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**This is a closed advertising available only to those Agencies who have previously been determined as pre-qualified to apply for funding from St. Johns County Health and Human Services Department.**

## **REQUEST FOR PROPOSALS**

**RFP #12-42**

**FOR**

**Funding Availability for Fiscal Year 2012-  
2013**



**St. Johns County, Florida  
St. Johns County Purchasing Department  
2446 Dobbs Road  
Saint Augustine, Florida 32086**

**Due Date/Time for Receipt of Proposals: April 12, 2012 @ 4:00 p.m.**

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**RFP #12-42**

**ST. JOHNS COUNTY  
REQUEST FOR PROPOSALS**

**Funding Availability for Fiscal Year 2012-2013**

In accordance with the provisions of Florida Statutes and St. Johns County Purchasing Procedures, notice is hereby given that St. Johns County, a political subdivision of the State of Florida, will accept proposals **until 4:00 P.M. on April 12, 2012**, at the St. Johns County Purchasing Department, 2446 Dobbs Rd., St. Augustine, Florida 32086 for the following:

**Funding Availability for Fiscal Year 2012-2013**

**A mandatory pre-proposal workshop will be held on Thursday, March 8, 2012 at 2:30 p.m. The meeting will be held in the Health and Human Services Conference Room located at 1955 US1 South, St. Augustine, FL.**

Requests for proposal packages may be obtained from Bridget Mein, St. Johns County Purchasing Department at the address listed above, via email request to [bmein@sjcfl.us](mailto:bmein@sjcfl.us). In addition, we have placed the RFP Document on the St. Johns County Health and Human Services Website.

Agencies that have been determined pre-qualified and wish to apply for funding must submit six (6) proposal packages, clearly marked on the outside: **"Sealed Proposal for RFP 12-42 FUNDING AVAILABILITY"** to the St. Johns County Purchasing Department, 2446 Dobbs Road, St. Augustine, Florida 32086, by or before **4:00 P.M. on April 12, 2012**.

**CONTACTS:** Questions related to this RFP should be directed in writing to Bridget Mein, Contract Specialist, St. Johns County Purchasing Department, 2446 Dobbs Road, St. Augustine, FL 32084, fax (904) 209-0163, or email [bmein@sjcfl.us](mailto:bmein@sjcfl.us). Inquiries related to the work scope, clarification or correction/s **must** be in writing to the contact name shown above via fax, email or mail & must be received no later than **4:00 P.M. on March 29, 2012**. All addendum(s) will be issued by the Purchasing Department no later than **April 5, 2012**. Do not contact any other staff member of St. Johns County, except the above, with regard to this RFP. **Contact with any other County employee associated with these services during the RFP process is prohibited.** All inquiries will be routed by the Purchasing Department to the appropriate staff member for response.

The St. Johns County Board of County Commissioners reserves the right to reject any or all proposals, waive minor formalities or award to/ negotiate with the firm whose proposal best serves the interest of St. Johns County.

Any proposer affected adversely by an intended decision, with respect to the award of any proposal, shall file with the Purchasing Department for St. Johns County, a written notice of intent to file a protest not later than seventy-two (72) hours (excluding Saturdays, Sundays, & legal holidays) after the posting of the bid tabulation. Protest procedures may be obtained from the Purchasing Department. Any protests must be filed prior to expiration of the time period & followed up in writing within five (5) calendar days.

"In the event that a Contract/Agreement is Attached to the RFP, such Attached Contract/Agreement is For Discussion Purposes Only, & Not Necessarily Reflective of any Contract That May Be Ultimately Entered into By the County. In the event that a Contract/Agreement is Not Attached to the RFP, it is expressly understood that the Board of County Commissioner's (Board's) preference/selection of any Proposal does not constitute an award of a Contract/Agreement with the County. It is anticipated that

subsequent to the Board's preference/selection of any Proposal, Contract negotiations will follow between the County & the selected Proposer. It is further expressly understood that no Contractual relationship exists with the County until a Contract has been executed by both the County, & the selected Proposer. The County reserves the right to delete, add to, or modify one or more components of the selected Proposer's Proposal, in order to accommodate changed or evolving circumstances that the County may have encountered, since the issuance of the RFP. It is further understood, no Proposer (whether selected or not) may seek or claim any award and/or re-imbursement from the County for any expenses, costs, and/or fees (including attorney's fees) borne by any Proposer, during the entire RFP process. Such expenses, costs, and/or fees (including attorney's fees) are the sole responsibility of the Proposer. By submitting a Proposal, a Proposer agrees to be bound by these terms & provisions of the RFP."

**St. Johns County Administrative Code 304.6.5 Procedures Concerning Lobbying.** Bidders, proposers, and those intending to qualify must abide by the following requirements: A lobbying blackout period begins upon issuance of the bid solicitation, request for proposal, request for qualifications, and continues until the Purchasing Director, County Administrator, or designee, or Board Chairperson executes a contract on behalf of the County. For procurements that do not require Board approval, the blackout period starts when the bid solicitation, Request for Proposal or Request for Qualifications is issued and ends upon contract award. For any questions concerning a Bid/RFP/RFQ, a bidder or proposer must contact the person listed in the Bid/RFP/RFQ as the Contact Person or Point Person for the County. Bidders or proposers who do not abide by these rules are subject to having their Bid or Proposal or Qualifications automatically rejected, without further recourse, and shall be subject to debarment for periods up to 12 months.

"Blackout" for the purposes of this policy refers to a time period during which vendors, contractors, consultants, or their agents or representatives may not communicate or lobby in any manner with Board members, the County Administrator, or County staff, other than the designated purchasing agent, and to a time when Board members, the County Administrator, or County staff, other than the designated purchasing agent, shall not communicate in any manner with vendors, contractors, consultants, or their agents or representatives, regarding potential contracts with the Board. The blackout period begins once an invitation to bid, request for quote, request for proposal, invitation to negotiate, or request for qualifications has been issued.

Any such communication shall disqualify the vendor, contractor, or consultant from responding to the subject invitation to bid, request for quote, request for proposal, invitation to negotiate, or request for qualifications.

**St. Johns County Health and Human Services**

**Request for Proposal FY 2012-2013**

**COVER PAGE**

Program Name: \_\_\_\_\_

Applicant/Agency Name: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Agency Fiscal Year: \_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Page: \_\_\_\_\_

Amount requested for FY2012-2013: \$ \_\_\_\_\_

Service Area: \_\_\_\_\_

Target Population: \_\_\_\_\_

Timeframe of Award applied for in this proposal\* \_\_\_\_\_

*\*the timeframe of award applied for can be either one year or one year with two-year renewal option contingent upon availability of the funding.*

Provide a 3 to 5-sentence summary of the program for which you are requesting funding.

## PROGRAM PROPOSAL

- I. PROGRAM NARRATIVE:** (Limited to one page\*) briefly describe the program for which funding is being requested. Please demonstrate the need for the program and how it relates to the primary populations identified in the 2010 HHSAC Needs Assessment\*\*. Illustrate the services your program provides and the mechanisms you use to deliver services.
- II. PROGRAM DESCRIPTION:** (Limited to five pages\*) This description should contain sufficient detail to include the following information:
1. Brief description of target population, include demographics, location within St Johns County, how that population was determined, and the unduplicated number of individuals who will be served.
  2. Community need(s) that your program addresses. Use statistics, community assessments, or other relevant data to illustrate the need(s).
  3. Proposed services description.
  4. If the model is innovative, please briefly describe how it is different from conventional mechanisms used to deliver services and why it is believed to be effective.
  5. Identify other organizations within the County that provide the same or similar services as your program. Explain how and to what extent your program is unique. Also, highlight the partnerships and collaborations in place that will enhance the program's success. Include the specific roles and responsibilities each partner/collaborator will have in the program's delivery of services. Please provide a letter of support from each of these partners. If you are a lead agency of a system of care network, please describe the structure of this network by including a description of each program within the network, a detailed description of each sub-agency within this network and the scope of service it is responsible for. Please provide a letter of support from each of these sub-agencies. You may create a table or exhibit, if desired, to simplify your response.
  6. Identify your program's goals and respective objectives. List the timeframe for each activity and your expected outcomes that represent both quality and quantity of your program for each objective, and how you will evaluate and monitor the program performance accordingly, using **Attachment I**. If you are a lead agency of a system of care network, please provide the objective and outcome information on a separate sheet for each sub-agency as well and how each of them is monitored and evaluated by using a set of outcomes using **Attachment I**.
  7. Describe future funding that will make this program sustainable.
  8. Work Plan: The work plan must outline the individual and/or organization responsible for carrying out each activity and include a time line.
  9. List all the personnel/positions (paid and volunteer) responsible for administering the program along with a summary of their qualifications, experience, and tenure with your organization. Use the **Attachment II** to disclose Schedule of Positions and Board Member List. If you are a lead agency of a system of care network, please provide the personnel information on a separate schedule/list using **Attachment II** for each sub-agency as well.
- III. PROGRAM IMPACT** (Limited to one page\*)  
Applicants must describe the expected short term and long term impact on the target population.

*\*10 pt font or larger*

*\*\*the 2010 HHSAC Needs Assessment, performed by Analytica and can be referenced on the County website, HHS Advisory Council page at <http://www.sjcfi.us/HHSAC>*

**BUDGET SUMMARY**

**Program Revenues**

	FY 2010-2011 Actual	FY 2011-2012 Projected	FY 2012-2013 Proposed
St Johns County			
Independent Agencies Funding			
Other County Contract Funding			
City of St Augustine			
State Government			
Federal Government			
United Way			
Private Donation			
Program Generated Revenue			
In-Kind*			
Other Income			
Total			

*\*include volunteer hours, equipment and etc. Please provide a breakdown one a separate sheet if in-kind is recorded on this form.*

**Program Expense**

	FY 2010-2011 Actual	FY 2011-2012 Projected	FY 2012-2013 Proposed
Personnel			
Salaries			
Employee Benefits and Taxes			
Operating			
Lease or Rental			
Communication			
Advertisement			
Dues and Subscriptions			
Equipment Rental			
Travel			
Office Expense			
Repairs and Maintenance			
Training			
Professional Services***			
Computer and Software			
Other Expenses			
Total			

**Additional budget information:** (limited to one page\*\*)

1. Provide a justification of each expenditure line item for which you are requesting county funding.
2. Will St Johns County funds be matched by another grant or funding source or leveraged to access other funding sources? If so, please provide details regarding the match requirement, or explain how County funds will be used to leverage other revenue sources for the program.
3. In the event the County is unable to meet your full program budget request, please indicate the expenditure line items that will be most important to have funded.
4. If the applicant is requesting a multiple-year funding, please provide the budget summary for each year that the funding is being requested.

\*\*10 pt font or larger

\*\*\*if you are a lead agency of a system of care network, please provide a separate program expenses budget for each individual program included within the network provided the budget for this sub-agency exceeds \$50,000. Otherwise, please state the sub-agency's name in the line item "Professional Services"

## Attachment I

### Program Description – Goals and Objectives

Each agency should create a separate, one or two page summary of these measures to incorporate as part of their application. Please display the key performance measurement data, including multi-year tables / trend lines / graphs, if available, that best show the impact of your programs on our community. For currently funded agencies, these can be the measures currently agreed upon with County staff, or the measures can be revised. For agencies not currently funded by the County, include up to six measures that meet the descriptions included below.

The measures requested fall into four general categories (examples included):

1. True outcome data (e.g. % of students enrolled in GED prep. program who get GEDs within 2 years);
2. Output data (e.g. # of youth in program, lbs. of food delivered);
3. Measurement of need (% of clients with household income below federal poverty level);
4. Other success data (e.g. satisfaction survey results, # of volunteer hours leveraged);

#### Example:

Objective #1: At risk youth will increase academic performance by participating in after school program.

Outcome #1-1: 50% of at risk youth served will improve their GPA by 10%.

Documentation: Report Cards, case notes

YTD # of youth in program	YTD # of youth achieving outcome	YTD % of youth who achieved outcome	Time frame
			Semi-Annually

Outcome #1-2: 90% of at risk youth served will be promoted to next grade.

Documentation: Report Cards, Case notes

YTD # of youth in program	YTD # of youth achieving outcome	YTD % of youth who achieved outcome	Time frame
			Annually

