Department of Children & Families

**Substance Abuse and Mental Health Program Office**

**Prevention Partnership Grants**

**CFDA 93.959**

**FY 2012**

**Application Instructions**

**Substance Abuse and Mental Health Program Office**

**1317 Winewood Boulevard**

**Tallahassee, FL 32399-0700**

**850-717-4324**

**Table of Contents**

**Section Page**

Definitions…………………………………………………………………………………………….. 4

Prevention Partnership Overview 5

Scope of Work 5

Eligible Applicants 6

Participant General Description 6

Participant Eligibility 6

Participant Determination 6

Task List and Deliverables 6

Task Limits 8

Reports 8

Yearly Report 9

Fidelity Improvement Plan 9

Performance Measures 9

Terms and Conditions 11

Coordination of Efforts 13

Programmatic Proposal 13

Programmatic Proposal Response 14

Proposed Target Population 14

Proposed Participants 15

Program or Strategy Justification 15

Direct Evidence Based Prevention Program and Strategy Detail 16

Indirect Evidence Based Prevention Program and Strategy Detail 16

Evidence Based Strategy Detail 17

Project Master Schedule 17

Budget 17

Descriptions of Staffing Required and

 Organizational Capacity Required to Complete Tasks 17

Program Structure 18

Organizational Qualifications 18

Range of Funding 19

Fixed Price Contract 19

Application Submission 20

PPG Grant Contact 20

Schedule of Events 20

Notice of Solicitation of Applications 22

Application Format 22

Application Order and Content Instruction 22

Methodology 23

Grant Award Negotiation and Award Notice 25

Exhibit A: 2012 PPG Application Checklist 28

Exhibit B: Mandatory Requirements 29

Exhibit C: 2012 PPG Grant Fact Sheet 30

Exhibit D: Statement of Mandatory Assurances 31

Exhibit E: Project Budget Summary 33

Exhibit F: Reviewer Scoring Instructions 34

Exhibit G: Scoring Criteria 35

Exhibit H: Negotiation Qualification and Ranking 39

Exhibit I: How to Select a Program or Strategy 40

Exhibit J: Prevention Partnership Grant Agreement 41

Exhibit K: Invoice…………………………………………………………………….………………58

**DEFINITIONS** The following definitions are used throughout this grant application to explain key terms used in the Prevention Partnership Grant program. The applicant will need to clearly demonstrate an understanding of these terms in the grant application and proper use of the terms in the proposed prevention programs and services.

**Community.** A collaborative partnership between local community substance abuse coalitions with the primary goal of addressing underage alcohol issues in the surrounding communities.

**Comprehensive Community Action Plan (CCAP).** A community’s data-driven strategic response to change conditions and factors that underlie alcohol and other drug problems and related consequences. The plan includes two goals: 1) to achieve a long-term change in a substance abuse behavior pattern and 2) to build community and organization capacity to effectively achieve the identified outcome. The plan defines short term and intermediate objectives for tracking progress toward goal achievement.

**Culturally Competent**. Acknowledging and incorporating variances in normative acceptable behaviors, beliefs and values in determining an individual’s mental wellness/illness and incorporating those variances into assessments and treatment that promotes recovery.

**Direct Prevention**

Level 1 Prevention Programs include persons participating in Universal and Selective programs in cost center 16. Level 1 Prevention Programs address subgroups of the general population that are at a higher risk of substance abuse than the general population. The mission is to provide individuals with the information and skills necessary to prevent the abuse of substances. This is an unduplicated count of participants.

Level 2 Prevention Programs include persons participating in Indicated programs in cost center 16 and all programs in cost center 17. Level 2 Prevention Programs are designed to prevent the onset of substance abuse in individuals who do not meet the DSM-IV criteria for addiction but who are showing early danger signs in the form of multiple risk factors. The mission of Level 2 Prevention Programs is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. This is an un-duplicated count of participants.

**Evaluation Plan.** A written document which will identify the outcomes that will be measured, data collection methods and instruments, and a plan for their collection.

**Evidence-Based.** Those practices that arebased on accepted practices in the profession and are supported by research, field recognition, or published practice guidelines

**Indicated Prevention.** Education and other evidence-based practices conducted with groups of individuals to reduce personal risk factors or substance abuse or strengthen protective factors

**Needs Assessment Logic Model (NALM) .** A written rationale developed from epidemiology data that illustrates the connection between local substance use/abuse consumption patterns, consequences and intervening variables. This information determines the long-term outcome and is used in the development of the Comprehensive Community Action Plan to inform the identification of strategies and approaches to achieve that outcome.

**Participant.** Any individual who takes part in stance abuse prevention programs, activities or services which are paid, in part or in whole, by the department**.**

**Prevention data system.** An internet based data system that collects data related to community assessments and plans and substance abuse prevention programs and activities.

**Programs.** A structured Schedule of Activities (by instructors and participants) designed so that participants will attain, so far as possible, certain educational and behavioral objectives.

**Program Description.** The document the provider prepares and submits to the department for approval prior to the start of the contract period, which provides a detailed description of the services to be provided under the contract pursuant to Rule 65E-14.021, F.A.C. It includes but is not limited to the provider’s organizational profile, a detailed description of each program and cost center funded in the contract, the geographic service area, service capacity, staffing information, and client and target population to be served.

**Resource Assessment.** A written inventory of current resources available to apply toward achieving a community long-term outcome and the identification of gaps in skills, materials, facilities, community readiness and other capacities necessary to successfully achieve a community long-term outcome.

**Schedule of Activities.** The written instructional content, materials, resources, and processes necessary to attain educational objectives

**Strategic Prevention Framework (SPF).** The SPF is a community-based data driven approach to community mobilization that employs ongoing assessment and evaluation to move communities toward their goals of reducing substance abuse and its consequences. The Strategic Prevention Framework: 1) assess the conditions that underlie the onset and progression of substance abuse, including childhood and underage drinking; 2) select evidence-based practices to change those conditions and reduce substance-abuse related problems in the communities; and 3) build prevention capacity and infrastructure to sustain achievements.

**Strategies.** A plan of action or policy designed to achieve a major goal.

**PREVENTION PARTNERSHIP GRANT OVERVIEW**

The Prevention Partnership Program (PPG), created by the Florida Legislature in 2001, (Section 397.99, Florida Statutes) was designed to encourage school/community substance abuse prevention partnerships. PPGs are funded through the federal Substance Abuse Prevention and Treatment Block Grant (Block Grant), administered by the Florida Department of Children and Families (the Department). The Statute requires collaboration with the Florida Department of Education (DOE) and the Florida Department of Juvenile Justice (DJJ) to set grant priorities and develop the grant application.

The Statute requires the Department to fund effective evidence-based programs and strategies that are relevant to community prevention needs. To accomplish this, the Department works with a network of community coalitions to assess local conditions, resource strengths and gaps, and to develop or update their community Needs Assessment Logic Models (NALM) and a Comprehensive Community Action Plan (CCAP). Successful PPG projects will be based on the goals and objectives of Department-approved CCAP. The applicant will be required to obtain a copy of the approved CCAP from the local coalition.

**SCOPE OF WORK**

This Prevention Partnership Grant (PPG) application will fund rigorous, effective, evidence-based substance abuse prevention programs and strategies intended to prevent or reduce Florida substance use and abuse rates at the community level. PPG applications will be reviewed on the degree to which the applicant’s activities relate to the local community department-approved local NALM to show target population and subpopulation problems to be addressed. The goals and objectives of the CCAP will call for evidence-based prevention program activities or strategies for which there is a demonstrated need. The CCAP will guide applicants in the selection of evidence-based prevention program activities or strategies for which there is limited or no current local capacity. All applicants must demonstrate incorporation of the principals of cultural competency into their needs assessment logic model and the CCAP. Each community must also include a written sustainability plan in their response which details their plan to sustain activities after funding has ended.

Successful applications will demonstrate a clear, precise connection between local community contributing factors for prevention and current need for the program or strategy selected. PPG grants will be awarded for three-years.

The target population to be addressed must be identified from 1 or more of the following the 3 state priorities:

* Past 30 day youth alcohol use
* Past 30 day youth marijuana use
* Prescription drug misuse (youth to age 20)

**ELIGIBLE APPLICANTS**

Schools, school districts, or community-based organizations (licensed substance abuse providers) who are in partnership with schools, may submit an application for Prevention Partnership Grant funding.

**PARTICIPANT GENERAL DESCRIPTION**

Prevention partnership grant activities are evidence-based substance abuse prevention programs and strategies for youth up to the age of 20 and adult stakeholders such as parents, teachers and other school staff, and other persons who have responsibility for youth.

**PARTICIPANT ELIGIBILITY**

Persons eligible to receive services being funded by this Grant are:

* Elementary through college-age populations (not to exceed 20 years of age) who do not require treatment for substance abuse
* Parents of these children
* Teachers and other school staff such as athletic coaches, social workers, case managers who interact with these children
* Other prevention stakeholders that have some responsibility for these children

**PARTICIPANT DETERMINATION**

The responsive applicant will determine participant eligibility as specified in their program proposal. In the event of any disputes regarding the eligibility of participants, the determination made by the department is final and binding on all parties.

**TASK LIST and DELIVERABLES**

The department requires all responsive applicants to perform the following activities and provide the following deliverables.

1. **Develop a detailed work plan**

**OBJECTIVE:** To ensure the program will be successful and on schedule.

**ACTIVITIES:** The work plan shall describe:

* For indicated (Level 2) programs, all steps necessary to select the individual participants to participate in the program; for universal and selective programs (Level 1), all steps necessary to obtain authorization to conduct activities to the proposed groups.
* A detailed 3 year plan for all intended activities to be performed during the grant period.
* All steps necessary for tracking outcomes of programs and strategies in their 3 year plan.
* Resource estimates and assignments in each step must include all resources needed including staff, hardware, software, physical locations and materials.
* Gantt charts showing planned start and end dates of all steps, milestones, and decision points.
* A schedule, which provides adequate department review time, revision time, if needed, and additional subsequent review time, with specific due dates of all outputs and deliverables.

**DELIVERABLE:** The responsive applicant shall develop a detailed work plan to be submitted and reviewed and approved by the department within two weeks after the PPG Agreement effective date.

1. **Prepare Environment for Prevention Program**

**OBJECTIVE:** To arrange for required permissions, logistics, and other start-up activities.

**ACTIVITIES:**

* Verify needed accommodations to complete program such as school board authorization, media, accessibility (if applicable), dates, and space requirements.
* Prepare staff and purchase supplies and other required materials.
* Prepare information technology (IT) capabilities.
1. The provider shall complete the Prevention Program Tool (PPT) contained in the Performance Based Prevention System (PBPS) during the initial contract negotiations or when negotiating an amendment to the contract, and submit to the contract manager for review. Once a contract has been signed, the "final" approved PPT shall be printed from PBPS and sent to the contract manager within thirty (30) days of contract execution.
2. The provider’s Prevention Program Coordinator and any other personnel responsible for entering data into the Prevention data system, including providers who upload data from their own system, shall register and complete training on use of the PPT at least annually.
3. The provider shall collaborate with the local community substance abuse coalitions (where available) to help develop prevention capacity to implement relevant and appropriate evidence-based practices in support of a department-approved Comprehensive Community Action Plan.
4. Based on the most recent local department approved Comprehensive Community Action Plan, the provider agrees to administer and deliver appropriate evidence-based programs or strategies as specified in the Program Description required by Rule 65E-14.021, F.A.C., and is on file in the department contract manager’s file and incorporated herein by reference.

**DELIVERABLE:** Monthly status report until implementation begins.

1. **Complete Prevention Program**

**OBJECTIVE:** To affect change in the substance use, misuse, and abuse prevalence for the target population.

**ACTIVITIES:**

* Provide prevention programming as specified in proposal and administer pre-and post-tests, if applicable.
* Provide measures for prevention strategies.

**DELIVERABLE:** Submit performance data to prevention data system; submit Monthly Invoice Support report with monthly invoice.

1. **Quality Assurance Plan Implementation**

**OBJECTIVE:** To ensure fidelity to the chosen program or prevention strategy and ensure quality of the data being submitted.

**ACTIVITIES:**

* Verify automated pre-and post-test and demographic data with a sample of actual data collection forms.
* Institute quality fidelity improvement measures that monitor the faithfulness of the evidence-based program or strategy.
* Complete the fidelity checklist as part of the Fidelity Self-Assessment Survey.

**DELIVERABLE:** Yearly Fidelity Self-assessment Survey in *SurveyMonkey*© The Department will provide a link.

1. **Send in Required Data**

**OBJECTIVE:** To determine the success of the program based on outcomes actually achieved.

**ACTIVITIES:**

* The provider shall submit prevention data to PBPS. The provider shall submit the data electronically by the 15th of each month as specified in the DCF PAM 155-2. The provider shall also:
* Ensure that the data submitted clearly documents all program participants, programs and strategies which occurred under this contract;
* Ensure that all data submitted to PBPS is consistent with the data maintained in the provider’s clients’ files;
* Review the provider's File Upload History screen in PBPS to determine the number of records accepted, updated and rejected. Based on this review, the provider shall download any associated error files to determine which provider records were rejected and to make sure that the rejected records are corrected and resubmitted in the PBPS.
* Resubmit corrected records no later than the next monthly submission deadline. The failure to submit any data set or the provider’s total monthly submission per data set, which results in a rejection rate of ten percent (10%) or higher of the number of monthly records submitted will require the provider to submit a corrective action plan describing how and when the missing data will be submitted or how and when the rejected records will be corrected and resubmitted; and
* In accordance with the provisions of s. 402.73(1), F. S., and Rule 65-29.001 F.A.C., corrective action plans may be required for non-compliance, nonperformance, or unacceptable performance under this contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.

**DELIVERABLE:** Enter performance data into the Internet-based prevention data system monthly and yearly as required by Department of Children and Families Pamphlet (CFOP)155-2.

**TASK LIMITS**

The successful applicant shall not perform any tasks related to the project other than those described in Section “Task List” without the express written consent of the department.

**REPORTS**

The selected Applicant shall deliver, at a minimum, the reports listed in the table below. The selected Applicant shall provide additional reports, if this is determined to be necessary by the Department.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Report Title** | **Reporting****Frequency** | **Report Due** **Date** | **Number of****Copies due** | **DCF Office Address(es) to Receive Report** |
| **Activity Work Plan** | Yearly | July 30th of each fiscal year | 1 | Grant Manager to fill in local address |
| **Invoice Support Report** | Monthly | 15th of every month (for prior month) | 1 | Grant Manager to fill in local address |
| **Evidence-based Fidelity Self-assessment Survey** | Yearly | May 1st of each fiscal year | 1 | Grant Manager to fill in local address |
| **Fidelity Improvement Plan (if needed)**  | Yearly | June 15th of each fiscal year | 1 | Grant Manager to fill in local address |

**YEARLY REPORT**

The applicant must complete an online web-based **Fidelity Self-assessment Survey** on or before May 1st of each calendar year at the completion of Fiscal Year 1, Fiscal Year 2 and Fiscal Year 3. The Department will provide the link and instructions to the *SurveyMonkey©* **Fidelity Self-assessment Survey**.

The applicant must submit all year-end documentation which details their action steps/activities which outlines their prevention accomplishments for the year.

**FIDELITY IMPROVEMENT PLAN**

The fidelity improvement plan is based upon the findings of the **Fidelity Self-assessment Survey**. Applicant will create an improvement plan to address any loss of fidelity they encounter during the previous year with a detailed outline for measurable improvement steps/tasks and target dates

**PERFORMANCE MEASURES**

**Required Performance Measures**

Grant Managers will negotiate performance measures supporting the grant objectives on Prevention Activities, Identified Capacity Strategies, Effectiveness of Implementation, and Planned versus Actual Services Provided as necessary to meet the local prevention priorities.

Program Specific (to be negotiated):

* At least \_\_\_\_\_participants will participate in the programs specified
* At least \_\_\_\_% of participants will complete the program

Data Submission

* One hundred percent (100%) of all data requested was entered into the prevention data system.
* Ninety percent (90%) data submissions were provided as scheduled.

 Evidence Based Self Assessment Fidelity Survey

* At least one assessment shall be conducted by May 1 of each fiscal year.

In addition to the above performance measures, the applicant will propose at least 3 additional performance measures based upon their proposed evidence-based program or strategy. See the examples below.

###### **Outcome-Based Performance Measures**

Outcome-based measures are generally expressed in a numerator/denominator format with the result shown as a percentage change, increase, or decrease.

Outcome-based performance measures may include, but are not limited to:

* Percentage of decrease in the overall quantity and frequency of high-risk drinking
* Percentage of change in the number of alcohol and other drug (AOD)-related problems
* Improvements in number of underlying community conditions (as percentage)
* Percent changes in alcohol sales and service techniques and policies in social or commercial hosting situations that cater to students
* Improvements in evidence-based implementation fidelity (as percentage)
* Improvements in use of culturally competent prevention content (as percentage)
* Increase in the percentage of individuals involved in AOD abuse prevention efforts
* Decrease in the percentage of media advertisements promoting high-risk drinking

**Process Measures**

Process measures are generally represented as a count of a specified event (persons served, activities delivered, etc.).

***Process measures may include, but are not limited to:***

* Total number of persons, youth and 18-20 year olds served monthly and yearly
* Total number of capacity enhancement activities
* Total number of relationship building activities with other community partners
* Total number and frequency of alcohol-free social activities

**Florida’s Statewide Priorities:**

* Reduction in Past 30-day youth alcohol use
* Reduction in Past 30-day youth marijuana use
* Reduction Prescription drug misuse

**TERMS AND CONDITIONS SUMMARY**

* All PPG-funded agencies must be abide by the negotiated grant award. The Florida statutes (397.99) require cash or in-kind contributions of at least 25% percent of total project costs. This contribution includes the amount and sources of local cash, in-kind resources committed to the budget.
* All PPG awardees will submit information on grant activities to the Department’s Internet-based prevention data system on a monthly basis until all grant funded activities are completed. Applicants will capture and report grant activity as directed by the Department in the executed grant award. Failure to comply with the schedule of activities and reporting requirements will result in cancellation of the grant award.
* All PPG projects are awarded and managed by the Department’s regional offices or Managing Entities (ME), as applicable.
* This agreement may not be renewed
	+ **Employment Eligibility Verification**
		- **Definitions. As used in this clause:**
* “Employee assigned to the contract” means all persons employed during the contract term by the provider to perform work pursuant to this contract within the United States and its territories, and all persons (including subcontractors) assigned by the provider to perform work pursuant to the contract with the department.
* Subcontract” means any contract entered into by a subcontractor to furnish supplies or services for performance of a prime contract or a subcontract. It includes but is not limited to purchase orders, and changes and modifications to purchase orders.
* “Subcontractor” means any supplier, distributor, vendor, or firm that furnishes supplies or services to or for a prime provider or another subcontractor.

* + - **Enrollment and Verification Requirements.**
* The provider shall:
* **Enroll**. Enroll as a provider in the E-Verify program within 30 calendar days of contract award;
* **Verify all new employees*.*** Within 90 calendar days of enrollment in the E-Verify program, begin to use E-Verify to initiate verification of employment eligibility. All new employees assigned by the provider/subcontractor to perform work pursuant to the contract with the DCF shall be verified as employment eligible within 3 business days after the date of hire; and
* The provider shall comply, for the period of performance of this contract, with the requirement of the E-Verify program enrollment.
* The Department of Homeland Security (DHS) or the Social Security Administration (SSA) may terminate the provider’s enrollment and deny access to the E-Verify system in accordance with the terms of the enrollment. In such case, the provider will be referred to a DHS or SSA suspension or debarment official.
* During the period between termination of the enrollment and a decision by the suspension or debarment official whether to suspend or debar, the provider is excused from its obligations under paragraph (b) of this clause. If the suspension or debarment official determines not to suspend or debar the provider, then the provider must reenroll in E-Verify.
	+ - **Web site.** Information on registration for and use of the E-Verify program can be obtained via the Internet at the Department of Homeland Security Web site: <http://www.dhs.gov/E-Verify> .
		- **Individuals Previously Verified.** The provider is not required by this clause to perform additional employment verification using E-Verify for any employee whose employment eligibility was previously verified by the provider through the E-Verify program.
		- **Individuals Performing Work Prior To The E-Verify Requirement.** Employees assigned to and performing work pursuant to this contract prior to February 04, 2011 do not require employment eligibility verification through E-verify.
		- **Evidence.** Evidence of the use of the E-Verify system will be maintained in the employee’s personnel file.
		- **Subcontracts.** The provider shall include the requirements of this clause, including this paragraph g., (appropriately modified for identification of the parties), in each subcontract.”
			* Upon request from the department’s contract manager, the provider shall furnish supporting documentation and make available source documentation of units billed to the department.
1. By execution of this agreement, the provider hereby acknowledges and agrees that its performance under the agreement must meet the standards set forth above and will be bound by the conditions set forth in this agreement. If the provider fails to meet these standards, the department, at its exclusive option, may allow a reasonable period, not to exceed six (6) months, for the provider to correct performance deficiencies. If performance deficiencies are not resolved to the satisfaction of the department within the prescribed time, and if no extenuating circumstances can be documented by the provider to the department’s satisfaction, the department must terminate the agreement. The department has the sole authority to determine whether there are extenuating or mitigating circumstances.

**COORDINATION OF EFFORTS**

The Department is asking for a notable coordination of efforts for the prevention of substance use and the reduction of alcohol and other drug (AOD) use and misuse within the grant programs noted below. Providers are to partner with these grants within their counties to reduce duplicative efforts.

The Department currently has two grants in the state; the first is **Partnership for Success** (PFS) this grant is located in Broward, Duval, Miami-Dade, Orange, Palm Beach and Pinellas counties. This grant focuses on reductions for underage drinking, 10-17 year old youth. The Partnerships for Success grant is designed to address gaps in prevention services and increase the ability of Florida counties to help specific populations or geographic areas with serious, emerging substance abuse problems. If an applicant wishes to address underage drinking with 10-17 year olds in the surround community, the applicant is to collaborate with local coalitions in these counties in order to avoid duplication of efforts.

The second grant is **Collegiate Success Initiative** (CSI). The focus of this grant is to prevent and reduce the rate of underage alcohol consumption including binge drinking among students at Institutions of Higher Education (IHEs), on campus and in surrounding communitieswhich represent 16.9% of Florida youth ages 15-24 years old. Coalitions are to partner with representatives of IHEs to conduct the Substance Abuse Resource Guide (SARG) process on campus and in the areas surround campus. The following counties and universities are, (1) Alachua: University of Florida, (2) Hillsborough: University of South Florida, (3) Leon: Florida State University and (4) Orange: University of Central Florida. If an applicant wishes to address underage drinking with 18-20 year olds on college campuses or in the surround community, applicants are to collaborate with local coalitions in these counties in order to avoid duplication of efforts.

**PROGRAMMATIC PROPOSAL**

**DESCRIPTION OF APPROACH TO PERFORMING TASKS**

* The following are general instructions for completing the description of approach to perform tasks required. This description is limited to a maximum of 20 pages, not including requested attachments
* The applicant’s response to this section will be considered the “Program Description” referenced in Rule 65E-14.02(8) (d) 1.d., Florida Administrative Code (F.A.C.)

It is the purpose of the Prevention Partnership Grant Program to support Evidence-based Substance Abuse Prevention Programs and Strategies. In the last decade, prevention research has produced tools and programs that have helped thousands of youth to avoid the dangers of alcohol and other drug use and abuse. The first key to taking full advantage of this prevention technology is to identify the problem and local contributing factors which are driving substance use, misuse, and abuse. The second is to select prevention programs and strategies that match the consequences, use and misuse assessed within the NALM. Thirdly, the implementation of a program must match the way it was implemented when it was evaluated and found to be effective. Lastly, this request seeks proposals showing a strong match between state priorities and the identified needs of the local community and a commitment to implement the program with fidelity.

* Awards will be made for programs that are based on evidence-based prevention research and that have been found to be effective in preventing and reducing alcohol or drug use, misuse, and abuse prevalence.
* The program being proposed by applicants must be county specific.

**PROGRAMMATIC PROPOSAL RESPONSE**

The proposal must provide a brief narrative that demonstrates that the applicant understands of the needs, goals, and service area for the project as presented in this grant.

* **Statement of Need** Demonstrate an understanding of the need for the services the project will provide and the effects of resulting outcomes.
* **Major Program Goal** Provide an overview of the proposed project and how the project will attain and support the state’s primary goals.
* **Service Area** Describe the geographic area in which the organization is currently operational, theproposed location for this initiative and organizations which are located within the organization’s service area that may potentially participate.

**PROPOSED TARGET POPULATION**

* A method of identifying the target group for universal prevention strategies, and a method for identifying the individual student participants in selected and indicated prevention strategies.
* Provide a demographic description of the primary target population (youth or stakeholders) of this proposal, including age, gender, race/ethnicity, the number to be served and other key descriptors; if stakeholders, e.g., parents, siblings, teachers, youth workers, athletic coaches or others are a secondary target population, describe them in the same manner as the primary target population.
* For evidence-based programs addressing the needs of universal or selective populations, describe the characteristics of the community in which this program will be implemented.
* For evidence-based programs addressing the needs of indicated populations, provide the participant selection criteria for that will be used for the proposed implementation of the program.
* Provide the reasons that this evidence-based program or strategy is appropriate for the population of this proposal.
* List and justify the selection of the direct and indirect programs; evidence-based programs and strategies of this proposal. The proposed evidence-based programs and strategies must clearly address the prevention goals and objectives selected from the CCAP.
* Provide evidence the proposed grant programs and strategies will be effective in achieving the grant goals and objectives.
* Describe how applicant and community partners will improve prevention services capacity in the local area.

**PROPOSED PARTICIPANTS**

* For Level 1 prevention programs for universal and selective populations, applicants shall specify in their proposal the number of participants they expect to be part of the group events that they propose to conduct.
* For Level 2 prevention programs for indicated populations, applicants shall specify in their proposal the number of individuals they expect as program participants.
* For Prevention Strategies, applicants shall specify in their proposal the number of participants to be served through the strategy.
* If the applicant is awarded the grant, the number of participants from a program or strategy will be specified in the PPG Agreement and to reduce this number requires an amendment to the PPG Agreement.

**PROGRAM/STRATEGY JUSTIFICATION**

According to 397.99, (f), F.S., in order to be considered for funding, the grant application shall include the following assurances and information:

* A letter from the administrators of the programs collaborating on the project, such as the school principal, community-based organization executive director, or recreation department director, confirming the grant application was reviewed and each partner is committed to supporting implementation of the activities described in the grant proposal.

A rationale and description of the program and the services to be provided, including:

* + An analysis of prevention issues related to the substance abuse prevention profile of the target population.
	+ Goals and objectives based on the findings of the NALM.
	+ Identify and justify the selection of the CCAP’s goal(s) and objective(s) to be addressed by the activities of this grant.
* Provide three grant objectives to be achieved in the next three years that align with the selected community goal(s) and objective(s) listed in the NALM.
* Provide a demographic description of the primary target population (youth or stakeholders) of this proposal, including age, gender, race/ethnicity, the number to be served and other key descriptors; if stakeholders, e.g., parents, siblings, teachers, youth workers, athletic coaches or others are a secondary target population, describe them in the same manner as the primary target population.
* For evidence-based programs addressing the needs of universal or selective populations, describe the characteristics of the community in which this program will be implemented.
* For evidence-based programs addressing the needs of indicated populations, provide the participant selection criteria for that will be used for the proposed implementation of the program.
* Provide the reasons that this evidence-based program or strategy is appropriate for the population of this proposal.
* The selection of programs or strategies effective in addressing the findings of the NALM.
* Identify and describe the existing community conditions that will be addressed by the activities of the grant.
* Provide up to three objectives to address these community conditions.
* Provide an implementation plan based on a program developer’s manual, a strategy implementation guide or other evidence-based principles of implementation with fidelity.

**Direct Evidence-based Prevention Program and Strategy Detail**

* Provide the following information for each direct prevention program or strategy identified for implementation
* Name of the program or practice
* Justify the selection of the evidence-based program or strategy
* Underlying community problems, contributing factors and grant objectives to be addressed
* Evidence that this evidence–based program or strategy will significantly contribute to changing the conditions and achieving grant objectives
* Describe the elements and the reach of the program or strategy
* Target population and target population selection criteria
* Number of participants per grant year
* Duration of the program
* Number of times the program will be conducted per year during the grant period
* Number of participants of each program cohort, (i.e., each time the program is conducted)
* Sequence of activities as described in the program manual or the evidence-based scientific or professional literature
* Description and justification of grant activities related to this program,
* Staffing and organizational requirements to properly implement this program
* Current staff and organizational capacity relative to staffing and organizational requirements of the program
* Capacity enhancement activities
* Provide a cost estimate for this program for each grant year

**Indirect Evidence-based Prevention Strategies Detail**

* Provide the following information for each indirect prevention strategy identified for implementation.
* Name the strategy
* Justify the selection of the strategy
* Underlying community condition and the grant objective addressed
* Evidence that this strategy will significantly contribute to changing the conditions and achieving grant objectives
* Describe the elements and the reach of the program or strategy
* Target population and the target population identification process
* The number of people targeted and the methodology to be used for determining the reach of the strategy
* Duration of the strategy and the components of the strategy
* Sequence of activities as described in the evidence-based scientific or professional literature
* Describe and justify of grant activities related to this strategy, but not described in the literature
* Staffing and organizational requirements to properly implement this strategy
* Current staff and organizational capacity relative to the staffing and organizational requirements
* Capacity building activities related to this program or strategy
* Provide a cost estimate for this strategy for each grant year.

**Evidence-based Strategy Detail**

* Provide the following information for strategies targeted toward the reduction in the 3 state priorities identified in the Grant Project Overview supported by PPG funds.
* Name the strategy
* Justify the selection of the strategy
* Capacity gap to be addressed per the CCAP conducted by the local community coalition
* Grant capacity-enhancement objective to be addressed
* Describe the elements and reach of this strategy
* Target population and target population identification process
* The number of people targeted
* Duration of the strategy
* Components of the strategy
* Sequence of activities
* Provide a cost estimate for this strategy for each grant year.

**PROJECT MASTER SCHEDULE**

Provide a three-page, three-year, month-by-month time table of all program and capacity-enhancement activities.

**BUDGET**

A program budget, which includes the amount and sources of local cash and in-kind resources committed to the budget and which establishes, to the satisfaction of the department, the entity will make a cash or in-kind contribution to the program of a value of at least 25 percent of the grant amount.

Complete the Prevention Partnership Grant Budget Form

Provide a Budget Justification Narrative in detail, using complete sentences, clearly linking all budget items to program activities and justifies the costs.

Provide for the grant coordinator and one other person related to the grant to annually attend the Statewide Prevention Conference and the DCF Prevention System Meeting. The Statewide Prevention Conference is held annually in Central Florida, usually Orlando; it lasts for two and a half days; applicant should budget $650 per person for registration, travel, and per diem. Provide for as many as two representatives to participate in the annual DCF Prevention System Meeting. This meeting is usually held in Central Florida for one and a half days; there is no registration fee. Budget should include estimated costs for travel/per diem for this event.

NOTE: These meetings are subject to available funding.

**DESCRIPTIONS OF STAFFING REQUIRED AND ORGANIZATIONAL CAPACITY REQUIRED TO COMPLETE TASKS**

These descriptions are limited to a maximum of 10 pages plus requested attachments.

**PROGRAM STRUCTURE**

**Organizational Chart**

Attach an organizational chart with the supervisor of the project’s coordinator at the top of the chart. Include all staff, subcontractors or partner organizations that will be providing direct or support services for the program. Provide a one-page chart showing the authoritative (solid lines) and consultative (dashed lines) relationships between project partner staff and sub-contractors who will carry out the programs and activities of or be paid by this grant. There should be no partners, staff, or contractors listed in the budget forms not shown on the organizational table.

**Staffing Narrative**

* Provide a description of the proposed program’s staffing pattern in terms of the number of full time equivalent (FTE) staff and direct service subcontractors and their educational and experience qualifications and, for each position, subcontractor, partner organization or other entity in the organizational chart, and provide a brief narrative description of their:
* Roles and responsibilities
* Knowledge and skills necessary to carry out their roles and responsibilities
* Any lines of relationship and Justify

**Grant-Funded Job Descriptions**

Attach the job descriptions for each position paid from this grant.

**Training**

Describe how the staff, subcontractors, and/or partner organizations would be trained in their specific role in conducting the proposed program and strategies.

**Letters of Commitment**

Attach letters of commitment in which project partners acknowledge and agree to any commitments of their resources as described in this proposal.

**ORGANIZATIONAL QUALIFICATIONS**

**Organization Qualifications and Credentials**

* Briefly describe the applicant’s legal status, e.g. city, county, school, private not-for-profit authorized to business in Florida (include Federal Identification Number (FEID)), etc. and mission of the applicant organization and its partners in this proposal.
* Describe the applicant’s overall administrative capacity and experience to implement the proposed program.
* Provide a Dunn and Bradstreet Report for the applicant organization
* Provide the name, title, mailing address and phone number of the contact persons for three companies or organizations that can speak knowledgeably about the applicant organization and prevention services in the local community.

**Information Technology Capacity**

* Describe the applicant’s capacity and experience to utilize computer and electronic communication technology in program operations.
* Describe the applicant’s ability to collect and enter data into a computer database and to submit that data electronically via the Internet.

**Prevention-Specific Qualifications**

* Provide information on organizational and staff recognitions and accomplishments related to youth alcohol and drug use prevalence.
* Describe and attach copies of organization policies supporting prevention staff/volunteer development, including prevention specialist certification.
* Describe current staff qualifications (post secondary education, prevention certification, etc.) and experience to conduct prevention activities.
* Describe and attach performance and outcome studies on previous prevention projects.

**Community Involvement**

* Describe how the responsive applicant is involved in the development of the larger community’s plan to address youth alcohol and other drug prevention issues.
* Provide the names of community substance abuse and other social service planning groups that address substance abuse issues. This also includes faith-based organizations that are providing community substance abuse prevention and other social services.

**Target Population Involvement**

* Describe the experience of the applicant with the proposed or similar target population, including the level of access to this group for the purposes of this proposal.
* Attach letters of commitment from relevant stakeholders: (e.g., parents, school principals, juvenile authorities, county health department and others, agreeing to provide access to the population).

**Financial Management**

* The applicant is requested to include any supporting documentation in their proposal. This may include, but is not limited to, independent audit reports, copies of grant awards, chart of accounts, signed and dated fiscal reports and letters from grantors.
* Describe the overall capacity and experience to comply with state and federal rules and regulations applicable to this funding.
* Describe how revenues and costs will be tracked to ensure that the program remains within budget.

**RANGE OF FUNDING**

Applicants may request up to $150,000 each fiscal year to conduct direct and/or indirect prevention activities and prevention capacity-building activities.

**FIXED PRICE CONTRACT**

The Department intends to enter into a multiyear fixed rate contract. The total dollar amount of each contract shall not exceed **$ 150,000.00**, subject to the availability of funds. The Department shall pay the selected Applicant(s) Monthly at the fixed rate listed below for each fiscal year of the grant and as provided in accordance with all other terms and conditions of the grant for a total dollar amount not to exceed:

|  |  |
| --- | --- |
| **State Fiscal Year** | **Total Contract Amount\*** |
| 2012-2013 | Not to exceed $150,000 |
| 2013-2014 | Not to exceed $150,000 |
| 2014-2015 | Not to exceed $150,000 |
| **Total** | **Not to exceed $450,000** |

 \*subject to the availability of funds

The selected Applicant must have sufficient cash flow to permit their organization to function at full capacity for 60-90 days of program operation. Advances may be made only to not-for-profit organizations or governmental agencies. Advances may be made on a monthly basis up to the first three (3) months of the contract. Advances may not exceed the cash needs of the selected Applicant during the first three (3) months of a twelve (12) month period. Detailed documentation justifying cash needs for advances are required.

**APPLICATION SUBMISSION**

Send one (1) original hard copy, three (3) hard copies, and one (1) Compact Disc (CD) of the application by the deadline noted in the Application Schedule to:

Prevention Partnership Grant

Substance Abuse and Mental Health Program Office

Florida Department of Children & Families

1317 Winewood Boulevard, Building 6, Room 231

Tallahassee, Florida 32399-0700

All applications received will be date and time stamped and recorded in the receipt log at the Substance Abuse Prevention Program Office.

**TIMELINESS AND COMPLETENESS**

The application must be received by the Substance Abuse and Mental Health Program Office by the date and time specified in the notice of solicitation. Any application received after the date and time specified will not be considered for funding.

When received by the Substance Abuse and Mental Health Program Office, the application will be reviewed for completeness. If any required materials are missing, the applicant will be contacted to supply the missing information within 72 hours of the time notified. **If the requested information is not received by the Substance Abuse and Mental Health Program Office within the specified time period, the application will not be considered for scoring or funding. There will be no appeals for failure of the delivery service to get applications delivered on time.**

**PPG GRANT CONTACT**

Ellen Piekalkiewicz, Prevention Director

Kim Munt, Prevention Coordinator

Prevention Partnership Grant

Substance Abuse and Mental Health Program Office

Florida Department of Children & Families

1317 Winewood Boulevard, Building 6, Room 231

Tallahassee, Florida 32399-0700

PPG Grant Contacts will be available for grant inquiries only through the applicant conference call scheduled for May 25, 2012 . Please use the following conference call in number, 1-888-808-6959 Pin 4872920.

**SCHEDULE OF EVENTS**

 **Application Schedule**

|  |  |
| --- | --- |
| Grant Application, Review & Award Activities | Deadlines |
| Central Office posts grant announcement | May 18, 2012 |
| Central Office hosts applicant inquiry telephone conference call1-888-808-6959 Pin 4872920. | May 25, 201210:30-11:30 AM ET |
| Central Office posts responses to applicant inquiries  | May 29, 2012 |
| Central Office deadline for receipt of applications | **5 :00pm June 12, 2012** |
| Central Office reviews applications for mandatory requirements | Upon receipt |
| Central Office reviews applications | June 12 – June 19, 2012 |
| Central Office reviewer debriefing.[[1]](#footnote-1)(Applicants and members of the public will be able to attendthis debriefing by conference call. Please use 1-888-808-6959 Pin 4872920.) | June 19, 2012 -  |
| Central Office posts results of application selection  | June 20, 2012 |
| Regions negotiate with qualifying applicants and agree upon budget for project; execute appropriate forms, etc. | June 25 – 30, 2012 |
| Regions and successful applicants sign Prevention Partnership Grant Agreement | By July 2, 2012 |
| Partnerships implement project activities | July 2, 2012 or the date noted on the PPG Agreement |

**NOTICE OF SOLICITATION OF APPLICATIONS**

The Department shall publish the “Notice of Solicitation of Applications for Prevention Partnership Grants,” on the Department of Children and Family Services Substance Abuse Program Office website. <http://www.dcf.state.fl.us/mentalhealth/sa/prevention.shtml>

In addition, all notices, decisions, intended decisions, and other matters relating to this procurement will be electronically posted on the Department of Management Services’ (DMS) Vendor Bid System (VBS) website located at: [http://vbs.dms.state.fl.us/](http://vbs.dms.state.fl.us/vbs/main_menu).

In order to find postings at such location:

1. Click on Search Advertisements

2. Under “Agency” select Department of Children and Families

3. Scroll down to the bottom of the screen and click on “Initiate Search”

It is the responsibility of prospective vendors to check the VBS for addenda, notices of decisions and other information or clarifications to this ITN.

**APPLICATION FORMAT**

* The formatting instructions of the proposal are as follows:
* To the extent possible, bids should be prepared on 81/2" x 11" paper, with one inch margins on all four sides
* The original and three copies of the application will be submitted in three-ring binders, clearly labeled on front and spine (identify the name of the proposal and the name of the lead applicant organization).
* The contents of each binder will include a table of contents clearly showing the order of the material and with pages clearly numbered and sections indexed.
* Typing must be no smaller then 11-point font and single-spaced.
* Foldouts of charts, tables and spreadsheets are acceptable.
* Pages should be numbered in a logical, consistent fashion.
* Tabs should be used to identify each of the sections specified
* Figures, charts and tables should be numbered and referenced by number in the text.
* The pages of the final proposal must be numbered in the bottom right hand corner, beginning with the title page.

**APPLICATION ORDER AND CONTENT INSTRUCTION**

Each application will consist of the following information listed below and shall be bound in the following order.

**Part 1: Mandatory Requirements**

* Cover Letter

Insert a cover letter on the letterhead of the lead applicant organization, school or school district. Include the following information:

* Name of the project
* Project partners
* Proposed start date
* Name and contact information for the person to whom inquiries about the application should be directed
* Total amount requested in the grant application
* 2012 PPG Application Packet Checklist (Exhibit A)
* Statement of Mandatory Assurances (Exhibit B)
* Prevention Partnership Grant Fact Sheet (Exhibit C)
* Community Needs Assessment Logic Model (must be no older than 2009)
* Community Resource Assessment
* Comprehensive Community Action Plan[[2]](#footnote-2)
* Part 2: Award Negotiation Qualification Criteria (Exhibit D)
* Supporting letter(s) from collaborating partners
* Rationale and description of the program or strategies to be provided
* Program Fit
* Proposed Target Population
* Anticipated level of prevention impact
* Program Structure
* Project Master Schedule
* Organizational Qualifications
* Financial Management
* Project Budget (Exhibit E) and Budget Narrative

Applications with a total score of at least 147 out of 220 possible points, after adding the extra points , qualifies for review of negotiation criteria for each program and strategy identified in the Grant Project Overview.

**METHODOLOGY**

**Competitive Scoring**

Department staff will be knowledgeable in community-based substance abuse prevention and free of conflicts of interest with applicants, their partners, or providers of eligible activities described in the application.

The reviewers shall be selected from and represent the following sources:

* Department of Children and Families
* Department of Education
* Department of Juvenile Justice

This reviewer will evaluate all eligible applications and score them using the criteria as defined in this grant application. The sum of rating criteria will be the applicants’ total score awarded. The applicant awarded the highest score will be ranked number one. The applicant with the second highest score will be ranked number 2, and so on until all applicants are ranked.

All applicants shall be notified by email of the outcome of the application review.

The Grant Application Scoring Sheet, Exhibit G lists review criteria and specific indicators of these criteria. The scores of the criteria and indicators will assess the degree to which the potential Applicant's responses meet criteria and indicators.

**Qualification and Ranking**

* The DCF staff will compute a final ranking of each application by averaging scores from all of the reviewers. The minimum averaged score that qualifies for negotiation of a grant award is 147 out of a total possible 220 points (70%) including extra points. Once scoring is completed applications will be listed from highest to lowest qualifying score and then submitted to the Headquarters staff / Managing Entity.
* In the event of a tie score, the regional staff or managing entity prevention director will make a determination based upon the application which ranks the highest need for all 3 State priority areas and which applicant would most likely to contribute the greatest impact on State priorities.

**Program and Budget Negotiation**

* Applications receiving an average score of less than 147 do not qualify to negotiate a grant award. Reviewers’ scores and comments will be returned to the applicant organization if requested.
* Reviewers will use the Scoring Criteria, Exhibit G, to score the Program and Strategy Details. Strategy details receiving an average reviewer score of less than 21 do not qualify for consideration in the negotiation of grant award and related costs will be dropped from the proposed budget.

**Additional Points**

**Extra Points for Priority Area Ranking**

For awarding extra points, a rating system based on the 2010 Florida Youth Substance Abuse Survey prevalence rates for the past 30 day alcohol, marijuana and lifetime prescription drug misuse has been established. Counties ranking high in the priority area will be able to earn extra points if they choose a priority where they are ranked above the state level of use or misuse. See Chart.

**2010 Florida Youth Substance Abuse Survey**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Florida COUNTY2010 | Alcohol Past 30 Day Use |   | Florida COUNTY2010 | Marijuana Past 30 Day Use |   | Florida COUNTY2010 | Prescription Drug MisuseLifetime |
| **Gulf** | 39.9% |  | **Gulf** | 21.7% |  | **Franklin** | 21.7% |
| **Taylor** | 37.1% |  | **Franklin** | 19.3% |  | **Washington** | 18.2% |
| **Franklin** | 36.9% |  | **Sarasota** | 19.3% |  | **Walton** | 16.8% |
| **Dixie** | 36.7% |  | **Monroe** | 18.3% |  | **Citrus** | 16.5% |
| **Walton** | 35.3% |  | **Wakulla** | 17.9% |  | **Monroe** | 16.4% |
| **Monroe** | 34.2% |  | **Putnam** | 16.9% |  | **Wakulla** | 16.3% |
| **Madison** | 33.8% |  | **Charlotte** | 16.6% |  | **Bay** | 16.2% |
| **Calhoun** | 32.8% |  | **Martin** | 16.6% |  | **Gulf** | 16.1% |
| **Indian River** | 32.8% |  | **Walton** | 16.0% |  | **Santa Rosa** | 15.6% |
| **Baker** | 32.7% |  | **Palm Beach** | 15.8% |  | **Sarasota** | 15.3% |
| **Palm Beach** | 32.4% |  | **Hernando** | 15.6% |  | **Taylor** | 13.7% |
| **Highlands** | 32.1% |  | **Pinellas** | 15.5% |  | **Columbia** | 13.6% |
| **Putnam** | 32.0% |  | **Volusia** | 15.5% |  | **Martin** | 13.6% |
| **Wakulla** | 31.8% |  | **Flagler** | 15.4% |  | **Brevard** | 13.5% |
| **Citrus** | 31.6% |  | **Alachua** | 15.2% |  | **Okaloosa** | 13.5% |
| **Levy** | 31.4% |  | **Indian River** | 15.2% |  | **Dixie** | 13.4% |
| **Martin** | 31.4% |  | **Pasco** | 14.8% |  | **St. Johns** | 13.1% |
| **Sarasota** | 31.4% |  | **Bay** | 14.7% |  | **Volusia** | 13.0% |
| **Washington** | 31.4% |  | **St. Johns** | 14.6% |  | **Clay** | 12.9% |
| **Bay** | 31.1% |  | **Seminole** | 14.5% |  | **Suwannee** | 12.6% |
| **Clay** | 30.8% |  | **Clay** | 14.3% |  | **Nassau** | 12.6% |
| **Pinellas** | 30.8% |  | **Hillsborough** | 14.3% |  | **Charlotte** | 12.5% |
| **Lake** | 30.7% |  | **Suwannee** | 14.2% |  | **Lake** | 12.4% |
| **Desoto** | 30.5% |  | **Duval** | 14.0% |  | **Lee** | 12.4% |
| **Liberty** | 30.5% |  | **Leon** | 13.9% |  | **Hillsborough** | 12.3% |
| **Lafayette** | 30.2% |  | **Santa Rosa** | 13.6% |  | **Escambia** | 12.2% |
| **Collier** | 29.9% |  | **Washington** | 13.6% |  | **Indian River** | 12.1% |
| **Columbia** | 29.9% |  | **Brevard** | 13.5% |  | **Seminole** | 12.0% |
| **Dade** | 29.9% |  | **St. Lucie** | 13.4% |  | **Sumter** | 11.7% |
| **Volusia** | 29.7% |  | **Citrus** | 13.3% |  | **Levy** | 11.6% |
| **Bradford** | 29.5% |  | **Lake** | 13.3% |  | **Pasco** | 11.5% |
| **Flagler** | 29.5% |  | **Columbia** | 13.2% |  | **Jackson** | 11.5% |
| **Polk** | 29.5% |  | **Escambia** | 13.2% |  | **Baker** | 11.4% |
| **St. Lucie** | 29.5% |  | **Florida (statewide)** | **13.0%** |  | **Pinellas** | 11.3% |
| **St. Johns** | 29.4% |  | **Baker** | 12.9% |  | **Putnam** | 11.3% |
| **Suwannee** | 29.4% |  | **Lee** | 12.9% |  | **Hernando** | 11.3% |
| **Glades** | 29.3% |  | **Levy** | 12.7% |  | **Holmes** | 11.3% |
| **Manatee** | 29.3% |  | **Calhoun** | 12.6% |  | **Alachua** | 11.1% |
| **Pasco** | 29.2% |  | **Taylor** | 12.6% |  | **Flagler** | 11.1% |
| **Hillsborough** | 29.0% |  | **Manatee** | 12.5% |  | **Leon** | 11.1% |
| **Marion** | 29.0% |  | **Nassau** | 12.1% |  | **Calhoun** | 11.1% |
| **Florida (statewide)** | **28.8%** |  | **Gadsden** | 12.0% |  | **Orange** | 11.0% |
| **Seminole** | 28.8% |  | **Orange** | 11.9% |  | **Marion** | 11.0% |
| **Hardee** | 28.7% |  | **Madison** | 11.8% |  | **Polk** | 11.0% |
| **Hernando** | 28.5% |  | **Okaloosa** | 11.8% |  | **Osceola** | 11.0% |
| **Sumter** | 28.5% |  | **Holmes** | 11.6% |  | **Desoto** | 10.9% |
| **Hendry** | 28.3% |  | **Marion** | 11.6% |  | **Jefferson** | 10.8% |
| **Jackson** | 28.2% |  | **Dixie** | 11.5% |  | **Florida (statewide)** | **10.5%** |
| **Brevard** | 27.8% |  | **Hendry** | 11.3% |  | **Highlands** | 10.4% |
| **Alachua** | 27.7% |  | **Hardee** | 11.2% |  | **Hamilton** | 10.0% |
| **Charlotte** | 27.6% |  | **Highlands** | 11.0% |  | **Hendry** | 9.8% |
| **Santa Rosa** | 27.5% |  | **Bradford** | 10.7% |  | **Union** | 9.5% |
| **Hamilton** | 27.3% |  | **Broward** | 10.6% |  | **Bradford** | 9.4% |
| **Nassau** | 27.3% |  | **Collier** | 10.5% |  | **Duval** | 9.3% |
| **Escambia** | 27.1% |  | **Jefferson** | 10.5% |  | **Collier** | 9.2% |
| **Lee** | 27.1% |  | **Dade** | 10.4% |  | **St. Lucie** | 9.1% |
| **Holmes** | 26.8% |  | **Polk** | 10.3% |  | **Hardee** | 9.1% |
| **Leon** | 26.8% |  | **Hamilton** | 10.2% |  | **Lafayette** | 8.9% |
| **Okaloosa** | 26.7% |  | **Osceola** | 10.1% |  | **Manatee** | 8.7% |
| **Orange** | 26.5% |  | **Desoto** | 9.9% |  | **Palm Beach** | 8.4% |
| **Duval** | 26.4% |  | **Union** | 9.8% |  | **Dade** | 8.0% |
| **Broward** | 25.9% |  | **Jackson** | 9.7% |  | **Madison** | 7.3% |
| **Osceola** | 25.0% |  | **Sumter** | 9.3% |  | **Glades** | 6.5% |
| **Gadsden** | 22.2% |  | **Glades** | 7.2% |  | **Broward** | 6.5% |
| **Union** | 22.0% |  | **Lafayette** | 5.5% |  | **Gadsden** | 6.4% |
| **Jefferson** | 16.7% |   | **Liberty** | 4.9% |   | **Liberty** | 1.9% |

**GRANT AWARD NEGOTIATION AND AWARD NOTICE**

The Department’s Regional Substance Abuse Program Office or Managing Entity will notify each applicant of the final scores and ranking of the application by email. The Department’s Regional Substance Abuse Program Office will negotiate a final grant plan and budget with the successful applicant organization. The negotiations will start with the highest ranking applicant and continue through the rankings until the regional grant allocation is depleted. Negotiation agreements must be completed by the Department’s Regional Substance Abuse Program office or Managing Entity before an award is offered to the successful applicant.

After successful negotiations, the Department’s Substance Abuse Program and Mental Health Office or Managing Entity will send a letter of award notice to the applicant’s organization. The letter will reference final negotiation documents, provide an annual grant amount, a three- year total amount and indicate a project start date and completion date. Grant funds **shall not** pay for purchases or activities conducted before the project start date or after the project end date of the grant award letter.

**NOTICE OF GRANT AWARDS**

The Department will issue the Secretary's, or his designee's, final decisions by posting the grant awards notice on the Vendor Bid System web page. The award notice shall also be provided in writing by U.S. Mail, as well as by email to each applicant. The award notice shall be written and shall contain the following information:

1. Grant solicitation title;

2. The dates allowed for the submission of applications under this solicitation;

3. The contact person for the solicitation, to request additional information;

4. The names and locations of applicants to which the Department intents to award grants;

5. The amount of each of the intended grant awards;

6. The anticipated effective date of the awards; and,

7. The appeals process related to grant solicitations.

**FORMAL APPEALS AND DISPUTE RESOLUTION**

The Department shall provide for a process for appeals related to grant solicitations. If you believe the Department's decision is in error, you may submit a written petition for an administrative hearing to contest the decision. Failure to request an administrative hearing within 21 days provided below shall constitute a waiver of the right to a hearing.

You must submit your written request for an administrative hearing to the Department at the following address:

Agency Clerk

Department of Children and Family Services

1317 Winewood Boulevard

Building 2, Room 204-X

Tallahassee, FL 32399-0700

Please note that a request for an administrative hearing must comply with section 120.569(2)(c), Florida Statutes, and Rule 28-106.201(2), Florida Administrative Code. Those provisions, when read together, require a petition for administrative hearing to include:

* The name and address of the agency (Department) affected, and the agency’s file or identification number, if known;
* Name, address, and telephone number of the petitioner;
* The name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding;
* An explanation of how the petitioner's substantial interests will be affected by the agency determination;
* A statement of when and how the petitioner received notice of the agency decision;
* A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
* A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;
* A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
* A statement of the relief sought by the petitioner, stating precisely the action you wish the agency to take with respect to the agency's proposed action.

Section 120.569, Florida Statutes, and rule 28-106.201(4), Florida Administrative Code, require that a petition be dismissed if it is not in substantial compliance with the requirements above.

# EXHIBIT A

# 2012 PREVENTION PARTNERSHIP GRANT APPLICATION CHECKLIST

# [ ]  Prevention Partnership Grant Cover Letter

# [ ]  Application Fact Sheet

# [ ]  Application Packet Checklist

# [ ]  Statement of Mandatory Assurances

# [ ]  Community Needs Assessment Logic Model (NALM)

# [ ]  Comprehensive Community Action Plan (CCAP)

# [ ]  Community Conditions and Grant Objectives

# [ ]  Community Capacity Gaps and Grant Capacity-Enhancement Objectives

# [ ]  Project Overview

# [ ]  Project Master Schedule

# [ ]  Prevention Partnership Grant Budget Form

# [ ]  Budget Narrative

# [ ]  Commitment to send representatives to the Statewide Prevention Conference and the Annual DCF Prevention System Meeting

# [ ]  Budgeting and Accounting Capacity Documentation

# [ ]  Partnership Organizational Chart

# [ ]  Partner Roles & Responsibilities

# [ ]  Grant-Funded Job Descriptions

# [ ]  Partner Technology Capacity Summary

#       # of Direct Evidence-based Prevention Program or Strategy Descriptions

#       # of Indirect Evidence-based Prevention Strategy Descriptions

#       # of Evidence-based Strategy Descriptions

**EXHIBIT B**

**Mandatory Requirements**

Part 1: Mandatory Requirements:

Failure to comply with all mandatory requirements will render an application non-responsive and ineligible for further evaluation.

|  |  |  |
| --- | --- | --- |
| # | Mandatory Requirement | Met? |
| 1 | Was grant application received by the time and date specified in the Grant Application? | [ ]  Yes[ ]  No |
| 2 | Were one (1) original, (1) CD and three (3) copies of grant application supplied?  | [ ]  Yes[ ]  No |
| 3 | Did the applicant complete and submit all of the application documents in the following order?1. Cover Letter
2. Prevention Partnership Grant Fact Sheet
3. Application Packet Checklist
4. Statement of Mandatory Assurances
5. Acceptance of Prevention Partnership Grant Terms and Conditions
6. Community Needs Assessment Logic Model (NALM)
7. Comprehensive Community Action Plan (CCAP)
 | [ ]  Yes[ ]  No |
| 4 | Did the application provide responses to Part 2: Award Negotiation Qualification Criteria in the following order?1. Community Conditions & Grant Prevention Objectives
2. Community/Partner Capacity Gaps and Grant Capacity-Enhancement Objectives
3. Grant Project Overview
4. Grant Project Master Schedule
5. Project Budget form & Budget Narrative
6. Organizational/Partnership Strength
 | [ ]  Yes[ ]  No |
| 5 | Did the application provide responses to Program/Strategy Justification Criteria section? | [ ]  Yes[ ]  No |
| 6 | Did the budget include a 25% cash or in-kind match as required by F.S. 397?  | [ ]  Yes[ ]  No |

# EXHIBIT C

# 2012 PREVENTION PARTNERSHIP GRANT FACT SHEET

# Name of the Project:

# Lead Agency/School/School District:

# Lead Agency/School/School District Address:

#

# DCF Region in which the grant activities will be conducted:

# County(ies) in which grant activities will be conducted:

# Grant Contact:

Name/Title:

Phone Number:

Fax Number:

Email Address:

# Grant Objectives

#

# Target Population

#

# Programs and Strategies of the Grant

**EXHIBIT D**

**STATEMENT OF MANDATORY ASSURANCES**

|  |  |
| --- | --- |
| 1. Infrastructure: The applicant shall possess, purchase, or otherwise provide computer and telecommunications equipment and Internet access necessary to participate fully in the initiative.
 | \_\_\_\_\_\_\_\_\_Initial |
| 1. Background Checks: The applicant shall be responsible for providing background checks as a prerequisite of employment in accordance with Chapter 397.451, Florida Statutes.
 | \_\_\_\_\_\_\_\_\_Initial |
| 1. Administrative Requirements: The applicant agrees to comply with the following Office of Management and Budget (OMB) Circulars, as applicable: A-21 Cost Principles for State, Local and Indian Tribal Governments; A-102 Uniform Administrative Requirements for Grants and Agreements with State and Local Governments; A-110 Uniform Administrative Requirements for Grants and Agreements with Institutions; and, A-122 Cost Principles for Non-profit Organizations.
 | \_\_\_\_\_\_\_\_\_Initial |
| 1. Non-discrimination: The applicant agrees no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity receiving or benefiting from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEOP) must meets the requirements of 28 CFR 42.301.
 | \_\_\_\_\_\_\_\_\_Initial |
| 1. Lobbying: The applicant is prohibited by Title 31, USC, Section 1352, entitled “Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,” from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed $100,000 in total costs (45 CFR Part 93).
 | \_\_\_\_\_\_\_\_\_Initial |
| 1. Drug-Free Workplace Requirements: The applicant agrees to, or continues to provide a drug-free workplace in accordance with 45 CFR Part 76.
 | \_\_\_\_\_\_\_\_\_Initial |
| 1. Confidentiality Requirements: The confidentiality of the recipients of the services provided through this project shall be fully protected in accordance with Federal Confidentiality Regulations pertaining to Alcohol and Drug Abuse Patient Records as outlined in 42 CFR Part 2.
 | \_\_\_\_\_\_\_\_\_Initial |

**STATEMENT OF MANDATORY ASSURANCES (Continued)**

|  |  |
| --- | --- |
| 1. Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law will result in the imposition of a civil monetary penalty of up to $1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.
 | \_\_\_\_\_\_\_\_\_Initial |
| 15. Certification of Non-supplanting – The applicant certifies funds awarded under this Grant will not be used for programs currently being paid for by other funds or programs where the funding has been committed.  | Initial |

By signing and submitting this agreement, the applicant certifies it will comply with all the above requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

**EXHIBIT E**

**PROJECT BUDGET SUMMARY**

(A). List budget line item as detailed in the budget Justification.

(B). List total agency amount for line item.

(C). List percent of each line item requested from DCF.

(D). (Column D) = (Column B) X (Column C).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  (A)Budget Line Item |  | (B)$ AmountofLine Item |  | (C)AmountRequestedFrom DCF  |  | (D)Percent (%)Requested $  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. Personnel  |  |  |  |  |  |
| B. Fringe Benefits  |  |  |  |  |  |
| C. Staff Travel  |  |  |  |  |  |
| D. Consultants  |  |  |  |  |  |
| E. Subcontracted Services  |  |  |  |  |  |
| F. Participant Transportation  |  |  |  |  |  |
| G. Office Expenses  |  |  |  |  |  |
| H. Operating Capital Outlay  |  |  |  |  |  |
| I. Rental or Use of Space  |  |  |  |  |  |
| J. Rental of Equipment  |  |  |  |  |  |
| K. Maintenance Agreements  |  |  |  |  |  |
| L. Insurance  |  |  |  |  |  |
| M. Membership Fees & Subscriptions  |  |  |  |  |  |
| N. Advertising  |  |  |  |  |  |
| O. Participant Educational & Training Tools  |  |  |  |  |  |
| P. Other Allowable Costs  |  |  |  |  |  |
| Q. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |  |  |
| R. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |  |  |

|  |  |
| --- | --- |
| GRAND TOTAL |  |

**EXHIBIT F**

**REVIEWER SCORING INSTRUCTIONS**

The Grant Application Scoring Sheet lists evaluation criteria and specific indicators of these criteria. The scores of the criteria and indicators will assess the degree to which the potential Applicant's responses meet criteria and indicators.

 **Competitive Scoring Criteria**

|  |  |
| --- | --- |
| Rating Description | Point Values |
| Unacceptable: | Applicant demonstrated no capability, ignored these criteria, or so poorly responded to these criteria no understanding is possible. (*The reviewer will provide detailed written rationale supporting the score*.) | 0-10 |
| Inadequate | Applicant demonstrated little or no direct capability, or did not adequately address the criteria; there is some indication of marginal capability. (*The reviewer will provide written explanation of rationale supporting this score*.) | 11-20 |
| Acceptable | Applicant demonstrated an adequate understanding of the criteria, and will require some additional details or modifications to address the criteria. (*The reviewer will provide recommendations for strengthening this response*). | 21-23 |
| Very Good: | Applicant demonstrated an understanding of the information requested and provides information in enough detail to address the criteria. | 24-26 |
| Outstanding | Applicant demonstrated an understanding of the information requested and provides information in enough detail to address the criteria above and beyond the requirements of the grant application. | 27-30 |

#

**EXHIBIT G**

**Scoring Criteria**

Scoring for Negotiation Qualification and Ranking

| **Negotiation Qualifying Criteria** | **Score****0 to 30** | **Scoring Justification** | **Recommendations**  |
| --- | --- | --- | --- |
| 1. **COMMUNITY CONDITIONS AND GRANT PREVENTION OBJECTIVES**
2. To what extent did the applicant identify and justify the selection of the community goal(s) and objectives from the Department approved Needs Assessment Logic Model (NALM) and Comprehensive Community Action Plan (CCAP) to address the activities of this grant?
3. To what extent did the applicant provide and justify grant objectives relative to the selected community goals(s)?
	* + Measures to show change in local community use and misuse, policy, practice, incidents, knowledge, awareness, attitudes, perceptions, or behaviors
		+ Time limited such as milestones or achievement dates included
		+ Describes how and when the performance measures will be made
		+ Outcomes goals are described
		+ A description of how students will be targeted
		+ Sustainability plan detailed in proposal
 |  |  |  |
| 1. **Community Objectives and EnhancEment measures**
2. To what extent did the applicant identify and describe the community enhancements.
3. Did the applicant describe the community partnership needs and capacity gaps existing to initiate and successfully carry out the activities of the grant?
4. To what extent did the applicant provide goals and up to three objectives to address these enhancements?
	* + Measures to show change in capacity, community gaps, evidence-based programs and strategies, resource levels
		+ Time limited such as milestones or achievement dates included
		+ Describes how and when the measurement will be made such as number of enhancements, partners and goal outcomes
		+ Performance measures and outcomes are described and are included
 |  |  |  |
| 1. **GRANT PROJECT OVERVIEW**
	1. To what extent do the proposed Evidence-based programs & strategies fit the community data described?
	2. Does the identification of the need and the gaps fit the description of community needs assessment logic model and demographics?
	3. Does the applicant description of the evidence-based program or strategy fit the chosen population?
* Target population and target population selection criteria
* Number of participants per grant year
* Duration of the program
* Number of times the program will be conducted per year during the grant period
* Number of participants of each program cohort, ( i.e., each time during the Year 1, Year 2, Year 3 the program is conducted)
	1. How strong is the evidence that the proposed grant evidence-based programs and strategies are likely to be effective in achieving grant and community goals and objectives? What is their evidence? Published evaluations? Evidence-based scientific literature? Professional literature? Local evaluation?
* Sequence of activities as described in the program manual or the evidence-based scientific or professional literature
	+ Description and justification of grant activities related to this program
	+ Staffing and organizational requirements to properly implement this program
	+ Current staff and organizational capacity relative to staffing and organizational requirements of the program
 | This section shall receive a double score weight. |  |  |
| 1. **PROJECT MASTER SCHEDULE**
2. To what extent does the Master Schedule table show the months in which major grant events will be held or programs and strategies initiated and completed?
3. Does the table provide a clear picture of the relative timelines of the major grant events and activities?
4. Did applicant provide a three-page, three-year, month-by-month time table of all program and activities?
5. Does the Master Schedule give details for all 36 months?
 |  |  |  |
| 1. **PROJECT BUDGET AND BUDGET NARRATIVE**
2. To what extent does the budget appear to reflect the activities described in the Grant Project Overview?
3. To what extent does the Budget Narrative clearly link the activities of the Grant Project Overview to the budget and justify the cost allocations of the budget?
4. Does the budget provide for the grant coordinator and one other person related to the grant to attend the Statewide Prevention Conference and the DCF Prevention System Meeting?
5. Does the applicant adequately provide for participation in the annual Statewide Prevention Conference and the annual DCF Prevention System Meeting?
6. To what extent does the applicant provide justification detail in the narrative for each category and line item expense?
7. A program budget, which includes the amount and sources of local cash and in-kind resources committed to the budget and which establishes, to the satisfaction of the Department, the entity will make a cash or in-kind contribution to the program of a value of at least 25 percent of the grant amount.
8. Provide a cost estimate for this program for each grant year.

**NOTE:** These meetings are subject to available funding.**NOTE**: Please mark the score down, if the applicant did not provide the narrative in complete sentences. |  |  |  |
| 1. *ORGANIZATIONAL/PARTNERSHIP STRENGTH*
	1. What was the applicant organization’s Dunn & Bradstreet score? Did any information in the report indicate poor business performance?
	2. To what extent did the Organizational Chart clearly reflect the organizational partners, staff, and sub-contractors who will carry out grant activities? Who will carry out data collection for outcome measures?
	3. Within the context of the Grant Project Overview, does the Organizational Chart give you a good “snapshot” of what is going on, who is doing what, and lines of authority and consultation?
	4. How clear were the role and responsibility descriptions for each of the partners, staff, and sub-contractors listed on the organizational table?
	5. To what extent did descriptions help you understand how the project will work?
	6. To what extent do the job descriptions of grant staff reflect and align with their grant roles and responsibilities?
	7. To what extent did the applicant document their capacity to meet the communication and information technology requirements (Internet-based Prevention Data System monthly uploads) of the Department for this grant?
 |  |  |  |

**EXHIBIT H**

**Negotiation Qualification and Ranking**

**Scoring Summary**

**Applicant:**

**Criteria Score**

1. *COMMUNITY CONDITIONS AND GRANT PREVENTION OBJECTIVES*
2. *Community/Partner Capacity Gaps and Grant Capacity-enhancement Objectives*
3. *GRANT PROJECT OVERVIEW \_\_\_\_\_\_ x 2 =*
4. *PROJECT MASTER SCHEDULE*
5. *PROJECT BUDGET AND BUDGET NARRATIVE*
6. *ORGANIZATIONAL/PARTNERSHIP STRENGTH*

**Sub-TOTAL POINTS POSSIBLE (210) Sub-TOTAL POINTS EARNED:**

 **EXTRA POINTS**

**TOTAL POINTS POSSIBLE (220)** **TOTAL POINTS AWARDED**

Reviewer Name

Reviewer Signature Review Date

**EXHIBIT I**

**HOW TO SELECT A PROGRAM OR STRATEGY**

The selection process includes:

* A logical link to the theory of change in a rigorously developed community needs assessment logic model (NALM), such as a specific intermediate community objective of a department-approved Comprehensive Community Action Plan (CCAP)
* An update to community needs, conditions or resources since the approval date of a Department-approved Comprehensive Community Action Plan, and a rationale for how any changes in those areas impacted program and/or strategy selection
* An assessment of the reach, implementation consistency and level of effort necessary to achieve an intermediate community objective
* Consideration of at least one of the following sources of documented evidence for program/strategy relevance and appropriateness:
* The evidence-based program or strategy appears, in content and structure to programs and strategies that appear, in registries and/or the peer reviewed literature
* The evidence-based program or strategy is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects
* The evidence-based program or strategy is reviewed and deemed appropriate by a panel of informed prevention experts that include: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to the proposed program or strategy, local prevention practitioners, and key community leaders, such as the community substance abuse coalition
* Provisions for the participation of parents and guardians in the programs or strategies

**PREVENTION PARTNERSHIP GRANT AGREEMENT**

**[NAME OF PROVIDER INSERTED HERE]**

**and**

**State of Florida**

**Department of Children and Families**

**WHEREAS** the Department of Children and Families (hereinafter referred to as the Department) has been tasked by section 397.99, F.S., to administer Prevention Partnership Grant (PPG) funds appropriated for the purpose of awarding prevention partnership grants to schools, or community-based organizations in partnership with schools, for the development of effective substance abuse prevention and early intervention strategies for school age populations, and

**WHEREAS** the Department has received a grant application from [Providers name inserted here] (hereinafter Provider), and

**WHEREAS** it appears to the Department that there is a need to provide the services described in that application,

**NOW, THEREFORE, the Department hereby awards the sum of [$000,000] to Provider under the following terms and conditions:**

1. **Application**

The application filed with the Department by the Provider dated [00/00/12**]** and attached to this agreement is hereby incorporated within this agreement as is fully set out at length here.

1. **Definitions of PPG Terms**

The following definitions are used throughout this agreement to explain key terms used in the Prevention Partnership Grant program.

1. **Community.** A collaborative partnership between local community substance abuse coalitions with the primary goal of addressing underage alcohol issues in the surrounding communities.
2. **Comprehensive Community Action Plan (CCAP).** A community’s data-driven strategic response to change conditions and factors that underlie alcohol and other drug problems and related consequences. The plan includes two goals: 1) to achieve a long-term change in a substance abuse behavior pattern and 2) to build community and organization capacity to effectively achieve the identified outcome. The plan defines short term and intermediate objectives for tracking progress toward goal achievement.
3. **Culturally Competent**. Acknowledging and incorporating variances in normative acceptable behaviors, beliefs and values in determining an individual’s mental wellness/illness and incorporating those variances into assessments and treatment that promotes recovery.
4. **Direct Prevention.** Level 1 Prevention Programs include persons participating in Universal and Selective programs in cost center 16. Level 1 Prevention Programs address subgroups of the general population that are at a higher risk of substance abuse than the general population. The mission is to provide individuals with the information and skills necessary to prevent the abuse of substances. This is an unduplicated count of participants. Level 2 Prevention Programs include persons participating in Indicated programs in cost center 16 and all programs in cost center 17. Level 2 Prevention Programs are designed to prevent the onset of substance abuse in individuals who do not meet the DSM-IV criteria for addiction but who are showing early danger signs in the form of multiple risk factors. The mission of Level 2 Prevention Programs is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. This is an un-duplicated count of participants.
5. **Evaluation Plan.** A written document which will identify the outcomes that will be measured, data collection methods and instruments, and a plan for their collection.
6. **Evidence-Based.** Those practices that arebased on accepted practices in the profession and are supported by research, field recognition, or published practice guidelines
7. **Indicated Prevention.** Education and other evidence-based practices conducted with groups of individuals to reduce personal risk factors or substance abuse or strengthen protective factors
8. **Needs Assessment Logic Model (NALM) .** A written rationale developed from epidemiology data that illustrates the connection between local substance use/abuse consumption patterns, consequences and intervening variables. This information determines the long-term outcome and is used in the development of the Comprehensive Community Action Plan to inform the identification of strategies and approaches to achieve that outcome.
9. **Participant.** Any individual who takes part in stance abuse prevention programs, activities or services which are paid, in part or in whole, by the department**.**
10. **Prevention data system.** An internet based data system that collects data related to community assessments and plans and substance abuse prevention programs and activities.
11. **Programs.** A structured Schedule of Activities (by instructors and participants) designed so that participants will attain, so far as possible, certain educational and behavioral objectives.
12. **Program Description.** The document the provider prepares and submits to the department for approval prior to the start of the contract period, which provides a detailed description of the services to be provided under the contract pursuant to Rule 65E-14.021, F.A.C. It includes but is not limited to the provider’s organizational profile, a detailed description of each program and cost center funded in the contract, the geographic service area, service capacity, staffing information, and client and target population to be served.
13. **Resource Assessment.** A written inventory of current resources available to apply toward achieving a community long-term outcome and the identification of gaps in skills, materials, facilities, community readiness and other capacities necessary to successfully achieve a community long-term outcome.
14. **Schedule of Activities.** The written instructional content, materials, resources, and processes necessary to attain educational objectives
15. **Strategic Prevention Framework (SPF).** The SPF is a community-based data driven approach to community mobilization that employs ongoing assessment and evaluation to move communities toward their goals of reducing substance abuse and its consequences. The Strategic Prevention Framework: 1) assess the conditions that underlie the onset and progression of substance abuse, including childhood and underage drinking; 2) select evidence-based practices to change those conditions and reduce substance-abuse related problems in the communities; and 3) build prevention capacity and infrastructure to sustain achievements.
16. **Strategies.** A plan of action or policy designed to achieve a major goal.
17. **Scope of Work**

This Prevention Partnership Grant (PPG) agreement funds rigorous, effective, evidence-based substance abuse prevention programs and strategies intended to prevent or reduce Florida substance use and abuse rates at the community level. All PPG activities must relate to the local community department-approved local NALM to show target population and subpopulation problems to be addressed. The goals and objectives of the CCAP will call for evidence-based prevention program activities or strategies for which there is a demonstrated need. The CCAP guides the selection of evidence-based prevention program activities or strategies for which there is limited or no current local capacity. The principles of cultural competency must be incorporated into their needs assessment logic model and the CCAP. Each community must also include a written sustainability plan in their response which details their plan to sustain activities after funding has ended.

The target population, according to the state priorities, to be addressed through this agreement:

Past 30 day youth alcohol use

Past 30 day youth marijuana use

Prescription drug misuse (youth to age 20)

1. **Tasks and Deliverables**

Provider hereby agrees to perform the tasks and to provide the services described herein with the following exceptions and/or special conditions:

1. To conduct travel in accordance with the Department’s travel guidelines. Subsection 287.058(1)(b), F.S., requires that bills for any travel expense shall be submitted in accordance with s. 112.061, F.S., governing payments by the state for traveling expenses. The Department’s travel policy, CFOP 40-1 (Official Travel of DCF Employees and Non-Employees), provides further explanation, clarification and instruction regarding the reimbursement of traveling expenses necessarily incurred during the performance of official state business. These travel costs must be budgeted at a maximum of .445 per mile. Per Diem/meals are not allowable for Class C travel (single day trips).
2. To receive written approval from the Department prior to purchasing any Information Technology Resource (ITR) with grant funds. The Provider agrees to secure prior written approval by means of an Information Resources Request (IRR) form before the purchase of any ITR. The Provider agrees to comply with the Department’s ITR policy, CFOP 50-9, Policy on Information Resource Requests. The Provider will not be reimbursed for any ITR purchases made prior to obtaining the written approval of the Department’s Regional Grant Manager.
3. Deliverables are required pursuant to the following table and shall serve as the basis for justifying payment on a monthly basis. The Invoice Support Report shall be used to justify staff time spent on program services and support each month:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deliverable/Tasks** | **Reporting****Frequency** | **Due** **Date** | **Number of****Copies due** | **Person/ Address(es) to Receive Report** |
| **Activity Work Plan** | **Yearly** | **July 30th of each fiscal year** | **1** | **Grant Manager to fill in local address** |
| **Objective:** To ensure the program will be successful and on schedule. **Activities:** The work plan shall describe:* For indicated (Level 2) programs, all steps necessary to select the individual participants to participate in the program; for universal and selective programs (Level 1), all steps necessary to obtain authorization to conduct activities to the proposed groups.
* A detailed 3 year plan for all intended activities to be performed during the grant period.
* All steps necessary for tracking outcomes of programs and strategies in their 3 year plan.
* Resource estimates and assignments in each step must include all resources needed including staff, hardware, software, physical locations and materials.
* Gantt charts showing planned start and end dates of all steps, milestones, and decision points.
* A schedule, which provides adequate department review time, revision time, if needed, and additional subsequent review time, with specific due dates of all outputs and deliverables.
 |
| **Monthly Status Report (submitted until full implementation is reached)** | **Monthly** | **15th of every month (for prior month)** | **1** | **Grant Manager to fill in local****address** |
| **Objective:** To arrange for required permissions, logistics, and other start-up activities. **Activities:*** Verify needed accommodations to complete program such as school board authorization, media, accessibility (if applicable), dates, and space requirements.
* Prepare staff and purchase supplies and other required materials.
* Prepare information technology (IT) capabilities.
* The provider shall complete the Prevention Program Tool (PPT) contained in the Performance Based Prevention System (PBPS) during the initial contract negotiations or when negotiating an amendment to the contract, and submit to the contract manager for review. Once a contract has been signed, the "final" approved PPT shall be printed from PBPS and sent to the contract manager within thirty (30) days of contract execution.
* The provider’s Prevention Program Coordinator and any other personnel responsible for entering data into the Prevention data system, including providers who upload data from their own system, shall register and complete training on use of the PPT at least annually.
* The provider shall collaborate with the local community substance abuse coalitions (where available) to help develop prevention capacity to implement relevant and appropriate evidence-based practices in support of a department-approved Comprehensive Community Action Plan.
* Based on the most recent local department approved Comprehensive Community Action Plan, the provider agrees to administer and deliver appropriate evidence-based programs or strategies as specified in the Program Description required by Rule 65E-14.021, F.A.C., and is on file in the department contract manager’s file and incorporated herein by reference.
 |
| **Invoice Support Report** | **Monthly** | **15th of every month (for prior month)** | **1** | **Grant Manager to fill in local****address** |
| **Objective:** To affect change in the substance use, misuse, and abuse prevalence for the target population. **Activities:*** Provide prevention programming as specified in proposal and administer pre-and post-tests, if applicable.
* Provide measures for prevention strategies.
* Identify staff time spent performing prevention program services and activities.
 |
| **Evidence-based Fidelity Self-assessment Survey** | **Yearly** | **May 1st of each fiscal year** | **1** | **Grant Manager to fill in local****address** |
| **Fidelity Improvement Plan (if needed)** | **Yearly** | **June 15th of each fiscal year** | **1** | **Grant Manager to fill in local****address** |
| **Objective:** To ensure fidelity to the chosen program or prevention strategy and ensure quality of the data being submitted.**Activities:*** Verify automated pre-and post-test and demographic data with a sample of actual data collection forms.
* Institute quality fidelity improvement measures that monitor the faithfulness of the evidence-based program or strategy.
* Complete the fidelity checklist as part of the Fidelity Self-Assessment Survey.

***\* Yearly Fidelity Self-assessment Survey in SurveyMonkey© The Department will provide a link.*** |
| **Submit Data to Performance-Based Prevention System (PBPS)** | **Monthly** | **10th of the month (following close of prior month)** | **1** | **PBPS****(validated by Grant Manager)** |
| **Objective:** To determine the success of the program based on outcomes actually achieved.**Activities:*** The provider shall submit prevention data to PBPS. The provider shall submit the data electronically by the 15th of each month as specified in the DCF PAM 155-2. The provider shall also:
* Ensure that the data submitted clearly documents all program participants, programs and strategies which occurred under this contract;
* Ensure that all data submitted to PBPS is consistent with the data maintained in the provider’s clients’ files;
* Review the provider's File Upload History screen in PBPS to determine the number of records accepted, updated and rejected. Based on this review, the provider shall download any associated error files to determine which provider records were rejected and to make sure that the rejected records are corrected and resubmitted in the PBPS;
* Resubmit corrected records no later than the next monthly submission deadline. The failure to submit any data set or the provider’s total monthly submission per data set, which results in a rejection rate of ten percent (10%) or higher of the number of monthly records submitted will require the provider to submit a corrective action plan describing how and when the missing data will be submitted or how and when the rejected records will be corrected and resubmitted; and
* In accordance with the provisions of s. 402.73(1), F. S., and Rule 65-29.001 F.A.C., corrective action plans may be required for non-compliance, nonperformance, or unacceptable performance under this contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.
 |

1. **Task Limits**

The provider shall not perform any tasks related to the project other than those described in Section “Tasks and Deliverables” without the express written consent of the department.

1. **Performance Measures**

The provider agrees to the following performance measures supporting the grant objectives on Prevention Activities, Identified Capacity Strategies, Effectiveness of Implementation, and Planned versus Actual Services Provided as necessary to meet the local prevention priorities.

Program Specific (to be negotiated):

* At least \_\_\_\_\_participants will participate in the programs specified
* At least \_\_\_\_% of participants will complete the program

Data Submission

* One hundred percent (100%) of all data requested was entered into the prevention data system.
* Ninety percent (90%) data submissions were provided as scheduled.

In addition to the above performance measures, the provider proposes use of at least 3 additional performance measures based upon their evidence-based program or strategy.

###### **Outcome-Based Performance Measures**

Outcome-based performance measures include those checked below:

\_\_\_Percentage of decrease in the overall quantity and frequency of high-risk drinking

\_\_\_Percentage of change in the number of alcohol and other drug (AOD)-related problems

\_\_\_Improvements in number of underlying community conditions (as percentage)

\_\_\_Percent changes in alcohol sales and service techniques and policies in social or commercial hosting situations that cater to students

\_\_\_Improvements in evidence-based implementation fidelity (as percentage)

\_\_\_Improvements in use of culturally competent prevention content (as percentage)

\_\_\_Increase in the percentage of individuals involved in AOD abuse prevention efforts

\_\_\_Decrease in the percentage of media advertisements promoting high-risk drinking

**Process Measures**

Process measures include those checked below:

\_\_\_\_Total number of persons, youth and 18-20 year olds served monthly and yearly

\_\_\_\_Total number of capacity enhancement activities

\_\_\_\_Total number of relationship building activities with other community partners

\_\_\_\_Total number and frequency of alcohol-free social activities

**7. Requirements of Section 287.058, Florida Statute (F.S.)**

* 1. Provider agrees to maintain complete, accurate and adequate records, including financial records, relating to funds received pursuant to this agreement and of all expenditures made by provider and its sub-providers with grant funds. The provider will require audit and record keeping requirements in all sub-grants and assignments. All records shall be in sufficient detail to permit a proper pre audit and a post audit of all expenditures.
	2. Provider and partners identified in the Attachment I, agree to allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, F.S., and made or received by the Provider in conjunction with this agreement.

**8. Federal Law**

* 1. The provider agrees that, since this agreement contains federal funds, the provider shall comply with the provisions of 45 Code of Federal Regulations (CFR), Part 74 and/or 45 CFR, Part 92 and other applicable regulations.
	2. If this grant agreement contains over $100,000 in federal funds, the provider shall comply with all applicable standards, orders, or regulations issued under section 306 of the Clean Air Act, as amended (42 United States Code (U.S.C.) 7401 et seq.) section 508 of the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et seq.), Executive Order 11738, as amended and where applicable, and Environmental Protection Agency regulations (40 CFR, Part 30). The provider shall report any violations of the above to the department.
	3. No federal funds received in connection with this grant may be used by the provider, or agent acting for the provider or sub-provider to influence legislation or appropriations pending before the Congress or any State legislature. If this grant contains federal funding in excess of $100,000, the provider must, prior to agreement execution, complete the Certification Regarding Lobbying form, Attachment \_\_\_\_\_. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the grant manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the grant manager, prior to payment under this agreement.
	4. Unauthorized aliens shall not be employed. The department shall consider the employment of unauthorized aliens a violation of section 274A(e) of the Immigration and Nationality Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this agreement by the department.
	5. If this agreement contains $10,000 or more of federal funds, the provider shall comply with Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in Department of Labor regulation 41 CFR, Part 60 and 45 CFR, Part 92, if applicable.
	6. Since the agreement contains federal funds and provides services to children up to age 18, the provider shall comply with the Pro-Children Act of 1994 (20 U.S.C. 6081). Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

**9. Audits, Inspections, Investigations, Records and Retention**

1. The Provider shall establish and maintain books, records and documents (including electronic storage media sufficient to reflect all income and expenditure of funds provided by the Department.
2. Provider agrees to retain all financial records, supporting documents, statistical records and any other documents, whether kept by electronic storage media or otherwise, pertinent to this agreement for a period of not less than six (6) years after the termination of this agreement , or if audit findings have not been resolved at the end of the six (6) year period, the records shall be retained until resolution of the audit findings. State auditors and any persons duly authorized by the Department shall have full access to, and shall have the right to examine any of the said materials at any time during regular business hours**.**
3. Upon demand at no additional cost to the Department, the provider will facilitate the duplication and transfer of any records or documents during the retention period in Section 4.b.
4. These records shall be made available at all reasonable times for inspection, review, copying or audit by Federal, State or other personnel duly authorized by the Department.
5. At all reasonable times for as long as records are maintained, personnel duly authorized by the Department and Federal auditors, pursuant to 45 CFR, section 92.36(i)(10), shall be allowed full access to and the right to examine any of the provider’s subcontracts and related records and documents, regardless of the form in which kept.
6. Provider agrees to provide a financial and compliance audit to the Department as specified in this agreement and in the Financial and Compliance Attachment (Attachment II) and to ensure that all related party transactions are disclosed to the auditor

**10. Confidentiality of Client Information**

Provider shall not use or disclose any information concerning a recipient of services under this agreement for any purpose prohibited by state law or regulations (except with the written consent of a person legally authorized to give that consent or when authorized by law).

**11. Monitoring**

The Provider shall permit Department personnel or representatives to monitor the services that are the subject of this agreement.

**12. Indemnification**

Provider agrees to reimburse the Department, to the extent provided by law, for all claims, suits, judgments, or damages, including court costs and attorney’s fees, arising out of the negligent or intentional acts or omissions of the Provider, and its agents, sub-providers or partners and employees, during performance pursuant to this agreement.

**13. Civil Rights Compliance**

In accordance with Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, or the Florida Civil Rights Act of 1992, as applicable the provider shall not discriminate against any employee (or provider for employment) in the performance of this agreement because of race, color, religion, sex, national origin, disability, age or marital status. Further, the provider agrees not to discriminate against any participant or employee in service delivery or benefits in connection with any of its programs and activities in accordance with 45 CFR 880, 83, 84, 90, and 91, Title VI of the Civil Rights Act of 1964 or the Florida Civil Rights Act of 1992, as applicable and CFOP 60-16. These requirements shall apply to providers, sub providers and others with whom it arranges to provide services or benefits to prevention participants or employees in connection with its programs and activities.

1. Complete the Civil Rights Compliance Checklist, CF Form 946 in accordance with CFOP 60-16 and 456 CFR 80. This is required of all grants that have fifteen (15) or more employees.
2. Sub-providers who are on the discriminatory provider list may not transact business with any public entity, in accordance with the provisions of s.287.134, F.S.

**14. Sponsorship**

The Provider and partners shall, in publicizing, advertising, or describing the sponsorship of the program, state: “Sponsored by [insert Provider’s name] and the State of Florida, Department of Children and Families Substance Abuse Regional Program Office.” If the sponsorship reference is in written material, the words “State of Florida, Department of Children and Families” shall appear in the same size letters or type as the name of the organization.

**15. Publicity**

 Without limitation, except as provided in Paragraph 8, the provider and its employees, agents, and representatives will not, without prior departmental written consent in each instance, use in advertising, publicity or any other promotional endeavor any State mark, the name of the State's mark, the name of the State or any State affiliate or any officer or employee of the State, or represent, directly or indirectly, that any product or service provided by the provider has been approved or endorsed by the State, or refer to the existence of this grant agree in press releases, advertising or material distributed to the provider's prospective customers.

**16. Lobbying**

In accordance with §11.062 and 216.347, F.S., no funds provided by this grant may be expended for the purpose of lobbying the Legislature, the judicial branch, or a state agency.

**17. Public Entity crime and Discriminatory Contractors**

Pursuant to section 287.133, F.S., the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with the department. When a person or affiliate has been placed on the convicted provider list following a conviction for a public entity crime, he/she may not submit a bid, proposal, or reply on an agreement or contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on an agreement or contract with a public entity for the construction or the repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, F.S., for Category two for a period of thirty-six months from the date of being placed on the convicted provider list.

**18. Information Security Obligations**

An appropriately skilled individual shall be identified by the provider to function as its Data Security Officer. The Data Security Officer shall act as the liaison to the department's security staff and will maintain an appropriate level of data security for the information the provider is collecting or using in the performance of this agreement.

1. An appropriate level of security includes approving and tracking all provider employees that request or have access to any departmental data system or information.
2. The Data Security Officer will ensure that user access to the data system or information has been removed from all terminated provider employees.
3. The provider shall hold the department harmless from any loss or damage incurred by the department as a result of information technology used, provided or accessed by the provider.

**19. Health Insurance Portability and Accountability Act**

The provider shall, where applicable, comply with the Health Insurance Portability and Accountability Act (42 U.S.C. 1320d.) as well as all regulations promulgated there under (45 CFR Parts 160, 162 and 164).

**20. Support to the Deaf or Hard-of-Hearing**

The provider and any sub providers, where direct services are provided, shall comply with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504), the American with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA), and the Children and Families Operating Instruction (CFOP) 60-10, Chapter 4, entitled Auxiliary Aids and Services for the Deaf or Hard-of-Hearing.”

1. If the provider or any of its sub providers employees 15 or more employees, the Provider shall designate a Single Point of Contact (one per firm) to ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504, the ADA, and CFOP 60-10, Chapter 4. The name and contact information for the Provider’s Single Point of Contact shall be furnished to the Departments grant manager within 14 calendar days of the effective date of this requirement.
2. The provider shall, within 30 days of the effective date of this requirement, require that its sub providers comply with Section 504, the ADA, and CFOP 60-10, Chapter 4. A Single point of Contact shall be required for each sub provider that employs 15 or more employees. This Single Point –of- Contact will ensure effective communication with deaf or hard-of-hearing customers’ or companions in accordance with Section 5604, and the ADA and coordinate activities and reports with the provider’s Single Point –of- Contact.
3. The Single Point –of- Contact shall ensure that employees are aware of the requirements, roles & responsibilities, and contact points associated with compliance with Section 504, the ADA, and CFOP 60-10, Chapter 4. Further, employees of providers and its subcontractors with 15 or more employees shall attest in writing that they are families with the requirements of Section 504, the ADA, and CFOP 60-10, Chapter 4. This attestation shall be maintained in the employee’s personnel file.
4. The provider’s Single Pont-of-Contact will ensure that conspicuous Notices which provide information about the availability of appropriate auxiliary aids and services at no-cost to the deaf or hard-of-hearing customers or companions are posted near where people enter or are admitted within the agent locations. Such Notices must be posted immediately by providers and sub providers.. The approved Notice can be downloaded through the Internet at: <http://www.dcf.state.fl.us/admin/civilirights>
5. The provider and its sub providers shall document the customer’s or companion’s preferred method of communication and any requested auxiliary aids/services provided in the customer’s record. Documentation, with supporting justification, must also be made if any request was not honored. The provider shall submit compliance reports monthly, by the 5th business day following the reporting month, to the Department’s grant manager. The provider shall distribute Customer Feedback forms to customers or companions, and provide assistance in completing the forms as requested by the customer or companion.
6. If customers or companions are referred to other agencies, the provider must ensure that the receiving agency is notified of the customer’s or companion’s preferred method of communication and any auxiliary aids/service needs.

**21. Funding**

The State of Florida performance and obligation to pay under this agreement is contingent upon an annual appropriation by the Legislature. The release of these funds shall be subject to the availability of the funds and release of funds by the Department.

**22. Invoicing and Payment Schedule**

The invoice to be submitted to the Department shall be subject to the availability of funds and in accordance with the payment schedule below:

|  |
| --- |
| **12-Month Payment Schedule****for****FY 12-13, FY 13-14, FY 14-15** |
| **Deliverable/Task** | **\*Submit with Invoice for Services Rendered in:** | **Amount** |
| * **Activity Work Plan**
* **Invoice Support Report**
* **Data to PBPS**
 | **July** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
 | **August** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
 | **September** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
 | **October** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
 | **November** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
 | **December** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
 | **January** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
 | **February** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
 | **March** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
* **Evidence-based Fidelity Self-Assessment Survey**
 | **April** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
* **Fidelity Improvement Plan (if needed)**
 | **May** | **1/12 of annual contract amount** |
| * **Invoice Support Report**
* **Data to PBPS**
 | **June** | **1/12 of annual contract amount** |
|  | **Annual Contract Amount** |

**\*Invoices for prior month’s services and deliverables/tasks listed shall be submitted by the 15th of the month.**

**23. Cost Reimbursement Travel.**

The Department agrees to reimburse the Provider for Travel expenses up to a total dollar amount not to exceed $\_\_\_\_\_\_ for the period of \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_ for the period July 1, 2012 to June 30, 2013 and each year thereafter. For all travel expenses, a Department travel voucher, Form DFS-AA-15 (State of Florida Voucher for Reimbursement of Traveling Expenses) must be submitted. Original receipts for expenses incurred during officially authorized travel (items such as car rental and air transportation, parking and lodging, tolls and fares) are required for reimbursement. Subsection 287.058(1)(b), F.S., requires that bills for any travel expense shall be submitted in accordance with section 112.061, F.S., governing payments by the state for traveling expenses. CFOP 40-1 (Official Travel of the Department of Children and Families Employees and Non-Employees) provides further explanation, clarification and instruction regarding the reimbursement of traveling expenses necessarily incurred during the performance of official state business.

**24. Renegotiation or Modifications**

Any modification of provisions of this agreement shall be approved in writing by the regional grant manager at the Department’s regional office and signed by the Department and Provider. Written approval of any such modifications shall be attached to the original copy of this agreement and a copy shall be sent to the regional grant manager at the Florida Department of Children and Families Substance Abuse Program Office.

**25. Dispute Resolution**

Provider agrees to establish an informal dispute resolution process with which to resolve any disputes between the Provider and any sub-providers or Prevention Partnership partners. Disputes between the Provider and any sub-providers or Prevention Partnership partners will be resolved in accordance with those procedures. Where there is a conflict between the grant application incorporated herein by reference and this agreement, the agreement shall prevail.

**26. Data Submission**

Provider will submit information on grant activities to the Department’s Internet based prevention system on a monthly basis until all grant-funded activities are completed. Providers will capture and report grant activity and evaluation information pursuant to CFOP 155-2 as directed by the Department in the executed grant award. Failure to comply with the schedule of activities and reporting requirements will result in termination of the agreement.

**27.** **Notice**

Any notice that is required under this agreement shall be in writing and sent by hand delivery, U.S. Postal Service Certified mail, return receipt requested, or any expedited delivery service that provides verification of delivery. Said notice shall be sent to the representative of the Provider responsible for administration at the designated address contained in this agreement.

**28. Financial Penalties for Failure to Comply with Requirement for Corrective Action**

In accordance with the provisions of section 402.73k), F.S., and Rule 65-29.3001, F.A.C. corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance under this Agreement. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.

The increments of penalty imposition that shall apply, unless the Department determines that extenuating circumstances exist, shall be based upon the severity of the noncompliance nonperformance, or unacceptable performance that generated the need for corrective action plan. The penalty, if imposed, shall not exceed ten percent (10%) of the total contract payments during the period in which the corrective action plan has not been implement or in which acceptable progress toward implementation has not been made. Non compliance that is determined to have a direct effect on client health and safety shall result in the imposition of a ten percent (10%) penalty of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made.

Noncompliance involving the provision of services not having a direct effect on client health and safety shall result in the imposition of a five percent (5%) penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a two percent (2%) penalty.

The deadline for payment shall be as stated n the Order imposing the financial penalties. In the event of nonpayment, the Department may deduct the amount of the penalty from invoices submitted by the Provider.

1. **Termination**

This agreement may be terminated by either party without cause upon no less than thirty (30) calendar days notice in writing to the other party unless a sooner time is mutually agreed upon in writing. Said notice shall be delivered by U.S. Postal Service or any expedited delivery service that provides verification of delivery or by hand delivery to the contract manager or the representative of the Provider responsible for administration of the program.

In the event funds for payment pursuant to this agreement become unavailable, the Department may terminate this agreement upon no less than twenty-four (24) hours notice in writing to the Provider. Said notice shall be sent by U.S. Postal Service or any expedited delivery service that provides verification of delivery. The Department shall be the final authority as to the availability and adequacy of funds. In the event of termination of this agreement, the Provider will be compensated for any work satisfactorily completed.

In the event the Provider fails to fully comply with the terms and conditions of this agreement, the Department may terminate the contract upon no less than twenty-four (24) hours (excluding Saturday, Sunday, and Holidays) notice in writing to the Provider after Provider’s failure to fully cure such noncompliance within the time specified in a written notice of noncompliance issued by the Department specifying the nature of the noncompliance and the actions required to cure such noncompliance. In addition, the Department may employ the default provisions in Rule 60A-1.006(3) F.A.C., but is not required to do so in order to terminate the contract. The Department’s failure to demand performance of any provision of this contract shall not be deemed a waiver of such performance. The Department[s waiver of any one breach of any provision of this contract shall not be deemed to be a waiver of any other breach and neither event shall be construed to be a modification of the terms and conditions of this agreement. The provisions herein do not limit the Department’s right to remedies at law or in equity.

Failure to have performed any agreement obligation s under any other agreement or contract with the Department in a manner satisfactory to the Department will be a sufficient cause for termination. To be terminated as a Provider un this provision, the Provider must have (1) previously failed to satisfactorily perform in a contract with the Department, been notified by the Department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the Department; or (2) had a contract or agreement terminated by the Department for cause. Termination shall be upon no less than twenty-four (24) hours notice in writing to the Provider.

**30.** **Award of Sub-grants**

Provider agrees that it will award sub-grants to PPG Partners as described in its application and that it will do all things which it asserted that it will do in that application including, but not limited to, supervising and coordinating expenditures made by sub-providers. Provider further agrees to assure that funds are expended for the purposes intended and that a full accounting for these grants funds is made.

**31.** **Legal Venue**

This agreement is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the applicable State of Florida laws. Each party shall perform its obligations herein in accordance with the terms and conditions of this agreement. It is hereby agreed by the parties that in the event that litigation by either party to this agreement becomes necessary that venue shall be proper in Leon County, Florida.

**32.** **End Date**

This agreement shall be effective on the date on which the agreement has been signed by both parties. It shall end at midnight, local time in Tallahassee, Florida, on June 30, 2015.

**33.**  **Official Name of Payee and Representatives:**

1. Official name of payee and address where payment is to be sent:

[Insert provider’s name and address]

1. The name, address, telephone number, and email address of the regional grant manager for the Provider under this agreement is:

[Insert Provider Regional Grant Manager and address]

1. The name, address, telephone number, and email address of the Grant Manager for the Department under this agreement is:

Ellen Piekalkiewicz, Prevention Director

Department of Children and Families Substance Abuse and Mental Health Program Office

1317 Winewood Boulevard, Building 6, Suite 300

Tallahassee, Florida 32399-0700

Local: (850) 487-2920

Ellen\_Piekalkiewicz@dcf.state.fl.us

1. The name, address, telephone number, and email address of the Regional Grant Manager for Department of Children and Families under this agreement is:

[Insert Department’s Regional Grant Manager]

This agreement and its attachments, including the grant application and any associated exhibits, incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this agreement shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of this agreement is legally determined unlawful or unenforceable, the remainder of the agreement shall remain in full force and effect and such term or provision shall be stricken.

IN WITNESS THEREOF the parties hereto have executed this [insert page numbers of entire document here**] a**greement, including attachments, by their undersigned officials as duly authorized.

**PROVIDER: [Insert Provider Name]**

**Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Federal EID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Fiscal Year Ending Date: \_\_\_\_/\_\_\_\_**

**\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \***

# STATE OF FLORIDA - DEPARTMENT OF CHILDREN AND FAMILIES

#

#  Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Name: [Approved Regional Department Representative]

#  Title: [Title of Regional Department Representative]

#  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

*(grant manager: select either Department Representative or Managing Entity Representative and delete the one that is not applicable.)*

# Name: [Approved Managing Entity Representative]

# Title: [Title of Managing Entity Representative]

# Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prevention Partnerships Grant Invoice**

|  |  |
| --- | --- |
| **Invoice Number:** |  |
| **PPG Agreement Number:** |  |
| **Date:** |  |
| **Provider:** |  |
| **Billing Month/Year** |  |
| **Tasks/Deliverables (check if submitted w/invoice)** |
|  **Monthly Invoice Support Report** |  |
|  **Activity Work Plan** |
|  **Data Submitted to PBPS (sent electronically)** |
|  **Evidence-based Fidelity Self-Assessment Survey** |
|  **Fidelity Improvement Plan** |
| **Amount Requested** |  |
| **Amount Remaining for Fiscal Year** |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Regional or Managing Entity Contract Manager Signature Date**

1. Note qualifying for negotiation does not assure an application will be funded. Scored applications will be ranked by headquarters staff. Negotiations will be conducted by the Regional Office or Managing Entity, as applicable. The highest scoring applicant first and then subsequent applicants based on scores until funds are fully awarded. [↑](#footnote-ref-1)
2. If a Community Needs Assessment Logic Model, Community Resource Assessment, and a Community Action Plan **have not been approved** for your community, the applicant will work with the local community substance abuse coalition to obtain approval. In the absence of a functioning community substance abuse coalition, an applicant partnership will initiate coalition activities for the community. The Department provides guidance for conducting assessments through the *Substance Abuse Response Guide* (SARG). . Technical assistance for completing a logic model is available by calling (850) 717-4416. [↑](#footnote-ref-2)