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SECTION 1 INTRODUCTION

1.1 STATEMENT OF NEED AND PURPOSE

The maximum allowable grant award per county is \$400,000.00 per year for a total of \$1,200,000 total for a 36 month period. Counties forming a consortium may request \$100,000 for each additional county, per fiscal year. For example, if three counties form a consortium, the grant maximum would be \$600,000 per fiscal year. If four counties form a consortium, the grant maximum would be \$700,000 per fiscal year.

Grant funding must be spent within 36 months of the execution of a Grant Agreement by the Department. Implementation and Expansion Grants will not be renewed at the end of the three-year grant period.

1.3.3 Program funding is contingent upon the availability of funds pursuant to an appropriation by the legislature.

1.3.4 There shall be no duplication or supplanting of funding for those applicants who are awarded funding for any other Department-funded services or activities. Services included in the Application may not be simultaneously funded by another SAMH contract, ME subcontract or DCF-funded grant award. All services and proposed costs included in a CJMHS Reinvestment Application must meet the criteria specified in this RFA and must be clearly directly associated with the proposed project.

1.4 LOCAL MATCH REQUIREMENTS

Pursuant to s. 394.658(2), local matching funds are required under this Program and grant funding will not be awarded unless the Applicant makes available resources in an amount equal to the total amount of the Grant according to the following stipulations:

1.4.1 For Applicants considered to be a Fiscally Constrained County, or a consortium of Fiscally Constrained Counties, as defined in Section 1.6, local matching funds must be at least 50 percent of the total amount requested in the application. For Fiscally Constrained Counties, no cash match is required.

1.4.2 For Implementation and Expansion Grants only, a cash match of five percent in the first program year, ten percent in the second program year and 15 percent in the third program year is required and the balance of the match may be in-kind. A cash match is not required for Planning Grants.

1.4.3 If an Applicant is any combination of Fiscally Constrained Counties and non-fiscally-constrained counties, local matching funds must be equal to the total amount requested in the Application.

Additional details on matching funds requirements can be found in Appendix A.

1.5 TARGET POPULATION

For this funding cycle, the Department has identified two potential Target Populations as defined in Section 1.6. Applications for funding can focus on either or both population(s) and must demonstrate collaborative efforts between criminal justice and behavioral healthcare systems and the involvement of all relevant stakeholders. Funding must be used for interventions designed to shift the identification, care and treatment of the Target Population from the criminal or juvenile justice system to the behavioral healthcare system.

1.6 DEFINITIONS

The following definitions apply to the terms of this solicitation:

1.6.1 Applicant

A county or consortium of counties, or a not-for-profit provider or managing entity designated by the county planning council or committee, as described in § 394.657, F.S., submitting an application in response to this RFA.

1.6.2 At-Risk

1.6.2.1 Adults who are “at-risk” of involvement in the criminal or juvenile justice systems have factors associated with possible criminal behavior, including homelessness and other unstable living

re-entry to the community from prison or release from a forensic facility; or a history of involvement in the criminal justice system.

1.6.2.2 Youth who are “at-risk” of involvement in criminal or juvenile justice systems have factors associated with possible delinquent behaviors that can lead to involvement in the juvenile justice system, including individual factors, family factors, peer group factors, school-related factors, or community environmental factors.

1.6.3 Crisis Intervention Team (CIT)

A first responder model that provides law enforcement with crisis intervention training for assisting individuals with a mental illness experiencing a behavioral healthcare crisis.

1.6.4 Diversion Program

A program that seeks to divert individuals with mental illness, substance use disorders or co-occurring disorders from the criminal or juvenile justice system and links them to community-based services and supports in order to address root causes of criminal behavior through effective intervention.

1.6.5 Evidence-Based Programs and Practices (EBP)

A program or intervention that complies with the terms of Managing Entity Program Guidance 1 – Evidence-Based Guidelines, available at:

<http://www.myflfamilies.com/services/substance-use/managing-entities/2016-contract-docs>

1.6.6 Fiscally Constrained County

A county that is entirely within a rural area of the state designated by the Governor pursuant to s. 288.0656, F.S., or a county for which the value of land is no more than \$5 million in revenue, based on the taxable value certified pursuant to s. 1011.62(4)(a) from the previous July 1, shall be considered a fiscally constrained county (s. 218.67(1), F.S.). See [Appendix A](#) for the list of 29 counties that currently meet this designation.

1.6.7 Procurement Manager

A Department employee designated by the Director of Substance Abuse and Mental Health to manage the process of awarding the CJMHSA Reinvestment Grant according to the criteria outlined in the RFA.

1.6.8 Recovery Oriented Services

prioritized goals and objectives; and describes an intended outcome and measurable targets of achievement. If the Applicant participated in Sequential Interagency Mapping, the document produced as a result of that mapping can serve as the Strategic Plan.

1.6.12 Supplant or Supplanting

The use of grant funds to displace available funds which, prior to this award, an Applicant used to accomplish the same work as the approved grant funds.

2.1.6.2.1

2.2.3.2.4. Establishing methodologies for sharing data and information.

2.2.3.3 Objective 3 - To be proposed by the Applicant

All Planning Grant applications must propose a minimum of two additional objectives and accompanying services tasks designed to support the primary diversion planning goals of the community. Additional objectives may include:

2.2.3.3.1. Workforce development, through additional training, licensure, credentialing, accreditation, etc.;

2.2.3.3.2. Increased implementation of evidence-based and best practices in mental health and substance abuse treatment services for the Target Population;

2.2.3.3.3. Adapting existing service capacity and models to better address unique recovery-oriented needs of the Target Population

Target Population from the crim

2.3 SUSTAINABILITY

Grant awards resulting from this RFA will not be renewable at the end of the grant funding period. While Applicants are not expressly precluded from responding to any future RFAs, the Department strongly encourages Applicants propose strategies to promote service sustainability at a level that continues the intended project benefits of the initiative after the termination of a grant award.

2.4 PERFORMANCE MEASURES

Grantees must provide data that measures the results of both process and outcome data related to the performance measures are to be collected and reported to the Department and the CJMHSA TAC at the Florida Health Institute. Additional information requested by the CJMHSA TAC must also be provided to enable the CJMHSA TAC to perform the statutory duties established in the authorizing legislation.

2.4.1 Planning Grants

The following performance measures will be included in the final Grant Agreement between the Department

2.4.2.7 Percent of Program participants the ~~Grantee is~~ ~~Grantee is~~ obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission.

2.4.2.8 Percent of Program participants diverted from a State Mental Health Treatment Facility.

2.4.2.9 The final Grant Agreement shall include at least one additional performance measure proposed by the Applicant ~~specific to~~ ~~specific to~~ the Target Population.

2.5 DELIVERABLES

The Department reserves the right to change or modify the deliverables in the final Grant Agreement.

2.5.1 Service Units

A unit of service is equal to one quarter of Program services and activities, to be reported to the Department using the Quarterly Program Status Report ~~as defined in~~ ~~as defined in~~ 2.5.2.2.

2.5.1.1 Planning Grants

The following service targets will be incorporated into the final Grant Agreement to be achieved over the life of the Grant Agreement and reported as part of the Quarterly Program Status Report:

2.5.1.1.1 Progress towards conducting a current needs assessment.

2.5.1.1.2 Progress towards establishing ~~legally~~ ~~legally~~ agreements with key stakeholders.

2.5.1.1.3 Progress toward submission of the final Strategic Plan.

2.5.1.2 Implementation and Expansion Grants

The following service targets will be incorporated ~~into the final~~ ~~into the final~~ Grant Agreement as target numbers to be achieved over the life of the Grant Agreement ~~reported~~ ~~reported~~ as part of the Quarterly Program Status Report:

2.5.1.2.1

The Quarterly Financial Report must be signed and certified by an authorized representative that the Financial Report represents a complete and accurate account of all expenses supported by the Program award and statutory match obligations. Department will provide the template to file this report.

2.6.3 Final Program Status Report

A detailed report of the services and activities rendered for the entire award period and the status of the Program in meeting the performance measures, goals, objectives, and tasks described in the application. Board of County Commissioners shall be responsible for approving the final report before submission to Department.

2.6.4 Final Financial Report

A detailed report of Program expenses for the entire award period documenting expenditure of grant funds in compliance with the statutory match requirement. The Final Financial Report must be signed and certified by an authorized representative that the Financial Report represents a complete and accurate account of all expenses supported by the Program award and statutory match obligations.

2.6.5 Reporting Schedule

Reports shall be submitted in accordance with the following schedule:

Table 1. Reporting Schedule

| Report Name | Due Date | DCF Address to Receive Reports |
|-----------------------------|--|---|
| Program Status Report | 15 th day of the month following the quarter of program services and activities | Department of Children & Families Substance Abuse & Mental Health 1317 Winewood Blvd Tallahassee, FL 32399 |
| Financial Report | 15 th day of the month following the quarter of program services and activities | |
| Final Program Status Report | No later than 60 days following the ending date of the Grant Agreement | |
| Final Financial Report | No later than 60 days following the ending date of the Grant Agreement. | |

2.6.6 Additional Reporting Requirements

Additional reporting pertaining to the services and activities rendered shall be provided, should the Department determine this to be necessary.

2.6.7 Acceptance of Reports

equal amounts, based upon total funding.

2.7.2 Implementation and Expansion Grants

Subject to the availability of funds, the Department guarantees upon satisfactory completion of services, terms, and conditions of the Grant Agreement. The Department intends to make quarterly payments, in equal amounts, based upon each year's total funding. Funding in Years 2 and 3 are contingent upon compliance with the requirements of this Program and demonstration of performance towards meeting Program goals and objectives and the availability of funds.

2.8 FINANCIAL CONSEQUENCES

Any Grant Agreement resulting from this RFA will be subject to the terms and conditions of the Grant Agreement, including but not limited to the provisions of 43 CFR 3.916(a)(1) and 56.106(b)(3).

2.8

SECTION 3 GRANT SOLICITATION AND EVALUATION PROCESSES

3.1 CONTACT PERSON

This RFA is issued by the Florida Department of Children and Families. Questions about this RFA must be submitted in writing to Michele.staffieri@myflfamilies.com

3.2 LIMITATIONS ON CONTACTING THE DEPARTMENT

Applicants shall limit their contact regarding this RFA to the contact person listed above with reference to this solicitation, no representations, other than those distributed by the contact person, in writing, are binding. Applicants are cautioned that oral responses do not bind the Department.

3.3 SCHEDULE OF EVENTS AND DEADLINES

Any changes to these activities, dates, times or locations, will be accomplished by addenda. All times refer to EST Standard Time.

Table 2: Schedule of Events and Deadlines

| Event | Date | Time | Location |
|---|----------------|----------|---|
| Request for Applications Advertised and Released | March 8, 2017 | 5:00 pm | http://vbs.dms.state.fl.us/vbs/main_menu |
| Conference Call with the Department to Discuss Requirements | March 29, 2017 | 10:00 am | Conference call # 1-888-670-3525 Pin 2868250655 |
| Mandatory Notice of Intent to Submit an Application | April 3, 2017 | 5:00pm | Michele Staffieri, Procurement Manager Department of Children and Families 1317 Winewood Blvd., Bldg. 6, Room 231 Tallahassee, FL 32399-0700 |
| Submission of Inquiries | April 5, 2017 | 3:00 pm | Michele.staffieri@myflfamilies.com |

3.4 MANDATORY NOTICE OF INTENT TO SUBMIT AN APPLICATION

Anyone interested in submitting an application in response to this RFA is required to complete and submit Appendix L – Notice of Intent to Submit an Application to the Procurement Manager specified in Section 3.1, by the date and time specified in Section 3.3.

Where a county is designating another entity to submit an application on their behalf, is it acceptable for either the county or the other entity to submit the required Notice to Submit an Application. Pursuant to Section 3.7.7, a letter certified by the county planning council or designated committee designating the not-for-profit community planning or managing entity to apply for the RFA on behalf of the county must be submitted with the application.

3.5 OBTAINING A COPY OF THE REQUEST FOR APPLICATIONS

Interested parties may obtain a copy of the RFA from the following http://www.its.state.vt.us/vbs/main_menu

3.6 DIRECTIONS FOR SUBMITTING AN APPLICATION

Applications not meeting the specifications below will be nonresponsive and will not be eligible for evaluation or grant award.

3.6.1 Applications must be submitted in accordance with the Schedule of Events and Deadlines.

Applications not received at the specified place or by the specified date and time will be rejected and returned.

3.7 APPLICATION FORMATTING INSTRUCTIONS

Applications must be formatted in accordance with the following:

- 3.7.1 Typed, single-spaced, in black ink, Arial font size 12;
- 3.7.2 8-1/2" x 11" paper, one column per page, single sided, with one inch margins on all sides;
- 3.7.3 Pages numbered on the bottom right hand corner, beginning with the cover page;
- 3.7.4 Secured in three-ring binders, clearly labeled on the front and spine identifying the name of the project and the name of the Applicant;
- 3.7.5 Table of contents clearly showing the order of the material and associated page numbers; and
- 3.7.6 Tabs identifying each of the required sections.

3.8 APPLICATION COMPONENTS

3.8.1 Tab 1: Cover Page

The application must include a completed Cover Page, detailing the total amount of the requested grant by state fiscal year and total, indicating the grant sought, the point of contact, and the signature of a duly authorized county official.

3.8.2 Tab 2: Table of Contents

The application must include a table of contents identifying each section of the application and the associated page number(s). Supporting documentation must be indexed and labeled accordingly.

3.8.3 Tab 3: Statement of Mandatory Assurances

The application must include a completed Statement of Mandatory Assurances, initialed by a duly authorized official.

3.8.4 Tab 4: Match Commitment and Summary Forms

The application must include a completed Commitment of Match Donor Appendix from each organization that will be providing matching funds and a completed Match Summary Report.

3.8.5 Tab 5: Statement of the Problem (Limited to 10 pages)

3.8.5.1 For both Planning and Implementation and Expansion Grants, the application must include detailed description of the problem the project will address. The application should document the extent of the problem using local or state data and include trend analysis. Describe the project's geographic environment, Target Population, socioeconomic factors, and priority as a community concern. If Applicant is a consortium of counties, describe the geographic region to be covered.

3.8.5.1.1 The application must provide an analysis of the current population of the jail or juvenile detention center in the county or region, including:

3.8.5.1.1.1 A description of the screening and assessment process used to identify the Target Population(s);

3.8.5.1.1.2 The percentage of persons admitted to the jail or juvenile detention center that represents people who have a mental illness, substance use disorder, or co-occurring disorders;

3.8.5.1.1.3 An analysis of observed contributing factors that affect population trends in the county jail or juvenile detention center; and

3.8.5.1.1.4 Data and descriptive narrative ~~about~~ the specific factors that put

3.8.6.3.3.4 How the agencies and organizations involved will communicate throughout the lifetime of the project, including the frequency of planned meetings, and the decision making process to ensure successful implementation.

3.8.6.3.3.5 The plan to screen potential participants and conduct tailored, validated needs-based assessments. Include criteria to be used, specific screening tool(s) and validity specific to the Target Population. If specific tool(s) have not yet been selected, describe the process by which tool(s) will be selected;

3.8.6.3.3.6 How the Program will coordinate care to increase access to mental health, substance abuse and co-occurring treatment and support services and ancillary social services (i.e., housing, primary care; benefits, etc.);

3.8.6.3.3.7 How law enforcement will assess their current process at intercept points, capacity, and how they intend to implement or expand diversion initiatives (e.g., processes, training, etc.); and

3.8.6.3.3.8 If the Applicant is a consortium of counties, describe the collaboration and the relationship between the partner counties.

3.8.6.3.4 The application must include a description of the strategies an Applicant intends to use to serve the Target Population, including a description of the services and supervision methods to be applied and the goals and measurable objectives of the new interventions. Interventions may include, but are not limited to:

3.8.6.3.4.1 Specialized responses by law enforcement agencies;

3.8.6.3.4.2 Centralized receiving facilities or systems for individuals evidencing behavioral difficulties;

3.8.6.3.4.3 Post-booking alternatives to incarceration;

3.8.6.3.4.4 New court programs, including pretrial services and specialized dockets;

3.8.6.3.4.5 Specialized diversion programs;

3.8.6.3.4.6 Intensified transition services that are directed to the designated populations while they are in jail or juvenile detention to facilitate their transition to the community;

3.8.6.3.4.7 Specialized probation processes;

3.8.6.3.4.8 Day-reporting centers;

3.8.6.3.4.9 Linkages to community-based, evidence-based treatment programs for the served Target Population; and

3.8.6.3.4.10 Community services and programs designed to prevent high-risk populations from becoming involved in the criminal or juvenile justice system.

3.8.6.4 Performance Measures

Applications must include a description of the manner in which the grant will be monitored to determine achievement of performance measures outlined in 2.4, including:

3.8.6.4.1 A description of the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness;

4.4.4

4.8 FORMAL APPEALS

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

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

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

APPENDIX A – STRATEGIC PLAN FORMAT

Planning Grants

Grantees must adhere closely to the following Strategic Plan format in the accomplishment of their prime object during the year of funding.

Implementation and Expansion Grants

Applicants must submit a Strategic Plan as an attachment to the initial grant application.

Strategic Plan Format

Cover Page

The Cover Page must provide all of the information below, providing basic information regarding the development and rationalization for the Strategic Plan:

- x Statement of the Problem or Critical Issues - careful analyses of the scope of the problem using current data, implications of the data, critical issues and various constituents, such as law enforcement, courts, treatment providers, etc.
- x Regional Partnership Strategic Planning Process and Participants - how planning occurred, strategic alliances, plans for leveraging funds and other resources, etc.
- x

APPENDIX A continued

Goal #1: (broad statement of the intended outcome)

| Objective #1: | | (supports the goal and how the goal will be accomplished) | | |
|---------------|--|---|---|---|
| | Task | Performance Measure | Lead Person or Organization | Projected Completion Date |
| 1.1 | clearly identify the task(s) associated with the accomplishment of each objective, there may be several tasks associated with an objective | describe how performance of each task will be measured | identify the person or organization responsible for each task | identify a target completion date for each task |
| 1.2 | | | | |
| 1.3 | | | | |

| Objective #2: | | (supports the goal and how the goal will be accomplished) | | |
|---------------|--|---|---|---|
| | Task | Performance Measure | Lead Person or Organization | Projected Completion Date |
| 2.1 | clearly identify the task(s) associated with the accomplishment of each objective, there may be several tasks associated with an objective | describe how performance of each task will be measured | identify the person or organization responsible for each task | identify a target completion date for each task |
| 2.2 | | | | |
| 2.3 | | | | |

APPENDIX B – GUIDANCE FOR INCORPORATING EVIDENCE-BASED OR BEST PRACTICES

Many federal agencies have published resource lists of services and practices that have already determined to be effective and can be found in the following sources:

x SAMHSA's

APPENDIX C –COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

| PROPOSAL INFORMATION | | | |
|------------------------|--|----------------|------------------------------------|
| Project Title: | | | |
| County(ies): | | | |
| Project Start Date: | | | |
| Type of Grant: | | Planning Grant | Implementation and Expansion Grant |
| GRANT POINT OF CONTACT | | | |
| Contact Name & Title: | | | |
| Applicant: | | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| City: | | State: | Zip: |
| Email: | | | |
| Phone: | | Fax: | |
| CONTACT INFORMATION | | | |
| Contact Name: | | | |
| Co-Applicant: | | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| City: | | State: | Zip: |

APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

| | | Initial |
|----|---|---------|
| A. | <u>Infrastructure:</u> The Applicant shall possess equipment and access necessary to participate fully in this solicitation. | |
| B. | <u>Site Visits:</u> The Applicant will cooperate fully with the Department coordinating site visits, if desired by the Department. | |
| C. | <u>Non-discrimination:</u> The Applicant agrees that no person will be based the race, color, national origin, creed or religion be excluded from participation in, be refused the benefit otherwise subjected to discrimination pursuant to the Act governing these funds or any project activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended prohibits discrimination in employment or any program or activity that receives or benefits from federal assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301. | |
| D. | <u>Lobbying:</u> The Applicant is prohibited by Title 31, USC, Section 1352, entitled “Limitation on use of appropriated funds to influence certain Federal contracting and transactions ,” from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93). | |
| E. | <u>Drug-Free Workplace Requirements:</u> The Applicant agrees that it will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76. | |
| F. | <u>Smoke-Free Workplace Requirements:</u> Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that no be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used regularly for the provision of health, day care, education, or library projects to children under the age of 18 years are funded by Federal grants either directly or through State or local governments, by Federal grant , loan or loan guarantee. The law does not apply to children’s projects provided in private residences, as facilities solely by Medicare or Medicaid funds, and portions of facilities used for Inpatient drug or alcohol treatment. Failure with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$5,000 per the imposition of an administrative compliance order on the responsible entity. | |
| G. | <u>Compliance and Performance:</u> The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program demonstration of performance towards completing the grant key activities and meeting the grant objectives as well as availability of funds. | |
| H. | <u>Certification of Non-supplanting:</u> The Applicant certifies that funds received under this solicitation will not be used for programs currently being paid for by other programs where the funding has been committed. | |

Submission of Data:

I.

APPENDIX E – MATCHING FUNDS

Criteria for Allowable and Unallowable Match

- 1) Allowable for Matching. Matching requirements may be satisfied by any or all of the following:
 - x Allowable costs supported by the county and non-federal grants incurred by the county during the effective period of the contract;
 - x Funds from partnering organizations or units of government;
 - x The value of third-party funds and in-kind contributions applicable to the matching requirement period.
 - x The value of volunteer services up to and including 10 percent of the total budget.
 - x Costs supported by fees and program income.
- 2) Unallowable for Matching.
 - x Costs paid for by another state or federal contract except as provided by State or Federal statute.
 - x Costs or third-party funds and in-kind contributions used to satisfy a matching requirement of another State contract or Federal grant.
 - x Income from sale of printed material, food, and books purchased with State funds.

<<< The remainder of this page is intentionally left blank. >>>

APPENDIX F – LIST OF FISCALLY-CONSTRAINED FLORIDA COUNTIES

Each county that is entirely within a rural area of critical economic concern as designated by the Governor pursuant to s. 288.0656, F.S., or each county for which the millage rate raises no more than \$5 million in revenue, based on the taxable value certified pursuant to s. 1011.62(4)(a) on the previous July 1, shall be considered a fiscally constrained county, per 218.67(1), F.S.

This list is taken from: <http://dor.myflorida.com/property/corrections/fiscal/pdf/fcco081210.pdf>

- Baker
- Bradford
- Calhoun
- Columbia
- DeSoto
- Dixie
- Franklin
- Gadsden
- Gilchrist
- Glades
- Gulf
- Hamilton
- Hardee
- Hendry
- Highlands
- Holmes
- Jackson
- Jefferson
- Lafayette
- Levy
- Liberty
- Madison
- Okeechobee
- Putnam
- Suwannee
- Taylor
- Union
- Wakulla
- Washington

NOTE: Participation in a consortium by both fiscally constrained and non-fiscally constrained counties will not alter the statutorily required percentages of matching funds for each.

APPENDIX G – BUDGET INSTRUCTIONS

The budget section of the application consists of ~~Budget and~~ Budget Narrative. The line-item budget must show the total project costs and ~~ed plus~~ justification of the requested ~~grants~~. The budget must also indicate the sources and amounts of matching ~~funds.~~ Renovation and Expansion grants, a 3-year budget must be provided.

Applicants are required to use ~~the~~ Commitment to Match Donation Forms

Unallowable Costs - When completing the budget, please note that the following are types of costs that cannot be included. Below is an inclusive list of unallowable costs:

- x Supplanting of staff costs;
- x Administrative costs not related to the implementation of the proposed project;
- x Indirect costs (i.e., costs not related to the project being funded by this grant);
- x

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) _____
 FROM: (donor name) _____
 ADDRESS: _____

The following ___ space, ___ equipment, ___ goods or supplies, and ___ services, are donated to the County permanently (title passes to the County) _____ temporarily (title is retained by the donor), for the period _____ to _____.

Description and Basis for Valuation (See next page)

| <u>Description</u> | <u>Value</u> |
|----------------------|--------------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
| TOTAL VALUE \$ _____ | |

The above donation is not currently included as a cost (or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

 (Donor Signature) (Date) (County Designee Signature) (Date)

Appendix H (cont.)
BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 (2) Number of months donated during the contract _____
 Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space _____ %
 Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ _____
or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:

| | | | | | |
|---------------|----------------------|---|----------------|---|----------|
| Annual Salary | Number of hours 2080 | X | to be provided | = | \$ _____ |
|---------------|----------------------|---|----------------|---|----------|
2. Volunteer -- Comparable annual salary \$ _____

| | | | | | |
|---------------|----------------------|---|----------------|---|----------|
| Annual Salary | Number of hours 2080 | X | to be provided | = | \$ _____ |
|---------------|----------------------|---|----------------|---|----------|

Appendix I - MATCH SUMMARY
(for the entire grant period)

Date - _____

County - _____

Type of Grant - _____

Match Requirement Percentage - _____

Appendix J - CHECKLIST OF MANDATORY APPLICATION CRITERIA

Mandatory Criteria Checklist for: RFA03H17GN2- CJMHSA Reinvestment Grant Program

| | |
|--|-------|
| Print Applicant's Name: | |
| Print Name of Department Reviewer (Procurement Manager): | |
| Signature of Department Reviewer: | Date: |
| Print Name of Department Witness: | |
| Signature of Department Witness: | Date: |

Was the application received by the date and time specified in the RFA and at the specified address?

(YES) = Pass (NO) = Fail

Comments:

Does the Application include the following?

| | | |
|----|--|--|
| 1. | Cover Page Completed form, including requested funding and match funds, signed/dated | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 2. | Statement of Mandatory Assurances | |
| | a. Infrastructure | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| | b. Site Visits | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| | c. Non-discrimination | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| | d. Lobbying | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| | e. Drug-Free Workplace Requirements | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| | f. Smoke-Free Workplace Requirements | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| | g. Compliance and Performance | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| | h. Certifications of Non-supplanting | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| | i. Submission of Data | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| | j. Submission of Reports | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 3. | Project Narrative Description of the services to be provided | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 4. | Notice of Intent to Submit an Application Notice of intent received by the time and detailed in Section 3.4. | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 5. | Budget and Budget Narrative Completed form, including budget narrative | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 6. | Detailed Project Timeline Project timeline for each funding year proposed | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 7. | Commitment of Match Donation Form Completed forms for each match donation committed to the project, each signed and dated | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 8. | Match Commitment Summary Report Completed form indicating sufficient matching commitment and signed and dated | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 9. | Letters of Commitment Summary list of all organizations and letter of commitment from each organization | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |

Comments:

APPENDIX L - NOTICE OF INTENT TO SUBMIT AN APPLICATION

_____ (Applicant Name) wishes to inform the Florida Department of Children and Families of its intent to respond to the solicitation entitled " _____ RFA03H17GN2.

PLEASE PRINT OR TYPE REQUESTED INFORMATION

| | |
|-----------------------------------|--|
| Name of Authorized Official: | |
| Title of Authorized Official: | |
| Signature of Authorized Official: | |
| Date: | |
| Address: | |
| City, State, Zip: | |
| Telephone No: | |
| Website: | |
| E-mail Address: | |