



**Date:** August 23, 2022

**To:** All Potential Proposers

**Subject:** **ADDENDUM #1 Request for Proposals For New Strategically Aligned Programs for Early Childhood Development, Prevention of Child Abuse and Neglect, and Strengthening Community**

The Juvenile Welfare Board's Request for Proposals For New Strategically Aligned Programs for Early Childhood Development, Prevention of Child Abuse and Neglect, and Strengthening Community is modified as follows. Note that the old language is struck through and new language is indicated by red font.

**1. Section 1.10 PROPOSAL SUBMISSION**

Modify paragraph as follows:

The Proposal (pdf document referenced above) must be assembled in the following order. Make sure to number each page, including attachments. All Proposers must be typed single-spaced using 12 point font.

1. Signed Addenda, if issued
2. Form 1 – Proposal Signature Form (signed)
3. Table of Contents
4. Narrative Response (one for each Program, if applicable)
5. Attachments: (one for each Program, if applicable)
  - a. Form 2- TSL/Methodology
  - b. Additional Site Information, if applicable
  - c. Program Close Days, if applicable
  - d. Organizational Chart
  - e. Job Descriptions
  - f. Data Quality Manual
  - g. Training Information
  - h. Proposed Implementation Plan and Timeline
  - i. Letters of Support
  - j. Proposed Subcontracts and corresponding Subcontract Assessment, if applicable
  - k. Current Year Adopted Budget

1. **Corrective Action or Performance Improvement Plan reports, if applicable**
- m. **Three most recent years of audited financial statement summaries and disclosures to include internal control reports and any accompanying management letters and the notes to the financial statements**, or individual tax returns and personal financial statement of net worth for the most recent year if Proposer is an individual proprietor, or privately-held companies wishing to maintain confidential financial information must have Dunn & Bradstreet Reports (D & B). If any of these statements include a material weakness or significant deficiency, include a letter describing them.
6. Form 4 – Non-Collusion Affidavit (signed)
7. Form 5 – Contract Terms & Conditions Compliance Checklist
8. Form 6 – Special Terms & Conditions Compliance Checklist (one for each program, if applicable)

## 2. Section 2.3 MINIMUM QUALIFICATIONS

Modify paragraph as follows:

- c) have three years of audited financial statement summaries **and disclosures to include internal control reports and any accompanying management letters and the notes to the financial statements**, or an individual tax return and personal financial statement of net worth for the most recent year if Proposer is an individual proprietor, or privately-held companies wishing to maintain confidential financial information must have a Dunn & Bradstreet Report (D&B);

## 3. Section 2.5 PERFORMANCE MEASURES & DATA COLLECTION

Modify paragraph as follows:

### **Prevention of Abuse and Neglect**

As noted in the statement above regarding JWB's requirements around performance measures programs that fall within the Prevention of Child Abuse and Neglect (PCAN) result area are commonly measured using the Arizona Self-Sufficiency Matrix, the Children's Goal **Global Attainment Assessment** Scale (CGAS), the Goal Attainment Scale (GAS), the Adult Adolescent Parenting Inventory (AAPI), and/or on child welfare related measure such as Florida Safe Families Network Data (FSFN). These measures may be applied based on proposed services, in addition to other negotiated measures, as applicable.

## 4. Section 3.3 NARRATIVE RESPONSE (one for each Program, if applicable)

Modify section as follows:

### **Organizational Capacity and Financial Stability:**

23. Briefly describe your agency's mission, history, board composition, and major accomplishments that are pertinent to the experience and qualifications for your

proposed program.

27. List any contracts that your agency has had, within the last three years, that relates to your agency's ability to perform the services you are proposing? Include the funder's name, annual contract amount, contract period, program name, and type of service.
28. Are you proposing to assign or subcontract the responsibility for any of the work you are proposing? If yes, please explain why and attach your proposed subcontracts and corresponding Subcontract Assessment found on the provider page of the JWB website.
29. Staff retention and tenure are directly correlated to the maintenance of quality programming. Describe your agency's outreach, recruitment, and retention plan for staff. Please provide specific examples of recruitment strategies, approaches to determining salary levels, and the provision of professional development opportunities.
30. Describe your agency's financial and administrative capacity to support the commitment set forth in your Proposal. Attach your agency's current fiscal year adopted operating budget.
31. Has your agency had a grant contract terminated or has the agency been placed on any corrective action or performance improvement plan in the last three years from any funders? If so, please attach the report. Also provide a response on how your agency has addressed or is addressing the deficiencies.
32. Attach the three most recent years of audited financial statement summaries, ~~and the notes to the financial statements,~~ and disclosures to include internal control reports and any accompanying management letters, or individual tax returns and personal financial statement of net worth for the most recent year if Proposer is an individual proprietor, or privately-held companies wishing to maintain confidential financial information must have Dunn & Bradstreet Reports (D & B). If any of these statements include a material weakness or significant deficiency, include a letter describing them.
33. Is your agency's current fiscal year operating budget less than \$500,000? If yes, answer the following questions:
  - a) Does your agency operate under an ASO or collaborative? If so, provide the name of the ASO or collaborative.
  - b) If your agency does not operate under an ASO or collaborative, how will your agency ensure that your agency properly administers JWB funding in accordance with all requirements, if awarded?
34. JWB provides funding on a cost reimbursement basis. Does your agency have sufficient cash flow to support your agency's proposal, if awarded? If so, describe.
35. Has your agency been a defendant in any litigation or regulatory action in the last three (3) years? If yes, provide a brief explanation of each instance.

- 5. FORM 2 – TSL-METHODOLOGY is hereby replaced by the attached FORM 2 – TSL-METHODOLY**
- 6. FORM 5-CONTRACT TERMS & CONDITIONS COMPLIANCE CHECKLIST is hereby replaced by the attached FORM 5-CONTRACT TERMS & CONDITIONS COMPLIANCE CHECKLIST**
- 7. FORM 6 - SPECIAL TERMS & CONDITIONS COMPLIANCE CHECKLIST is hereby replaced by the attached FORM 6 - SPECIAL TERMS & CONDITIONS COMPLIANCE CHECKLIST**
- 8. ATTACHMENT 3 - PROPOSAL CHECKLIST is hereby replaced by the attached ATTACHMENT 3 - PROPOSAL CHECKLIST**

All other requirements, terms and conditions of the RFP remain unchanged. Questions regarding this RFP shall be directed to [rfp@jwbpinellas.org](mailto:rfp@jwbpinellas.org).

Receipt and acceptance of an RFP addendum is to be acknowledged by signing and returning this document with the proposal. Failure to do so may subject your proposal to rejection.

I certify receipt of the addendum.

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Agency Name

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Authorized Signature

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Date

**FORM 2**

FY N/A - FY N/A TSL/Methodology

Agency:

Effective:

N/A

Strategic Result Area(s):

Program Name:

Program Subtype:

N/A

**PROGRAM SHORT DESCRIPTION:**

*In 500 words or less, please include the short description that is included in your contract and list all program goals if applicable.*

**OUTREACH AND RECRUITMENT OF PROGRAM PARTICIPANTS:**

*In 500 words or less, briefly describe the outreach and recruitment process for program participants.*

**ELIGIBILITY CRITERIA:**

*Please indicate whether or not your program has eligibility criteria for each designated area, check all that apply. Provide specifics when applicable.*

**Age Criteria:** N/A      **Gender Criteria:** N/A      **Geographic Area Served**      **County-wide**

*Check all that apply:*

0-3

4-5

Elementary School

**Income Criteria:**

N/A

**Special Population:**

N/A

Middle School

High School

Adult

**ACCEPTANCE AND INTAKE:**

*In 750 words or less, please describe the intake process for program participants, including if participants are required to prove eligibility at intake. If applicable to your program, please describe the eligibility criteria for re-entry into your program and the process for re-entry.*

**TRANSPORTATION:**

*If applicable, in 500 words or less, please describe all forms of transportation provided by your program (i.e. school pick up, field trips). If sites pick-up for certain schools, please list.*

N/A

## FY N/A- FY N/A TSL/Methodology |

<b><u>Unduplicated Annual Targeted Service Levels</u></b>		
Number of unduplicated <b>Adults</b> (including Teen Parents)	_____	Does not apply ____
Number of unduplicated <b>Youth</b> (Birth to High School)	_____	Does not apply ____
Number of unduplicated <b>Groups/Events</b>	_____	Does not apply ____

<b>Service Component (i.e. Academic Support):</b>						
<b>Outputs (What)</b>	<b>Program Activities &amp; Duration (How)</b>	<b>Responsible Parties (Who)</b>	<b>Expected Outcomes (Why/ Performance Measures)</b>	<b>Indicator Measurements (Evidence)</b>	<b>Data Source (Where)</b>	<b>Time of Measurements (When)</b>
<i>Equation:</i>						
<i>Comments:</i>						

**AVERAGE LENGTH OF STAY, SERVICE COMPLETION, AND CLOSURE**

*In 750 words or less, please include information regarding average length of stay in the program, criteria for service completion, and process for closure.*

*Please check this box if participants receive follow up services:      If applicable, please provide details on follow-up services below.*

**SERVICE AVAILABILITY:**

Site information changes regularly

Attached program close days

*Please list all sites associated with this program. If your sites change regularly, please submit an attachment with the additional site information. If applicable, please submit an attachment of program closed days. Site type definitions:*

**Administration** - A site that houses agency administrative staff.

**Program Site** - A site where program administration staff are housed and service delivery may occur. This would include the office where home visiting or community staff are based.

**Service Delivery Site** - A site where participants are served on-site at the location.

Site Name	Site Type	Service Component(s)	Contact Information	Days of the Week	Hours of Operation



**REQUIRED ATTACHMENTS**

*Please check each box indicating that the required attachments are included as addenda.*

Organization Chart

Job Descriptions

Data Quality Manual

Training Information

## FORM 5 - CONTRACT TERMS & CONDITIONS COMPLIANCE CHECKLIST

Proposers are to mark the Comply, Exception, or Not Comply column for each Minimal Contract Term and Condition in Attachment 1. *Comply* indicates the Proposer understands and agrees to comply fully. Items marked as *Exceptions* or *Not Comply* must be fully explained below.

#	Title	Comply	Exception	Not Comply
I	Purpose			
II	Staff			
III	Services			
IV	Funds			
V	Method of Payment			
VI	Termination			
VII	Commencement of Payment			
VIII	General Conditions			
1	Agreement Revisions			
2	Fiscal Responsibility			
3	Audit and Management Letter			
4	Other Financial Support			
5	Program Monitoring and Data Quality			
6	Board Members and Training			
7	Nondiscrimination			
8	Publicizing of JWB Support-Endorsements			
9	Not Used			
10	Assignments and Subcontracts			
11	Confidential Information			
12	Public Records			
13	Return of Funds			
14	Special Situations and Incidents			
15	Provider Staff Membership on Board			
16	Waiver			
17	Provider & Program Data Maintained in 2-1-1 Database			
18	Provider Staff Background Checks			
19	Not Used			
20	Link to JWB's Websites			
21	Drug-Free Workplace			
22	Public Entity Crimes			
23	JWB Policies and Procedures			
24	Conflict of Interest			
25	Insurance Requirements-Basic Provisions			
26	Insurance Requirements-Additional Coverages			
27	Indemnification			
28	Certification that Provider is legally able to contract with JWB			
29	E-Verify			

For all items marked as “Exception” or “Not Comply”, Proposer must list the Exception by number and title and fully explain the exception below:

## FORM 6 - SPECIAL TERMS & CONDITIONS COMPLIANCE CHECKLIST

Proposers are to mark the Comply, Exception, Not Comply, or Not Applicable column for each Special Contract Term and Condition found in Attachment 1 of the Sample Contract (Attachment 1 of this RFP). *Comply* indicates the Proposer understands and agrees to comply fully. Items marked as *Exceptions* or *Not Comply* must be fully explained below.

Title	Comply	Exception	Not Comply	Not Applicable
<b>All programs, the follow special condition applies:</b>				
Special Condition 1				
<b>Strategic Result Areas of Early Childhood Development and School Readiness, the following special conditions apply:</b>				
Special Condition 1				
<b>Strategic Result Area of School Success, the following special conditions apply:</b>				
Special Condition 1				
Special Condition 2				
Special Condition 3				
<b>Strategic Result Areas of Prevention of Child Abuse and Neglect, the following special condition applies:</b>				
Special Condition 1				

For all items marked as “Exception” or "Not Comply", Proposer must list the Exception by number and title and fully explain the exception below:

### ATTACHMENT 3 - PROPOSAL CHECKLIST

<b>RFP Title: New Strategically-Aligned Programs for PCAN, ECD, and Strengthening Community RFP</b>		<b>Proposal due date and time: 10/03/2022 by NOON EST</b>		
<b>Proposal to be submitted to:</b> Written proposals must be submitted via email to <a href="mailto:RFP@jwbpinellas.org">RFP@jwbpinellas.org</a>				
#	<b>Proposal submission to include</b> ( <i>Checklist is for Proposers use only, not to be submitted with Proposal</i> )	Yes	No	NA
1	Signed Addenda, if issued			
2	Form 1 – Proposal Signature Form (signed)			
3	Table of Contents			
4	Narrative Response (one for each program, if applicable)			
5	Attachments: (one for each program, if applicable)			
a	Form 2-TSL/Methodology			
b	Additional Site Information, if applicable			
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j	Proposed subcontracts and corresponding Subcontract Assessment, if applicable			
k	Current Year Adopted Budget			
l	Corrective Action or Performance Improvement Plan reports, if applicable			
m	Three most recent years of audited financial statement summaries and disclosures to include internal control reports and any accompanying management letters, or individual tax returns and personal financial statement of net worth for the most recent year if Proposer is an individual proprietor, or privately-held companies wishing to maintain confidential financial information must have Dunn & Bradstreet Reports (D & B). If any of these statements include a material weakness or significant deficiency, include a letter describing them.			

6	Form 4 - Non-Collusion Affidavit (signed)			
7	Form 5 - Contract Terms & Conditions Compliance Checklist			
8	Form 6 – Special Terms and Conditions Compliance Checklist (one for each program, if applicable)			
9	Form 3- FY23 Proposed Start-Up Budget (separate excel file) (one for each program if applicable)			
10	Form 3- FY24 Proposed Annualized Budget (separate excel file) (one for each program if applicable)			