



REQUEST FOR APPLICATION (RFA)

AT RISK FOR SEX TRAFFICKING RESIDENTIAL SERVICES

PURPOSE

This request is intended to identify and approve an agency that can provide quality-driven, trauma informed and focused, and culturally competent At Risk of Sex Trafficking Residential services for dependent children in Orange, Osceola & Seminole Counties served by Embrace Families Community Based Care, Inc and our subcontracted Case Management Agencies. 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-46, Florida Administrative Code.

REQUESTED SERVICE

Embrace Families CBC is currently looking for agencies who can provide At Risk of Sex Trafficking Residential Services to fill a service delivery gap in our existing system of care. Responding agencies should have experience in operating a group home setting with twenty-four (24) admission with a no reject or eject policy utilizing a house parent and/or shift care model. Experience working with youth ages 12-17 with extensive trauma history, externalizing behaviors not necessarily clinical diagnosis, and Department of Juvenile Justice (DJJ) involvement. Group home, foster parent, former foster youth, Case Manager or Guardian Ad Litem experience within the Florida Child Welfare or Juvenile Justice is preferred.

Services must include, but not limited to, the following:

- Family/Group/Individual Counseling
- Treatment and Intervention for Sexual Assault
- Substance Abuse and Mental Health Screening
- Life Skills
- Educational Supports
- Discharge Planning
- Programming Related to The Prevention of Sex-Trafficking Including Healthy Relationships, Interpersonal Boundaries, Community Engagement, etc.
- Behavioral Health Care
- Mentoring

Furthermore, providers who are able to successfully demonstrate a strong Independent Living component working in coordination with the child's Dependency Case Manager (DCM), Independent Living Case Manager and Guardian Ad Litem (GAL) will be given preference in this RFA review process. Interested providers must be willing to provide our teenagers with individualized mentorship, 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.

BACKGROUND

Embrace Families CBC was created as a direct response to the Florida Legislature's and Department of Children and Families' (DCF) initiative to improve foster care and child welfare related 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

Notice of Application Approval: All RFA submissions will be reviewed, and Embrace Families will notify the service provider if its application has been accepted. 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 our youth 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 February 15, 2022 at 5:00 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.

RFA Responses must be received by email to susan.lowe@embracefamilies.org on or before February 15, 2022 by 5:00 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

Respondents can submit written inquiries asking for clarification on any of the information requested in the RFA document. All written inquiries must clearly identify the name, address, organization and other identifiers of the inquirer. Embrace Families will accept written inquiries submitted by email to susan.lowe@embracefamilies.org by January 25, 2022 at 5:00 PM.

Timeline

Activity	Due Date	Time	Address
Embrace Families - Advertisement and Release of RFA on the Embrace Families CBC Website	1/18/2022	By 5 PM	Posted to Embrace Families website. http://www.embracefamilies.org
Deadline for Submitting Written Inquiries	1/25/2022	By 5 PM	Email to: susan.lowe@embracefamilies.org
Embrace Families Response to Written Inquiries	1/28/2022	By 5 PM	Posted to Embrace Families website. http://www.embracefamilies.org
Deadline to Submit Applications	2/15/2022	By 5PM	Email to: susan.lowe@embracefamilies.org
Post Intent to Negotiate Notice	2/25/2022	By 5 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:
 - (a) 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?
 - (b) Describe your proposed At Risk of Sex Trafficking Residential services and how your agency will stabilize and support youth with the following admission criteria:
 - History of running away, DJJ involvement and/or homelessness
 - History of sexual abuse and/or sexually acting out behavior
 - Inappropriate interpersonal and/or social media boundaries
 - Family history of or exposure to human trafficking
 - Out-of-home placement instability demonstrated by repeated moves from less restrictive levels of care.
 - (c) Are your services offered in languages other than English? If so, which languages?
 - (d) What is your proposed group home bed capacity?
 - (e) Describe and provide a copy of your pre-service training curriculum that meets licensing standards including:
 - All direct care staff complete pre-service training requirements in paragraph 65C-46.011(9)(c),

F.A.C., and receive an additional 24 hours of DCF approved, specialized training on human trafficking prior to working with youth. The 24-hour DCF approved training on human trafficking shall be instruction lead and delivered by a trainer certified by DCF. See Rule 65C-43.004, F.A.C., for information on this required specialized training.

- There are available staff trained in a DCF approved human trafficking prevention education curriculum to facilitate to youth residing in the home.
 - Of the 40 hours of annual in-service training required in paragraph 65C-46.011(9)(d), F.A.C., eight (8) hours shall be focused on human trafficking.
- (f) Describe your agency's plan to ensure staff is trained to meet youth's emotional needs, family relationships and impact of separation, care of youth at developmental stages, sexual orientation, behavior management and de-escalation techniques, trauma-informed and focused care, preserving cultural connections, etc.
- (g) Describe how your agency will work with teens to support normalcy activities including finding employment, getting driver's license, participating in sports and other extracurricular activities, dating, etc.
- (h) What is your success rate in reducing the number of runaway episodes or elopements from your current group or foster home(s) or how do you propose to limit the number of elopements?
- (i) Please describe in detail your independent living program services.
- (j) What methods does your organization use to provide a safe and stable home for teenage youth and decrease the disruption of teens having multiple failed or overnight placements?
- (k) How do you define successful child and family engagement in your program and what are the documented outcomes?
- (l) 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?
- (m) Describe your back up documentation of service provision (monthly reports to child's Case Manager, Guardian Ad Litem, etc.).

General Information:

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

Susan Lowe
Network Support Director
Embrace Families Community Based Care, Inc.
4001 Pelee Street
Orlando, FL 32817
Phone: (407) 575-9651
Email: susan.lowe@embracefamilies.org
Website: www.embracefamilies.org

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: _____ Yes _____ No		Type of Provider: ____ Not for Profit ____ For Profit ____ Government

Narrative

_____ Cover Letter – 1 page	Page 1
_____ RFA Cover Sheet – 1 page	Page 2
_____ Narrative Response – maximum 5 pages	Pages 3-7
_____ 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)

_____ By Laws (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
_____ 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

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 APPREARED 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 _____

APPENDIX IV: ASSURANCE OF CIVIL RIGHTS COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND THE OMNIBUS BUDGET RECONCILIATION ACT OF 1981.

The Subcontractor provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other Federal financial assistance to programs or activities receiving or benefiting from Federal financial assistance.

The Subcontractor assures Embrace Families Community Based Care, Inc. (Embrace Families) that it will comply with:

1. Title VI of Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from Federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from Federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving for benefiting from Federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from Federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from Federal financial assistance.
6. All regulations, guidelines, and standards lawfully adopted under the above statutes.

The Subcontractor agrees that continued compliance with this assurance constitutes a condition of continued receipt of or benefit from Federal financial assistance, and that it is binding upon the Subcontractor, its successors, transferees, and assignees for the period during which such assistance is provided. The Subcontractor further assures that all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Subcontractor understands that Embrace Families may, at its discretion, terminate the subcontract; seek a court order requiring compliance with the terms of this assurance; seek other appropriate judicial or administrative action requiring compliance with the terms of this assurance; or seek other appropriate judicial or administrative relief, to include Federal financial assistance being terminated and further such assistance being denied.

The person whose signature appears below is authorized to sign this assurance, and to commit the Subcontractor to the above provisions.

Subcontractor's Authorized Official

Date

Subcontractor

Embrace Families CBC
(CBC / Circuit 9&18)

Subcontractor's Address

City

State

Zip Code