

**Systems Change to Increase Access to Cancer Risk Reduction
Services through a Cancer Referral Network**

RFA # 17-003

APPLICATION GUIDELINES

FY 2017-2018

Florida Department of Health

Division of Community Health Promotion

September 7, 2017

Application Deadline:

October 9, 2017

THIS GRANT OPPORTUNITY IS NOT SUBJECT TO 120.57 (3) FLORIDA STATUES

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TIMELINE
RFA Number 17-003

Prospective applicants shall adhere to the RFA timelines as identified below. It is the applicants' responsibility to regularly check the Vendor Bid System and the Department's website for updates. This grant opportunity is not subject to section 120.57 (3), Florida Statutes. Health prevention services are exempt from Chapter 287, Florida Statutes, but the Department of Health is using a competitive system to select the best providers for the services to be delivered to the targeted audience.

SCHEDULE	DUE DATE	LOCATION
Request for Applications Released and Advertised	September 7, 2017	Posted electronically via: http://www.myflorida.com/apps/vbs/vbs_www.main_menu
ONLY emailed Submission of Written Questions Accepted	Prior to September 15, 2017 12:00 p.m., E.S.T.	Submit questions by email with the subject heading "RFA 17-003 Question" to Tamika.Fields@flhealth.gov and copy Uneeda.Brewer@flhealth.gov
Responses to All Questions Posted	September 25, 2017	Posted electronically via: http://myflorida.com/apps/vbs/vbs_www.main_menu
ONLY mailed Applications will be Accepted	Prior to October 9, 2017 12:00 p.m. E.S.T.	Submit to: Office of Contracts RFA#17-003 4052 Bald Cypress Way Bin # B08 Tallahassee Florida 32399
Anticipated Evaluation of Applications	October 9, 2017	Review and Evaluation of Project Applications Begins
Anticipated Posting of Grant Awards	October 20, 2017	Posted electronically via: http://myflorida.com/apps/vbs/vbs_www.main_menu

It is the applicants' responsibility to regularly check the Vendor Bid System and the Department's website for updates.

Section 1.0 INTRODUCTION

1.1 Program Authority

The program is authorized by section 385.103 and 381.925, Florida Statutes.

1.2 Notice and Disclaimer

Grant awards will be determined by the Florida Department of Health (the Department) in accordance with this publication based on the availability of funds. The Department reserves the right to offer multiple grant awards if it deems it is in the best interest of the state of Florida and the Department. Additionally, the Department reserves the right to negotiate with applicants prior to the offer of a grant award or execution of the contract. If during the grant funding period, the authorized funds are reduced or eliminated by the grantor agency or by the legislature, the Department may immediately reduce or terminate the grant award by written notice to the selected applicants. The termination or reduction will not apply to allowable costs already incurred by the selected applicants to the extent that funds are available for payment of such costs.

Note: The receipt of applications in response to this publication does not imply or guarantee that any one or all qualified applicants will be awarded a grant or result in a contract with the Department.

1.3 Program Purpose

The Department is accepting proposals for the coordination of a cancer referral network. Florida's aging population is expected to increase the need for access to cancer support services, including the screening for undiagnosed cancers and activities that improve progression and reduce cancer recurrence risk. Organizations throughout the state work within local health systems to address these growing needs, making coordination between these organizations paramount to reducing the burden of cancer.

The applicant will be responsible for meeting two goals:

- A. Measuring and demonstrating an increase in cancer screenings and screening referrals for breast, cervical, colorectal, and/or lung cancer within priority populations recommended by the United States Preventive Service Taskforce.
- B. Measuring and demonstrating an increase in cancer survivor access and referral to risk reduction services which support treatment recovery and include physical activity components.

The applicant will achieve intervention goals by developing a new or enhancing an existing network of partners for referral of patients and clients to services. The referral network will enable channels for average and high risk individuals recommended for cancer screening and cancer survivors to be identified and easily referred to partner agencies able to meet each population's risk reduction needs. Clear actions and responsibilities for participating parties in the referral network and infrastructure needed must be developed within the funding period and demonstrate an ability to be sustained after the period ends.

The contractor will identify and recruit partner agencies within a local health system to join the referral network which meet one of the following criteria:

- A. At least one cancer screening center, such as a Federally Qualified Health Center or Commission on Cancer Center
- B. Three community-based organizations, such as faith based organizations, neighborhood organizations, physician offices, hospitals, and local public health officials.

Although more partners are preferred, a minimum of four partners will help sustain referrals after the funding period ends and provide accountability within the network.

1.4 Available Funding

The funds available under the grant are provided by the Centers for Disease Control and Prevention (CDC). The total funding for this opportunity is \$55,000. One to three proposals may be funded to eligible applicants.

1.5 Matching Funds

At least five percent of funds should be locally matched in-kind in the form of free services or human resources.

Section 2.0 PROGRAM OVERVIEW

2.1 Background

The Department's mission is to promote and protect the health and safety of all people in Florida through the delivery of quality public health services and the promotion of health care standards. The Comprehensive Cancer Control Program (CCCP), within the Bureau of Tobacco Free Florida, is funded by a five-year CDC cooperative agreement that began June 30, 2017. The cooperative agreement requires that the CCCP align program funding with the goals and objectives of the Florida Cancer Plan. Funding supports a regional cancer control collaborative infrastructure and a statewide network of partners to enhance communication and collaboration on cancer control efforts, reduce service duplication, leverage support, and support implementation of strategic, data-driven initiatives to address the Florida Cancer Plan. This funding opportunity seeks to increase demand for cancer screening services and access to cancer survivor support services by coordinating client and patient referrals between participating organizations.

2.2 Priority Areas/Population

This grant is intended to provide services for cancer screening clients monitored and supported by this intervention, which will meet United States Preventive Service Taskforce recommended screening guidelines. Cancer patients monitored and supported by this intervention will be recommended by their health care provider. Other populations served by the network will not be required for reporting.

2.3 Program Expectations

The applicant will be responsible for establishing a well-defined referral network with adequate infrastructure, partnerships, and agreements in place to facilitate the monitoring and adoption of practices that increase cancer screening referrals, cancer screenings, and access to facilities that provide physical activity support for cancer patients.

2.4 Applicant Project Results

The applicant must identify anticipated project results that are consistent with the overall program purpose and requirements, as follows:

Establish the Referral Network: Detail how planning and development of the referral network will be executed.

1. Develop a timeline for completing key aspects of the intervention, signed partner agreements for meeting referral goals, and a summary of partner priority groups represented and intended referral process.
2. Conduct a partner health system assessment which identifies priority groups within each community partner system that are receiving screening per recommended guidelines and how the partner network will leverage internal assets to reach priority intervention groups.
3. Establish baseline referral rates between partner organizations by measuring patients that could be potentially referred, number of patients actually referred, and referral goals for each system involved in the intervention (see section 2.6 of this application). Data submitted should be on the individual level and de-identified to protect personal health information and monitored by ID numbers.
4. Create a communication plan outlining how network partners will share cancer screening education and resources, incorporate research tested messaging, and involve the Cancer Control Collaboratives (see section 3.2 of this application), American Cancer Society, and County Health Departments to expand the project's impact.

Review and Update Referral Network Plan: Review the program quarterly, and make updates on progress, including progress on impact goals and changes made to network operations.

5. Progress reports should include an updated timeline for completing key aspects of the intervention, any new signed partner agreements for meeting referral goals, and any changes that would impact the referral network model developed in the first quarter of the intervention.
6. Submit progress made on target improvement goal made by individual organizations and the collective improvement made by the network compared to baseline measures. Data submitted should be on the individual level and de-identified to protect personal health information and monitored by ID numbers.

Evaluate Program Success and Longevity: Determine successes and challenges of developing and coordinating the referral network over the entire funding period. Assess overall impact and means of continuing the referral network beyond the funding period.

7. Provide a narrative which includes successes and barriers to executing the intervention, a complete roster of individuals targeted by the intervention, and overall impact of the intervention on the two priority populations: cancer screening eligible clients and cancer patients.
8. Supporting documentation will include an impact assessment which details if the intervention met its improvement goal, how system changes made to support cancer screening client and cancer patient referral will continue past the funding period, in-kind resources leveraged during the intervention period, and any other documentation that can substantiate efforts claimed. Data submitted should be on the individual level and de-identified to protect personal health information and monitored by ID numbers.

2.5 Current and Prior Funded Projects

Applicants should demonstrate achievements from prior projects that required coordination among multiple health systems and measured individual level impact. Achievements highlighted should include number of individuals supported, convey how improvement in systems were measured, and identify how changes made were sustainable.

2.6 Project Requirement

Key requirements of the intervention and its impact include the following measures:

Measures taken at the start of the intervention to establish a baseline, updated quarterly, to assess progress and at the end of the intervention period to determine final impact of the intervention.

Measures for clients referred to the screening provider should reflect: screening rates by network partner based on United States Preventive Services Taskforce recommended for each cancer screenings population supported by the intervention, client demographic data (age and gender), and number of potential patients eligible for screening referral at partner sites.

Measures for cancer patients referred to health behavior support services should reflect: number of cancer patients eligible for referral, patient's cancer type, patient demographic data (age and gender), utilization of support services within the patient population, and date patient is referred to community partner for support services.

Section 3.0 TERMS AND CONDITIONS OF SUPPORT

3.1 Eligible Applicants

Eligible organizations must be able to demonstrate the internal capacity to identify, monitor, and provide technical assistance to partner organizations. Personnel responsible for overseeing part or all of this intervention must have a strong working knowledge of cancer risk as well as assets in the community equipped to address goals of this intervention.

3.2 Eligibility Criteria

Eligible applicants should be an individual or organization active in a regional cancer control collaborative, having met the bylaws definition for the regional collaborative in which they are physically based (for more details on regional cancer control collaboratives visit: <http://www.floridahealth.gov/diseases-and-conditions/cancer/cancer-control-florida.html>).

Applicants should be active in community-focused, collaborative efforts, which serve to bring together agencies, community groups, academic institutions and other groups to address health or social concerns.

3.3 Minority Participation

In keeping with the One Florida Initiative, the Department of Health encourages minority business participation in all its procurements. Applicants are encouraged to contact the Office of Supplier Diversity at 850/487-0915 or visit their website at <http://osd.dms.state.fl.us> for information on becoming a certified minority or for names of existing certified minorities who may be available for subcontracting or supplier opportunities.

3.4 Corporate Status

For all corporate applicants, proof of corporate status must be provided with the application. Tax-exempt status is not required, except for applications applying as non-profit organizations. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Any of the following is acceptable evidence:

- a. A statement from a state taxing body, State Attorney General, or other appropriate state official, certifying that the applicant has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.

Non Corporate Status

Documentation that verifies the official not for-profit status of an organization in accordance with Chapter 617, Florida Statutes.

3.5 Period of Support

The vendor(s) will receive an award ranging from \$10,000 to \$55,000 total costs (direct and indirect) for up to a 7-month budget period, December 2017 to June 2018.

3.6 Use of Grant Funds

Applicants must provide a detailed description of how the funds will be used. Costs not allowed for this program (in addition to those listed below) may be found at http://www.myfloridacfo.com/aadir/reference_guide/Reference_Guide_For_State_Expenditures.pdf

Grant funds may be requested to cover cost of:

- Consultants to support the intervention
- Personnel to implement the intervention
- Minor software upgrades for the monitoring and evaluation of the intervention
- Materials and supplies
- Travel expenses to support the intervention

Funds may not be used for:

- Building alterations or renovations
- Cancer screening
- Cancer treatment
- Construction
- Direct services (e.g., hiring grant writers to prepare competitive grant applications, supporting direct patient services such as counseling)
- Equipment
- Food or beverages
- Fringe benefits for temporary employees
- Fund raising activities
- Grant writing services
- Medical supplies
- Political education or lobbying
- Research
- Any other expenditures not authorized by law

Section 4.0 APPLICATION REQUIREMENTS

4.1 Application Forms

Applicants must use the official forms attached to this RFA. Alternate forms may not be used.

4.2 Order of Application Package

Provide the following items in the following order in the application package. All items in bold can be found in the application package.

- Cover Page
- Table of Contents
- **Project Summary Outline**
- Project Narrative (proposal)
- **Budget Information Forms** (see Section 4.3 of this application)
- Detailed Budget Justification Narrative (see Section 4.3 of this application)

Note: If funding is requested in an amount greater than the ceiling of the award range, the application will be considered non-responsive and will not be entered into the review process.

The application will be returned with notification that it did not meet the submission requirements.

- Personnel Form
- Documentation that verifies official status of CBO (Community-Based Organization) (501(c)(3) status) (if applicable)
- Documentation that verifies the official not for profit status of an organization in accordance with Chapter 617, Florida Statutes (if applicable)
- Letter(s) of support or commitment to the proposed project from an authorized official such as the Administrator or Director of the local county health department.

4.3 Compliant Budget Form and Budget Justification Narrative

In addition to filling out the budget form located in the application, a separate budget justification narrative and computation of expenditures must be provided, as outlined below.

- Personnel cost by position supported
- Costs for system enhancements which facilitate the collection and monitoring of populations supported through this intervention
- Cost itemized by sub-contracted entity
- In-kind funds and/or resources leveraged by type: meeting/conference support, media/publishing, personnel, printing, supplies, travel, other (specify)

Applicants should recognize that costs do not remain static; the budget should reflect the various phases and activities of planning, organizing, implementation, evaluation, and dissemination.

Section 5.0 REQUIRED CONTENT OF THE NARRATIVE SECTION

5.1 Project Summary

Applicant project proposal narrative should be no more than **6 pages in length, double spaced in a 12 point font** and meet the following criteria:

- Cover key aspects of the Statement of Need, Objectives, Program Plan, Evaluation Plan and Management Plan. (See sections 5.2-5.6 of this application).

Note: Page numbering begins with the Project Summary. The project outline is not included in the page limit (See section 9.1).

5.2 Statement of Need

The applicant will define the need for referral services within the region this intervention will support by comparing the cancer burden to the local health system's capacity to address this burden. Statement of need should include:

- A. Cancer incidence and mortality for cancer areas that will be impacted by this intervention.
- B. Population estimates for the region which meet recommended cancer screening guidelines.
- C. Cancer survivor prevalence estimates based on age and other regional demographic information.

5.3 Objectives

The aim of this intervention is to increase the demand for cancer screening services and access to services which support cancer survivor's treatment and recovery. Interventions supported should be able to demonstrate short term impact within the grant period as well as potential for long term sustained impact. By the end of the grant period, intervention sites should be able to show how the referral system has been automated through the identification of eligible populations within partner systems and be able to adequately monitor the successful referral of clients and patients to needed services.

5.4 Program Plan

The applicant must outline administrative and evaluative support necessary for development of a self-sufficient referral network, which includes automated alerts to staff of clients and/or patients eligible for referral. The applicant must also outline how materials, trainings, and other support provided partner health systems will facilitate easier navigation of clients and/or patients to partners within the network. Services will include a detailed assessment of eligible client and/or patient populations within each partner system and a process for establishing and monitoring of short term referral goals specific to each partner system (see section 2.4).

5.5 Evaluation Plan

The applicant will provide their process to evaluate program activities, define how challenges identified through the evaluation will be addressed, and determine how progress measured through evaluation will be shared with partner systems involved in the implementation of the intervention.

An evaluation plan should be submitted and describe:

- expected result (i.e., a particular impact or outcome) for each major objective and activity,
- intervals for measuring intervention progress,
- process for sharing evaluation results with partners involved, and
- discuss the potential for replication.

Evaluation activities are expected to be implemented at the beginning of the program in order to capture and document actions contributing to program outcomes. The evaluation plan must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in the improvement in access to care services and the elimination of health disparities.

5.6 Management Plan

Administration and management strategies that will be used in the grant must include or indicate the following:

- Relevant qualifications of proposed key staff for the project. Provide a resume for each proposed staff.
- The level of effort for each proposed key staff position (e.g. 50%, 75%), including pertinent staff provided on an in-kind basis.
- Position or job descriptions for staff positions, including those to be filled.

5.7 Appendices

All appendices must be clearly referenced and support elements of the narrative. Examples include:

- Partner agreements and/or letters of support
- Sample data collection instruments
- Proposed timeline for intervention

Section 6.0 SUBMISSION OF APPLICATION

6.1 Application Deadline

Applications must be received by 12:00p.m. ET on October 9, 2017

6.2 Submission Methods

Applications may only be submitted by mail. Applications will be considered as meeting the deadline if they are received by the Office of Communications on or before **12:00 p.m.** Eastern Time on **October 9, 2017**. Applicants are encouraged to submit applications early. Applications that do not meet the deadline will not be read.

6.3 Mailed or Hand-Delivered Applications

Applicants are required to submit two copies of the application via express/regular mail or hand delivered. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the Office of Contracts on or before 12:00 p.m. Eastern Time on October 9, 2017. Applications are encouraged to submit applications early. Applications that do not meet the deadline will be returned to the applicant unread.

6.4 Where to Send Your Application

Express Mail or Hand Delivered Proposals:
Office of Contracts
RFA#17-003
4052 Bald Cypress Way Bin # B08
Tallahassee Florida 32399

Section 7.0 EVALUATIONS OF APPLICATIONS

7.1 Receipt of Applications

Applications will be screened upon receipt. Applications that are not complete, or that do not conform to or address the criteria of the program will be considered non-responsive. Complete applications are those that include the required forms in the Required Forms Section of this application. Incomplete applications will be returned with notification that it did not meet the submission requirements and will not be entered into the review process.

Applications will be scored by an objective review committee. Committee members are chosen for their expertise in health and their understanding of the unique health problems and related issues in Florida.

7.2 How Applications are Scored

Applications will be scored by the Evaluation Team in the areas indicated below. The raw scores in each evaluation area from each team member will be averaged together. These average scores will be added to determine each application score.

Evaluation Criteria	Maximum Points
Define Need – Section 7.2.1.	10
Project Feasibility – Section 7.2.2.	20
Project Replicability – Section 7.2.3.	20
Benefit Analysis – Section 7.2.4.	20
Systems Change – Section 7.2.5.	30
TOTAL MAXIMUM POINTS POSSIBLE	100

7.2.1. Define Need

Applicants should clearly identify the burden of the cancer(s) that the proposal will impact, the population that will be supported, and the infrastructure that is currently in place to support screening services. The need should identify the community level data for cancer incidence and mortality data (Florida Cancer Data System), screening rate (Behavioral Risk Factor Surveillance System) and partner data on the recommended screening population served as defined by the United States Preventive Service Taskforce.

7.2.2. Feasibility:

Applicants should appropriately weigh the scope of the intervention, oversight needed to make a wide community impact, and partners needed in to have a high functioning network. Proposals should identify how stakeholders key to the success of the intervention will be recruited and supported in their work to improve cancer screening in public health systems. Proposals must identify how community resources will be developed, such as a 1-2 page community tailored referral tool outlining local screening options, support services, and local resources. Materials developed should incorporate research tested messaging such as Make It Your Own (MIYOworks.org).

Applicants will agree to assess current screening rates by network partners based on United States Preventive Services Taskforce's recommended cancer screenings populations. A standardized tool, developed by the Program, will be used by partner agencies to establish a baseline for existing screening rates within the eligible population.

7.2.3. Replicability:

Application proposals should be designed as a model for continued use. Parameters for the planning and execution should be easy to understand and have the potential to be widely reproduced with little or no additional support or guidance needed by another organization in any setting.

Applications should address how priority outreach will be achieved. An assessment should be outlined which will identify populations that are screening at reduced rates. The application should identify how the partner network will leverage local dignitaries/leaders, media, or respected faith-based leaders, to communicate with community members who are less likely to be screened and those who have a higher risk of cancer.

7.2.4. Benefit Analysis:

Applicants should balance the overall impact of successfully executing the proposed intervention, the community need, and potential impact that would yield the highest return based on resources and effort needed. The intervention's impact will be a target improvement goal, considering the number of individuals supported and directly referred to screening through individual partners and as a network. Impact will be measured through applicant monitoring and should account for lag time between state and county level data sources.

7.2.5. Systems Changing:

Applications should indicate how the intervention will have a sustained impact by permanently improving systemic barriers and challenges to supporting access to cancer screenings. An outline of a communication plan should be included in the application and detail how cancer screening education and resources will be shared amongst partners. The communication plan must define how local American Cancer Society staff, local health departments and the CCC Collaborative will be leveraged to expand impact.

7.3 Grant Awards

A grant may be awarded in a county, or in a group of adjoining counties from which a multi-county application is submitted.

7.4 Award Criteria

Funding decisions will be determined by the Program Administrator and Director under consideration of the recommendations and ratings of the committee. Funding an award determination is at the discretion of the Department.

7.5 Funding

The Department reserves the right to revise proposed plans and negotiate final funding prior to execution of contracts.

7.6 Awards

Awards will be listed on the website at: http://myflorida.com/apps/vbs/vbs_main_menu on or about October 20, 2017.

Section 8.0 REPORTING AND OTHER REQUIREMENTS

8.1 Post Award Requirements

Funded applicants will be required to submit:

- Deliverables in accordance with the Attachment I.
- Performance Measures pursuant to section 215.971(b), Florida Statutes, the resulting Contract must contain performance measure which specify the required minimum level of acceptable service to be performed. These will be established based on final determination of tasks and deliverables.
- Financial Consequences pursuant to 215.971(c), Florida Statutes, the Contract resulting from this solicitation must contain financial consequences that will apply if Applicant fails to perform in accordance with the Contract terms. The financial consequences will be established based on final determination of the performance measures and Contract amount.

The Department reserves the right to evaluate the organization administrative structure, economic viability, and ability to deliver services prior to final award and execution of the contract.

Section 9.0 REQUIRED FORMS

9.1 Application for Funding

The applicant’s application should include a narrative section (no more than six pages – see section 5.1) and an outline using the following format:

Intervention Title			
Priority Strategy #1:			
S.M.A.R.T. Objective¹:			
Key Partners (Select all that apply)		<input type="checkbox"/> Primary healthcare provider <input type="checkbox"/> Cancer Center <input type="checkbox"/> Community-based Organization <input type="checkbox"/> Interest Group <input type="checkbox"/> Other:	
Project Description and Justification	Project (or Collaborating) Partners	Baseline # for Selected Population and # for Intervention Target¹	Deliverables
Action Steps	Person Responsible	Measures	Timeframe
Budget Item and Description			Amount
Priority Strategy #2:			
S.M.A.R.T. Objective¹:			
Key Partners (Select all that apply)		<input type="checkbox"/> Primary healthcare provider <input type="checkbox"/> Cancer Center <input type="checkbox"/> Community-based Organization <input type="checkbox"/> Interest Group <input type="checkbox"/> Other:	
Project Description and Justification	Project (or Collaborating) Partners	Baseline # for Selected Population and # for Intervention Target¹	Deliverables
Action Steps	Person Responsible	Measures	Timeframe
Budget Item and Description			Amount

¹ Specify the population that will be supported through the intervention

9.2 Budget Information

Service Term (2017-2018)

ITEM	BUDGET AMOUNT	IN-KIND (ESTIMATED VALUE)
TOTAL SALARIES (give cost per hour and total)	\$ _____	\$ _____
TOTAL FRINGE BENEFITS (FICA, Unemployment, Worker Compensation, Medical/Dental Insurance, Pension)	\$ _____	\$ _____
OTHER EXPENSES (INCLUDE, BUT NOT LIMITED TO):		
Meeting and Travel Expenses	\$ _____	\$ _____
Office Rent	\$ _____	\$ _____
Phone/Fax/Internet	\$ _____	\$ _____
Postage/Delivery	\$ _____	\$ _____
Educational Materials	\$ _____	\$ _____
Printing	\$ _____	\$ _____
Office Supplies	\$ _____	\$ _____
TOTAL OTHER EXPENSES	\$ _____	\$ _____
ADMINISTRATIVE EXPENSES	\$ _____	\$ _____
SERVICE TERM CONTRACT TOTAL		

Respondent Name: _____

Respondent Mailing Address: _____

City, State, Zip: _____

Telephone: () _____ **Fax Number:** () _____

Email Address: _____

Federal Employer Identification Number (FEID): _____

BY AFFIXING MY SIGNATURE ON THIS REPLY, I HEREBY STATE THAT I HAVE READ THE ENTIRE ITN TERMS, CONDITIONS, PROVISIONS AND SPECIFICATIONS AND ALL ITS ATTACHMENTS, INCLUDING THE REFERENCED PUR 1000 AND PUR 1001. I hereby certify that my company, its employees, and its principals agree to abide to all of the terms, conditions, provisions and specifications during the competitive solicitation and any resulting contract including those contained in the Standard Contract.

Signature of Authorized Representative: _____

Printed (Typed) Name and Title: _____

*An authorized representative is an officer of the respondent'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 authorized representative.

9.3 Budget Narrative

At the applicants discretion.

9.4 Personnel Form

Should include any personnel working on the grant.

9.5 Statement Of No Involvement

At the applicants discretion.

9.6 Certification Of Drug Free Work Place

At the applicants discretion.

9.7 IRS Non-Profit Status 501 (C) (3)

At the applicants discretion.

9.8 Letter From The Front Porch Community

At the applicants discretion.

9.9 Florida Department of Health Standard Contract

At the applicants discretion.

9.10 Financial Compliance Audit

At the applicants discretion.

9.11 Lobbying and Debarment forms (federal funds only)

At the applicants discretion.