

**CENTRAL FLORIDA BEHAVIORAL HEALTH
NETWORK, INC.**



REQUEST FOR PROPOSAL (RFP)

**Drop-In Center Services in
DeSoto and Sarasota Counties**

**RFP #202103DROP-IN
Release Date: May 20, 2021**

Contact Person:
Carrie Hartes, Director of Contracts and Procurement
719 South US Highway 301
Tampa, FL 33619
Procurement@cfbhn.org

Solicitation of Responses

1. Introduction

1.1. Statement of Need

Central Florida Behavioral Health Network, Inc. (CFBHN) is issuing this solicitation for the purpose of obtaining a currently contracted vendor in the service areas of **DeSoto and Sarasota Counties** to provide Drop-In/Self Help Center services to the identified population.

1.2. Term of Contract and Renewal

The anticipated initial term of the contract entered into with the successful vendor is two (2) years beginning **July 1, 2021** and ending **June 30, 2023**, with renewal dependent on CFBHN's contract with DCF being renewed. Renewals will be for twelve months in each fiscal year by mutual agreement and shall be contingent on satisfactory performance evaluations and availability of funds. Services included in the RFP may be amended, added to, and/or deleted during the contract negotiations.

1.3. General Information

CFBHN will first require that interested vendors submit a Notice of Intent to Apply for this funding. Should only one vendor submit a Notice of Intent to Apply, CFBHN may, at our option, exercise the right to terminate this RFP and move directly into negotiations with said vendor.

CFBHN will then request, receive and evaluate detailed responses, hereinafter referred to as the "response", from the qualified applicants that have been identified as successfully meeting all eligibility requirements. CFBHN reserves the right to re-bid this RFP if it is determined to be in the best interest of the Suncoast Region. At any time during the RFP process, CFBHN may reject any or all responses, and may modify its statement of services sought, tasks to be performed, or the project description.

Should CFBHN only receive one response, CFBHN may, at our option, exercise the right to terminate the RFP process and move directly into negotiations with said vendor.

1.4. Contract Amount and Funding Source

The amount of the contract resulting from this RFP is **\$448,444** per year (subject to the availability of funds). Physical service locations will need to be in both DeSoto and Sarasota Counties.

The funding for these services comes from the MH000 "other cost accumulator (OCA)". Any renewal of funds shall be in writing and shall be subject to the same terms and conditions as set forth in the initial contract. If startup funding is needed, a 3-month Cost Reimbursement Budget, along with justification of expenses, will need to be submitted on the template found on the CFBHN SharePoint site under Agency Shared Documents → Fiscal Reconciliation.

If the vendor has an existing rate for the service as outlined in **Section 2.4.** for the Allowable Services and Definitions, that will be the negotiated rate. If the vendor does not have a rate or does not accept the existing rate, then they will be required to complete the fiscal report in its entirety, which

shall be submitted in the original template Microsoft Excel format, and is found on the CFBHN SharePoint site under Agency Shared Documents → Fiscal Reconciliation.

1.5. Posting

All Official Notices, decisions and intended decisions and other matters relating to the procurement will be electronically posted on CFBHN's website at <https://www.cfbhn.org/contracting-procurement/>.

1.6. Vendor Disqualification

Failure to have performed any contractual obligations with CFBHN or the Department, in a manner satisfactory to CFBHN or the Department, will be sufficient cause for disqualification. To be disqualified as a vendor under this provision, the vendor must have:

- Not met all of the mandatory requirements specified in **Section 3.2.;**
- Is barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity in accordance with s. 287.133, F.S.;
- Is under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on its ability to provide services, or which adversely reflects its ability to properly handle public funds;
- Has had a contract terminated by the Department or CFBHN for failure to satisfactorily perform or for cause;
- Has failed to implement a corrective action plan approved by the Department, other governmental entity, or CFBHN, after having received due notice; or
- Is ineligible for contracting pursuant to the standards in s. 215.473(2), F.S.

1.7. Limitations on Contacting CFBHN Personnel

All communications with CFBHN employees as they relate to this RFP are prohibited during the time period in which the RFP is released and throughout the end of the protest period following CFBHN's posting of the notice of intended award. The aforementioned protest period excludes Saturdays, Sundays, and state holidays. Vendors may only communicate via electronic communications to the Procurement Manager or as provided in the solicitation documents. Violation of this provision may result in vendor being disqualified from this procurement.

1.8. Schedule of Events and Deadlines

Any proposal submitted after **June 16, 2021, 12:00 PM** (CFBHN's clock) will not be accepted.

Activity	Date	Time	Address
Request for Proposal (RFP) Released	5/20/2021	5:00 PM	CFBHN's website: https://www.cfbhn.org/contracting-procurement/
Vendor Solicitation Conference	5/24/2021	11:00 AM	**Microsoft Teams Link – Conference Meeting Information: Click here to join the meeting Conference Call Number: (689) 206-0410 Phone Conference ID: 867 116 723#
Submission of Written Inquiries Due	5/27/2021	3:00 PM	Carrie Hartes, Director of Contracts and Procurement Procurement@cfbhn.org
Posting CFBHN's Response to Inquires	6/2/2021	5:00 PM	CFBHN's website: https://www.cfbhn.org/contracting-procurement/
Mandatory Letter of Intent to Apply Due	6/7/2021	5:00 PM	Procurement@cfbhn.org
Electronic Proposals Must be Received by CFBHN	6/16/2021	12:00 PM	Carrie Hartes, Director of Contracts and Procurement Procurement@cfbhn.org
Review of Mandatory Criteria Form	6/16/2021	1:00 PM	CFBHN 719 South US Highway 301 Tampa, FL 33619
Evaluator Team Meeting & Distribution of Proposals	6/16/2021	2:00PM	**Microsoft Teams Link – Conference Meeting Information: Click here to join the meeting Conference Call Number: (689) 206-0410 Phone Conference ID: 628 653 816#
Evaluation Period	6/16 – 6/22	N/A	N/A
*Debriefing Meeting of the Evaluators and Ranking of the Responses	6/22/2021	1:00PM	**Microsoft Teams Link – Conference Meeting Information: Click here to join the meeting Conference Call Number: (689) 206-0410 Phone Conference ID: 566 557 727#
Posting of Proposal Scores and Notice of Intent to Award the Contract	6/22/2021	4:00 PM	CFBHN's website: https://www.cfbhn.org/contracting-procurement/
72-hour Protest Period	6/22-6/25	4:00 PM	N/A
Notice of Award	6/25/2021	4:00 PM	CFBHN's website: https://www.cfbhn.org/contracting-procurement/
Negotiation Period/Discussion	6/28 – 6/29	TBD	CFBHN 719 South US Highway 301 Tampa, FL 33619
Effective Date of Contract	07/01/2021	N/A	N/A

All vendors are hereby notified that the meetings noted with an asterisk above () are public meetings open to the public as provided in Chapter 119, Florida Statutes, and may be electronically recorded by any member of the audience. Although the public is invited, no comments or questions will be taken from vendors or other members of the public (except for the Vendor Solicitation Conference, in which comments and questions will be taken from vendors).

**The Teams Meeting works best through either a download of the application or opening the link through Microsoft Edge. If a vendor would like a direct link to the Teams Meetings listed above, please email Procurement@cfbhn.org, and a link will be sent to you.

All times in the Schedule of Activities are local times for the Eastern Time Zone.

1.9. Vendor Solicitation Conference

The purpose of the Vendor Solicitation Conference is to review the RFP with interested vendors. CFBHN encourages all vendors to participate in the solicitation conference, during which vendors may pose questions. CFBHN shall be only bound by written information that is contained within the solicitation documents or formally posted as an addendum or a response to questions.

The Vendor Solicitation Conference for this RFP will be held at the time and date specified in **Section 1.8**. Participation in the Vendor Solicitation Conference is not a pre-requisite for acceptance of responses from vendors.

Small Business, Certified Minority, and Women’s Business Enterprises are encouraged to participate in any conferences, pre-solicitation, or pre-bid meetings which are scheduled.

All vendors shall be accorded fair and equal treatment.

1.10. Written Inquiries

Vendor questions will only be accepted if submitted as written inquiries to the Contact Person, specified on the title page of this RFP, via electronic mail, and received on or before the date and time specified in **Section 1.8**.

The emails must have in the subject “**RFP #202103DROP-IN – Inquiries**”. Faxes and US Mail inquiries are not acceptable. Copies of responses to all inquiries that require clarifications and/or addenda, to this RFP, will be available by the date and time specified in **Section 1.8**, through electronic posting at: <https://www.cfbhn.org/contracting-procurement/>.

1.11. Letter of Intent to Apply

All vendors intending to participate in this RFP must submit a brief written email with a declaration of their intent to participate in this process. The response should also include contact information for a point of contact for the remainder of the RFP. All vendors submitting their responses will receive direct correspondence throughout the procurement.

Should only one vendor submit a Notice of Intent to Apply, CFBHN may, at our option, exercise the right to terminate this RFP and move directly into negotiations with said vendor.

1.12. Withdrawal of Response

A written request for withdrawal, signed by the vendor, may be considered if received by CFBHN within 24 hours after the opening time and date indicated in the Schedule of Events and Deadlines (**Section 1.8**). A request received in accordance with this provision may be granted by CFBHN upon proof of the impossibility to perform, based upon an obvious error on the part of the vendor.

1.13. Receipt and Rejection of Responses or Waiver of Minor Irregularities

Responses must be received by CFBHN no later than the time, date, and place as indicated in the proceeding deadline schedule. Any response submitted shall remain a valid offer for at least 90 days after the response submission date. No changes, modifications, or additions to the response submitted (after the deadline for response opening has passed) will be accepted

by or be binding on CFBHN. Responses not received at either the specified place, or by the specified date and time, will be rejected.

CFBHN reserves the right to reject any and all responses or to waive minor irregularities when to do so would be in the best interest of the Suncoast Region. Minor irregularity is defined as a variation from the Request for Proposal terms and conditions which do not affect the price of the response, or give the vendor an advantage or benefit not enjoyed by other vendors, or do not adversely impact the interest of CFBHN. At its option, CFBHN may correct minor irregularities but is under no obligation to do so whatsoever.

1.14. Notice of Contract Award

CFBHN intends to award the contract to the responsive vendor that is awarded the highest score, based on the selection criteria set forth in **Section 3.4.** and **Section 4.**

CFBHN may consider any information or evidence which comes to its attention and which reflects upon a vendor's capability to fully perform the contract requirements and/or the vendor's demonstration of the level of integrity and reliability which CFBHN determines to be required to assure performance of the contract.

Should CFBHN only receive notification from one vendor, CFBHN may, at our option, exercise the right to terminate the RFP process and move directly into negotiations with said vendor.

2. Program Expectations

2.1. General Description of Services

Drop-in centers aim to provide comprehensive, non-clinical support to members, restoring stability while acting in concert with the member's own physician care in pursuit of unique positive outcomes. Healthier living and social interactions, achieving economic success and financial independence, and assuming a more productive and fulfilling role within the community are just some of the goals held by members at each drop-in center.

Drop-In centers are a place for people recovering from mental illness to learn, socialize, and return to rewarding lives. Drop-In centers offer a menu of services individuals can choose from including educational classes, social activities, skill-building opportunities, personal enrichment opportunities, peer support, and access to information about other community resources all at one convenient location.

Drop-In center services may include, but not be limited to, some of the items listed below:

- Life Skills
- Computer Lab and skill development
- Expressive Arts
- Personal enrichment classes
- Social opportunities
- Skill-building opportunities
- Access to Internet, materials, resources, and other services in the community
- Peer Support

- Online classroom and resources

2.2. Subcontractors

The chosen vendor may not subcontract for any services sought through this procurement.

2.3. Performance Measures

The following are current Performance Measures that will be included in the Subcontract when awarded:

- Percent of members who indicate that they would like a referral on the Quality of Life Self-Assessment, will receive an appropriate referral for services based on a quarterly review: 95%.
- Percent of members that complete the Quality of Life Self-Assessment will rate their overall quality of life as fair or greater based on a quarterly review: 60%.

CFBHN may negotiate additional measures after awarding the funding, depending upon the time frame for startup and other factors that may be taken into consideration.

2.4. Allowable Services and Definitions

The following covered service is currently allowed to be billed under the funding per the Department of Children & Families Pamphlet 155-2, as well as the definitions from Chapter 65E-14, Florida Administrative Code (FAC):

- (07) Drop-In/Self-Help Centers – these centers are intended to provide a range of opportunities for persons with severe and persistent mental illness to independently develop, operate, and participate in social, recreational, and networking activities. This covered service may not be provided to a person less than 18 years old.

2.5. Proposed Rates and Fiscal Reports

CFBHN is proposing the following rate for the service defined in **Section 2.4.:**

(07) Drop-In/Self-Help Centers - \$65.92

If the vendor does not accept the rate listed above, then they will be required to complete the CFBHN Fiscal Report Template in its entirety, which shall be submitted in the original template Microsoft Excel format, found on the CFBHN SharePoint site under Agency Shared Documents → Fiscal Reconciliation.

3. Instructions to Vendors

3.1. General Instructions to Respondents

Vendors shall submit the following items:

- Letter of Intent to Apply (**Section 1.11**)

- Fiscal Reports, if new services are being requested that are not currently in contract with CFBHN (**Section 2.5.**)
- Mandatory Requirements (**Section 3.2.**)
- Response (**Section 3.4.**)

The Procurement Manager will examine each response to determine whether the vendor meets the Mandatory Requirements specified in **Section 3.2.** A response that fails to meet all of the Mandatory Requirements will be deemed non-responsive and will not be evaluated. An initial determination that a response meets the Mandatory Requirements does not preclude a subsequent determination of non-responsiveness. Responsive submissions will then be scored by an evaluation team, based on the criteria outlined in **Section 3.4. and Section 4.**

CFBHN may reject any or all responses, and may modify its' statement of services sought, tasks to be performed, or the project description and re-bid these services or re-negotiate, if it is in the best of interest to CFBHN.

3.2. Response to RFP Mandatory Requirements

The mandatory requirements are described as **MANDATORY CRITERIA** on the RFP Mandatory Criteria Checklist (**APPENDIX I**). Failure to comply with all mandatory requirements will render a proposal non-responsive and ineligible for a qualitative evaluation.

The **MANDATORY CRITERIA** are:

Mandatory Requirements
<ul style="list-style-type: none"> • The Letter of Intent to Apply was received by the Procurement Manager by the time, date and at the location specified in the Request for Proposal. (Section 1.8)
<ul style="list-style-type: none"> • The proposal is received by the Procurement Manager by the time, date and at the location specified in the Request for Proposal. (Section 1.8)
<ul style="list-style-type: none"> • Vendor will submit an attestation that the Required Documents Checklist (APPENDIX II) is complete. All required items must be on file, complete and on correct templates for FY 21-22.

*CFBHN has the right to require any additional information it requires to validate any attestations made in a procurement response or presentation.

3.3. How to Submit a Proposal

Any response must be received by CFBHN by the deadlines set forth in the Schedule of Events and Deadlines (**Section 1.8.**). Responses not received at either the specified place or by the specified date and time, will be rejected.

3.3.1. Number of Copies Required and Format for Submittal

Vendors shall submit one electronic copy of the response (with attachments) through email to the Contact Person listed on the title page of this RFP.

Responses must be typed, double-spaced, on 8½" x 11" paper layout format. The required font is Arial, size 12, with a 1 inch margin. Pages must be numbered in a logical, consistent fashion. Figures, charts, and tables should be numbered and referenced by number in the text.

The software used to produce the electronic files for the Response must be searchable Adobe Portable Document Format ("pdf"), version 6.0 or higher. Responses must be able to be opened and viewed by CFBHN utilizing Adobe Acrobat, version 9.0

The Fiscal Reports must be submitted in the format of the template provided (Microsoft Excel).

3.4. Required Content of the Response

3.4.1. TITLE PAGE

The first page of the response shall be a Title Page that contains the following information:

- RFP Number
- Title of the Response
- Vendor's Legal Name (person, organization, firm)
- Name, Title, Phone Number, Fax Number, Mailing Address and E-Mail Address of the person who can respond to inquiries regarding the response
- Name of the vendor's Project Director (if known)

3.4.2. RFP MANDATORY CRITERIA

The vendor shall provide all documents listed as **MANDATORY CRITERIA** as specified in **Section 3.2.**

3.4.3. RESPONSE AND SCORING

The vendor shall respond to the requirements listed throughout this RFP, including the questions detailed below. The maximum points available for each question/response are next to the item.

- How many years of experience do you have providing housing, supportive, or referral services to people experiencing homelessness? (10 points)
- Describe the services that will be provided at the Drop-In Center. (8 points)
- Describe your understanding of the needs of this population. (10 points)
- Describe your experience providing these services, including specific data on service outcomes. (10 points)
- How do you advance racial equity in your services? Provide data specific to your operations, such as program outcomes. (5 points)
- Describe your experience serving those experiencing homelessness in a safe and affirming environment regardless of gender identity and sexual orientation. Provide

specific examples, including staff training. (7 points)

- Describe how you incorporate Trauma-Informed Care (TIC) into your work, including your training processes for staff. (5 points)
- Do you currently employ peer navigators? If yes, describe their role in your work. If not, describe why. (6 points)
- Will you employ peer navigators in the Drop-In Center project? If no, explain why. If yes, describe their role in the implementation of the project. (4 points)
- Timeline – what is the time frame for both the DeSoto and Sarasota locations to start providing services? If there is a startup period needed, what is the time frame for that? Provide details. Include information on the actual locations, including plans for moving into the area, if applicable. (3 points)
- Budget (Not Scored)
 - If 3-month cost reimbursement is required for startup, the Cost Reimbursement Form will need to be submitted on the template found on the CFBHN SharePoint site under Agency Shared Documents → Fiscal Reconciliation, and is to be completed and submitted in the original Excel template for each location.
 - Example of items that are not allowable:
 - Fixed Capital Outlay (FCO) - an appropriation category for the purchase of real property (land, buildings, including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs and renovations to real property.
 - Example of allowable items:
 - Operating Capital Outlay (OCO) - an appropriation category for the purchase of equipment, fixtures and other tangible personal property of a non-consumable and nonexpendable nature, the value or cost of which up to \$5,000 and the normal expected life of which is one (1) year or more, and hardback bound books that are circulated to students or the public, the value or cost of which is \$25 or more, and hardback-covered bound books, the value or cost of which is \$250 or more.
 - Submit a breakdown of the budget - allocation amounts need to be identified for each county.

4. Evaluation Methodology

Each item identified in **Section 3.4.3.** above will be scored independently by members of an evaluation team. Scores will then be averaged together for a final score. CFBHN will issue a notice of intent to award this funding and, following a brief protest period, move into negotiations.

5. Supplemental Reference Protocols

The items contained within this document are supplemental requirements related to any procurement posted by Central Florida Behavioral Health Network, Inc. (CFBHN) from January 22, 2021 and forward. It is incorporated by reference, and is posted on CFBHN's website at:

<https://www.cfbhn.org/contracting-procurement/>

APPENDIX I

MANDATORY CRITERIA CHECKLIST



MANDATORY CRITERIA CHECKLIST			
RFP #:	202103DROP-IN		
Print Vendor's Name:			
Print Name of CFBHN Reviewer :			
Signature of CFBHN Reviewer :		Date:	
Print Name of CFBHN Witness :			
Signature of CFBHN Witness :		Date:	
<p>1. Was the Letter of Intent to Apply received by the date and time specified in the RFP and at the specified address?</p> <p style="text-align: center;"><input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail</p>			
<p>2. Was the proposal received by the date and time specified in the RFP and at the specified address?</p> <p style="text-align: center;"><input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail</p> <p>Comments:</p>			
3. Did the proposal include the following? (for internal use only)			
<p>a. Vendor will submit an attestation that the Required Documents Checklist (APPENDIX II) is complete. All required items must be on file, complete and on correct templates for FY 21-22.</p>		<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail	

APPENDIX II

REQUIRED DOCUMENTS CHECKLIST



Required Documents – Service Providers

Agency Name: _____

Required Document
1. Board Members List, including mailing and e-mail addresses, phone number, and date of last revision
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts – CF 1125 Form -Template (July 2015) on SharePoint.
3. Certification Regarding Lobbying / Certification for Contracts, Grants, Loans, and Cooperative Agreements CF 1123 Form -Template (July 2015) on SharePoint.
4. Civil Rights Compliance Checklist - CF 946 form -Applies to employers with 15 or more employees only. -Template (Nov 2014) on SharePoint. -NOTE: Tentative funding for FY 21-22 can be found in the Fiscal Table in your agency's subcontract in Section D. Method of Payment. CFBHN intends to use Base Recurring Funding (minus any permanent changes) as the starting budget for FY 21-22.
5. Civil Rights Certificate – CF 707 Form -Applies to employers with 15 or more employees only. -Template (10/2005) on SharePoint.
6. Indigent Drug Program (IDP) Agreements -Executed Agreements between IDP Providers and participating pharmacies -Required for all providers with funding in MHA76
7. Organization Chart with employee names and positions and date of last revision
8. Program Description, CF-MH 1045 -Template (Oct 2015) on SharePoint.
9. Subcontracts for services being subcontracted out by your agency for primary services -Subcontracting is defined as the following: Subcontracting core behavioral health services and health and safety services. Examples of subcontracted services are counseling, case management, nursing, medical services, etc. *Subcontracts must be approved prior to July 1st , or provider will be ineligible to bill for services. -Note: if your agency has an automatically renewing subcontract, please confirm that it is still valid for the coming fiscal year (FY 21-22).
10. Vendor Certification Regarding Scrutinized Companies Lists and Business Operations in Cuba or Syria – CF 1110 Form -Template (January 2019) on SharePoint.
11. Cost Allocation Plan -OPTIONAL Template (2020-2021) on SharePoint. -More Info: 65E-14.017
12. Dispute Resolution – Name and Position of Person Assigned -Note: This is for disputes or issues between the Subcontractor and CFBHN .
13. Legal Signing Authority -Signed Board Resolution, By-laws, Minutes, Letter, etc. -Please include ALL persons authorized. (run SAM Status on each person to ensure person has not been debarred)
14. Memorandum of Understanding with Federally Qualified Health Centers.

Required Document	
	-If Applicable, please include the following: Name of Subcontract/Still valid?
15. Provider Fee Policy	-65E-14.014 – SAMH-Funded Entity Responsibilities Section (5) (d) – The billing and payment mechanism; third party billings and fee collection procedures which prevent duplicate payments for services provided. -Fee policy OR signed attestation of the following: All first and third party fees earned are generally retained by the Program/Cost Center in which they are generated. Fees may also be used to support the goals and objectives of provider in accordance with its Strategic Plan, Budget Plan, Staffing Plan and other relevant considerations in order to fulfill its mission statement for the provision of quality services while assuring that it maintains a strong financial position.
16. Accreditation – this includes the following:	-Accreditation Certificate -Accreditation Survey -Most recent Accreditation Report -Corrective Action or Performance Improvement Plans, and -Any Performance Data submitted to your accrediting organizations.
17. Federally Approved Indirect Cost Rate Letter	
18. Insurance – Proof of Current General Liability, Automobile Liability, and Professional Liability – Naming the Department of Children and Families and Central Florida Behavioral Health Network as additional insureds under the policy(ies) <i>Optional: We recommend Cyber Insurance Coverage.</i> <i>*Contract with CFBHN will not be signed if insurance is not in place and meets requirements (A-rating; Names CFBHN/DCF as additional insureds).</i>	
19. Licenses – A current copy of all from DCF, AHCA, etc.	
20. Tax Exempt Certificate	

APPENDIX III

RFP #202103DRO- IN EVALUATION GUIDE



Evaluator Information

CFBHN RFP #202103DROP-IN Drop-In Center Services in DeSoto and Sarasota Counties

EVALUATION TEAM GROUND RULES

Evaluators are chosen to participate because of their knowledge and skills and because of CFBHN's confidence in their ability to score both independently and fairly. The same scoring principles must be applied to every response received, independent of other evaluators.

1. **ALL** questions related to the solicitation document and the evaluations of the responses must be directed to the procurement manager:

Carrie Hartes, Director of Contracts and Procurement
Central Florida Behavioral Health Network, Inc.
719 South US Highway 301 Tampa, FL 33619
(813) 740-4811 Extension 235
Procurement@cfbhn.org

2. Conflict of Interest Questionnaires must to be completed, signed, and dated by all Evaluation Team members. Any identified conflicts of interest will be referred to Legal immediately.
3. Each evaluator will be provided a copy of the solicitation document, all attachments, amendments, and (if applicable) all vendors' inquiries, together with the written answers provided by CFBHN. Each evaluator will also be provided with a copy of each vendor's response, which should be evaluated and scored according to the instructions provided in the solicitation document and the Scoring Sheets.
4. Each member of the Evaluation Team shall independently score each response. No collaboration will be permitted during the scoring process. Do not ask other evaluators questions or share solicitation related information with anyone.
5. Evaluators must not solicit information or submissions from potential or interested offerors.
6. The written proposal is the basis upon which responses are evaluated and scored.
7. Only the Scoring Sheets provided with the solicitation document will be used to record your scores and comments. No additional notes or marks should appear elsewhere in the evaluation materials.
8. All raw scores must be assigned utilizing the scoring system provided in the evaluation manual.

9. Each evaluator should record the page or section number from the response being scored where the primary response was found relating to the criterion. If the response does not address an evaluation criterion, evaluators should indicate on the score sheet “not addressed”.
10. Each evaluation criterion must be scored. Evaluators may request assistance in understanding evaluation criteria and responses only from the Procurement Manager, who alone is authorized to seek additional technical help if needed. Technical assistance, if needed, will be provided by non-voting technical advisors and will be uniformly disseminated to all evaluators simultaneously. This may also be accomplished by the Procurement Manager.
11. No attempt by CFBHN personnel or others to influence an evaluator's scoring will be tolerated. If any attempt is made to do so, the evaluator must immediately report the incident to the Procurement Manager. If the Procurement Manager makes such an attempt, the evaluator must immediately report the incident to the Inspector General.
12. To avoid the possibility of protest, all appearances of impropriety must be avoided.
13. Following completion of the independent evaluations of the proposals, the Procurement Manager will hold a Debriefing Meeting for the exclusive purpose of assuring that information has not been overlooked in the scoring of responses. Evaluators should work carefully to be as thorough as possible in order to help the department secure a fair and open competitive procurement. Evaluators may adjust their score at the Debriefing Meeting based on information discussed during the meeting that may have been overlooked/misunderstood which would have otherwise caused the score to increase or decrease.
14. The Debriefing Meeting of the Evaluation Team will be held at the place and time listed in **Section 1.8**.

Debriefing Meeting of Evaluators

CFBHN RFP #202103DROP-IN Drop-In Center Services in DeSoto and Sarasota Counties

The main purpose of the Debriefing Meeting of the evaluators is to receive and record all evaluation scores. It is not essential that uniformity in scoring be achieved. It is at this meeting that the procurement manager logs in and records all scores on a spreadsheet and calculates those scores according to the evaluation methodology outlined in the solicitation document.

The following activities should occur prior to the conclusion of the meeting:

1. The procurement manager will confirm that no one has tried to influence any of the evaluators and that they have exercised their own independent judgment in scoring each response independently of any other.
2. The procurement manager will fill out a spreadsheet with the names of the evaluators across the top and the number of the evaluation criterion down the left side. Each evaluator will be asked in turn for the score given to each criterion.
3. Once the spreadsheet is filled out and a score recorded for each criterion for each evaluator, the individual score sheets are collected and placed into the procurement file.
4. The scores are to be calculated in the presence of at least one witness. The final score for each provider will be listed in rank order.

EVALUATOR'S CONFLICT OF INTEREST AND CONFIDENTIALITY OF INFORMATION STATEMENT

Your willingness to participate as an evaluator is an integral part of the procurement process. Central Florida Behavioral Health Network, Inc. (CFBHN) appreciates your assistance and expertise. Your designation as an evaluator for CFBHN requires that you fully understand the policies regarding potential conflicts of interest and the confidential nature of the responses and all that is contained therein.

Confidentiality. The competitive procurement process and the obligations imposed by the laws of the State of Florida require CFBHN to ensure that the competitive process operates in a fair and equitable manner. As an evaluator, you have access to information not generally available to the public and are charged with special professional and ethical responsibilities. You may have access to information about bidders that is to be used only during the evaluation process, and for discussion only with appropriate CFBHN personnel. You shall not discuss the evaluation, scoring, or status of any response or any action affecting any response with any person, firm, corporation, or other outside business entity at any time prior to, during, or after the procurement process. You shall not use such information obtained as an evaluator for any personal benefit, pecuniary or otherwise, nor copy and/or disseminate any portion of any response at any time prior to, during, or after the procurement process.

Conflict of Interest and Ethical Considerations. A conflict of interest or the appearance of a conflict of interest may occur if you or an immediate family member are directly or indirectly involved with an organization that has submitted a response for evaluation. Prior to reviewing any responses, you must inform CFBHN of any potential conflicts of interest or the appearance thereof. If you become aware of any potential conflict of interest as you review a response, you must immediately notify the point of contact for this procurement: *Andrea Butler Fernandez (813) 740-4811*. You may be disqualified as an evaluator if you conduct yourself in a way that could create the appearance of bias or unfair advantage with or on behalf of any competitive bidder, potential bidder, agent, subcontractor, or other business entity, whether through direct association with contractor representatives, indirect associations, through recreational activities or otherwise.

Examples of potentially biasing affiliations or relationships are listed below:

1. Your solicitation, acceptance, or agreement to accept from anyone any benefit, pecuniary or otherwise, as consideration for your decision or recommendation as it pertains to your evaluation of any response.

2. Your affiliation with a bidding company or institution. For example, a conflict may exist when you:
 - a. Are employed by or are being considered for employment with the company or institution submitting any bid or hold a consulting, advisory, or other similar position with said company or institution;
 - b. Hold any current membership on a committee, board, or similar position with the company or institution;
 - c. Hold ownership of the company or institution, securities, or other evidences of debt;
 - d. Are currently a student or employee in the department or school submitting a response.

3. Your relationship with someone who has a personal interest in the response. This includes any affiliation or relationship by marriage or through family membership, any business or professional partnership, close personal friendship, or any other relationship that you think might tend to affect your objectivity or judgment or may give an appearance of impropriety to someone viewing it from the outside the relationship.

I have read this document and understand my obligations as explained herein. I further understand that I must advise CFBHN if a conflict currently exists or arises during my term of service as an evaluator. I further understand that I must sign and deliver this statement to CFBHN prior to participating in the evaluation process.

Evaluator Signature: _____

Evaluator Name (Printed): _____

Date: _____ RFP: 202103DROP-IN

Evaluation Questions

CFBHN RFP #202103DROP-IN Drop-In Center Services in DeSoto and Sarasota Counties

Point Value for Criteria:

#	Criteria	Possible Score	Evaluator Score
1	How many years of experience do you have providing housing, supportive, or referral services to people experiencing homelessness?	10	
2	Describe the services that will be provided at the Drop-In Center.	8	
3	Describe your understanding of the needs of this population.	10	
4	Describe your experience providing these services, including specific data on service outcomes.	10	
6	How do you advance racial equity in your services? Please provide data specific to your operations, such as program outcomes.	5	
7	Describe your experience serving those experiencing homelessness in a safe and affirming environment regardless of gender identity and sexual orientation. Please provide specific examples, including staff training.	7	
8	Describe how you incorporate Trauma-Informed Care (TIC) into your work, including your training processes for staff.	5	
9	Do you currently employ peer navigators? If yes, describe their role in your work. If not, describe why.	6	
10	Will you employ peer navigators in the Drop-In Center project? If no, explain why. If yes, describe their role in the implementation of the project.	4	
11	Timeline – what is the time frame for both the DeSoto and Sarasota locations to start providing services? If there is a startup period needed, what is the time frame for that? Provide details. Include information on the actual locations, including plans for moving into the area, if applicable.	3	
13	<p>Budget</p> <ul style="list-style-type: none"> If 3-month cost reimbursement is required for startup, the Cost Reimbursement Form will need to be submitted on the template found on the CFBHN SharePoint site under Agency Shared Documents → Fiscal Reconciliation, and is to be completed and submitted in the original Excel template for each location. Submit a breakdown of the budget - allocation amounts need to be identified for each county. 	Not Scored	
Score Totals:		68	

Notes:

Empty rectangular box for notes.

