

**ATTACHMENT Q
REPLY VERIFICATION FORM**

By completing and submitting this form with your Reply, the Respondent is ensuring the reply submission is in accordance with the mandates and requirements outlined in ITN #10677. Also, please check the Vendor Bid System (VBS) for any addendums posted that indicate any **revised** document(s) for which the Respondent is responsible for completing and submitting by the date and time noted in the Calendar of Events (Attachment B, Section IV., A.) of this ITN.

Instructions: Place a check mark (✓) in the box next to the **Requirement** indicating it has been completed and is ready to submit by the date and time specified in the Calendar of Events (Attachment B, Section IV., A.) of this RFP. **This form shall be submitted as the first document under Volume 1.**

Select either Electronic Upload Proposal or Hardcopy with CD-ROM Proposal by placing a checkmark (✓) in the boxes next to the tasks associated with your submission choice.

Electronic Upload Proposal	
<input type="checkbox"/>	Register for a DJJ Bid Library Account through the Procurement Manager. Respondents must register their email address for access to the DJJ Bid Library using a Microsoft account. For specific instructions, reference Attachment B, Section VI., Solicitation Information, and/or contact your Procurement Manager listed in the ITN.
<input type="checkbox"/>	If your organization does not use a Microsoft account, a free account can be created through Microsoft at https://www.office.com . This step must be completed first, prior to submitting the DJJ Bid Library registration request. The email address used to create the Microsoft account should be utilized in the registration request to the Procurement Manager.
<input type="checkbox"/>	Electronic replies shall be uploaded to the DJJ Bid Library no later than the due date and time specified in the Calendar of Events for this ITN. Any and all documents uploaded, edited, or modified in any way after this date and time will be deemed non-responsive.
<input type="checkbox"/>	Submission Alternative The Procurement Manager will provide instructions for an alternative method of submitting the reply only if submission via the DJJ Bid Library causes a hardship to the Respondent. The reply must be prepared in accordance with Attachment B, section XX. General Instruction for Preparation of the Reply and submitted by the due date as indicated in the Calendar of Events (Attachment B., IV., B.).
<input type="checkbox"/>	The complete reply, which contains Volumes 1, 2 and 3, shall be saved in Microsoft Word and/or Excel. The signed Transmittal Letter (Volume 1, Tab 1), and the financial viability documentation (Volume 2, Tab 2), are the only documents which can be saved in a PDF format. The Attachment H –Budget March 2020 (Volume 2, Tab 1) must be submitted in Excel, at a minimum.

MANDATORY REQUIREMENT (Attachment B, V.)	
<input type="checkbox"/>	It is MANDATORY that the Respondent submit its proposal within the time frame specified in the Calendar of Events (Attachment B, Section IV., B.).
<input type="checkbox"/>	It is MANDATORY that the Respondent submit a completed Attachment D – Past Performance for Residential Commitment Programs Evaluation to demonstrate the Respondent's knowledge and experience in operating similar programs by providing information requested on Attachment D, Part II and III (Attachment B, Section XX., G., 1.).

TECHNICAL PROPOSAL – VOLUME 1 (Attachment B, XX.)	
<input type="checkbox"/>	Transmittal letter is on Respondent's letterhead.
<input type="checkbox"/>	Transmittal letter is signed by an individual authorized to bind the Respondent.
<input type="checkbox"/>	Transmittal letter has the following: <ul style="list-style-type: none"> <input type="checkbox"/> official company name; <input type="checkbox"/> company address;

	<input type="checkbox"/> telephone number; <input type="checkbox"/> email address; <input type="checkbox"/> name and title of the Respondent official who will sign any contract; (this individual shall have the authority to bind the Respondent and shall be available to be contacted by telephone, email or attend meetings, as may be appropriate regarding the solicitation); <input type="checkbox"/> Federal Employee Identification #, including the Florida Vendor Sequence #, if available. If not available, please make that statement, and the Department will collect the information prior to posting the Notice of Intended Award; <input type="checkbox"/> DUNS #, if applicable, and if not applicable, a statement saying so. <input type="checkbox"/> If entity is "DBA" or "Doing Business As", the Respondent shall state the reason for it.
<input type="checkbox"/>	The Transmittal Letter must contain this exact statement: "On behalf of (insert Respondent's name), this letter certifies that (insert Respondent's name) agrees to all terms and conditions contained in the Invitation to Negotiation for which this proposal is submitted.
<input type="checkbox"/>	The Transmittal Letter must contain this exact statement: "On behalf of (insert Respondent's name), this letter certifies that (insert Respondent's name) has met all conditions and requirements of Attachment C, including that neither it nor its principals are presently debarred, suspended, or proposed for debarment, or have been declared ineligible or voluntarily excluded from participation in this Procurement/contract by any federal department or agency." If the Respondent is unable to certify to any part of this statement, such Respondent shall include an explanation in the Transmittal Letter.
<input type="checkbox"/>	The Transmittal Letter must contain this exact statement: "On behalf of (insert Respondent's name), this letter certifies that neither (insert Respondent's name) nor anyone acting on its behalf have contacted anyone, between the release of the solicitation and the end of the seventy-two (72) hour period following the agency posting the Notice of Intended Award, excluding Saturday, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Manager or as provided in the solicitation documents.
<input type="checkbox"/>	The Transmittal Letter must contain this exact statement: "On behalf of (insert Respondent's name), this letter certifies that (insert Respondent's name) agrees to be responsible for the reporting of all admissions and releases in the Juvenile Justice Information System (JJIS) within twenty-four (24) hours of the admission/release dates and for updating the projected release dates of youth at a minimum of once per week if required by this ITN"
<input type="checkbox"/>	The Transmittal Letter must contain this exact statement: "On behalf of (insert Respondent's name), this letter certifies that (insert Respondent's name) is not listed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel; is not listed on the Scrutinized Companies with Activities in Sudan List; is not listed on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; is not engaged in business operations in Cuba or Syria; and, is not engaged in business operations with the government of Venezuela or in any company doing business with the government of Venezuela. (pursuant to F.S. 215.472, 215.4725, 215.473, and 287.135)".
<input type="checkbox"/>	The Transmittal Letter must contain this exact statement: "On behalf of (insert Respondent's name), this letter certifies that the Attachment H – Budget March 2020 submitted is complete, reflects reasonable costs for the service being proposed, and all costs are necessary to provide the proposed services".
<input type="checkbox"/>	The Respondent must state if they are proposing to use the Department's / State Owned / Leased Facility as stated in the ITN (clearly identify by address the DJJ facility proposed for use and address any relevant issues regarding services in that specific DJJ-owned facility. This information is submitted with the Transmittal Letter and identified as Respondent-Identified State-Owned Site Issues.) It is required that the Respondent attends the Department site visit at the Department/State owned leased facility site if the Respondent is proposing use of that facility (Attachment B, Section IV. D.)
<input type="checkbox"/>	Cross Reference Table – Volume 1, Tab 1 In order to assist the Respondent in its development of a responsive submittal (i.e. reply, proposal), the Respondent shall provide a table that cross-references the contents of its reply

	with the contents of the ITN (see Attachment O to this ITN for the cross-reference table.) This is a requirement. The Respondent shall insert the cross-reference table in Volume 1, Tab 1, just after the Transmittal Letter. Respondents are advised that the Department's ability to conduct a thorough review of replies is dependent on the Respondents ability and willingness to submit replies which are well ordered, detailed, comprehensive, and readable. Clarity of language and adequate, accessible documentation is essential, and is the responsibility of the Respondent.
<input type="checkbox"/>	Certificate of a Drug-Free Workplace – Volume 1, Tab 1 The reply may contain the certification of a drug-free workplace in accordance with section 287.087, Florida Statutes, if desired by the Respondent; for preference in the event of a tie in the scoring of a competitive solicitation. This is not a mandatory requirement. The certification form (Attachment K) is available at: http://www.djj.state.fl.us/partners/procurement-and-contract-administration .
<input type="checkbox"/>	Technical Reply – Volume 1, Tab 2 The Technical reply must be typed, on letter-sized (8 1/2" x 11") paper, using 12-point type, TIMES NEW ROMAN font, single-spaced, and 1-inch margins (top, bottom and sides). Pages must be numbered in a logical, consistent fashion and must not exceed seventy (70) pages including attachments and exhibits (excluding Department-required Attachments, e.g. Organizational Chart, Activity Schedule, etc.) Any floorplans, exhibits, attachments, charts, tables, photos, maps, diagrams, or other resource materials that support the information provided in the written reply shall be referenced within the written reply narrative and shall be numbered for reference and presented at the end of the written reply. Illegible replies will not be evaluated, and pages submitted in excess of the specified limit will be removed prior to evaluation and will not be evaluated.
<input type="checkbox"/>	Innovative Program Services to be Provided Replies must include a description of the services to be provided with an explanation of how the proposed services will specifically advance the Department's vision and major goals as outlined in the solicitation's Statement of Purpose. The Respondent shall propose and describe in detail the innovative nature of program services to (minimally) include 1. Delinquency Programming, 2. Gender-specific Services, 3. Restorative Justice Principles and Programming, 4. Mental Health and Substance Abuse Treatment Services, 5. Behavioral Management System, 6. Pre-vocational and Vocational Services, 7. Recreational Therapy and Leisure Time Activities.
<input type="checkbox"/>	Delinquency Programming The Respondent shall propose delinquency programming for youth which utilizes evidence-based or promising practices designed to reduce the influence of specific risk factors and to increase specific protective factors related to re-offending behavior. The Respondent shall match youth to these delinquency interventions based on the results of a risk and needs assessment. The Respondent must complete the Delinquency Interventions and Treatment Services table provided in the solicitation document.
<input type="checkbox"/>	Gender-specific Services The Respondent shall propose comprehensive gender-specific services in all its program components, delinquency interventions, and treatment services. For each program component, delinquency intervention and treatment service, the proposed gender-specific services will systematically address the special needs of adolescents while empowering the youth voice. Proposed programming shall foster positive gender identity development, recognize the risk factors and issues most likely to impact adolescents and the protective factors and skill competencies that can minimize risk factors and enhance treatment services
<input type="checkbox"/>	Restorative Justice Principles and Programming The Respondent shall propose comprehensive programming that reflects Restorative Justice principles and describe how it will implement restorative justice practices. The Respondent will describe how it will protect the public, hold offenders accountable, offer opportunities for competency development, demonstrate an understanding of restorative justice principles and the vocabulary of restorative practices, use restorative language, facilitate dialogue that promotes ideas for making things right when harm has occurred and use restorative practices such as nonviolent communication to contribute to the wellbeing of youth. The Respondent shall describe how it will foster a restorative community within the residential program. The

	Respondent shall state which Restorative Justice model will be used and describe with specific and concrete details of how the model will be implemented on a day-to-day basis, what training the staff will complete and how they will show comprehension and use of the stated objectives.
<input type="checkbox"/>	<p>Mental Health and Substance Abuse Treatment Services</p> <p>The Respondent shall describe its proposed evidence-based or promising practices for mental health and substance abuse treatment services. The Respondent must provide all the pertinent staffing details for the provision of these services. The Respondent must explain how these services will meet the requirements outlined in rule 63N-1, F.A.C. The description of the proposed services must include specific details and concrete examples of how the service components (e.g. curricula, activities, schedule) will meet the unique needs of the youth.</p>
<input type="checkbox"/>	<p>Behavioral Management System</p> <p>The Respondent shall propose a behavioral management and a positive reinforcement system that fosters accountability. The Respondent shall describe how it will incorporate principles and practices related to trauma-informed care into the behavioral management system. The Respondent shall describe how it will ensure that all staff, including subcontractors, educators, and volunteers, will be fully trained in the implementation of the proposed behavioral management system.</p>
<input type="checkbox"/>	<p>Pre-vocational and Vocational Services</p> <p>The Respondent shall describe what additional (beyond what is required) pre-vocational and vocational services are proposed. The Respondent shall clearly articulate what distinguishes and differentiates these two types of services in its definition and the proposed services. The Respondent shall describe in detail how the unique interests, aptitudes, and skills of the youth will be developed while building upon their existing strengths and in a manner supportive of their employability. The Respondent shall describe how its services will give youth an occupational advantage in their own community.</p>
<input type="checkbox"/>	<p>Recreational Therapy and Leisure Time Activities</p> <p>The Respondent shall provide daily recreational and leisure time activities in ways that are physically challenging, educational, therapeutic, and constructive. Recreational activities shall be separate and distinct from mental health and substance abuse treatment services, and therefore shall be clearly identified as having separate designated times on the daily activity schedule from mental health and substance abuse treatment services. The Respondent shall employ the stated number of Recreation Therapist(s) who possess the stated qualifications and required experience.</p>
<input type="checkbox"/>	<p>Living Environment</p> <p>The Respondent shall propose a program that promotes mentoring, positive role modeling and positive one-on-one and small group interactions and interventions while maintaining an environment that promotes a therapeutic environment for the youth. The Respondent shall describe how it will ensure that the following components (described briefly here) are implemented: input from youth on rules governing community living, the promotion of effective communication, relationship development, cultural diversity, the development of positive identify and respect for self and others, visitation and access to modes of communication, community interactions, appropriate clothing.</p>
<input type="checkbox"/>	<p>Community Involvement Opportunities and Pro-Social Activities</p> <p>The Respondent shall describe what community involvement opportunities exist, what specific programs and activities will be implemented and will precisely outline how else it will engage with the community to provide youth with off-campus activities (as permitted and as set forth in Rule 63E-7, F.A.C.) and pursuits that support transition back into the community.</p>

<input type="checkbox"/>	<p>Discharge Planning and Transition Services</p> <p>The Respondent shall provide a description of its discharge planning and transition services. The reply shall include a detailed description of how discharge placement planning will begin at program admission. The Respondent shall employ a Transition Services Manager to coordinate these services and include in its reply a detailed position description and schedule. The Transition Services Manager must possess the stated qualifications and experience. The reply shall include example of a self-sufficiency assessment, plan and a description of the services to be provided at a minimum to include future economic self-sufficiency in both traditional and non-traditional setting, safe and affordable housing, conditional release, job training and retention, placement and child care, where appropriate.</p>
<input type="checkbox"/>	<p>Staffing and Personnel</p> <p>The Respondent shall describe how it will ensure that sufficiently qualified staff are available to provide program services and proper supervision of youth at all times including how it will cover any staff shortages of any duration (including breaks). The Respondent will affirm its understanding that neither supervisors nor facility administration staff will be included in the stated minimum staff to youth ratios while performing their regularly scheduled activities and that clinical staff will not be included in the stated minimal staff to youth ratios.</p>
<input type="checkbox"/>	<p>Staffing Levels</p> <p>The Respondent must provide a detailed staffing plan to include position titles, number of positions, qualifications, proposed working hours, duties/responsibilities, and proposed salaries of all program staff. The Respondent must state the living wage of the county where staff will work and the specified surrounding counties and how it was calculated. The plan must include licensure status of all proposed clinical staff and the details for the provision of clinical staff and clinical services to include weekends and evenings. The plan's details must be consistent with all other documents and exhibits in the proposal. The Respondent shall describe in detail how it will provide uninterrupted physical sight and sound presence and supervision of youth, twenty-four (24) hours per day, every day of the year with no less than the minimally acceptable ratio of staff to youth.</p>
<input type="checkbox"/>	<p>Health and Nursing Services</p> <p>The Respondent shall describe its proposed health and nursing services and explain how these services will meet the requirements outlined in rule 63M-2, F.A.C. The description of the proposed services must include specific details and concrete examples of how the service components will meet the unique needs of the youth. The Respondent must explain how it will meet the requirements for the Health Services Administrator (HSA), the nursing services to be given on-site by Registered Nurses (RNs) licensed in the State of Florida and for the required number of hours.</p>
<input type="checkbox"/>	<p>Staff Training</p> <p>The Respondent shall provide a detailed training plan showing that all full-time and part-time direct care staff shall be trained in accordance with Rule 63H, F.A.C. and in addition to the Department's learning management system training, direct care staff shall be trained in the solicitation's stated minimal requirements: ethics, stress management, gender-responsive services, behavioral management and modification, positive reinforcement strategies and techniques, emotional and behavioral development of children and adolescents, risk factors for delinquency, triggers and treatment, Physical development and common health issues, restorative justice philosophy and practices, trauma responsive services, Post-traumatic Stress Disorder (PTSD), victimization, exploitation, domestic violence, trauma, and recovery issues, CPR and AED, universal precautions and bloodborne pathogens, emergency evacuation procedures for youth with a medical alert system, for intake staff: Facility Entry Physical Health Screening Form and administration of the Massachusetts Youth Screening Instrument-Second Edition (MAYSI-2), CAT/RAY and other required intake processes and procedures, risk factors and triggers relating to homicidal risk and prevention, immediate access to emergency medical, mental health, and substance abuse services, the program's treatment model, suicide prevention processes and procedures, Prison Rape Elimination Act. The Respondent shall articulate what additional training will be given and which staff will receive that training.</p>

<input type="checkbox"/>	<p>Management Capabilities</p> <p>Describe the Respondent's organizational mission, history, background, experience, and structure. Using concrete details, describe its quality assessment and improvement system. Describe its human resources development plan with specific examples. Describe the policies, processes, and procedures for assessing its management capabilities and specifically how the need for corrections and improvements are identified and made. Explain how this organization is equipped to provide the unique services outlined in the solicitation's scope of services. Provide an organizational chart with linkage to the program level and one that is consistent with all other exhibits. Describe in detail which positions represent corporate staff and explain their roles and responsibilities including those that are exclusive to the residential program in question.</p>
<input type="checkbox"/>	<p>Program and Facility Readiness Plan</p> <p>The Respondent shall include a program and facility readiness plan. The plan must clearly convey that thorough consideration has been given to each major component of a residential program such that the services will be available by the projected service date. The plan must describe in detail the objectives, activities, responsible party, and the timeframe for the completion of each objective and all associated activities for each major component. The program and facility readiness plan must identify the critical path activities and describe, in detail, an alternate path in the event of delays or failures on the critical path.</p>

FINANCIAL PROPOSAL – VOLUME 2	
<input type="checkbox"/>	<p>Budget– Volume 2, Tab 1</p> <p>It is REQUIRED that the Respondent complete and submit in Tab 1 of Volume 2 a signed Attachment H - Budget (with Major Maintenance Fund) March 2020. The Department will negotiate a fixed price contract with the successful Respondent, ensuring that all budgeted costs are reasonable, allowable, and necessary for program operations. The price proposed in the initial reply shall be reviewed by the Department's negotiation team based on proposed costs being reasonable, allowable, and necessary for program operation and further negotiated. Please ensure that all costs are covered, all titles/positions (including # or how many) match as outlined in the reply and specific line item detail is included. Please include a predicate for expenses and/or copies of any contracts for outside services (i.e. food service).</p>
<input type="checkbox"/>	<p>Financial Viability Documentation – Volume 2, Tab 2</p> <p>It is REQUIRED that the Respondent provide in Volume 2, under Tab 2, financial documentation, for either Option #1 or Option #2 below sufficient to demonstrate its financial viability to perform the Contract resulting from this ITN (see Attachment F., A., 4., Financial Viability Criteria Mandatory Evaluation Criteria). Documentation is reviewed on a pass/fail basis. If the Respondent fails to pass the option they selected, the reply shall be rejected as non-responsive and not evaluated further. Failure to provide either option will result in disqualification of the reply.</p> <p><input type="checkbox"/> Option #1: D & B Supplier Qualifier Report</p> <p>or</p> <p><input type="checkbox"/> Option #2: Financial Audits</p>
<input type="checkbox"/>	<p>Certified Minority Business Enterprise (CMBE) Utilization Plan – Volume 2, Tab 3</p> <p>The Respondent shall describe its plan and/or methods to encourage diversity and utilize minority businesses in the performance of the services described in this solicitation. The information provided in this section shall address the plan described in the CMBE Utilization Plan (available at http://www.djj.state.fl.us/partners/procurement-and-contract-administration) of the ITN. The Respondent shall also include documentation supporting the CMBE Utilization Plan, for each Florida CMBE listed that the Respondent intends to utilize in the program procured. Florida CMBEs must meet all CMBE eligibility criteria and be certified as a CMBE by the Office of Supplier Diversity (OSD) of the Florida Department of Management Services. The documentation shall be a one (1) page letter supplied by the CMBE on its letterhead stationery, stating the intent of the CMBE to participate in the program and clearly identifying the Department Solicitation Number. No points will be awarded for the CMBE Utilization Plan.</p>

PAST PERFORMANCE – VOLUME 3	
	Evaluation of Past Performance for Residential Commitment Programs (Volume 3, Tab 1)
	The purpose of this section is for the Respondent to demonstrate its knowledge and experience in operating similar programs by providing information requested on Attachment D, Part II and III.
<input type="checkbox"/>	<p>For Respondents demonstrating Past Performance in and outside of Florida shall include the information requested on Attachment D, Part II and III and all required supporting documentation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Respondents shall provide, if applicable, the information requested on Attachment D, Part II and III, Past Performance in the United States outside of the State of Florida (Part II); and information regarding programs operated by the Respondents that have attained professional accreditation (Part III). <input type="checkbox"/> Respondents shall include the information requested in Attachment D, Part II and III for this ITN and the required supporting documents in Volume III. Further instructions on how to complete this section may be found in Attachment B, Section XX., G., 1. and Attachment D.
	Additional Requirements to be Included with the Respondent’s Reply (Volume 3, Tab 2)
<input type="checkbox"/>	<p>School Board Letter</p> <p>The Respondent shall include a letter from the Superintendent of Schools in the district where the offered facility is located, stating that the school district is aware of the Reply and understands that if awarded, a DJJ school will be opening in their district.</p>
<input type="checkbox"/>	<p>Outside Party Agreements and Letters of Support</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Respondent shall include letters of support and agreements with outside parties providing mental health and substance abuse services. <input type="checkbox"/> Such letter and agreements must include a description of the services to be provided. <input type="checkbox"/> All Respondent agreements with outside parties shall include within the agreement, evidence of compliance with all applicable rules (e.g. Rule 63N F.A.C., 63M F.A.C., and all related sections of those rules.

By my signature below, I am verifying the Reply being submitted is in accordance with the instructions in this Solicitation.

Company: _____

Signature: _____ **Date:** _____

Print Name: _____