



**BROWARD COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**COUNTY ADMINISTRATOR**  
Monica Cepero

**HUMAN SERVICES DEPARTMENT**  
Tara Williams, Director

**ADDENDUM 1 to Fiscal Year 2025  
General Funds Request for Proposals  
Information Package and Application**

FY25GF

**Available: Monday, March 11, 2024  
Closes: Wednesday, April 10, 2024, 5:00 P.M.**

Broward County Board of County Commissioners  
Human Services Department  
Addendum to Fiscal year 2025 General Funds Request for Proposals

On March 11, 2024, the Broward County (“County”) Human Services Department (“HSD”) published the Fiscal Year (“FY”) 2025 General Services Request for Proposals Information Package and Application (“RFP”) for the service identified within the RFP.

In accordance with the County’s rules and regulations, this document serves as an Addendum to RFP (“Addendum”). The Addendum modifies the following information within the RFP:

1. Chapter I, Section D.1. FY 2025 General Funds RFP Timeline Chart, Table Item Number 3 Date/Deadline is modified to read as follows:

Wednesday, March 27, 2024

2. Chapter I, Section D.1. FY 2025 General Funds RFP Timeline Chart, Table Item Number 4 Date/Deadline, is modified to read as follows:

Friday, March 29, 2024.

3. Appendix I – Proposal Form, Section E.1. questions are modified to read as follows:

1. “Describe the proposed population(s) of focus to receive services. *Question 1 is worth 25 points.*

- a. Describe the demographic composition of the proposed population of focus to be served, for example race, age, ethnicity, sex, and any other demographics relevant to the population of focus.
    - b. Detail the research or data that supports the need for the service in Broward County.
    - c. Describe the Applicant’s mission and discuss how that mission supports the proposed population of focus and service.
    - d. Total number of unduplicated Participants to be served with the requested funding between the period of October 1, 2024, and September 30, 2025 (“Fiscal Year 2025”).
    - e. Explain the Applicant’s staff to Participant ratio for the proposed service. Include cost per Participant and describe the reasonableness of this ratio.”

4. Appendix I – Proposal Form, Section E.2. is modified to read as follows:

2. “Applicant’s Cultural Competency. *Question 2 is worth 10 points.*

Broward County has a growing population with culturally diverse backgrounds. To ensure that service providers are best able to serve those marginalized populations and in need , the County expects providers to understand, communicate with, and effectively interact with people across cultures and groups. Providers must have guiding principles and standards that

address cultural competence in their service provision, individual care planning, and staff development.

Although participation is not a condition of receiving funding from Broward County and will not result in any advantage or disadvantage, agencies funded under this RFP may voluntarily participate in racial equity efforts by registering for and attending the County's Dismantling Racism Initiative ("DRI") workshops. Additional information about DRI and agency engagement will be made available during contract negotiations.

Describe actions taken by the Applicant to address cultural competency in its organizational structure (i.e., staffing and Board of Directors) as it relates to access to services and service outcomes. If the Applicant is not currently working towards identifying and addressing issues of cultural competency in its service provision, address how the Applicant intends to initiate the inclusion of these approaches in its service provision."

5. Appendix I – Proposal Form, Section E.3. is deleted.
6. Appendix II – Proposal Rating Tools, Part III: Quality Point Analysis of the Proposal Form, Section E. Question 1 Item description has been modified as follows:

"...Section Worth 25 Points"

7. Appendix II – Proposal Rating Tools, Part III: Quality Point Analysis of the Proposal Form, Section E. Question 1 is modified as follows:

A new 1.a. is added to read as follows:

"1.a. Demographics of Applicant's population of focus."

- The previous 1.a. is now 1.b.
- 1.c remains 1.c.
- The previous 1.b. is now 1.d.
- The previous 1.d. is now 1.e.

8. Appendix II – Proposal Rating Tools, Part III: Quality Point Analysis of the Proposal Form, Section E. Questions 2 and 3 Item description has been modified as follows:

"Section E. Question 2 Cultural Competency Section Worth 10 Points"

9. Appendix II – Proposal Rating Tools, Part III: Quality Point Analysis of the Proposal Form, Section E. Questions 2 is modified as follows:

"2. Cultural Competency of Applicant's staff."

"2. Cultural Competency of Applicant's Board of Directors."

10. Appendix II – Proposal Rating Tools, Part III: Quality Point Analysis of the Proposal Form, Section E. Questions 3 is deleted.

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## CHAPTER I: REQUEST FOR PROPOSAL INFORMATION

### A. Overview

The Broward County (“County”) Human Services Department (“HSD”) is requesting proposals in response to the Fiscal Year (“FY”) 2025 General Funds Request for Proposals (“RFP”) for the service categories identified in the chart below. The chart may be used as reference for the program and service categories and the estimated funding available. Use the links provided in each service category (Chapters II through VI) to review the applicable Service Delivery Model (“SDM”) outlining the minimum service delivery standards that must be followed by a successful applicant agency (“Applicant”) and service providers (“Providers”).

The mission of HSD is to effectively and efficiently provide innovative health and human service programs that assist Broward County’s children, elderly, and low-income individuals and families achieve well-being and enhance their quality of life, as well as lead the community in sharing human services expertise. The following divisions and sections fall under the Human Services Department: Broward Addiction Recovery Division (“BARC”); Community Partnerships Division (“CPD”), including Children Services Administration (“CSA”) Section and Health Care Services (“HCS”) Section; Crisis Intervention and Support Division (“CISD”); Elderly and Veterans’ Services Division (“EVSD”); Equity and Community Investment Section (“ECI”); Evaluation and Planning Section (“EPS”); Family Success Administration Division (“FSAD”); Housing Options, Solutions, and Supports Division (“HOSS-D”); and Operations and Administrative Services (“OAS”). BARC, CPD CSA, CPD HCS, and HOSS-D are advertising services in the RFP. Additional description of the divisions and sections can be found in the HSD Provider Handbook for Contracted Service Providers ([Handbook](#))

The initial term of a grant agreement awarded pursuant to the RFP is October 1, 2024 to September 30, 2025, and will have two (“2”), one-year (“1-year”) optional renewal periods, unless otherwise noted in the applicable chapter. Funds advertised in the RFP are estimates and are contingent upon the Broward County Board of County Commissioners’ (“the Commission’s”) approval of HSD’s FY 2025 budget and recommended awards. Successful Applicants may also be considered for inclusion in HSD applications to federal and/or state funders, if applicable.

### 1. FY 2025 General Funds Funding Chart

General Funds Funding Chart			
Funding Category	Program Category	Service Category	Estimated Available Funds
Community Partnership Division (“CPD”), Children’s Services Administration (“CSA”)	Special Needs	Advocacy Services	\$1,066,302
	Behavioral Health and Intervention Services	Behavioral Health and Intervention Services (formerly Mental Health & Mental Health Counseling)	\$6,356,943

General Funds Funding Chart			
Funding Category	Program Category	Service Category	Estimated Available Funds
	Childcare/Child Supervision	Court Supervision Drop-in Childcare Services with Enrichment	\$115,000
	Youth Housing Services	Independent Living and Rental Assistance Services	\$495,000
	Special Needs	Medical Care Support Services	\$832,997
		Respite Care with Enrichment Services (In-Home and/or Out-of-Home)	\$3,092,709
	Behavioral Health and Intervention Services	Substance Use and/or Dual Diagnosis Co-Occurring Disorders Counseling Services	\$631,088
	Economic and Supportive Services	Youth Economic Stability	\$282,132
	Youth Housing Services	Youth Emergency Shelter Services	\$278,782
		<b>CSA Subtotal:</b>	<b>\$13,150,953</b>
CPD, Health Care Services ("HCS")	Special Health Care	Behavior Learning Therapy Services (formerly Behavior Modification Services)	\$328,028
	Behavioral Health	Mental Health Drop-In Services	\$563,513
		Mental Health – Inpatient Services	\$871,329
		Mental Health – Outpatient Services	\$1,494,281
		Mobile Crisis Response Teams	\$407,297
		Spouse/Intimate Partner Abuse Counseling	\$202,180
		<b>HCS Subtotal:</b>	<b>\$3,866,628</b>
		<b>CPD Subtotal:</b>	<b>\$17,017,581</b>
Housing Options, Solutions, and Supports ("HOSS-D")	Emergency Shelter (Low Barrier Model)	Emergency Shelter Services for Families	\$447,375
	Homeless Coordinated Entry and Assessment	Homeless Family Street Outreach	\$500,000
		Housing Case Management	\$190,022
	Homeless Supportive Services	Legal Assistance	\$159,644
		Medical Respite Care	\$421,634
		Mobile Sanitation Equipment and Services	\$200,000
	Emergency Shelter (Low Barrier Model)	Shelter Coordination Services	\$150,931



General Funds Funding Chart			
Funding Category	Program Category	Service Category	Estimated Available Funds
		<b>HOSS-D Subtotal:</b>	<b>\$2,069,606</b>
Broward Addiction Recovery Division ("BARC")	Substance Use Treatment Services	Transitional Residential Substance Use Disorder Services	<b>\$205,000</b>
		<b>BARC Subtotal</b>	<b>\$205,000</b>
		<b>Total HSD Services Funding:</b>	<b>\$19,292,187</b>

Funding advertised in the RFP may be increased or decreased at any time at the sole discretion of the County HSD Director or designee. Additionally, for each advertised service category, the County may fund more than one Applicant with the number of awardees being at the sole discretion of the County. Each chapter of the RFP describes the intended purpose of the dollars available for each service category, billable services, taxonomies, as well as the population of focus, and collaborations, including required documents and licensing. Required outcomes, indicators, and service delivery standards are outlined in each of the SDMs. Applicants submitting proposals to provide services advertised in the RFP are required to adhere to the designated SDM.

Unit of service definitions and the maximum reimbursement rates, effective October 1, 2024, are identified in the [Handbook](#) and will supersede any other existing definitions or rates for services. **Note:** The County may use funds awarded to satisfy the Florida Department of Children and Families ("DCF")/Broward Behavioral Health Coalition ("BBHC") local match requirements for eligible mental health and substance use disorder services or the US Department of Housing and Urban Development ("HUD") Emergency Solutions Grant Program match requirements. Information regarding the County's terms of agreement, method of reimbursement, and other policies related to County agreements are located in the [Handbook](#).

## B. Required Use of SDMs and Budget Spreadsheet

HSD chose the SDM as the most effective way to communicate the standards necessary for the provision of services. The intent of utilizing an SDM is to enhance the relationship between HSD and the provider network, increase efficiency of the application process, ensure contracted Providers deliver high quality services to County residents, and eliminate barriers in accessing services. Each SDM defines the advertised social service, determines the appropriate level and methodology for service delivery, describes required resources, and identifies professional standards and desired practices that will impact the sustainability of the services and outlines desired outcomes. Use of SDMs is required as indicated in the advertised services.

If collaborations are not specifically identified under the advertised service, HSD requirements indicated in the [Handbook](#) apply for all proposals and the appropriate Program Document(s) submitted. If Program Documents are not specifically identified under advertised services, the requirements indicated in Appendix I- Proposal Form, Section I. Organizational Attachments and Program Documents ("[Appendix I, Section I](#)") checklist apply.

In each advertised service, the eligible billing components chart contains a specific column for required services and where available, a separate column for optional services. *Applicants must apply for all required services identified in the eligible billing components chart. Applicants may also apply for all optional services identified in the eligible billing components chart (unless otherwise indicated in the advertised service). In the event the Applicant is recommended for funding, selecting optional services in the proposal will increase the Applicant’s flexibility to provide the funded services to its Clients and help to maximize subsequent utilization of the agreement’s funds.* Some advertised services may indicate service proposal restrictions or have additional requirements for proposed services.

All Applicants are required to use the Budget Spreadsheet to submit the proposed program budget. The spreadsheet and budget completion instructions are available for download on the AccessBroward webpage (“[RFP site](#)”). Documents requiring signature of Applicants’ authorized official, witnesses, or notary are included in the RFP. It is the Applicant’s responsibility to ensure all attachments and program documents are identified with the appropriate information to ensure raters can identify the required documents. Refer to Appendix I, Section I., Applicant Document Submission Checklist and Cure Availability Information (“[Appendix I, Section I., Checklist and Cure](#)”) and Appendix II – Proposal Rating Tools, Part I: Required Attachments and Documents Checklist (“[Appendix II, Part I](#)”).

### C. Agencies Eligible to Apply

Non-profit organizations (“NPOs”) incorporated in the State of Florida identified as active with a 501(c)(3) status, for-profit organizations (“FPOs”) incorporated in the State of Florida identified as active, and public entities (also known as governmental entities) are eligible to respond to the funding opportunities advertised in the RFP, unless otherwise specified in the advertised service chapter.

### D. Timeline and Deadlines

The County must receive all required information by the specified dates and times at the location specified. The County reserves the right to modify and/or cancel the RFP and to modify the RFP timeline and deadline dates.

#### 1. FY 2025 General Funds RFP Timeline Chart

Item Number	Date/Deadline	Item	Description	Location
1	Monday March 11, 2024	RFP Release Date	N/A	<a href="#">RFP site</a>
2	Friday March 15, 2024	RFP Applicant Workshop (“Workshop”)	Applicants can attend in person or virtually at 1:00 P.M.	Broward County Government Center 115 South Andrews Avenue Room 422 (Commission Chamber) Fort Lauderdale FL, 33301 Or virtually at: <a href="https://vimeo.com/event/4119171">https://vimeo.com/event/4119171</a>
3	Wednesday March 27, 2024	Applicant Written Questions Deadline	All Applicant questions must be	<a href="mailto:HSDproposals@broward.org">HSDproposals@broward.org</a>

Item Number	Date/Deadline	Item	Description	Location
			emailed no later than 5:00 P.M.	
4	Friday March 29, 2024	Final Posted Responses to Applicant Written Questions	Applicant questions received by the deadline (noted above) can review posted written responses.	<a href="#">RFP site</a>
<b>5</b>	<b>Wednesday April 10, 2024</b>	<b>PROPOSAL SUBMISSION DEADLINE</b>	<b>Submit proposal packets by email 5:00 P.M.</b>  <b>Late or incomplete proposals are fatally flawed and will not be considered for funding.</b>	<b><a href="mailto:HSDproposals@broward.org">HSDproposals@broward.org</a></b>
6	Monday May 6, 2024, through Wednesday May 22, 2024	Applicant Interviews	Interviews will be held virtually.	Applicants will be contacted by email to schedule the interviews. Links to the meeting will be provided in the emails.
7	Friday May 31, 2024	Notice of Funding Recommendation	Estimated date to make announcement	Emailed to Applicants and HS List serve. Posted on HS website and <a href="#">RFP site</a>
8	Tuesday August 20, 2024	Commission Approval Date	Estimated date of Commission approval	N/A
9	Friday October 1, 2024	Resultant Agreement Start Date	Estimated start date of resultant agreement	N/A

## 2. RFP Applicant Workshop (“Workshop”)

RFP Applicants may attend the Workshop on March 15, 2024 at 1:00 P.M. in person at 115 South Andrews Avenue, Room 422 or may participate in the Workshop virtually at <https://vimeo.com/event/4119171>. Applicants attending in person can ask questions during the Workshop. Applicants participating virtually can ask questions using Vimeo’s chatroom. All questions will be answered during the Workshop. The Workshop will be recorded, and the link to the recording will be available for download from the [RFP site](#). There will be no minutes/meeting notes for the Workshop.

Following the Workshop, the County will accept written questions only. Written questions must be emailed to [HSDproposals@broward.org](mailto:HSDproposals@broward.org).

The County will not communicate with Applicants about the RFP outside of the Workshop or the process of submitting written questions.

## 3. Applicant Interviews

Applicants are expected to participate in interviews using a computer with audio/video camera capability. Applicant representatives identified in accepted Applicant proposals will be contacted

via email with an appointment for a specific interview time. Representatives are encouraged to share the appointment with agency employees who can address programmatic, budgetary, and operational questions relating to the agency and the proposed service. Applicants are assigned twenty-five (“25”) minutes to respond to the Quality Raters’ questions. Quality Raters are members of the Rating/Review Committee, as defined by [Broward County Administrative Code, Chapter 23](#). The Applicant Interviews will be recorded.

## **E. Inquiries About the Proposal Process**

### **1. Contact for County RFP Process**

RFP Coordinator  
Broward County Governmental Center  
115 South Andrews Avenue, Room 310B  
Fort Lauderdale, Florida 33301  
Email: [HSDproposals@broward.org](mailto:HSDproposals@broward.org)

The RFP is available to download from the [RFP site](#) until the closing date, Wednesday, April 10, 2024, at 5:00 P.M. The County will review the advertised services, application format, and the RFP process criteria at the Workshop. Attendees can direct verbal inquiries regarding the RFP and the advertised services to HSD during the Workshop. After the Workshop, no County staff, advisory board member, or County Commissioner can be contacted to discuss the RFP or accept requests for additional information outside the stated process. Violations may be reported to the County’s Office of Intergovernmental Affairs and Professional Standards. HSD will post responses to written questions on the [RFP site](#) in accordance with this published RFP timeline.

HSD will post a notice on the [RFP site](#) in the event of a delay in publication of the written responses. If clarification of RFP policy, process, or an advertised service is needed after the written responses are published, HSD reserves the right to publish the information on the [RFP site](#). Applicants are expected to check the [RFP site](#) periodically during the RFP application process to ensure they receive all posted notifications before submission.

## **F. Completing a Proposal**

Applicants are responsible for submitting complete and accurate proposal packets for each proposed service category. The County requires that submitted proposals have notarized signatures of officials who may legally bind Applicants.

### **1. Font Type and Size**

Narrative responses should be completed using a font comparable to these instructions (Arial or Times New Roman), in no smaller than twelve (“12”) point type. Page numbers are required. Maintain the margins in the fillable [Proposal Form](#) document. Proposals are limited to twenty (“20”) pages, not including attachments and program documents.

## 2. Insurance and Subcontracting

Applicants are responsible for reviewing all guidelines for insurance and subcontracting in the [Handbook](#) prior to submitting proposals.

## 3. Attachments and Program Documents

Applicants are responsible for submitting complete and accurate proposal packages, which include the [Proposal Form](#), [Budget Spreadsheet](#), applicable documents pertaining to compliance with County policies (“Attachments”), and program documents. *Attachments, and program and budget documents, do not count toward the twenty (“20”)–page proposal limitation.* Applicants are responsible for ensuring all required items are identified and included in the proposal package so the Quality Raters can easily locate the responses and documents. Should Applicants submit proposal packages and wish to make a correction to the submitted application, Applicants must resubmit the full proposal package with the correction before the application deadline date and note in the email that the proposal package is replacing earlier versions. In some instances after the deadline date, the County allows Applicants to provide corrected documents (“cure”), as specified in [Appendix I, Section I, Checklist and Cure](#). Items identified as not curable and not submitted (if applicable) will affect Applicants’ quality rating score.

## G. Budget Requirements

Applicants must download and use the Budget Spreadsheet document from the [RFP site](#). For the Applicant’s convenience, formulas have been pre-set in the spreadsheet. However, Applicants are responsible for ensuring calculations are correct prior to submitting the document with proposals. *It is the Applicant’s responsibility to ensure all applicable Budget Spreadsheets are completed and submitted.*

### 1. Required Match

A ten percent (“10%”) match is required for all grant agreements resulting from the RFP, unless otherwise noted below. Applicants are required to designate required match amount as units of service, in-kind services, or a combination of both. For the purposes of the RFP, in-kind services are defined as those services and items dedicated to, and utilized solely by, the proposed project.

If awarded, Applicants will be required to document selected match contributions on monthly invoices to ensure the yearly match requirements are met. If Applicants propose the use of in-kind match, the Applicant must certify that the match is committed solely to the proposed project.

The ten percent (“10%”) match requirement is *not* applicable to the following service categories:

- Chapter II, Childrens Services Administration Section:
  - Court Supervision Drop-In Childcare Services with Enrichment.
- Chapter IV, Housing, Options, Solutions, and Supports Division:
  - Homeless Family Street Outreach.
  - Mobile Sanitation.
- Chapter V, Broward Addiction Recovery Division:

- Transitional Residential Substance Use Disorder Services.

## 2. Disallowed Expenses

Applicants' proposed project budgets must not include disallowed expense items for reimbursement or as in-kind match, unless expressly stated under the advertised service. No duplication of expenses or amounts invoiced is allowed. Broward County is the payer of last resort. The following items are not eligible for funding under the County's guidelines.

- Costs incurred related to compiling the Applicant's proposal for this grant funding opportunity.
- Costs that cannot be either directly assigned or directly allocated to the funding request.
- Costs already paid by a governmental or nongovernmental entity.
- Capital expenses, defined by Broward County as items valued at \$1,000 or more and not consumed by the end of the fiscal year.
- Non-expendable property expenses, defined by Broward County as durable (e.g., equipment and furniture), lasting for a year or longer with a high dollar value. The Applicant must account for non-expendable property throughout its useful life.
- Costs to support activities serving individuals or families outside of Broward County.
- Participant training, unless specifically indicated in the solicitation service description.
- Staff training for licensing and/or certification, unless specifically indicated in the solicitation service description.
- Food services, unless specifically indicated in the SDM.
- Housing and living expenses, unless specifically indicated in the solicitation service description.
- Insurance, other than for personnel-related costs for employment, such as Federal Insurance Contributions Act ("FICA") or Workers Compensation, which the Applicant should address under Personnel Expenses, Fringe Benefits. Professional Insurance and Property Insurance are examples of ineligible insurance expenses.
- Entertainment expenses.
- Audit expenses.
- Archives, unless specifically indicated in the solicitation service description.
- General security investigation services, unless specifically indicated in the solicitation service description.
- Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringements, fines, penalties, and related legal fees.
- Participant incentives, unless specifically indicated in the SDM.
- Lobbying and related expenses.

## H. Organizing the Proposal Package

Applicants are responsible for submitting a proposal package for each proposed service in an electronic format, preferably in PDF or Microsoft Word, and Microsoft Excel (for the Budget). Proposal packets include a [Proposal Form](#) for the proposed service, related Attachments and Program Documents (with original signatures and/or notarizations, as applicable), proposal responses, and the Budget Spreadsheet. Budgets must be submitted using the Budget Spreadsheet (or a PDF of the spreadsheet) provided. Applicants are responsible for ensuring all submitted documents are complete and legible.



At a minimum, file names must identify Applicants, proposed services, and type of documents. Applicants are asked to use the following naming convention:

- For Proposal Form file: Agency Name\_Service Name\_Proposal\_FY25GF.
- For Attachments and Program Documents file: Agency Name\_Service Name\_A-PD\_Proposal\_FY25GF.
- For Budget Spreadsheet file: Agency Name\_Service Name\_Budget\_FY25GF.
- For the Proposal Package email subject line: FY25GF Service Name Proposal Package, Agency Name. If all the files cause the email to be too large, add a dash ("-") and the file type (i.e. Proposal, Attachments and Program Documents, Budget) to the email subject line.

If the proposal contains any information deemed confidential, in accordance with [Florida Statutes, Chapter 119](#), Applicants must provide a redacted version of the proposal labeled "REDACTED."

**Quality Rater copies:** No additional copies are required for Applicants' proposal packets submitted in response to the RFP. Applicants' submitted proposal packets emailed to HSD will be forwarded to the Quality Raters for review.

**Packaging:** Applicants must submit one email per proposal package. The total size of the proposal package email **MUST NOT** exceed 50 megabytes. If file sizes are too large for one email, use one email per file, utilizing the naming convention described above. HSD is not responsible for the return of Applicants' emails if the file size is exceeded.

## I. Submitting the Proposal

Submit proposal packets by email to [HSDproposals@broward.org](mailto:HSDproposals@broward.org) by **5:00 P.M., Monday, April 10, 2024**. **Late proposals will not be accepted or reviewed for consideration.**

## J. Proposal Review Information

Eligible proposals are subject to review according to a uniform set of criteria, such as organizational capacity, financial viability, program implementation, compliance with the appropriate SDM, and proposed program costs.

HSD strongly encourages Applicants to engage Participants ("Clients") through forums and other customer engagement practices to ensure Participants' ("Clients") input and feedback are captured and assessed in order to ensure that appropriate services have been designed, implemented, and delivered.

All Participants ("Clients") served by the services advertised in the RFP must be Broward County residents.

The items below identify specific processes applicable to the RFP.

### 1. Cure Process

The County will notify Applicant's contacts by email or fax if there are items requiring correction and resubmission. This process is known as a "cure." Only items identified as curable in

[Appendix 1, Section I, Checklist and Cure](#) are eligible to be cured. Applicants will be allowed **one (“1”) business day** from date of notification to provide the requested cure.

If the quality rating committee recommends proposals for funding, completion of additional documents may be required at the request of the County during the negotiation process. HSD will not recommend funding for Applicants who fail to provide required documents.

## **2. Administrative Review**

If a proposal contains incorrect information, intentional or unintentional, HSD reserves the right, at its sole and absolute discretion, to disqualify that proposal. Notifications during the RFP proposal review and funding process may be made by email to Applicants’ contacts identified in proposals.

HSD is not obligated to award funds for each category and retains the right to reject all proposals, or to accept, modify, reject entirely, or reject portions of a proposal. HSD reserves the right to waive any required element in the service categories. HSD does not have the authority to waive Applicants’ failure to submit proposals by the due date and time.

## **3. Appeals Process**

Eligible grievants must use the HSD appeals process described in [Broward County Administrative Code ,Section 23.10](#), available for download on the [RFP site](#).

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## **Chapter II: CHILDREN'S SERVICES ADMINISTRATION SECTION CURRENT FUNDING OPPORTUNITIES**

HSD strongly encourages Applicants to engage Participants ("Clients") through forums and other customer engagement practices to ensure Participants' ("Clients") input and feedback are captured and assessed in order to ensure that appropriate services have been designed, implemented, and delivered.

CPD is committed to addressing the social determinants of health and well-being by encouraging a balanced approach to program design and overall service delivery. Applicants may utilize Optional Services in conjunction with the Required Services to ensure they meet the needs of individual Clients.

### **A. Advertised Service: Advocacy Services**

#### **1. Statement of Current Funding Opportunity**

Broward County seeks to fund Advocacy Services ("Advocacy") that provide assistance and support services to include, but are not limited to, legal support, navigation, training/information, and/or educational services, for Clients with special needs and/or behavioral health conditions and their families.

The term "Client" describes an individual who is eligible for County-funded services.

**General Advocacy** services support children and youth with special needs and their families in accessing direct support and assistance with navigating key topics and processes, such as Individualized Education Program ("IEP") meetings and evaluations. This support helps families utilize community resources and equips them to collaborate with school personnel and other community resources to effectively advocate for their child's needs.

**Specialized Advocacy** refers to services that require technical (legal) expertise to address a specific need in educational services when other advocacy strategies have not resolved the issue. This program assists Clients and their families by guiding and supporting them through the Special Education process as a bridge between education staff and families. Services must include, but are not limited to, IEP assistance, testing accommodations, development of legal documents, behavior plans or school-related problems.

General Advocacy services are time-limited, with a maximum of fifty ("50") hours annually per Client. Specialized Advocacy services are time-limited, with a maximum of one hundred ("100") hours annually per Client. Providers can offer either General or Specialized Advocacy Services or provide both services.

## 2. Eligible Population/Clients

Clients must be individuals, ages three (“3”) through their twenty-second (“22<sup>nd</sup>”) birthday, with special learning and/or behavioral health needs and must have a household income that does not exceed four hundred (“400%”) of the Federal Poverty Level (“FPL”).

Clients experiencing mental health issues ranging from impairment in functioning to diagnosable mental, behavioral, or emotional disorders, including Emotional/Behavioral Disabilities (“E/BD”) as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders (“DSM-5-TR”). Current or past traumatic stress may be a factor in the mental health issues.

Clients who have a disability as defined by the [Individual with Disability Education Act \(“IDEA”\), Section 300.8](#). Applicants are responsible for ensuring that the Client meet the requirements of IDEA, which include those whose need:

- a. Is attributable to a mental or physical impairment or a combination of mental or physical impairments.
- b. Is manifested before age eighteen (“18”).
- c. Is likely to continue indefinitely.
- d. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; and capacity for independent living.
- e. Reflects the need for a combination and sequence of special inter-disciplinary or generic care, treatment, or other services beyond that required by children generally, which are of extended duration and are individually planned and coordinated.

Additionally, the eligible population includes high-risk children who have one or more of the following characteristics and require services in an amount beyond that generally required by children:

- a. A developmental delay in cognition, language, or physical development.
- b. A physical or genetic anomaly associated with a developmental disability.  
“Developmental disability” includes disabilities attributable to intellectual disabilities, attention deficit hyperactivity disorder (“ADHD”), autism, cerebral palsy, epilepsy, spina bifida, and neurological impairments where the above criteria are met and may include special medical conditions related to the disabilities. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person’s lifetime.

## 3. Collaboration

Applicants must develop community collaborations and a coordinated community response to meet the needs of Clients by providing high-quality services that address the needs of the individual. Specifically, Applicants must collaborate with the Agency for Persons with Disabilities and the Broward County Public Schools (“BCPS”).

#### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** Memoranda of Understanding (“MOU”), Memoranda of Agreement (“MOA”), Interagency Agreements (“IA”), as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

#### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Service	Optional Services	Service Number
Individual Advocacy		FP-0500.3300
Administrative Services		TD-0350
	Disability Related Parenting Programs	PH-6100.1700
	Home-Based Parenting Education	PH-6100.3300
	Outreach	TJ-6500.6300
	Temporary Flex Fund Financial Assistance	NT

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of this service identified in the [Advocacy Services SDM](#) and the [Handbook](#).
- Applicants shall provide services in the most cost-efficient manner by ensuring the budget is equally distributed across the available taxonomies.

#### B. Advertised Service: Behavioral Health and Intervention Services

*(Formerly, Mental Health & Mental Health Counseling)*

##### 1. Statement of Current Funding Opportunity

Broward County seeks to fund effective, seamless Behavioral Health and Intervention Services (“BHIS”) for children and youth experiencing emotional or behavioral disturbances that require therapeutic and/or intervention services to stabilize functioning at home, in school, and their communities. BHIS includes services such as clinical social work, psychological and psychiatric treatment, peer support, mentoring, and counseling services conducted in group, family, or individual sessions.

The County is committed to community-based services (home or other community locations) and intends for the majority of County-funded BHIS to take place in community settings.

Services may be provided in public school settings. However, school-based services must be officially approved by the Broward County Public School Behavioral Health Partnership. Clients must not be removed from classes or other required educational activities to receive school-based services.

Broward County funding will not support stand-alone case management agencies for these services. Behavioral health agencies can, however, provide case management in addition to the full array of their services, as needed, to children, youth, young adults, and their families who reside in Broward County.

Applicants can apply to provide an Evidence-Based Practice (“EBP”) such as Wraparound Case Management and Transition to Independence Process model. Applicants may also apply to provide Evidence Informed Models (“EIM”)/Promising Practice (“PP”) approaches if providing Case Management services in conjunction with BHIS to ensure eligible youth are provided a comprehensive and holistic approach to treatment.

Applicants can offer either Mental Health Services or Intervention Services or provide both services.

## **2. Eligible Population/Clients**

Children and youth ages three (“3”) through their twenty-second (“22<sup>nd</sup>”) birthday, who reside in Broward County and can be identified with one or more of the following:

- Mental health issues ranging from impairment in functioning to diagnosable mental, behavioral, or emotional disorders, including Emotional/Behavioral Disabilities (“E/BD”), as defined by the current edition of the DSM-5-TR.
- Current or past traumatic stress as a factor in the mental health issues.
- Risk factors for initial or subsequent involvement in the juvenile justice system.
- History of school-based behavior interventions, such as suspensions or expulsions, and/or excessive absenteeism.
- Youth who run-away from home and/or have trouble remaining in the home.
- Youth who experience current or past traumatic stress, including involvement in human trafficking.
- Record of involvement in the child welfare system.
- Siblings, ages three (“3”) through their twenty-second (“22<sup>nd</sup>”) birthday, of youth who are currently involved in the Juvenile Justice System.

## **3. Collaboration**

Applicants shall develop community collaborations and a coordinated community response to meet the needs of Clients by providing high-quality services that address the needs of the individual. Collaboration may address cost effectiveness, system of care coordination, and integration with entities such as Florida Department of Juvenile Justice (“DJJ”), BCPS, Florida Department of Children and Families (“DCF”), and community-based agencies that are involved with the continuum of care.

#### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service, as needed. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

#### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Services	Optional Services	Service Number
Comprehensive Intake/Assessment		RP-5000.1400
Individual Counseling*		RF-3300
Individual Intervention		PS-9800.9900-01
	Administrative Services	TD-0350
	Case Management*	PH-1000
	Co-Parenting Workshops	PH-6100.1550
	Family Counseling	RF-2000
	Financial Education/Literacy	DM-2000
	Group Counseling	RF-2500
	Home-Based Parenting Education	PH-6100.3300
	Independent Living Skill/Instruction	LR-3200
	Individual Youth Enrichment Program	PS-9800.9900
	Life Coaching	PH-6200.4550
	Mentoring Skill Development	TP-6650.5200
	Outreach	TJ-6500.6300
	Peer Counseling Services	RF-6500
	Peer Role Model Program	PH-1400.5000-650
	Psychosocial Evaluation	RP-5000.6600
	Psychiatric Evaluation	RP-5000.1500
	Psychiatric Medication Monitoring	RP-6400.8000- 650.64
	Psychiatric Case Management	RP-6400.8000- 600
	School Based Teen Parent/Pregnant Teen Programs	HH-7920
	Social Skills Training	PH-6200.8300

Required Services	Optional Services	Service Number
	Staff Case Management Training	ND-2000.3500-150
	Teen Family Planning Programs	IJ-2000.8500
	Teen Pregnancy Prevention	IJ-8000.8500.01
	Temporary Flex Fund Financial Assistance	NT
	Tutoring Services	HL-8700
	Youth Community Service Programs	PS-9800.9800
	Youth Enrichment Program	PS-9800.9900.01

## NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of service identified in the [Behavioral Health and Intervention Services SDM](#), and the [Handbook](#).
- \*Requires use of an EBP, EIM or PP.

## C. Advertised Service: Court Supervision Drop-In Childcare Services with Enrichment

### 1. Statement of Current Funding Opportunity

Broward County seeks to fund proposals for Court Supervision Drop-In Childcare Services with Enrichment (“Drop-In Childcare Services”) that provide safe, nurturing, and enriching childcare supervision for children whose parents, legal caregivers, or other authorized custodial representatives (collectively referred to as “Caregivers”) with no other options for childcare and are required to attend domestic violence court proceedings at the Broward County Main Courthouse (“Courthouse”).

The Courthouse will provide a physical space with telephone and electronic security for the Drop-In Childcare Services. The Drop-In Childcare Services will provide a secure, neutral, temporary environment for children that is predictable, friendly, welcoming, and supportive during the adult court proceedings. The Drop-In Childcare Services will offer age-appropriate activities for the social, emotional, and physical well-being of children whose families are involved in domestic violence court proceedings.

The successful Applicant will provide two (“2”) full-time staff, who have knowledge and training working with children, for the Drop-In Childcare Services operations. The staff will serve as a protective resource for the children while their Caregivers are going to, in, or returning from the courtroom. Staff must have passed the appropriate background checks. Staff must also have the ability to assist children and Caregivers from various backgrounds in accessing Drop-In Childcare Services or in accessing resources that provide similar services. Drop-In Childcare Services will be provided at no cost to Caregivers.

### 2. Eligible Population/Clients

Children, from ages six (“6”) months to thirteen (“13”), whose Caregivers are involved in domestic  
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violence court proceedings at the Courthouse and have no other supervision options for the children while in the domestic violence courtroom.

### 3. Collaboration

Applicants shall develop community collaborations and a coordinated community response to meet the needs of Clients by providing high-quality services that address the needs of the individual. The successful Applicant will work closely with the Domestic Violence Clerk at the Courthouse, who will be providing the Drop-In Childcare Services vouchers to eligible Caregivers.

### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Service	Optional Services	Service Number
Drop-In Childcare Supervision		PH-1250.1700
	Administrative Services	TD-0350
	Temporary Flex Fund Financial Assistance	NT
	Outreach	TJ-6500.6300

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the service identified in the [Court Supervision Drop-In Childcare Services SDM](#) and the [Handbook](#).
- The County intends to fund one (“1”) Provider for the service.

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## **D. Advertised Service: Independent Living and Rental Assistance Services**

### **1. Statement of Current Funding Opportunity**

Broward County seeks to fund proposals to administer and provide oversight of Independent Living and Rental Assistance Services (“ILRAS”) intended to break the cycle of homelessness and promote independent living for eligible Clients. ILRAS provide Clients with a support network to assist them in achieving self-sufficiency and in becoming productive adults. The RFP seeks proposals that embody consistency, clear expectations, flexibility, and reliability in allowing Clients to build trust and in developing and strengthening protective factors to promote success.

Proposals must clearly indicate how Applicants will develop, implement, and coordinate the provision of ILRAS support services to eligible Clients throughout Broward County. The Program Narrative must describe how Applicants will administer ILRAS, either directly or via subcontracts with housing providers. If the responsibility is subcontracted, proposals must clearly define the responsibilities of each participating party.

### **2. Eligible Population/Clients**

Housing resources and support will be provided to youth:

- Ages sixteen (“16”) through the twenty-second (“22<sup>nd</sup>”) birthday (or to the twenty-third (“23<sup>rd</sup>”) birthday for those youth who have been in foster care).
- Who age out of or do not opt to remain in the foster care system.
- Who reside in Broward County.
- Who have household incomes below fifty percent (“50%”) of Area Median Income (“AMI”).
- Who are experiencing homelessness under U.S. Department of Housing and Urban Development (“HUD”) categories 1 through 4, as identified in the [Handbook](#).
- Youth who are survivors of human trafficking, as defined by the [Trafficking Victims Protection Act \(“TVPA”\) of 2000](#) and assessed as ready to be living independently with supportive services.
- Youth with gender identification and/or sexual orientation/ Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, and Two (“2”) Spirits, plus (“LGBTQIA2S+”) status.
- Youth with a record of involvement in the juvenile justice system.

ILRAS support services are for Clients who are not eligible for the services through private insurance, Medicaid, the State of Florida, or any other third-party reimbursement mechanism. Youth who are served through Extended Foster Care under the DCF are not eligible for ILRAS support services. Youth who receive Road to Independence or Post-Secondary Education Services and Support funds but are not served through Extended Foster Care can access ILRAS support services.

### **3. Collaboration**

Applicants shall develop community collaborations and a coordinated community response to meet the needs of Clients by providing high-quality services that address the needs of the [TOC](#)



individual. Applicants must indicate how they will collaborate with relevant community agencies with referrals for Clients. Collaborating agencies may include DCF, DJJ, ChildNet, Inc., Broward Human Trafficking Coalition, LGBTQ Youth Task Force, Broward County funded providers, and additional relevant community agencies that may have contacts with the population of focus.

#### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** Memoranda of Understanding (“MOU”), Memoranda of Agreement (“MOAs”), Interagency Agreements (“IAs”), as applicable.

**Program Document 3:** Resumés and Job descriptions of funded positions.

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policy.

#### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Services	Optional Services	Service Numbers
Independent Living Skills Instruction		LR-3200
Case Management *		PH-1000
Rent Payment Assistance		BH-3800.7000
Temporary Flex Funds Financial Assistance		NT
	Administrative Services	TD-0350
	Life Coaching	PH-6200.4550
	Mentoring Skills Development	TP-6650.5200
	Outreach	TJ-6500.6300
	Peer Counseling Services	RF-6500
	Peer Role Model Program	PH-1400.5000-650
	Shared Housing/Living Space	BH-8600.01
	Social Skills Training	PH-6200.8300
	Staff Case Management Training	PH-2000.3500-150
	Teen Family Planning Programs	IJ-2000.8500
	Teen Pregnancy Prevention	IJ-8000.8500.01
	Youth Community Service Programs	PS-9800.9800
	Youth Enrichment Program	PS-9800.9900.01

## NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Independent Living - Rent Assistance SDM](#) and the [Handbook](#).
- \*Requires use of an EBP, EIM, or PP.

## E. Advertised Service: Medical Care Support Services

### 1. Statement of Current Funding Opportunity

Broward County seeks to fund Medical Care Support Services (“MCSS”), a medical home model that delivers advanced primary care with the goal of addressing and integrating high quality health promotion, acute care, and chronic condition management in a planned, coordinated, and family-centered manner. Services will include coordinating the development and implementation of the Family Support Plan (“FSP”) in cooperation with pediatricians, Clients and their families, and other providers or community supports, as may be appropriate.

### 2. Eligible Population/Clients

Children and youth, birth through their twenty-second (“22<sup>nd</sup>”) birthday, who meet at least one of the following criteria:

- Developmental Disability – Age-eligible individual diagnosed with a chronic developmental disability that:
  - Is attributable to a mental or physical impairment or combination of mental and physical impairments.
  - Is manifested before age eighteen (“18”).
  - Is likely to continue indefinitely.
  - Results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; and capacity for independent living.
  - Reflects the need for a combination and sequence of special inter-disciplinary or generic care, treatment, or other services beyond that required by children generally, which are of extended duration and are individually planned and coordinated.

Developmental Disability includes intellectual disabilities, autism, cerebral palsy, epilepsy, spina bifida, and neurological impairments where the above criteria are met and may include special medical conditions related to the disabilities.

- High risk - Children or youth who has one or more of the following characteristics and who requires services in an amount beyond that required by children and youth generally:
  - Developmental delays in cognition, language, or physical development.
  - Physical or genetic anomalies associated with developmental disabilities.

The high-risk category excludes children/youth who present with primary issues of social or emotional developmental delay.

Children and youth and their families/Caregivers are Broward County residents who are not eligible for services through private insurance, Medicaid, Florida Healthy Kids, State of Florida funding, or any other third-party reimbursement mechanism. Clients must be screened for eligibility based on the current Federal Poverty Guidelines.

### 3. Collaboration

Collaboration with Broward County Public Schools (“BCPS”) for special educational assessments is required, as applicable.

### 4. Additional Program Documents for this Service

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 4:** Submit proof of valid, current license from applicable federal, state, or local regulatory agency. **License must be in good standing.**

### 5. Eligible Billing Components

Required Services	Optional Services	Service Numbers
Developmental Assessment		LF-7000.1700
Health Education		LH-2700
Medical Social Work		LH-6300.5500
Nutrition Assessment		LF-4900.6200
Psychosocial Evaluation		RP-5000.6600
	Administrative Services	TD-0350
	Temporary Flex Fund Financial Assistance	NT
	Outreach	TJ-6500.6300

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Medical Care Support Services SDM](#) and the [Handbook](#).

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## **F. Advertised Service: Respite Care with Enrichment Services (In-Home and/or Out-of-Home)**

### **1. Statement of Current Funding Opportunity**

Broward County seeks to fund Respite Care and Enrichment Services (In-Home and/or Out-of-Home) (“Respite Care”) that provide Caregivers of children with special needs with short-term childcare services that offer temporary relief, improve family stability, and reduce the risk of abuse or neglect. Services must be customized and must be delivered only to the child with special needs and not to the other children in the home who are not eligible for Respite Care. Services must include a model that incorporates working with Caregivers to help develop family coping skills to address future stressors and provide support resources for empowerment, ongoing support, and parent education, while concurrently resolving crisis.

Applicants must work in collaboration with Caregivers to determine appropriate services. Children with special needs may have complex developmental, health and/or behavioral issues that must be taken into consideration in the delivery of services. Applicants must provide a description of the enrichment activities/services that will be offered including a description of how services will be customized.

### **2. Eligible Population/Clients**

Families with children and youth, ages three (“3”) and up until their twenty-second (“22<sup>nd</sup>”) birthday, who have a disability as defined by the [Individual with Disability Education Act \(“IDEA”\), Section 300.8](#). Applicants are responsible for ensuring that the Client meet the requirements of IDEA, which include those whose need:

- Is attributable to a mental or physical impairment or combination of mental or physical impairments.
- Is manifested before age eighteen (“18”).
- Is likely to continue indefinitely.
- Results in substantial functional limitations in three (“3”) or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction, and capacity for independent living.
- Reflects the need for a combination and sequence of special inter-disciplinary or generic care, treatment, or other services beyond that required by children generally, which are of extended duration and are individually planned and coordinated.

Additionally, eligible population includes high-risk children who have one or more of the following characteristics and require services in an amount beyond that generally required by children:

- Developmental delay in cognition, language, or physical development.
- Physical or genetic anomalies associated with a developmental disability.

“Developmental disability” includes disabilities attributable to intellectual disabilities, ADHD, autism, cerebral palsy, epilepsy, spina bifida, and neurological impairments where the above criteria are met and may include special medical conditions related to the disabilities. These conditions begin during the developmental period, may impact day-to-day functioning, and

usually last throughout a person's lifetime.

### 3. Collaboration

Applicants shall develop community collaborations and a coordinated community response to meet the needs of Clients by providing high-quality services that address the needs of the individual. Applicants must also collaborate with the Agency for Persons with Disabilities, as applicable.

### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Submit proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

Out-of-Home Respite Care and emergency shelter services shall occur in facilities/locations licensed by either the Florida Department of Children and Families as Child Caring, Residential Group Care, or Respite provider (only available to agencies contracted with a lead Community Based Care Agency), by the Agency for Persons with Disabilities as a Group Home, or by a local and/or state entity approved by the County.

### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent ("25%") of total invoice each month.

Required Services	Optional Services	Service Numbers
Children's Respite Care (In-Home)		PH-7000.3300-140
Children's Respite Care (Out-of-Home)		PH-7000.6000-160
Individual Youth Enrichment Program		PS-9800.9900
Individual Parent Support		PN-8100-6500-650
	Administrative Services	TD-0350
	Co-Parenting Workshops	PH-6100.1550
	Disability Related Parenting Program	PH-6100.1700
	Group Parent Support	PN-8100.6500-6501
	Group Youth Enrichment	PS-9800.9900.01
	Home Based Parenting Education	PH-6100.3300
	Outreach	TJ-6500.6300
	Peer Role Model Program	PH-1400.5000-650
	Temporary Flex Fund	NT

Required Services	Optional Services	Service Numbers
	Financial Assistance	

## NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of services identified in the [Respite Care with Enrichment Services SDM](#) and the [Handbook](#).

## G. Advertised Service: Substance Use and/or Dual Diagnosis/Co-Occurring Disorders Counseling Services

### 1. Statement of Current Funding Opportunity

Broward County seeks to fund community-based behavioral health services that provide Substance Use and/or Dual Diagnosis/Co-Occurring Disorders Services (“Substance Use and Mental Health Services”) to decrease the prevalence of substance use disorders among youth. Although services can occur in facilities where supplementary services are available, it is intended that the majority of services take place in a community setting. Proposals must include the capacity to directly provide or access a comprehensive array of integrated substance use disorder and mental health treatment services. Services may include, but are not limited to: assessment; individual, family, and group counseling; and day treatment and/or residential treatment as defined in the [Handbook](#).

Applicants’ Substance Use and Mental Health Services must be Trauma-Informed and culturally appropriate. Applicants must be able to demonstrate how the provision of the service produces positive Client outcomes and how services are delivered in collaboration with other service providers in the community as part of the System of Care.

### 2. Eligible Population/Clients

Substance Use and Mental Health Services are intended for the following populations of focus:

- Individuals, ages nine (“9”) through the twenty-second (“22<sup>nd</sup>”) birthday, who reside in Broward County, have a household income that does not exceed four hundred percent (“400%”) of the Federal Poverty Level (“FPL”) and who meet one of the definitions below.
  - Substance Use Disorder:** Individuals who have substance use disorder minimally ranging from substance use that comprises maladaptive patterns of substance use revealed by recurrent and significant adverse consequences related to the repeated use of substances to substance dependence comprising cognitive, behavioral, and physiological symptoms related to continued substance use. Current or past traumatic stress may be a factor contributing to substance use.
  - Dual Diagnosis/Co-Occurring Disorders:** Individuals must have co-existing substance use disorder and a mental health disorder to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders and resulted in a functional impairment that substantially interferes with or limits the individual's role or functioning in family, school, or community activities.

Clients must not have private insurance, Medicaid, Florida Healthy Kids, the State of Florida funding, or any other third-party reimbursement mechanism that cover the costs of Substance Use and Mental Health Services. Clients with health insurance coverage may receive counseling services not otherwise covered by their health insurance upon discharge from a psychiatric hospital or to prevent an acute emotional crisis that could otherwise require hospitalization or placement in a residential treatment facility.

All children must be screened for eligibility as the County is the funder of last resort. Complete information is available in the [Handbook](#).

### 3. Collaboration

Applicants shall develop community collaborations and a coordinated community response to meet the needs of Clients by providing high-quality services that address the needs of the individual. Applicants may propose programs that are part of a network of providers, when possible. These partnerships should address issues of cost effectiveness and Client and system coordination within the continuum of care. Applicants must collaborate with the Broward County Court System.

### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, and IAs, as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Submit proof of valid, current license from applicable federal, state, or local regulatory agency for the proposed service. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

Applicants providing Substance Use and Mental Health Services are required to be licensed by DCF for the appropriate level of substance use treatment services proposed.

### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Services	Optional Services	Service Numbers
Psychosocial Evaluation		RP-5000.6600
Individual Counseling*		RF-3300
Behavioral Modification		RD-1000.1000
Drug/Alcohol Testing		RX-0400.1850
	Administrative Services	TD-0350
	Case Management*	PH-1000
	Clinical Psychiatric Evaluation	RP-5000.1500

<b>Required Services</b>	<b>Optional Services</b>	<b>Service Numbers</b>
	Co-Parenting Workshops	PH-6100.1550
	Family Counseling	RF-2000
	Group Counseling	RF-2500
	Home Based Parenting Education	PH-6100.3300
	Independent Living Skills Instruction	LR-3200
	Life Coaching	PH-6200.4550
	Mentoring Skills Development	TP-6650.5200
	Outreach	TJ-6500.6300
	Peer Counseling Services	RF-6500
	Peer Role Model Program	PH-1400.5000-650
	Psychiatric Case Management	RP-6400.8000-600
	Psychiatric Medication Monitoring	RP-6400.8000- 650.64
	Residential Substance Use Disorder Treatment Services	RX-8450.7000
	Social Skills Training	PH-6200.8300
	Staff Training Development	TP-3000.8000-750
	Substance Use Disorder Day Treatment Services	RX-8450.8100
	Teen Family Planning Programs	IJ-2000.8500
	Teen Pregnancy Prevention	IJ-8000.8500.01
	Temporary Flex Fund Financial Assistance	NT
	Tutoring Services	HL-8700
	Youth Community Service Programs	PS-9800.9800
	Youth Enrichment Program	PS-9800.9900.01

#### **NOTES:**

- Proposals must incorporate and comply with the guidelines for the provision of this service identified in the [Substance Use - Dual Diagnosis - Co-Occurring Disorders Counseling Services SDM](#) and the [Handbook](#).
- \*Requires use of an EBP, EIM, or PP.

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## H. Advertised Service: Youth Economic Stability

### 1. Statement of Current Funding Opportunity

Broward County seeks to fund Youth Economic Stability (“ECOSTA”) services to assist youth with obtaining knowledge and understanding that leads to economic stability and job/employment experiences. These experiences will develop Clients’ employability and help improve their strengths, abilities, and outlook. ECOSTA will work to assist youth in developing critical thinking and problem-solving skills to effectuate sound reasoning and analytical thinking.

Applicants program design must include at least two (“2”) of the following items:

- **Financial Education/Literacy Training:** Includes educational sessions that cover topics such as budgeting, using mainstream financial products, recognizing and avoiding abuse practices, saving, and managing credit.
- **Work Experience:** Paid/unpaid job, internship, apprenticeship placements that provide an opportunity to practice and grow Clients’ competency and skills, gain practical experience in a field they have been trained in, and/or develop new skills that will be beneficial in future employment opportunities, and recruitment of employers and job placements that are suitable to Clients’ skills and interests.
- **Supported Employment:** Includes career counseling, administering of pre-employment assessments, and providing pre-employment preparation.

### 2. Eligible Population/Clients

Clients must reside in Broward County.

- Clients must reside in Broward County.
- Clients must have household incomes that do not exceed the four hundred percent (“400%”) of the Federal Poverty Level (“FPL”).
- Financial Education-Literacy Training Clients are middle or high school-aged youth.
- Work Experience Clients are middle or high school-aged youth.
- Supported Employment Clients are ages sixteen (“16”) through their twenty-second (“22nd”) birthday.

### 3. Collaboration

Applicants shall develop community collaborations and a coordinated community response to meet the needs of Clients by providing high-quality services that address the needs of the individual. Applicants may propose programs that are part of a network of providers within the continuum of care. Collaboration may include, but is not limited to the following:

- Proposing a program that requires the resources of another organization for implementation or extends the services of the continuum.
- Working with employers agreeing to pay one hundred (“100%”) of FICA and Workers Compensation and any other job-related benefits as required by federal, state, or local laws. Applicants will subsidize one hundred (“100%”) of Clients salaries. The maximum

subsidized contribution for work experience will not exceed the minimum hourly rate for the State of Florida.

- Addressing cost effectiveness, system of care coordination, and integration with entities such as DJJ, BCPS, DCF, and community-based agencies that are involved with the continuum of care.

#### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumes and job descriptions of funded positions.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service, as needed. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policy.

#### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Services	Optional Services	Service Numbers
Supported Employment		ND-6500.8120
Work Experience		ND-2000.3500-950
Financial Education/Financial Literacy Training		DM-2000
	Administrative Services	TD-0350
	Apprenticeship Training	ND-2000.3500-050
	At Risk Youth Employment Programs	ND-6500.9800-050
	Case Management*	PH-1000
	Life Coaching	PH-6200.4550
	Mentoring Skills Development	TP-6650.5200
	Outreach	TJ-6500.6300
	Staff Training Development	TP-3000.8000-750
	Teen Family Planning Programs	IJ-2000.8500
	Teen Pregnancy Prevention	IJ-8000.8500.01
	Temporary Flex Fund Financial Assistance	NT
	Training Skills Development	TP-6650.8700
	Tutoring Services	HL-8700
	Youth Community Service Programs	PS-9800.9800

## NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Youth Economic Stability SDM](#) and the [Handbook](#).
- \*Requires use of an EBP, EIM, or PP.

## I. Advertised Service: Youth Emergency Shelter Services

### 1. Statement of Current Funding Opportunity

Broward County seeks to fund Youth Emergency Shelter Services (“YESS”), a short-term shelter relief and supportive services for youth and young adults with a history of involvement in the juvenile justice or child welfare system. YESS can be utilized intermittently and may be delivered in conjunction with community-based residential placement and/or therapeutic services. Supportive services for youth and young adults may include counseling, case management, and referrals that may lead to employment, transportation, and public benefits. YESS will provide a “safe haven” for youth, while engaging caretakers in therapeutic/behavioral health services for successful stabilization, reunification, and community reintegration.

YESS will minimally include face-to-face assessment, services orientation, continuous supervision, case management services, and the provision of or linkages to mental health and/or substance use treatment services, as well as transportation to and from necessary court and/or court-required appointments.

### 2. Eligible Population/Clients

Youth, ages nine (“9”) through their twenty-second (“22<sup>nd</sup>”) birthday, who reside in Broward County and have one or more of the following:

- Risk factors for initial or subsequent involvement in the juvenile justice system.
- History of school-based behavior interventions (suspensions or expulsions) and/or excessive absenteeism.
- Youth who have run-away from home, have trouble remaining in the home, and may have experienced current or past traumatic stress.
- Record of involvement in the child welfare or juvenile justice system.

### 3. Collaboration

Applicants shall develop community collaborations and a coordinated community response to meet the needs of Clients by providing high-quality services that address the needs of the individual. Collaborations should address issues of cost effectiveness and of system of care coordination and integration with appropriate entities within the continuum of care, such as DJJ, HSD Crisis Intervention and Support Division, Broward Juvenile Detention Center, BCPS, and/or community agencies.

#### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service, as needed. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

#### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Services	Optional Services	Service Numbers
Transitional Housing		BH-8600
Individual Counseling*		RF-3300
Psychosocial Evaluation		RP-5000.6600
	Administrative Services	TD-0350
	Case Management*	PH-1000
	Family Counseling	RF-2000
	Group Counseling	RF-2500
	Independent Living Skills	LR-3200
	Life Coaching	PH-6200.4550
	Mentoring Skills Development	TP-6650.5200
	Outreach	TJ-6500.6300
	Peer Counseling Services	RF-6500
	Peer Role Model Programs	PH-1400.5000-650
	Social Skills Training	PH-6200.8300
	Staff Training Development	TP-3000.8000-750
	Teen Family Planning Programs	IJ-2000.8500
	Teen Pregnancy Prevention	IJ-8000.8500.01
	Temporary Flex Fund Financial Assistance	NT
	Tutoring Services	HL-8700
	Youth Community Service Programs	PS-9800.9800
	Youth Enrichment Program	PS-9800.9900.01

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of service identified in the [Youth Emergency Shelter Services](#) and the [Handbook](#).
- \*Requires use of an EBP, EIM, or PP.

## **Chapter III: HEALTH CARE SERVICES SECTION CURRENT FUNDING OPPORTUNITIES**

HSD strongly encourages Applicants to engage Participants (“Clients”) through forums and other customer engagement practices to ensure Participants’ (“Clients”) input and feedback are captured and assessed in order to ensure that appropriate services have been designed, implemented, and delivered.

CPD is committed to addressing the social determinants of health and well-being by encouraging a balanced approach to program design and overall service delivery. Applicants may utilize Optional Services in conjunction with the Required Services to ensure they meet the needs of individual Clients.

### **A. Advertised Service: Behavior Learning Therapy Services** *(Formally Behavior Modification Services)*

#### **1. Statement of Current Funding Opportunity**

Broward County seeks to fund Behavioral Learning Therapy (“BLT”) Services, psychotherapeutic interventions used to eliminate or reduce maladaptive behavior of individuals with physical and/or developmental disabilities. Services should include specialized and coordinated assessments, diagnosis, treatment planning with written goals, periodic re-assessments, re-evaluations of plans and goals documenting progress, medication management, case management, and other follow-up services necessary to assist Clients. BLT Services will help Clients improve functional skills, reduce maladaptive behaviors, and develop life skills to enable them to live in their homes or communities and achieve productive lives.

BLT Services will include the coordination of care through direct face-to-face contact with Clients and their families or authorized Caregivers to develop customized service plans that identify service needs, resources, and available programs. The service plans will be designed to assist Clients in developing skills and obtaining levels of self-sufficiency that allow Clients to reside in less restrictive environments.

#### **2. Eligible Population/Clients/Participants**

Eligible population are:

- Individuals, twenty-one (“21”) years of age or older.
- Residents of Broward County.
- Individuals who have physical and/or development disabilities.
- Individuals whose impairments limit one of more major life activities.
- Individuals are on the waitlist for the Agency for Persons with Disabilities Medicaid Waiver.
- Individuals must have a household income that does not exceed four hundred percent (“400%”) of the Federal Poverty Level (“FPL”).

Developmental Disability, as defined by the [Florida Statute, Chapter 393 – Developmental Disabilities](#), refers to a variety of conditions that interfere with a person's ability to function in everyday activities.

### 3. Collaboration

Applicants must develop community collaborations and a coordinated community network to address Clients needs by providing high-quality services.

### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** Memoranda of Understanding (“MOUs”), Memoranda of Agreement (“MOAs”), Interagency Agreements (“IAs”), as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service, as needed. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Services	Optional Services	Service Numbers
Behavior Learning Therapy (formerly Behavior Modification)		RD-1000
Psychiatric Medication Monitoring		RP-6400.8000- 650.64
Administrative Services		TD-0350
Case Management*		PH-1000
	Outreach	TJ-6500.6300
	Staff Training Development	TP-3000.8000-750
	Supported Employment	ND-6500.8120

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Behavior Learning Therapy SDM](#) and the [Handbook](#).
- \*Requires use of an Evidence-Based Practice (“EBP”), Evidence Informed Models (“EIM”)/Promising Practice (“PP”) that best responds to Participants’ needs.

## **B. Advertised Service: Mental Health Drop-In Services**

### **1. Statement of Current Funding Opportunity**

Broward County seeks to fund Mental Health Drop-In (“Drop-In”) Services, which are peer-run services intended to provide a range of opportunities for persons to independently develop, operate, and participate in social, recreational, and networking activities. Services are not supervised by mental health professional staff and are not considered a treatment intervention. Services are provided to individuals with a mental illness and/or co-occurring disorder to assist them in socializing with peers, increase coping skills for remaining in mental health recovery, learn new skills that increase creativity, or just be in a place that encourages self-determination, compassion, and safety.

Drop-In Services include supports that promote and assist in the continued mental health recovery of individuals. Services will provide companionship, facilitation, guidance, mentoring, and peer support. Drop-In Services will place emphasis on empowering individuals, increasing feelings of well-being, and minimizing risks of hospitalization. Drop-In Service can be provided individually and in a small group, including peer support groups, in class settings, and through organized social and educational activities.

### **2. Eligible Population/Clients/Participants**

- Individuals, eighteen (“18”) years and older.
- Residents of Broward County.
- Individuals experiencing one or more diagnosed or undiagnosed mental health conditions that impairs functioning at work, in school, or in the community.
- Individuals must have household incomes that do not exceed four hundred percent (“400%”) of the Federal Poverty Level (“FPL”).

### **3. Collaboration**

Applicants must develop community collaborations and a coordinated community network to address Clients needs by providing high-quality services.

### **4. Additional Program Documents for this Service**

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service, as needed. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

### **5. Eligible Billing Components**

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.



Required Services	Optional Services	Service Numbers
Mental Health Drop-in Center		RM-6500.5000
Peer Counseling Services		RF-6500
Administrative Services		TD-0350
	Intensive Case Management	PH-1000-01
	Outreach	TJ-6500.6300
	Staff Training Development	TP-3000.8000-750

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Mental Health Drop-In Services SDM](#) and the [Handbook](#).
- Applicants proposed program design must include an EBP, EIM or PP that best responds to Participants.

### C. Advertised Service: Mental Health – Inpatient Services

#### 1. Statement of Current Funding Opportunity

Broward County seeks to fund Mental Health - Inpatient (“Inpatient”) Services, provided in a supportive and therapeutic environment at a licensed community-based or hospital-based short-term intensive, inpatient treatment and stabilization facility that provides immediate brief psychiatric intervention, primarily to low-income individuals experiencing a mental health or substance use disorder crisis or both. Inpatient Services are provided twenty-four (“24”) hours a day, seven (“7”) days a week.

Inpatient Services will include a comprehensive evaluation, counseling, adjunct therapies as needed; medication if required; and aftercare referrals post discharge. Medical services will be available for individuals experiencing mental health crises and will seek to stabilize individuals so that they can live in the least restrictive community setting. Inpatient Services must be provided in the areas of southern Broward County, defined as south of Griffin Road.

#### 2. Eligible Population/Clients/Participants

- Individuals, eighteen (“18”) years of age and older.
- Residents of Broward County.
- Individuals experiencing a diagnosed or undiagnosed acute mental health condition or crisis related to substance use disorder and meet the criteria for voluntary or involuntary intervention for mental illness under [Florida Statutes, Chapter 394, Part I, Florida Mental Health Act \(“the Baker Act”\)](#) or meet the criteria for substance use disorder as described in



the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision (“DSM-5-TR”).

- Individuals experiencing mental health disorders that substantially impair functioning in family, work, school, or community activities.
- Participants may have acute or chronic mental or emotional disturbances and require inpatient mental health services for maximum treatment benefit.
- Individuals who might be a threat to themselves, to their families, or others if left in the community or placed in a less restrictive treatment setting.

### 3. Collaboration

Applicants must develop community collaborations and a coordinated community network to address Clients needs by providing high-quality services.

### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service, as needed. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Service	Optional Services	Service Number
Adult Psychiatric Inpatient Units		RM-3300.6600-080
Administrative Services		TD-0350
	Intensive Case Management	PH-1000-01
	Outreach	TJ-6500.6300
	Staff Training Development	TP-3000.8000-750

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Mental Health - Inpatient Services SDM](#) and the [Handbook](#).
- Applicants proposed program design must include an EBP, EIM or PP that best responds to Participants.

## **D. Advertised Service: Mental Health - Outpatient Services**

### **1. Statement of Current Funding Opportunity**

Broward County seeks to fund Mental Health Services – Outpatient (“Outpatient”) to support individuals with mental illnesses diagnosed by physicians or licensed mental health professionals, in accordance with Florida Statutes, Chapter 394, Mental Health. Outpatient services include biopsychological assessments and evaluations, diagnostic assessment, counseling services, and outreach, as needed. Outpatient services also offers treatment planning with written goals, intervention services, periodic re-assessments, re-evaluations of plans and goals documenting progress, and referrals to other services as appropriate. Outpatient services may be provided in individual or group sessions. Settings for Outpatient services include home, office, telehealth, and other community locations to engage individuals in the least restrictive environment.

### **2. Eligible Population/Clients/Participants**

- Individuals, eighteen (“18”) years and older.
- Residents of Broward County.
- Individuals experiencing diagnosed or undiagnosed mental health condition.
- Individuals must have household incomes that do not exceed four hundred percent (“400%”) of the Federal Poverty Level (“FPL”).
- Individuals must be uninsured or under-insured, have barriers to economic stability, and have no other sources, such as private insurance, Medicaid, the State of Florida, or any other third-party reimbursement mechanism to fund needed services.

### **3. Collaboration**

Applicants must develop community collaborations and a coordinated community network to address Clients needs by providing high-quality services.

### **4. Additional Program Documents for this Service**

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service, as needed. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

### **5. Eligible Billing Components**

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

<b>Required Services</b>	<b>Optional Services</b>	<b>Service Numbers</b>
Administrative Services		TD-0350

Required Services	Optional Services	Service Numbers
Group Counseling		RF-2500
Individual Counseling		RF-3300
Outpatient Mental Health Services		RM-6500
Psychosocial Evaluation		RP-5000.6600
	Intensive Case Management	PH-1000-01
	Home Based Mental Health Services	RP-6400.8000.300
	Mentoring Programs	PH-1400.5000
	Outreach	TJ-6500.6300
	Peer Counseling Services	RF-6500
	Psychiatric Evaluation	RP-5000.1500
	Psychiatric Medication Monitoring	RP-6400.8000-650.64
	Staff Training Development	TP-3000.8000-750

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Mental Health - Outpatient Services SDM](#) and the [Handbook](#).
- Applicants proposed program design must include an EBP, EIM or PP that best responds to Participants.

### E. Advertised Service: Mobile Crisis Response Teams

#### 1. Statement of Current Funding Opportunity

Broward County seeks to fund Mobile Crisis Response Teams (“MCRT”) to provide services in western Broward County, specifically west of University Drive. MCRT services will be coordinated and delivered in conjunction with the Mobile Crisis Response Program funded by DCF that serves eastern Broward County. MCRT services include assessments, crisis interventions, supportive counseling, information and referrals, and linkage to appropriate community-based mental health services for ongoing treatment and follow-up.

MCRT services will be available three hundred and sixty-five (“365”) days per year, twenty-four (“24”) hours a day and seven (“7”) days per week. MCRT will respond to crisis calls from multiple referral sources, including families, community organizations, law enforcement agencies, schools, adult living facilities, or individuals facing crises. Services can be provided in homes, community locations, through telehealth, or wherever mental health crises exist. Peer Specialist services are key components to assist in the continued recovery of individuals challenged with a mental health crisis but must not be a stand-alone service under MCRT.

#### 2. Eligible Population/Clients

- Individuals, eighteen (“18”) years of age and older.
- Residents living in western Broward County (west of University Drive).

- Individuals who are experiencing a diagnosed or undiagnosed mental health condition.
- Individuals who are experiencing a mental health crisis; are in acute emotional distress; are or perceive themselves to be in life-threatening situations; are a danger to themselves or others; or are unable to cope with an issue that requires immediate action.
- Individuals who are uninsured or under-insured.
- Individuals who meet the Federal Poverty Guideline, as listed in the [Handbook](#).

### 3. Collaboration

Applicants must develop community collaborations and a coordinated community network to address Clients needs by providing high-quality services.

### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service, as needed. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Services	Optional Services	Service Numbers
Psychiatric Mobile Response Teams		RP-1500.3400-650
Peer Counseling		RF-6500
Administrative Services		TD-0350
	Outreach	TJ-6500.6300
	Staff Training Development	TP-3000.8000-750

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Mobile Crisis Response Teams SDM](#) and the [Handbook](#).
- Applicants proposed program design must include an EBP, EIM or PP that best responds to Participants.

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## **F. Advertised Service: Spouse/Intimate Partner Abuse Counseling**

### **1. Statement of Current Funding Opportunity**

Broward County seeks to fund proposals to provide Spouse/Intimate Partner Abuse Counseling (“SIPAC”) services for individuals who are Survivors of domestic violence, who have witnessed domestic violence, or are involved in volatile relationships resulting in physical and/or verbal abuse. SIPAC is individualized targeted counseling, supportive services, and advocacy provided to people who are or have experienced a pattern of abusive behavior in any relationship by intimate partners regardless of race, age, sexual orientation, religion, or gender identity.

SIPAC services will include an assessment and evaluation, diagnosis, treatment planning with written goals, intervention services, periodic re-assessments, re-evaluations of plans and goals documenting progress, and referrals to other services as appropriate.

Settings for the provision of SIPAC may include domestic violence shelters, home, office, and other approved locations to engage prospective Clients in the safest environment. Therapeutic intervention services are based on the Clients’ needs and may be provided in individual, family, or group settings. Individual counseling will be provided for twelve (“12”) sessions, with continuation based on Participants needs. Group and family counseling sessions will be provided on an as-needed basis.

Applicants will develop a referral network for services that demonstrate the ability to serve individuals from various backgrounds and a population of focus with risk factors for domestic violence including the impacts of racism, poverty, and LGBTQIA2S+ issues. Applicants proposing to provide SIPAC services must demonstrate a thorough knowledge of special populations in the community with risk factors for domestic violence.

### **2. Eligible Population/Clients/Participants**

- Individuals, eighteen (“18”) years of age and above, and their non-offending family members.
- Residents of Broward County.
- Individuals who have risk factors for and/or are Survivors of domestic violence.
- Individuals must have household incomes that do not exceed four hundred percent (“400%”) of the Federal Poverty Level (“FPL”).

“Survivor” is defined as a spouse, ex-spouse, or co-habitant in an intimate relationship, or individual who shares a child in common with a batterer who has perpetrated an act, alleged act, or attempted act of violence against the individual for the purpose of exercising power and control. A Survivor may also be an individual who has or had a dating relationship with the batterer.

For the purposes of SIPAC services, individuals with risk factors may include people who identify as LGBTQ; persons with physical, developmental, and sensory disabilities; and racial “minority” status, which compounds the complexities of abuse and disproportionately reduces community responses to domestic violence.

### 3. Collaboration

Applicants must develop community collaborations and a coordinated community network to address Clients needs by providing high-quality services.

### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés/Job Descriptions for proposed funded staff.

**Program Document 4:** Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service, as needed. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

**Program Document 6:** Flex Fund Policies and Procedures.

### 5. Eligible Billing Components

For billing purposes, Optional Services may not exceed twenty-five percent (“25%”) of total invoice each month.

Required Service	Optional Services	Service Number
Spouse/Intimate Partner Abuse Counseling		RP-1400.8000-020.80
Psychosocial Evaluation		RP-5000.6600
Administrative Services		TD-0350
	Intensive Case Management	PH-1000-01
	Outreach	TJ-6500.6300
	Staff Training Development	TP-3000.8000-750

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Spouse/Intimate Partner Abuse Counseling SDM](#) and the [Handbook](#).
- Applicants proposed program design must include an EBP, EIM or PP that best responds to Participants.

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## **Chapter IV: HOUSING OPTIONS, SOLUTIONS, AND SUPPORTS DIVISION CURRENT FUNDING OPPORTUNITIES**

HSD strongly encourages Applicants to engage Participants (“Clients”) through forums and other customer engagement practices to ensure Participants’ (“Clients”) input and feedback are captured and assessed in order to ensure that appropriate services have been designed, implemented, and delivered.

### **Population of focus are:**

Individuals, eighteen (“18”) years of age and older, and families, who are experiencing homelessness, are currently located in Broward County, Florida, and meet all the eligibility criteria listed below.

- **Category 1: Literally Homeless**

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation.
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs).
- Is exiting an institution where (s)he has resided for ninety (“90”) days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

**Note:** An individual or family only needs to meet one of the three subcategories to qualify as Homeless under Category 1.

- **Category 4: Fleeing/Attempting to Flee Domestic Violence**

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence,
- Has no other residence, and
- Lacks the resources or support networks to obtain other permanent housing.

### **Documentation of Eligibility**

Providers must verify Participants’ program eligibility for services prior to Participants receiving services. Providers must refer to their Broward County contracts and the [Handbook](#) for Participants eligibility guidelines. Certification of homelessness from Provider or another third

party, such as outreach Providers, emergency shelter intake workers, or Participants' self-certification are required.

## **Requirements for HOSS-D's Advertised Services**

Successful Applicants must utilize the Homeless Management Information System ("HMIS") to enter services. Successful Applicants must also participate in the Local Providers Stakeholders Council, Housing Action Committee, and other Broward County Homeless Continuum of Care ("HCoC") meetings, as required.

Applicants must adhere to the elements below:

- **Participate in Coordinated Assessment and Entry**

Awarded Applicants must operate the services below in conjunction with HCoC Coordinated Entry and Assessment ("CEA") system. Providers will work closely with all homeless outreach, rapid rehousing ("RRH"), permanent supportive housing ("PSH"), and other service providers to ensure Participants enter and exit the programs in a coordinated and efficient manner.

Participants will be assessed and prioritized through the HCoC's CEA process, which currently includes, but not limited to, the street outreach teams and HOSS-D staff.

- **Program Staffing**

Proposals should include staffing structures/levels that will ensure proposed services are delivered in a manner that effectively serves Participants' needs and in accordance with the HCoC Standards of Care. If required, proposals should include twenty-four/seven ("24/7") support or oversight to best serve this vulnerable population. In the event of staffing challenges, Applicants must include contingency plans that ensure operations are not disrupted. Applicants' program staff must be trained in [Housing First Principles](#). Applicants may propose using another EBP that is appropriate. However, if another EBP is proposed, Applicants' case managers must be trained in the proposed EBP.

## **A. Advertised Service: Emergency Shelter Services for Families**

### **1. Statement of Current Funding Opportunity**

Emergency Shelter Services ("ESS") plays an essential role within an effective, housing-focused crisis response system by coordinating the placement of individuals and families in faith-based and community-based locations offering temporary shelter that does not require occupants to sign leases or occupancy agreements when mainstream emergency and transitional shelters, rapid rehousing, permanent supportive housing, or other stable housing intervention is not immediately available.

Broward County is seeking proposals from Applicants to provide a facility and services for Low Barrier Emergency Shelter Services for Families. The shelter must provide twenty-four ("24") hours, seven ("7") days per week, three hundred and sixty-five ("365") days a year service to families experiencing homelessness.



## **2. Eligible Population/Clients/Participants**

- The population of focus for ESS is literally homeless families with minor children. Participants must be experiencing homelessness, as defined under HUD's definition of homelessness, located in the [Handbook](#), Categories One ("1") or Four ("4").
- Participants must be living in Broward County.

Providers must maintain documentation of homeless eligibility in accordance with [24 Code of Federal Regulations \("CFR"\) 578.103, Recordkeeping Requirements](#) (Visit the following for additional information: [Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 \("HEARTH Act"\) Final Rule](#), [24 CFR 576.500\(b\)](#), [CPD-16-11](#), and [CPD-17-01](#)).

## **3. Collaboration**

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure Participants' needs are met. Proposals must address how Applicants will coordinate Participants' care with support services agencies. If there are any services that cannot be adequately provided, Providers are expected to enter MOUs/MOAs/IAs and submit it to the County, in accordance with the guidelines in the [Handbook](#).

## **4. Service Requirements**

Low Barrier Emergency Shelter services must be available for all eligible families with minor children experiencing homelessness regardless of race, ethnicity, gender, marital or familial status, sexual orientation, religion, age, and disability. Applicants must address the basic and immediate needs of families experiencing homelessness with amenities and services, bathrooms, and showers, lockers and storage for belongings, twenty-four/seven ("24/7") food (three scheduled meals a day and light meals available as needed for certain circumstances), First Aid, internet access, laundry facilities, clothing, phone and message center, space for collaborating service providers, office space for staff to work and to meet with Participants in private, and pet accommodations (as applicable) and may not require documentation of identification, custody, or citizenship. This includes individuals with service animals [consistent with the Americans with Disabilities Act ("ADA") requirements], emotional support animals, severe/debilitating mental health needs, active substance use disorders, criminal convictions, poor credit, and eviction histories. Participants may not be turned away from shelter due to lack of income. All Fair Housing laws must be adhered to. The length of stay is based on the Participants' presenting conditions. The overall goal of funded programs is to reduce the length of time of street homelessness by maximizing Participants' ability to attain self-sufficiency, including permanent housing.

Applicants must establish and implement written procedures to ensure the health and safety of residents, staff, and visitors. In addition, facilities may establish behavioral expectations that limit disruptive or violent behavior resulting from intoxication and other behavioral health conditions. Agency staff must be trained in crisis de-escalation techniques to resolve issues that arise before discharging Participants for noncompliance. All discharges for non-compliance must be approved by the HOSS-D Contract Grants Administrator and the HOSS-D Assistant Director or designee.

Applicants must demonstrate the ability to consistently staff the facilities to maximum capacity. Although there will be construction on the facilities from time to time, dorms are only allowed to be closed at the discretion of Construction or Facilities Management in conjunction with the HOSS-D Director. The operator of the facility cannot close dorms.

Broward County strongly supports the hiring of formerly homeless or homeless persons to the extent that it does not conflict with federal or state law and as appropriate to the position description.

Applicants are expected to utilize the [Housing First EBP Model](#) in the provision of the Low Barrier Emergency Shelter Services for Families. Services must be provided to assist the Participant in securing permanent housing, while eliminating the barriers that have historically prevented them from seeking shelter. Proposals must include how Applicants will build stronger Participant engagement capacity, reduce repeated Participant discharges from and readmissions to shelter, how they will maintain maximum capacity of each facility and how they will remediate for staffing shortages.

## 5. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart

**Program Document 2:** Memoranda of Understanding (“MOUs”), Memoranda of Agreement (“MOAs”), Interagency Agreements (“IAs”), as applicable.

**Program Document 3:** Resumés and job descriptions of funded positions.

**Program Document 5:** Organizational Chart.

## 6. Eligible Billing Components

Required Services	Service Numbers
Administrative Services	TD0350
At Risk/Homeless Housing Related Assistance Programs/Support Services*	BH-0500
Emergency Shelter Low Demand*	BH-1800

### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of this service identified in the [Emergency Shelter Services SDM](#) and the [Handbook](#).
- \*Service requires use of Housing First model and may include use of another EBP, EIM or PP.

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## **B. Advertised Service: Homeless Family Street Outreach**

### **1. Statement of Current Funding Opportunity**

Broward County seeks to fund Homeless Family Street Outreach (“HFSO”) services, which moves outside the walls of the agencies to engage families with minor children experiencing homelessness who may be disconnected and alienated from services and supports with a focus on those families who are hard-to-reach. This program is designed to establish supportive relationships, provide assessments for the most appropriate housing intervention, prioritize families for family shelter beds, complete housing packets to expedite permanent housing interventions for families, and support and enhance access to services and supports to help families transition to secure placements. Outreach strategies require an understanding of the family’s circumstances and needs. Additionally, strategies should address cultural barriers that may prevent families from accessing services. HFSO services must be provided through the Coordinated Entry and Assessment (“CEA”) system to triage, assess, and place families into County-designated Low-Barrier shelters and referral to the County’s Homeless Management Information Systems (“HMIS”) CEA portal for permanent housing interventions.

Applicants are expected to meet Participants “where they are” in their own environment including greenbelts, parks, alleys, vehicles, tents, temporary shelters or under bridges. Families experiencing homelessness and living in these settings are often isolated and highly vulnerable. Many are impaired by severe chemical dependency and physical and mental health challenges, making it difficult for them to seek services on their own. HFSO services shall be provided countywide from 7:00 A.M. to 10:00 P.M., Monday through Sunday, including holidays.

### **2. Eligible Population/Clients/Participants**

- The population of focus for HFSO is literally homeless families with minor children. Participants must be experiencing homelessness, as defined under HUD’s definition of homelessness, located in the [Handbook](#), Categories One (“1”) or Four (“4”).
- Participants must be living in Broward County.

Providers must maintain documentation of homeless eligibility in accordance with [24 CFR 578.103, Recordkeeping Requirements](#) (Visit the following for additional information: [HEARTH Act Final Rule](#), [24 CFR 576.500\(b\)](#), [CPD-16-11](#), and [CPD-17-01](#)).

### **3. Collaboration**

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure Participants’ needs are met. Proposals must address how Applicants will coordinate Participants’ care with support services agencies. If there are any services that cannot be adequately provided, Providers are expected to enter MOUs/MOAs/IAs and submit it to the County, in accordance with the guidelines in the [Handbook](#).

HFSO Providers must participate in the Local Providers Stakeholders Council, Housing Action Committee, and the monthly By-Name List Meetings, as well as other HCoC committees, as appropriate.

#### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés and Job descriptions of funded positions.

**Program Document 5:** Organizational Chart.

**Program Document 6:** Participant Incidentals Policy.

#### 5. Eligible Billing Components

Required Services	Service Numbers
Administrative	TD-0350
Housing Case Management*	PH-1000
Client Incidentals	NT-01
Comprehensive Intake Assessment	RP-5000.1400
Homeless Outreach*	PH-8000
Housing Navigation*	BH-3900
Individual Counseling	RF-3300
Mental Health Evaluation	RP-5000
Psychosocial Evaluation	RP-5000.6601

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Homeless Family Street Outreach SDM](#), [Housing Case Management SDM](#), [Mental Health SDM](#), and the [Handbook](#).
- \*Service requires use of Housing First model and may include use of an additional EBP, EIM, or PP.

### C. Advertised Service: Housing Case Management

#### 1. Statement of Current Funding Opportunity

Broward County seeks to fund Housing Case Management (“HCM”), which involves obtaining and maintaining permanent housing for families and individuals experiencing homelessness.

HCM services develop plans for the evaluation, treatment, and/or care of Participants who, because of age, illness, disability, or other difficulties, need assistance in planning and arranging for services, which assess the Participant’s needs; coordinate the delivery of needed services; ensure that services are obtained in accordance with the case plan follow up and monitor progress to ensure that services are having a beneficial impact for the Participant; and ensure that the housing intervention is appropriate and sustainable. HCM is a collaborative process characterized by communication, advocacy, and resource management to promote high-quality, cost-effective interventions and outcomes.

HCM is a Participant-centered, multi-step process that ensures timely access to and coordination of services which includes, but is not limited to, the following processes: intake, assessment of needs, individualized planning, individualized plan implementation, service [TOC](#)

coordination, monitoring and follow-up, reassessment, case conferencing, crisis intervention, and case closure. Locations for the delivery of HCM services may include home, office, and other approved locations convenient for the Participants to ensure access to services in the least restrictive environment necessary.

HCM will assist with services or activities designed to assist individuals or households in locating, obtaining, and retaining suitable housing. Services or activities may include tenant counseling, assisting individuals and households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation and outreach to property owners related to landlord/tenant issues.

## 2. Eligible Population/Clients/Participants

- The population of focus for HCM is literally homeless individuals and families. Participants must be experiencing homelessness, as defined under HUD's definition of homelessness, located in the [Handbook](#), Categories One ("1") or Four ("4").
- Participants must be living in Broward County.

Providers must maintain documentation of homeless eligibility in accordance with [24 CFR 578.103, Recordkeeping Requirements](#) (Visit the following for additional information: [HEARTH Act Final Rule](#), [24 CFR 576.500\(b\)](#), [CPD-16-11](#), and [CPD-17-01](#)).

## 3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure Participants' needs are met. Proposals must address how Applicants will coordinate Participants' care with support services agencies. If there are any services that cannot be adequately provided, Providers are expected to enter MOUs/MOAs/IAs and submit it to the County, in accordance with the guidelines in the [Handbook](#).

## 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés and Job descriptions of funded positions.

**Program Document 5:** Organizational Chart.

**Program Document 6:** Participant Incidentals Policy and Procedures.

## 5. Eligible Billing Components

Required Services	Service Numbers
Administrative Services	TD-0350
Housing Case Management*	PH-1000
Client Incidentals	NT-01
Housing Navigation*	BH3900

## NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Housing Case Management SDM](#) and the [Handbook](#).
- \*Service requires use of Housing First model and may include use of an additional EBP, EIM, or PP.

## D. Advertised Service: Legal Assistance

### 1. Statement of Current Funding Opportunity

Broward County seeks to fund the Legal Assistance (“LA”) program, which provides services such as legal representation, advice, counsel, referrals to ancillary services for Participants to gain access to public benefits such as food stamps, Social Security, public housing assistance, child support, tenant advocacy, and various civil matters. In addition, services shall include immigration, family law, restoration of driver’s license privileges, and civil rights violation complaints to ensure individuals experiencing homelessness are treated with dignity and their legal rights are protected. LA pertaining to Social Security benefits may include representation in appeal hearings at the Social Security Administration Appeals Council for review of an administrative law judge’s hearing decision about cash and/or medical benefits through Social Security Income (“SSI”) and Social Security Disability Income (“SSDI”). This includes representing Participants whose benefits are denied even though the application was submitted in accordance with the SSI/SSDI, Outreach, Access, and Recovery (“SOAR Method”). LA for tenant advocacy services may include eviction education workshops and direct tenant outreach and must be directed at reducing the incidence of evictions in Broward County and providing better outcomes when evictions are unavoidable.

### 2. Eligible Population/Clients/Participants

- The population of focus for LA is literally homeless individuals and families. Participants must be experiencing homelessness, as defined under HUD’s definition of homelessness, located in the [Handbook](#), Categories One (“1”) or Four (“4”).

For tenant advocacy services, the population of focus includes:

- Eviction Education Workshop – Individuals and families living in Broward County.
- Direct Tenant Outreach - Broward County residents who have had an eviction complaint filed against them.
- Legal Assistance - Individuals and families that have had an eviction complaint filed against them and are at or below four hundred percent (“400%”) of the Federal Poverty Level, as published by HUD.

Providers must maintain documentation of homeless eligibility in accordance with [24 CFR 578.103, Recordkeeping Requirements](#) (Visit the following for additional information: [HEARTH Act Final Rule](#), [24 CFR 576.500\(b\)](#), [CPD-16-11](#), and [CPD-17-01](#)).

### 3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure Participants' needs are met. Proposals must address how Applicants will coordinate Participants' care with support services agencies. Applicants are expected to refer Participants receiving tenant advocacy services to HSD, Family Success Administration Division ("FSAD") or similar agency, as appropriate, for assistance with payment of past due rent or housing navigation, as appropriate. Successful Applicants will work closely with the State of Florida Seventeenth ("17th") Judicial Circuit Court, County Court Civil Division to ensure timely legal assistance to Broward County residents facing eviction. If there are any services that cannot be adequately provided, Providers are expected to enter MOUs/MOAs/IAs and submit it to the County, in accordance with the guidelines in the [Handbook](#).

### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés and Job descriptions of funded positions.

**Program Document 5:** Organizational Chart.

### 5. Eligible Billing Components

Required Services	Service Numbers
Administrative Services	TD-0350
Client Incidentals	NT-01
Eviction Outreach	TJ-6500.6300.4050
Legal Assistance - Eviction	Eviction FP.4050
Legal Assistance Modalities*	FP

#### NOTES

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Legal Assistance SDM](#), [Tenant Advocacy SDM](#), and the [Handbook](#).
- \*Services require use of Housing First model and may include use of an additional EBP, EIM, or PP.

## E. Advertised Service: Medical Respite Care

### 1. Statement of Current Funding Opportunity

Broward County seeks to fund Medical Respite Care ("MRC") in an Assisted Living Facility ("ALF") setting, which will provide individualized care for Participants that includes nursing and recuperative services for individuals experiencing homelessness, are too ill or frail to recover from a physical illness or injury and cannot return to the streets. MRC shall be provided for a period of four ("4") to ten ("10") months. The facility must be licensed by the State of Florida Agency for Health Care Administration ("AHCA") as an ALF) or long-term Skilled Facility with twenty-four ("24")-hour nursing services. The facility shall be staffed to provide functional skills



training and on-site supportive services. Due to Participant's physical limitations that may exist, the MRC Provider shall plan for staffing that will assist Participants in completing basic care such as bathing, dressing, hygiene and eating. In addition, staff must be available on a twenty-four ("24")-hour basis. Length of stay is generally determined on a case-by-case basis and referrals from physicians or other health care providers is required.

All referrals for MRC services must go through the County's Coordinated Entry and Assessment ("CEA") process for approval. The Provider must participate in the County's CEA process for admissions and discharge to shelter or housing. **Participants must not be discharged to the streets.** Additionally, **all** referrals to shelter or housing must be made through the CEA process in the Homeless Management Information System ("HMIS").

## 2. Eligible Population/Clients/Participants

- The population of focus for Medical Respite Care Services is individuals experiencing homelessness who have been released from any hospital or who are on the street, are not physically ready to enter shelter or other housing programs, and whose medical respite care is not covered by other mainstream healthcare benefits. Broward County is the payer of last resort.
- Participants must be experiencing homelessness, as defined under HUD's definition of homelessness, located in the [Handbook](#), Categories One ("1") or Four ("4").
- Participants must be living in Broward County.

Providers must maintain documentation of homeless eligibility in accordance with [24 CFR 578.103, Recordkeeping Requirements](#) (Visit the following for additional information: [HEARTH Act Final Rule](#), [24 CFR 576.500\(b\)](#), [CPD-16-11](#), and [CPD-17-01](#)).

## 3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure Participants' needs are met. Proposals must address how Applicants will coordinate Participants' care with support services agencies. If there are any services that cannot be adequately provided, Providers are expected to enter MOUs/MOAs/IAs and submit it to the County, in accordance with the guidelines in the [Handbook](#).

## 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés and Job descriptions of funded positions.

**Program Document 4:** Submit proof of valid, current license from applicable federal, state, or local regulatory agency for this proposed service. **License must be in good standing.**

**Program Document 5:** Organizational Chart.

Applicants must also submit a copy of their license to operate as an Assisted Living Facility with twenty-four ("24")-hour nursing services.



## 5. Eligible Billing Components

Required Services	Service Number
Administrative Services	TD-0350
Housing Case Management*	PH-1000
Client Incidentals	NT-01
Housing Navigation*	BH-3900
Semi-Independent Living Residences	BH-8400.6000-800

### NOTES

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Medical Respite SDM](#), [Housing Case Management SDM](#), and the [Handbook](#).
- \*Service requires use of Housing First model and may include use of an additional EBP, EIM, or PP.

## F. Advertised Service: Mobile Sanitation Equipment and Services

### 1. Statement of Current Funding Opportunity

Broward County is seeking proposals from Applicants to provide the Mobile Sanitation Equipment and Services (“MSES”) program to offer mobile showers and restrooms to individuals and families experiencing homelessness who may be disconnected and alienated from services and supports. Providers must offer and staff mobile sanitation services that consist of two (“2”) mobile showers units/trailers and one (“1”) portable restroom unit/trailer and must have all necessary hygiene supplies available for Participants’ use. The equipment must be accessible for use a minimum of forty-four (“44”) hours per week. Providers must coordinate the staging of the equipment at locations, on days, and at hours of operation pre-approved by the County and posted on Providers’ website.

Providers must use the HMIS Scan Point Entry to document Participants who received services.

### 2. Eligible Population/Clients/Participants

- The population of focus for MSES is literally homeless individuals and families. Participants must be experiencing homelessness, as defined under HUD’s definition of homelessness, located in the [Handbook](#), Categories One (“1”) or Four (“4”).
- Participants must be living in Broward County.

Providers must maintain documentation of homeless eligibility in accordance with [24 CFR 578.103, Recordkeeping Requirements](#) (Visit the following for additional information: [HEARTH Act Final Rule](#), [24 CFR 576.500\(b\)](#), [CPD-16-11](#), and [CPD-17-01](#)).

### 3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure Participants’ needs are met. Proposals [TOC](#)

must address how Applicants will coordinate Participants' care with support services agencies. If there are any services that cannot be adequately provided, Providers are expected to enter MOUs/MOAs/IAs and submit it to the County, in accordance with the guidelines in the [Handbook](#).

#### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés and Job descriptions of funded positions.

**Program Document 5:** Organizational Chart.

#### 5. Eligible Billing Components

Required Services	Service Numbers
Administrative Services	TD-0350
Mobile Showers/Baths	BM-6500.6500-710

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Mobile Sanitation SDM](#) and the [Handbook](#).

### G. Advertised Service: Shelter Coordination Services

#### 1. Statement of Current Funding Opportunity

Broward County seeks to fund Shelter Coordination Services ("SCS"), to coordinate the placement of individuals and families in faith-based and community-based locations, offering temporary shelter that does not require occupants to sign leases or occupancy agreements. SCS will be offered when mainstream emergency and transitional shelters, rapid rehousing, or permanent supportive housing are not immediately available or appropriate. SCS plays an essential role within an effective, housing-focused crisis response system. SCS shall be facility-based, with the primary purpose to provide a temporary shelter for individuals and families experiencing homelessness in general or for a specific sub population. The Applicant must provide basic needs such as food, showers, clothing, and other supportive services as identified and needed by the Participants on a limited basis.

Providers must effectively recruit faith-based and community-based organizations to increase the capacity of non-traditional shelters. Services shall also include coordinating through case management resources, the placement of Participants in mainstream shelter, substance abuse transitional shelter, rapid re-housing and/or permanent supportive housing when such interventions become accessible.

#### 2. Eligible Population/Clients/Participants

- The population of focus for SCS is literally homeless individuals and families. Participants must be experiencing homelessness, as defined under HUD's definition of homelessness, located in the [Handbook](#), Categories One ("1") or Four ("4").

- Participants must be living in Broward County.

Providers must maintain documentation of homeless eligibility in accordance with [24 CFR 578.103, Recordkeeping Requirements](#) (Visit the following for additional information: [HEARTH Act Final Rule](#), [24 CFR 576.500\(b\)](#), [CPD-16-11](#), and [CPD-17-01](#)).

### 3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure Participants' needs are met. Proposals must address how Applicants will coordinate Participants' care with support services agencies. If there are any services that cannot be adequately provided, Providers are expected to enter MOUs/MOAs/IAs and submit it to the County, in accordance with the guidelines in the [Handbook](#).

### 4. Additional Program Documents for this Service

**Program Document 1:** Gantt Chart.

**Program Document 2:** MOUs, MOAs, IAs, as applicable.

**Program Document 3:** Resumés and Job descriptions of funded positions.

**Program Document 5:** Organizational Chart.

### 5. Eligible billing components

Required Services	Service Numbers
Administrative Services	TD-0350
Safe House Coordination*	BH-1800.1500-750

#### NOTES:

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Shelter Coordination Services SDM](#) and the [Handbook](#).
- \*Service requires use of Housing First model and may include use of an additional EBP, EIM or PP.

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## **Chapter V: BROWARD ADDICTION RECOVERY DIVISION CURRENT FUNDING OPPORTUNITIES**

HSD strongly encourages Applicants to engage Participants (“Clients”) through forums and other customer engagement practices to ensure Participants’ (“Clients”) input and feedback are captured and assessed in order to ensure that appropriate services have been designed, implemented, and delivered.

### **A. Advertised Service: Transitional Residential Substance Use Disorder Services**

#### **1. Statement of Current Funding Opportunity**

Broward County seeks to fund proposals for the provision of Transitional Residential Substance Use Disorder (“TRSUD”) Services that provide extended temporary housing and supportive services for individuals experiencing homelessness with substance use problems and aim to help them live independently and transition into permanent housing. TRSUD serves eligible individuals who are actively participating in a substance use disorder treatment program at BARC. Requested services include the provision of Florida Association of Recovery Residences (“FARR”)\* Certified or Oxford House Model\*\* alcohol and drug-free congregate living arrangements and specified support services that facilitate return to the community of individuals who are recovering from an alcohol and/or substance use disorder; who are leaving BARC’s inpatient or residential treatment program; who may be participating in BARC’s Medication Assisted Treatment (“MAT”) program; and who need ongoing support to sustain an abstinent lifestyle. The solicitation limits service provision to Clients referred by BARC to the awarded agency. Clients shall generally receive services for up to ninety (“90”) days. Services may be extended on a case-by-case, month-by-month basis by prior written approval from BARC, not to exceed one hundred and eighty (“180”) days.

#### **2. Eligible Population/Clients/Participants**

- Individuals aged eighteen (“18”) or older, who are experiencing homelessness.
- Individuals who are referred by BARC.
- Individuals who are actively participating in a substance use disorder and/or MAT treatment program at BARC and need temporary housing while completing a BARC program.

Typically, Participants referred for services require financial assistance, need short term housing while completing their BARC recovery program, will benefit from short term recovery housing, and demonstrate a strong commitment to their recovery process.

#### **3. Collaboration**

Although collaboration is not required for Applicants who provide Clients requested services in-house, it is strongly encouraged. Examples of collaboration for TRSUD services include case management providers that partner with one or more housing providers or recovery housing providers that partner with peer support service providers. Proposals that include collaborations with other providers to form a network of services will be rated with higher points in the RFP. If awarded, Applicant will be required to produce the appropriate MOUs.

#### 4. Additional Program Documents for this Service

**Program Document 7**, Unit Verification Form.

**Program Document 8**, Client Intake Process and Eligibility Criteria Form.

**Program Document 9**, Housing Facility Rules.

**Program Document 10**, Case Management Evidence Based Practices.

#### 5. Eligible Billing Components

Required Service	Service Number
Transitional Residential Substance Use Disorder Services	BH-8600

#### NOTES

- Proposals must incorporate and comply with the guidelines for the provision of the services identified in the [Transitional Residential Substance Use Disorder Services SDM](#) and the [Handbook](#).
- The County intends to fund one (“1”) Provider for the service.
- BARC is a covered entity under the [Health Insurance Portability and Accountability Act of 1996 \(“HIPAA”\)](#) and requires a Business Associate Agreement (“BAA”) in conjunction with the executed Agreement for TRSUD Services. BAAs serve to ensure that the Business Associate (the successful Applicant) will appropriately safeguard protected health information. BAAs also serve to clarify and limit, as appropriate, the permissible uses and disclosures of protected health information by the Business Associate, based on the relationship between the Business Associate and Broward County and the activities or services performed by the Business Associate.

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## **APPENDIX I – PROPOSAL FORM**

### **Section A. Applicant Information**

Provide the following information. Applicants are responsible for accurately providing all requested information and understanding the terms and conditions expressed in Section D of Appendix I.

1. Applicant legal name: Click or tap here to enter text.
2. Main administrative address: Click or tap here to enter text.
3. City, State and Zip Code: Click or tap here to enter text.
4. Office telephone number: Click or tap here to enter text.
5. Office fax number: Click or tap here to enter text.
6. Name of Chief Executive Officer (“CEO”)/President: Click or tap here to enter text.
7. CEO/President’s office phone number: Click or tap here to enter text.
8. CEO/President’s email address: Click or tap here to enter text.
9. Name of Chief Financial Officer (“CFO”): Click or tap here to enter text.
10. CFO’s office phone number: Click or tap here to enter text.
11. CFO’s email address: Click or tap here to enter text.
12. Applicant’s contact person’s name and title (“contact”): Click or tap here to enter text.
13. Contact’s phone number with area code: Click or tap here to enter text.
14. Contact’s mailing address, City, State, Zip Code: Click or tap here to enter text.
15. Contact’s fax number with area code: Click or tap here to enter text.
16. Contact’s email address: Click or tap here to enter text.
17. Applicant’s Board of Director (“Board”) Chair’s name with telephone: Click or tap here to enter text.
18. Applicant’s Board Chair’s email address: Click or tap here to enter text.
19. Applicant’s Board Secretary’s name with telephone: Click or tap here to enter text.

**20.** Applicant's Board Secretary's email address: Click or tap here to enter text.

**21.** Date the Applicant's Board approved the proposal submission: Click or tap here to enter text.

**22.** Indicate Applicant business type:

Private Non-profit IRS Form 501(c)(3): Click or tap here to enter text.

Public Entity\* (specify): Click or tap here to enter text.

Other (specify): Click or tap here to enter text.

**23.** Applicant understands that services must be provided in Broward County.: ☐ Yes ☐ No ☐ N/A

**24.** Applicant is licensed and listed as "Active" on the Florida Department of State, Division of Corporations at [www.sunbiz.org](http://www.sunbiz.org) ☐ Yes ☐ No

**25.** Applicant's Employer/Taxpayer Identification Number ("EIN/TIN"): Click or tap here to enter text.

**26.** Applicant's Unique Entity Identifier ("UEI") or Data Universal Numbering System ("DUNS") Number: Click or tap here to enter text.

**27.** Enter starting month and date of Applicant's Fiscal Year: Click or tap here to enter text.

**28.** Enter ending month and date of Applicant's Fiscal Year: Click or tap here to enter text.

## **Section B. Funding Request Summary**

Enter the requested information.

**1.** Funding Category: Click or tap here to enter text.

**2.** Program Category: Click or tap here to enter text.

**3.** Service Category: Click or tap here to enter text.

**4.** Dollar Amount Requested: \$ Click or tap here to enter text.

## **Section C. Litigation, Regulatory Action, Corrective Action, and Utilization Disclosures**

Applicants are responsible for addressing each of the areas identified below.

**1.** If Applicant, its parent company, or its subsidiaries have had a corrective action for a Broward County or other funding agency contract in the past three ("3") complete calendar years, identify the action(s) in the space below.

Click or tap here to enter text.

2. If Applicant, its parent company, or its subsidiaries have underutilized funds for a Broward County or other funding agency contract (based on the original award amount) in the past three (“3”) complete calendar years, identify the contract(s), the related amounts not utilized, and the detailed reasons why the funds were not utilized.

Click or tap here to enter text.

3. If contract (based on the original award amount) with Applicant, its parent company, or its subsidiaries has been involved in litigation or regulatory action in the past three (“3”) complete calendar years, identify the action in the space below. Actions to be identified include but are not limited to civil judgments for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of a federal or state antitrust statute; embezzlement, theft, forgery, bribery, falsification, or destruction of records; or false statements or receipt of stolen property, presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated above, investigation and license suspension, or revocation), filed against the Applicant, its parent company, or its subsidiaries, and their board members, executive staff, and other key personnel. The Applicant, its parent company, or its subsidiaries must not appear on any federal, state or County debarment list. Enter response in the area provided below.

Click or tap here to enter text.

#### Section D. Certification of Proposal Accuracy and Compliance

I do hereby certify that I have been duly authorized to act as the representative of the Applicant in connection with the proposal and am authorized to submit the proposal. All facts, figures, and representations made in the proposal are true and correct. Furthermore, the Applicant acknowledges responsibility to comply with all applicable federal and state statutes, terms, conditions, regulations and procedures for program compliance and fiscal control, including but not limited to those contained in the HSD Provider Handbook for Contracted Service Providers (“[Handbook](#)”), the Service Delivery Model(s), the RFP and the [Form Agreement](#). I certify the funds requested in the proposal will not supplant funds that would otherwise be used for the purposes set forth and are a true estimate of the amount needed to operate the proposed program.

#### Witness Signatures

\_\_\_\_\_  
Authorized Official’s Signature

\_\_\_\_\_  
Print Authorized Official’s Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Authorized Official’s Title

\_\_\_\_\_  
Print/Type Witness Name

\_\_\_\_\_  
Print/Type Witness Name



Date

Date

Date

## Section E. Proposed Population of Focus Information

The Applicant is responsible for addressing each of the areas identified below. Each of these questions is included in the proposal's quality score.

### 1. Describe the proposed population(s) of focus to receive services. *Question 1 is worth 25 points.*

- a. Describe the demographic composition of the proposed population of focus to be served, for example, race, age, ethnicity, sex, and any other demographics relevant to the population of focus.

Click or tap here to enter text.

- b. Detail the research or data that supports the need for the service in Broward County.

Click or tap here to enter text.

- c. Describe the Applicant's mission and discuss how that mission supports the proposed population of focus and service.

Click or tap here to enter text.

- d. Total number of unduplicated Participants to be served with the requested funding between the period of October 1, 2024, and September 30, 2025 ("Fiscal Year 2025").

Click or tap here to enter text.

- e. Explain the Applicant's staff to Participant ratio for the proposed service. Include cost per Participant and describe the reasonableness of this ratio.

Click or tap here to enter text.

### 2. Applicant's Cultural Competency. *Question 2 is worth 10 points.*

Broward County has a growing population with culturally diverse backgrounds. To ensure that service providers are best able to serve marginalized populations and those in need, the County expects Providers to understand, communicate with, and effectively interact with people across cultures and groups. Providers must have guiding principles and standards that address cultural competence in their service provision, individual care planning, and staff development.

Although participation is not a condition of receiving funding from Broward County and will not result in any advantage or disadvantage, agencies funded under the RFP may voluntarily participate in racial equity efforts by registering for and attending the County's Dismantling Racism Initiative ("DRI") workshops. Additional information about DRI and agency engagement will be made available during contract negotiations.

Describe actions taken by the Applicant to address cultural competency in its organizational structure (i.e., staffing and Board of Directors) as it relates to access and service outcomes. If the Applicant is not currently working towards identifying and addressing issues of cultural

competency in its service provision, address how the Applicant intends to initiate the inclusion of these approaches in its service provision.

Click or tap here to enter text.

## **Section F. Proposed Service Implementation and Provision**

Responses must be specific. *Responses to Section F questions is worth a total of 60 points.*

**1.** Provide a detailed narrative of the proposed program/service(s).

- a.** Provide a Statement of Need for the proposed service. Discuss why the service is needed and the impact of the service on the proposed population of focus. Supporting citations are to include information source and publication date.

Click or tap here to enter text.

**b.** Describe the proposed service approach:

- 1) How will the Applicant implement and follow the standards for the SDM.

Click or tap here to enter text.

- 2) If the Applicant includes discussion of any Evidence Based Practice (“EBP”), Evidence Informed Models (“EIM”)/Promising Practice (“PP”) to be used in the service delivery, address model use, training, and potential fidelity issues.

Click or tap here to enter text.

- 3) Describe the Applicant’s previous experience in serving the proposed population of focus including best practices/lessons learned through experience; demonstrate innovative practices the Applicant has developed in the past or intends to develop and utilize in the future.

Click or tap here to enter text.

- 4) Provide a description of the hours of operation of proposed service and how these hours will accommodate the proposed population of focus.

Click or tap here to enter text.

- 5) Provide the detailed process of determining Participant eligibility and assessment of Participant needs. Address the Applicant’s ability to meet the population of focus in their communities. Include the process by which the Applicant verifies Participant income, assists with Participant application for 3<sup>rd</sup> party payors, and attempts to prevent Participant eligibility lapses.

Click or tap here to enter text.

- 6) Address how the Applicant demonstrates a coordinated approach to Participant's care including initial and ongoing orientation to the current system of care for both funded and non-funded services.

Click or tap here to enter text.

- c. Detail how the Applicant proposes to collect, validate, maintain, and secure sensitive Participant-level documents and communication. Address issues of reporting Participant-level data.

Click or tap here to enter text.

- d. Explain how the Applicant intends to address effective engagement to ensure Participant linkage to services and retention in care. Include reengagement activities for when Participants fall out of care. Address how the Applicant initiates discharge/termination procedures for a Participant as applicable to the proposed service. Describe how the Applicant intends to provide follow-up to required program services to Participants.

Click or tap here to enter text.

- e. Provide an implementation workplan for the proposed program including start and end dates for specific activities affecting service delivery such as staff recruitment, training, certification, Applicant's licensure, applicable accreditation, outreach, marketing, referrals, etc. (Attach **Program Document 1**, Gantt Chart).

Click or tap here to enter text.

- f. Describe how the Applicant establishes and implements formal linkages with community providers that enhance the existing continuum of care and generate efficiencies that increase Participant access to needed services. Attach Memoranda of Understanding, Memoranda of Agreement or Interagency Agreements that document formal linkages (Attach **Program Document 2**, Memoranda of Understanding or Interagency Agreements). If awarded, the Applicant will be required to produce current documents prior to contract execution. These documents must be dated within 12 months of RFP close date.

Click or tap here to enter text.

- g. Describe the role of current staff/new staff in the direct delivery of the service (Attach **Program Document 3**, resumés and/or job descriptions).

Click or tap here to enter text.

## **Section G. Service evaluation and quality assessment.**

1. Provide a detailed narrative addressing the evaluation and quality improvement activities for the proposed service. *This response is worth **20 points**.*

- a. Describe how the Applicant will meet the outcomes and indicators expressed in the SDM.

Click or tap here to enter text.

- b. Describe the Applicant's implementation of a quality management plan and expected service improvements for the proposed population of focus resulting from its implementation.

Click or tap here to enter text.

- c. Provide a detailed narrative addressing how the Applicant engages and includes Participant voice to improve the quality of the service and ensure positive outcomes throughout the duration of service provision. Include in your response, Participants' input in service provisions at the Applicant's leadership level, including the Board of Directors level.

Click or tap here to enter text.

- d. Identify how the Applicant will define the success of the program.

Click or tap here to enter text.

## **Section H. Program budget information for all service categories.**

1. Provide a detailed response for the following budget items. *Responses to question 1 and 2 are worth a maximum of **15 points**.*

- a. Discuss the Applicant's sustainability plan for the proposed service and how Applicant intends to monitor and report the utilization of awarded funds.

Click or tap here to enter text.

- b. Provide a detailed narrative for the process to submit timely and accurate invoices and the Applicant's policies for process violations, including fraud, misuse or abuse of services or resources by Applicant staff or Participant.

Click or tap here to enter text.

2. Quality Raters will also review and score the following information:

- How requested funds align with the proposed service (information sources: [Appendix 1: Section B, Questions 2, 3](#), advertised service description and SDM).
- Assess if the proposed cost per Participant is reasonable.
- Review if proposed direct service staff salary is in line with industry standards (information sources: [Budget Spreadsheet](#), Budget Narrative for Personnel).

**TO COMPLETE THE APPLICANT'S PROPOSED PROGRAM BUDGET, DOWNLOAD THE PROGRAM BUDGET SPREADSHEET FROM THE [RFP SITE](#).** The spreadsheet contains pre-set formulas that calculate both subtotals and totals. If additional space for entries and descriptions is necessary, the Applicant may add more rows. **Do not insert any information in the highlighted boxes or delete the highlighted boxes. Additional instructions are available in the Program Budget Spreadsheet under the "Instructions" tab.**

*Applicants are responsible for ensuring that all budget information is included in the spreadsheet and the spreadsheet must be submitted with the proposals electronically.*

Applicants are responsible for checking all calculations in the spreadsheet manually to ensure proposed subtotals and totals are correct. This portion of the budget review is worth **5 points**.

## **Section I. Organizational Attachments and Program Documents**

Applicants are responsible for using the checklist below to ensure applicable attachment and program documents are identified and submitted with the proposal in the correct order. Place an “X” in the chart below under the “Item Included” column to indicate all applicable documents that are submitted with the proposal. *Include the completed checklist with the submitted proposal and place it before the submitted attachments and program documents.*

As indicated in [Chapter 1 – RFP Information, Section J – Proposal Review Information](#) of the RFP, if submitted attachments and program documents are incomplete, only items identified as curable will be requested. The Attachments and Program Documents chart below identifies the items that are curable. Only documents submitted with the proposal will be provided for Quality Rater consideration. Applicants recommended for funding will be required to complete and submit additional documents to the County at the negotiation meeting(s). Review the [Handbook](#) for additional information.

### **Applicant Document Submission Checklist and Cure Availability Information**

KEY: NPO=Non-Profit Organization; FPO=For-Profit Organization; Public Entity=Units of Government; All=Each agency type must submit the document.

<b>Attachments and Program Documents</b>	<b>Required for agency type</b>	<b>Curable Item</b>	<b>Item Included</b>
<b>Attachment A: Agency Assurance Form.</b> Applicant acknowledgment of its responsibilities in submitting a proposal and in the event it receives a Notice of Funding Recommendation and subsequent award.	All	Missing signature and/or witness signatures	
<b>Attachment B: Internal Revenue Service (“IRS”) determinization of 501(c)(3) non-profit status.</b> The letter from the IRS that certifies the organization’s exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. <b>NOTE:</b> No placeholder included for this item.	NPO	Replacement of a pending notice with final approval notice from IRS.	
<b>Attachment C: Applicant Board of Directors List.</b> Include contact information. Not applicable to Public Entities. <b>NOTE:</b> No placeholder included.	NPO	NOT CURABLE	
<b>Attachment D: Domestic Partnership Benefits.</b> Complete and attach the two-page form. Identify the status of any domestic partnership program and benefits offered by Applicant.	All*	Missing signatures and/or notary	
<b>Program Document 1: Gantt Chart.</b> Identify milestones of service implementation and delivery.	All*	NOT CURABLE	

Attachments and Program Documents	Required for agency type	Curable Item	Item Included
<b>Program Document 2: Memoranda of Understanding (“MOU”), Memoranda of Agreements (“MOA”), and/or Interagency Agreements (“IA”).</b> Applicant current MOUs/MOAs/IAs to provide a proposed, related service with other organizations. The MOUs/MOAs/IAs outline the responsibilities of collaborations and/or assist with the program by providing a location or services. Must be dated within twelve (“12”) months of RFP close date. If awarded, Applicant will be required to produce current MOUs/MOAs/IAs prior to contract execution. <b>NOTE:</b> No placeholder included.	All*	NOT CURABLE	
<b>Program Document 3: Resumés/Job Descriptions for proposed funded staff.</b> If not currently filled, include job description(s) for the direct services position(s). <b>NOTE:</b> No placeholder included.	All*	NOT CURABLE	
<b>Program Document 4: Proof of valid, current license</b> from applicable federal, state, or local regulatory agency for proposed service. <u>Only mandatory if a license is required under the advertised Service Category.</u> License must be in good standing. <b>NOTE:</b> No placeholder included.	As specified for Service*	NOT CURABLE	
<b>Program Document 5: Organizational Chart</b> identifying responsibility for program oversight and billing. The direct line chart shows where the program would function within the agency if the requested funds were provided. <b>NOTE:</b> No placeholder included.	All*	NOT CURABLE	
<b>Program Document 6: Applicant’s Flex Fund Policies and Procedures.</b> <u>Only mandatory if Applicant provides flex funds (NT or NT-01).</u> <b>NOTE:</b> No placeholder included.	As specified for Service*	NOT CURABLE	
<b>Program Document 7: Unit Verification Form.</b> Only mandatory for services identified on the form.	As specified for Service*	NOT CURABLE	
<b>Program Document 8: BARC Client Intake and Eligibility Descriptions.</b> Only required for BARC Applicants.	As specified for Service*	NOT CURABLE	
<b>Program Document 9: Housing Facility Rules.</b> Only required for BARC Applicants.	As specified for Service*	NOT CURABLE	
<b>Program Document 10: Case Management Options for Clients.</b> Only required for BARC Applicants.	As specified for Service*	NOT CURABLE	

\*May impact proposal score if document is not submitted.

**The remainder of this page is intentionally blank.**

## Attachment A: Agency Assurance Form

Legal name of Applicant: \_\_\_\_\_

I am an official of the above referenced Applicant authorized to legally bind Applicant and do hereby certify the following items, as identified in the Human Services Department (“HSD”) Provider Handbook for Contracted Service Providers (“[Handbook](#)”):

1. I have participated in and/or read the information provided in the proposal and understand that failure to be truthful in the proposal may result in the rescinding of a funding award.
2. All persons, companies, or parties interested in the proposal, prepared it without collusion with any other persons, companies, or parties submitting a proposal, and in all respects, prepared the proposal in good faith.
3. The Applicant’s decisions regarding recruitment, hiring, promotions, releases, and conditions of employment will be made without regard to consideration of race, creed, religion, gender, country of national origin, age, physical or intellectual disability, marital status, or any other factor that cannot lawfully be used as a basis for an employment decision and will not otherwise unlawfully discriminate in violation of the Broward County Code, Chapter 16 ½ - Human Rights, as may be amended from time to time.
4. The Applicant has policies in place that are consistent with Broward County requirements for Equal Employment Opportunity, and the Americans with Disabilities Act.
5. The Applicant understands that the HSD encourages Providers to enter into agreements with other providers to facilitate the coordination, provision and delivery of human services and provide a continuum of care in Broward County. Collaborations should address issues of system coordination and integration. The Applicant is encouraged to demonstrate economies of scale.
6. By responding to the solicitation, the Applicant is required to acknowledge its agreement to do business with Broward County-certified County’s Business Enterprises (“CBE”) and/or Small Business Enterprises (“SBE”) whenever possible. If recommended for funding, the Applicant will complete and submit to Human Services the Small Business Assurance Statement available in the [Handbook](#) prior to award. No CBE/SBE reserves or CBE goals will apply to the RFP. For information on the CBE/SBE Programs and the Broward County Small Business Directory, refer to the [Handbook](#).
7. The Applicant has or will provide proof of Workers’ Compensation and Employers’ Liability insurance in accordance with the amounts required in the [Handbook](#).
8. The Applicant certifies that the agency, its principals, and owners comply with the Executive Order 13224, and are not on the master list of specially designated nationals and blocked persons maintained by the Treasury Department and the list of Foreign Terrorist Organizations maintained by the U.S. Department of State.
9. The Applicant certifies that the agency, its principals, and owners have not been suspended or debarred from receiving federal and state contracts.
10. The Applicant acknowledges that pursuant to Florida Statutes, Chapter 119, all materials and supporting documentation submitted in response to Broward County Human Service Department solicitations become public records and are the property of Broward County.
11. The Applicant certifies that the agency, its principals, and owners have not been convicted of a “public entity crime” as defined in Florida Statutes, Paragraph 287.133(1)(g), and understands “convicted” or “conviction” as defined in Florida Statutes, Paragraph 287.133(1)(b). The Public Entities Crimes Affidavit will be completed in the event of an award.
12. The following documents are not submitted with the proposal. However, the Applicant acknowledges it must submit the documents to the County at the same location identified for proposal submission within 10 days of the date on its Notice of Funding Recommendation. If the Applicant is not recommended for funding, these documents are not required for submission.
  - Audited Financial Statement (most recent complete fiscal year) or past two years of IRS 990 forms



(applicable to all).

- Public Entities Crimes Affidavit (applicable to all).
- Scrutinized Companies Certification (applicable to all).
- Companies Non-Suspension and/or Debarment Certification (applicable to all).
- Drug Free Workplace Certification (applicable to all).
- Non-Discrimination Policy Certification (applicable to all).
- Applicant Small Business Assurance Statement (only applicable for proposals to provide services advertised in Chapters II through IV of this RFP).
- License to Operate Agency/Program must be provided within three ("3") business days of request (applicable if requested).

**13.** Applicant agrees to negotiate, if deemed necessary, with the HSD to refine service levels, procedures, objectives, budget, and any other relevant matter for incorporation into an agreement.

**14.** The Applicant understands that Broward County will award an agreement that is most advantageous to Broward County, taking all other factors into consideration.

**If any of the preceding statements cannot be made, please explain on a separate 8 ½ x 11 sheet of paper and attach to the Agency Assurance Form.**

**OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT TO PROPOSAL:**

**Witness Signatures**

\_\_\_\_\_  
**Authorized Official's Signature**

\_\_\_\_\_  
Print Authorized Official's Name

\_\_\_\_\_  
Authorized Official's Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print/Type Witness Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print/Type Witness Name

\_\_\_\_\_  
Date

## Attachment D: Domestic Partnership Benefit

### Part I.

#### Section A

In accordance with the [Broward County Code of Ordinances, Sections 16½ -150 through 16½ -165](#), all Applicants are required to provide Domestic Partnership Benefits unless it is one of the following types of entities: (*check all boxes in this section that apply*).

<input type="checkbox"/> A Non-Profit organization. <input type="checkbox"/> A Government Entity. <input type="checkbox"/> A Religious organization, association, society or controlled by a religious organization, association, or society. <input type="checkbox"/> A Charitable Institution. <input type="checkbox"/> An Educational Institution.	<input type="checkbox"/> A For-Profit organization with four or less employees. <input type="checkbox"/> Agreements between Broward County and the Applicant are valued less than \$100,000. <input type="checkbox"/> Applicant does not provide benefits to spouses.
---	---

#### Section B

Does the Applicant have a domestic partnership benefit program? ☐Yes ☐No

If "YES", proceed to Section C.

If "NO", but at least one of the boxes in Section A (above) is marked, the Applicant may continue to Section C.

If "NO", and none of the boxes in Section A (above) are marked, **STOP!** The Applicant is NOT eligible to submit a proposal to Broward County for this solicitation.

#### Section C

Does the Applicant's domestic partnership benefit program provide benefits that are the same or substantially equivalent to those benefits offered to other employees in compliance with the [Broward County Domestic Partnership Act of 1999, Broward County Ordinance # 1999-03](#), as amended? ☐ Yes ☐ No

If "YES", but at least one of the boxes in Section A (above) is marked, the Applicant may skip Part II and proceed to Part III of this form.

If "YES", and none of the boxes in Section A (above) are marked, the Applicant MUST complete Part II of this form.

If "NO", but at least one of the boxes in Section A (above) is marked, the Applicant may skip Part II and proceed to Part III of this form.

If "NO" and none of the boxes in Section A (above) are marked, **STOP!** The Applicant is NOT eligible to submit a proposal to Broward County for this solicitation.

### Part II.

**Complete Part II of this form only if Applicant did not check any box in Part 1., Section A.**

#### DOMESTIC PARTNERSHIP BENEFIT CERTIFICATION

THE UNDERSIGNED VENDOR HEREBY CERTIFIES THAT:

1. ☐ THE VENDOR HAS A DOMESTIC PARTNERSHIP PROGRAM AND THE DOMESTIC PARTNERSHIP BENEFITS ARE AS IDENTIFIED IN THE COMPANY POLICY ATTACHED TO THIS CERTIFICATION.

AND/OR

2. ☐ THE VENDOR HAS A DOMESTIC PARTNERSHIP PROGRAM THAT IS IN COMPLIANCE WITH THE BROWARD COUNTY DOMESTIC PARTNERSHIP ACT OF 1999, BROWARD COUNTY ORDINANCE NUMBER 1999-03, AS AMENDED, AND OUTLINED AS FOLLOWS:

☐ a. **VENDOR'S EMPLOYEE BENEFITS PROGRAM INCLUDES THE FOLLOWING MINIMUM STANDARDS:**

Any vendor's employee who is a party to a domestic partnership relationship is entitled to elect insurance coverage for his or her domestic partner or a dependent of such domestic partner on the same basis in which any other vendor's employee may elect insurance coverage for his or her spouse or dependents. A vendor's employee's right to elect insurance coverage for his or her domestic partner, or the partner's dependent, extends to all forms of insurance provided by the vendor to the spouses and dependents of vendor's employees.

Any vendor's employee who is a party to a domestic partnership relationship is entitled to use all forms of leave provided by the vendor including, but not limited to sick leave and annual leave to care for his or her domestic partner or the dependent of the domestic partner as applicable.

All other benefits available to the spouses and dependents of vendor's employees are made available on the same basis to the domestic partner, or dependent of such domestic partner, of a vendor's employee who is party to a domestic partnership relationship.

It is within the vendor's discretion as to what benefits are provided to its employees and whether vendor's employees who are party to a domestic partnership relationship must be registered in accordance with Broward County Ordinance No. 1999-03, as amended, to be eligible for access to employee benefits.

☐ **b. VENDOR'S DOMESTIC PARTNERSHIP ELIGIBILITY CRITERIA ARE SUBSTANTIALLY EQUIVALENT TO THE FOLLOWING:**

- Each domestic partner is at least 18 years old and competent to contract.
- Neither domestic partner is married or a partner to another domestic partnership relationship.
- The domestic partners are not related by blood.
- Consent of either domestic partner to the domestic partnership relationship has not been obtained by force, duress, or fraud.
- Each domestic partner agrees to be jointly responsible for each other's basic food and shelter.

**PART III. CERTIFICATION SECTION TO BE COMPLETED BY ALL APPLICANTS**

Failure to provide a notarized certification form in the Applicant's proposal indicating that the Applicant provides domestic partnership benefits that are the same or substantially equivalent to the requirements of the Broward County Domestic Partnership Act of 1999, Broward County Ordinance # 1999-03, as amended, will prevent the Applicant from receiving any preference(s) allowed under the Act if applicable to this solicitation.

\_\_\_\_\_  
(PRINT VENDOR NAME)

\_\_\_\_\_  
(VENDOR SIGNATURE)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ as \_\_\_\_\_ of  
(Name of person whose signature is being notarized) (Title)

\_\_\_\_\_ known to me to be the person described herein, or who produced.  
(Name of Corporation/Company)

\_\_\_\_\_ as identification, and who did/did not take an oath.  
(Type of Identification)

**NOTARY PUBLIC:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

My commission expires: \_\_\_\_\_

Broward County Board of County Commissioners  
Human Services Department

**Program Document 1: Gantt Chart**

Provide a timeline identifying the proposed implementation and related milestones for year one if awarded. Insert rows as necessary. Please use an “x” in the columns B through E to indicate the time periods the activity will be accomplished.

A	B	C	D	E
List the individual activity	October 1, 2024 to December 31, 2025	January 1, 2025 to March 31, 2025	April 1, 2025 to June 30, 2025	July 1, 2025 to September 30, 2025

### Program Document 7: Unit Verification Form

This is a required Program Document for Applicants in the following categories:

- **Children Services Administration Section (“CSAS”) - Independent Living Skills and Rental Payment Assistance.**
- **Housing Options, Solutions, and Supports Division (“HOSS-D”) - Rapid Re-Housing (“RRH”).**
- **Broward Addiction Recovery Divisions (“BARC”) - Transitional Residential Substance Use Disorder Services.**

If applicable, check appropriate box below. If not applicable, keep this page as a placeholder and check the “None” box below.

- ☐ None. Program is not applicable.
- ☐ I verify that no housing units for which any of the requested housing units are intended to be used are owned by \_\_\_\_\_ (Name of Applicant). **NOTE: This item is NOT applicable to BARC Applicants.**
- ☐ I verify that all housing units proposed for housing Clients consist of vacant units available on the date of notice of the RFP. **NOTE: This item is applicable to both BARC and HOSS-D Applicants.**
- ☐ I verify that all housing units proposed for housing Clients will not displace or make homeless any current resident of said housing units as of the date of notice of the RFP. **NOTE: This item is applicable to both BARC and HOSS-D Applicants.**

As an authorized representative of \_\_\_\_\_ (Name the Applicant), I recognize that before County can execute a Grant Agreement resulting from this Request for Proposal, this agency must either a) submit documentation sufficient to prove that the leasing funds will not be used to lease property it owns or that is owned by any organization listed in the second sentence of 24 CFR 578.49(a)(1); or b) obtain County approval of a good cause exception to 578.49(a)(1) after the recipient's submission of the documents required by 24 CFR 578.49(a)(2).

\_\_\_\_\_  
Executive Director/CEO signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority, \_\_\_\_\_  
(Name of individual signing) who, after first being sworn by me, affixed his/her signature in the space provided above on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

My commission expires \_\_\_\_\_.

**Program Document 8: Client Intake and Eligibility Descriptions**

**If applying for Broward Addiction Recovery Division's ("BARC's") Transitional Residential Substance Use Disorder Services**, submit details regarding Client intake process and eligibility criteria.

All other Applicants should mark "N/A" on this page and include it as a placeholder in the proposal.

**Program Document 9: Housing Facility Rules**

**If applying in the Broward Addiction Recovery Division's ("BARC's") Transitional Residential Substance Use Disorder Services, submit Agency's House Rules for Clients.**

All other Applicants should mark "N/A" on this page and include it as a placeholder in the proposal.



**Program Document 10: Case Management Options for Clients**

**If applying in the Broward Addiction Recovery Division's ("BARC's") Transitional Residential Substance Use Disorder Services**, include Clients' options for access to case management, clinical assistance, peer support, crisis intervention, and other assistance after 5:00 pm, and on weekends and holidays. Address how Client services are delivered during case manager's vacation and sick leave and include a description of any Case Management Evidence Based Practices utilized by the Applicant.

All other Applicants should mark "N/A" on this page and include it as a placeholder in the proposal.

## APPENDIX II – PROPOSAL RATING TOOLS

**Notice to Applicants:** These Rating Sheets are attached for Applicants' information and contain the relative values Reviewers and Raters will place on the various parts of all submitted, eligible proposals. HSD reserves the right to make changes, as may be required.

Proposal No.

<b>PROPOSAL RATING SHEET</b>
<b>Applicant name:</b>
<b>Funding category:</b>
<b>Program category:</b>
<b>Service category:</b>
<b>Policy documents reviewer:</b>
<b>Financial rater (program budget):</b>
<b>Quality Rater:</b>

All individuals participating the County's proposal review and rating process must be free from a Conflict of Interest, in accordance with Florida Statutes, Section 112.3143. Broward County staff will review for eligibility the submitted proposals, including the completed Proposal Form and the required attachments and program documents. Human Service Department ("HSD") Accounting staff and/or Broward County Accounting Division, Office of Management and Budget ("OMB"), Office of Internal Audit ("OIA") staff will complete the reviews of the submitted financial documents. The Quality Rating panel will be comprised of individuals who are knowledgeable in the service area and/or are Subject Matter Experts ("SMEs"). Broward County staff will also be represented on the Quality Rating panel.

## PART I: REQUIRED ATTACHMENTS AND DOCUMENTS CHECKLIST

**Reviewer Instructions:** Check each proposal for the inclusion of the policies, certifications and documents listed below. If the policy or document is missing signatures or notarization (if required), check “Needs clarification.” A “No” response is given when the policy or document is applicable but not attached. If the box under “N/A” is gray, the document is required for all Applicants. Check “N/A” if the document is not required.

If there is a “Needs Clarification” or “No” response to any question, the RFP Coordinator will notify the Applicant in accordance with the policies and procedures described in the solicitation. The Applicant must respond in conformity with Broward County cure policy for the proposal to remain in funding consideration status.

No.	Checklist for Attachments and Program Documents	Yes	Needs Clarification	No	N/A
1.	<b>Attachment A: Agency Assurance Form</b> with original signatures.				
2.	<b>Attachment B: Internal Revenue Service (“IRS”) determinization of 501(c)(3) non-profit status.</b> <i>Not applicable to Public Entities. NOTE: No placeholder included.</i>				
3.	<b>Attachment C: Applicant Board of Directors List</b> with contact information is submitted. Not applicable to Public Entities. <b>NOTE:</b> No placeholder included.				
4.	<b>Attachment D: Domestic Partnership Benefits.</b>				
5.	<b>Program Document 1: Gantt Chart.</b>				
6.	<b>Program Document 2:</b> MOUs/MOAs/IAs the Applicant has in place to provide a proposed service(s). Must be dated within 12 months of RFP close date. <b>NOTE:</b> No placeholder included.				
7.	<b>Program Document 3:</b> The Applicant’s resumé/job descriptions for proposed funded staff. <i>All Applicants are required to provide. NOTE: No placeholder included.</i>				
8.	<b>Program Document 4:</b> Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service. <u>Only mandatory if a license is required under the advertised Service Category.</u> <b>NOTE:</b> No placeholder included.				
9.	<b>Program Document 5:</b> Organizational Chart identifying responsibility for program oversight and billing. <i>All Applicants are required to provide. NOTE: No placeholder included.</i>				
10.	<b>Program Document 6:</b> Applicant’s Flex Fund Policy and Procedure is attached. <u>Only mandatory if the Applicant applies to provide flex funds (NT or NT-01).</u> <b>NOTE:</b> No placeholder included.				
11.	<b>Program Document 7: Unit Verification Form.</b> <i>Only mandatory for services identified on the form.</i>				

12.	<b>Program Document 8: Client Intake and Eligibility Descriptions.</b> <i>Only required for BARC Applicants.</i>				
13.	<b>Program Document 9: Housing Facility Rules.</b> <i>Only required for BARC Applicants.</i>				
14.	<b>Program Document 10: Case Management Options for Clients.</b> <i>Only required for BARC Applicants.</i>				

<b>Checklist Reviewer</b>	<b>Staff Reviewer</b>
<b>Name (Print):</b>	<b>Name (Print):</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>

Broward County Board of County Commissioners  
Human Services Department  
Fiscal year 2025 General Funds Request for Proposals

**PART II: FINANCIAL REVIEW**  
**A. REVIEW of BUDGET SPREADSHEETS**

**Name of Applicant:** \_\_\_\_\_ **Proposal number:** \_\_\_\_\_

Item	Review Criteria	Point Value		Notes
		0	1	
<b>Program Budget Summary</b> Requires aggregate dollar amounts in each expense category for which funds are being requested.	The positions identified directly support the proposed service.			
	Justifications and calculations support the cost amounts requested.			
	Budget includes funds from sources other than the County to support the proposed program.			
<b>Unit Cost Budget</b> Identifies services to be provided during the Grant Agreement period.	Non-Personnel Requested Funds, Item Justification/Calculations include no disallowed expenses ( <a href="#">reference page 11 of the RFP for funding restrictions</a> ).			
<b>In-Kind Budget Narrative</b> Provides a description of each proposed item.	Justifications and calculations support the Applicant's proposed in-kind cost amounts.			
<b>Maximum 5 points available.</b>		<b>Total Budget Spreadsheet Points:</b>		

The Program Budget Proposal score is used in the calculation of the Applicant's total score for ranking purposes.

Budget Proposal Rater Name: \_\_\_\_\_ Staff Reviewer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Broward County Board of County Commissioners  
Human Services Department  
Fiscal Year 2024-2025 General Services Request for Proposals**

**NAME OF APPLICANT:** \_\_\_\_\_  
**SERVICE:** \_\_\_\_\_  
**PROPOSAL NUMBER:** \_\_\_\_\_  
**QUALITY RATER NAME:** \_\_\_\_\_

**PART III: QUALITY POINT ANALYSIS OF THE PROPOSAL FORM**

Assign point values for each Section based on responses provided in the Applicant's proposal. Each question is worth a maximum of 5 points. Do not exceed the maximum assigned point value identified for the section. Place scores from initial reviews in column "Initial Review Score." Place final score under "Applicant Interview Final Score."

Item	Questions	Initial Review Score	Applicant Interview Final Score	Notes, Questions, Concerns (Raters must leave feedback for a final score of 2 or below)
<b>SECTION E. QUESTION 1 PROPOSED POPULATION OF FOCUS</b>  <hr/> <b>Section Worth 25 Points</b>	1.a Demographics of Applicant's population of focus.			
	1.b. Research or data provided supports the proposed number of unduplicated Clients in Broward County who will meet service eligibility and admittance criteria.			
	1.c. Applicant's mission is identified and supports the proposed population of focus and service.			
	1.d. Applicant provided total number of unduplicated Clients to be served with requested funding amount for four quarters.			
	1.e. Proposed staff to Participant ratio for service delivery will address the proposed number of Participants.			
	<b>Subtotal:</b>			
Item	Questions	Initial Review Score	Applicant Interview Final Score	Notes, Questions, Concerns (Raters must leave feedback for a final score of 2 or below)
<b>SECTION E. QUESTION 2 CULTURAL COMPETENCY</b>  <hr/> <b>Section Worth 10 Points</b>	2. Cultural competency of Applicant's staff.			
	2. Cultural competency of Applicant's Board of Directors.			
	<b>Subtotal:</b>			

Item	Questions	Initial Review Score	Applicant Interview Final Score	Notes, Questions, Concerns (Raters must leave feedback for a final score of 2 or below)
<b>SECTION F.</b> <b>QUESTION 1 PROPOSED SERVICE Includes</b> <b>Program Document 1, Gantt Chart</b> <b>Program Document 2, MOUs and</b> <b>Program Documents 3, Resumé(s) / Job Descriptions</b> <hr/> <b>Section Worth 60 Points</b>	1.a. Statement of Need addresses why service is needed and discusses the impact of the services on the proposed population of focus. Citations include information source and date of publication.			
	1.b.1. Applicant's implementation of the SDM and fidelity to the SDM standards are clear.			
	1.b.2. Narrative includes EBP, EIM/PP to be used in the service delivery. Addresses use, training, and potential fidelity issues.			
	1.b.3. Applicant has experience serving the proposed population of focus. Includes best practices, lessons learned and demonstrates past and/or future innovation.			
	1.b.4. Proposed location(s), days, and times of service availability meet the requirements for the service and are convenient for the proposed population of focus.			
	1.b.5. Applicant clearly outlines the eligibility process and assessment of Participant needs. Applicant addresses its ability to meet Participants in the community. Applicant includes its process of income verification, assisting with Participant applications to third ("3 <sup>rd</sup> ") party payors, and prevention of eligibility lapses.			
	1.b.6. Addresses coordination of care and Participant orientation to the system of care for funded and non-funded services. Narrative addresses how proposed service will enhance the existing continuum of care.			
	1.c. Details collection, validation, maintenance, and security of sensitive documents and communication. Addresses issues of reporting Participant-level data.			
	1.d. Addresses effective Participant engagement regarding Participant linkage, retention, and reengagement activities when Participants fall out of care. Describes follow-up to required program services.			
	1.e. Proposed implementation plan addresses activities affecting proposed service delivery. Detailed information provided on <b>Program Document 1: Gantt Chart.</b>			



Item	Questions	Initial Review Score	Applicant Interview Final Score	Notes, Questions, Concerns (Raters must leave feedback for a final score of 2 or below)
	1.f. Narrative describes how the Applicant establishes and implements formal linkages with community providers that enhance the existing continuum of care and increase Participant access to needed services. Attached MOU, MOA, or IA that document formal linkages. <b>Program Document 2:</b> MOUs, MOAs, IAs are dated within 12 months of RFP close date.			
	1.g. Description includes role of current staff and/or new staff in the delivery of service(s) to Participants. <b>Program Document 3:</b> Resumés or job descriptions for direct service staff meet the minimum requirements in the HSD Provider Handbook for Contracted Service Providers (" <a href="#">Handbook</a> ").			
	<b>Subtotal:</b>			
<b>SECTION G. QUESTION 1 SERVICE EVALUATION AND QUALITY ASSESSMENT</b>  <b>Section Worth 20 Points</b>	1.a. Narrative addresses how the Applicant will meet the Outcomes and Indicators expressed in the SDM.			
	1.b. Response addresses how Applicant implements its quality management plan and service improvements for the proposed population.			
	1.c. Applicant describes how it will engage Participants and use Participant voice throughout the duration of the service to improve the quality of the service.			
	1.d. Applicant identifies how it will define the success of the program.			
	<b>Subtotal:</b>			
<b>SECTION H. BUDGET QUESTIONS 1 and 2</b>  <b>Section Worth 15 Points</b>	1.a. Applicant describes its sustainability plan and monitoring/reporting of utilization for the proposed service.			
	1.b. Applicant details the process for submitting timely and accurate invoices and includes policies for violations including fraud, misuse, or abuse of services or resources.			
	2. Requested funds align with proposed service and have reasonable cost per Participant. Direct service staff salary in line with industry standards.			

Item	Questions	Initial Review Score	Applicant Interview Final Score	Notes, Questions, Concerns (Raters must leave feedback for a final score of 2 or below)
	Subtotal:			

<p><b>QUALITY RATING TOTAL FOR SECTIONS E TO H:</b></p> <p>Maximum quality points available = 135 points</p>	
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Applicant Name:\_\_\_\_\_ Proposal Number:\_\_\_\_\_

Quality Rater Name:\_\_\_\_\_

Initial rating date:\_\_\_\_\_

Applicant Interview date:\_\_\_\_\_