

**Department of Children and Families
Agency Decision**

**Criminal Justice Mental Health and Substance Abuse (CJMHS) Reinvestment Grant
RFA03H17GN2**

The Florida Department of Children and Families (Department), Office of Substance Abuse and Mental Health, provides notice of intent to award funding to the following responsible and responsive Applicants that the Department has determined will provide the best value to the State:

Rank	Planning Grants (1 Year Program)	Average Programmatic Score	Average Financial Score	Total Average Score	Total Recommended Award
1	LSF Health Systems, Inc. (Hernando County)	169.2	54	223.2	\$ 100,000.00
Rank	Implementation & Expansion (3 Year Program)	Average Programmatic Score	Average Financial Score	Total Average Score	Total Recommended Award
1	Seminole County BOCC	336.8	49	385.8	\$ 1,200,000.00
2	Hillsborough County BOCC	321.6	52	373.6	\$ 1,200,000.00
3	SMA Behavioral Health Services (Putnam County)	298	54	352	\$ 1,200,000.00
4	Operation PAR, Inc. (Pinellas County)	286.2	53	339.2	\$ 614,250.00
5	SEFBHN (Okeechobee County)	266.4	55	321.4	\$ 1,126,044.00

The Department provides a process for appeals related to grant solicitations, as outlined below. If an Applicant believes the Department's decision is in error, the Applicant may submit a written petition for an administrative hearing to contest the decision. Failure to request an administrative hearing within 21 calendar days shall constitute a waiver of the right to a hearing. A written petition for an administrative hearing must be received by the Department within 21 calendar days of the posting of the Notice of Award.

Written request for an administrative hearing must be submitted to the Department at the following address:

Department of Children and Families
Attn: Agency Clerk
1317 Winewood Boulevard Building 2, Room 204-X
Tallahassee, FL 32399-0700

Please note that a request for an administrative hearing must comply with s. 120.569(2)(c), F.S., and Rule 28-106.201(2), F.A.C. Those provisions, when read together, require a petition for administrative hearing to include:

1. The name and address of the agency (Department) affected, and the agency's file or identification number, if known;
2. Name, address, and telephone number of the petitioner;
3. The name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding;
4. An explanation of how the petitioner's substantial interests will be affected by the agency determination;

5. A statement of when and how the petitioner received notice of the agency decision;
6. A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
7. A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;
8. A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
9. A statement of the relief sought by the petitioner, stating precisely the action you wish the agency to take with respect to the agency's proposed action.

Section 120.569, F.S. and Rule 28-106.201(4), F.A.C., require that a petition be dismissed if it is not in substantial compliance with the requirements above.