

**BREVARD COUNTY OPIOID MISUSE ABATEMENT SERVICES
REQUESTS FOR PROPOSAL**



BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS

HOUSING AND HUMAN SERVICES DEPARTMENT

Under the authority of the Brevard County Board of County Commissioners and subject to the availability of funds, the Housing and Human Services Department will accept applications from qualified Organizations in response to this Request for Proposal with a receipt date of

October 10, 2023, at 11:00 AM

Applications received after this date/time will not be accepted.

Ian Golden, Director
Housing and Human Services Department

Terms and Conditions

1. Both parties understand that the County is subject to the Florida Public Records Law, Chapter 119, Fla. Stat., and all other applicable Florida Statutes. If the materials provided by the Agency do not fall under a specific exemption, under Florida or federal law, materials provided by the Agency to the County would have to be provided to anyone making a public records request. It will be the Agency's duty to identify the information, which it deems is exempt under Florida/federal law, and identify the statute by number, which exempts that information.

Should any person or entity make a public request of the County—which requires or would require the County to allow inspection or provide copies of records which the Agency maintains are exempt from Public Records Law or are confidential—it shall be the Agency's obligation to provide the County within twenty-four hours (not including weekends and legal holidays), of notification by the County to the Agency of the request, of the specific exemption or confidentiality provision so the County will be able to comply with the requirements Section of 119.07(1)(e) and (f), Fla. Stat.

Should the County face any kind of legal action to require or enforce inspection or production of any records provided by the Agency to the County which the Agency maintains are exempt or confidential from such inspection/production as a public record, then the Agency shall hire and compensate attorney(s) who shall represent the interest of the County as well as the Agency in defending such action. The Agency shall also pay any costs to defend such action and shall pay any costs and attorney fees, which may be awarded pursuant Section to 119.12, Fla. Stat.

All material submitted becomes the property of the County and may be returned only at the County's option. The County has the right to use any six or all ideas presented in any reply to this RFP. Selection or rejection of any proposal does not affect this right.

2. All agencies, if awarded funding, must register with, and use the E-Verify System.
3. All agencies, if awarded funding, must certify that they and their subcontractors are not on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Fla. Stat., or are engaged in a boycott of Israel. (Section 287.135, Fla. Stat.).
4. All agencies, if awarded funding, must certify that all prospective agencies and grant recipients seeking to contract with the County, or receive a grant from the County, where said contract or grant has a value of One hundred thousand dollars or more must disclose to the County: (1) any current or prior interest of, (2) any contract with, or (3) any grant or gift received from a foreign country of concern.
5. Providers of services must be in compliance with all city, county, state, and federal licensing and/or accreditation/certification and regulatory requirements. Additionally, all agencies must provide verification regarding past suspensions/debarments. Without documentation of licenses/accreditation (or a statement as to why licensure is not required) and past explanation of suspensions/debarment, applications will be

considered ineligible and will not be considered for review. These certifications must be submitted with the application, Suspension/Debarment Certification (Attachment I).

6. All agencies must read, sign, and comply with the Sworn Statement of Public Entity Crimes (Attachment F) prior to entering a Contract with Brevard County (the County).
7. The County will not reimburse agencies for any costs associated with the preparation and submittal of any responses to this Request for Proposal.
8. The awards made pursuant to this Request for Proposal are subject to the provisions of Chapter 112, Part 111, Fla. Stat., Conflict of Interest Certification (Attachment B). All agencies must disclose with their responses the name of any officer, director, or agent who is also an employee of the County. Further, all agencies must disclose the name of any County employee who owns, directly or indirectly, any interest of five percent or more in the agency's firm or any of the agency's branches/subsidiaries.
9. Agencies, their agents, and associates shall refrain from discussing or soliciting any County official regarding this Request for Proposal during the selection process. Failure to comply with this provision will result in disqualification of the agency. Only the designated liaisons listed in this response may be contacted.
10. Agencies must not discriminate as to race, sex, color, creed, age, disability, or national origin in the operations conducted under this engagement.
11. Due care and diligence have been exercised in the preparation of this Request for Proposal. The responsibility for determining the full extent of the services required rests solely with those making responses. Neither the County nor its representatives shall be responsible for exercising the professional judgment required in determining the final scope of services which may be required.
12. Each agency is responsible for full and complete compliance with all laws, rules, and regulations including those of the Federal Government, State of Florida, and applicable local ordinances. Failure or inability on the part of the agency to have complete knowledge and intent to comply with such laws, rules, and regulations shall not relieve any agency from its obligation to honor its response and to perform completely in accordance with its response.
13. The County, at its discretion, reserves the right to waive minor informalities or irregularities in any responses, request clarification of information from agency, reject any and all responses in whole or in part, with or without cause, and accept any response, if any, which in the County's judgment, will be in the County's best interest.
14. Any interpretation, clarification, correction, or change to the Request for Proposal will be made by written addendum issued by the Brevard County Housing and Human Services Department. Any oral or other type of communication concerning the Request for Proposal shall not be binding.

15. Any proposals submitted before the deadline may be withdrawn by written request received by the County before the time fixed for receipt of Proposals. Withdrawal of any Proposal will not prejudice the right of the agency to submit a new or amended Proposal as long as Brevard County Housing and Human Services receives the Proposal by the deadline as provided herein.
16. For good and sufficient reason, the County may extend the response deadline. Should an extension occur, all parties are responsible to obtain and acknowledge receipt of addendum. The addendum will set forth a new date and time for the response deadline. The addendum will be posted on the Brevard County Housing and Human Service's website. Input the link. Agencies are responsible for ensuring they have received all addenda.
17. All agencies must read, sign, and comply with the Request for Proposal Acknowledgement Certification and Suspension/Debarment Certification (Attachments H and I).
18. Agencies must demonstrate the ability to generate and/or acquire funding needed to carry out the proposed activity in its entirety.
19. Agencies must not utilize requested funding to supplement other funds.
20. The Together in Partnership Recommendations sub-committee reserves the right to make funding recommendations at or below the amount requested by the agency.
21. All awards are contingent upon funding availability from the Board of County Commissioners.
22. The successful agencies shall be required to submit copies of all current Licenses/Certifications required to provide the services outlined in this Request for Proposal.
23. The successful agencies shall be required to enter a contract that will be provided by the County that incorporates the requirements of this Request for Proposal.
24. **INDEMNIFICATION AND INSURANCE.** The successful agency shall hold harmless, indemnify, and defend the County, its Commissioners, employees, representatives and agents against any claim, action, loss, damage, injury, liability, cost, and expense of whatsoever kind of nature- arising out of or incidental to agency services under this Contract. Consideration for this indemnification provision will be included in the agency's hourly rate.
25. Notwithstanding any other provisions of this Contract, this indemnification section applies to both COUNTY and third-party claims and shall survive the termination of this Contract. Nothing in this section is intended to nor shall it constitute a waiver of the sovereign immunity of Brevard County. Further, the COUNTY's liability hereunder shall be subject to the COUNTY's common law right of sovereign immunity and limited to the

extent of the protections of and limitations on damages as set forth in Section 768.28, Fla. Stat.

26. Agencies awarded funding to provide services under this contract will be required to procure and maintain, at their own expense and without cost to the County, the types of insurances listed below (see a-g below) as applicable. The policy limits required are to be considered minimum amounts. Agencies, prior to the signing of a contract and before starting any work on this project, shall be required to submit any applicable Certificate of Insurance for Contracted Services as follows:
- a. **Worker's Compensation** – the insurance required by this section shall comply with the Florida Worker's Compensation Law and include employer's liability insurance with limits of not less than those required by the State of Florida or local jurisdiction, whichever is higher.
 - b. **Comprehensive General Liability** – in an amount of no less than those required by the State of Florida or local jurisdiction, whichever is higher, including coverage for operations, products completed operations, broad form property damage, and bodily personal injury, ensuring the Agency and any other interests, including but not limited to, any associated or subsidiary companies involved in the project. The Comprehensive General Liability Insurance shall include contractual liability insurance applicable to the Agency's obligations under the Rehabilitation Construction Agreement.
 - c. **Liability Insurance** - in an amount not less than One Million Dollars for bodily injuries, including wrongful death to any one person, and subject to the same limit for each person, in an amount not less than One Million Dollars for damages on account of all accidents. Policies shall name the Brevard County Board of County Commissioners as an additional insured, only in respect to liability arising out of operations on behalf of the Brevard County Housing and Human Services Department.
 - d. **Auto Liability Insurance** - which includes coverage for all owned, non-owned, and rented vehicles with a One Million Dollars combined single limit for each occurrence, if applicable.
 - e. In the event that the contract involves direct services to children, Sexual Abuse and Molestation Insurance in an amount not less than One Million Dollars per claim, to cover its liabilities arising from activities performed under this contract must be in place and listed on the certificate of insurance.
 - f. **Professional Liability Insurance** - If the contract involves professional or consulting services, in addition to the insurance requirements, the agency shall also be protected by a Professional Liability Insurance Policy in the amount of One Million Dollars per claim. Policy in the amount of One Million Dollars per claim and Three Million Dollars in the annual aggregate covering the risk of negligent errors and omissions in the professional services provided under this

Contract. If such policy is written on a “claims made” (rather than “occurrence”) basis, continuous coverage shall be maintained in effect from the date of commencement of services to a period of at least four years beyond the termination or completion of services or until expiration of any applicable statute of limitations, whichever is longer.

- g. The Agency shall provide the County with Certificate(s) of Insurance on all the policies of insurance and renewals thereof in a form(s) acceptable to the County. The Certificates of Insurance shall indicate that the policies (except professional liability) have been endorsed to cover Brevard COUNTY as an additional insured (a waiver of subrogation in lieu of additional insured status on the Workers’ Compensation policy is acceptable) and that these policies may not be canceled or modified without thirty days prior written notice being issued by the insurer to the County. The AGENCY is also responsible for providing the COUNTY with thirty days prior written notice of any change or cancellation of the policies.

Agency shall provide Certificates of Insurance and applicable endorsement pages to the COUNTY demonstrating that the aforementioned insurance requirements have been met within five working days (Monday through Friday) of the Agency’s execution of this Contract. No work shall begin under this Contract Order until the Certificates of Insurance and endorsement pages have been received and approved by the COUNTY.

PURSUANT TO SECTIONS 558.002 AND 558.0035, FLA. STAT. A DESIGN PROFESSIONAL WHO IS AN EMPLOYEE OR AN AGENT OF AGENCY MAY NOT BE HELD INDIVIDUALLY LIABLE FOR NEGLIGENCE IF AGENCY MAINTAINS THE PROFESSIONAL LIABILITY INSURANCE REQUIRED ABOVE AND THE DAMAGES ARE SOLELY ECONOMIC IN NATURE AND DO NOT EXTEND TO PERSONAL INJURIES OR PROPERTY NOT SUBJECT TO THIS CONTRACT.

The insurance coverage enumerated above constitutes the minimum requirements and shall in no way lessen or limit the liability of the agency under the terms of the contract.

All organizations applying for funding shall provide proof of all required insurance necessary for carrying out the proposed activity per Terms and Conditions #25 (for example, general liability, comprehensive liability, etc.)

Introduction/Purpose

The purpose of this Request for Proposal (RFP) is to provide services to Brevard County residents consistent with Brevard County Board of County Commissioners approved Opioid Misuse Abatement Plan with the listed area of concentrations for Year 2023/2024. Funding for this Request for Proposal will be provided through Brevard County's Opioid Misuse Abatement Fund.

Programs must be consistent with the priorities approved by the Brevard County Board of County Commissioners, as outlined below. Agencies shall review the attached Brevard County Opioid Misuse Abatement Plan for specific requirements regarding this RFP.

Agencies **must** use the reimbursable funds on expanding or enhancing existing programs without supplanting existing funding/resources.

Services **must** be provided to Brevard County residents.

Agency may provide service via telehealth.

Agency can only submit one application for each area of concentration, which are listed under Section: **Areas of Concentration of Opioid Misuse Abatement Services.**

Areas of Concentration for Opioid Misuse Abatement Services

- Enhancing / Expanding Medication Assisted Treatment (MAT) Services
- Expansion of Warm Hand Off Programs and Services

Contract Period/Budget

It is the County's intent to select the Agency(s) that provides the best solution for the County's needs. The County anticipates the contract period will be for one year from the date of execution from all parties. The intended contract period is January 1, 2024, to December 31, 2024.

The County reserves the right to amend this RFP, reject any or all of the proposals, or any part thereof, submitted in response to this RFP, and reserves the right to waive any irregularities or informalities, if such action is deemed to be in the best interest of the County. The County reserves the right to request additional information from any Agency, and to award negotiated contracts to one or more Agencies.

This RFP is not intended and shall not be construed to commit the County to pay any costs incurred in connection with any proposal or to procure or contract with any agency.

Proposal Submittal

Please submit one hardcopy original along with one electronic copy on USB flash drive, no later than Tuesday, October 10, 2023, at 11:00 a.m. One original hardcopy must be provided

and should be accompanied by an equivalent electronic PDF file. **If an agency is submitting for both areas of concentration, each application must be submitted in its own sealed envelope. The name must be clear specifying which area of concentration the application is on the front of the envelope.** Sealed proposals must be clearly marked as follows and returned to:

***Brevard County Opioid Misuse Abatement Services
(Enhancing/ Expanding Medication Assisted Treatment Services or Expansion of Warm Hand Off Programs and Services)
Housing and Human Services
Brevard County Government Center
2725 Judge Fran Jamieson Way, 1st Floor, Building B Suite 106
Viera, FL 32940***

All proposals received on or before the due date and time will be opened on Tuesday, October 10, 2023, at 11:00 am, at which time, the names of the agency submitting proposals will be read. No details of the proposals or the contents shall be disclosed until notice of intent to award or thirty days after the opening of the proposals, whichever occurs first, in accordance with Section 119.071(1), Fla. Stat.

*Note: Please ensure that if you use a third-party carrier (DHL Express, FedEx, UPS, USPS, etc.) that they are properly instructed to deliver your proposal only to Housing and Human Services on the first floor at the above address. Agencies are advised that U.S. Postal Service first Class and Express mail is delivered to a P.O. Box and is not delivered to the Purchasing Services Office. Delivery via the USPS is at the Agency's risk. To be considered, a proposal must be accepted in Housing and Human Services no later than the RFP closing date and time. If the proposal is delivered anywhere else, it may not reach Housing and Human Services in time.

Information or Clarification

For information concerning procedures for responding to this proposal, contact Stephanie Reynolds at Stephanie.Reynolds@BrevardFL.Gov.

Such contact shall be for clarification purposes only. Material changes, if any, to the specifications will be transmitted by written addendum through Housing and Human Services. No interpretation of the meaning of the proposal, any correction of any apparent ambiguity, inconsistency, or error therein, will be made by any agency orally. Every request for such interpretation must be in writing addressed to Housing and Human Services at 2725 Judge Fran Jamieson Way, Bldg. B, Suite 106, Viera, Florida, 32940, or emailed to the attention of Stephanie Reynolds at Stephanie.Reynolds@BrevardFL.Gov.

To be given consideration, such requests must be received in writing, no later than Wednesday, September 27, 2023, at 5:00 pm. All such interpretations and supplemental instructions will be in the form of written Addenda to the Proposal. Only the interpretation or correction so given by the department liaison listed above in writing shall be binding. Any request for additional information should be referred to the Brevard County Housing and

Human Services Department liaison, Stephanie Reynolds at Stephanie.Reynolds@BrevardFL.Gov or 2725 Judge Fran Jamieson Way, Bldg. B, Suite 106, Viera, Florida, 32940.

Any addenda will be transmitted by written addendum through Housing and Human Services and posted to the County website.

<https://www.brevardfl.gov/HousingAndHumanServices/Announcements>. The County will not notify Agencies of addenda. It is the sole responsibility of the Agency to check the website prior to submitting a proposal to verify receipt of all documents to include written addendum.

Cone of Silence

Descriptive term for the prohibition in solicitations instructing agencies that once a need is advertised, the agency is only permitted to communicate with the County's representative noted in the solicitation documents. The Cone of Silence is designed to protect the professional integrity of the public procurement process by shielding it from undue influence prior to the recommendation of contract award. County employees not designated by the representative noted in the solicitation, shall refrain from discussing the public procurement while the competition is in progress. The agencies are asked by the terms of the solicitation to refrain from contacting Commissioners, County Officers, employees, members of the Together in Partnership Board Members, Sub-Committee Members, or agents regarding the pending solicitation until after the notice of award is posted. The Cone of Silence does not apply to the County's designated representative noted in the solicitation or discussion at a duly noticed Pre-Proposal Technical Assistance Workshop or Public Meeting.

Pre-Proposal Meeting Date and Time

A non-mandatory Pre-Proposal Meeting is scheduled for Friday, September 22, 2023, at 9:00 a.m. at the Brevard County Government Center, Florida Room, Building C, Third Floor, 2725 Judge Fran Jamieson Way Viera, Florida 32940. Applicants are encouraged to attend the Pre-Proposal Meeting in its entirety. The meeting will consist of a presentation outlining the program and application requirements as well as a question-and-answer session.

Protest Process

Any agency who is allegedly aggrieved in connection with the solicitation or pending award of a contract must file a formal written protest with the Director of Housing and Human Services within five business days of the posted award recommendation. Please contact Ian Golden, Director of Housing and Human Services for more information on the protest process or any grievances.

Designated Liaison

If you have any questions or require assistance concerning this proposal advertisement, contact Stephanie Reynolds at Stephanie.Reynolds@BrevardFL.Gov.

Tentative Timeline

The following anticipated schedule for completion of the RFP process and implementation has been established.

- Advertisement Date: September 18, 2023
- Pre-Proposal Meeting: September 22, 2023 @ 9:00 a.m.
- Deadline for Questions: September 27, 2023 @ 5:00 p.m.
- Proposal Due Date: October 10, 2023 @ 11:00 a.m.
- Recommendation Committee Meeting: To Be Determined.
- Board Recommendation: November 14, 2023

Proposal Format Requirements

The following items are the proposal format requirements that shall be submitted in completeness. Please use this as the application checklist. This will ensure all parts of the proposal is submitted as required.

Applicants must submit: one original printed and signed proposal along with an electronic copy on a flash drive and that is a minimum twelve point in font, single-spaced, two-sided, have one-inch margins, three-hole punched on the left side, with numbered tab dividers for each part, attachments, and appendices. All pages must be numbered, and tab dividers must be legible and be included in a table of contents at the beginning of the Request for Proposal. Submitted proposals and supporting documents must be bound using single binder clips three fourths inch or larger per copy. Proposals shall not include undersized clips, staples, rubber bands or ring binders. The original proposal copy shall be provided on a flash drive in a labeled and secured envelope or sleeve.

Required Format:

- **Enhancing / Expanding Medication Assisted Treatment (MAT) Services**
- **Expansion of Warm Hand Off Programs and Services**

Tab One: Cover Page Introduction:

Please use Cover Page Introduction (Attachment A):

1. Agency's Basic Information
 - Agency Legal Name
 - Address
 - Web Address
 - Federal Identification Number
 - Main Phone Number
 - Fax Number (If Applicable)
2. Program Information
 - Which area of concentration?
 - Primary Geographic Service Area (location in County limits)
 - Which area of concentration?
3. Main Point of Contact Who Can Provide Technical Clarification Regarding the Proposal
 - Name
 - Title
 - Email
 - Phone Number

4. Brief introduction of Agency and the Ability to Perform the Service

Tab Two: Program Description (Twenty Possible Points):

Provide complete information answering all applicable questions.

1. Scope of Service (Maximum of Two pages)
 - a. Please provide a detailed description of your proposed program purpose.
 - b. What is your current client capacity?
 - c. What is the target population and proposed number of clients to be served (unduplicated)? Agency must show an expansion or enhancement of services for an existing program. What is your agency's plan on enhancing or expanding services for the program.
 - d. What activities will you be providing?
 - e. What are your program goals and objectives of the program?
2. Trends/Changes (Maximum one page)
 - a. What are the most significant trends and/or changes that are currently affecting the organization's operation, the people served, the type of programs offered, etc.
 - b. Are there anticipated changes that will have significant impact in the foreseeable future, such as over the next two to three years?
3. Program Promotion (Maximum of half page)
 - a. Describe the efforts and methods used to promote this program, to ensure that appropriate individuals and/or families are aware of these services.
4. Collaborative Narrative (Maximum of half page)
 - a. Describe your agency's collaborative narrative with the community and other agencies. Please include the names of the agencies and in what capacity the relationship has on your program.

Tab Three: Agency Financial Profile and Agency Wide Budget (Twenty-Five Possible Points):

1. Agency Financial Profile: Please provide complete answers to the questions listed on Attachment B. All questions must be answered.

2. Agency Wide Budget: Please attach your agency wide budget, which will be labeled as **agency wide budget**. Please include last year's 2022 revenue and expenses and current year's revenue and expenses, for your agency's fiscal year.

Tab Four: Program Budget (Thirty Possible Points on Each Area of Concentration):

Please use the forms provided for the area of concentration the agency is applying for.

1. Enhancing / Expanding Medication Assisted Treatment (MAT) Services

- Program Budget (Attachment C1): When completing the Program Budget, include all identified potential expenses required to achieve successful completion of programs. Please submit a budget for the period of January 1, 2024, through December 31, 2024.
- Program Budget Justification (Attachment D1): Enter program and local match information and a detailed budget with justification for each budget category on the required forms. The budget justification should address each of the major costs' categories, as well as any additional categories. A thorough written budget justification will explain both the necessity and the basis for the proposed costs.
- Program Budget Narrative (Attachment E1)

2. Expansion of Warm Hand Off Programs and Services

- Program Budget (Attachment C2): When completing the Program Budget, include all identified potential expenses required to achieve successful completion of programs. Please submit a budget for the period of January 1, 2024, through December 31, 2024.
- Program Budget Justification (Attachment D2): Enter program and local match information and a detailed budget with justification for each budget category on the required forms. The budget justification should address each of the major costs' categories, as well as any additional categories. A thorough written budget justification will explain both the necessity and the basis for the proposed costs.
- Program Budget Narrative (Attachment E2)

Tab Five: Proven Experience for Organization and Key Staff (Twenty-Five Possible Points):

1. Agency Experience (Maximum of two pages not including copies of license(s) or certification(s))

- Please provide a brief description of the agency's overall experience relating to the program.
- Agency must show experience implementing the proposed program.
- Please include any required licenses or certifications required by applicable laws and/or regulations to administer/conduct the program.

2. Key Staff Experience (Maximum of one page per resume)

- Identify job titles/position of persons responsible for managing the project and staff devoted to service provision. Provide job descriptions for the program. Please include resumes of key persons in which will be working on the program.
- Staff must be certified/licensed in the discipline in which services are going to be provided.

Tab Six: Required Forms:

- Attachment F- Sworn Statement of Public Entity Crimes
- Attachment G- Conflict of Interest Certification
- Attachment H- Program Certification
- Attachment I- Suspension/Debarment Certification
- Agency must show the financial capacity and stability. Audit Report **and** Management Letter, or Financial Statement* (Financial Statement is acceptable if agency audit is not required.) Balance Sheet & Income Statements. Last year to present.

**BREVARD COUNTY OPIOID MISUSE ABATEMENT SERVICES
ENHANCING/EXPANDING MEDICATION ASSISTED TREATMENT (MAT) SERVICES
EVALUATION PROGRAM SCORE SHEET**

AGENCY: _____

(Tab Two) Program Description

Has the agency clearly defined its scope of work and is it directly related to the goals and objectives of the program? Was a specific problem or need identified? Does the agency have the organizational capacity to successfully undertake proposed program(s)? Did the agency include the number of anticipated, unduplicated clients to be served by program? Did the agency provide a description of how the agency collaborated with identified partners? Did Agency identify the priority that was outlined in the RFP by demonstrating the services align?

Points available 1-20. Points awarded: _____

(Tab Three) Agency Financial Profile and Agency Wide Budget

Did the agency provide and complete agency wide budget? Does the agency have the financial capacity, staff, administrative and fiscal systems in place to carry out program?

Points available 1-25. Points awarded: _____

(Tab Four) Program Budget

Did the agency provide a unit cost for the proposed service? Did the agency provide justification for each category that provide a detail on how the agency derived the unit cost breakdown? Consider the unit cost. Is it reasonable compared to market value?

Points available 1-30. Points awarded: _____

(Tab Five) Proven Experience for Organization and Key Staff

Consider the Agency's Experience Implementing the Program. Did the agency have the required certifications/licenses to administer the program? Consider the experience of the key staff and their expertise in the field related to the program in which they are requesting reimbursement for? Did they submit proof of certification/license per applicable laws, statute requirements?

Points available 1-25. Points awarded: _____

Total available points 100. Total points awarded: _____

Board Member Name: _____

Board Member Signature: _____

**BREVARD COUNTY OPIOID MISUSE ABATEMENT SERVICES
EXPANSION OF WARM HAND OFF PROGRAMS AND SERVICES**

EVALUATION PROGRAM SCORE SHEET

AGENCY: _____

(Tab Two) Program Description

Has the agency clearly defined its scope of work and is it directly related to the goals and objectives of the program? Was a specific problem or need identified? Does the agency have the organizational capacity to successfully undertake proposed program(s)? Did the agency include the number of anticipated, unduplicated clients to be served by program? Did the agency provide a description of how the agency collaborated with identified partners? Did agency identify the priority that was outlined in the RFP by demonstrating the services align?

Points available 1-20. Points awarded: _____

(Tab Three) Agency Financial Profile and Agency Wide Budget

Did the agency provide and complete agency wide budget? Does the agency have the financial capacity, staff, administrative and fiscal systems in place to carry out program?

Points available 1-25. Points awarded: _____

(Tab Four) Program Budget

Did the agency provide a unit cost for the proposed service? Did the agency provide justification for each category that provide a detail on how the agency derived the unit cost breakdown? Consider the unit cost. Is it reasonable compared to market value?

Points available 1-30. Points awarded: _____

(Tab Five) Proven Experience for Organization and Key Staff

Consider the agency's Experience Implementing the Program. Did the agency have the required certifications/licenses to administer the program? Consider the experience of the key staff and their expertise in the field related to the program in which they are requesting reimbursement for? Did they submit proof of certification/license per applicable laws, statute requirements?

Points available 1-25. Points awarded: _____

Total available points 100. Total points awarded: _____

Board Member Name: _____

Board Member Signature: _____

**ATTACHMENT A
COVER PAGE INTRODUCTION**

Agency's Basic Information:

Agency Legal Name: _____

Address: _____

Web Address: _____

Federal Identification Number: _____

Main Phone Number: _____

Fax Number (If Applicable): _____

Program Information:

Which area of concentration? _____

Primary Geographic Service Area (location in County limits):

Which area of concentration? _____

Main Point of Contact Who Can Provide Technical Clarification Regarding the Proposal:

Name: _____

Title: _____

Email: _____

Phone Number: _____

Brief introduction of Agency and the ability to perform the service:

ATTACHMENT B
AGENCY FINANCIAL PROFILE & AGENCY WIDE BUDGET

1. Agency Financial Profile:

Respond to the following:

- a. What is the percentage of program cost in relation to total agency budget?

- b. What is the percentage of the grant program funding requested in relation to total program funding?

- c. Does your agency have at least three months operating reserves available? If not, why?

- d. Does your agency provide subsidies, scholarships, or a sliding fee scale? If yes, provide a brief explanation. If no, what is your referral procedure for clients who do not qualify for services?

- e. Does your agency follow General Accepted Accounting Practices?

- f. Does your agency have internal accounting procedures for revenue and expenses? If no, explain:

- g. Does your board review financial activity at each meeting?

- h. Does your agency have a strategic and/or long-range plan? If not, explain?

- i. Does your agency have any areas of noncompliance with funding, regulatory or licensing bodies?

2. Agency Wide Budget:

Agency Wide Budget: Please attach your agency wide budget, which will be labeled as **agency wide budget**. Please include last year's 2022 revenue and expenses and current year's revenue and expenses, for your agency's fiscal year.

ATTACHMENT C1
ENHANCING / EXPANDING MEDICATION ASSISTED TREATMENT (MAT) SERVICES

Section A – Program Budget Categories to be Funded

Budget Categories:	Program Amount per Category
a. Assessment	1a.
b. Case Management	1b.
c. Medical Services	1c.
d. Medication Assisted Treatment	1d.
e. Outpatient-Individual	1e.
f. Information and Referral	1f.

Total: _____

Section B – Unit Cost Budget Breakdown

Description of Unit	# Units	Costs per Unit	Unit Program Cost
a. Assessment	1a.	2a.	3a.
b. Case Management	1b.	2b.	3b.
c. Medical Services	1c.	2c.	3c.
d. Medication Assisted Treatment	1d.	2d.	3d.
e. Outpatient Individual	1e.	2e.	3e.
f. Information and Referral	1f.	2f.	3f.

Requested Funding Total: _____

ATTACHMENT C2
EXPANSION OF WARM HAND OFF PROGRAM AND SERVICES

Section A – Program Budget Categories to be Funded

Budget Categories:	Program Amount per Category
a. Assessment	1a.
b. Case Management	1b.
c. Information and Referral	1c.

Total: _____

Section B – Unit Cost Budget Breakdown

Description of Unit	# Units	Costs per Unit	Unit Program Cost
a. Assessment	1a.	2a.	3a.
b. Case Management	1b.	2b.	3b.
c. Information and Referral	1c.	2c.	3c.

Requested Funding Total: _____

**ATTACHMENT D1
PROGRAM JUSTIFICATION FORM**

Enhancing / Expanding Medication Assisted Treatment (MAT) Services

Agency: _____

Please provide in detail what is included in the unit cost breakdown for the categories below. The justification shall explain how the agency built the unit cost for each category that is proposed for the program.

Assessment Justification:

Case Management Justification:

Medical Services Justification:

Medication Assisted Treatment Justification:

Outpatient-Individual Justification:

Information Justification:

**ATTACHMENT D2
Program Justification Form**

Expansion of Warm Hand Off Services

Agency: _____

Please provide in detail what is included in the unit cost breakdown for the categories below. The justification shall explain how the agency built the unit cost for each category that is proposed for the program.

Assessment Justification:

Case Management Justification:

Information/Referral Justification:

**ATTACHMENT F
SWORN STATEMENT OF PUBLIC ENTITY CRIMES**

**Request for Proposal Number:
Brevard County Opioid Misuse Abatement Services**

SWORN STATEMENT UNDER SECTION 287.133(3) (a) FLA STAT ON PUBLIC ENTITY CRIMES

(To be signed in the presence of a Notary Public or other officer authorized to administer oaths.)

State of _____

County of _____

Before me, the undersigned authority, appeared _____ who, being by me first duly sworn, made the following statement:

1. The business address of the agency or contractor is _____.

2. My relationship to the agency or contractor is _____ (relationship such as sole proprietor, partner, president, vice president, etc.).

3. I understand that a public entity crime as defined in Section 287.133 of the Fla Stat includes a violation of any State or Federal law by a person with respect to and directly related to the transaction of business with any public entity in Florida or with an agency or political subdivision of any other State or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

4. I understand that “convicted” or “conviction” is defined by the statute to mean a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any Federal or State trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury verdict, non-jury trial, or entry of a plea of guilty or novo contend.

5. I understand that “affiliate” is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

6. Neither the agency or contractor nor any officer, director, executive, partner, shareholder, employee, member of agent who is active in the management of the agency or contractor nor any affiliate of the agency or contractor has been convicted of a public entity crime subsequent to July 1, 1989.

(Draw a line through Paragraph 6 if Paragraph 7 applies)

7. There has been a conviction of a public entity crime by the agency or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the agency or contractor who is active in the management of the agency or contractor or an affiliate of the agency or contractor. A determination has been made pursuant to Section 287.133(3) by order of Division of Administrative Hearings that is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is _____.

A copy of the order of the Division of Administrative Hearings is attached to this Statement (with a line through Paragraph 6 if Paragraph 7 applies).

Type Authorized Official's Name

Authorized Official's Title

Authorized Official's Signature

Date

Sworn to and subscribed before me in the State and County first mentioned above by means of physical presence or online notarization, on this _____ day of _____, 2023.

Affix Seal:

Notary Public: _____
My commission expires _____

**ATTACHMENT G
CONFLICT OF INTEREST CERTIFICATION**

Request for Proposal Name: Brevard County Opioid Abatement Misuse Services

Agency must execute either Section I or Section II relative to Fla. Stat. 112.313(12). Failure to execute the appropriate section may result in rejection of this proposal.

Section I

I hereby certify that no official or employee of the Brevard County Board of County Commissioners requiring the goods for services described in these specifications has a material financial interest in this company.

Company Name: _____

Business Address: _____

Type or Printed Name of Official: _____

Signature: _____

Section II

I hereby certify that the following named Brevard County Board of County Commissioner's official(s) and employee(s) having material financial interest(s) (in excess of five percent) in this company and have filed Conflict of Interest statements with the Brevard County Housing and Human Services Department, prior to bid opening.

Employee Name: _____

Title or Position: _____

Date of Filing: _____

Employee Name: _____

Title or Position: _____

Date of Filing: _____

Company Name: _____

Business Address: _____

Type or Printed Name of Official: _____

Signature: _____

**ATTACHMENT H
REQUEST FOR PROPOSAL ACKNOWLEDGMENT**

I do hereby certify that all facts, figures, and representations made in the application are true and correct, and that the purpose of this request is consistent with our organization's Applicable Laws, By-Laws and Mission. Furthermore, all applicable statutes, terms, conditions, regulations and procedures for program compliance and fiscal control will be implemented to ensure proper accountability of grant funds.

The filing of this application has been authorized by a legal representative of the agency and I have been duly authorized to act as the representative of the agency in all matters in connection with this application. I also agree to follow all terms, conditions, and applicable federal and state statutes.

Type or Print Authorized Official's Name

Authorized Official's Title

Authorized Official's Signature

Date

ATTACHMENT I
SUSPENSION/DEBARMENT CERTIFICATION

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the agency organization) certifies to the best of his or her knowledge and belief, that the agency, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; and
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the agency not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The agency agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub- grantees and/or agencies) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the agency organization) certifies that the agency will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition; and

- b. Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace.
 - (2) The grantee's policy of maintaining a drug-free workplace.
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs.
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above; and
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement.
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; and
 - (3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), and (e).

3. Certification Regarding Environmental Tobacco Smoke

Section 386.201–212, Fla. Stat. the Florida Clean Indoor Air Act, has as its purpose to protect the public health, comfort, and environment by creating areas in public places and at public meetings that are reasonably free from tobacco smoke by providing a uniform statewide maximum code. This part shall not be interpreted to require the designation of smoking areas.

- a. "Public place" means the following enclosed, indoor areas used by the general public:
 - (a) Government buildings; (b) Public means of mass transportation and their associated terminals not subject to federal smoking regulation; (c) Elevators; (d) Hospitals; (e) Nursing homes; (f) Educational facilities; (g) Public school buses; (h) Libraries; (i) Courtrooms; (j) Jury waiting and deliberation rooms; (k) Museums; (l) Theaters; (m) Auditoriums; (n) Arenas; (o) Recreational facilities; (p) Restaurants which seat more than 50 persons; (q) Retail stores, except a retail store the primary business of which is the sale of tobacco or tobacco related products; (r) Grocery stores; (s) Places of employment; (t) Health care facilities; (u) Day care centers; and (v) Common areas of retirement homes and condominiums.

- b. "Public meeting" means all meetings open to the public, including meetings of homeowner, condominium, or renter or tenant associations unless such meetings are held in a private residence.
- c. "Common area" means any hallway, corridor, lobby, aisle, water fountain area, restroom, stairwell, entryway, or conference room in any public place.

By signing the certification, the undersigned certifies that the agency organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services as defined by the Act.

The agency organization agrees that it will require that the language of this certification be included in any sub-awards, which contain provisions for services and that all sub-recipients shall certify accordingly.

The Housing and Human Services Department strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products.

Signature Title of Authorized Certifying Official

Title

Agency Organization

Date Submitted