to objectively measure a provider's performance toward a stated goal.

9) Outputs - Process measures of the quantity(ies) of services delivered, clients served, or similar units completed.

10) Performance Measures - Quantitative indicators, outcomes, and outputs used by CNSWF to objectively measure a provider's performance.

11) Permanency Planning – Goal-directed time-limited practice of providing services for dependent children who are removed from their home and placed in a child caring facility. Permanency planning services are based on the child's court approved case plan.

12) Placement Resource Unit (PRU) - A unit of people within a Case Management Organization who are responsible for the coordination and placement of children in out of home settings. Tasks such as licensure,

re-licensure and recruitment are also performed by specific staff within this unit.

13) Provider - An individual or organization contracted to provide services or materials to CNSWF, in accordance with the terms specified in the contract.

14) Runaway – In accordance with CFOP 175-85, Prevention, Reporting And Services To Missing Children, a runaway means a child who has left a relative placement, non-relative placement, shelter home, foster home, residential group home or any other placement alternative without permission of the caregiver and who is determined to be missing.

15) Utilization Management Unit (UM) - A unit designated by CNSWF to ensure that the correct services are being tracked and conducted.

SECTION 2 GENERAL SOLICITATION INFORMATION

2.1 Eligible Offerors

Organizations eligible to submit proposals include:

- 1) Agencies with a history of organizing or delivering community services to children and families, including those served by the child welfare system.
- 2) Organizations or individuals with a history of facilitating community partnerships, collaborative planning, managing public funds, and designing collaborative service delivery systems for children and families.

2.2 Disqualification

Failure to have performed any previous contractual obligations with the Department or CNSWF in a manner satisfactory to the Department or CNSWF will be a sufficient cause for disqualification. To be disqualified as a offeror under this provision, the offeror must have;

- 1) previously failed to satisfactorily perform in a contract with the Department or CNSWF, been notified by the Department or CNSWF of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the Department or CNSWF or
- 2) had a contract terminated by the Department or CNSWF for cause.

2.3 Contact

The designated and sole contact person for this ITN is:

Name: Ann Wierengo

Title: Contract Supervisor

Address: 2232 Altamont Avenue
Fort Myers, Florida 33901

Phone: (239) 425-6319

FAX: (239) 226-1115

Email: awierengo@camelotcare.com

2.4 Schedule of Events and Deadlines

ACTIVITY	DATE	TIME	ADDRESS
Request For Proposal released and advertised:	05/31	10:00am	http://childnetswfl.org/
Notice of Intent to Submit Received by The Children’s Network of Southwest Florida no later than:	06/05	5:00pm	2232 Altamont Avenue Fort Myers, Florida 33901
All written inquiries must be received by:	06/08	5:00pm	2232 Altamont Avenue Fort Myers, Florida 33901
The Children’s Network of Southwest Florida’s written response to inquiries:	06/12	5:00pm	http://childnetswfl.org/
Sealed proposals must be received by The Children’s Network of Southwest Florida	06/19	12noon	2232 Altamont Avenue Fort Myers, Florida 33901
Initial opening of proposals:	06/19	2:00pm	2232 Altamont Avenue Fort Myers, Florida 33901
Initial meeting of Evaluation Team:	06/20	10:00am	2232 Altamont Avenue Fort Myers, Florida 33901
Debriefing meeting of the Evaluation Team:	06/23	1:00pm	2232 Altamont Avenue Fort Myers, Florida 33901
Posting: Top three Scorers	06/23	10:00am	http://childnetswfl.org/
Negotiations to begin	07/01		
Anticipated effective date of contract:	08/01		N/A

2.5 Notice of Intent to Submit a Proposal

Offerors shall submit a Notice of Intent to Submit a Proposal as referenced in Section 2.4, Schedule of Events and Deadlines. The Notice of Intent shall include full contact information for the prospective offeror. Information regarding any addenda to the Invitation to Negotiate and copies of written responses to questions resulting in clarifications or addenda to this ITN will only be sent to those prospective offerors submitting a Notice of Intent to Submit a Proposal.

2.6 Inquiries

Inquiries must be submitted in writing to the contact person identified in Section 2.3, of this RFP on or before 5:00 pm on the date specified in 2.4. Copies of responses to all inquiries which involve clarifications and/or changes to this ITN, will be made available to those persons or firms who submit a written Notice of Intent to Submit a Proposal. **No questions related to this ITN will be accepted after the date specified above. Oral inquiries will not be accepted at any time.**

2.7 Withdrawal of Proposals

A written request for withdrawal, signed by the offeror, may be considered if received by The Children's Network of Southwest Florida within 72 hours after the proposal opening time and date indicated in the Schedule of Events and Deadlines. A request received in accordance with this provision may only be granted by The Children's Network of Southwest Florida upon proof of the impossibility to perform based upon an obvious error on the part of the offeror.

2.8 Acceptance of Proposals

All proposals must be received by the The Children's Network of Southwest Florida contact person, named in Section 2.3, on or before the following date and time at the designated location:

Due Date: 04/24/2006

Not Later Than: 12:00 PM

No changes, modifications or additions to the proposals submitted, will be accepted by or be binding on The Children's Network of Southwest Florida after the deadline for submitting proposals has passed.

Proposals not received at either the specified place, or by the specified date and time, or both, will be rejected and returned unopened to the offeror. The Children's Network of Southwest Florida will retain one unopened copy for use in the event of a dispute.

2.9 Notice of Contract Award

A review committee will review the submitted proposals and score them in accordance with the provisions of Section 6 of this ITN. Official notice of any anticipated award made pursuant to this ITN will be electronically

posted in accordance with Section 2.4, Schedule of Events and Deadlines.

The aggregate scores will be posted on the Internet at <http://childnetswfl.org>

The electronic notice posted on the Internet will remain for seventy-two (72) hours. It is the responsibility of those submitting a response to obtain the results from the Internet posting in sufficient time to protect its own interests. If no written notice of protest is received during this posting, the anticipated contract award becomes final and The Children's Network of Southwest Florida will enter into contract negotiations. The Internet posting is the official posting for the purpose of determining deadlines for further proceedings including protests.

The Children's Network of Southwest Florida may enter in negotiations with more than one provider to secure services.

2.10 Protest or Disputes

Any person who is adversely affected by the terms, conditions and specifications contained in this solicitation, including any provisions governing the methods for ranking this proposal, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract shall file a notice of protest in writing within 72 hours (Saturdays, Sundays and state holidays excluded) after the posting of the solicitation or decision or intended decision

When protesting a decision or intended decision the protestor must post a bond equal to one percent (1%) of the estimated contract amount. The estimated contract amount shall be based upon the contract price submitted by the protestor FAILURE TO FILE THE PROPER BOND AT THE TIME OF FILING THE FORMAL WRITTEN PROTEST WILL RESULT IN A REJECTION OF THE PROTEST.

2.11 Cost of Proposal Preparation

The Children's Network of Southwest Florida is not liable for any costs incurred by an offeror in responding to this Invitation to Negotiate under any circumstances.

SECTION 3: PROGRAMMATIC REQUIREMENTS

3.1 General Statement

The primary area of focus for this Program is to provide services to teens in the Child Welfare System who are in need of Residential Placement due to Challenging Behaviors that have caused a disruption in their current placement. The challenging behaviors may include but are not limited to runaway, self-injurious behavior, use or possession of weapons, and various behaviors intended to harm persons, animals, or property.

The successful offeror will describe an approach that includes the residential placement and services that will allow the teen to be successful in future more permanent placements as well as in their transition to adulthood and independence.

The program must comply with all applicable Florida laws, administrative codes, the Children’s Network of Southwest Florida System of Care, and all Children’s Network of Southwest Florida policies.

Goals	Activities and services could include, but are not limited to:
<p>Promote the health, safety, and well-being and successful future permanent placement for teens in the Foster Care system who are in need of a residential placement due to a placement disruption or runaway episode.</p>	<ul style="list-style-type: none"> • Services to reduce Challenging Behaviors • Preparation for Independent Living • Services to address Mental Health needs • Substance Abuse Prevention/Treatment Services • Services designed to increase success in future placements • Services designed to improve social, educational, and vocational skills • Accessibility for placement 7 days a week, 24 hours a day

3.2 Target Population and Eligibility Criteria

Services funded under this Invitation to Negotiate shall be designed to benefit Teens who have had multiple placement disruptions due to their challenging behaviors. To be eligible for services funded under this ITN, the child must meet the following eligibility criteria:

- 1) Children who are in the Child Welfare System who have been placed in out of home care in District 8.
- 2) Children who have had multiple placement disruptions due to their challenging behavior.
- 3) Children who have been authorized for this service by the Utilization Management Unit of the Children’s Network of Southwest Florida.
- 4) The provider shall have a **No Eject No Reject** policy where as no child who meets CNSWF approved admission criteria shall be denied admission if there is a vacancy. Once admitted, no child shall be released until authorized by CNSWF or designated Case Management Organization Placement Resource Unit (PRU).

3.3 Reports

The successful offeror shall complete and submit fiscal and program reports as required by the Children's Network of Southwest Florida, on forms or in a manner approved by the Children's Network of Southwest Florida.

3.4 Outcomes and Performance Measures

Client outcome measures are required in all contracts for the provision of client services under the jurisdiction of the Florida Department of Children and Families. For the purpose of this ITN, successful offeror will use an outcomes reporting form that captures information on specified outcome areas that relate to child and the reduction in challenging behaviors. The offeror will describe a sound and thorough approach to outcomes and performance measures as part of the proposal submitted (see Section 5.3,4)) and will include a proposed outcomes reporting form. The offeror should review state and federal outcomes and research related to child safety, permanency, and well-being. The sample reporting forms submitted with the proposal should identify the broad outcome areas and include a limited number of meaningful, measurable indicators for each outcome. Outcome areas should be broad and clearly understood—for example, child abuse and neglect. Outcome goals should clearly state the intended results—for example, reduce the incidence of runaway episodes of children by 15%. The indicator used to track and monitor progress must be a quantifiable, reliable and valid measure related to the outcome. In addition to outcomes and indicators, performance measures are used to report on the performance of the system—for example, the time it takes from referral to the initiation of services, might be used as a performance measure.

In defining outcomes and choosing indicators and performance measures, it is important for the offeror to consider the sources of information that will be used and the technology needed to track, report and monitor outcomes and performance indicators throughout the duration of the project. It is also important to have mechanisms in place to be able to use outcomes reports to drive the organization's overall approach to quality improvement, to be able to identify and respond to indicators that the program is not working as intended, and to make corrections as needed.

Outcome reports will be used to track the current status of indicators and performance measures for the population served and/or to document progress in any community development activities that are proposed. (A Sample Outcome Reporting Form is included in **Appendix I**.)

During the contract negotiation process the successful offeror and the Children's Network of Southwest Florida will make final determinations about the outcomes, performance measures, data sources, and nature of the reports that the successful offeror will provide to the Children's Network of Southwest Florida on a regular basis to evaluate the success of the initiative in meeting specified goals. The successful offeror will work with the Children's Network of Southwest Florida to ensure the reliability of client data collected through established

reporting formats appropriate to the proposed program. The contract resulting from this ITN will include a description of the provider's responsibility for attaining and documenting agreed upon outcomes and performance measures.

3.5 Monitoring And Performance Evaluation Methodology

Successful offerors must comply with the requirements of the Children's Network of Southwest Florida Standard Contract, with reference to monitoring by The Children's Network of Southwest Florida. The successful offeror agrees to fully cooperate in the conduct of both performance audits and financial audits.

During the negotiation of the contract, the successful offeror and the Children's Network of Southwest Florida will define the specifics of the monitoring approach that is appropriate to the proposed scope of work. Provider and the Children's Network of Southwest Florida monitoring responsibilities—including the frequency and nature of monitoring activities—will be defined in the contract that results from this ITN.

3.6 Contract Term

1) The term of the contract resulting from this ITN will be a minimum of one year. However a longer contract term may be negotiated.

2) Contract Renewal: This contract may be renewed for one term not to exceed the term of the original contract. Such renewal shall be made by mutual agreement and shall be contingent upon satisfactory performance evaluations as determined by the CNSWF and shall be subject to the availability of funds. Any renewal shall be in writing and shall be subject to the same terms and conditions as set forth in the initial contract.

3.7 Records Retention and Confidentiality

All documents pertaining to the program contemplated by this ITN shall be retained for a period of seven years after the termination of the resulting contract. During the records retention period, the successful offeror agrees to furnish, when requested to do so, all retained documents. Data files will be provided in a format readable by The Children's Network of Southwest Florida. The successful offeror agrees to maintain the confidentiality of all records required by law or administrative rule to be protected from disclosure.

3.8 Contract Requirements

The Children's Network of South West Florida's Standard Contract contains universal administrative, financial, and non-programmatic terms mandated by federal and state law, rules or regulations, and/or Network policy. The contract resulting from this ITN, if any, will contain specifications to reflect the scope of work, but the Standard Contract general terms will apply. (See **Appendix II: Standard Contract**).

SECTION 4: FINANCIAL SPECIFICATIONS

4.1 Funding Source

This program will be funded by State funds, Social Services Block Grant , IVE and State Match for IVE.

4.2 Funding Amount

The estimated funding available for this ITN is \$584,000.00 for each contract year.

4.3 Allowable costs

Allowable costs will include those reasonable and necessary costs involved in providing services to families and their children for provision of these services in accordance The following cost principles:

- 1) Cost principles for state, local and federally recognized Indian tribal governments: OMB Circular A-87
- 2) Principles for determining costs applicable to grants, contracts, and other agreements with educational institutions: OMB Circular A-21
- 3) Cost principles for nonprofit organizations: OMB Circular A-122
- 4) Cost principles for commercial organizations other than hospitals: 48 CFR Part 31.

4.4 Invoicing and Payment

During the contract negotiation, the successful offeror and the Children's Network of South West Florida will finalize invoicing and payment procedures and the specifications will be included in the contract that results from this ITN. The cost proposal (see Section 5.4) will include information related to the offeror's preference related to invoicing and payment.

4.5 Financial and Compliance Audits

The contract resulting from this ITN will define the responsibilities of the offeror for complying with financial audits.

SECTION 5. INSTRUCTIONS FOR PROPOSAL PREPARATION

5.1 General information

The proposal must be typed, single-spaced on letter size paper and placed in a three-ring binder. The proposal shall include an original and five (5) copies. All proposals must be delivered sealed and clearly marked on the outside of each of the binders, and which one is the original copy. Each of the binder covers should include the prospective provider's name and "ITN0601"

The Children's Network of South West Florida must receive all proposals no later than the date and time specified in schedule of events and

deadlines (see Section 2.4). Proposals should be addressed to the designated Department contact (see Section 2.3).

Offerors are strongly encouraged to follow guidelines under Section 5.2 in organizing their proposal. This will ensure that all required information is provided and organized in a manner that will facilitate a fair evaluation.

Appendix III lists Fatal Criteria that each proposal must satisfy. Points are not awarded. However, failure to meet all fatal criteria will automatically disqualify a proposal from further consideration.

5.2 Contents of the Proposal

The proposal should include information provided in the following order:

- 1) Provider Summary Form (see Appendix IV)
- 2) Required Offeror's Statements & Assurances(See Appendix V).
 - a. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
 - b. Certification Regarding Lobbying Form
 - c. Statements and Certification for Acceptance of Contract Terms and Conditions/ Statement of No Involvement
 - d. Conflict of Interest Statement
 - e. Drug-Free Workplace
- 3) Proof of authority to execute the Invitation to Negotiate
- 4) Job descriptions for key project staff and/or resumes for those named
- 5) Proposal Narrative (See Sections 5.3-1) through 5.3-4))
- 6) Cost proposal (See Section 5.4)
- 7) Required Attachments
 - A table of organization
 - Job descriptions for key project staff and/or resumes for those named
 - Gantt Chart (or similar representation) depicting the operational work plan
 - Proposed Outcome Reporting Form (See sample in **Appendix I**)
 - Proposed Invoice
 - Most recent audit

5.3 Program Narrative

This section must not exceed 30 pages, single-spaced, 12-point type, excluding the assurances and required attachments. Information is requested in four

areas: organizational capacity and collaborative relationships, program design, program implementation and outcomes and performance measures.

1) Organizational Capacity

This section should contain a synopsis of the offeror's organization. This section should consider information in Section 3 and must include:

- a.** Offerors should include past experience in providing services to this population as well as in the geographical area where services are to take place. This should include barriers to service provision and how these barriers were handled.
- b.** A synopsis of the offeror's organizational qualifications and experiences (and, if applicable, the subcontractors) with programs involving teens with challenging behaviors and evidence indicating the ability to manage and complete the proposed project.
- c.** A description of the proposed approach for working with other community organizations in planning the proposed services. Include examples of any similar past collaborative efforts, including an overview of any barriers, "lessons learned" or creative solutions that helped to overcome barriers.
- d.** A description of the experience of the offeror's project director (if known) and key project staff, including their qualifications and prior experience with prevention services or community prevention development activities.
- e.** Include the following attachments:
 - A table of organization indicating how the proposed project fits into the overall organization structure (clearly depicting lines of responsibility and accountability in the organization). If multiple agencies are involved in the proposed project, the offeror should also prepare a chart that depicts the collaborative relationship and accountability;
 - Job descriptions for key project staff and/or resumes for those named;
 - Letters of support from community collaborators (if any) describing the services they will provide;
 - Signed letters of commitment from any organization that will contribute funds. (If any); and

2) Program Design

This section must include:

- a. Offerors should include a detailed description of the proposed program. The description should include but not be limited to the following areas:
 - Residential needs;
 - Education needs;
 - Services to be provided;
 - 24/7 availability for placement into the program;
 - Behavioral Health issues;
 - Substance Abuse issues;
 - Behavior Management;
 - Independent Living skills.

3) Program Implementation

- a. A clear description of the proposed operational work plan, including the staffing requirements and key tasks throughout the various phases of the project.
- b. Offerors must include as an attachment a Gantt chart (or similar representation) that depicts the operational work plan, including tasks/timelines/staff responsibility for implementing the project. Offerors may also include as an attachment any research or literature review that demonstrates the effectiveness of similar models in achieving results that are consistent with those specified for this proposal.

4) Goals, Outcomes, Performance Measures

All proposals must specify goals, define measurable objectives, and describe the manner in which The Children's Network of Southwest Florida and the community will assess the success of the project.

The proposal must:

- a. Specify goals and describe how the project will impact the identified needs of the target population.
- b. Define outcomes and indicators in realistic, measurable, time-related and results-oriented terms that will be the basis for program monitoring and evaluation.
- c. Include as an attachment a sample Outcomes Reporting Form. The form should include your program goals and measurable indicators that relate to the target population.

5.4 Cost Proposal

The cost proposal must contain two parts: 1) the financial capability statement, and 2) the budget narrative and the budget forms (see **Appendix VI**).

1) Financial Capability Statement

- a. The offeror should include a statement describing the organization's experience and capacity to:
 - Receive and manage federal and state funds;
 - Fiscal management of current programs, including revenue maximization expertise, fiscal reporting and oversight.
- b. The offeror should also describe the proposed approach to invoicing and receiving payment under this ITN including:
 - The method (e.g. fixed price or cost reimbursement) and frequency of payment preferred in the contract;
 - The method that will be used for invoicing (billing), including sample invoices that the offeror prefers;
 - A description of the how costs will be documented and submitted with invoices;
- c. Attachments should include sample invoices.

2) Budget Narrative & Budget Form

This component of the cost proposal justifies the budget and the cost of the services. The method of cost presentation will be a line-item budget and budget narrative per the instructions, definitions and format found in the Sample Project Budget Detail - **Appendix VI**.

By submitting a line-item budget under this ITN, each offeror warrants its agreement to that budget and budget narrative. All requested costs shall be allowable, reasonable, and necessary and justify the cost of the services and be in compliance with OMB Circular A-122. Indirect costs shall be limited to 10%.

SECTION 6: EVALUATION PROCESS

6.1 Review Process

The Contract Supervisor will convene a review committee to evaluate and rank all proposals that have been deemed eligible responsive.

Prior to distributing proposals for review, the Contract Supervisor will first review all proposals to ensure that they contain all required information (see **Appendix III - Fatal Criteria**).

The designated review team, using established criteria, will evaluate all proposals that qualify for review. Instructions will be given to the evaluators on

how to use the rating tools (See **Appendix VII**– Instructions to Evaluators, Criteria and Rating Sheets).

6.2 ITN Rating Methodology

Each of the evaluation components are weighted and assigned a maximum number of points. Proposals will be evaluated in each of the categories and assigned merit points by each evaluator. The weighted average of all evaluators' scores for each criterion will be tabulated to get the final scores. The final score will be the sum of all average criteria scores. The Contract Supervisor will certify that the tabulated scores are correct. Criteria upon which proposals will be evaluated and points awarded are included **Appendix VII**.

The total maximum points are **260**. Proposal must receive a minimum of **150 points** to be considered for negotiation. **The Children's Network of Southwest Florida will enter into negotiations with the top three scoring Providers who meet the minimum points criteria.**

SECTION 7 NEGOTIATION

7.1 Negotiation Process

- 1) Negotiations. After the replies have been evaluated and scored, negotiations will begin with providers with the top three scores.

- 2) Negotiate Cost Proposals. After services are negotiated and finalized, final cost proposals will be obtained and price(s) negotiated. The cost proposal must include the price for each year of any contemplated contract renewal.

- 3) Best and Final Offer. Each responsive vendor that the CNSWF enters into negotiations with will be given an opportunity to submit their best offer from which the CNSWF will determine the best negotiated deal (one that has the best possible services which may or may not include the best price). The CNSWF best deal will be given out to all vendors in writing. Vendors will then be given three business days to Submit their "Best and Final Offer".

- 4) Final Determination for Contract Award. Once the "Best and Final Offers" are received, the negotiation team will determine which vendor(s) has the negotiated proposal that is most advantageous to the CNSWF. The Contract Supervisor will send the final results of the evaluations and negotiations to CEO for decision.

SAMPLE OUTCOME REPORTING FORM

OUTCOME AREA	INDICATORS	POPULATION	BASELINE DATA	DATA SOURCE	OUTCOME GOAL	CURRENT STATUS
<u>Example:</u> Healthy Child Development	Up to date immunizations at age two	200 two-year olds who meet eligibility	70% of eligible 2 year olds in county are fully immunized	DOH Immunization Program data (2003)	95% of enrolled 2 year olds will be fully immunized by 1/1/05	As of 11/1/03, 77% of enrolled two year olds were immunized
<u>Example:</u> Community Involvement in CAN prevention	Engage 800 community stakeholders in four separate "shared leadership" forums	Families DCF Business Faith Community Schools Courts Legislators Media United Way CSC Providers CBCs	No CAN "shared leadership" forums have been held in this community	DCF United Way CSC	\$1.5 million by 1/1/05 to implement the Community Prevention Action Plan	As of 11/1/03, 2 forums have been held, 300 people have participated, pledges have been received for \$300,000 for the Action Plan (still under development)
	Comprehensive action plan based on the forums					
	Funding to implement the Plan					

Appendix II
CHILDREN'S NETWORK OF SOUTHWEST FLORIDA
STANDARD CONTRACT

This contract is entered into between Camelot Community Care, Inc., dba Children's Network of Southwest Florida, herein referred to as "CNSWF" and Lutheran Services Florida, Inc. herein referred to as "provider".

I. THE PROVIDER AGREES

A. Contract Document

To provide services in accordance with the terms and conditions specified in this contract including all attachments and exhibits, which constitute the contract document.

B. Requirements

To provide units of deliverables, including reports, findings, and drafts. As specified in this contract, which must be received and accepted by the contract manager in writing prior to payment. To submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit. To allow public access to all documents, papers, letters, or the other public records as defined in subsection 119.011(1), F.S., made or received by the provider in conjunction with this contract except that public records which are made confidential by law must be protected from disclosure. It is expressly understood that the provider's failure to comply with this provision shall constitute an immediate breach of contract for which CNSWF may unilaterally terminate the contract.

C. Governing Law

1. State of Florida Law

That this contract is executed and entered into in the State of Florida, and shall be construed, performed and enforced in all respects in accordance with the Florida law including Florida provisions for conflict of laws.

2. Federal Law

a. That if this contract contains federal funds the provider shall comply with the provisions of 45 CFR, Part 74, and/or 45 CFR, Part 92, and other applicable regulations.

b. That if this contract contains federal funds and is over \$100,000, the provider shall comply with all applicable standards, orders, or regulations issued under section 306 of the Clean Air Act, as amended (42 U.S.C. 7401 et seq.), section 508 of the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.), Executive Order 11738 as amended and where applicable, and Environmental Protection Agency regulations (40 CFR, Part 30). The provider shall report any violations of the above to CNSWF.

c. That no federal funds received in connection with this contract may be used by the provider, or agent acting for the provider, to influence legislation or appropriations pending before the Congress or any State legislature. If this contract contains federal funding in excess of \$100,000, the provider must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment **II**. If a disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager, prior to payment under this contract.

d. That unauthorized aliens shall not be employed. CNSWF considers the employment of unauthorized aliens a violation of section 274A(e) of the Immigration and Nationality Act (8 U.S.C. 1324). Such violation shall be cause for cancellation of this contract.

e. That if this contract contains \$10,000 or more of federal funds, the provider shall comply with Execution Order 11246. Equal Employment Opportunity, as amended by Execution Order 11375 and others, and as supplemented in Department of Labor regulation 41 CFR, Part 60 and 45 CFR, Part 92, if applicable.

f. That if this contract contains federal funds and provides services to children up to age 18, the provider shall comply with the Pro-Children Act of 1994 (20 U.S.C. 6081). Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. This clause is applicable to all subcontracts.

D. Audits, Inspections, Investigations, Records and Retention

1. To establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of funds provided by CNSWF under this contract.

Appendix II

2. To maintain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of seven (7) years after completion of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of seven (7) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract, at no cost to CNSWF.

3. Upon demand, at no additional cost to CNSWF, the provider will facilitate the duplication and transfer of any records or documents during the required retention period Subsection I, Paragraph D.2.

4. To assure that these records shall be subject at all reasonable times to inspection, review, copying, or audit by Federal, State, or other personnel duly authorized by CNSWF.

5. At all reasonable times for as long as records are maintained, persons duly authorized by CNSWF and Federal auditors, pursuant to 45 CFR, Section 92.36(i) (10), shall be allowed full access to and the right to examine any of the provider's contracts and related documents, regardless of the form in which kept.

6. To provide a financial and compliance audit to CNSWF as specified in this contract and Attachment **III** and to ensure that all related party transactions are disclosed to the auditor.

7. To comply and cooperate immediately with any inspections, reviews, investigations, or audits deemed necessary by the office of The Inspector General (Section 20.055, Florida Statutes).

8. To include the aforementioned audit, inspections, investigations and record keeping requirements in all subcontracts and assignments.

E. Monitoring by CNSWF

To permit persons duly authorized by CNSWF to inspect and copy any records, papers, documents, facilities, goods and services of the provider which are relevant to this contract, and to interview any clients, employees and subcontractor employees of the provider to assure CNSWF of the satisfactory performance of the terms and conditions of this contract. Following such review, CNSWF will deliver to the provider a written report of its findings and request for development, by the provider of a corrective action plan where appropriate. The provider hereby agrees to timely correct all deficiencies identified in the corrective action plan.

F. Indemnification

NOTE: Except to the extent permitted by s.768.28, F.S., or other applicable Florida Law, Paragraph I.F1. and 2. are not applicable to contracts executed between state agencies or subdivisions, as defined in subsection 768.28(2), F.S.

1. To be liable for and indemnify, defend, and hold CNSWF and all of its officers, agents, and employees harmless from all claims, suits, judgments, or damages, including attorneys' fees and costs, arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modification thereof.

2. That its inability to evaluate its liability or its evaluation of liability shall not excuse the provider's duty to defend and to indemnify within seven (7) days after notice by CNSWF by certified mail. After the highest appeal taken is exhausted only an adjudication or judgment specially finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees including attorneys' fees related to these obligations and their enforcement by CNSWF. CNSWF's failure to notify the provider of a claim shall not release the provider from these duties. The provider shall not be liable for the sole negligent acts of CNSWF.

G. Insurance

To provide continuous adequate insurance coverage during the existence of this contract and any renewal(s) and extensions(s) of it. By execution of this contract, unless it is a state agency or subdivision 768.28(2), F.S., the provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the provider and the client to be served under this contract. Upon the execution of this contract, the provider shall furnish CNSWF written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. CNSWF reserves the right to require additional insurance as specified in this contract.

H. Confidentiality and Client Information

Not to use or disclose any information concerning a recipient of services under this contract for any purpose prohibited by state or federal law or regulations (except with the written consent of a person legally authorized to give that consent or when authorized by law).

I. Assignments and Subcontracts

Appendix II

1. To neither assign the responsibility for this contract to another subcontract for any of the work contemplated under this contract without prior written approval from CNSWF which shall not be unreasonably withheld. Any sublicense, assignment, or transfer otherwise occurring without prior approval of CNSWF shall be null and void.

2. To be responsible for all work performed and for all commodities produced pursuant to this contract whether actually furnished by the provider or its subcontractors. Any subcontracts shall be evidenced by a written document. The provider further agrees that CNSWF shall not be liable to the subcontractor in any way or for any reason. The provider, at its expense, will defend CNSWF against such claims.

3. That CNSWF shall at all times be entitled to assign or transfer its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the provider. In the event CNSWF approves a transfer of the providers obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. This contract shall remain binding upon the successors in interest of either the provider or CNSWF.

J. Return of Funds

To return to CNSWF any overpayments due to unearned funds or funds disallowed pursuant to the terms and conditions of this contract that were disbursed to the provider by CNSWF. In the event that the provider or its independent auditor discovers that an overpayment has been made, the provider shall repay said overpayment immediately without prior notification from CNSWF. In the event that CNSWF discovers an overpayment has been made, the contract manager, on behalf of CNSWF, will notify the provider by letter of such findings. Should repayment not be made forthwith, the provider will be charged at the lawful rate of interest on the outstanding balance after CNSWF notification or provider discovery.

K. Client Risk Prevention Incident Reporting

1. That if services to clients are to be provided under this contract, the provider and any subcontractors shall, in accordance with the client risk prevention system, report those reportable situations listed in CFOP 215-6 in the manner prescribed in CFOP 215-6 or the CNSWF's operating procedure.

2. To immediately report knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline on the statewide toll-free telephone number (1-800-96-ABUSE). As required by Chapters 39 and 415, F.S., this provision is binding upon the providers and its employees.

L. Civil Rights Requirements

1. Not to discriminate against any employee in the performance of this contract or against any applicant for employment because of age, race, religion, color, disability, national origin, marital status or sex. The provider further assures that all contractors, subcontractors, subgrantees, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees because of age, race, religion, color, disability, national origin, marital status or sex. This is binding upon the provider employing fifteen (15) or more individuals.

2. To comply with the Civil Rights Compliance Questionnaire, CF Forms 946 A and B, in accordance with CFOP 60-16. This is binding upon providers that have fifteen (15) or more employees.

M. Independent Capacity of the Contractor

1. To act in the capacity of an independent contractor and not as an officer, employee of CNSWF, except where the provider is a state agency. Neither the provider nor its agents, employees, subcontractors or assignees shall represent to others that it has the authority to bind CNSWF unless specifically authorized in writing to do so.

2. To take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of CNSWF.

3. CNSWF will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial or clerical support) to the provider, or its subcontractor or assignee, unless specifically agreed to by CNSWF in this contract.

4. All deductions for social security, withholding taxes, contributions to unemployment compensation funds and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the sole responsibility of the provider.

N. Sponsorship

As required by section 286.25 FS and CNSWF, if the provider is a non-governmental organization which sponsors a program financed wholly or in part by CNSWF, including any fund obtained through this contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: "Sponsored by (provider's name), The Children's Network of Southwest Florida and the State of Florida, Department of Children and Families." If sponsorship reference is in written material, the words The Children's Network of Southwest Florida and the State of Florida, Department of Children and Families shall appear in the same size letters or type as the name of the organization.

Appendix II

O. Media

The provider shall not, without prior lead agency notification, in each instance, present any issue with the media relating to Community Based Care initiative or services contracted with CNSWF. When contact with the media does occur it should be a coordinated response with the CEO or Communications Director at CNSWF and the provider.

P. Publicity

Without Limitation, the provider and its employees, agents and representatives will not, with out prior written consent from CNSWF, in each instance, use in advertising, publicity and any other promotional endeavor any CNSWF or State mark, the name of CNSWF's or the State's mark, the name of any State or any State affiliate or any officer or employee of CNSWF or the State, or represent directly or indirectly, that any product or service provided by the provider has been approved or endorsed by the State and/or CNSWF

Q. Gratuities

The Provider agrees that it will not offer to give or give any gift to any department or CNSWF employee. As part of the consideration for this contract, the parties intend that this provision will survive the contract for a period of two years. In addition to any other remedies available to CNSWF, any violation of this provision will result in referral of the provider's name and description of the violation of this term to the Department of Management Services for the potential inclusion of the provider's name on the suspended vendors list for an appropriate period.

R. Final Invoice

To submit final invoice to CNSWF by the 30th day after this contract ends or is terminated. If the provider fails to do so, all rights to payment are forfeited and CNSWF will not honor any request submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by CNSWF.

S. Use of Funds for Lobbying Prohibited

To comply with the provisions of sections 11.062 and 216.347, F.S., which prohibit the expenditure of contract funds for the purpose of lobbying the Legislature, judicial branch, or state agency.

T. Public Entity Crime

Pursuant to section 287.133, F.S., the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with CNSWF: When a person or affiliate has been placed on the convicted vendor list following a convictions for a public entity crime, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, F.S., for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

U. Patents, copyrights, and Royalties

1. If any discovery or invention arises or is developed in the course of or as a result of work or services performed under this contract, or in anyway connected herewith, the provider shall refer the discovery or invention to CNSWF to be referred to the Department of State to determine whether patent protection will be sought in the name of State of Florida. Any and all patent rights accruing under or in connection with the performance of this contract are hereby reserved to the State of Florida.

2. In the event that any books, manuals, films, or other copyrightable materials are produced, the provider shall notify CNSWF. Any and all copyrights accruing under or in connection with performance under this contract are hereby reserved to the State of Florida.

3. The provider, if not a state agency, shall indemnify and save CNSWF and its employees harmless from any liability whatsoever, including costs and expenses, arising out of any copyrighted, patented, or unpatented invention, process, or article manufactured or used by the provider in the performance of this contract.

4. CNSWF will provide prompt written notification of any claim of copyright or patent infringement. Further, if such claim is made or is pending, the provider may, at its option and expense, procure for CNSWF, the right to continue use of , replace, or modify the article to render it non-infringing. If the provider uses any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the compensation paid pursuant to this contract includes all royalties or costs arising from the use of such design, device, or materials in any way involved in the work contemplated by this contract.

V. Construction or Renovation of Facilities using State Funds

That any state funds provided for the purchase of or improvements to real property are contingent upon the provider granting to the state a security interest in the property at least to the amount of state funds provided a for at least five (5) years from the date of purchase of the completion of the improvements or as further required by law. As a condition of receipt of state funding for this purpose, the provider agrees that, if it disposes of property before CNSWF interest is vacated, the provider will refund the proportionate share of CNSWF's investment, as adjusted by depreciation.

W. Accreditation

That CNSWF is committed to ensuring provision of the highest quality services to the persons we serve. Accordingly, CNSWF has expectations that where accreditation is generally accepted nationwide as a clear indicator of quality of service, the majority of our providers will either be accredited, have a plan to meet national accreditation standards, or will initiate one within a reasonable period of time.

X. Health insurance Portability Act

Where applicable, to comply with the Health Insurance Portability and Accountability Act (42 U.S. Section 210 et seq) as well as all regulations promulgated thereunder (45 CFR Parts 160,162, and 164).

Y. Emergency Preparedness

If the tasks to be performed pursuant to this contract include the physical care and control of clients, the provider shall, *within 30 days of the execution of this contract*, submit to the contract manager an emergency preparedness plan which shall include provisions for pre-disaster records protection, alternative accommodations for clients in substitute care, supplies, and a recovery plan that will allow the provider to continue functioning in compliance with the executed contract in the event of an actual emergency. In the event of an emergency CNSWF may exercise oversight authority over such provider in order to assure implementation of agreed emergency relief provisions.

Z. Information Security Obligations

1. To identify an appropriate skilled individual to function as its Data Security Officer who shall act as the liaison to CNSWF Data Security Officer and who will maintain an appropriate level pf data security for the information the provider is collecting or using in the performance of this contract. An appropriate level of security includes approving and tracking all provider employees that request system and information access and ensuring that user access has been removed from all terminated provider employees.
2. To hold CNSWF and/or the department harmless from any loss or damage incurred by CNSWF and/or the department as a result of information technology used, provided or accessed by the provider.
3. To furnish security awareness to the training to its staff.
4. To ensure that all provider employees who have access to CNSWF and/or department information are provided a copy of CFOP 50-6 and that they sign a DCF Security Agreement for (CF 114), a copy of which may be obtained by the contract manager.

II. CNSWF AGREES

A. Contract Amount

To pay for contracted services according to the terms and conditions of this contract in an amount not to exceed \$_____ subject to the availability of funds.

B. Contract Payment

Camelot's Contract Manager will inspect goods and services and approve the provider's invoice for payment with in five (5) working days of receipt of the provider's properly completed invoice. Once approved by the Contract Manger, the provider's payment will be either mailed by U.S. Post, sent by Electronic Transfer, or available for pick up with in thirty (30) calendar days.

III. THE PROVIDER AND CNSWF MUTAULLY AGREE:

A. Effective and Ending Dates

Appendix II

This contract shall begin on July 1, 2005, or on the date by which the contract has been signed by the last required to sign it, whichever is later. It shall end on midnight, local time in Fort Myers, Florida, on June 30, 2006.

B. Financial Penalties for Failure to Comply with Requirements of Corrective Action.

1. In accordance with the provisions of Section 402.73(7), Florida Statutes, and Section 65-29001, Florida Administrative Code, corrective action plans may be required for noncompliance, nonperformance or unacceptable performance under this contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.

2. The increments of penalty imposition that shall apply, unless CNSWF determines extenuating circumstances exist, shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance that generated the need for corrective action plan. The penalty, if imposed, shall not exceed (10%) of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made. Noncompliance that is determined to have direct effect on client health and safety shall result in the imposition of a ten percent (10%) penalty of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made.

3. Noncompliance involving the provision of service not having a direct effect on client health and safety shall result in the imposition of a five (5%) penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a (2%) penalty.

C. Termination

1. This contract may be terminated by either party without cause upon no less than (30) calendar days notice in writing to the other party unless a sooner time is mutually agreed upon in writing. Said notice shall be delivered by the U.S. Postal Service or any expedited delivery service that provides verification of delivery or by hand delivery to contract manager or the representative of the provider responsible for administration of the program.

2. In the event funds for payment pursuant to this contract become unavailable, CNSWF may terminate this contract upon no less than twenty-four (24) hours notice in writing to the provider. Said notice shall be delivered by the U.S. Postal Service or any expedited delivery service that provides verification of delivery. CNSWF shall be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the provider will be compensated for any work satisfactorily completed.

3. This contract may be terminated for the provider's non-performance upon no less than twenty-four (24) hours notice in writing to the provider.

4. Failure to have performed any contractual obligations with CNSWF in a manner satisfactory to CNSWF will be a sufficient cause for termination. To be terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with CNSWF, been notified by CNSWF of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of CNSWF; or (2) had a contract terminated by CNSWF for cause.

D. Renegotiations or Modifications

Modifications or provisions of this contract shall be valid only when they have been reduced to writing and duly signed by both parties. The rate of payment and the total dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in CNSWF's operating budget.

E. Official Payee and Representatives

1. The provider name, as shown on page 1 of this contract, and mailing address of the official payee to whom the payment shall be made is:

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

3. The name, address, and telephone number of the representative of the provider responsible for administration of the program under this contract is:

4. The name, address, and telephone number of the contract manager for CNSWF for this contract is:

Provider

Contract Manager
2232 Altamont Avenue
Fort Myers, Florida, 33901
(239)-226-1524

Appendix II

5. Upon change of representatives by either party, notice shall be provided in writing to the other party and the notification attached to the originals of this contract.

F. Terms and Conditions Included

This contract and its attachments I, II, III and any exhibits A-E referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions or obligations other than those contained herein, and this contract shall supercede all previous communications, representations, or agreements, either verbally or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full effect and such term or provision shall be stricken.

By signing this contract, the parties agree that they have read and agree to the entire contract, as described above in Paragraph III. F.

IN WITNESS THEREFORE, the parties hereto cause this page contract to be executed by their undersigned officials as duly authorized.

PROVIDER:

Children’s Network of Southwest Florida

SIGNED BY: _____

SIGNED BY: _____

NAME:

NAME: Harry Propper

TITLE:

TITLE: Chief Executive Officer

DATE: _____

DATE: _____

Federal ID # _____

FATAL CRITERIA

If any of these criteria are not met, the response cannot be considered further.

Offeror's Name (Agency): _____
 (Print Name)

Reviewed By: _____
 (Print Name)

Witnessed By: _____
 (Print Name)

The proposal was received by the time and date specified in the ITN.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The proposal contains the requested number of copies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The proposal includes the Provider Summary Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The proposal includes a line item budget with narrative justification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The proposal includes the following Required Statements & Assurances:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Certification Regarding Lobbying Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Acceptance of Contract Terms and Conditions/ Statement of No Involvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Conflict of Interest Statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Certification of Drug-Free Workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any responses are “no”, the proposal is disqualified from further evaluation.

The CNSWF reserves the right to waive minor irregularities when to do so would be in the best interest of the Project.

Provider Summary Form

1. **Legal Name of Offeror (Agency or Individual):** _____

2. **Mailing Address:** _____

3. **Federal Identification Number:** _____

4. **Type of Organization**

- For-profit
- Non-profit
- Corporation-Specify type: _____
- Partnership
- Other-Specify: _____

5. **Local Support (If none, skip to question 6)**

List the names of all organizations that are contributing local in-kind support or cash.

Agency Name	Type of Support	Match Amount

6. **Contact Person** (This is the designated person who will receive and respond to all information related to this ITN.)

Name: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

7. **Executive Summary**

Please complete the following one-page summary of the proposal).

Executive Summary of the Proposal

Offeror's Name: _____

REQUIRED OFFERORS STATEMENTS & ASSURANCES	
A.	Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
B.	Certification Regarding Lobbying Form
C.	Acceptance of Contract Terms and Conditions/Statement of No Involvement
D.	Conflict of Interest Statement
E.	Certification of Drug-Free Workplace

**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 equals or exceeds \$25,000 in federal moneys 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. The Department of Children and Families 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," "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 department's 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 equal or exceed \$25,000 in federal moneys, to submit a signed copy of this certification.
7. The Department of Children and Families 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 contract file. Subcontractor's certification must be kept at the provider's business location.

CERTIFICATION

- (1) The prospective provider certifies, by signing this certification, that neither he nor his 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.

Signature

Date

Name and Title of Authorized Signee

Appendix V B

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND
COOPERATIVE AGREEMENTS

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 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 employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients 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 section 1352, Title 31, U.S. Code. 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
Number

Application or Contract

Name and Address of Organization

Statements of Assurances

*1. Acceptance of Contract Terms and Conditions	
<p>I, _____, as an authorized representative of _____, hereby agrees that if awarded any contract as a result of the Children's Network of Southwest Florida's Request for Proposal number, RFP05-01 will comply with the requirements, terms, and conditions stated in the Request for Proposal and in the the Children's Network of Southwest Florida's Standard Contract. In recognition thereof the offeror's representative has read, understood, and with which it agrees to comply and any intent by the offeror to deviate from the terms and conditions set forth therein may result, at the department's exclusive determination, in rejection of the proposal.</p>	
Type Name of Authorized Official:	Title:
Signature of Authorized Official:	Date:

*2. Statement of No Involvement	
<p>I, _____, as an authorized representative of _____, certify that no member of this firm nor any person having interest in this firm has been awarded a contract by the Children's Network of Southwest Florida's on a noncompetitive basis to:</p> <ol style="list-style-type: none"> 1. develop this Request for Proposal, 2. perform a feasibility study concerning the scope of work contained in this Request for Proposal, or 3. develop a program similar to what is contained in this Request for Proposal. 	
Type Name of Authorized Official:	Title:
Signature of Authorized Official:	Date:

Statements of Assurances

*3. Proof of Signature Authority	
This Request for Proposal shall include proof of signature authority if someone signs the Request for Proposal other than the President or Chairperson of the Board of Directors. This proof shall be one of the following: A written statement by the President or Chairperson of the Board delegating authority to a particular person, a copy of the entity's by-laws reflecting signature authority to a particular position, or a copy of the Board of Directors' meeting minutes that shows action to delegate signature authority to a particular person or position. If delegating signature authority, please complete the below and include the above requested document.	
Type Name of President or Chairperson of the Board of Directors:	
Type Title of Person to Whom Signature Authority is Delegated:	
Type Name of Person to Whom Signature Authority is Delegated:	

4. Conflict of Interest Statement (Non-Collusion)	
I hereby certify, that all persons, companies, or parties interested in the Request for Proposal as principals are named therein, that the Request for Proposal is made without collusion with any other person, persons, company, or parties submitting a proposal; that it is in all respect made in good faith; and as the signer of the Request for Proposal, I have full authority to legally bind the offeror to the provisions of this proposal.	
Type Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

5. Certification of Drug-Free Workplace Program	
I hereby certify that my agency currently maintains a drug-free workplace environment in accordance with Chapter 287.087, F.S., and will continue to promote this policy through the implementation of that section.	
Type Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

Conflict of Interest Questionnaire

(Title of Contract)

(Provider)

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you, your immediate family, or business partner have financial or other interests in any of the Provider listed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have gratuities, favors, or anything of monetary value been offered to you or accepted by you from any of the Provider listed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been employed by any of the Provider listed within the last 24 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you plan to obtain a financial interest, e.g., stock, in any of the Provider listed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you plan to seek or accept future employment with any of the Provider listed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any other conditions which may cause a conflict of interest? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of the above questions, attach to this questionnaire a written explanation of your answer below.

I declare all of the above questions are answered truthfully and to the best of my knowledge.

Name (type or print)

Signature

Date

SAMPLE PROJECT BUDGET DETAIL

Section I. PROJECT BUDGET SUMMARY INSTRUCTIONS

The Project Budget Summary shows the suggested format to display all costs, which will be paid by the department if this project is funded. The instructions below will assist you in preparing the Project Budget Summary.

- A. Following the instructions provided in Section II, use the Project Budget Detail in Section V format to calculate project costs for all applicable budget line items.
- B. List total cost of each line item in Column B on the Project Budget Summary in Section IV. For items that are not applicable, place N/A on the respective line item. Add additional line items as needed.
- C. List percentage of total costs of each item the department will be requested to fund in Column C of the Project Budget Summary in Section IV. The percentage of costs being requested from the department, for any given budget line item, must be justified and a detailed rationale provided.
- D. Amount to be requested from the department: $(\text{Column B}) \times (\text{Column C}) = (\text{Column D})$
- E. Total Column D of the Project Budget Summary. Enter the sum of the amount requested from DCF in the Grand Total.
- F. Include the necessary narrative for each line item as noted in Section II.
- G. To calculate match, use the Project Match Summary format in Section VI and follow the instructions provided in Section III.

**Section II. INSTRUCTIONS FOR COMPLETING SAMPLE PROJECT BUDGET
DETAIL**

(Use a separate page and distinct titles for each line item.)

A. Personnel:

1. List each position that will work on this project in Column 1.
2. List gross annual salary* paid each position in Column 2.
3. List percent of time each position is funded by this project in Column 3.
4. (Column 2) X (Column 3) = (Column 4), salary, by project position.
5. Total Column 4 for personnel costs. Enter the total personnel costs in Column B, Line A. in Section IV.

*If raises in salary are projected for any position, break out the salaries accordingly (e.g., 3 months at \$500 per month, 9 months at \$525 per month for an annual salary of \$6,225).

Personnel Narrative:

1. List position title and attach descriptions of each position to be funded in whole or in part by the department if such was not attached to the solicitation document.
2. If not explained in the programmatic narrative of the solicitation document, provide an explanation of the purpose of each position.
3. If gross salary is in excess of what the department allows for a comparable position, provide sufficient justification.

Note: Daily time logs must be maintained by providers for all positions funded by the department.

B. Fringe Benefits:

1. List each position that will work on this project to the left of Column 1.
2. List fringe benefits separately for each position in Column 1 (e.g., FICA, Worker's Comp., Unemployment Comp., Health Insurance, etc.).
3. List total gross amount paid by the provider, by position, in Column 2, for each type of fringe benefit.
4. List percent of time each position will spend on this project in Column 3. (The percentages should be the same as those used for personnel.)
5. (Column 2) X (Column 3) = (Column 4), fringe benefits, by project position.
6. Total Column 4 for fringe benefits costs. Enter the total fringe benefits costs in Column B, Line B in Schedule IV.

C. Staff Travel:

NOTE: DO NOT include/calculate staff transportation of clients here.

1. List separately the type(s) of travel cost(s) to be incurred for this project in Column 1 (e.g., mileage, airline fare, per diem, etc.).
2. List the unit cost of type(s) of travel in Column 2 (e.g., 29 cents per mile, \$50 per day per diem, etc.).

3. List the number of units of each type of travel projected to be utilized in Column 3 (miles traveled for this project; a frequency count of the total number of travel days for each staff member; price of air fare, etc.).
4. (Column 2) X (Column 3) = (Column 4), staff travel costs, by type of travel (e.g., mileage, per diem, etc.).
5. Total Column 4 for staff travel costs. Enter the total amount of staff travel costs in Column B, Line C in Section IV.

Staff Travel Narrative:

Explain who will be traveling, where they will be traveling, and for what purpose. Reimbursement rates cannot exceed allowable rates paid by the department.

D. Consultants:

1. List type(s) of consultant(s) needed for this project in Column 1. Note the method of payment for each to the left of Column 1 (e.g., unit cost/fixed price).

Unit Cost Method of Payment (By the Unit, e.g., hour, day)

2. List the unit cost by hour (or appropriate unit) for each unit cost reimbursed consultant in Column 2.
3. List number of hours (or other appropriate units) that each unit cost reimbursed consultant is projected to work on this project in Column 3.
4. (Column 2) X (Column 3) = (Column 4), dollar amount to be paid to unit cost reimbursed consultants, by type of consultant.
5. Total Column 4 for the cost of unit cost reimbursed consultants (if you also have fixed price reimbursed consultants, this is actually a subtotal).

Fixed Price Method of Payment (By the Job)

6. Enter the total cost of each fixed price reimbursed consultant in Column 4.
7. Total Column 4 for the cost of fixed price reimbursed consultants (if you also have unit cost reimbursed consultants, this is actually a subtotal).
8. If your project has consultants reimbursed by both Methods of Payment, add the subtotals found in numbers 5. and 7. above. If your project has consultants reimbursed by either Method of Payment, enter the number found in 5. or 7. above.
9. Enter the total consultants costs in Column B, Line D in Schedule IV.

Consultant Narrative:

Explain in full the purpose and the necessity for the employment of the consultants for this project.

E. Subcontracted Services:

1. List type of services to be subcontracted for this project and the name of the potential vendor in Column 1.
2. List total amount to be subcontracted in Column 4.
3. Total Column 4 for subcontracted services costs. Enter the total amount of subcontracted services costs in Column B, Line E.

Subcontracted Services Narrative:

Justify services provided by subcontractors and explain why they cannot be performed by existing agency staff. Explain the method of payment that will be used in the subcontract. Per the Standard Contract, the provider may not subcontract for any of the work paid for by the department without prior written approval of the department.

F. Client Transportation:

1. List type of transportation needed for this project in Column 1 (e.g., provider van, bus, taxi, staff car, etc.).
2. Provider Vehicle Client Transportation:
 - a. List type of vehicle projected to be operated, and its seating capacity in Column 1 (e.g., Ford van, nine passenger).
 - b. For each vehicle, list the type(s) of normal operating expense(s) that will be incurred during operation during the contracting period in Column 1 (e.g., tune-ups, oil, tires, gas, etc.)
 - c. Enter the total amount of normal operating expense projections in Column 4.
 - d. For each vehicle, calculate gasoline costs as follows:
 - (1) Enter the approved cost per gallon in Column 2.
 - (2) Divide the number of miles projected to be traveled by the number miles per gallon for that vehicle. Enter the quotient in Column 3.
 - (3) (Column 2) X (Column 3) = (Column 4), total gasoline costs for each type vehicle listed.
 - e. Total Column 4 for total provider vehicle client transportation costs (if you also use other types of client transportation, this is actually a subtotal).
3. Public Common Carrier Client Transportation:
 - a. List type(s) of common carrier(s) to be used in Column 1 (e.g., city bus, taxi, etc.).
 - b. For each type of carrier, enter the unit cost in Column 2 and list the number of units in Column 3 (e.g., bus tickets).
 - c. (Column 2) X (Column 3) = (Column 4), total costs for each type common carrier listed.
 - d. Total Column 4 for total public common carrier client transportation costs (if you also use other types of client transportation, this is actually a subtotal).
4. Staff Vehicle Client Transportation:
 - a. List positions projected to transport clients in staff vehicles in Column 1 (e.g., case manager, nurse, etc.).
 - b. Enter 29 cents as the unit cost per mile in Column 2.
 - c. Enter the number of anticipated staff vehicle client miles in Column 3.
 - d. (Column 2) X (Column 3) = (Column 4), total client transportation costs for each staff position listed (if you also use other types of client transportation, this is actually a subtotal).
5. Total all subtotals in Column 4 for total client transportation costs.
6. Enter the total client transportation costs in Column B, Line F in Section IV.

Client Transportation Narrative:

Explain where and why clients are being transported. If a provider employee is to transport clients in a provider vehicle (e.g., van driver), the driver must have a chauffeur's license. **NOTE:** If awarded a contract, the provider must subcontract for client transportation with the designated Community Coordinated Transportation Provider (CCTP), or otherwise comply with the provisions of Chapter 427, Florida Statutes. If no CCTP is available in the provider's area, please note this in the narrative.

G. Office Expenses:

1. List normal office expenses for this project in Column 1 (e.g., telephone, postage, utilities, supplies, etc.). These expenses should be based on prior history, or, if for a new agency, should be based on a reasonable estimate.
2. List rate per month for this project for each type of expense in Column 2.
3. List number of months in the contracting period in Column 3.
4. (Column 2) X (Column 3) = (Column 4), cost for each office expense.
5. Total Column 4 for office expenses cost. Enter the total of office expenses cost in Column B, Line G in Section IV.

Office Expense Narrative:

It will be necessary to give a complete explanation of all expenses that are not self-explanatory.

H. Operating Capital Outlay (OCO):

This can be defined as fixed assets, such as equipment, fixtures and other tangible personal property of a nonconsumable and nonexpendable nature, with an acquisition value or cost of \$1,000 or more per unit and an expected useful life of at least one year, and hardback bound books that are **not** circulated to students or the general public, the value or cost of which is \$250 or more per unit. Hardback bound books with a value or cost of \$25 or more per unit should be classified as OCO expenditures **only** if they are circulated to students or the general public.

1. List all OCO items for this project only in Column 1.
2. List total purchase price for each item in Column 4.
3. Total Column 4 for OCO cost. Enter the total amount of OCO cost in Column B, Line H in Section IV.

Operating Capital Outlay Narrative:

Explain the need for each OCO item and describe how it will be used. Purchases exceeding \$500 must be inventoried. An inventory listing of OCO items purchased by this project will be required if this project is funded by the department. **NOTE:** Prior to making OCO purchases for this project, the provider should verify with the department that the cost of the specific item is allowable.

I. Rental or Use of Space:

1. List locations of each space to be rented for this project to the left of Column 1.
2. List the cost of each rental space per month in Column 2. Calculate this as described below:

- a. Cost per square foot X number of square feet for the project
3. List number of months space will be rented for this project in Column 3 (not to exceed this budget period).
4. (Column 2) X (Column 3) = (Column 4), cost for rental or use of space during the budget period.
5. If the building will not be rented by the square foot, enter the total cost for the rental or use of space in Column 4.
6. If the provider owns the building, enter the least of ownership cost (depreciation plus general liability insurance) or rent in column 4. If depreciation is not booked, the provider may enter a pro rata cost of space based on the use allowance (not to exceed 2% of the cost of acquisition) or develop and submit an inventory of assets showing cost, date of purchase, general condition, etc. Depreciation methodology of assets not consistent with IRS guidelines must be explained in the narrative.
7. Total Column 4 for rental or use of space cost. Enter the total of rental or use of space cost in Column B, Line I in Section IV.

Rental or Use of Space Narrative:

Explain what the space will be used for and why it is necessary for this project. Copies of lease agreements or proofs of purchase will be required if the department funds this project.

J. Rental of Equipment:

1. List each kind of equipment to be rented during this budget period for this project in Column 1 (e.g., furniture, fixtures, vehicles, etc.).
2. List monthly rental cost of each kind of equipment in Column 2.
3. List number of months equipment will be rented in Column 3 (not to exceed this budget period).
4. (Column 2) X (Column 3) = (Column 4), cost for rental of each piece of equipment. If the provider owns the equipment, enter the least of ownership costs (depreciation plus general liability insurance) or rent in Column 4.
5. Total Column 4 for rental of equipment costs. Enter the total of rental equipment costs in Column B, Line J in Section IV.

Rental of Equipment Narrative:

Explain the need for equipment. Copies of leases or rental agreements or proofs of purchase will be required if the department funds this project.

K. Maintenance Agreements:

1. List maintenance agreements which this project will fund Column 1 (i.e., building, equipment, yard, etc.).
2. List monthly payments/costs for each agreement in Column 2.
3. List number of months needed for each agreement in Column 3 (not to exceed this budget period).
4. (Column 2) X (Column 3) = (Column 4), cost for each maintenance agreement.
5. Total Column 4 for maintenance agreement costs. Enter the total maintenance agreement costs in Column B, Line K in Section IV.

Maintenance Agreement Narrative:

Explain the need for the agreements. Copies of agreements will be required if the department funds this project.

L. Insurance:

Note: DO NOT include health insurance premiums here (see Fringe Benefits).

1. List type(s) of insurance(s) needed for this project in Column 1 (e.g., liability, auto, bond, etc.).
2. List monthly premiums in Column 2.
3. List number of months funding is requested by this project for each insurance premium in Column 3 (not to exceed this budget period).
4. (Column 2) X (Column 3) = (Column 4), cost of each type of insurance.
5. Total Column 4 for insurance costs. Enter the total insurance costs in Column B, Line L in Section IV.

Insurance Narrative:

Explain need for insurance. Proof of insurance will be required if the department funds this project.

M. Membership Fees & Subscriptions:

1. List membership fees and subscriptions for this project only in Column 1.
2. List monthly payments in Column 2.
3. List number of months funding by this project is requested for each fee or subscription in Column 3.
4. (Column 2) X (Column 3) = (Column 4), cost for each membership fee and subscription.
5. Total Column 4 for membership fees and subscriptions costs. Enter the total membership fees and subscriptions costs in Column B, Line M in Section IV.

Membership Fees & Subscriptions Narrative:

Explain the need for this/these membership(s) and/or subscription(s) and explain why it/they is/are necessary for this project.

N. Advertising:

1. List advertising activities needed for this project in Column 1 (e.g., subcontracts, job openings, etc.).
2. List total projected cost for each advertising activity in Column 4.
3. Total Column 4 for advertising costs. Enter the total amount of advertising costs in Column B, Line N in Section IV.

Advertising Narrative:

Explain why each advertising activity is needed for this project.

O. Client Educational and Training Tools:

1. List client educational and training tools used only for this project in Column 1.
2. List number of each client educational and training tool to be purchased in Column 2.
3. List total projected cost for each client educational and training tool in Column 3.
4. $(\text{Column 2}) \times (\text{Column 3}) = (\text{Column 4})$, cost for each type of client educational and training tools.
5. Total Column 4 for client educational training tools costs. Enter the total client educational and training tools costs in Column B, Line O in Section IV.

Client Educational and Training Tools Narrative:

Explain the need for and how the client educational and training tools will be used in this project.

P. Other Allowable Costs:

1. List any other allowable costs that are not included above in Column 1 (e.g., raw food, client meals, etc.). Do not use miscellaneous or other categories that are not itemized. Identify, by name, the specific items for which funds are needed in Column 1.
2. List total cost for each item in Column 4.
3. Total Column 4 for other allowable costs. Enter the total other allowable costs in Column B, Line P in Section IV.

Other Allowable Costs Narrative:

Explain the specific need for these each of these items and how and for whom they will be used in the project.

Section III. INSTRUCTIONS FOR DISPLAYING PROPOSED EXPENDITURES TO BE USED AS MATCH

Please refer to Section VI for example of suggested format. Use (a) separate page(s) for each line item.

NOTE: The funding source of budget items identified as match may not be another federal grant and the budget items identified as match (or percentage identified as match) may not be used as match for other federal funds or state contract. The match items are not currently included as a cost (either direct or matching) of Medicaid or any state or federal contract or grant, nor has it/they been previously purchased from or used as match for any state or federal contract. The types of expenditures that are generally allowable for in-kind match are listed below. (Consult the solicitation document and/or contract manager for information regarding matching requirements and specific items allowable for match.)

Itemize the source and type of match, ie. Cash, In-Kind, etc. for each item. For Cash Match attach a copy of the grant award letter or other documentation. For all other types include the minimum information shown below:

<u>Personnel Services</u>				
1.	Staff of another agency:			
	<u>Annual Salary</u>	Number of hours		
	2080	x to be provided	=	\$ _____
2.	Volunteer (indicate if volunteer is also an employee of provider)			
	Comparable annual salary \$ _____			
	<u>Annual Salary</u>	Number of hours		
	2080	x to be provided	=	\$ _____

<u>Goods/Supplies</u>
Fair Market Value at time of donation

Building/Space

1. Donor retains title:
 - a. Fair rental value – Substantiated in provider's records by written confirmation(s) of fair rental by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 (2) Number of months donated during the contract _____
 (3) Value to the project [b.(1) times b.(2)] \$ _____
2. Title passes to the provider:

Depreciation

 - a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
 - b. Estimated useful life at date of acquisition _____ years
 - c. Annual depreciation [a. divided b.] \$ _____
 - d. Total square footage _____ sq. ft.
 - e. Number of square feet to be used on ITN Number _____ sq. ft.
 - f. Percentage of time during contract period the project will occupy building/space _____%
 - g. Value to project [e. divided d. times f. times c.] \$ _____
3. Use Allowance
 - a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the provider's accounting records).
 - b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to provider:
 - a. FMV at time of donation \$ _____, or
 - b. Annual value to project not to exceed 6 2/3% times a. Equals \$ _____

A. Salaries and Benefits: Staff being paid from another funding source (e.g., United Way, the county, etc.) during this budget period must be rendering services directly benefiting the project to be funded by the department. If staff are not working full time on this project, daily time logs will be required.

Salary and Benefits Narrative: List funding source of salaries and benefits for each position listed as match, as well as percent of time each position will spend on this project. (For all less than full time positions, explain how their duties will contribute to this project.)

B. Travel: Expenditures incurred in this category must directly benefit the operation of this project.

Travel Narrative: Identify the position(s) that will be traveling, where the position(s) will be traveling, the purpose of the travel, and describe how the travel will benefit this project.

C. Office Expense and Supplies: The cost of supplies must be documented. The supplies and office expenses must directly benefit the operation of the project.

Office Expense and Supplies Narrative: It will not be necessary to provide an explanation for these expenditures unless less than 100 percent of the item(s) will be used to support the project for which funding is being requested. If less than 100 percent of the item(s) will be used for this project, indicate the percent of the total cost of item(s), which will be claimed as match.

D. Equipment: For certified public expenditures, a use allowance of 6 2/3 percent (.06666) of the acquisition cost of the equipment may be used. The equipment may not be donated and the acquisition cost must be documented. For in-kind match expenditures, the resale value may be used as match and must be documented if the equipment is donated. The depreciation value of purchased equipment may be used as match. **NOTE:** In all cases the equipment must directly benefit this project.

Equipment Narrative: An explanation of how the amount of match to be claimed for each piece of equipment was calculated must be included here.

E. Other Expenditures: Costs for other items, which directly will benefit this project, such as utilities, rent, etc., may be used as match. These items must be specifically identified.

Other Expenditures Narrative: An explanation of how the amount of match to be claimed for each item was calculated must be included here.

Section IV. PROJECT BUDGET SUMMARY

- (A). List budget line item as detailed in Section I & II. (If N/A, please indicate)
- (B). List total agency amount for line item.
- (C). List percent of each line item requested from DCF.
- (D). (Column D) = (Column B) X (Column C).

(A)	(B)	(C)	(D)
Budget Line Item	\$ Amount of Line Item	Percent (%) Requested	\$ Amount Requested From DCF
A. Personnel	_____	_____	_____
B. Fringe Benefits	_____	_____	_____
C. Staff Travel	_____	_____	_____
D. Consultants	_____	_____	_____
E. Subcontracted Services.....	_____	_____	_____

APPENDIX VI

F. Client Transportation	_____	_____	_____
G. Office Expenses	_____	_____	_____
H. Operating Capital Outlay	_____	_____	_____
I. Rental or Use of Space	_____	_____	_____
J. Rental of Equipment.....	_____	_____	_____
K. Maintenance Agreements.....	_____	_____	_____
L. Insurance.....	_____	_____	_____
M. Membership Fees & Subscriptions	_____	_____	_____
N. Advertising.....	_____	_____	_____
O. Client Educational & Training Tools.....	_____	_____	_____
P. Other Allowable Costs	_____	_____	_____
Q. _____.....	_____	_____	_____
R. _____.....	_____	_____	_____
		GRAND TOTAL	=====

Section V PROJECT BUDGET DETAIL

(Enter Budget Item Heading)

(Enter Heading)	(Enter Heading)	(Enter Heading)	(Enter Heading)
<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>

PROJECT MATCH SUMMARY

- (A). List each type of cost (or each element within a cost category, if appropriate) to be claimed as match.
- (B). List total expenditure for each type of cost to be claimed as match.
- (C). List percent of total expenditure to be claimed as match.
- (D). (Column D) = (Column C) X (total of Column B).

(A) Match Line Items	(B) Total Expenditure For Each Item	(C) Percent (%) Match	(D) Total \$ Amount of Match
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INSTRUCTIONS TO EVALUATORS

The following instructions will be given to all evaluators at the initial meeting of the evaluation team:

1. The Procurement Manager does fatal criteria screening for all proposals received. This is done with another employee of The Children's Network of Southwest Florida looking on to prevent error.
2. The proposals, which you will be given to evaluate, have already passed that phase of the evaluation.
3. Prior to reviewing the proposals each evaluator will read the ITN and becomes familiar with all requirements. As a first step in reviewing the proposal, the evaluator should review the Provider Summary Form and Executive Summary to get an overview of the proposal.
4. Each evaluator must independently evaluate each proposal. No group discussions of the relative merits of any proposal will be allowed until after all evaluators have independently reviewed and scored all proposals.
5. The procurement manager will answer any technical questions that may arise during the evaluation process. Evaluators are cautioned to talk to no one else about the evaluation or the proposals.
6. You should already have filled out a Certification that you have no conflict of interest that would interfere with your ability to score fairly. If you have not yet done so, please remind the Procurement Manager now.
7. Proposals must be evaluated based upon the material within the proposal. You may also refer to the ITN; a copy will be provided for you during this initial meeting. No additional information, except the ITN itself and the proposal may be used.
8. Proposals must be independently scored and not scored relative to each other. Comparisons of one proposal to another are not permitted. Only the rating scale included in the ITN solicitation document and its explanation may be used in determining the score for each criterion. No fractional points may be awarded.
9. If separate technical and cost proposals are required by the ITN, evaluators will score only the technical proposals. The procurement manager will score the cost proposals with another department employee standing by to prevent arithmetic or transcription errors when recording scores for this portion of the evaluation.
10. In filling out the score sheet for each criterion, record your score (a single number from the scale explained in the scoring criteria and procedure) in the box marked Score. Record the place within the proposal (page number and/or Attachment number) where the main information upon which you relied was found in the box marked Reference. If a criterion includes the possibility of the assignment of bonus points, the Procurement Manager will add the additional bonus points after all of the individual scores are tabulated and aggregated and the bonus criterion has been reviewed.
11. In the box marked "Comments" record only a word or two that will remind you of what you were thinking when you chose the numerical score for that criterion. Do not record an extensive justification or explanation of your scoring.
12. If you make an error do not erase. Simply draw a single line through the rejected material and write the correct information next to the rejected material.
13. You may take as long as you need to evaluate the proposals given to you while making every effort to complete your task by the date and time set for the debriefing meeting of the evaluators. It is suggested that you take your work to some quiet place away from your desk (home if you wish) where the telephone and the press of daily business will not disturb your efforts.

14. When you have completed your task advise the procurement manager that you are finished. The ITN's calendar of important events and deadlines should provide an adequate amount of time for you to finish all proposals but if you need more, consult with the Procurement Manager.
15. When you return to the "debriefing meeting" you will be asked to read your score for each criterion. If your score is significantly different from the others given you will be given an opportunity to determine whether you have missed material that was used by the other evaluators or if they missed information that you found and used. **THERE WILL BE NO EFFORT MADE TO PERSUADE YOU TO CHANGE YOUR SCORE IF YOU BELIEVE IT IS JUSTIFIED!** This procedure is for the purpose of being certain that all evaluators looked at the same material, **NOT FOR THE PURPOSE OF CONVINCING YOU THAT YOU SHOULD HAVE SCORED LIKE EVERYONE ELSE!**
16. It is the provider's responsibility to present its proposal in a clear and understandable manner. You should not feel obligated to interpolate responses to make them more valuable to the Children's Network of Southwest Florida or to assist the provider in making its presentation to us understandable.
17. Please do not leave your common sense at the door.
18. You were picked to do this evaluation because of your expertise. We do not expect you to forget everything you knew before you walked in the door but we do not want you to do any independent investigation or research in the course of your evaluation. Only the proposal and the ITN solicitation document may be used.
19. If you have any questions about the procedures just described please ask them of the Procurement manager now.

Summary of 1-5 Rating Scale

Each of the criteria for this ITN has a value from 1-5, with 5 being superior and 1 being poor.

One criterion includes two options for receiving bonus points that are clearly noted on the rating form. The procurement manager will assign bonus points after the individual scores are tabulated and the bonus criterion has been reviewed.

Superior (5 points):	Offeror demonstrated excellent capability and an outstanding approach.
Very good (4 points):	Offeror demonstrated above average capability and approach.
Good (3 Points):	Offeror demonstrated average capability and a good approach.
Fair (2 points):	Offeror demonstrated marginal capability, or demonstrated some understanding of the project.
Poor (1 point):	Offeror demonstrated little or no direct capability, or has not adequately addressed this area in the proposal.
No Value (0 points):	Offeror has not responded to the area, or has so poorly responded to this criterion that a clear understanding of the response is not possible.

Point Values for Criteria

Criteria Number	Total Points	Weighted Factor	Maximum Points
1	5	5	25
2	5	2	10
3	5	5	25
4	5	6	30
5	5	7	35
6	5	6	30
7	5	3	15
8	5	4	20
9	5	5	25
10	5	5	25
11	5	4	20
TOTAL			

The total possible score for the entire proposal is **260** points.

The minimum acceptable score is **150** points.

ITN0601 RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.3-1)—Organizational Capability & Collaborative Relationships

Criterion 1: To what extent does the proposal demonstrate organizational qualifications, including experience with similar Projects?

Considerations:

1. Was an organization chart provided?
2. Does the organization chart show clear lines of accountability among the project staff?
3. Does the table of organization clearly show how this project "fits" within the overall organization structure?
4. Does the offeror have a history of service experience in the community?
5. Does the offeror demonstrate experience working with the population described in the ITN?

REFERENCE:	SCORE:

NOTES:

**Administrative Use Only:
Procurement Manager Will Calculate and Total All Scores**

Maximum Points = Score _____ X Weighted Value 5 = _____ (maximum score = 25 points)

TOTAL SCORE: _____

ITN0601 RATING SHEET

COMMUNITY BASED PREVENTION INITIATIVE ITN RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.3-1)—Organizational Capability & Collaborative Relationships

Criterion 2: Does the proposal demonstrate the capacity to maintain collaborative relationships with community partner agencies and programs?

Considerations:

- 1. Does the proposal name community partners the offeror has partnered with in the past?
- 2. Does the proposal document prior collaborative community planning experience?
- 3. Does the proposal document prior collaborative service delivery experience?
- 4. Do the Letters of Support include a clear description of the roles of collaborating agencies?

SCORE:

NOTES:

**Administrative Use Only:
Procurement Manager Will Calculate and Total All Scores**

Maximum Points = Score _____ X Weighted Value 2 = _____ (maximum score = 10 points)

Total Score: _____

ITN0601 RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.3-1)—Organizational Capability & Collaborative Relationships

Criterion 3: Do the qualifications of the proposed key staff match the knowledge and skills required?

Considerations:

- 1. Is there enough information provided in the proposal on the key project staff that clearly demonstrates their capacity to fulfill their responsibilities under this project?
- 2. Are job descriptions (and resumes of staff that can be named) provided?
- 3. Are the knowledge, skills and abilities for key positions specified in the proposal?

REFERENCE:	SCORE:

NOTES:

**Administrative Use Only:
Procurement Manager Will Calculate and Total All Scores**

Maximum Points = Score _____ X Weighted Value 5 = _____ (maximum score = 25 points)

TOTAL SCORE: _____

COMMUNITY BASED PREVENTION INITIATIVE ITN RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.3 2) Program Design

Criterion 4 Does the Proposal clearly describe how the program will address residential needs of the target population?

Considerations:

1. Does the provider have an existing structure or plans to secure and develop a structure in a timely manner: **or**
2. Does the provider have a plan to collaborate with existing child placing agency for to satisfy the residential need of this population.
3. Are the described living arrangements conducive to the needs of the target population
4. To what extent does the proposal describe the individual needs of the target population in regards to placement decisions
5. To what extent does that proposal describe the 24/7 placement needs of this population

REFERENCE:

SCORE:

NOTES:

**Administrative Use Only:
Procurement Manager Will Calculate and Total All Scores**

Maximum Points = Score _____ X Weighted Value 6 = _____ (maximum score = 30 points)

Total Score: _____

ITN0601 RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.3 2) Program Design

Criterion 5 Does the offeror present a clear description of services that will be provider to the target population to meets the goals of the program.

Considerations:

1. To what extent does the proposal address educational needs
2. To what extent does the proposal address Behavioral Health needs
3. To what extent does the proposal address Substance use/abuse issues
4. To what extent does the proposal address Behavior Management
5. to what extent does the proposal describe the development Independent Living skills

REFERENCE:

SCORE:

NOTES:

Administrative Use Only:

Procurement Manager Will Calculate and Total All Scores

Maximum Points = Score _____ X Weighted Value 7 = _____ (maximum score = 35 points)

Total Score: _____

ITN0601 RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.3-3) — Program Implementation

Criterion 6: Is the proposed operational work plan fully defined, including the staffing requirements and key tasks?

Considerations:

1. Is the proposed work plan description and Gantt chart understandable?
2. Does the proposal show that the offeror understands the tasks to be accomplished and has a realistic, logical plan for meeting goals?
3. Are the timeframes realistic?
4. Does the sequencing of events make sense?
5. Does the work plan appear to place the right skilled personnel at the right place in the plan?
6. Is there clear staff accountability for all tasks on the work plan?
7. Does the workload seem reasonable?

REFERENCE:	SCORE:

NOTES:

**Administrative Use Only:
Procurement Manager Will Calculate and Total All Scores**

Maximum Points = Score _____ X Weighted Value 6 = _____ (maximum score = 30 points)

Total Score: _____

COMMUNITY BASED PREVENTION INITIATIVE ITN RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.3-4)—Goals, Outcomes, Performance Measures	
Criterion 7 Are the outcomes and indicators defined in realistic, measurable, and time-related terms?	
Considerations:	
1. Are the outcomes, indicators, and performance measures understandable, measurable, quantifiable, where appropriate, and well conceived for ongoing monitoring and evaluation?	
2. Is there evidence of validity or reliability of indicators?	
REFERENCE:	SCORE:
NOTES:	
Administrative Use Only: Procurement Manager Will Calculate and Total All Scores	
Maximum Points = Score _____ X Weighted Value 3 = _____ (maximum score = 15 points)	
Total Score: _____	

COMMUNITY BASED PREVENTION INITIATIVE ITN RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.3-4)—Goals, Outcomes, Performance Measures

Criterion 8 Does the proposal describe a clear and comprehensive approach to monitoring outcomes and indicators?

Considerations:

- 1. Is it clear how the offeror will identify and respond to performance or outcomes that are below expectations?
- 2. Does the offeror include a sample outcome reporting form? If so, is it clear from the form or the accompanying text explanation that the offeror understands how to define, monitor, and report outcomes, indicators and performance measures?
- 3. Does the proposal demonstrate prior experience with outcome monitoring?

REFERENCE:

SCORE:

NOTES:

**Administrative Use Only:
Procurement Manager Will Calculate and Total All Scores**

**Maximum Points = Score _____ X Weighted Value 4 = _____ (maximum score = 20 points)
Total Score: _____**

COMMUNITY BASED PREVENTION INITIATIVE ITN RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.4. Cost Proposal (Financial Capacity)

Criterion 9 Does the proposal provide evidence of the offeror's ability to manage the fiscal aspects of this project?

Considerations:

- 1. Does the proposal describe a sound approach to fiscal oversight and fiscal reporting?
- 2. Does the proposal demonstrate projects in which the offeror acquired experience managing federal and state funds including TANF and other funding?
- 3. Does the proposal demonstrate projects in which the offeror secured and successfully managed unrestricted grants and local community support (cash and in-kind)?
- 4. Do project staff have experience in finance and accounting, especially experience with state, local, or federal government (see Section 5.3 1) narrative and organization charts)?
- 5. Were financial statements submitted? If so, were the statements audited?
- 6. Were there any notes that are considered negative? If management letters were submitted does they contain negative statements?

REFERENCE:	SCORE:

NOTES:

**Administrative Use Only:
Procurement Manager Will Calculate and Total All Scores**

Maximum Points = Score _____ X Weighted Value 5 = _____ (maximum score = 25 points)

Total Score: _____

COMMUNITY BASED PREVENTION INITIATIVE ITN RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.4. Budget Narrative and Budget Form

Criterion 10 Does the budget narrative clearly describe the costs in the line item budget?

Considerations:

- 1. Does the budget include a narrative that provides a clear explanation of each item?
- 2. Does the line item budget include staff salaries for all staff necessary for implementation of the proposed program/services?
- 3. Does the budget accurately reflect the commitments, if any, for local support (cash or in-kind)?

REFERENCE:

SCORE:

NOTES:

**Administrative Use Only:
Procurement Manager Will Calculate and Total All Scores**

Maximum Points = Score _____ X Weighted Value 5 = _____ (maximum score = 25 points)

Total Score: _____

COMMUNITY BASED PREVENTION INITIATIVE ITN RATING SHEET

Offeror's Name: _____

Rating Committee Member Performing This Review (Print Name): _____

Section 5.4. Budget Narrative and Budget Form

Criterion 11 Do the costs appear reasonable to provide the proposed program/services?

Considerations:

- 1. Are the expenses reasonable?
- 2. Are the expenses related to the processes and purposes of the program?
- 3. Do the administrative or overhead costs appear excessive?

REFERENCE:

SCORE:

NOTES:

**Administrative Use Only:
Procurement Manager Will Calculate and Total All Scores**

Maximum Points = Score _____ X Weighted Value 4 = _____ (maximum score = 20 points)

Total Score: _____