RFP Number: 10285

RFP Services: The Department seeks proposals to provide a daily facility operations (full service) Juvenile Assessment Center (JAC) for youth, as described in the Services to be Sought (Attachment I) to include administration/management, detention screening/intake, transportation hub/coordination, and security services on a twenty-four (24) hour a day/seven (7) days a week basis for a Juvenile Assessment Center (JAC).

UNSPSC Code: 92101702

Subject: This Addendum contains a change to the current service location identified in the RFP document, (initially noted in Informational Notice 1) a Revised Attachment C Certification of Experience Form, a Revised Attachment E Client Reference Form, a Revised Attachment L Mandatory Facility/Site Requirements Certification and Attestation Form, updated language, questions submitted by prospective Providers, and the Department's answers to the questions.

Deletions are indicated by “strike-through” or reference. Additions, updates or replacements are indicated by underscore, reference or highlighting.

REFERENCE: Page 1, Preamble
Request for Proposals (RFP): The Department seeks proposals to provide a daily facility operations (full service) Juvenile Assessment Center (JAC) for youth, as described in the Services to be Sought (Attachment I) to include administration/management, detention screening/intake, transportation hub/coordination, and security services on a twenty-four (24) hour a day/seven (7) days a week basis for a Juvenile Assessment Center (JAC). The Department is required to provide such services for each youth alleged to have committed a delinquent act. Services are currently being provided at 2155 Bob Phillips Road, Bartow, Florida, 33830. Polk County Regional Juvenile Assessment Center, 1090 Hwy 17 South, Bartow, Florida, 33830.

REFERENCE: Page 9, Attachment B, Section II., Solicitation Type
Request for Proposals: The Department seeks proposals to provide a daily facility operations (full service) Juvenile Assessment Center (JAC) for youth, as described in the Services to be Sought (Attachment I) to include administration/management, detention, screening/intake, transportation hub/coordination and security services on a twenty-four (24) hour a day seven (7) days a week basis for a Juvenile Assessment Center (JAC). The Department is required to provide such services for each youth alleged to have committed a delinquent act. Services are currently being provided at 2155 Bob Phillips Road, Bartow, Florida, 33830. Polk County Regional Juvenile Assessment Center, 1090 Hwy 17 South, Bartow, Florida, 33830.

REFERENCE: Page 13, Attachment B, Section V., MANDATORY REQUIREMENTS
C. It is MANDATORY that the Respondent have a completed Attachment E (Client Reference Form) independently completed and delivered to the Department by at least three (3) previous or current clients for whom the Respondent/Prospective Provider has provided administration and management services for juvenile populations in a staff-secure setting.
Respondents are encouraged to obtain references from individuals and parties able to provide insight into its organization, and not employees or members of its Board of Directors or governing body. The Department shall not provide a reference. If the Respondent is a current Provider in good standing providing the similar services to DJJ and has provided these services for at least the last six (6) consecutive months from the date of RFP issuance, the Respondent is not required to submit an Attachment E; however, the Respondent shall be responsible for identifying on Attachment C where these services are currently being provided. Attachment E must be certified by a notary public and received by the date and time specified on the form or it will not be accepted. The Department reserves the right to contact any and all references in the course of this solicitation and make a fitness determination, not subject to review or challenge.

REFERENCE: Page 14, Attachment B, Section VI., D., 2.
UPDATE: The Respondent’s complete response (Volumes 1 and 2) saved in Microsoft Word, Excel, and/or PowerPoint. It is the intention of the Department to use the CD-ROM(s) email submission for purposes of electronic storage of the submission, and therefore, it must contain the complete response.

REFERENCE: Pages 21-22, Attachment B, Section XIX., H., Mailing Label
UPDATE: Respondents submitting hard copy a proposal in response to this solicitation shall either affix the label below (or a copy thereof) to the lower, left hand corner outside of all envelopes or containers containing their proposal or mark their proposal with the identifying information. This is to ensure that the Department’s mailroom identifies the package(s) as a proposal and delivers it expeditiously. Respondents shall complete the information on the label prior to affixing the label.

REFERENCE: Page 23, Attachment C, Certification of Experience
DELETE: This item in its entirety.
ADD: Revised Attachment C, Certification of Experience

REFERENCE: Page 27, Attachment E, Client Reference Form
DELETE: This item in its entirety.
ADD: Revised Attachment E, Client Reference Form

REFERENCE: Page 30, Attachment L, Mandatory Form
DELETE: This item in its entirety.
ADD: Revised Attachment L, Mandatory Form, Facility/site Requirements Certification and Attestation

REFERENCE: Page 43, Attachment I, Section I., A., General Overview
UPDATE: The Department of Juvenile Justice requires the provision of daily facility operation (full service) to include administration/management, detention screening/intake, transportation hub/coordination and security services, pursuant to section 985.209, Florida Statutes; at the Polk Juvenile Assessment Center (JAC) located at the Respondent’s proposed owned/leased facility in Circuit 10, Polk County. Services are currently being provided at 2155 Bob Phillips Road, Bartow, Florida, 33830, Polk County Regional Juvenile Assessment Center, 1090 Hwy 17 South, Bartow, Florida, 33830. The Department is required to provide such services for each youth alleged to have committed a delinquent act. The Respondent shall provide services at the JAC, twenty-four (24) hours per day, seven (7) days a week for youth referred to the Department or transported to the site by local law enforcement officers to determine the youth’s risk to themselves, the risk to public safety, and their eligibility for detention based on statutory criteria. In addition, at the Polk JAC, the Respondent shall provide coordination services at the JAC for pre and post
judicated youth, including functioning as a transportation hub for youth who are being transported/transferred between the Polk and Pinellas Detention Centers.

REFERENCE: Page 44, Attachment I, Section III., A., 1., b.
UPDATE: Provision of an operational twenty-four (24) hour staff-secure booking facility, including video imaging and fingerprinting, and coordination or arrangements for emergency medical service. Ensure, pursuant to section 943.052 (3)(b), Florida Statutes compliance for fingerprints, palm prints, and facial images.

REFERENCE: Page 44, Attachment I, Section III., B., 2.
UPDATE: The Respondent shall ensure that there is an operational a twenty-four (24) hour staff-secure booking facility, including video imaging, fingerprinting and coordinate or arrange emergency medical service.

REFERENCE: Page 45, Attachment I, Section III., D., 5., d., 1)
UPDATE: 1) Screening of youth based on statutory criteria specified in sections 985.213 and 985.215, Florida Statutes,
2) Determination to detain or release a youth using the Department’s Detention Risk Assessment Instrument (DRAI). This instrument is used to determine if a youth meets detention criteria and to determine whether a youth should be placed in staff-secure or home detention care prior to a detention hearing.

REFERENCE: Page 57, Attachment I, Section III., I., 1. Service Location
UPDATE: The Juvenile Assessment Center shall be located at a Respondent owned/leased facility located in Circuit 10, Polk County. Services are currently being provided at 2155 Bob Phillips Road, Bartow, Florida 33830. Polk County Regional Juvenile Assessment Center, 1090 Hwy 17 South, Bartow, Florida, 33830.

REFERENCE: Page 59, Attachment I, Section III., J., 2., Facility Standards
UPDATE: The facilities where services are provided to youth shall be a Department Respondent owned or leased facility. All Respondents shall comply with standards required by the Department and fire and health authorities. The Respondent shall ensure that all buildings and grounds, equipment and furnishings are maintained in a manner that provides a safe, sanitary and comfortable environment for youth, family, visitors and employees.
REVISED
ATTACHMENT C
CERTIFICATION OF EXPERIENCE
(TO BE COMPLETED BY RESPONDENT)
RFP # 10285

THIS MANDATORY FORM SHALL BE COMPLETED BY THE RESPONDENT AND SIGNED BY A PERSON LEGALLY
AUTHORIZED TO MAKE BINDING STATEMENTS ON BEHALF OF THE RESPONDENT. THE COMPLETED AND SIGNED
FORM SHALL BE SUBMITTED WITH THE PROPOSAL.

COMPANY NAME: ____________________________________________________________
DATE ESTABLISHED: __________________________________________________________
PRIMARY BUSINESS: __________________________________________________________
TOTAL NUMBER OF EMPLOYEES: ________________________________________________
NUMBER OF EMPLOYEES ENGAGED IN ACTIVITIES RELEVANT TO THIS RFP: __________
NUMBER OF YEARS PROVIDING ADMINISTRATION AND MANAGEMENT SERVICES TO THE JUVENILE POPULATIONS
AS DESCRIBED IN THE RFP (PUBLIC AND OR PRIVATE): __________________________

LIST ENTITIES FOR WHO THE COMPANY HAS PROVIDED ADMINISTRATION AND MANAGEMENT SERVICES TO THE
JUVENILE POPULATIONS AS DESCRIBED IN THE RFP:
______________________________________________________________________________
______________________________________________________________________________

IF SERVICES PROVIDED TO DJJ
A. THIS SECTION IS TO BE COMPLETED BY RESPONDENTS CURRENTLY PROVIDING ADMINISTRATION AND
MANAGEMENT SERVICES TO THE JUVENILE POPULATIONS AS DESCRIBED IN THE RFP TO DJJ FOR AT LEAST
THE LAST SIX (6) CONSECUTIVE MONTHS:

CURRENT DJJ CONTRACT NUMBER PROVIDING SERVICES: _________________________
DATE SERVICES BEGAN FOR THE ABOVE CONTRACT: ______________________________

B. THIS SECTION IS TO BE COMPLETED BY RESPONDENTS WHO PROVIDED ADMINISTRATION AND
MANAGEMENT SERVICES TO THE JUVENILE POPULATIONS AS DESCRIBED IN THE RFP TO DJJ WITHIN THE
LAST TWO (2) YEARS FROM THE DATE OF RFP ISSUANCE:

PREVIOUS DJJ CONTRACT NUMBER THAT PROVIDED SERVICES: _______________________
DATE SERVICES BEGAN FOR THE ABOVE CONTRACT: ______________________________
DATE SERVICES ENDED FOR THE ABOVE CONTRACT: ______________________________

I__________________________________, CERTIFY THAT THE BIDDER KNOWN AS
__________________________ HAS EXPERIENCE RELEVANT TO ADMINISTRATION AND MANAGEMENT
SERVICES IN A STAFF-SECURE SETTING TO THE JUVENILE POPULATIONS AS SPECIFIED IN ATTACHMENT I (SERVICES
TO BE PROVIDED) AND/OR IS PROVIDING OR HAS PROVIDED SERVICES TO DJJ AS IDENTIFIED ABOVE.

SIGNATURE: ________________________________________________________________
PRINTED NAME: ______________________________________________________________
TITLE: ______________________________________________________________________
DATE: ______________________________________________________________________
REVISED
ATTACHMENT E
CLIENT REFERENCE FORM
RFP #10285

(This mandatory form must be completed by the person giving the reference, not the respondent and must be certified by a notary public)

The department shall not provide a reference.

This reference is for: _________________________________________________________________

NAME OF PERSON PROVIDING REFERENCE: __________________________________________

TITLE OF PERSON PROVIDING REFERENCE: ___________________________________________

FIRM OR BUSINESS NAME: _________________________________________________________

OFFICE TELEPHONE NUMBER: ___________________ OFFICE E-MAIL: _____________________

ADDRESS: _______________________________________________________________________

1. What services did this provider perform for you and over what time period?

2. Did you have any specific concerns about this provider?

3. Did this entity act as a primary provider, or as a subcontractor? If a subcontractor, then whom? Please specifically describe the type of service that was provided by the entity for which this reference is being provided.

4. Can you identify the number of years that this entity has provided administrative and management services in a staff-secure setting for juvenile populations? Please provide dates to the best of your knowledge. ___________________

5. Did the provider demonstrate the ability to hire and maintain stable staff? If no, please describe any problems.

6. Did the provider provide adequate supervision for the services that were performed for you?

7. Did the provider demonstrate the ability to provide highly qualified staff, with experience in the administration and management services?

8. Would you award another contract to this provider or would you work cooperatively with the provider on another project?

9. Please make any additional comments here.

_______________________________________________________
PLEASE SIGN BELOW AND HAVE THIS FORM CERTIFIED BY A NOTARY PUBLIC

Signed by: _______________________________________________________________________

Being duly sworn deposes and says that the information contained herein is true and accurate.

Subscribed and sworn before me this __________ day of ________________________ 2015

Notary Public: __________________________________________________________________

My Commission Expires: ___________________________________________________________________

State of Commission: ___________________________________________________________________
Submission of this form and the required documentation is a MANDATORY requirement for Respondents proposing use of the Respondent’s Owned/Leased Facility. The Respondent shall certify, by initialing next to each requirement below, that the proposed facility fully meets or will meet these requirements at the time of proposal submission or will fully meet these requirements prior to the site inspection scheduled by the Department as indicated in the RFP Calendar of Events. The Respondent shall also submit the documentation required below and/or requested by the Department.

Please indicate JAC facility/site status by circling one (IS/WILL or HAS/WILL HAVE) status for each of the following requirements listed below and initialing to signify compliance with the requirement and attach the required letters in Rows 14, 15, and 16.

<table>
<thead>
<tr>
<th>Facility/Site Requirement</th>
<th>Respondent’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  The proposed facility is/will meet all state, county, and city zoning, permitting and licensing, as well as any other requirements necessary to operate the facility.</td>
<td></td>
</tr>
<tr>
<td>2  The proposed facility is/will be ready to commence JAC operations prior to the Department scheduled site visit/inspection.</td>
<td></td>
</tr>
<tr>
<td>3  The proposed facility has/will have working electricity in all areas to be used for JAC services.</td>
<td></td>
</tr>
<tr>
<td>4  The proposed facility has/will have working air conditioning and will maintain air conditioning in all areas to be used for JAC services.</td>
<td></td>
</tr>
<tr>
<td>5  The proposed facility has/will have a working heating system and will maintain heating in all areas to be used for JAC services.</td>
<td></td>
</tr>
<tr>
<td>6  The proposed facility has/will have a working sally port for the secure transfer of youth into the facility by Law Enforcement and a place within the facility where youth can be searched (semi-private).</td>
<td></td>
</tr>
<tr>
<td>7  The proposed facility has/will have adequate space and facilities to meet bathroom and dining bathroom facilities for youth that does not lock and has no glass or other dangerous objects that could pose a hazard to youth.</td>
<td></td>
</tr>
<tr>
<td>8  The proposed facility has/will have a reception/waiting room for the public (parents) to wait for youth being released.</td>
<td></td>
</tr>
<tr>
<td>9  The proposed facility has/will have adequate space to accommodate activities, such as intake and screening.</td>
<td></td>
</tr>
<tr>
<td>10 The proposed facility complies/will comply with all applicable Florida Administrative Code requirements, Rules of the State Fire Marshal, and applicable Uniform Fire Safety Standards found in chapter 633, Florida Statutes. The proposed facility is in current/or will be in current compliance with the Florida American with Disabilities Accessibility Implementation Act before occupancy.</td>
<td></td>
</tr>
<tr>
<td>11 The proposed facility has/will have office space available that allows for confidential business to be conducted. The office space includes access to a telephone and computer hook-up.</td>
<td></td>
</tr>
<tr>
<td>12 The proposed facility has/will have a written evacuation plan that includes diagrammed evacuation routes covering emergencies such as fire, natural disasters, hurricanes, and other severe weather. This plan is/will be maintained on-site and provided to the Department at the scheduled site visit and to the Department’s Contract Manager on an annual basis thereafter.</td>
<td></td>
</tr>
<tr>
<td>13 The proposed facility is/will be accessible to public or other means of transportation.</td>
<td></td>
</tr>
<tr>
<td>14 The Respondent shall attach a letter from the owner or leasing agent of the proposed facility or site that the proposed building or site is/will be available and is suitable for use for the program to be procured by this RFP. If unable to obtain a letter, a signed affidavit shall be inserted in its place attesting to the attempt to obtain the letter, and signed by the person who signs Attachment J. If only an affidavit is submitted and the Respondent is determined to be the highest ranking proposed Respondent, prior to notice of intended award, the Procurement Manager shall request and the Respondent shall submit, within ten (10) days of request date, a letter from the facility owner/leasing agent indicating the proposed facility/site is available for services by the anticipated contract start date.</td>
<td></td>
</tr>
<tr>
<td>15 The Respondent shall attach a letter from the local government(s) that the facility or site complies with any specified local comprehensive plan, zoning codes, ordinances and other requirements. If the Respondent is unable to obtain a letter, a signed affidavit shall be inserted in its place attesting to the attempt to obtain the letter, and signed by the person who signs the</td>
<td></td>
</tr>
</tbody>
</table>
transmittal letter. If only an affidavit is submitted and the Respondent is determined to be the highest ranking proposed Respondent, prior to notice of intended award, the Procurement Manager shall request and the Respondent shall submit, within ten (10) days of request date, a letter from the local government indicating the proposed facility/site complies with any specified local comprehensive plan, zoning codes, ordinances and other requirements for transitional housing services.

16 The Respondent shall **attach narrative information on how or if the facility or site will be renovated**, maintained or otherwise made suitable for the Department for this program and provide a timeline for any renovations. If no changes are anticipated, the Respondent shall so state.

<table>
<thead>
<tr>
<th>The following three (3) items of information will not be utilized for point calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of Respondent’s Organization</td>
</tr>
<tr>
<td>2. Street Address (Location) of Proposed Facility City, State, Zip</td>
</tr>
<tr>
<td>3. Total Number of Bed/Slots Proposed at This Location</td>
</tr>
</tbody>
</table>

**ATTESTATION:** I, __________________________________, certify, as the Respondent, that I understand and agree that the contracted or proposed facility indicated for this RFP shall meet all of the facility and/or site requirements as outlined in this RFP. The site and/or facility shall meet all requirements to the full satisfaction of the Department, as determined by the Department prior to the posting the Final Agency Decision for the RFP.

__________________________
Respondent’s Signature

__________________________
Printed Name

__________________________
Title

__________________________
Date

**Facility/Site Inspection**

The Department has the option to conduct facility/site inspection(s) with the highest ranking proposed Respondent prior to posting the Final Agency Decision, to ensure that the proposed Respondent’s site(s) meets all requirements of the Department and the RFP. Proposed Respondent’s site(s)/facility(ties) shall meet all requirements to the satisfaction of the Department, as determined by the Department.

The proposed Respondent shall be given advance notice by telephone of the specific date for the site inspection. Reasonable attempts will be made to contact the proposed Respondent between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, no less than twenty-four (24) hours prior to the visit. Therefore, it is the responsibility of proposed Respondent to provide notice of any change in contact information, including telephone number, to the Procurement Manager.

After completion of the inspection, the Department shall address any specific deficiencies in a written report and may allow the bidder ten (10) days to correct identified deficiencies. An inspection confirming that all deficiencies have been corrected will then be conducted. Failure to correct deficiencies after ten (10) days of receipt of the report of site inspection results may result in rejection of highest ranking proposed Respondent as non-responsible and the Department will award to the second highest ranking proposed Respondent. The Department must approve proposed sites/facilities prior to posting the Final Agency Decision for the RFP.
# Questions Submitted by Prospective Respondents
(Questions are presented in exact manner received)

<table>
<thead>
<tr>
<th>QUESTION(S) RECEIVED FROM YOUTH &amp; FAMILY ALTERNATIVES – 2/13/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question #1:</strong> In preparation for the RFP we would like to contact the facility landlord to discuss the specifics of the current lease and determine a cost analysis. Can you please provide us with a point person and a means to contact?</td>
</tr>
</tbody>
</table>
| **Answer #1:** MRCE Holdings  
Ray Berry  
1060 Griffin Road  
Suite 204  
Copper City, Florida 33328  
954-434-1909 office line  
954-658-5591 cell |

<table>
<thead>
<tr>
<th>QUESTION(S) RECEIVED FROM YOUTH &amp; FAMILY ALTERNATIVES – 2/18/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question #2:</strong> Can they explain the nature of how and when youth are transported to the Pinellas JAC?</td>
</tr>
<tr>
<td><strong>Answer #2:</strong> Screening staff notify Pinellas detention when a youth is ready for pick-up. This occurs several times a day.</td>
</tr>
<tr>
<td><strong>Question #3:</strong> We are under the impression that the Polk Sheriff currently transports youth to Pinellas, is this still the case as the RFP discusses that the respondent will &quot;coordinate” transportation.</td>
</tr>
<tr>
<td><strong>Answer #3:</strong> Pinellas detention transports youth. The screeners notify the Pinellas detention of the need for transportation.</td>
</tr>
<tr>
<td><strong>Question #4:</strong> In regards to the former client reference form, our clients are under the ages of 18 and would need a release from their guardians to fill out any survey, what if these cannot be obtained?</td>
</tr>
<tr>
<td><strong>Answer #4:</strong> As per page 18 of the RFP, Attachment B, section XIX., E., 1.: &quot;Clients are expected to be businesses or other organizations and cannot be parents/guardians, students, or minors.”</td>
</tr>
<tr>
<td><strong>Question #5:</strong> Is the cost of security for the program placed on the awardee? If so, is that considered a subcontract if using a private security company?</td>
</tr>
<tr>
<td><strong>Answer #5:</strong> Yes, and it would be considered a subcontract.</td>
</tr>
<tr>
<td><strong>Question #6:</strong> Is the current facility where the JAC is housed an option?</td>
</tr>
<tr>
<td><strong>Answer #6:</strong> Yes. See the landlord’s contact information in Answer #1.</td>
</tr>
<tr>
<td><strong>Question #7:</strong> Can you tell us the amount of the current monthly lease is?</td>
</tr>
<tr>
<td><strong>Answer #7:</strong> The current Provider has indicated their lease expense is $87,000.00 a year. It should be noted that there are multiple occupants of the building and interested Respondents are encouraged to consider only the space needed for JAC operations for lease expenses under their proposal.</td>
</tr>
<tr>
<td><strong>Question #8:</strong> What is the volume of clients coming into the JAC center, weekly? Monthly? Yearly? Whatever is the easiest to pull up?</td>
</tr>
<tr>
<td><strong>Answer #8:</strong> Around 300 youth monthly, 3600 annually. In 2014, there were 3,652 admissions.</td>
</tr>
<tr>
<td><strong>Question #9:</strong> What is the volume of clients going to Pinellas? Returning home? Or being transported to the shelter?</td>
</tr>
</tbody>
</table>
| **Answer #9:** 1. The shelter number is not available.  
2. Secure detention (it does not break it out between Polk and Pinellas but on average 2/3 of the admissions go to Polk based on detention pops) - 1,486.  
3. Home detention - 843.  

<table>
<thead>
<tr>
<th>QUESTION(S) RECEIVED FROM JUVENILE SERVICES PROGRAM INC – 2/19/2015</th>
</tr>
</thead>
</table>
| **Question #10:** Page A, Section III – Services to be Provided  
A.2f – Coordination of Urine Testing Function with Appropriate Agency |
Does this mean all "clients" are to be tested?
Does it mean that screeners must verify that LEO’s have presented the “client” for testing to the appropriate medical agency and the screener is only reviewing the results, verifying that the “client” is acceptable for screening?

**Answer #10:**
1. No, only if there is suspicion based on the offense, behavior, or LEO concern. If the youth admits to use during the interview by the screener, it is a presumptive positive and no urine test is needed. Note: The Provider is not responsible for urine testing, it is coordinated with the DCF agent.
2. No, please see the answer above.

**Question #11:**
Page 47, Item C
Item 10: - Bio-Psycho-Social Assessment
JAC Detention Screeners shall refer youth for a Bio-Psycho-Social Assessment to be done on-site or off-site.
Does this mean all "clients" are to be evaluated?
Intake Screeners customarily do not have the necessary skills to be selective as to who may or may not need the assessment.
How is this to be accomplished within the six (6) hours processing period?

**Answer #11:**
1. Only those youth with a hit on the substance abuse/mental health screening report (which is generated as part of the PACT assessment by the screeners).
2. No question asked.
3. All youth require a PACT at the time of screening. If a youth requires further assessment, the form is forwarded to the provider who either sees the youth while still in the secure area (based on availability) or schedules the assessment with the family.

**Question #12:**
Facility
Throughout the RFP there is extensive referencing to a respondent owned or leased facility.
Page 59, Item #2
The facility where services are provided to youth shall be a Department owned or leased facility.
Does this mean that DJJ has an owned or leased facility?
Does this mean that the respondent is only responsible for the administration of maintaining DJJ’s owned or leased facility as a functional service site?

**Answer #12:**
1. This is an error and will be corrected. Please see revision to specifications in the Addenda #1.
2. No, the Department does not have a facility to operate the JAC in Polk County.
3. No, see answers above.

**QUESTION(S) RECEIVED FROM PSYCHOTHERAPEUTIC SERVICES – 2/19/2015**

**Question #13:**
We are seeking clarification about whether the winning bidder is required to provide security at the JAC to be paid out of the proposed $604,000 funding limit in the RFP or will there be separate funding and additional monies for security at the JAC?

**Answer #13:**
Yes, security is required out of the current funding. The DJJ identified funding amount includes $150,000.00 from Polk County to assist with security and Respondents are encouraged to reach out to other local cities and counties entities in the circuit for possible additional assistance.

**Question #14:**
Is the current JAC site available to be subleased from the current landlord? Or is a new site required?

**Answer #14:**
It is the Department’s understanding that the current site is available. The Landlord’s contact information has been previously provided in Answer #1.

**Question #15:**
Can the Department offer assistance to a vendor in identifying another site to operate the JAC?

**Answer #15:**
No, that is the Respondent’s responsibility.

**Question #16:**
Is any equipment or vehicles owed by the Department going to be available to the contractor chosen and if so can you provide a list?

**Answer #16:**
Please see the inventory lists attached to this Addendum.
**Question #17:** Would there be any start-up funding to open a new JAC site?

**Answer #17:** No, there are no startup funds available.

**Question #18:** Is there a minimum number of security personnel required at the site at any given time?

**Answer #18:** The requirements for security personnel are outlined in the RFP. The Respondent shall provide Security Officer Services to operate security equipment and to maintain the safe custody of youth held at the JAC. Security Officers shall be in the facility twenty-four (24) hours per day, seven (7) days per week. There should be a minimum of two (2) Security Officers on each shift. One Female Officer and one Male Officer per shift is required.

**Question #19:** Can screenings be performed over the phone from a screener’s home rather than on site?

**Answer #19:** No, screening must be conducted 24/7 on site at the JAC facility.

**Question #20:** The RFP references that Respondents shall have experience working with juveniles in a secure setting. What is the definition of secure? Would a CINS/FINS unlocked youth shelter qualify as a secure setting?

**Answer #20:** This intent would be for a Respondent to have experience in a “staff-secure” facility. A CINS/FINS unlocked youth shelter facility would qualify as a staff-secure setting.

**Question #21:** In addition to completion of Attachment E, Client Reference Form, will the Department accept and review Letters of Support as supplementary documentation?

**Answer #21:** Letters of support are not necessary as supplementary documentation, and would not be reviewed.

**Question #22:** Can you define the term of prior experience referencing a “secure” facility? Does this mean a “lock down” facility?

**Answer #22:** The Department has revised the specification to read “staff-secure” facility (see the revision in this Addenda).

**Staff-Secure Definition** – the provision of 24-hour awake supervision with staffing levels sufficient to preclude the need for physical security (fences, locks, etc.)

**Question #23:** Page 46 of 75 #8 of RFP #10285 states:

"The Respondent shall provide a monthly report detailing the cost of security at the Polk JAC……"

**Question 1:** Is the $150,000 for security that is provided by the Polk County Sheriff included in the $604,998.45 OR are these additional dollars billed to the Department separately?

**Question 2:** Does the $150,000 from the Polk County Sheriff for security render the Sheriff a sub-contractor of the respondent?

**Answer #23**

Question 1 – The $150,000.00 for security is from the Polk County Board of County Commissioner, not the Sherriff, and it is provided to the Department and is included in the funding amount for the RFP.

Question 2 - No. A subcontractor would be providing services, not funding. The funding is from the Department.
requested to sign and submit this Addendum with its response to the RFP.

SIGNED BY: _______________________________________________________________

NAME: _________________________________________________________________

COMPANY: _____________________________________________________________

TITLE: _________________________________________________________________

DATE: ____________________________________________________________________
<table>
<thead>
<tr>
<th>Description</th>
<th>Model Number</th>
<th>Serial Number</th>
<th>Funding Source</th>
<th>Date of Acquisition</th>
<th>HSA Tag Number</th>
<th>Location</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone System</td>
<td>511A</td>
<td>107007114</td>
<td>COUNTY / DJJ</td>
<td>1/25/1996</td>
<td>942</td>
<td>000</td>
<td>48,297.00</td>
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<td>Addition to Phone System</td>
<td>511A</td>
<td>107007122</td>
<td>DJJ</td>
<td>6/28/1996</td>
<td>943</td>
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DJJ owned vehicle and MIS equipment assigned by DJJ to be housed at JAC are maintained on DJJ inventory listing.

<table>
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<tr>
<th>Description</th>
<th>Model Number</th>
<th>Serial Number</th>
<th>Funding Source</th>
<th>Date of Acquisition</th>
<th>HSA Tag Number</th>
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<th>COST</th>
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<tr>
<td>DJJ owned Vehicle sited at JAC:</td>
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<tr>
<td>Dodge 15 Passenger Van</td>
<td>Ram 3500</td>
<td>285W35232K124366</td>
<td>DJJ</td>
<td>2002</td>
<td>28409</td>
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Inventory Person - Lon Tomlin
Inventory Date - 10/30/2013
<table>
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<tr>
<th>Y</th>
<th>N</th>
<th>ITEM NUM</th>
<th>DESCRIPTION</th>
<th>MANUFACTURER</th>
<th>SERIAL NUMBER</th>
<th>PROPERTY UNIQUE</th>
<th>ROOM</th>
<th>ACQ DT</th>
<th>ACQ COST</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
<td>22</td>
<td>000984 VAN 2002 15P RAM 3500 DODGE 26BWB32232X124366</td>
<td>DODGE</td>
<td>121-33739</td>
<td>CIRCUIT 10 JAC</td>
<td>YARD</td>
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<td>002045 LAPTOP, LATITUDE 66320 DELL 151V5Q1</td>
<td>DELL</td>
<td>66520</td>
<td>SECURE AREA JAC</td>
<td>ONRM</td>
<td>061411</td>
<td>1251.90</td>
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</table>

BUILDING 80772010200 4494 TOTAL 22933.90

I HEREBY CERTIFY THAT ALL ITEMS INCLUDED IN THIS INVENTORY LIST HAVE BEEN PHYSICALLY CHECKED AND ARE IN THE CUSTODY OF THE DEPARTMENT AS OF THIS DATE.

CUSTODIAN SIGNATURE ___________________________ PHYSICAL INVENTORY TAKEN BY ___________________________

DATE OF INVENTORY 12/15/14 PRINT NAME/PHONE ____________________________ 520-528-5761

REVIEWS BY ____________________________________________

PROBATION CHIEF/SUPERINTENDENT (Jennifer Haynes)

CONTACT PROVIDER (IF APPLICABLE) ____________________________
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<th>Y</th>
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<th>SERIAL NUMBER</th>
<th>PROPERTY UNIQUE</th>
<th>ROOM</th>
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<tbody>
<tr>
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<td>001677 CPU, 760</td>
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BUILDING 80722010401 4494 TOTAL 3038.12

I HEREBY CERTIFY THAT ALL ITEMS INCLUDED IN THIS INVENTORY LIST HAVE BEEN PHYSICALLY CHECKED AND ARE IN THE CUSTODY OF THE DEPARTMENT AS OF THIS DATE.

CUSTODIAN SIGNATURE ___________________________ PHYSICAL INVENTORY TAKEN BY __________________

DATE OF INVENTORY 2/1/17 V PRINT NAME/PHONE __________________

REVIEWED BY ________________________________ PROBATION CHIEF/SUPERINTENDENT __________________

CONTRAC PROVIDER (IF APPLICABLE) ___________
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<th>SERIAL NUMBER</th>
<th>PROPERTY UNIQUE</th>
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<tbody>
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BUILDING 80722010901 4494 TOTAL 3108.75

I HEREBY CERTIFY THAT ALL ITEMS INCLUDED IN THIS INVENTORY LIST HAVE BEEN PHYSICALLY CHECKED AND ARE IN THE CUSTODY OF THE DEPARTMENT AS OF THIS DATE.

CUSTOMER SIGNATURE ________________________ PHYSICAL INVENTORY TAKEN BY ______________________

DATE OF INVENTORY 12/15/14

PRINT NAME/PHONE Larry Crowne 850-528-5611

REVIEWED BY ______________________

PROBATION CHIEF/SUPERINTENDENT (Jennifer Haynes) ______________________

CONTRACT PROVIDER (IF APPLICABLE) ______________________