



Family Support Services of North Florida, Inc.

Invitation to Negotiate

For

Independent Living Housing Services

For Fiscal Years 2021-2023

ITN-ILH-021

Date posted: The date and time of first official posting of this ITN is March 1, 2021 at 2:00 p.m. Eastern Standard Time

Submission Deadline: April 9, 2021, at 2:00 p.m. Eastern Daylight Time

Anticipated Contract Start Date: July 1, 2021

Number of Awards: Multiple

Please be informed that Family Support Services of North Florida, Inc. (FSSNF), is seeking proposals from qualified vendors to provide Independent Living housing services and support related services to FSSNF. FSSNF will begin accepting proposals immediately and all proposals must be submitted in writing.

In order to respond to this ITN, interested applicants must:

- Complete and submit the vendor packet and required attachments as described in this ITN.
- Submit a detailed bid for the services noted below in the scope of work.

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SECTION 1. FAMILY SUPPORT SERVICES OF NORTH FLORIDA OVERVIEW:

Family Support Services of North Florida, Inc. (FSSNF), is the lead agency for foster care, adoption and family preservation in Duval and Nassau counties. Through community-based care, FSSNF provides services and programs to help prevent child abuse and neglect, to promote a healthy family environment and to care for our community's children in foster care.

The non-profit organization was established in 2001 to provide child protective services in Duval County, and was expanded to also serve Nassau County in 2007.

1.1. FSSNF Mission

The mission of Family Support Services of North Florida, Inc., is to be the leader in providing safety, stability, and quality of life for all children by working with the community to strengthen the family unit.

FSSNF is governed by a Board of Directors specifically selected to represent Duval and Nassau counties in developing and overseeing the child protection system of care.

Services for abused and neglected children and their families are performed by a network of local community-based non-profit agencies: Daniel Memorial, Inc., Jewish Family & Community Services, Inc. (JFCS), and National Youth Advocate Program, Inc. (NYAP), which are also governed by community boards of directors.

Our vision is that children grow up connected to their own families, supported by families and protected by the community; that children have the opportunity to achieve in school and to learn to be productive citizens; that citizens of Duval and Nassau counties, organizations and agencies recognize that child protection is a community responsibility and represents the best interests of all county residents.

SECTION 2. QUALIFICATION REQUIREMENTS:

Mandatory contract award and performance criteria include:

- The respondent must be appropriately licensed in the State of Florida to provide the advertised service.
- Accompanying the application must be the names and contact information for three (3) professional references who are knowledgeable about the quality of service the applicant provides. Local references preferred.

2.1. Disqualification Criteria:

1. Failure to have performed any previous contractual obligations with FSSNF or the State of Florida in a manner satisfactory to FSSNF, another Lead Community Based Care Agency, or DCF may be sufficient cause for disqualification. To be disqualified as a respondent under this provision, the respondent must have:
 - a. Previously failed to satisfactorily perform in a contract with FSSNF, another Lead Community Based Care Agency, DCF or the State of Florida, been notified of unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of these entities; or
 - b. Had a contract terminated by FSSNF, another Lead Community Based Care Agency, DCF, or the State of Florida.
2. FSSNF will not award contracts to any agency or its Providers and/or sub-providers that:
 - a. Have been barred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal, State, or local department or agency;

- b. Have within a 3-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are presently indicted or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated in the paragraph above; and
- d. Have within a 3-year period preceding this proposal, had one or more public transactions terminated for cause or default.

2.2. Submission Criteria:

- 1. All proposals must be submitted as specified with the proposal pages required. To be considered, the proposal must respond to all parts of the ITN and information not clearly defined as a response to application requirements or in the proper order or section may not be scored.
- 2. All proposals shall become the property of FSSNF. The completed application and all applicable documents must be submitted to the Contracts Department and received at the address below by the time and date specified in Section 5. The proposal shall be signed by a representative who is authorized to contractually bind the Respondent.
- 3. One (1) hard copy original document and on electronic media (i.e., CD, flash drive, etc.) and submitted via certified mail with return receipt for proof of delivery or hand delivered to the FSSNF corporate office at 1300 Riverplace Blvd., Suite 700, Jacksonville, FL 32207.
 - a. If hand delivered, the applicant must obtain a signed receipt from the receiving FSSNF staff person indicating the date and time of delivery and who received the application for FSSNF. All submitted applications must be clearly marked on the outside of the sealed packaging.

Failure to respond to this ITN in this manner may result in disqualification from consideration. Proposals which are received by FAX are not acceptable and will be rejected.

2.3 Scope of Work/Service Description:

The selected Subcontractor(s) will help support the number of supervised placement inventory for young adults, aged 18-21 years of age, enrolled in FSSNF's Extended Foster Care (EFC) Program. The Subcontractor(s) will be expected to provide related services within Duval County for FSSNF as directed by FSSNF's Independent Living and Youth Well Being Program Manager. The final resulting agreement(s) will be negotiated with the successful vendor(s) depending on capacity and funding availability. The structure of the service delivery shall include, but not be limited to the following:

- 1. Subcontractor shall have residential housing space available within Duval County.
- 2. Required service tasks include:
 - a. Property(ies) includes functioning:
 - i. Smoke alarms
 - ii. Appliances, including:
 - 1. Refrigerator
 - 2. Stovetop and oven
 - 3. Microwave

- iii. Bathroom
 - iv. Furnished living room/common areas, including:
 - 1. Kitchen table and chairs
 - 2. Couch(es)
 - v. Access to technology in the home, including
 - 1. Wi-Fi
 - b. Each young adult is assigned their own bedroom.
 - i. Minimum of one (1) bathroom per every (3) young adults
 - c. Safety features:
 - i. Locks on bedroom doors
 - ii. Window locks
 - iii. Signature of an Acknowledgement of Firearms Safety Requirements Documentation, if applicable to setting (Exhibit IV)
 - d. Property(ies)/unit(s) has access to public transportation
 - e. Subcontractor must undergo:
 - i. Local background screening
 - ii. FAHIS Abuse History Check
 - f. Subcontractor must participate in
 - i. FSSNF requested staff training, including but not limited to:
 - 1. Trauma-informed
 - ii. Quarterly home visits with FSSNF staff
 - iii. Review (doc) with FSSNF staff
 - g. Communicate with FSSNF
 - i. Review Supervised Living Arrangement Assessment for Extended Foster Care, attached as Exhibit III
 - ii. Inform FSSNF of any lease violation to staff
 - iii. Provide FSSNF at least thirty (30) days written notice of its intention to discharge the youth from the placement
3. Preferred service tasks include:
- a. Access to a washer/dryer on site
 - b. Safety features:
 - i. Security cameras
 - c. Access to technology in the home, including:
 - i. Computer access
 - ii. Cable TV
 - d. Able to facilitate opportunities for community partnerships for young adults, examples including but not limited to:
 - i. Connections to jobs
 - ii. School
 - iii. Support systems

2.4. Content of the Reply/Bid:

- 1. Mandatory Requirements
- 2. Executive Overview
- 3. Mission
- 4. Description of Property(ies), Home Environment(s) and Location(s)
 - a. Describe capacity of property(ies) (layout, number of bedrooms/bathrooms)
 - b. Include comprehensive list of safety features on site
 - c. Provide a list of additional amenities/services available on site

- i. Wi-Fi connectivity information/speeds
 - ii. If washer/dryer not on site, please list location of nearest laundromat
 - d. Provide location of closest public transportation and routes or ability to provide private transportation
 - e. Maintenance service response times
5. Copy of Master Lease Agreement
 - a. Subcontractor requirements, including:
 - i. Monthly rate expectation per unit/young adult
 - ii. Deposit/first months' rent policy
 - iii. Escalation process regarding concerns or issues
 - iv. Any additional requirements
6. Description of Supervision/Oversight Measures
 - a. Frequency of status checks of the property(ies)
 - b. Implementation Plan for Life Skills Log (Exhibit II), Supervised Living Agreement Documentation (Exhibit III), and Acknowledgement of Firearms Safety Requirements Documentation (Exhibit IV).
 - c. Security Measures
 - i. Location of security equipment, length of feed, retention of camera feeds if applicable
7. Financial Stability
 - a. Provide last three (3) years of financial reports, including at minimum, Balance Sheet, Income Statements, and Statements of Cash Flow, certified by an Accountant, if applicable.
 - b. Provide most recent Annual Report and Auditor's Report, if applicable.
 - c. Provide letters of reference from financial institution(s) that attest to the credit-worthiness of you and/or your company and their willingness to do business with you and/or your company.
8. Staffing and Structure
 - a. Describe Vendor's experience as landlord/property owner (length of time owning property) and/or managing property.
 - b. Describe any experience working with young adults and/or knowledge of child welfare.
 - c. Include number of staff and provide qualifications, etc.
 - i. Local representatives (If applicable to management company)
 - ii. Background screening attestation/results
 - d. Discuss schedule of housing availability
9. Copy of completed Vendor Packet to include all requested information.

SECTION 3. SPECIAL CONDITIONS:

3.1. News Releases/Publicity:

News releases, publicity releases, or advertisements relating to this contract or the tasks or projects associated with the project, when feasible, shall not be made without prior knowledge of FSSNF. Releases should identify the funding entity as well as the funding source.

3.2. ITN Documents:

Respondent shall examine the ITN carefully. Ignorance of the requirements will not relieve the Respondents from liability and obligations under the awarded Contract.

3.3. Respondent's Costs:

FSSNF shall not be liable for any costs incurred by Respondents in responding to this ITN.

3.4. Conflict of Interest:

The award hereunder is subject to provisions of federal regulations, state statutes and county ordinance. All Respondents must disclose with their proposal the name of any officer, director, or agent who is also an employee of FSSNF. Further, all Respondents must disclose the name of any FSSNF employee or who owns, directly or indirectly, any interest in the Respondent's firm or any of its branches.

3.5. Lobbying Statement:

Firms and their agents are hereby placed on notice that the FSSNF staff or evaluation team shall not be contacted (with the exception of designated contact person) about this Proposal. Public meetings and public deliberations are the only acceptable forum for the discussion of merits of products/services requested by the Invitation to Negotiate and written correspondence in regard to proposals may be submitted to the FSSNF official contact person. Failure to adhere to these requirements could result in action to disqualify Respondent from consideration of award.

3.6. Addition, Deletion, or Modification of Proposal:

FSSNF reserves the right at its sole discretion to increase, decrease, or delete any portion of this proposal at any time without cause.

3.7. Right to Inspect, Investigate, and Rely on Information:

In ranking replies for negotiation and in making a final selection, FSSNF reserves the right to inspect a vendor's facilities and operations, to investigate any vendor representations and to rely on information about a vendor in FSSNF's records or known to its personnel.

3.8. Rejection of all replies:

FSSNF reserves the right to reject all replies at any time, including after an award is made, when doing so would be in the best interests of FSSNF. By rejecting all replies, FSSNF assumes no liability to any vendor.

3.9. Withdrawal of ITN:

FSSNF reserves the right to withdraw the ITN at any time, including after an award is made, when doing so would be in the best interest of FSSNF. By withdrawing the ITN, FSSNF assumes no liability to any vendor.

3.10. Disclaimers:

Any contract or agreement with FSSNF will require applicant's performance to be in compliance with all applicable federal and state laws, regulations, agency rules and procedures, and FSSNF policies and procedures.

Participation by smaller businesses and organizations and by minority and women's business enterprises certified as such by the State of Florida is encouraged. Anyone is eligible to submit a proposal for contracted services. FSSNF shall not discriminate against a potential provider or proposal for service on the basis of race, creed, sex, religious orientation, or affiliation.

FSSNF reserves the right to reject any and all responses to the competitive procurement solicitation document, and to ignore or correct minor irregularities when it is in the best interest of FSSNF, the network and its clients to do so.

3.11. Term of the Agreement:

The anticipated start date of the resulting contract is July 1, 2021. The anticipated duration of the contract is two (2) years and shall end on June 30, 2023. The contract may be renewed for a



period not to exceed two (2) years. Such renewal shall be made by mutual agreement and shall be contingent upon satisfactory performance as determined by FSSNF and shall be subject to the availability of funds. Any renewal shall be in writing and shall be subject to the same terms and conditions as set forth in the initial contract including any amendments.

SECTION 4. CONTACT:

4.1. Official Contact Person:

This Invitation to Negotiate (ITN) is issued by Family Support Services of North Florida, Inc. The sole point of contact for information concerning procedures for responding to this ITN is:

Amanda VanLaningham
Director of Contracts, Compliance, and Quality Management
Family Support Services of North Florida, Inc.
1300 Riverplace Boulevard, Suite 700
Jacksonville, Florida 32207
(904) 672-4568
Amanda.VanLaningham@fssnf.org

Material changes, if any, to the scope of services of bidding procedures will only be transmitted by written addendum and posted on the FSSNF website at <https://www.fssjax.org/procurement/>.

4.2. Notices:

All notices, decisions, intended decisions, notice of award, responses, and postings to inquiries will be communicated through electronic posting at the following website:

<https://www.fssjax.org/procurement/>

It is the prospective Respondent's exclusive responsibility to access any and all updates posted. This is the sole official posting for this advertisement.

4.3. Limitations of Contacting FSSNF:

Respondents are advised to limit their contact regarding this ITN to the sole contact person listed above. With reference to this ITN, no representations, other than those distributed by the contact person in writing, are binding on FSSNF and Respondents are cautioned that oral responses by FSSNF are not binding upon it.

4.4. Contact Other than During the Negotiations Phase:

Prospective vendors or persons acting on their behalf may not contact, between the release of this ITN and the end of the 72-hour period (Saturdays, Sundays and state holidays excluded), following FSSNF's posting of the notice of intended award, FSSNF personnel or any employee, member of FSSNF Board of Directors, or officer of the executive or legislative branch of the State of Florida concerning any aspect of this solicitation, except in writing to the contact person identified above or as provided in this solicitation. Any such contact by an affiliate, a person with a relevant business relationship with a prospective vendor, or an existing or prospective subcontractor to a prospective vendor is assumed to be on behalf of a prospective vendor unless otherwise shown.

4.5. Contact During the Negotiations Phase:

During the negotiations phase of this ITN: (i) any contact and communication between the members of the negotiations team for the prospective vendor(s) with whom FSSNF is negotiating and the negotiations team for FSSNF is permissible, but only "on the record" (as required by s. 286.0113(2) F.S.) during the negotiations meetings; and (ii) communication between the lead

negotiator for the prospective vendor(s) with whom FSSNF is negotiating outside of the negotiations meetings is permissible so long as it is in writing.

4.6. Violation of Contact Limitations:

Violation of the provisions of this section of the ITN will be grounds for rejecting a reply, if determined by FSSNF to be material in nature. Violation of this section is material in nature if the contact (oral, electronic, or written):

1. is heard or read by a person, prior to the completion of that person's final duties under this ITN, which person is responsible for reviewing, evaluating, scoring, ranking, or selecting vendors under this ITN, or for advising any such person;
2. advocates for the selection of the prospective vendor, the disqualification of any other prospective vendor, or the rejection of all bids;
3. comments on the qualifications of any bidder or the responsiveness of any bid;
4. presents additional information favorable to the prospective vendor or adverse to another prospective vendor; or,
5. otherwise seeks to influence the outcome of this ITN;
6. may not be waived as a minor irregularity by virtue of the nature, intent, and extent of the information conveyed.

The foregoing does not preclude a determination by FSSNF that other forms of contact are material violations of the provisions of this ITN.

4.7. Inquiries:

Inquiries must be submitted in writing to FSSNF on or before the date specified in Section 5. Responses to all inquiries which involve clarification and/or changes to this ITN will be made available as specified in Section 4.2 in the order in which they were received. No questions related to this ITN will be accepted after the time specified in Section 5. **Only written inquiries will be accepted, email is acceptable.**

4.8. Notice of Intent to Submit a Reply:

Vendors who are interested in responding to this ITN are encouraged to send a Notice of Intent to Submit a Reply (**ATTACHMENT VII**) to the official contact person specified in section 4.1. on or before the time specified in Section 5.

SECTION 5. TIMELINE - SCHEDULE OF EVENTS AND DEADLINES:

EVENT	DATE AND TIME*
Invitation to Negotiate released and posted on the FSSNF website	03/01/2021 2:00 PM, EST
Last Day to Submit Inquiries and Notice of Intent to Submit a Reply	03/12/2021 2:00 PM, EST
Posting of Responses to Inquiries	03/26/2021 2:00 PM, EDT
Sealed Proposals due to FSSNF	04/09/2021 2:00 PM, EDT
Opening of Proposals **public meeting	04/09/2021 2:30 PM, EDT
Posting of Qualified Respondents	04/09/2021 4:00 PM, EDT
Evaluation period	Week of 04/12/2021

EVENT	DATE AND TIME*
Debrief meeting of evaluators and ranking of replies **public meeting	04/30/2021 10:00 AM, EDT
Posting of the Ranking of Replies and Intent to Negotiate	04/30/2021 12:00 PM, EDT
Anticipated Negotiations & Transition Planning Period	Week of 05/03/2021
Meeting of Negotiation team to develop recommendation for award **public meeting	06/01/2021 10:00 AM, EDT
Post Intent to Award Notice	06/01/2021 12:00 PM, EDT
Anticipated effective date of contract	07/01/2021

*The dates and times listed are subject to change as deemed necessary by FSSNF.

**Public meetings will be held at the address below:

Family Support Services of North Florida, Inc.

1300 Riverplace Boulevard, Suite 700

Jacksonville, Florida 32207

Zoom Meeting Link:

<https://zoom.us/j/92635919133?pwd=TjNtR2FuUnlYaDJyMEVORFh6N3lzZz09>

Meeting ID: 926 3591 9133

Passcode: 586125

Call Number: 1 (301) 715-8592

SECTION 6. PROTESTS:

Purpose and Scope: Protests may be filed in response to competitive procurement decisions.

6.1. Filing the Protest:

Any person or agency that has been adversely affected by a decision or intended decision concerning a solicitation or a notice of contract award may file a written notice of intent to protest with the FSSNF contact person listed in the solicitation document within three calendar days after the posting of the solicitation or of the notice of FSSNF's decision or intended decision. The notice of intent to protest may be filed electronically and submitted to: Amanda.VanLaningham@fssnf.org.

6.2. Issues Causing Protest:

Any person who or agency that has been adversely affected by the terms, conditions and specifications contained in this solicitation, including any provisions governing the methods for ranking proposal, Applications, or replies, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract shall file a notice of intent to protest in writing within three calendar days after the posting of the notice or decision or intended decision. When filing the protest the following requirements must be adhered to:

A formal protest must be filed with the FSSNF contact person after filing the notice of intent to protest. The formal protest must be:

1. In writing; and,
2. Filed within ten (10) business days after filing of the notice of protest.
 - a. No time will be added to the above time limits for mail service.

- b. Failure to file a protest within the time prescribed shall constitute a waiver of protest proceedings; and,
3. Accompanied by a bond payable to FSSNF as described in Paragraph 3 at the time of filing the formal written protest.

6.3. Posting Bond for Protest Filed:

Any person who or agency that files an action protesting a decision or intended decision pertaining to contracts administered by FSSNF must comply with the following requirements:

1. When protesting a decision or intended decision, the protestor must post a bond equal to five percent (5%) of FSSNF's estimated contract amount. FSSNF at its sole discretion shall estimate the contract amount based on factors including, but not limited to, the following:
 - a. The price of previous or existing contracts for similar or contractual services.
 - b. The amount appropriated for the contract.
 - c. The fair market value of similar contractual services
2. FSSNF shall provide the estimated contract amount to the protestor within three business days after the notice of intent to protest has been filed. The estimated contract amount is not subject to protest. The bond shall be conditioned upon the payment of all costs and charges that are adjudged against the protestor in any subsequent hearing in which action is brought and in any subsequent appellate court proceeding.
3. The official hours of office operation for receipt of notice of intent to protest, protest and/or a petition and bond are 8:30 AM to 4:30 PM, EDT.

6.4. Content of Formal Written Notice of Protest:

The formal written notice of protest should be printed, typewritten, or otherwise duplicated in legible form. The content of the formal written notice of protest should contain:

1. The name and address of FSSNF contact person with whom the protest will be filed;
2. The name and address of the agency filing the protest and an explanation of how its substantial interests have been affected by the solicitation or by FSSNF's notice of intended or actual contract award;
3. With particularity, the facts and law upon which the protest is based;
4. A statement of all issues of disputed material facts (if there are none, the protest must indicate such);
5. A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the person or firm filing the protest to relief;
6. A demand for relief to which the person or agency deems himself/itself entitled; and,
7. Any other information which the agency contends is material

6.5. FSSNF's Response to Protest:

1. Upon receipt of a formal written notice of protest, the solicitation process or contract award process must be stopped until the protest is resolved. Upon receipt of a protest, the FSSNF contact person shall immediately consult the appropriate legal counsel. With legal counsel, the FSSNF Chief Executive Officer must determine whether or not to accept or reject the protest.
2. The Board of Directors of FSSNF, if it is deemed necessary, may set forth in writing, particular facts and circumstances which may require continuance of the solicitation processes or the contract award process on an emergency basis without the above mentioned delay in order to avoid immediate and serious danger to public health, safety, or welfare. This written determination will specifically detail the facts underlying the decision and will constitute final agency action. In such circumstances, FSSNF shall use its procurement policy for processing emergency procurements due to disputes.

6.6. Resolution of the Protest:

The formal written protest shall be referred to a hearing officer who shall conduct further proceedings. It shall be the responsibility of FSSNF to appoint an appropriate independent party to serve as the hearing officer. Upon completion of the hearing process and any appellate court proceedings the disposition of the bond shall be as follows:

1. If FSSNF prevails, it shall recover all costs and charges that shall be included in the final order or judgment, excluding attorney fees.
2. Upon payment of such costs and charges by the agency protesting, the bond shall be returned to the agency.

SECTION 7. PUBLIC RECORDS AND TRADE SECRETS:

7.1. Replies and Other Submissions Are Property of FSSNF:

All materials submitted in reply or other response to this ITN become the property of FSSNF, which shall have the right to use such ideas or adaptations of those ideas without cost or charge, regardless of selection or rejection of a reply.

7.2. Replies and Other Submissions Are Subject to Public Inspection:

Unless exempted by law, all public records are subject to public inspection and copying under Florida's Public Records Law, Chapter 119, F.S. A time-limited exemption from public inspection is provided for the contents of a reply and other submittals pursuant to subsection 119.071(1)(b), F.S. Once that exemption expires, all contents of a reply and other submittals become subject to public inspection unless another exemption applies. Any claim of trade secret exemption for any information contained in a Vendor's reply or other submittal to this solicitation will be waived upon opening of the reply or other submittal by FSSNF, unless the claimed trade secret information is submitted in accordance with this Section. This waiver includes any information included in the Vendor's reply or other submittal outside of the separately bound document described below.

7.3. How to Claim Trade Secret Protection:

If the Vendor considers any portion of the documents, data or records submitted in its reply to be trade secret and exempt from public inspection or disclosure pursuant to Florida's Public Records Law, the Vendor must submit all such information in a separately bound document (or in the case of electronic media, a separate CD, with the words "Trade Secret" included in the file name) clearly labeled "Attachment to Reply, ITN No. – Trade Secret Material". Appropriate cross-references should be included in nonexempt materials. The first page of the electronic file or hard copy document must explain why the information in the electronic file or hard copy document is a trade secret. This submission must be made no later than the reply submittal deadline. Where such information is part of material already required to be submitted as a separately bound or enclosed portion of the reply, it shall be further segregated and separately bound or enclosed and clearly labeled as set forth above in addition to any other labeling required of the material. If the Vendor considers any portion of a submission made after its reply to be trade secret the Vendor must clearly label the submission as containing trade secret information (or in the case of electronic media, include "Trade Secret" in the relevant file names).

7.4. Vendor's Duty to Respond to Public Records Requests:

In response to any notice by FSSNF that a public records request received by FSSNF encompasses any portion of the separately bound part of the vendor's reply or other submissions labeled as "trade secret," the Vendor shall expeditiously provide FSSNF, or the public pursuant to subsection 119.0701(2), F.S., with a redacted version of the document(s) and identify in writing the specific statutes and facts that authorize exemption of the information from the Public Records Law. If different exemptions are claimed to be applicable to different portions of the redacted information, the Vendor shall provide information correlating the nature of the claims to the particular redacted information. The redacted copy must only exclude or obliterate only those exact portions that are claimed confidential or trade secret. If the Vendor fails to promptly submit

a redacted copy and justification in response to the notice of a public records request, FSSNF is authorized to produce the records sought without any redaction.

7.5. FSSNF not Obligated to Defend Vendor Claims:

FSSNF is not obligated to agree with the Vendor's claim of exemption, and by submitting a reply or other submission the Vendor agrees to be responsible for defending its claim that each and every portion of the redactions is exempt from inspection and copying under Florida's Public Records Law. Further, the Vendor agrees that it shall protect, defend, and indemnify, including attorney's fees and costs, FSSNF for any and all claims and litigation (including litigation initiated by FSSNF) arising from or relating to Vendor's claim that the redacted portions of its reply are confidential, proprietary, trade secret, or otherwise not subject to disclosure or the scope of the provider's redaction.

SECTION 8. SELECTION METHODOLOGY:

FSSNF intends to award the contract to a responsive vendor that the evaluation team determines to be the best value, based on the scoring criteria set forth in Attachment I. The evaluation team will forward this recommendation to the CEO, or his or her designee. The CEO, or his or her designee, shall decide which Respondent represents the best value, based on the Scoring Criteria in Attachment I, and to whom the contract shall be awarded under this ITN. In doing so, the CEO, or his or her designee, is not required to score the Respondents, and will base his or her decision on a determination of best value. FSSNF may consider any information or evidence which comes to its attention and which reflects upon a vendor's capability to fully perform the contract requirements and/or the vendor's demonstration of the level of integrity and reliability which FSSNF determines to be required to assure performance of the contract.

SECTION 9. RESERVED RIGHTS:

FSSNF holds the exclusive right to award services in whole or in part, to Respondents under this ITN. As the best interest of FSSNF may require, the right is reserved to make award(s) to the most responsible Respondent, by individual items, group of items, all or none, or a combination thereof; on a geographical basis and/or on a countywide basis with one or more providers; to reject any and all proposals or waive any minor irregularity or technicality in bids received. Respondent(s) are cautioned to make no assumptions unless their proposal has been evaluated as being responsive and qualified. All awards made as a result of this ITN shall conform to applicable laws of the State of Florida. FSSNF reserves the right to cancel an awarded proposal should full funding be unavailable, a contract be unable to be successfully negotiated, or upon due cause, i.e. provider misrepresentation, negligence, non-performance, etc. via written notice of which electronic (email) is acceptable. FSSNF will negotiate contract(s) with the successful Respondent(s). Funding for contract award shall be based on Respondent's proposal and available funding. FSSNF reserves the right, based on responses, to consolidate services/tasks and to reopen solicitation of bids. FSSNF reserves the right to schedule additional negotiation sessions with Respondent(s) identified in the Notice of Intent to Award in order to establish final terms and conditions for contracts with the Respondent(s). FSSNF reserves the right to post a notice of withdrawal or amendment of its Notice of Intent to Award and reopen negotiations with any Respondent at any time prior to execution of the contract.

ATTACHMENT I - SCORING CRITERIA:

Name of Respondent/Organization _____

Name of Reviewer _____

SCORING REQUIREMENTS - To ensure the greatest degree of consistency possible, a scale of 0-3, whole numbers only, will be used for each area evaluated. The “total” will be the evaluator’s scores per section.

3 =	Respondent has demonstrated above average capability and approach to the criterion in the proposal.	Above Average Value
2 =	Respondent has demonstrated an average capability and good approach to the criterion in the proposal.	Average Value
1 =	Respondent has demonstrated little or no direct capability or has not adequately addressed the criterion in the proposal.	Below Average Value
0 =	Respondent has not responded to or has poorly responded to the criterion demonstrating a lack of understanding of the criterion addressed in the proposal.	No Value

SECTION I. Background of Respondent:

	Criterion	Evaluator Score	Evaluator Comments
1.	Respondent describes their agency’s mission, philosophy and purpose, and how it pertains to the service delivery under this ITN as related to FSSNF.		
2.	Respondent demonstrates experience with this type of service delivery.		
3.	References indicate strong and consistent service levels.		
4.	Respondent describes their agency’s ability to begin service delivery on July 01, 2021.		
Section I Total Score			

SECTION II. Required Service Tasks:

	Criterion	Evaluator Score	Evaluator Comments
1.	Respondent describes property amenities in detail. (Outlined in Section 2.3. 2. a)		
2.	Respondent submitted property details with adequate room/bathroom layout. (Outlined in Section 2.3. 2. b)		
3.	Respondent describes the property’s safety features and security measures. (Outlined in Section 2.3. 2. c)		

	Criterion	Evaluator Score	Evaluator Comments
4.	Respondent's service area is located near access to public transportation (Outlined in Section 2.3. 2. d)		
5.	Respondent demonstrated understanding (willingness to participate in) required paperwork/background screening/training (Outlined in Section 2.3., 2. e-g)		
Section II Total Score:			

SECTION III. Preferred Service Tasks:

	Criterion	Evaluator Score	Evaluator Comments
1.	Respondent describes additional amenities of the property. (Outlined in Section 2.3., 3. a)		
2.	Respondent describes the property's additional safety features. (Outlined in Section 2.3., 3. b)		
3.	Respondent describes additional access to technology. (Outlined in Section 2.3., 3. c)		
4.	Respondent describes ability to facilitate community partnerships for young adults. (Outlined in Section 2.3., 3. d)		
Section III Total Score:			

SECTION IV. Cost Proposal:

	Criterion	Evaluator Score	Evaluator Comments
1.	<u>Financial Capability</u> – response demonstrates that the Respondent is a financially stable organization and will provide fiscal management of program, fiscal reporting and oversight.		
2.	<u>Project Budget Detail</u> – response demonstrates that the Respondent's rates are reasonable, allowable, and accompanying narratives are clearly described, reasonable, allowable and realistic within the context of the property.		
3.	<u>Service Provision Detail</u> – response demonstrates that the Respondent's service provision rates are reasonable, allowable, and accompanying narratives are clearly described, reasonable, allowable and realistic within the context of the services proposed.		
Section IV Total Score:			



EVALUATION		POINTS	SCORE
Section I.	Background of Respondent	12 Point Maximum	_____
Section II.	Required Service Tasks	15 Point Maximum	_____
Section III.	Preferred Service Tasks	12 Point Maximum	_____
Section IV.	Cost Proposal	9 Point Maximum	_____
TOTAL POINTS FOR PROJECT			<div></div> / 48

By signing below, I attest that the mandatory requirements listed above reflect what was submitted in a sealed container and submitted before the stated deadline. I further attest that I have no known or perceived conflict of interest with this proposal.

Printed Name

Signature

Date

ATTACHMENT II - VENDOR APPLICATION PACKET (MANDATORY):

Instructions:

Please complete the application in its entirety and submit the following documents along with any additional supporting documentation your company or agency feels would be beneficial in FSSNF's review. Incomplete applications will not be considered.

- ☐ Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (Attachment IV)
- ☐ Certification Regarding Lobbying (Attachment V)
- ☐ Designation of Contracting Authority
- ☐ Designation of Invoicing Authority
- ☐ Financial Documentation as described in Section 2.4.7 (a-c), including W-9
- ☐ IRS 501(c)3 letter (Non-profit agencies only)
- ☐ Articles of Incorporation or Articles of Organization (if applicable)
- ☐ Copy of professional license and/or business license (also known as an occupational license or business tax receipt)
- ☐ Resume or equivalent.
- ☐ Copies of Liability and Workman's Compensation Insurance showing coverage limits and effective dates (if applicable, see Attachment III for requirements)
- ☐ Proof of Level 2 background screening (Local, FDLE & FBI) for persons with client contact and/or working with confidential information.
- ☐ Proposal.
- ☐ Budget/Fee schedule.

A. Type of Services:

Please indicate all that apply:

- ☐ Child welfare consultant.
- ☐ Special Projects (Please describe):
- ☐ Ancillary Services (IT, Courier, Maintenance, etc....).
- ☐ Other (Please describe):

B. Vendor Information:

Legal Name:	Mailing Address:
--------------------	-------------------------

Phone Number: Email Address:	Fax Number:
Federal Tax Identification Number:	Medicaid Provider Number (if applicable):
DUNS #:	Currently Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date of licensure application:
Type of Entity: (Check all That Apply) <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	
Will your organization accept invoices being paid by corporate charge cards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	

C. Program/Service Information (Attach Additional Sheets For Each Program.)

Program/Service Name:	Locations(s):
Service Description:	
License Information: <div style="margin-left: 40px;">Licensing Body</div> <div style="margin-left: 40px;">License Type</div> <div style="margin-left: 40px;">License Number</div> <div style="margin-left: 40px;">Expiration Date</div>	Accreditation Information (if applicable): <div style="margin-left: 40px;">Accrediting Body</div> <div style="margin-left: 40px;">Accreditation Status</div> <div style="margin-left: 40px;">Expiration Date</div> <div style="margin-left: 40px;">Date of Most Recent Survey</div>
Primary Contact Individual and Position:	Contact information for the primary contact: <div style="margin-left: 40px;">Office:</div> <div style="margin-left: 40px;">Cell:</div> <div style="margin-left: 40px;">Email:</div>
Proposed Method of Payment: <input type="checkbox"/> Unit Rate <input type="checkbox"/> FTE <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Combination Unit Rate/Cost Reimbursement	Proposed Rate: <div style="margin-left: 40px;">\$ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> FTE <input type="checkbox"/> Other</div> <div style="margin-left: 40px;">Additional Comments:</div>

Other Agencies That Have Contract Agreements With This Program/ Service:

Please provide the names, addresses, and telephone numbers of three (3) individuals who can provide professional references as to the quality of work/services provided by your organization:

1.

2.

3.

Has This Program Been the Subject of Disciplinary Action by any Regulatory Agency, Lead Agency, or Accrediting Agency Within the Last Five Years or the subject of current pending or legal actions in the last five (5) years? ☐ Yes ☐ No Explanation Required if Yes

Authorized Signature

I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document can be grounds for rejection of this application or termination of any contract awards.

Name

Title

Signature

Date

ATTACHMENT III - FSSNF INSURANCE REQUIREMENTS (MANDATORY):

Policy Option 1 – Non-Exclusion Clause for Sexual Abuse and Molestation

- General Liability with minimum limits of:
 - \$3,000,000 General Aggregate
 - \$3,000,000 Products and Completed Operations Aggregate
 - \$1,000,000 Each Occurrence
 - \$1,000,000 Personal and Advertising Injury
 - \$50,000 Fire Damage
 - \$5,000 Medical Payments
- Professional Liability with minimum limits of:
 - \$3,000,000 Aggregate
 - \$1,000,000 Each Incident

WITH the following non-exclusion on the certificate:

“The professional liability does not contain an exclusion for sexual abuse and molestation”

- Auto Liability covering all Owned, Non-owned and Hired Vehicles with minimum limits of:
 - \$1,000,000 Combined Single Limit
- Workers' Compensation (if vendor has 4 or more employees) meeting the statutory requirements of the State in which work is to be performed, with minimum limits of:
 - \$100,000 Each Accident
 - \$500,000 Disease - Policy Limit
 - \$100,000 Disease - Each Employee

Policy Option 2 – Separate Sexual Abuse and Molestation Policy

- General Liability with minimum limits of:
 - \$3,000,000 General Aggregate
 - \$3,000,000 Products and Completed Operations Aggregate
 - \$1,000,000 Each Occurrence
 - \$1,000,000 Personal and Advertising Injury
 - \$50,000 Fire Damage
 - \$5,000 Medical Payments
- Professional Liability with minimum limits of:
 - \$3,000,000 Aggregate
 - \$1,000,000 Each Incident



- Auto Liability covering all Owned, Non-owned and Hired Vehicles with minimum limits of:
\$1,000,000 Combined Single Limit
- Workers' Compensation (*if vendor has 4 or more employees*) meeting the statutory requirements of the State in which work is to be performed, with minimum limits of:
\$100,000 Each Accident
\$500,000 Disease - Policy Limit
\$100,000 Disease - Each Employee
- Sexual Abuse and Molestation policy with minimum limits of:
\$1,000,000 Aggregate
\$1,000,000 Each Incident

Regardless of which policy option you choose, vendors must:

Independent Contractor will name Family Support Services of North Florida, Inc., and the Florida Department of Children and Families as additional insured on the general, professional and sexual abuse liability policies and provide proof of same. Family Support Services of North Florida, Inc., and the Florida Department of Children and Families need to be listed on two (2) separate certificates as two (2) separate certificate holders with the proper addresses for each.

ATTACHMENT IV - CERTIFICATION AND AFFIDAVIT REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION (MANDATORY):

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369).

INSTRUCTIONS

1. Each provider must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign this certification. FSSNF cannot contract with these types of providers if they are debarred or suspended by the federal government.
 2. This certification is a material representation of fact upon which reliance is placed when this Agreement is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
 3. The Provider shall provide immediate written notice to the Contract Manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
 4. The terms "debarred", "suspended", "ineligible", "person", "principal", and "voluntarily excluded", as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the Contract Manager for assistance in obtaining a copy of those regulations.
 5. The Provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this Agreement unless authorized by the Federal Government.
 6. The Provider further agrees by submitting this certification that it will require each subcontractor of this Agreement to submit a signed copy of this certification.
 7. FSSNF may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
 8. This signed certification must be kept in the Contract Manager's file. Subcontractor's certifications must be kept at the contractor's business location.
-

CERTIFICATION

- (1) The Provider certifies, by signing this certification, the following:
 - a) The Provider is not barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity within the last 5 years;
 - b) The Provider is not under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on their ability to provide services to vulnerable populations, including, but not limited to, abused or neglected children, or which adversely reflects their ability to properly handle public funds;

c) The Provider is not currently involved, or has been involved within the last 5 years, with any litigation, regardless of whether as a plaintiff or defendant, which might pose a conflict of interest to the department, the state or its subdivisions, or a federal entity providing funds to the department;

d) The Provider has not had a contract terminated by the department for a failure to satisfactorily perform or for cause; or

e) The Provider has not failed to implement a corrective action plan approved by the department or any other governmental entity, after having received due notice.

(2) Where the prospective Provider is unable to certify to any of the statements in this certification, such prospective Provider shall attach an explanation to this certification.

Signature

Date

Name

Title

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2021, by _____, as _____ of _____, a _____ corporation, on behalf of the Corporation. He/She is personally known to me or has produced _____ as identification.

NOTARY PUBLIC:

Sign _____

Print _____

State of _____ at Large (Seal)

My Commission Expires: _____



ATTACHMENT V - CERTIFICATION REGARDING LOBBYING (MANDATORY):

(Certification for Contracts, Grants, Loans, and Cooperative Agreements)

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all* sub-awards at all tiers (including subcontracts, sub-grants and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file that required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Certifying Official

Signature

Date

Title

Name of Organization

Address of Organization



ATTACHMENT VI - STATEMENT OF ASSURANCES (MANDATORY):

1. Acceptance of Contract Terms and Conditions:

I, _____, as an authorized representative of, _____, hereby agree that if awarded any contract as a result of the Family Support Services of North Florida, Inc. (FSSNF), Invitation to Negotiate number ITN-ILH-021, it will comply with the requirements, terms and conditions stated in the Invitation to Negotiate and in FSSNF's Master Agreement. In recognition thereof the Respondent's representative has read, understood, and agrees to comply with, and any deviation from, the terms and conditions set forth therein may result, at FSSNF's exclusive determination, in rejection of the application.

Type Name of Authorized Official:	Title:
Signature of Authorized Official:	Date:

2. Statement of No Involvement:

I, _____, as an authorized representative of _____,

_____ certify that no member of this agency nor any person having interest in this agency has been awarded a contract by the Family Support Services of North Florida, Inc., on a non-competitive basis to:

1. Develop this Invitation to Negotiate.
2. Perform a feasibility study concerning the scope of work contained in this Invitation to Negotiate.

Type Name of Authorized Official:	Title:
Signature of Authorized Official:	Date:

3. Proof of Signature Authority:

This Invitation to Negotiate shall include proof of signature authority if someone signs the Invitation to Negotiate other than the President or Chairperson of the Board of Directors. This proof shall be one of the following: a written statement by the President or Chairperson of the Board delegating authority to a particular person; a copy of the entity's by-laws reflecting signature authority to a particular position; a copy of the Board of Directors' meeting minutes that shows action to delegate signature authority to a particular person or position. If delegating signature authority, please complete the below and include the above requested document.

Type Name of President or Chairperson of the Board of Directors:

Type Title of Person to Whom Signature Authority is Delegated:
Type Name of Person to Whom Signature Authority is Delegated:

4. Conflict of Interest Statement (Non-Collusion):

I hereby certify, that all persons, companies, or parties interested in the Invitation to Negotiate as principals are named therein, that the Invitation to Negotiate is made without collusion with any other person, persons, company, or parties submitted in the Application; that it is in all respects made in good faith; and as the signer of the Invitation to Negotiate, I have full authority to legally bind the Respondent to the provisions of this Application.

Type Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

5. Certification of Drug – Free Workplace Program:

I hereby certify that my agency currently maintains a drug-free workplace environment in accordance with s. 287.087, F.S. and will continue to promote this policy through the implementation of that section.

Type Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

6. Certification of No Criminal Conduct:

I hereby certify that my agency's Board of Directors has given its approval for my agency to enter into negotiations with Family Support Services of North Florida, Inc., to provide Independent Living housing services commencing July 1, 2021.

Type Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

ATTACHMENT VII – NOTICE OF INTENT TO SUBMIT A REPLY

Name of Vendor	
Name of Authorized Official	
Title of Authorized Official	
Signature of Authorized Official	
Date	
Address	
City, State, Zip	
Telephone Number	
Facsimile Number	
E-mail Address	

ATTACHMENT VIII – FATAL CRITERIA CHECKLIST

If any of these criteria are not met, the response cannot be considered further (shall be completed by FSSNF).

Respondent Name: (Agency) _____ Printed Name _____ Date _____

Reviewed By: (FSSNF) _____ Printed Name _____ Date _____

Witnessed By: (FSSNF) _____ Printed Name _____ Date _____

- A. The Application was received by the date and time specified in the ITN. ☐ YES ☐ NO
 - B. The Application includes a fully completed Vendor Application Packet. ☐ YES ☐ NO
 - C. The Application includes proof of insurance. ☐ YES ☐ NO
 - D. Certification and Affidavit regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion ☐ YES ☐ NO
 - E. Certification Regarding Lobbying Form ☐ YES ☐ NO
 - F. Statement of Assurance
 - 1. Acceptance of Contract Terms and Conditions ☐ YES ☐ NO
 - 2. Statement of No Involvement ☐ YES ☐ NO
 - 3. Proof of Signature Authority ☐ YES ☐ NO
 - 4. Conflict of Interest Statement (Non-Collusion) ☐ YES ☐ NO
 - 5. Certification of Drug Free Workplace Program ☐ YES ☐ NO
 - 6. Certification of No Criminal Conduct ☐ YES ☐ NO
 - 7. Certification of Board of Directors Approval ☐ YES ☐ NO
- ☐ N/A

If any responses are “no”, the Application is disqualified from further Evaluation.

FSSNF reserves the right to waive minor irregularities when to do so would be in the best interest of the FSSNF system of care design.

EXHIBIT I – SHARED LIVING PLAN FOR EXTENDED FOSTER CARE TEMPLATE



SHARED LIVING PLAN FOR EXTENDED FOSTER CARE

This form will be completed by the designated staff providing case management and supervision upon approval of the Supervised Living Arrangement Assessment, form CF-FSP 5431.

This is a plan that must take into consideration the needs and expectations of the

Youth/Young Adult, _____, Designated Staff, _____,

and Caregiver/Landlord/Roommate (if applicable), _____, for continued support of the placement in a _____ (licensed foster home, licensed group home, transitional living program, assisted living facility, shared housing, shared housing-host home, or individual housing) arrangement.

This plan will ensure that the youth/young adult is provided an appropriate level of supervision, services and supports in their home environment for effective transition from Extended Foster Care (EFC) to independent living, pursuant to section 39.6251, Florida Statutes.

Section A: Household Chores and Daily Living Activities

Develop a list of the routine activities necessary to run a household and live independently. Provide or list the areas in which the youth/young adult will require assistance and training.

Needed skills/resources: (e.g., food preparation, cleaning, grocery shopping, and home maintenance)	Person providing assistance/training provider: (may include referrals to outside resources)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section B: Physical and Behavioral Health

Address the development of activities in order to ensure appropriate health and wellbeing. Provide areas in which the youth/young adult needs to gain the skills and the plan for providing assistance or training.

Needed skills/resources: (e.g., scheduling appointments, taking prescription medications, and self-care)	Person providing assistance/training provider: (may include referrals to outside resources)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section C: Check-In/Curfew and 24-hour Crisis Intervention and Support

Address household customs and plan to ensure the youth/young adult develops and maintains a sense of safety and security 24 hours a day/7 days a week. Use the question in each box as an example or guide for discussion.

Check-in:	How often and with whom does there need to be contact (include length of acceptable absence before EFC discharge)?	Expectations for trips and overnight visits?	How will notifications be made (e.g., email or text)?	Other?
Plan: _____				

Schedules and Customs:	Is cigarette smoking allowed?	Expectations for guests or overnight visitors?	Are there rooms, appliances, or furniture off limits?	Are there special traditions for holidays?	Other?
Plan: 					
Important and Emergency Contacts:					
Name	Phone	Email	Relationship		
					
					
					
					
					

Section D: Financial Resources

The purpose of this section is to outline costs associated with the living arrangement. Consider any existing financial needs assessment and/or budget tool when completing.

Costs (e.g., room and board rate, rent, utilities, and allowance)	How are costs paid/By whom/To whom?
	
	
	
	
	
	
	
	

Section E: Signatures

Name	Role	Date
		
		
		
		

The young adult shall receive a copy of this plan after completion for reference. If agreed by the young adult, a copy of this plan shall also be shared with caregiver/landlord/roommate as applicable. This form is an addendum to the transition plan.

EXHIBIT II – LIFE SKILLS PROGRESS DOCUMENTATION LOG



LIFE SKILLS PROGRESS DOCUMENTATION LOG

 Name of Youth or Young Adult

 Age

 Date

Check the NYTD Skills Categories Covered

Children and young adults in out-of-home care acquire independent living skills that have been paid for or provided by the Department and its contracted service providers using Chafee program funds. Each of the skills will fall into one or more of the following NYTD categories:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Post-Secondary Educational Support | <input type="checkbox"/> Career Preparation | <input type="checkbox"/> Employment Programs or Vocational Training | <input type="checkbox"/> Budget and Financial Management |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Housing Education & Home Management Training | <input type="checkbox"/> Health Education and Risk Prevention | <input type="checkbox"/> Family Support and Healthy Marriage Education | <input type="checkbox"/> Supervised Independent Living |

Topic/Skill(s) Addressed:

Learning Goal(s):

Assessment of Competency:

Plan for Competency:

Person(s) attesting:

 Caregiver

 Date

 Child Welfare Professional

 Role

 Date

Designated staff shall upload this form into FSFN Independent Living Filing Cabinet under the Image Category called Assessments.

EXHIBIT III – SUPERVISED LIVING ARRANGEMENT ASSESSMENT FOR EXTENDED FOSTER CARE



SUPERVISED LIVING ARRANGEMENT ASSESSMENT FOR EXTENDED FOSTER CARE

This form will be used for placement in Extended Foster Care (EFC). Prior to completing the assessment, designated staff must have reviewed the youth or young adult's case file and inspected the home environment proposed as the EFC living arrangement.

Name Youth/Young Adult: _____

Date of Birth: _____ Date of Assessment: _____

Section A: Supervised Living Arrangement Type – Select the type of living arrangement/placement option being assessed. *Only one may be selected per Supervised Living Arrangement Assessment as the evaluation is based on a specific home environment at the point in time the living arrangement is being considered.*

EFC Living Arrangement/Placement Address: _____

EFC Living Arrangement/Placement Type (check one):

- ☐ Licensed Foster Home
 ☐ Licensed Group Home
 ☐ Transitional Living Program
☐ Assisted Living Facility
 ☐ Shared Housing
 ☐ Shared Housing-Host Home
☐ Individual Housing

Section B: Readiness – The purpose of this section is to evaluate the transitioning youth or young adult's ability to safely reside in the living environment being assessed.

1. Explain the conditions of the home environment. *Address areas for safety, such as household members, environmental hazards (e.g., broken windows/doors/plumbing, building code violations), and accessibility to fire extinguishers/alarms.*

2. Describe the young person's ability to reside independently. *Consider all aspects of functioning and capacity necessary to reside in the selected living arrangement without jeopardizing wellbeing. Also, document if the youth or young adult has demonstrated activities of daily living, including, but not limited to, shopping, budgeting, managing medications, housework, and meal preparation.*

3. Provide a relevant list of non-clinical and clinical assessments completed on the youth or young adult that support the functioning and capacity described.

Section C: Supervision – The purpose of this section is to assess the level of supervision required based on the individual needs and safety concern of the transitioning youth or young adult. **At minimum, face to face contact must be monthly in the home pursuant to Rule 65C-30.007(1)(a-c), F.A.C.*

1. Explain the proposed level of supervision required for ensuring safety and well-being. *Consider any deficiencies noted in Section B, as well as the goals established in the transition plan and case plan.*

2. Provide the plan for meeting the level of supervision consistent with the young adults needs. *Consider who will be making contact and completing home visits, what services will be provided, and how often. *Although 24-hour onsite supervision is not required, 24-hour crisis intervention and support must be available.*

Section D: Services and Supports – The purpose of this section is to assess the home environment for the required level of services and supports.

1. Explain how the youth or young adult will be offered, at a minimum, life skills instruction, counseling, educational support, employment preparation and placement, and development of a supportive network of adults. *Consider the assessed needs, interests, and goals established in the transition plan and case plan.*
[Redacted]

Section E: Assessment Decision – The purpose of this section is to conclude the assessment making a determination as to the appropriateness of the selected living arrangement type.

Supervised Living Arrangement Assessment: ☐ Approved ☐ Not Approved

1. Provide a justification to the decision, briefly summarizing the concerns or deficits noted in Sections B-D, if any.
[Redacted]
2. Explain what circumstances must change in order for the selected living arrangement to be approved, if applicable. *Consider listing readiness areas (see Section B) that the youth or young adult can make a plan of action to improve upon and a timeframe for a reevaluation.*
[Redacted]

Designated Staff

Date (mm/dd/yyyy)

This form is an addendum to the Transition Plan and supports the Case Plan.

EXHIBIT IV – ACKNOWLEDGEMENT OF FIREARMS SAFETY REQUIREMENTS



ACKNOWLEDGEMENT OF FIREARMS SAFETY REQUIREMENTS

Florida Statute 790.174 (Safe storage of firearms required) states:

A person who stores or leaves, on a premise under his or her control, a loaded firearm, as defined in s. 790.001, and who knows or reasonably should know that a minor is likely to gain access to the firearm without the lawful permission of the minor's parent or the person having charge of the minor, or without the supervision required by law, shall keep the firearm in a securely locked box or container or in a location which a reasonable person would believe to be secure or shall secure it with a trigger lock, except when the person is carrying the firearm on his or her body or within such close proximity thereto that he or she can retrieve and use it as easily and quickly as if he or she carried it on his or her body.

I/We, _____,
acknowledge that I/we have read and understand this document.

Date

Caregiver Signature

Caregiver Signature

NOTE: This acknowledgement must be executed by all foster and adoptive parents during the home study.