STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
BUREAU OF HIV/AIDS and HEPATITIS
DOH 11-064

INVITATION TO NEGOTIATE (ITN)

FOR

Support Services for the Florida Comprehensive HIV/AIDS Planning Network

Respondent Name

_____________________________________________________________________

Respondent Mailing Address

_____________________________________________________________________

City-State-Zip

_____________________________________________________________________

Telephone Number

_____________________________________________________________________

Email Address:

_____________________________________________________________________

Federal Employer Identification Number (FEID)

_____________________________________________________________________

Authorized Signature (Manual)

_____________________________________________________________________

Authorized Signature (Typed) and Title

_____________________________________________________________________
## TIMELINE

**DOH 11-064**

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DUE DATE</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions submitted in writing</td>
<td>Must be received no later than 5:00 p.m. May 8, 2012</td>
<td>Submit to: Florida Department of Health Purchasing – Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749 Fax: (850) 412-1185 <a href="mailto:E-mail:maureen_livings@doh.state.fl">E-mail:maureen_livings@doh.state.fl</a></td>
</tr>
<tr>
<td>Answers to Questions Questions</td>
<td>May 16, 2012</td>
<td>Posted electronically via the following Internet site: <a href="http://vbs.dms.state.fl.us/vbs/mainmenu">http://vbs.dms.state.fl.us/vbs/mainmenu</a></td>
</tr>
<tr>
<td>Sealed Proposals Due and Opened</td>
<td><strong>Must be received no later than 2:30 May 29, 2012</strong></td>
<td>Florida Department of Health Purchasing – Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749</td>
</tr>
<tr>
<td>Anticipated Evaluation of Proposals</td>
<td>May 30, 2012</td>
<td>Individual Evaluation of proposals- Note: any Evaluation Team Meetings will be publicly noticed</td>
</tr>
<tr>
<td>Anticipated Begin Negotiations</td>
<td>June 5, 2012</td>
<td>.</td>
</tr>
<tr>
<td>Negotiation Team Meeting</td>
<td>June 19, 2012</td>
<td>Florida Department of Health, 2585 Merchants Row – conference room 310A Tallahassee, FL 32399-1749 Conference call 888-808-6959 code:4228423</td>
</tr>
<tr>
<td>Anticipated Posting of Intent to Award</td>
<td>July 2, 2012</td>
<td>Vendor bid system: <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a></td>
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SECTION 1.0 GENERAL INSTRUCTIONS TO RESPONDENTS (PUR 1001),

The General Instructions to Respondents are outlined in PUR 1001 which is a downloadable document incorporated in this bid by reference. There is no need to return this document with the bid response. http://dms.myflorida.com/content/download/2934/11780

SECTION 2.0 GENERAL CONTRACT CONDITIONS (PUR 1000),

The General Contract Conditions are outlined in PUR 1000 which is a downloadable document incorporated in this bid by reference. There is no need to return this document with the bid response. http://dms.myflorida.com/content/download/2933/11777

SECTION 3.0 INTRODUCTORY MATERIALS

3.1 Statement of Purpose

The purpose of this Invitation to Negotiate (ITN) is to acquire administrative support services for the Florida HIV/AIDS Comprehensive Planning Network (FCPN) to facilitate the coordination and staff support of FCPN activities.

3.2 Term

The initial term of the contract resulting from this solicitation shall be for one (1) year beginning July 1, 2012, or immediately upon execution of a contract.

3.3 Definitions

- "Proposer" and "Respondent" mean the entity that submits materials to the Department in accordance with these instructions, or other entity responding to this solicitation. The term Vendor may also be used.

- “Proposal” and "Response" mean the complete written response of the Proposer to the ITN, including properly completed forms, supporting documents, and attachments.

- "Business hours" means 8 A.M. to 5 P.M. Eastern Time on all business days.

- "Calendar days" counts all days, including weekends and holidays.
- "Contract" means the contract that will be awarded to the successful Respondent under this ITN, unless indicated otherwise.
- "Contractor” or “Provider” means the business entity to which a contract has been awarded by the Department in accordance with a proposal submitted by that entity in response to this ITN.
- “Department,” “DOH” or “Buyer” means Department of Health and may be used interchangeably.
- “Desirable Conditions” means the use of the words "should" or "may" in this solicitation to indicate desirable attributes or conditions, but which are permissive in nature. Deviation from, or omission of, such a desirable feature or condition will not in itself cause rejection of a proposal.
- “Mandatory Requirements” or “Minimum Requirements,” means that the Department has established certain requirements with respect to proposals to be submitted by Respondent. The use of “shall,” “must,” or “will” (except to indicate simple futurity) in this solicitation indicates compliance is mandatory. Failure to meet mandatory requirements will cause rejection of the bid
or termination of the Contract/Direct Order.

- **“Minor Irregularity,”** used in the context of this solicitation and perspective Contract/Direct Order, indicates a variation from the proposal terms and conditions which does not affect the price of the response, or give the respondent an advantage or benefit not enjoyed by other Bidders, or does not adversely impact the interests of the Department.


- **CDC:** The Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

- **FCPN:** Florida HIV/AIDS Comprehensive Planning Network. A community-based HIV prevention, patient care, and hepatitis planning body that works in collaboration with the Department of Health to develop a comprehensive statewide HIV prevention plan, patient care plan, and hepatitis plan.

- **HIV/AIDS 101:** A basic course in HIV/AIDS education designed for the general public.

- **PLWA:** Person(s) living with AIDS

- **PLWHIV:** Person(s) living with HIV

- **PPG:** Prevention Planning Group – one of the separate bodies of the Florida Comprehensive Planning Network formed to compose the statewide prevention plan.

- **PWA:** Person(s) with AIDS

- **Red Ribbon Newsletter:** A newsletter completed after each PPG meeting, which briefly summarizes the action items that occurred in the full body meeting, the section breakouts, and standing committees of the PPG.

- **Allocation:** The total dollar amount that may be expended for a service category.

- **Calendar Days:** All references to the number of days in this contract, not otherwise specified, mean calendar days.

- **Final Expenditure Report:** A final invoice. This is not synonymous with the invoice for the final month of the contract. This invoice captures those expenditures that could not be included in the invoice submitted for the final month of the contract.

- **HRSA:** The federal office of the Health Resources and Services Administration.

- **ADAP:** AIDS Drug Assistance Program

- **Patient Care Planning Group (PCPG):** A section of the FCPN focused on planning for care and support services and development of the Patient Care Comprehensive plan.

- **Workgroup:** Ad hoc group of FCPN members assembled to work on specific initiatives related to patient care and prevention activities.
SECTION 4.0 TECHNICAL SPECIFICATIONS

4.1 Scope of Service

HIV community planning is an ongoing, comprehensive planning process intended to help assure that resources, particularly federal HIV prevention and care resources, are targeted to populations living with or at risk for HIV infection. The FCPN is a statewide planning body that works in collaboration with the Department to develop comprehensive HIV/AIDS prevention and patient care plans. The FCPN consists of three community planning groups: The prevention planning group (PPG); The patient care planning group (PCPG); and, The Florida Viral Hepatitis Council. Each community planning group of the FCPN advises the Bureau of HIV/AIDS on matters related to HIV prevention, patient care and hepatitis.

The Bureau of HIV/AIDS is required by federal grant requirements to support community planning activities and the infrastructure of the FCPN. The purpose of this ITN is to acquire administrative support services for FCPN activities. The respondent will provide support and guidance for a collaborative community planning process, and ensure that sufficient financial resources are allocated to support FCPN activities while complying with community planning guiding principles, at http://www.cdc.gov/hiv/topics/cba/resources/guidelines/hiv-cp/index.htm

The successful respondent will coordinate and support meeting logistics for statewide FCPN meetings; provide staff support for all activities associated with the FCPN; provide coordination for community trainings, education, and technical assistance in collaboration with department staff related to community planning. The respondent shall have knowledge of and experience with working on issues related to HIV/AIDS.

4.2 Programmatic Authority

The successful respondent must comply with all applicable Federal laws, regulations, action transmittals, program instructions, review guides and similar documentation related to the following:

The Bureau of HIV/AIDS is governed by Chapter 381, Florida Statutes, entitled Public Health and more specifically Section 381.003, Florida Statutes, entitled Communicable Disease and AIDS Prevention and Control.

4.3 Major Program Goals

1. To identify and work towards the removal of barriers to participation in the activities of the FCPN membership and more specifically by any FCPN member who is a person living with HIV (PLWHIV) or person living with AIDS (PLWA).

2. To ensure that FCPN activities are coordinated to meet community planning guiding principles.

3. To ensure efficient coordination, planning, and staffing of FCPN workgroups meeting and to ensure local department approved planning leaders’ participation at state and national conferences.
4. To provide face-to-face, Internet-based, and conference call meeting support for statewide focus for FCPN and its workgroups.

5. To ensure efficient coordination, planning and staffing of all tasks and activities associated with FCPN meetings to ensure productive meetings.

4.4 TASK LIST

The successful respondent will perform the following tasks:

Provide administrative support and coordination for activities of the FCPN.

1. Objective: To support the infrastructure for the community planning process and ensure broad based involvement from FCPN members to ensure their inclusion in the development of HIV/AIDS programs and policies.

2. Activities: Coordinate and support logistics for FCPN activities such as statewide PPG and PCPG planning meetings, workgroup meetings, conference calls, community trainings, and education. Specific Required activities also include, but not limited to

   A. Developing and submitting to the department a work plan developed in accordance with the specifications of this ITN. The work plan must be completed and submitted during the first thirty (30) days of the contract period.

   B. Meeting with the department either in person or by telephone conferencing, at a minimum of one time each month, to coordinate the work of the FCPN.

   C. Providing HIV/AIDS 101 training for all the successful respondent’s staff and volunteers working on tasks regarding the FPCN. This training must be completed within thirty (30) days of staff or volunteers beginning working on such tasks. The department will provide the successful respondent with the HIV/AIDS 101 educational modules, upon request.

   D. Maintaining Internet and e-mail accounts for the duration of the contract period and notifying the department within fifteen (15) days of changes to the successful respondent’s e-mail or internet addresses.

   E. Developing and implementing an internal mechanism for the review and approval of meeting minutes and/or any required written materials to ensure that a quality product is submitted to the department.

   F. Developing an evaluation tool to determine the effectiveness of FCPN and workgroup meetings and compiling meetings evaluation results for submission to the department.

   G. Coordinating and providing staff support for communication, participant notices, and record management of the following workgroup meetings: Writing Team, ADAP, Community Program, PLWA, Needs Assessment group, Methodology group, and Special projects.

   H. Providing FCPN community member with instructions on receiving travel authorization/reimbursement in accordance with the respondent’s procedures established under s.112.061, F.S.

   I. Collecting, compiling publishing and reporting information in the Red Ribbon Newsletter from the work of each committee or workgroup of the FCPN.
J. Coordinating FCPN and workgroup conference calls, webinars, and maintaining member contact lists between meetings to ensure completion of FCPN activities.

K. Ensure compliance with Florida Sunshine laws and, subject to Department approval.

Deliverables:

The successful respondent will:

A. Statewide Community Planning Meeting:

1. Coordinate and provide staff support for at least four (4) statewide community planning meetings in accordance with the schedule developed by the department and the successful respondent.

2. Assist the department in the development of a meeting agenda in accordance with FCPN co-chairs’ instructions. The respondent will mail a draft of the agenda to the FCPN members at least thirty (30) days prior to the planning meeting. The final agenda shall be included in the meeting packet.

3. Secure a meeting location to accommodate 23 members and up to 30 guests per meeting at least sixty (60) days prior to each statewide community planning meeting.

4. Develop a meeting package, in accordance with department rules and specifications, to include travel forms, FCPN members’ name tags and nameplates, and other agenda-appropriate materials as determined by the department. The meeting packet must be submitted to the department at least fifteen (15) days prior to the planning meeting for approval prior to distribution.

5. Coordinate the audiovisual needs of each meeting to include microphones (if needed), tape recorders, charts/easels, LCD projectors, video screen, two (2) laptop computers, one portable printer, and other audiovisuals as required.

6. Take written and audio recordings of all planning meeting proceedings to include regular meetings, section breakouts, committees, and workgroups. The respondent will submit a draft version of the meeting minutes to the department for review and approval no later than fifteen (15) business days after each meeting.

7. Process and provide reimbursement to FCPN community members for travel expenses, including transportation, hotel, and meals, in accordance with the respondent’s travel procedures established under s.112.061, F.S., within thirty (30) days after the planning meeting.

8. Compile planning meeting evaluation results for submission to the department within thirty (30) days after the planning meeting.

B. HIV Prevention Concurrence Calls

9. Facilitate a minimum of three (3) concurrence calls, on a date(s) to be determined by the Department, for PPG members and the Department to discuss and review the Department’s application to CDC for federal HIV prevention funds.

C. Program Support and Technical Assistance

10. Facilitate a minimum of twelve (12) conference calls for FCPN workgroups, or co-chairs and
take minutes for each call. The minutes for each call will be sent to the department within five (5) days of the call for approval prior to distribution.

11. Produce and distribute copies of the completed Red Ribbon Newsletter to all FCPN members within ten (10) business days of the last FCPN meeting.

12. Process travel advance/payment requests for a maximum of four (4) participants to attend the HIV/AIDS Prevention Leadership Summit.

4.5 Task Limits

The successful respondent shall not perform any tasks related to the project other than those described in Section 4.4 without the express written consent of the department.

4.6 HIPAA Business Associate Agreement

The successful respondent will be required to execute a HIPAA Business Associate Agreement and comply with all provisions of state and federal law regarding confidentiality of patient information, see Attachment VII.

4.7 Staffing Levels

Each respondent shall include their proposed staffing for technical, administrative, and clerical support. The successful respondent shall maintain an adequate administrative organizational structure and support staff sufficient to discharge its contractual responsibilities. In the event the department determines that the successful respondent’s staffing levels do not conform to those promised in the proposal, it shall advise the successful respondent in writing who shall have thirty (30) days to remedy the identified staffing deficiencies.

The successful respondent shall replace any staff whose continued presence would be detrimental to the success of the project as determined by the department with an employee of equal or superior qualifications. The department’s contract manager will exercise exclusive judgment in this matter.

4.8 Staffing Changes

The successful respondent shall staff the project with key personnel identified in its proposal. Each proposal is considered by the Department to be essential to this project. Prior to substituting any of the proposed individuals the successful respondent shall notify and obtain written approval from the Department. This written justification should include a description of the circumstances requiring the changes and a list of the proposed substitutions individuals. The description must be detailed enough to permit the Department to evaluate how substituting the respondent’s personnel will impact the project. The description must be detailed enough to permit the Department to evaluate how substituting the respondent’s personnel will impact the project. The Department, at its option, may agree to accept personnel of equal or superior qualifications in the event that circumstances necessitate the replacement of previously assigned personnel. Any such substitution shall be made only after consultation with Department staff.
4.9 **Experience**

The response shall include contact information Respondents are required to submit with the proposal, contact information for three (3) entities the respondent has provided with services similar to those requested in this solicitation. Vendors shall use Attachment III, Experience Form of this ITN to provide the required information. The Department reserves the right to contact any and all entities in the course of this solicitation evaluation in order to make a fitness determination. The Department’s determination is not subject to review or challenge.

4.10 **Changes in Location**

The successful respondent shall notify the DOH in writing a minimum of one week prior to making changes in location that will affect the DOH’s ability to contact the successful respondent by telephone or facsimile.

4.11 **Equipment**

The successful respondent will be responsible for supplying, at its own expense, all equipment necessary to perform under the contract, including but not limited to computers, telephones, copiers, fax machines, maintenance and office supplies.

Respondents must include any consideration for costs associated with the provision of equipment in the cost proposal in response to Section 4.4.

4.12 **Reports**

Where the resulting contract requires the delivery of reports to the department, mere receipt by the department shall not be construed to mean or imply acceptance of those reports. It is specifically intended by the parties that acceptance of required reports shall constitute a separate act. The department reserves the right to reject reports as incomplete, inadequate, or unacceptable according to the parameters set forth in the resulting contract. The department, at its option, may allow additional time where the successful respondent may remedy the objections noted by the department. The Department may, after having given the successful respondent a reasonable opportunity to complete, make adequate or acceptable, declare this agreement to be in default.

The successful respondent shall submit the following reports:

a. Submit documentation on the initial workplan within the first thirty (30) days of the contract and then quarterly updates thereafter. The workplan and quarterly updates will include specific process objectives (what, where, when, for whom, and by whom).

b. Submit a final expenditure report to the department no later than 45 days after the contract ends. The report will include dollar amounts for expenses incurred and for services provided under this contract.

c. Submit a narrative summary monthly report no later than the tenth (10th) day of the month. Monthly reports will include the services provided in the previous month as detailed in workplan.
d. For the purposes of the FCPN meeting deliverables, the respondent will:
   
i. Submit the DRAFT version of the FCPN meeting minutes to the department for review and approval no later than fifteen (15) business days after each meeting. The respondent will distribute the approved FCPN meeting minutes to all members and alternates at least 30 days prior to the next meeting.

ii. Compile meeting evaluation results within fifteen (15) business days of each meeting and distribute to the department, along with the meeting minutes.

iii. Submit the minutes of each committee/workgroup conference call to the department for review and approval prior to distribution to the call members.

4.13 Records and Documentation

To the extent that information is utilized in the performance of the resulting contract or generated as a result of it, and to the extent that information meets the definition of “public record” as defined in subsection 119.011(1), F.S., said information is hereby declared to be and is hereby recognized by the parties to be a public record and absent a provision of law or administrative rule or regulation requiring otherwise, shall be made available for inspection and copying by any person upon request as provided in Art. I, Sec. 24, Fla. Constitute and Chapter 119, F.S. It is expressly understood that any state contractor’s refusal to comply with these provisions of law shall constitute an immediate breach of the contract resulting from this ITB entitling the department to unilaterally terminate the contract. The successful bidder will be required to notify the department of any requests made for public records.

Unless a greater retention period is required by state or federal law, all documents pertaining to the program contemplated by this ITN shall be retained by the successful respondent for a period of six years after the termination of the resulting contract or longer as may be required by any renewal or extension of the contract. During this period, the successful bidder shall provide any documents requested by the Department in its standard word processing format (currently Microsoft Word 6.0). If this standard should change, the successful vendor shall adopt the new standard at no cost to the department. Data files will be provided in a format directed by the department.

The successful bidder agrees to maintain the confidentiality of all records required by law or administrative rule to be protected from disclosure. The successful bidder further agrees to hold the department harmless from any claim or damage including reasonable attorney’s fees and costs or from any fine or penalty imposed as a result of failure to comply with the public records law or an improper disclosure of confidential information and promises to defend the department against the same at its expense.

4.14 Outcomes and Outputs (Performance Measures)

The successful respondent shall submit a quarterly report showing progress towards meeting the following performance measures. This report shall be submitted with the January, April, July, and October:

1. The successful respondent will coordinate and provide staff support for FCPN and workgroup meetings: Data source: evaluation

2. The successful respondent will pay for travel advance/reimbursements for current and new community members.
Data source: Quarterly reports

3. The successful respondent will submit the quality DRAFT version of the statewide meetings minutes (including the full body meeting, section breakouts, committees and workgroups) to the department for review and approval.
Data source: Monthly reports

4. The successful respondent coordinates committee/workgroup conference calls, schedule, and member contact list between meetings to ensure completion of statewide meeting activities.
Data source: Monthly reports

4.15 Provider Unique Activities

The successful respondent is solely and uniquely responsible for the satisfactory performance of the tasks described in Section 4.4. By execution of the resulting contract, the successful respondent recognizes its singular responsibility for the tasks, activities, and deliverables described therein and warrants that it has fully informed itself of all relevant factors affecting accomplishment of the tasks, activities, and deliverables and agrees to be fully accountable for the performance thereof.

4.16 Department Obligations

The department may provide technical support and assistance to the successful proposer(s) within the resources of the department to assist the successful proposer(s) in meeting the required tasks in Section 4.5 Task List. The support and assistance, or lack thereof, shall not relieve the respondent from full performance of contract requirements.

4.17 Department Determinations

The department reserves the exclusive right to make certain determinations in these specifications. The absence of the department setting forth a specific reservation of rights does not mean that all other areas of the resulting contract are subject to mutual agreement.

4.18 Financial Specifications

Funding Source

The resulting contract is being funded by federal sources.

Invoicing and Payment of Invoice

Pursuant to Section 287.058, Florida Statutes, all invoices must be submitted in detail sufficient for a proper pre-audit thereof.

Contract(s) resulting from this ITN will be fixed price/fixed fee with the deliverables and schedule of payment to be determined in negotiation.

One original of invoices should be submitted for payment on resulting contract. All support documentation will be legible and copy ready. All submissions not in compliance with these guidelines
will be returned to the offeror for re-submission.

The review time determining the acceptance of deliverables will be in accordance with department standards. Invoices will be processed only after the department determines acceptance of the deliverable, and the contract manager signs the invoice. Disputed invoices will be returned to the successful offeror for correction.

The successful offeror shall submit the final invoice for payment to departmental offices no more than 30 days after termination of the contract. If the contractor fails to do so, all right to payment is forfeited, and the department will not honor any request submitted after aforesaid time period.

All invoices will be in accordance with DOH payment procedures and schedules.

4.19 Cost Proposal

The Cost Schedules must comply with the requirements present in this section and must be included as a separate section of the response. The cost proposal and renewals should include a detailed line-itemization budget of the total cost of this ITN. The Department reserves the right to review all aspects of the cost proposal for reasonableness and to request clarification of any cost proposal where the cost component shows significant and unsupported deviation or insufficient detail from the offeror’s proposal, industry norms, or in areas where detailed pricing is required. Offerors should be particularly diligent in assuring cost components match proposal solutions, as proposals will be scored on costs as they are submitted at the time of the proposal submission.

1. The respondent shall provide a cost proposal and renewals which narrates the costs incurred, by category, in order to carry out and complete the deliverables, which consists of:
   a. Detailed Narrative of Estimated Costs; and a
      a. Line Item Budget.

The detailed narrative of costs and the line item budget must be itemized by each of the following elements:

Staffing Cost

1. Personnel costs including fringe benefits

Program Cost

1. Office expenses (supplies, postage, printing, etc.)
2. Telephone
3. Equipment
4. Occupancy/Maintenance
5. Liability Insurance
6. Advertising/staff recruitment
7. Administrative costs (must be 10% or less of total amount)
8. Other program expenses
**4.20 Responsive and Responsible**

The Respondent shall complete and submit the following mandatory information or documentations as a part of the response. Any response which does not contain the information below shall be deemed non-responsive.

- Attachment II-Required Certifications
- Attachment III-Experience Form
- Description of Approach to Performing Task Section 4.23
- Description of Staff and Organizational Capacity Section 4.24
- Cost Proposal and Renewals Section 4.19
- Public Records and Trade Secrets Section 5.3

**4.21 Evaluation of Proposal**

Each response will be evaluated and scored based on the criteria defined in Attachment 1. Evaluation sheets will be used by the Evaluation Team to designate the point value assigned to each proposal. The scores of each member of the Evaluation Team will be averaged with the scores of the other members to determine the final scoring.

The scoring of proposals establishes a reference point from which to make negotiation decisions. It in no way implies that a contract will be awarded. The department reserves the right to award to one contract resulting from evaluation of proposals submitted in response to this ITN, as well as the right to reject all proposals. The department reserves the right to enter into concurrent negotiations with more than one respondent. When the department enters into concurrent negotiations with more than one respondent, the contract award is determined as a result of those negotiations.

The Department reserves the right to accept or reject any and all proposals, or separable portions thereof, and to waive any minor irregularity, technicality, or omission if the Department determines that doing so will serve the State’s best interests. The Department may reject any response not submitted in the manner specified by the solicitation documents.

**Technical Requirements**

- Demonstrate experience in negotiating and providing meeting facilities, sleeping rooms, transportation and coordination of meeting participants from all geographic locations within the State of Florida and special speakers as requested by the Florida Department of Health.
- Demonstrate experience in planning, facilitating and ensuring content development and logistical oversight for all required face-to-face meetings.
- Knowledge of issues related to the provision of HIV/AIDS prevention, care, and treatment in Florida.
- Knowledge of Florida’s Sunshine and Public records laws

**4.22 Description of Approach to Performing Task**

The proposal shall include a section to provide insight into the respondent’s approach to providing the services as specified in this solicitation. The respondent will address all areas of work within the Task List. The respondent’s technical approach will demonstrate a thorough understanding and insight into this project. At a minimum, this section should address:
Section 1: General Information - limit 5 Pages

1. The respondent should provide information about itself, including history, administrative structure, table of organization, number of full-time equivalent employees (FTEs), the size of the agency’s annual budget or billings over the last five (5) years, and a brief description of experience working on public health and/or HIV/AIDS related issues.

2. The respondent should describe their plan for providing support and guidance for a collaborative community planning process, ensuring sufficient financial resources are allocated to support FCPN activities and in compliance with federal funding objectives and community planning guiding principles.

3. The respondent should describe their ability to make available staff to meet with Department staff on a monthly basis to coordinate the work of the FCPN.

Section 2: Meeting Planning and Coordination Experience - limit 15 pages

1. The respondent should describe and provide two (2) examples of their previous experience providing administrative support and coordination for public health related programs similar to the scale and scope of the proposed project.

2. The respondent should describe their approach to planning and coordinating meeting logistics for FCPN statewide planning meetings and for meeting all of the associated tasks outlined in Section 4.5. Please provide two (2) examples of meeting planning experience.

3. The respondent should describe their approach to developing and implementing an internal mechanism for the review and approval of meeting minutes and/or any required written materials to ensure that a quality product is submitted to the department.

4. The respondent should describe plans for processing and providing reimbursement to FCPN community members for travel expenses, including transportation, hotel, and meals, in accordance with the respondent’s travel procedures established under s.112.061, F.S. Please include two (2) examples of prior experience processing and reimbursing travel expenses for meeting attendees.

5. The respondent should describe their experience and technical capacity to coordinate and facilitate conference calls and webinars. Please provide two (2) examples of prior experience coordinating and facilitating conference calls and webinars.

Section 4: Budget and Budget Narrative - not included in page limit

1. The respondent should provide a detailed line-item annual budget that represents allowable, reasonable costs. The budget shall not exceed the maximum grant award.

2. The respondent should provide a budget narrative for all expenditures detailing how amounts were determined. Note: all expenditures must be necessary, reasonable, allowable, and related to the tasks, services, and activities of the FCPN as identified in this ITN.

3. The respondent should describe the administrative and fiscal infrastructure that will enable them to track and expend funds in accordance with generally accepted accounting practices.
4.23 Description of Staffing and Organizational Capacity

The respondent’s proposal must include:

1. A description of the staff who will provide the service, their qualifications, resumes and their number
2. A table of organization to include entire staff
3. A synopsis of corporate qualifications, indicating ability to manage and complete the proposed project
4. Description of similar projects to the one proposed in the ITN that the respondent has previously performed
5. Proof of the respondent’s financial stability (such as a financial statement or audit)

Section 5.0 SPECIAL INSTRUCTIONS TO RESPONDENTS

The following Special Instructions shall take precedence over Section 1.0 General Instructions to Respondents PUR1001 unless a statutorily required provision in the PUR 1001 supersedes.

5.1 Instructions For Submitting Proposals

- Proposals may be sent via U.S. Mail, overnight, courier, or hand-delivered to the location as identified in the Timeline. Electronic submission of proposals will not be accepted for this solicitation. This Special Instruction takes precedence over General Instruction #3 in PUR1001.
- Proposals must be submitted in a sealed envelope/package with the solicitation number and the date and time of the bid opening clearly marked on the outside.
- The Department is not responsible for any envelope which is not properly marked.
- It is the responsibility of the respondent to assure their proposal is submitted at the proper place and time indicated in the Timeline. The Department’s clocks will provide the official time for bid receipt and opening.
- Late proposals/offers will not be accepted.

5.2 Instructions For Formatting Proposals

- Respondents are required to complete, sign, and return the “Title Page” with their proposals.
- The proposal should be single-spaced. Include 1) table of contents, 2) index, 3) appendices, 4) experience, and 5) other support materials.
- The pages should be numbered and one-inch margins should be used.
- The font size and type is at the discretion of the respondent but must be at least as large as the font type you are currently reading (Arial 11).
- One (1) original proposal, six (6) copies of the proposal, and one electronic copy of the proposal on CD. The electronic copy should contain the entire proposal/offer as submitted, including all supporting and signed documents.
Materials submitted will become the property of the State of Florida. The state reserves the right to use any concepts or ideas contained in the response.

5.3 Public Records and Trade Secrets

Notwithstanding any provisions to the contrary, public records shall be made available pursuant to the provisions of the Public Records Act. If the respondent considers any portion of its response to this solicitation to be confidential, exempt, trade secret or otherwise not subject to disclosure pursuant to Chapter 119, Florida Statutes, the Florida Constitution or other authority, the respondent must segregate and clearly mark the document(s) as “CONFIDENTIAL.”

Simultaneously, the Respondent will provide the Department with a separate redacted paper and electronic copy of its response with the claimed protected information redacted and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy shall contain the Solicitation name, number, and the name of the respondent on the cover, and shall be clearly titled “REDACTED COPY.”

The Redacted Copy shall be provided to the Department at the same time the respondent submits its response and must only exclude or obliterate those exact portions which are claimed confidential, proprietary, or trade secret. The respondent shall be responsible for defending its determination that the redacted portions of its response are confidential, trade secret or otherwise not subject to disclosure. Further, the respondent shall protect, defend, and indemnify the Department for any and all claims arising from or relating to the determination that the redacted portions of its response are confidential, proprietary, trade secret or otherwise not subject to disclosure. If the respondent fails to submit a redacted copy with its response, all records submitted are public records and the Department shall produce all documents, data or records submitted by the respondent in answer to a public records request.

5.4 Respondents Inquiries

These instructions take precedence over General Instruction #5 in PUR1001.

Questions related to this solicitation must be received, in writing (either via U.S. Mail, courier, e-mail, fax, or hand-delivery), by the contact person listed below, within the time indicated in the Timeline. Oral inquiries or those submitted after the period specified in the Timeline will not be addressed.

Answers to questions submitted in accordance with the ITN Timeline and/or during a pre-bid conference, if applicable (see Section 5.4) will be posted on the MyFlorida.com Vendor Bid System web site: http://vbs.dms.state.fl.us/vbs/main_menu.

All inquiries must be submitted to:

Florida Department of Health
Attention: Maureen Livings
4052 Bald Cypress Way, Bin B07
Tallahassee, FL 32399-1749
Fax: 850-412-1185
Email: maureen_livings@doh.state.fl.us
NOTE: FLORIDA LAW:

Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, 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 officer as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response. Section 287.057(23), Florida Statutes

5.5 **Special Accommodations**

Any person who requires special accommodations at DOH Purchasing because of a disability should contact the DOH Purchasing Office at (850) 245-4199 at least five (5) work days prior to any pre-proposal conference, proposal opening, or meeting. If you are hearing or speech impaired, please make contact through the Florida Relay Service, at 1-800-955-8771 (TDD).

5.6 **Minority and Service-Disabled Veteran Business – Participation**

The Department of Health encourages minority and women-owned business (MWBE) and service-disabled veteran business enterprise (SDVBE) participation in all its solicitations. Bidders are encouraged to contact the Office of Supplier Diversity at 850/487-0915 or visit their website at [http://osd.dms.state.fl.us](http://osd.dms.state.fl.us) for information on becoming a certified MWBE or SDVBE or for names of existing businesses who may be available for subcontracting or supplier opportunities.

**SECTION 6.0 SPECIAL CONDITIONS**

*The following Special Conditions shall take precedence over Section 2.0 General Contract Conditions PUR1000 unless a statutorily required provision in the PUR 1000 supersedes:*

6.1 **Cost of Preparation**

Neither the Department nor the State of Florida is liable for any costs incurred by a respondent in responding to this solicitation.

6.2 **Vendor Registration**

Each vendor doing business with the State of Florida for the sale of commodities or contractual services as defined in Section 287.012, F.S., shall register in the MyFloridaMarketPlace system, unless exempted under subsection 60A-1.030(3), F.A.C. State agencies shall not enter into an agreement for the sale of commodities or contractual services as defined in Section 287.012 F.S. with any vendor not registered in the MyFloridaMarketplace system, unless exempted by rule. A vendor not currently registered in the MyFloridaMarketPlace system shall do so within 5 days after posting of intent to award. Registration may be completed at: [http://dms.myflorida.com/business_operations/state_purchasing/myflorida_marketplace/vendors](http://dms.myflorida.com/business_operations/state_purchasing/myflorida_marketplace/vendors).

Those lacking internet access may request assistance from the MyFloridaMarketPlace Customer Service at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 300, Tallahassee, Florida.
6.3 Identical Tie Proposals

When evaluating vendor responses to solicitations where there is identical pricing or scoring from multiple vendors, the department shall determine the order of award in accordance with Rule 60A-1.011 F.A.C.

6.4 Renewal

This Special Condition takes precedence over General Conditions #26 in PUR1000.

The contract resulting from this solicitation may be renewed, in whole or in part, for a period not to exceed 3 years or the term of the original contract, whichever is longer. The price for each potential renewal shall be submitted with the proposal for evaluation by the Department and shall not exceed 5% of the original proposed price. The renewal may not include any compensation for costs associated with the renewal. Any renewal shall be in writing and subject to the same terms and conditions set forth in the original contract. Any renewal shall be contingent upon satisfactory performance evaluations by the Department and subject to the availability of funds.

6.5 Verbal Instructions Procedure

The respondent shall not initiate or execute any negotiation, decision, or action arising from any verbal discussion with any State employee. Only written communications from the Department of Health’s Purchasing Office may be considered as a duly authorized expression on behalf of the State. Additionally, only written communications from respondents in writing are recognized as duly authorized expressions on behalf of the respondent.

6.6 Addenda

If the Department finds it necessary to supplement, modify or interpret any portion of the specifications or documents during the solicitation period a written addendum will be posted on the MyFlorida.com Vendor Bid System, http://vbs.dms.state.fl.us/vbs/main_menu. It is the responsibility of the respondent to be aware of any addenda that might affect the submitted proposal.

6.7 Unauthorized Aliens

The employment of unauthorized aliens by any vendor is considered a violation of section 274A(a) of the Immigration and Nationality Act, 8 U.S.C. § 1324a (2006). A vendor who knowingly employs unauthorized aliens will be subject to a unilateral cancellation of the resulting contract.

6.8 Certificate of Authority

All corporations, limited liability companies, corporations not for profit, and partnerships seeking to do business with Florida be registered with the Florida Department of State in accordance with the provisions of Chapter 607, 608, 617, and 620, Florida Statutes, respectively.

6.9 Standard Contract/Direct Order

Each respondent shall review and become familiar with the department’s Standard Contract and/or Direct
order which contains administrative, financial and non-programmatic terms and conditions mandated by federal or state statute and policy of the Department of Financial Services. Use of one of these documents is mandatory for departmental contracts as they contain the basic clauses required by law. The terms and conditions contained in the Standard Contract or Direct order are non-negotiable. The terms covered by the “DEPARTMENT APPROVED MODIFICATIONS AND ADDITIONS FOR STATE UNIVERSITY SYSTEM CONTRACTS” are hereby incorporated by reference. The standard contract/direct order terms and conditions are Attachments V and VI. Acknowledge acceptance on Required Certifications, Attachment II.

6.10 Licenses, Permits, and Taxes

Respondent shall pay for all licenses, permits and taxes required to operate in the State of Florida. Also, the respondent shall comply with all Federal, State & Local codes, laws, ordinances, regulations and other requirements at no cost to the Florida Department of Health.

6.11 Conflict of Interest

Section 287.057(17)(c), Florida Statutes, provides “A person who receives a contract that has not been procured pursuant to subsections (1)-(3) to perform a feasibility study of the potential implementation of a subsequent contract, who participates in the drafting of a solicitation or who develops a program for future implementation, is not eligible to contract with the department for any other contracts dealing with that specific subject matter, and any firm in which such person has any interest in not eligible to receive such contract. However, this prohibition does not prevent a respondent who responds to a request for information form being eligible to contract with an department.” The Department of Health considers participation through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, or auditing or any other advisory capacity to constitute participation in drafting of the solicitation.

Acknowledge acceptance on Required Certifications, Attachment II

6.12 Termination

This Invitation to Bid Special Condition takes precedence over General Condition #22 and #23 in PUR1000.

Termination shall be in accordance with Department of Health Standard Contract, Attachment V, Section III B or Department of Health Direct order Terms and Conditions, Attachment VI.


Any contract resulting from this RFP/ITN, plus any conflict of law issue, shall be governed by the laws of the State of Florida.

6.14 E-Verify

In accordance with Executive Order 11-116, “The respondent agrees to utilize the U.S. Department of Homeland Security’s E-Verify system, https://e-verify.uscis.gov/emp, to verify the employment eligibility of all new employees hired during the contract term by the Respondent. The Respondent shall also include a requirement in subcontracts that the subcontractor shall utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.
Contractors meeting the terms and conditions of the E-Verify System are deemed to be in compliance with this provision.”

6.15 Scrutinized companies

In accordance with Section 287.135, Florida Statutes, agencies are prohibited from contracting with companies, for goods or services over $1,000,000, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List which have been combined to one PFIA List of Prohibited Companies which is updated quarterly. This list is created pursuant to section 215.473, Florida Statutes which provides that false certification may subject company to civil penalties, attorney’s fees, and/or costs.

6.16 W9 Initiative

The State of Florida, Department of Financial Services requires vendors doing business with the State to submit a Substitute Form W-9 electronically. Vendors who do not have a verified Substitute Form W-9 on file will experience delays in processing contracts or payments from the State of Florida. For more information go to: https://flvendor.myfloridacfo.com/

6.17 Required Certifications

All vendors must sign and return with its response the Required Certifications form, Attachment II. Any vendor failing to return the Required Certifications form shall be considered nonresponsive.
**ATTACHMENT I**

**Evaluation Criteria**

Evaluation sheets will be used by the Evaluation Team to designate the point value assigned to each proposal. The scores of each member of the Evaluation Team will be averaged with the scores of the other members to determine the final scoring.

Point Value: Unless otherwise indicated, zero is lowest possible and the number indicated in this column is the highest possible.

Points Awarded (Total number of points given by the evaluator)

<table>
<thead>
<tr>
<th>SECTION 1: GENERAL INFORMATION (MAXIMUM SCORE: 50 points)</th>
<th>POINT VALUE</th>
<th>POINTS AWARDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How well does the respondent provide information about itself, including history, administrative structure, table of organization, number of full-time equivalent employees?</td>
<td>0-10</td>
<td></td>
</tr>
<tr>
<td>2. How well does the respondent demonstrate this experience in terms of meeting planning, previous public health or HIV/AIDS experience, and years of experience?</td>
<td>0-10</td>
<td></td>
</tr>
<tr>
<td>3. How well does the respondent describe their plan for providing support and guidance for the community planning meetings?</td>
<td>0-20</td>
<td></td>
</tr>
<tr>
<td>4. How well does the respondent describe their ability to make it’s staff available for meeting with department staff on a monthly basis to coordinate the work of the FCPN via conference calls?</td>
<td>0-10</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 2: Meeting Planning And Coordination Experience (MAXIMUM SCORE: 200 points)</th>
<th>POINT VALUE</th>
<th>POINTS AWARDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To what extent does the respondent demonstrate previous experience providing administrative support and coordination for public health related programs similar to the scale and scope of the proposed project?</td>
<td>0-30</td>
<td></td>
</tr>
<tr>
<td>2. Provide two (2) examples of prior experience providing administrative support and coordination for public health related programs.</td>
<td>0-20</td>
<td></td>
</tr>
<tr>
<td>3. How well does the respondent describe their approach for planning and coordinating meeting logistics for FCPN statewide planning meetings and for meeting all of the associated tasks outlined in Section 4.4?</td>
<td>0-30</td>
<td></td>
</tr>
<tr>
<td>4. How well does the respondent demonstrate previous meeting planning experience by providing two (2) examples of prior meeting planning experience?</td>
<td>0-20</td>
<td></td>
</tr>
<tr>
<td>5. How well does the respondent describe their approach for developing and implementing an internal mechanism for the review and approval of meeting minutes and any other required written materials?</td>
<td>0-20</td>
<td></td>
</tr>
<tr>
<td>6. How well does the respondent describe their plan for processing and providing reimbursement to FCPN community members for travel expenses, including transportation, hotel, and meals, in accordance with the respondent’s travel procedures established under s.112.061, F.S.?</td>
<td>0-30</td>
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<tr>
<td>8. To what extent does the respondent describe their experience and technical capacity to coordinate and facilitate conference calls and webinars?</td>
<td>0-30</td>
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</tbody>
</table>
9. Please provide two (2) examples of prior experience coordinating and facilitating conference calls and webinars. 0-20

| SECTION 3: Budget and Budget Narrative (MAXIMUM SCORE: 70 points) |
|-----------------------------------------------------------|-----------------|----------------|
| POINT VALUE | POINTS AWARDED |
| 1. To what extent does the respondent provided a reasonable and detailed line-item budget and budget narrative that represents allowable and reasonable costs? | 0-20 |
| 2. How well does the respondent’s budget demonstrate their ability to maximize available funds provided in this ITN to negotiate meeting space and other expenditures related to this project? | 0-30 |
| 3. How well does the respondent describe their administrative and fiscal infrastructure that will enable them to track and expend funds in accordance with generally accepted accounting practices? | 0-20 |

MAXIMUM SCORE FOR PROPOSAL: 320

FINAL SCORE FOR PROPOSAL: ___

PROPOSER NAME: _____________________________

EVALUATOR NAME: _____________________________

DATE: ____________
ATTACHMENT II
REQUIRED CERTIFICATIONS

ACCEPTANCE OF TERMS AND CONDITIONS

I hereby certify that should my company be awarded this contract, it will comply with all the terms and conditions specified in the ITN and contained in the Standard Contract/Purchase Order attached. (Attachment VI, Attachment VII).

__________________________________________
Signature of Authorized Official     Date

STATEMENT OF NO INVOLVEMENT
CONFLICT OF INTEREST STATEMENT (NON-COLLUSION)

I hereby certify that my company, its employees, and its principals, had no involvement in performing a feasibility study of the implementation of the subject contract, in the drafting of this solicitation document, or in developing the subject program. Further, my company, its employees, and principals, engaged in no collusion in the development of the instant proposal or offer. This proposal or offer is made in good faith and there has been no violation of the provisions of Chapter 287, Florida Statutes, the Administrative Code Rules promulgated pursuant thereto, or any procurement policy of the Department of Health. I certify I have full authority to legally bind the Respondent or Offer or to the provisions of this proposal or offer.

__________________________________________
Signature of Authorized Official     Date

*An authorized official is an officer of the vendor's organization who has legal authority to bind the organization to the provisions of the proposals. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the proposal if signed by other than the President, Chairman or owner.
ATTACHMENT III
EXPERIENCE FORM
DOH 11-064

Vendor's/Respondent's Name:______________________________________________

Vendors/Respondents are required to submit with the proposal, contact information for three (3) entities it has provided with services similar to those requested in this solicitation. The Department reserves the right to contact any and all entities in the course of this solicitation evaluation in order to make a fitness determination. The Department will make only two attempts to contact each entity. The Department’s determination is not subject to review or challenge.

1.)  Name of Company/Agency: __________________________________________
    Contact Person: ______________________________________________________
    Phone Number: ______________________________________________________
    Address: ____________________________________________________________
    Email Address: _______________________________________________________

2.)  Name of Company/Agency: __________________________________________
    Contact Person: ______________________________________________________
    Phone Number: ______________________________________________________
    Address: ____________________________________________________________
    Email Address: _______________________________________________________

3.)  Name of Company/Agency: __________________________________________
    Contact Person: ______________________________________________________
    Phone Number: ______________________________________________________
    Address: ____________________________________________________________
    Email Address: _______________________________________________________

________________________________
Signature of Authorized Representative
ATTACHMENT IV
DEPARTMENT OF HEALTH REPORTING OF SUBCONTRACTOR EXPENDITURES

PRIME CONTRACTORS SHALL REPORT ALL SUBCONTRACTING EXPENDITURES REGARDLESS OF VENDOR DESIGNATION (SEE PAGE 2 FOR TYPES OF DESIGNATIONS)

PLEASE COMPLETE AND REMIT THIS REPORT TO YOUR DOH CONTRACT MANAGER.

COMPANY NAME: ______________________________________________________________

DEPARTMENT OF HEALTH CONTRACT NUMBER: __________________________________

REPORTING PERIOD-FROM: _______________________ TO:  _____________________

<table>
<thead>
<tr>
<th>SUBCONTRACTOR’S/VENDORNAME &amp; ADDRESS</th>
<th>FEID NO.</th>
<th>EXPENDITURE AMOUNT</th>
</tr>
</thead>
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</table>

NOTE:  YOU MAY USE A SEPARATE SHEET

DOH USE ONLY - REPORTING ENTITY (DIVISION, OFFICE, CHD, ETC.):
PLEASE SUBMIT ALL SUBCONTRACT FORMS TO: Renee Gregory, MBE
COORDINATOR, BUREAU OF GENERAL SERVICES, 4052 BALD CYPRRESS WAY,
STE. 310, TALLAHASSEE, FL. 32399-1734
1. DESIGNATIONS:

MINORITY PERSON as defined by Section 288.703 FS; means a lawful, permanent resident of Florida who is, one of the following:

(A) AN AFRICAN AMERICAN, a person having origins in any of the racial groups of the African Diaspora.
(B) A HISPANIC AMERICAN, a person of Spanish or Portuguese cultures with origins in Spain, Portugal, Mexico, South America, Central America or the Caribbean regardless of race.
(C) AN ASIAN AMERICAN, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands prior to 1778.
(D) A NATIVE AMERICAN, a person who has origins in any of the Indian Tribes of North America prior to 1835, upon presentation of proper documentation thereof as established by rule of the Department of Management Services
(E) AN AMERICAN WOMAN.

CERTIFIED MINORITY BUSINESS ENTERPRISE as defined by Section 288.703 FS, means a small business which is at least 51 percent owned and operated by a minority person(s), which has been certified by the certifying organization or jurisdiction in accordance with Section 287.0943(1).

SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE: As defined by Section 295.187, FS, means an Independently owned and operated business that employees 200 or fewer permanent full-time employees; Is organized to engage in commercial transactions; Is domiciled in Florida; Is at least 51% owned by one or more service-disabled veterans; and, who’s management and daily business operations of which are controlled by one or more service-disabled veterans or, for a service-disabled veteran with a permanent and total disability, by the spouse or permanent caregiver of the veteran.

CERTIFIED SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE as defined by Section 295.187, FS means a business that has been certified by the Department of Management Services to be a service-disabled veteran business enterprise.

SMALL BUSINESS means an independently owned and operated business concern that employs 100 or fewer permanent full-time employees and has a net worth of not more than $3,000,000 and an average net income, after federal income taxes, of not more than $2,000,000.

NON-CERTIFIED MINORITY BUSINESS means a small business which is at least 51% owned and operated by a minority person(s).

MINORITY NON-PROFIT ORGANIZATION means a not-for-profit organization that has at least 51 percent minority board of directors, at least 51 percent minority officers, or at least 51 percent minority community served.

II. INSTRUCTIONS TO PRIME CONTRACTORS:

A) ENTER THE COMPANY NAME AS IT APPEARS ON YOUR DOH CONTRACT.
B) ENTER THE DOH CONTRACT NUMBER.
C) ENTER THE TIME PERIOD THAT YOUR CURRENT INVOICE COVERS.
D) ENTER THE CMBE SUBCONTRACTOR’S NAME and ADDRESS.
E) ENTER THE SUBCONTRACTOR’S FEDERAL EMPLOYMENT IDENTIFICATION NUMBER. THE SUBCONTRACTOR CAN PROVIDE YOU WITH THIS NUMBER.
F) ENTER THE AMOUNT EXPENDED WITH THE SUBCONTRACTOR FOR THE TIME PERIOD COVERED BY THE INVOICE.
G) ENCLOSE THIS FORM AND SEND TO YOUR DOH CONTRACT MANAGER.
ATTACHMENT V

STATE OF FLORIDA
DEPARTMENT OF HEALTH
STANDARD CONTRACT

THIS CONTRACT is entered into between the State of Florida, Department of Health, hereinafter referred to as the department, and

__ hereinafter referred to as the respondent.

THE PARTIES AGREE:

I. THE RESPONDENT AGREES:

A. To provide services in accordance with the conditions specified in Attachment I.

B. Requirements of §287.058, Florida Statutes (FS)

To provide units of deliverables, including reports, findings, and drafts as specified in Attachment I, to be received and accepted by the contract manager prior to payment. To comply with the criteria and final date by which such criteria must be met for completion of this contract as specified in Section III, Paragraph A. of this contract. To submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit thereof. Where applicable, to submit bills for any travel expenses in accordance with §112.061, FS. The department may, if specified in Attachment I, establish rates lower than the maximum provided in §112.061, FS. To allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, FS, made or received by the respondent in conjunction with this contract. It is expressly understood that the respondent's refusal to comply with this provision shall constitute an immediate breach of contract.

C. To the Following Governing Law

1. State of Florida Law

This contract is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Each party shall perform its obligations herein in accordance with the terms and conditions of the contract.

2. Federal Law

a. If this contract contains federal funds, the respondent shall comply with the provisions of 45 CFR, Part 74, and/or 45 CFR, Part 92, and other applicable regulations as specified in Attachment I.

b. If this contract contains federal funds and is over $100,000, the respondent shall comply with all applicable standards, orders, or regulations issued under §306 of the Clean Air Act, as amended (42 U.S.C. 1857(h) et seq.), §508 of the Clean Water Act, as amended (33 U.S.C. 1368 et seq.), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15). The respondent shall report any violations of the above to the department.

c. If this contract contains federal funding in excess of $100,000, the respondent must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment _. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager.

d. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §§274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department.

e. The respondent and any subcontractors agree to comply with Pro-Children Act of 1994, Public Law 103-277, which requires that smoking not be permitted in any portion of any indoor facility used for the provision of federally funded services including health, day care, early childhood development, education or library services on a routine or regular basis, to children up to age 18. Failure to comply with the provisions of the law may result in the imposition of civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

f. HIPAA: Where applicable, the respondent will comply with the Health Insurance Portability Accountability Act as well as all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).

D. Audits, Records, and Records Retention

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the department under this contract.

2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
3. Upon completion or termination of the contract and at the request of the department, the respondent will cooperate with the department to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in Section I, paragraph D.2. above.

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

5. Persons duly authorized by the department and Federal auditors, pursuant to 45 CFR Part 92.36(i)(10), shall have full access to and the right to examine any of respondent’s contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.

6. To provide a financial and compliance audit to the department as specified in Attachment I and to ensure that all related party transactions are disclosed to the auditor.

7. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

8. If Exhibit 2 of this contract indicates that the respondent is a recipient or subrecipient, the respondent will perform the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133, and/or section 215.97 Florida Statutes, as applicable and conform to the following requirements:
   a. Documentation. To maintain separate accounting of revenues and expenditures of funds under this contract and each CSFA or CFDA number identified on Exhibit 1 attached hereto in accordance with generally accepted accounting practices and procedures. Expenditures which support respondent activities not solely authorized under this contract must be allocated in accordance with applicable laws, rules, and regulations, and the allocation methodology must be documented and supported by competent evidence.
      Respondent must maintain sufficient documentation of all expenditures incurred (e.g. invoices, canceled checks, payroll detail, bank statements, etc.) under this contract which evidences that expenditures are:
      1) allowable under the contract and applicable laws, rules and regulations;
      2) reasonable; and
      3) necessary in order for the recipient or subrecipient to fulfill its obligations under this contract. The aforementioned documentation is subject to review by the Department and/or the State Chief Financial Officer and the respondent will timely comply with any requests for documentation.
   b. Financial Report. To submit an annual financial report stating, by line item, all expenditures made as a direct result of services provided through the funding of this contract to the Department within 45 days of the end of the contract. If this is a multi-year contract, the respondent is required to submit a report within 45 days of the end of each year of the contract. Each report must be accompanied by a statement signed by an individual with legal authority to bind recipient or subrecipient by certifying that these expenditures are true, accurate and directly related to this contract.

To ensure that funding received under this contract in excess of expenditures is remitted to the Department within 45 days of the earlier of the expiration of, or termination of, this contract.

E. Monitoring by the Department
To permit persons duly authorized by the department to inspect any records, papers, documents, facilities, goods, and services of the respondent, which are relevant to this contract, and interview any clients and employees of the respondent to assure the department of satisfactory performance of the terms and conditions of this contract. Following such evaluation the department will deliver to the respondent a written report of its findings and will include written recommendations with regard to the respondent’s performance of the terms and conditions of this contract. The respondent will correct all noted deficiencies identified by the department within the specified period of time set forth in the recommendations. The respondent’s failure to correct noted deficiencies may, at the sole and exclusive discretion of the department, result in any one or any combination of the following: (1) the respondent being deemed in breach or default of this contract; (2) the withholding of payments to the respondent by the department; and (3) the termination of this contract for cause.

F. Indemnification
NOTE: Paragraph I.F.1. and I.F.2. are not applicable to contracts executed between state agencies or subdivisions, as defined in §768.28, FS.

1. The respondent shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys’ fees and costs, arising out of any act, action, neglect, or omission by the respondent, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.

2. The respondent’s inability to evaluate liability or its evaluation of liability shall not excuse the respondent’s duty to defend and indemnify within seven (7) days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the respondent not liable shall excuse performance of this provision. The respondent shall pay all costs and fees related to this obligation and its enforcement by the department.

The department’s failure to notify the respondent of a claim shall not release the respondent of the above duty to defend.

G. Insurance
To provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of this contract and any renewal(s) and extension(s) of it. Upon execution of this contract, unless it is a state agency or subdivision as defined by §768.28, FS, the respondent accepts full responsibility for identifying and determining the type(s) and
extent of liability insurance necessary to provide reasonable financial protections for the respondent and the clients to be served under this contract. The limits of coverage under each policy maintained by the respondent do not limit the respondent’s liability and obligations under this contract. Upon the execution of this contract, the respondent shall furnish the department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The department reserves the right to require additional insurance as specified in Attachment I where appropriate.

H. Safeguarding Information
Not to use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with state and federal law or regulations except upon written consent of the recipient, or his responsible parent or guardian when authorized by law.

I. Assignments and Subcontracts
1. To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sublicense, assignment, or transfer otherwise occurring shall be null and void.
2. The respondent shall be responsible for all work performed and all expenses incurred with the project. If the department permits the respondent to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the respondent that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the respondent shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The respondent, at its expense, will defend the department against such claims.
3. The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the respondent. In the event the State of Florida approves transfer of the respondent’s obligations, the respondent remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors, assigns, and legal representatives of the respondent and of any legal entity that succeeds to the obligations of the State of Florida.
4. The contractor shall provide a monthly Minority Business Enterprise report summarizing the participation of certified and non-certified minority subcontractors/material suppliers for the current month, and project to date. The report shall include the names, addresses, and dollar amount of each certified and non-certified MBE participant, and a copy must be forwarded to the Contract Manager of the Department of Health. The Office of Supplier Diversity (850-487-0915) will assist in furnishing names of qualified minorities. The Department of Health, Minority Coordinator (850-245-4199) will assist with questions and answers.
5. Unless otherwise stated in the contract between the respondent and subcontractor, payments made by the respondent to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §§287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the respondent and paid by the respondent to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

J. Return of Funds
To return to the department any overpayments due to unearned funds or funds disallowed and any interest attributable to such funds pursuant to the terms of this contract that were disbursed to the respondent by the department. In the event that the respondent or its independent auditor discovers that overpayment has been made, the respondent shall repay said overpayment within 40 calendar days without prior notification from the department. In the event that the department first discovers an overpayment has been made, the department will notify the respondent by letter of such a finding. Should repayment not be made in a timely manner, the department will charge interest of one (1) percent per month compounded on the outstanding balance after 40 calendar days after the date of notification or discovery.

K. Incident Reporting
Abuse, Neglect, and Exploitation Reporting
In compliance with Chapter 415, FS, an employee of the respondent who knows or has reasonable cause to suspect that a child, aged person, or disabled adult is or has been abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the single statewide toll-free telephone number (1-800-96ABUSE).

L. Transportation Disadvantaged
If clients are to be transported under this contract, the respondent will comply with the provisions of Chapter 427, FS, and Rule Chapter 41-2, FAC. The respondent shall submit to the department the reports required pursuant to Volume 10, Chapter 27, DOH Accounting Procedures Manual.

M. Purchasing
1. It is agreed that any articles which are the subject of, or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) identified under Chapter 946, FS, in the same manner and under the procedures set forth in §§946.515(2) and (4), FS. For purposes of this contract, the respondent shall be deemed to be substituted for the department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law. An abbreviated list of products/services available from PRIDE may be obtained by contacting PRIDE, 1-800-6438459.
2. Procurement of Materials with Recycled Content
It is expressly understood and agreed that any products or materials which are the subject of, or are required to carry out this contract shall be procured in accordance with the provisions of §403.7065, and §287.045, FS.

3. **MyFloridaMarketPlace Vendor Registration**

Each vendor doing business with the State of Florida for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, shall register in the MyFloridaMarketPlace system, unless exempted under Florida Administrative Code Rule 60A-1.030(3) (F.A.C.).

4. **MyFloridaMarketPlace Transaction Fee**

The State of Florida, through the Department of Management Services, has instituted MyFloridaMarketPlace, a statewide eProcurement system. Pursuant to section 287.057(23), Florida Statutes (2008), all payments shall be assessed a Transaction Fee of one percent (1.0%), which the Respondent shall pay to the State. For payments within the State accounting system (FLAIR or its successor), the Transaction Fee shall, when possible, be automatically deducted from payments to the vendor. If automatic deduction is not possible, the vendor shall pay the Transaction Fee pursuant to Rule 60A-1.031(2), F.A.C. By submission of these reports and corresponding payments, vendor certifies their correctness. All such reports and payments shall be subject to audit by the State or its designee.

The Respondent shall receive a credit for any Transaction Fee paid by the Respondent for the purchase of any item(s) if such item(s) are returned to the Respondent through no fault, act, or omission of the Respondent. Notwithstanding the foregoing, a Transaction Fee is non-refundable when an item is rejected or returned, or declined, due to the vendor’s failure to perform or comply with specifications or requirements of the agreement. Failure to comply with these requirements shall constitute grounds for declaring the vendor in default and recovering reprocurement costs from the vendor in addition to all outstanding fees. Respondents delinquent in paying transaction fees may be excluded from conducting future business with the State.

N. **Civil Rights Requirements**

Civil Rights Certification: The respondent will comply with applicable provisions of DOH publication, “Methods of Administration, Equal Opportunity in Service Delivery.”

O. **Independent Capacity of the Contractor**

1. In the performance of this contract, it is agreed between the parties that the respondent is an independent contractor and that the respondent is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.

2. Except where the respondent is a state agency, the respondent, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida. Nor shall the respondent represent to others that it has the authority to bind the department unless specifically authorized to do so.

3. Except where the respondent is a state agency, neither the respondent, its officers, agents, employees, subcontractors, nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.

4. The respondent agrees to take such actions as may be necessary to ensure that each subcontractor of the respondent will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida.

5. Unless justified by the respondent and agreed to by the department in Attachment I, the department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the respondent, or its subcontractor or assignee.

6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the respondent, the respondent’s officers, employees, agents, subcontractors, or assignees shall be the responsibility of the respondent.

P. **Sponsorship**

As required by §286.25, FS, if the respondent is a non-governmental organization which sponsors a program financed wholly or in part by state funds, including any funds obtained through this contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: **Sponsored by (respondent’s name) and the State of Florida, Department of Health.** If the sponsorship reference is in written material, the words State of Florida, Department of Health shall appear in at least the same size letters or type as the name of the organization.

Q. **Final Invoice**

To submit the final invoice for payment to the department no more than ___ days after the contract ends or is terminated. If the respondent fails to do so, all right to payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the respondent and necessary adjustments thereto have been approved by the department.

R. **Use of Funds for Lobbying Prohibited**

To comply with the provisions of §216.347, FS, which prohibit the expenditure of contract funds for the purpose of lobbying the Legislature, judicial branch, or a state agency.

S. **Public Entity Crime and Discriminatory Vendor**

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

2. Pursuant to §287.134, FS, the following restrictions are placed on the ability of persons convicted of discrimination to transact business with the department: When a person or affiliate has been placed on the discriminatory vendor list following a conviction for discrimination, he/she may not submit a bid on a contract to provide any goods or services to a public entity, or any public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, FS, for CATEGORY TWO for a period of 36 months from the date of being placed on the discriminatory vendor list.

T. Patents, Copyrights, and Royalties

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

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

3. The respondent, without exception, shall indemnify and save harmless the State of Florida and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured by the respondent. The respondent has no liability when such claim is solely and exclusively due to the Department of State’s alteration of the article. The State of Florida will provide prompt written notification of claim of copyright or patent infringement.

4. Further, if such claim is made or is pending, the respondent may, at its option and expense, procure for the Department of State, the right to continue use of, replace, or modify the article to render it non-infringing. If the respondent uses any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

U. Construction or Renovation of Facilities Using State Funds

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

V. Electronic Fund Transfer

The respondent agrees to enroll in Electronic Fund Transfer, offered by the State Comptroller’s Office. Copies of Authorization form and sample bank letter are available from the Department. Questions should be directed to the EFT Section at (850) 410-9466. The previous sentence is for notice purposes only.

W. Information Security

The respondent shall maintain confidentiality of all data, files, and records including client records related to the services provided pursuant to this agreement and shall comply with state and federal laws, including, but not limited to, sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes. Procedures must be implemented by the respondent to ensure the protection and confidentiality of all confidential matters. These procedures shall be consistent with the Department of Health Information Security Policies, as amended, which is incorporated herein by reference and the receipt of which is acknowledged by the respondent, upon execution of this agreement. The respondent will adhere to any amendments to the department’s security requirements provided to it during the period of this agreement. The respondent must also comply with any applicable professional standards of practice with respect to client confidentiality.

II. The Department Agrees:

A. Contract Amount

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed, subject to the availability of funds. The State of Florida’s performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract.

B. Contract Payment

Pursuant to §215.422, FS, the department has five (5) working days to inspect and approve goods and services, unless the bid specifications, Purchase Order, or this contract specifies otherwise. With the exception of payments to health care respondents for hospital, medical, or other health care services, if payment is not available within 40 days, measured from the latter of the
date the invoice is received or the goods or services are received, inspected and approved, a separate interest penalty set by
the Comptroller pursuant to §55.03, FS, will be due and payable in addition to the invoice amount. To obtain the applicable
interest rate, contact the fiscal office/contract administrator. Payments to health care respondents for hospitals, medical, or
other health care services, shall be made not more than 35 days from the date eligibility for payment is determined, at the
daily interest rate of 0.03333%. Invoices returned to a vendor due to preparation errors will result in a payment delay.
Interest penalties less than one dollar will not be enforced unless the vendor requests payment. Invoice payment
requirements do not start until a properly completed invoice is provided to the department.

C. Vendor Ombudsman
A Vendor Ombudsman has been established within the Department of Financial Services. The duties of this individual include
acting as an advocate for vendors who may be experiencing problems in obtaining timely payment(s) from a state agency.
The Vendor Ombudsman may be contacted at (850) 413-5516 or (800) 342-2762, the State of Florida Chief Financial
Officer's Hotline.

III. THE RESPONDENT AND THE DEPARTMENT MUTUALLY AGREE

A. Effective and Ending Dates

This contract shall begin on ___ or on the date on which the contract has been signed by both parties, whichever is later. It
shall end on ___.

B. Termination

1. Termination at Will
This contract may be terminated by either party upon no less than thirty (30) calendar days notice in writing to the other party,
without cause, unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by
certified mail, return receipt requested, or in person with proof of delivery.

2. Termination Because of Lack of Funds
In the event funds to finance this contract become unavailable, the department may terminate the contract upon no less than
twenty-four (24) hours notice in writing to the respondent. Said notice shall be delivered by certified mail, return receipt
requested, or in person with proof of delivery. The department shall be the final authority as to the availability and adequacy of
funds. In the event of termination of this contract, the respondent will be compensated for any work satisfactorily completed
prior to notification of termination.

3. Termination for Breach
This contract may be terminated for the respondent's non-performance upon no less than twenty-four (24) hours notice in
writing to the respondent. If applicable, the department may employ the default provisions in Chapter 60A-1.006 (3), FAC.
Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be
construed to be a modification of the terms of this contract. The provisions herein do not limit the department's right to
remedies at law or in equity.

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

C. Renegotiation or Modification
Modifications of provisions of this contract shall only be valid when they have been reduced to writing and duly signed by
both parties. The rate of payment and dollar amount may be adjusted retroactively to reflect price level increases and changes
in the rate of payment when these have been established through the appropriations process and subsequently identified
in the department's operating budget.
D. Official Payee and Representatives (Names, Addresses and Telephone Numbers)

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

For informational purposes only
Do not complete

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

For informational purposes only
Do not complete

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

For informational purposes only
Do not complete

4. The name, address, and telephone number of the respondent’s representative responsible for administration of the program under this contract is:

For informational purposes only
Do not complete

5. Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and said notification attached to originals of this contract.

E. All Terms and Conditions Included
This contract and its attachments as referenced, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of the contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

I have read the above contract and understand each section and paragraph.

IN WITNESS THEREOF, the parties hereto have caused this ___ page contract to be executed by their undersigned officials as duly authorized.

RESPONDENT: STATE OF FLORIDA, DEPARTMENT OF HEALTH

SIGNATURE: _______________________________
PRINT/TYPE NAME: _______________________________
TITLE: ________________
DATE: ________________
STATE AGENCY 29-DIGIT FLAIR CODE: ________________________________
FEDERAL EID# (OR SSN): ________________________________
RESPONDENT FISCAL YEAR ENDING DATE: ________________________________
ATTACHMENT VI
DIRECT ORDER TERMS AND CONDITIONS
STATE OF FLORIDA, DEPARTMENT OF HEALTH (DOH)

For good and valuable consideration, received and acknowledged sufficient, the parties agree to the following in addition to terms and conditions expressed in the MyFloridaMarketPlace (MFMP) direct order:

1. Vendor is an independent contractor for all purposes hereof.

2. The laws of the State of Florida shall govern this direct order and venue for any legal actions arising herefrom is Leon County, Florida, unless issuer is a county health department, in which case, venue for any legal actions shall be the issuing county.

3. Vendor agrees to maintain appropriate insurance as required by law and the terms hereof.

4. Vendor will comply, as required, with the Health Insurance Portability and Accountability Act (42 USC & 210, et seq.) and regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).

5. Vendor shall maintain confidentiality of all data, files, and records related to the services/commodities provided pursuant to this direct order and shall comply with all state and federal laws, including, but not limited to Sections 381.004, 384.29, 392.65, and 456.057, Florida Statutes. Vendor’s confidentiality procedures shall be consistent with the most recent edition of the Department of Health Information Security Policies, Protocols, and Procedures. A copy of this policy will be made available upon request. Vendor shall also comply with any applicable professional standards of practice with respect to confidentiality of information.

6. Excluding Universities, vendor agrees to indemnify, defend, and hold the State of Florida, its officers, employees and agents harmless, to the full extent allowed by law, from all fines, claims, assessments, suits, judgments, or damages, consequential or otherwise, including court costs and attorneys’ fees, arising out of any acts, actions, breaches, neglect or omissions of Vendor, its employees and agents, related to this direct order, as well as for any determination arising out of or related to this direct order, that Vendor or Vendor’s employees, agents, subcontractors, assignees or deligees are not independent contractors in relation to the DOH. This direct order does not constitute a waiver of sovereign immunity or consent by DOH or the State of Florida or its subdivisions to suit by third parties in any matter arising herefrom.

7. Excluding Universities, all patents, copyrights, and trademarks arising, developed or created in the course or as a result hereof are DOH property and nothing resulting from Vendor’s services or provided by DOH to Vendor may be reproduced, distributed, licensed, sold or otherwise transferred without prior written permission of DOH. This paragraph does not apply to DOH purchase of a license for Vendor’s intellectual property.
8. If this direct order is for personal services by Vendor, at the discretion of DOH, Vendor and its employees, or agents, as applicable, agree to provide fingerprints and be subject to a background screen conducted by the Florida Department of Law Enforcement and/or the Federal Bureau of Investigation. The cost of the background screen(s) shall be borne by the Vendor. The department, solely at its discretion, reserves the right to terminate this agreement if the background screen(s) reveal arrests or criminal convictions. Vendor, its employees, or agents shall have no right to challenge the department’s determination pursuant to this paragraph.

9. Unless otherwise prohibited by law, the DOH, at its sole discretion, may require the Vendor to furnish, without additional cost to DOH, a performance bond or negotiable irrevocable letter of credit or other form of security for the satisfactory performance of work hereunder. The type of security and amount is solely within the discretion of DOH. Should the DOH determine that a performance bond is needed to secure the agreement, it shall notify potential vendors at the time of solicitation.

10. Section 287.57(17)(c), Florida Statutes, provides, “A person who receives a contract that has not been procured pursuant to subsections (1)-(3) to perform a feasibility study of the potential implementation of a subsequent contract, who participates in the drafting of a solicitation or who develops a program for future implementation, is not eligible to contract with the agency for any other contracts dealing with that specific subject matter, and any firm in which such person has any interest is not eligible to receive such contract. However, this prohibition does not prevent a vendor who responds to a request for information from being eligible to contract with an agency.”

The Department of Health considers participation through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, or auditing or any other advisory capacity to constitute participation in drafting of the solicitation.

11. TERMINATION: This direct order agreement may be terminated by either party upon no less than thirty (30) calendar days notice, without cause, unless a lesser time is mutually agreed upon by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

In the event funds to finance this direct order agreement become unavailable, the department may terminate the agreement upon no less than twenty-four (24) hours notice in writing to the respondent. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department shall be the final authority as to the availability of funds. Unless the respondent’s breach is waived by the department in writing, the department may, by written notice to the respondent, terminate this direct order agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. If applicable, the department may employ the default provisions in Chapter 60A-1.006(4), Florida Administrative Code. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be constructed to be a modification of the terms of this agreement. The provisions herein do not limit the department’s right to remedies at law or to damages.
12. The terms of this direct order will supersede the terms of any and all prior or subsequent agreements you may have with the Department with respect to this purchase. Accordingly, in the event of any conflict, the terms of this direct order shall govern.

13. In accordance with Executive Order 11-116, “The respondent agrees to utilize the U.S. Department of Homeland Security’s E-Verify system, [https://e-verify.uscis.gov/emp](https://e-verify.uscis.gov/emp), to verify the employment eligibility of all new employees hired during the contract term by the Respondent. The Respondent shall also include a requirement in subcontracts that the subcontractor shall utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term. Contractors meeting the terms and conditions of the E-Verify System are deemed to be in compliance with this provision.”
This Agreement is entered into between the _________________________("Covered
Entity"), and _________________________("Business Associate"). The parties have
entered into this Agreement for the purpose of satisfying the Business Associate
contract requirements in the regulations at 45 CFR 164.502(e) and 164.504(e), issued
under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the
A and C; Health Information Technology for Economic and Clinical Health (HITECH) Act,
Title XIII of Division A and Title IV of Division B of the American Recovery and
regulations.

1.0 Definitions

Terms used but not otherwise defined in this Agreement shall have the same meaning
as those terms in 45 CFR 160.103 and 164.501. Notwithstanding the above, "Covered
Entity" shall mean the State of Florida Department of Health. "Individual" shall have the
same meaning as the term "individual" in 45 CFR 164.501 and shall include a person
who qualifies as a personal representative in accordance with 45 CFR 164.502(g);
"Secretary" shall mean the Secretary of the U.S. Department of Health and Human
Services or his designee; and "Privacy Rule" shall mean the Standards for Privacy of
Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A
and E.


2.0 Obligations and Activities of Business Associate

(a) Business Associate agrees to not use or further disclose Protected Health
Information ("PHI") other than as permitted or required by Sections 3.0 and 5.0 of this
Agreement, or as required by Law.

(b) Business Associate agrees to use appropriate safeguards to prevent use or
disclosure of the Protected Health Information other than as provided for by this
Agreement.

(c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect
that is known to Business Associate of a use or disclosure of Protected Health
Information by Business Associate in violation of the requirements of this Agreement.

(d) Business Associate agrees to report to Covered Entity any use or disclosure of the
Protected Health Information not provided for by this Agreement of which it becomes
aware.

(e) Business Associate agrees to ensure that any agent, including a subcontractor, to
whom it provides Protected Health Information received from, or created or received
by Business Associate on behalf of Covered Entity, agrees to the same restrictions
and conditions that apply through this Agreement to Business Associate with respect
to such information.

(f) Business Associate agrees to provide access, at the request of Covered Entity or an
Individual, and in a prompt and reasonable manner consistent with the HIPAA
regulations, to Protected Health Information in a designated record set, to the
Covered Entity or directly to an Individual in order to meet the requirements under 45 CFR 164.524.

(g) Business Associate agrees to make any Amendment(s) to Protected Health Information in a designated record set that the Covered Entity or an Individual directs or agrees to pursuant to 45 CFR 164.526, in a prompt and reasonable manner consistent with the HIPAA regulations.

(h) Business Associate agrees to make its internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity available to the Covered Entity, or at the request of the Covered Entity, to the Secretary in a time and manner designated by the Covered Entity or the Secretary, for purposes of the Secretary determining Covered Entity’s compliance with the Privacy Rule.

(i) Business Associate agrees to document disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(j) Business Associate agrees to provide to Covered Entity or an Individual an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528, in a prompt and reasonable manner consistent with the HIPAA regulations.

(k) Business Associate agrees to satisfy all applicable provisions of HIPAA standards for electronic transactions and code sets, also known as the Electronic Data Interchange (EDI) Standards, at 45 CFR Part 162 no later than October 16, 2003. Business Associate further agrees to ensure that any agent, including a subcontractor, that conducts standard transactions on its behalf, will comply with the EDI Standards.

(l) Business Associate agrees to determine the Minimum Necessary type and amount of PHI required to perform its services and will comply with 45 CFR 164.502(b) and 514(d).

3.0 Permitted or Required Uses and Disclosures by Business Associate General Use and Disclosure.

(a) Except as expressly permitted in writing by Department of Health, Business Associate may use Protected Health Information only to carry out the legal responsibilities of the Business Associate, but shall not disclose information to any third party without the expressed written consent of the Covered Entity.

(b) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide data aggregation services to Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B).

(c) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j) (1).

4.0. Obligations of Covered Entity to Inform Business Associate of Covered Entity’s Privacy Practices, and any Authorization or Restrictions.

(a) Covered Entity shall provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with 45 CFR 164.520, as well as any changes to such notice.

(b) Covered Entity shall provide Business Associate with any changes in, or revocation of, Authorization by Individual or his or her personal representative to use or disclose Protected Health Information, if such changes affect Business Associate’s uses or
disclosures of Protected Health Information.

(c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR 164.522, if such changes affect Business Associate's uses or disclosures of Protected Health Information.

5.0 Confidentiality under State Law.

(a) In addition to the HIPAA privacy requirements, Business Associate agrees to observe the confidentiality requirements of __________, Florida Statutes. (Program to supply applicable laws related to confidentiality)

(b) Receipt of a Subpoena. If Business Associate is served with subpoena requiring the production of Department of Health records or information, Business Associate shall immediately contact the Department of Health, Office of the General Counsel, (850) 245-4005. A subpoena is an official summons issued by a court or an administrative tribunal, which requires the recipient to do one or more of the following:
   1. Appear at a deposition to give sworn testimony, and may also require that certain records be brought to be examined as evidence.
   2. Appear at a hearing or trial to give evidence as a witness, and may also require that certain records be brought to be examined as evidence.
   3. Furnish certain records for examination, by mail or by hand-delivery.

(c) Employees and Agents. Business Associate acknowledges that the confidentiality requirements herein apply to all its employees, agents and representatives. Business Associate assumes responsibility and liability for any damages or claims, including state and federal administrative proceedings and sanctions, against Department of Health, including costs and attorneys’ fees, resulting from the breach of the confidentiality requirements of this Agreement.

6.0 Permissible Requests by Covered Entity.

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

7.0 Term and Termination.

(a) Term.
The Term of this Agreement shall be effective as of _____________, and shall terminate on ____________. Prior to the termination of this Agreement, the Business Associate shall destroy or return to the Covered Entity all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity. If it is infeasible or impossible to return or destroy Protected Health Information, the Business Associate shall immediately inform the Covered Entity of that and the parties shall cooperate in securing the destruction of Protected Health Information, or its return to the Covered Entity. Pending the destruction or return of the Protected Health Information to the Covered Entity, protections are extended to such information, in accordance with the termination provisions in this Section.

(b) Termination for Cause.
Without limiting any other termination rights the parties may have, upon Covered Entity's knowledge of a material breach by Business Associate of a provision under
this Agreement, Covered Entity shall provide an opportunity for Business Associate to cure the breach or end the violation. If the Agreement of Business Associate does not cure the breach or end the violation within the time specified by Covered Entity, the Covered Entity shall have the right to immediately terminate the Agreement. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.  

(c) **Effect of Termination.**

1. Within sixty (60) days after termination of the Agreement for any reason, or within such other time period as mutually agreed upon in writing by the parties, Business Associate shall return to Covered Entity or destroy all Protected Health Information maintained by Business Associate in any form and shall retain no copies thereof. Business Associate also shall recover, and shall return or destroy with such time period, any Protected Health Information in the possession of its subcontractors or agents.

2. Within fifteen (15) days after termination of the Agreement for any reason, Business Associate shall notify Covered Entity in writing as to whether Business Associate elects to return or destroy such Protected Health Information, or otherwise as set forth in this Section 4.4. If Business Associate elects to destroy such Protected Health Information, it shall certify to Covered Entity in writing when and that such Protected Health Information has been destroyed. If any subcontractors or agents of the Business Associate elect to destroy the Protected Health Information, Business Associate will require such subcontractors or agents to certify to Business Associate and to Covered Entity in writing when such Protected Health Information has been destroyed. If it is not feasible for Business Associate to return or destroy any of said Protected Health Information, Business Associate shall notify Covered Entity in writing that Business Associate has determined that it is not feasible to return or destroy the Protected Health Information and the specific reasons for such determination.

3. Associate further agrees to extend any and all protections, limitations, and restrictions set forth in this Agreement to Business Associate’s use or disclosure of any Protected Health Information retained after the termination of this Agreement, and to limit any further uses or disclosures to the purposes that make the return or destruction of the Protected Health Information not feasible.

4. If it is not feasible for Business Associate to obtain, from a subcontractor or agent, any Protected Health Information in the possession of the subcontractor or agent, Business Associate shall provide a written explanation to Covered Entity and require the subcontractors and agents to agree to extend any and all protections, limitations, and restrictions set forth in this Agreement to the subcontractors’ or agents’ uses or disclosures of any Protected Health Information retained after the termination of this Agreement, and to limit any further uses or disclosures to the purposes that make the return or destruction of the Protected Health Information not feasible.

**Part II: Security Addendum**

**8.0 Security**

**WHEREAS**, Business Associate and Department of Health agree to also address herein the applicable requirements of the Security Rule, codified at 45 Code of Federal Regulations ("C.F.R.") Part 164, Subparts A and C, issued pursuant to the Administrative
Simplification provisions of Title II,Subtitle F of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA-AS”), so that the Covered Entity may meet compliance obligations under HIPAA-AS, the parties agree:

(a) **Security of Electronic Protected Health Information.**
   Business Associate will develop, implement, maintain, and use administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information (as defined in 45 C.F.R. § 160.103) that Business Associate creates, receives, maintains, or transmits on behalf of the Plans consistent with the Security Rule.

(b) **Reporting Security Incidents.**
   1. Business Associate will report to Covered Entity within 24 hours of the discovery of any incident of which Business Associate becomes aware that is:
      (a) a successful unauthorized access, use or disclosure of the Electronic Protected Health Information; or
      (b) a successful major modification or destruction of the Electronic Protected Health Information or
         (1) interference with system operations in an information system containing the Electronic Protected Health Information.
   2. Upon the Department of Health’s request, Business Associate will report any incident of which Business Associate becomes aware that is a successful minor modification or destruction of the Electronic Protected Health Information or
      (b) interference with system operations in an information system containing the Electronic Protected Health Information.

(c) **Compliance Date.**
   The parties to this Amendment will comply with Sections (a) through (c) of this Section 9 by the later of the (1) the last date set forth in the signature blocks below.

(d) **Conflicts.**
   The provisions of this Section 9 will override and control any conflicting provision of this agreement.

(e) **Corrective Action:**
   Business Associate agrees to take prompt corrective action and follow all provisions required in state and federal law to notify all individuals reasonably believed to be potentially affected by the breach.

(f) **Cure:**
   Business Associate agrees to take prompt corrective action to cure any security deficiencies.

**Part III**

9.0 **Miscellaneous**

(a) **Regulatory References.** A reference in this Agreement to a section in the Privacy Rule or the Security Rule means the section as in effect or as amended, and for which compliance is required.

(b) **Amendment.** Upon the enactment of any law or regulation affecting the use or disclosure of Protected Health Information, Standard Transactions, the security of Health Information, or other aspects of HIPAA-AS applicable or the publication of any decision of a court of the United States or any state relating to any such law or the...
publication of any interpretive policy or opinion of any governmental agency charged
with the enforcement of any such law or regulation, either party may, by written
notice to the other party, amend this Agreement in such manner as such party
determines necessary to comply with such law or regulation. If the other party
disagrees with such Amendment, it shall so notify the first party in writing within thirty
(30) days of the notice. If the parties are unable to agree on an Amendment within
thirty (30) days thereafter, then either of the parties may terminate the Agreement on
thirty (30) days written notice to the other party.

c) Survival. The respective rights and obligations of Business Associate under Section
7.0 of this Agreement shall survive the termination of this Agreement.

d) Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a
meaning that permits Covered Entity to comply with the Privacy Rule and the
confidentiality requirements of the State of Florida.

e) No third party beneficiary. Nothing expressed or implied in this Agreement is
intended to confer, nor shall anything herein confer, upon any person other than the
parties and the respective successors or assigns of the parties, any rights,
remedies, obligations, or liabilities whatsoever.

f) Governing Law. This Agreement shall be governed by and construed in accordance
with the laws of the state of Florida to the extent not preempted by the Privacy Rules
or other applicable federal law.

g) The laws of the State of Florida shall apply to the interpretation of this Agreement or
in case of any disagreement between the parties; the venue of any proceedings shall
be the appropriate federal or state court in Leon County, Florida.

h) Indemnification and performance guarantees. Business Associate shall indemnify,
defend, and save harmless the State of Florida and Individuals covered for any
financial loss as a result of claims brought by third parties and which are caused by
the failure of Business Associate, its officers, directors or agents to comply with the
terms of this Agreement.

i) Assignment: Business Associate shall not assign either its obligations or benefits
under this Agreement without the expressed written consent of the Covered Entity,
which shall be at the sole discretion of the Covered Entity. Given the nature of this
Agreement, neither subcontracting nor assignment by the Business Associate is
anticipated and the use of those terms herein does not indicate that permission to
assign or subcontract has been granted.

For: DEPARTMENT OF HEALTH

By: ______________________________
Title: ___________________________
Date: __________________

____________________________________
For: (Name of Business Associate)
By: ______________________________
Title: ____________________________
Date: __________________

____________________________________

Approved as to form and legality:

______________________________ Office of the General Counsel

Date: