



REQUEST FOR APPLICATION (RFA)

PURPOSE

This request is intended to identify and approve an agency that provides quality-driven and trauma informed residential services in a Maternity Group Care setting for dependent children in Orange, Osceola & Seminole Counties served by Embrace Families Community Based Care, Inc. The requested location of the small, family centered, maternity group home would be in Orange County, Florida. The approval process includes the completion of the Request for Application (RFA) and may include follow up questions and answers, and negotiation of costs and/or aspects of the proposed services. The selected provider would be required to be licensed by the Department of Children & Families (DCF) and must meet all licensing standards indicated under Chapter 65C-14: Group Care Services, Florida Administrative Code and DCF's Office of Child Welfare: Child Care Licensing Guide for all providers Transitioning to a Family First Prevention Services Act (FFPSA) setting dated September 2020; prior to issuance of an Embrace Families subcontract.

REQUESTED SERVICE

Embrace Families is currently looking for an agency who can provide **Maternity - Residential Group Care Services** in Orange County, Florida to fill a service delivery gap in our existing system of care. Responding agencies should have experience in operating a small family setting group home utilizing a house parent(s) model and working with pregnant teens and/or teen mom with baby(ies) ages 13-17; or younger. Services must include but not limited to the following:

- Pre-natal and childbirth education;
- Parenting education to include safe and health parenting practices, child development of infants and toddlers, active and responsive caregiving, and emerging language and literacy;
- Water Safety Education and Training;
- Individual/group/family counseling; and
- Clinical services to address trauma, childhood sexual exploitation, trafficking, and the parent/child relationship; and
- Ongoing multi-disciplinary team staffing to determine appropriate placements, service needs, and support from community partners

Maternity Group Home Service experience within the Florida Child Welfare System is preferred.

Furthermore, providers who are able to successfully demonstrate a strong Independent Living component working in coordination with the child's Transitional Support Manager (TSS), Case Manager (DCM) and Guardian Ad Litem (GAL) will be given preference in this RFA review process. Interested providers must be willing to provide our pregnant teens and/or teen mothers with individualized life skills training and education for independent living and employment, a quality of life appropriate and normal for their age, and guide them in assuming personal responsibility for becoming self-sufficient adults and parents.

BACKGROUND

Embrace Families Community Based Care, Inc. (formerly Community Based Care of Central Florida) was created as a direct response to the Florida Legislature's and Department of Children and Families' (DCF) initiative to improve child welfare services by developing solutions to care for children and families in their home communities. Embrace Families CBC is the non-profit child welfare lead agency charged with developing community-based services and supports for children and families in Judicial Circuits 9 and 18, serving Orange, Osceola and Seminole Counties.

We have been committed to serving the children and families of Central Florida who have been victims of, or at risk of, abuse, neglect or abandonment since 2004. Our ongoing goal includes providing the necessary services to more than 5,800 children we serve annually by strengthening the relationships between our families, caregivers, Case Management and network of local service providers who deliver a multitude of direct services to children and families. We envision a community that embraces vulnerable children and families with support – so that every child has a safe, stable and loving home and a path to a bright future.

INSTRUCTIONS

Service providers responding to this RFA must submit a completed RFA response and Embrace Families Formal Network Provider Application. *Providers always have the option to submit an Informal or Formal Provider Application at any time to have their qualifications on file, or may submit both an updated RFA & Provider Application as specific needs are determined and warranted by Embrace Families.*

Notice of Application Approval: All RFA submissions will be reviewed, and Embrace Families will notify the service provider if its application has been accepted. In that case, the provider may respond to other solicitations without resubmitting its administrative data. However, meeting the criteria in this RFA, or any other solicitation, does not of itself obligate Embrace Families to extend a contract for, pay for, or utilize the provider's services.

Embrace Families reserves the right to negotiate a final cost/price/unit rate or aspects of the proposed service delivery with all providers in order to ensure the most reasonable price is available for each service and the needs of the clients are met through the purchase of these services. As providers are identified, specific reporting requirements will be individually discussed based on the service provided and the funding used to purchase the services.

Questions / Answers: As part of the ongoing RFA process, questions regarding the RFA may be submitted to the Embrace Families Contact Person identified under General Information below.

Response Format for RFA: In order to be considered for selection, respondents must submit a complete response to this RFA by January 4th, 2021 at 3 PM. All responses should be prepared simply and economically, providing a straightforward, concise description of the agency, and the services provided. A Resume, Program Description, Business Plan & Projected Annual Budget, and Appendices must be included in the respondent's packet. Emphasis should be placed on completeness and clarity of content. Embrace Families is motivated by a philosophy of fair, practical, open and free competition to meet the best interests of the network and the clients to be served. Embrace Families encourages responses from smaller businesses and organizations, minority firms, women's business enterprises and labor surplus firms certified as such by the State of Florida if possible. Embrace Families shall not discriminate against a potential provider or proposal for service on the basis of race, creed, sex, religious orientation, or affiliation. Any contract or agreement with Embrace Families awarded will require respondent's performance to be in compliance with all applicable federal and state laws, regulations, agency rules and procedures, and Embrace Families policies and procedures.

The RFA response must have a cover letter on agency letterhead signed by the agency's President/CEO or the Chair of the agency's Board of Directors. If someone signs other than this individual, please include written verification indicating signature authority. The cover letter should be one (1) page, and should include the respondent's correct mailing address and the name of a primary contact person who can answer questions about the RFA response.

Please use the RFA Cover Sheet as page two (2) of your application. On the RFA Cover Sheet, the agency is to name a Provider Network contact that will represent the agency at Provider Network functions. This person should have authority to speak for the agency, and have the flexibility in his or her schedule to participate on a regular basis.

Responses must be received by email to wendy.land@embracefamilies.org on or before January 4th, 2021 at 3 PM. Any reply submitted shall remain a valid offer for at least ninety (90) days after the proposal submission date. No changes, modifications, or additions to the proposals submitted after the deadline for proposal opening will be accepted or be binding on Embrace Families. Applications not received at either the specified place, or by the specified date and time, or both, may be rejected and returned unopened to the Respondent by Embrace Families.

Written Inquiries

All written inquiries must clearly identify the name, address, organization and other identifiers of the inquirer. Embrace Families will accept written inquiries submitted in email with return receipt to wendy.land@embracefamilies.org by December 8, 2020 at 3 PM.

Timeline

Activity	Due Date	Time	Address
Embrace Families - Advertisement and Release of RFA on the Embrace Families CBC Website	12/1/2020	By 5 PM	Posted to Embrace Families website. http://www.embracefamilies.org
Deadline for Submitting Written Inquiries	12/8/2020	By 3 PM	Email to: Wendy.Land@embracefamilies.org
Response to Written Inquiries	12/11/2020	By 5 PM	Posted to Embrace Families website. http://www.embracefamilies.org
Deadline to Submit Applications	01/04/2021	By 3 PM	Email to: Wendy.Land@embracefamilies.org
Post Intent to Award Notice	01/15/2021	By 4 PM	Posted to Embrace Families website. http://www.embracefamilies.org

Narrative Response: The narrative response should include the following information (which can fill a maximum of five (5) pages):

- **MISSION** - What your agency's mission? Include a brief statement of purpose, goals and philosophy.
- **SERVICES** - Please provide the following information at a minimum:
 - i. What are the agency's qualifications for providing the identified service as well as the qualifications of the staff that will provide the services? How long has the agency been providing these services? How long has your CEO/Executive Director been in his/her position? How long has the Program Director (or equivalent) been in his/her position?
 - ii. Describe your proposed Maternity Group Care services and how you will strive to support pregnant teens and/or teen moms in childbirth and pre-natal education, parenting education, employment, obtaining educational goals, and pregnancy prevention.
 - iii. Describe your eligibility and admission criteria.
 - iv. What is your target population to be served (age range, # of pregnant moms and # of children allowed by each parenting mom)?
 - v. Does your agency provide any other ancillary services (i.e. child care, medication management, therapy, education programs, etc.)?
 - vi. Are your services offered in languages other than English? If so, which languages?
 - vii. What geographic areas do you cover?
 - viii. Where will services be provided (physical location)?
 - ix. What is your group home bed capacity?
 - x. Describe and provide a copy of your pre-service training curriculum that demonstrates understanding of children's emotional needs, family relationships and impact of separation, care of children at developmental stages, behavior management techniques, trauma-informed care, preserving cultural connections, etc. (minimum of 40 hours).
 - xi. Maternity group home providers will be required to provide an additional 20 hours of pre-service training to include: mother/child development, developmental stages ages 0 – 5, trauma triggers and calming strategies for young parents, pregnancy/childbirth and infant care and safety, parent/child relationships. Please describe how you will meet these requirements and provide a copy of your current training curriculum on these topics.
 - xii. Describe how you will work with young mothers in supporting normalcy (i.e. dating, extracurricular activities, etc.) but also ensuring they understand the importance of proper child care arrangements and navigating being a mother and young adult at the same time while demonstrating responsible parenting practices.

- xiii. What is your success rate in reducing the number of elopements from your current group home(s) or how do you propose to limit the number of elopements?
- xiv. How have you turn around the lives of children admitted into your home with behavioral or emotional challenges?
- xv. Please describe in detail your independent living program services.
- xvi. What methods does your organization use to decrease disruption of placements for children in your home?
- xvii. How do you define successful child and family engagement in your program and what are the documented outcomes?
- xviii. Do you have agreements with other funders (DCF, DJJ, SAMH, etc.) to provide these services? If so, who? Will these funds allow you to provide services at a reduced cost?
- xix. Describe your back up documentation of service provision (progress notes to child's TSS, Case Manager, etc.).

General Information:

Embrace Families Contact Person: The designated contact person for the RFA is:

Wendy Land
Lead Network Support Manager
Embrace Families Community Based Care, Inc.
4001 Pelee Street, Suite 200
Orlando, FL 32817
Phone: (407) 209-9829
Fax: (407) 681-0560
Email: wendy.land@embracefamilies.org
Website: www.embracefamilies.org

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RFA COVER SHEET

Please use this document as your checklist and attach all of the items listed below, in the order listed. All items are mandatory unless otherwise noted.

Legal name of organization:		Federal ID#:
Mailing address:		
City:	Zip:	Web address:
Executive Director/CEO Name:		Title:
Phone:	Fax:	Email:
Provider Network Contact Name:		Title:
Phone:	Fax:	Email:
Minority Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Provider: <input type="checkbox"/> Not for Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Government

Narrative

- | | |
|---|-----------|
| <input type="checkbox"/> Cover Letter – 1 page | Page 1 |
| <input type="checkbox"/> RFA Cover Sheet – 1 page | Page 2 |
| <input type="checkbox"/> Narrative Response – maximum 5 pages | Pages 3-7 |
| <input type="checkbox"/> Certifications / Attachments | Pages 8+ |

Certifications

- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
- Certification Regarding Lobbying
- Conflict of Interest Declaration
- Assurance of Civil Rights Compliance

Incorporation

- IRS 501(c)(3) determination letter *(required only if organization is a non-profit entity)*
- Organization chart with name and tenure of senior management staff
- Board of Directors member list and terms of office (if applicable)
- Articles of Incorporation (if applicable)
- Bylaws (if applicable)
- Written verification of signature authority
(required if cover letter is signed by someone other than the President or Chair of the Board)

Licensing and Accreditation

- Evidence of licensing, including licensing agency, type and number; state in which license is held; expiration date; programs licensed under each license number (if applicable).
- Evidence of accreditation, including accrediting body; status; expiration date; and most recent site visit survey report (if applicable).

Insurance

- | | | |
|--|-----------------|-----------------|
| Evidence of insurance, including: | Coverage Limits | Expiration Date |
| <input type="checkbox"/> General Liability (\$1 million/\$3 million) | _____ | _____ |

Finance

- Cost/rate for proposed services (including detail of rate development)
- Most recent financial audit and any management letters (if applicable)

**APPENDIX I
CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
CONTRACTS/SUBCONTRACTS**

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

INSTRUCTIONS

1. Each provider whose contract/subcontract equals or exceeds \$25,000 in federal moneys must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. Embrace Families Community Based Care, Inc. cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly was not authorized to bind the provider, or otherwise rendered an erroneous certification, the federal government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the Embrace Families Network Support Director at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred," "suspended," "person," "principal," and "voluntarily excluded," as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the Embrace Families Network Support Director for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the federal government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will equal or exceed \$25,000 in federal moneys, to submit a signed copy of this certification.
7. Embrace Families, Inc. may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in Embrace Families' contract file. Any subcontractor's certification must be kept at the provider's business location.

CERTIFICATION

- (1) The prospective provider certifies, by signing this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.

Signature of Provider's Authorized Signee

Date

Name and Title of Provider's Authorized Signee

APPENDIX II
CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
AND OTHER RESPONSIBILITY MATTERS
(Primary Covered Transaction)

A. This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' Responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency, or otherwise prohibited from doing business with any government entity, or has been debarred, suspended, or otherwise prohibited from doing business with any government entity within the last 5 years;
 - b. Have not within a three-year period preceding this proposal been convicted of, or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for, or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 1.b of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

B. Other Conditions

The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

- a. are not under investigation or indictment for criminal conduct, or have not been convicted of any crime which would adversely reflect on their ability to provide services to vulnerable populations, including, but not limited to, abused or neglected children, or which adversely reflects their ability to properly handle public funds;
- b. is not currently involved, or has not been involved within the last 5 years, with any litigation, regardless of whether as a plaintiff or defendant, which might pose a conflict of interest to the department, the state or its subdivisions, or a federal entity providing funds to the department;
- c. has not had a contract terminated by the department for a failure to satisfactorily perform or for cause; or

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

Name of Certifying Official

Signature

Date

Title

Name of Organization

Address of Organization

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

Sworn to and subscribed before me this _____ day of _____, 20__.

Personally known: Yes _____ No _____

Notary Public – State of: _____

OR Produced identification

My commission expires: _____

[Type of identification]

[Printed, typed or stamped:
Commissioned name of Notary Public]

**APPENDIX III
CONFLICT OF INTEREST DECLARATION**

QUESTION	YES	NO
1. Do you, your immediate family, or your business partner have financial or other interests in Embrace Families Community Based Care, affiliated entities or the recipient(s) of the proposed services?		
2. Have gratuities or anything of monetary value been offered or exchanged between you, your immediate family, or your business partner and any employee of Embrace Families Community Based Care or affiliated entities?		
3. Within the last 24 months, have you been employed by, or do you plan to seek or accept future employment with, Embrace Families Community Based Care, affiliated entities or the recipient(s) of the proposed services?		
4. Are there any other conditions which may cause a conflict of interest?		

If you checked "YES" after any of the above questions, please explain your answer below. Please attach additional sheets as necessary.

I declare that my answers and any related explanation(s) are true, correct and complete to the best of my knowledge.

Signature

Date

Print Name

Title

Agency

Reviewed by Embrace Families: Name _____ Date _____

APPLICATION REVIEW SHEET (For Embrace Families use only)

Name of Organization: _____ Contact: _____

Agency is: Not-For-Profit For Profit Other

Services Proposed:

Service/County/Budget or Unit Rate/# of Children: _____

Service/County/Budget or Unit Rate/# of Children: _____

Service/County/Budget or Unit Rate/# of Children: _____

Service/County/Budget or Unit Rate/# of Children: _____

Notes:

		YES	NO	NA	COMMENTS
1.	IRS 501(c)(3) determination letter included, if applicable				
2.	Organizational Chart included				
3.	Board of Directors member list included				
4.	Articles of Incorporation included				
5.	Bylaws included				
6.	Verification of signature authority as applicable				
7.	Licenses and accreditations included as applicable*				
8.	Insurance levels specified				
9.	Budget and cost proposal included, costs/price are allowable and reasonable				
10.	Most recent audit included				
11.	Detailed narrative addresses items requested, at a minimum, and is no more than 5 pages				
12.	Certifications completed and included and Check of lists are clear				
<p>_____</p> <p align="center">Evaluator Signature</p> <p>_____</p> <p align="center">Date</p> <p>_____</p> <p align="center">Evaluator Name</p>				<p>Requirements Met?</p> <p align="center">Yes No</p> <p>Further Negotiation Required on Rate/Price/Cost?</p> <p align="center">Yes No</p>	

*Embrace Families may review credentials with licensing body

AGENCY FISCAL ASSESSMENT (to be completed by applicant)

AGENCY NAME: _____

PLEASE INDICATE YES OR NO TO ALL ITEMS LISTED BELOW

A. Budgets

- _____ 1. Are formal budgets adopted by the governing board and recorded in the minutes?
- _____ 2. Are the budgets prepared in sufficient detail to provide a meaningful tool with which to monitor subsequent performance?
- _____ 3. Are budgets periodically compared to actual revenues and expenditures and significant differences investigated?
- _____ 4. Are the results of the budget comparison (budget to actual) communicated to the Board of Directors on a regular basis?

B. Cash

- _____ 1. Does the governing body authorize all bank accounts and check signatories?
- _____ 2. Are cash receipts entered in books of original entry by persons independent of the collection and deposit preparation functions?
- _____ 3. Are all disbursements, except petty cash disbursements, made by check?
- _____ 4. Check Preparation
 - _____ a. Are checks prepared by specific employees who are independent of voucher/invoice approval?
 - _____ b. Is there a clearly defined approval process and does all supporting documentation accompany checks presented for a signature?
 - _____ c. Are all supporting documents properly canceled at time of signature to prevent duplicate payment?
 - _____ d. Are all checks pre-numbered, blank stock controlled, used in numerical sequence, accounted for in numerical sequence, and reconciled to the check register?
 - _____ e. Are checks required to be counter signed, or have dollar limits been established for single signature checks?
 - _____ f. Are authorized check signers and the custody of checks after signature, independent of all payable, disbursement, cash receiving and general ledger functions?
- _____ 5. If check signing machines are used, are signature plates adequately safeguarded, used in the presence of the custodian, and controlled by using numbering devices?
- _____ 6. Does a responsible individual (e.g., the Executive Director, CEO, etc.) receive the bank statements unopened from the banks?
- _____ 7. Are bank accounts reconciled within a timely specified period after the end of each month? Are reconciliations made by someone other than persons who participate in the receipt or disbursement of cash?

_____ 8. Are reconciliations reviewed by a responsible official?

C. Revenues and Expenditures

_____ 1. Has an individual(s) been designated the responsible party for assuring compliance with the terms and conditions of all grants, restricted contributions, endowments, etc., received by the agency?

_____ 2. Does an adequate system exist to allow for the allocation of costs applicable to various programs and other functions?

_____ 3. Are purchases made in accordance with established requirements of the governing board and of funding sources?

_____ 4. Is the purchasing function performed by personnel independent of receiving and shipping functions, payables and disbursing functions, and governing board members?

_____ 5. Do purchase orders require independent approval that the expenditure is within budget of funding source restrictions?

_____ 6. Do adequate procedures exist to ensure that goods for which payment is made have been received, and that the goods are verified by someone other than the individual approving payment?

D. Payroll

_____ 1. Do employees complete and sign attendance and time records?

_____ 2. Are persons preparing the payroll independent of other payroll duties (e.g., timekeeping, distribution of checks, etc.), and is their access to other payroll data or cash restricted?

_____ 3. Is the payroll subject to final approval by a responsible agency official before payment is made?

_____ 4. Are payroll checks drawn on a separate clearing account and is the account reconciled by someone independent of all payroll transaction processing activities?

_____ 5. Are employee time records maintained in sufficient detail, and does an adequate system exist to allow for allocations of payroll costs to the proper accounts, programs, and other functions?

YES NO

E. Financial Reporting

_____ 1. Are the final review and approval of financial reports segregated from the responsibility for preparation of the reports?

_____ 2. Are the principal accounting, treasury, and custody functions segregated?

_____ 3. Are the necessary record keeping procedures in place to ensure that financial reports are accurate and filed in a timely manner?

_____ 4. Does the accounting system provide for accumulating and recording expenditures by award or grant and by cost category as shown in the budget?

