

Executive Board Meeting

April 24, 2017

Meeting Notes

The Executive Board of the North Central Florida Health Care Coalition (NCFHCC) met on Monday, April 24, 2017, at 2:00 p.m. at the Alachua County Emergency Operations Center in Gainesville, Florida.

Documents provided to the NCFHCC Board:

1. NCFHCC Board Meeting Agenda – April 24, 2017
2. Executive Board Meeting Minutes/Notes – March 27, 2017
3. Balance Sheet – NCFHCC – As of 3/31/2017
4. Statement of Revenues and Expenditures Report – From 1/1/2017 Through 3/31/2017
5. General Ledger – Bank of America 03/17 Statement reconciled with Balance Sheet
6. Bank of America Checking Account Statement – March 2017
7. FL-DOH DOH 16-034 Request for Proposals (RFP) for Health Care Coalitions
8. RFP – HCC Work Plan Template
9. NCFHCC Resolution: Creation of the Region 3 Healthcare Coalition Alliance

Other documents not distributed but provided within this packet:

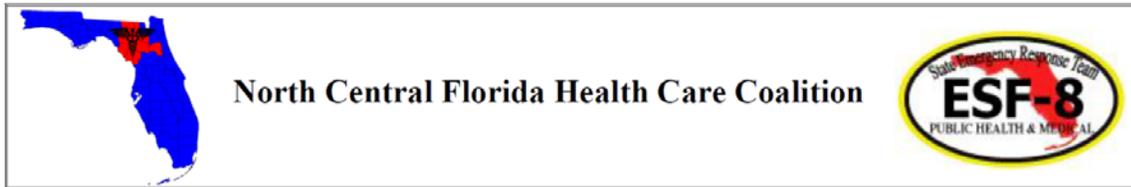
1. Initial Planning Meeting Agenda – Functional Exercise April 17, 2017

Call to Order

Validation of Voting Members Present (Quorum)

The meeting was called to order by Chair Harold Theus, with a validation of a quorum, with the following seven (6) Board members present:

- Harold Theus, Chair, Deputy Chief Alachua County Fire Rescue
- Dan Mann, Vice-chair, Preparedness Planner, DOH Bradford and Union Counties
- Suzanne DeKay, Secretary/Treasurer and At-Large Member, Director of Safety, Security, and External Transportation, UF Health Shands
- Ebbin Spellman, Health Systems / Hospital Discipline Lead, Safety and Emergency Preparedness, UF Health Shands



- Jen Horner, Emergency Management Discipline Lead, Program Coordinator, Alachua County
- Mary Garcia, Public Health Discipline Lead, Administrator / Health Officer, DOH Putnam County

For others in attendance, please see attached sign-in sheet. Introductions were made.

Approval of Minutes

A correction to the meeting minutes from February 27, 2017 was noted regarding the Project Proposal Submission and Scoring Process. A Work Group was formed and consists of Dan Mann, Jen Horner, Mitch Harrell, and Ebbin Spellman. The previous meeting notes will be corrected and distributed to the Board.

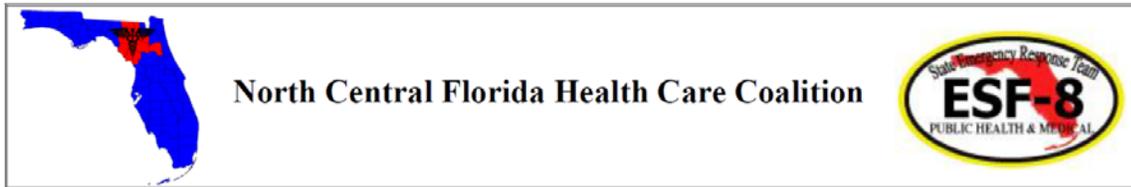
Approval of February 27, 2017 meeting minutes with above amendment was moved for approval by Dan Mann and seconded by Jen Horner. Motion passed unanimously.

Financials

Coordinator Donald Greist provided a financials update to the Board. The March 2017 bank statement was reviewed. It was noted that Check# 1023 for \$375.00 is the only outstanding item not included in the bank statement. The Balance Sheet as of 3/31/2017 was reviewed and the deduction in the amount of \$674.72 was stated to be comprised of QuickBooks subscription through June 30, 2017 (\$105.00), Powell and Jones CPAs filing of Form 990 (\$375.00), and MyFlorida MarketPlace vendor fee (\$194.72).

WellFlorida Director Lindsey Redding noted that the only current budget allocation is for Northeast Florida Regional Council for \$15,000.00 for the planning, implementation, and evaluation of the H7N9 Flu Pandemic – Functional Exercise to be held on June 15, 2017. Ms. Redding also stated that an amount of \$27,817.75 is due to NCFHCC from FL-DOH for Quarter 3 Invoice No. COP43-A1 dated April 7, 2017.

Secretary/Treasurer Suzanne Dekay made note of the projected balance for NCFHCC on July 1, 2017 to be approximately \$32,678.00 which will be carried over to the new fiscal year (July 1 2017 – June 30, 2018). After some discussion it was made clear to the Board that this amount will be retained by NCFHCC and may be used towards future projects. It was noted that FL-DOH discourages excessive amounts to be carried forward from year to year. It was discussed



that NCFHCC should retain a certain percentage of funds after projects have been awarded each year; however, this percentage was not defined.

Coordinator Updates

Quarter 3 Deliverables Submitted for Approval to FL-DOH (April 14th)

Quarter 3 Deliverables were submitted for review on April 14, 2017 to Dawn Webb, contract manager. The Deliverables have been accepted and the accompanying Q3 invoice will be paid by FL-DOH to NCFHCC.

Exhibit 4 Updated Work Plan:

Minor updates were made to the Work Plan including, updating the Chair Contact Info, HCC Task Force Members, HCC Member Organizations, and Projected Budget Update. The H7N9 Flu Pandemic – Functional Exercise was added as Anticipated Project 1.

Summary Report (January, February, and March HCCTF Meetings)

Donald Greist did not personally attend the face-to-face meeting in January, but was able to provide a summary report of this meeting by referencing material left for review by Myesha Ponder, the previous coordinator. The February HCCTF conference call was attended by Mr. Greist and a summary was provided. The March HCCTF conference call was attended by Chief Harold Theus, and coordinators Ms. Abarca and Mr. Greist. A summary of this call was also provided.

Exhibit 5 Communication Capability Test Sample

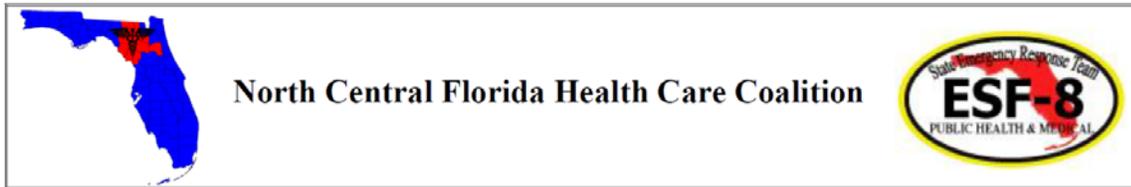
The results of the Communications Capability Test conducted via email were provided and interpreted.

Exhibit 6 Deployable Resources / MRPs

A total of nine (9) MRPs were included. These MRPs will be further defined and additional resources will be identified in order to submit the final MRP for quarter 4.

Exhibit 7 MYTEP Report

This report was compiled by Myesha Ponder and was included with the quarter 3 package. The Board discussed the purpose of the MYTEP and how it should be conceived and developed going forward. MYTEP reports from each of the Coalitions 11 counties' Health and Emergency Management Departments as well as any Hospitals will be compiled into a



single document and trainings that appear most often should be brought to the attention of the Coalition. Any training that the Coalition may be able to address through its own resources will be included on the NCFHCC's MYTEP. This will increase the meaningfulness and applicability of this document for Coalition members.

Exhibit 8 Invoice Letter

The invoice letter was reviewed.

Website: www.ncfhcc.org

The website remains a work in-progress as information about NCFHCC, new materials and resources are added. The coordinator has received initial training from Acceleration staff on updating the website. The Coalition will now be able to add content, post resources, and news and events for its members. All minutes and previously composed documents will also be published to the NCFHCC website for the Coalition members' use.

H7N9 Flu Pandemic Functional Exercise – Initial Planning Meeting

There was a strong turnout for the Initial Planning Meeting, especially among Health Systems / Hospitals. The meeting was informal and designed to create discussion and to get buy-in to the exercise. Organization were made aware of their responsibilities should they choose to participate.

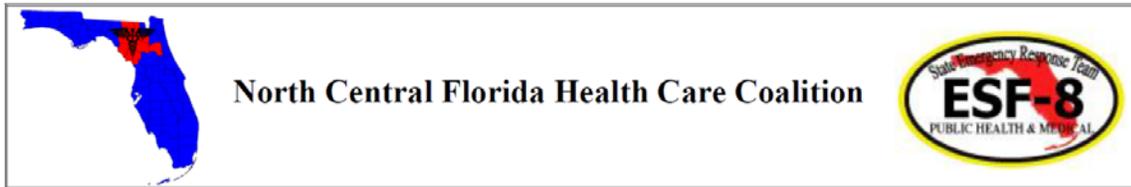
Quarter 4 News, Events, and Happenings

Health Care Coalition Task Force Meeting (April 27th, 2 PM – 3 PM)

This meeting was announced to the Board.

HCC Task Force Face to Face Meeting in Viera, May 31 – June 1 (Harold, Dan, and Donald attending)

A reminder for the meeting was given and information that will be forthcoming from FL-DOH regarding travel will be passed on to attendees.



Old Business

Project Proposal Submission and Scoring Process

A Work Group has been formed consisting of Dan Mann, Jen Horner, Ebbin Spellman, and Mitch Harrell. The Work Group will meet and bring a proposal back to the Board at the May 22nd meeting or the June meeting, at the latest.

Schedule next Coalition Membership Meeting

The Board decided to table this business until the next Board meeting in June.

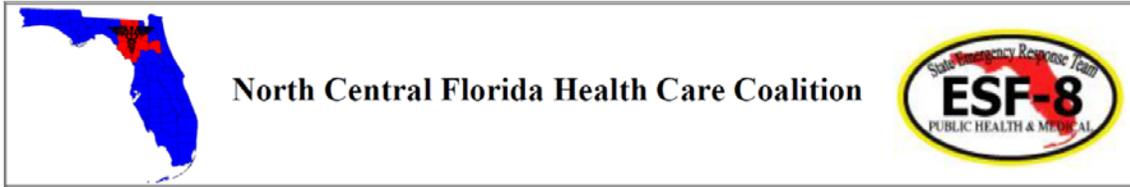
New Business

Request for Proposal (RFP) for HCCs: Approval of resolution to create a regional alliance

Chair Harold Theus and Vice-Chair Dan Mann discussed with the Board the concept of forming a Regional Alliance consisting of NEFHCC, CHAMPS, and NCFHCC. The formation of the Alliance is in response to the RFP and the idea that FL-DOH desires fewer contracts with which to deal and may be seeking proposals that regionalize HCCs. There are seven (7) regions currently defined by FL-DOH. NCFHCC resides in Region 3. The Alliance would task Northeast Florida Regional Council (NEFRC) with submitting the RFP on NCFHCC's behalf as it would include NCFHCC within Region 3 for which they would submit a proposal. NEFRC would serve as the Alliance's Fiduciary Agent and manage the contract. It is believed they would then "farm out" tasks associated with completing the Deliverables to the three (3) existing HCCs and allow them to enter into contracts in order to meet these Deliverables requirements.

It was the concern of the Board that their autonomy would be diminished and that new fees would raise costs and lower their ability to serve the NCFHCC's members. It was discussed that if NEFRC served as the Fiduciary Agent that they may retain up to 15% of the award to distribute funds and manage the contract. It concerned the Board as to what services they would receive for this 15% fee. Despite having reservations some on the Board did see this Alliance as strengthening the Coalition's influence since their power would be consolidated.

It was the recommendation of the Chair and Vice-Chair to approve the Resolution to support the formation of the Alliance to safeguard against the possibility of an outside agency bidding for control over NCFHCC or Region 3. Given that the Resolution is not legally binding and essentially is a show of support a motion was made to approve the Resolution.



It was announced that FL-DOH is accepting questions that will be due by 5:00 p.m., May 2nd. The Board will compose a list of questions to be submitted to FL-DOH for a response.

Suzanne Dekay made a motion to approve the Resolution Supporting the Creation of the Region 3 Healthcare Coalition Alliance. Dan Mann seconded the motion. Motion was approved unanimously.

Replacement for Jennifer Grafton – Healthy Systems/Hospitals Discipline

The Health Systems/Hospitals Discipline received two nominations. However, it did not appear that one nominee, Mr. Jim Miller, qualified to serve as Discipline lead because his organization, Palms Medical Group, may not be an example of a Health System or Hospital. The other nominee was Ebbin Spellman of UF Health Shands, nominated by Suzanne Dekay.

Suzanne Dekay made a motion to allow the Health Systems/Hospitals to vote, if necessary, on the election of a new Discipline Lead. Jen Horner seconded the motion. Motion was approved unanimously.

Next Meeting

The next meeting of the NCFHCC Board will be held on **Monday, May 22, 2017 at the Alachua County Emergency Operations Center from 2:00 p.m. – 4:00 p.m.** With no further business, the meeting was adjourned at 3:40 p.m. by Chair Harold Theus.



Board Meeting Agenda

Date/Time: Monday, April 24, 2017, 2:00 p.m. – 4:00 p.m.

Location: Alachua County Emergency Operations Center

1100 SE 27th Street, Gainesville, FL 32641

1. Call to Order

- Validation of voting members present
- Approval of minutes from March 27, 2017
(Action Item: motion is required)

2. Financials

- Financial Report
- Current Budget Allocations

3. Coordinator Updates

- Quarter 3 Deliverables Submitted for Approval to FL-DOH (April 14th)
 - i. Exhibit 4 Updated Work Plan
 - ii. Summary Report (January, February, and March HCCTF Meetings)
 - iii. Exhibit 5 Communication Capability Test Sample
 - iv. Exhibit 6 Deployable Resources / MRPs
 - v. Exhibit 7 MYTEP Report
 - vi. Exhibit 8 Invoice Letter
- Website: www.ncfhcc.org
- H7N9 Flu Pandemic Functional Exercise – Initial Planning Meeting
- Quarter 4 News, Events, and Happenings
 - i. Health Care Coalition Task Force Meeting (April 27th, 2 PM – 3 PM)
 - ii. HCC Task Force Face to Face Meeting in Viera, May 31 – June 1
(Harold, Dan, and Donald attending)

4. Old Business

- Project Proposal Submission and Scoring Process
- Schedule next Coalition Member Meeting



North Central Florida Health Care Coalition



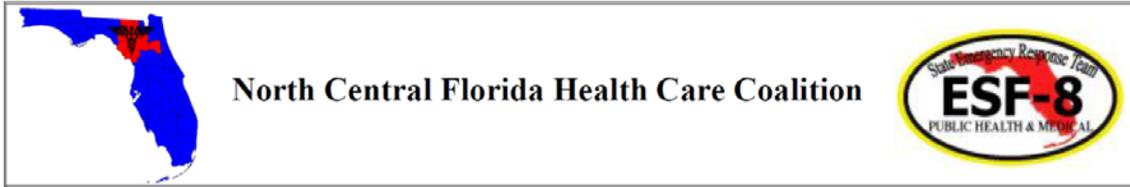
5. New Business

- Request for Proposal (RFP) for HCCs: Approve of resolution to create a regional alliance
(Action Item: motion is required)
- Replacement for Jennifer Grafton – Healthy Systems/Hospitals Discipline

6. Next Meeting: Monday, May 22, 2017, 2:00 p.m. – 4 p.m. Alachua County Emergency Operations Center

List of Materials Provided:

1. Agenda Board of Directors Meeting: March 27, 2017
2. Minutes 3/27/2017
3. Balance Sheet – As of 3/31/2017
4. Statement of Revenue and Expenditures - 1/1/2017 – 3/31/2017
5. Bank of America Checking Statement – March 2017
6. FL-DOH DOH 16-034 Request for Proposals for Health Care Coalitions
7. HCC Workplan Template
8. NEFHCC Resolution: Creation of the Region 3 Healthcare Coalition Alliance



Executive Board Meeting

March 27, 2017

Meeting Notes

The Executive Board of the North Central Florida Health Care Coalition (NCFHCC) met on Monday, March 27, 2017, at 2:00 p.m. at the Alachua County Emergency Operations Center in Gainesville, Florida.

Documents provided to the NCFHCC Board:

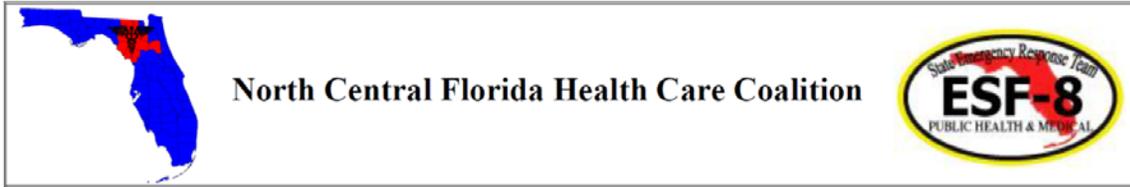
1. NCFHCC Board Meeting Agenda – March 27, 2017
2. Balance Sheet – NCFHCC – As of 2/28/2017
3. Statement of Revenues and Expenditures Report – From 1/1/2017 Through 2/28/2017
4. General Ledger – Bank of America 02/17 Statement reconciled with Balance Sheet
5. Bank of America Checking Account Statement – February 2017
6. NCFHCC Approved Budget 2016-2017 (July 1-June 30) spreadsheet with projected expenses, incomes, and balance
7. Executive Board Meeting Minutes/Notes – January 23, 2017
8. Executive Board Meeting Minutes/Notes – February 27, 2017
9. Health Care Coalition Task Force Call Agenda – February 2017
10. Contacts Spreadsheet by Discipline
11. Exhibit 6 Deployable Resources / Mission Ready Packages Template

Call to Order

Validation of Voting Members Present (Quorum)

The meeting was called to order by Chair Harold Theus, with a validation of a quorum, with the following seven (7) Board members present:

- Harold Theus, Chair, Deputy Chief Alachua County Fire Rescue
- Dan Mann, Vice-chair, Preparedness Planner, DOH Bradford and Union Counties
- Ebbin Spellman, Proxy Treasurer/Secretary, UF Health Shands, Safety and Emergency Preparedness
- Jen Horner, Emergency Management Discipline Lead, Program Coordinator, Alachua County



- Mary Garcia, Public Health Discipline Lead, Administrator / Health Officer, DOH Putnam County (via conference call)
- Mitch Harrell, Emergency Medical Services Discipline Lead, Director of Public Safety, DOH Levy County (via conference call)

For others in attendance, please see attached sign-in sheet. Introductions were made.

Approval of Minutes

Approval of February 27, 2017 meeting minutes was moved for approval by Dan Mann and seconded by Ebbin Spellman. Motion passed unanimously.

Financials

Chief Harold Theus provided an update to the Board of the current financials and reviewed the Balance Sheet (as of 2/28/2017) noting that expenses in the amount of \$674.72 represent three individual expenses, which include:

1. MyFlorida Marketplace fee \$194.72
2. Powell and Jones, CPAs preparation and filing of Form 990 (1/1/2016-12/31/2016) \$375.00
3. QuickBooks subscription for February 2017 through June 2017 \$105.00.

It was also noted that Form 990 will need to be filled again for \$375.00 to close out 1/1/2017-6/30/2017 to be on the same fiscal schedule as the FL-DOH 7/1-6/30.

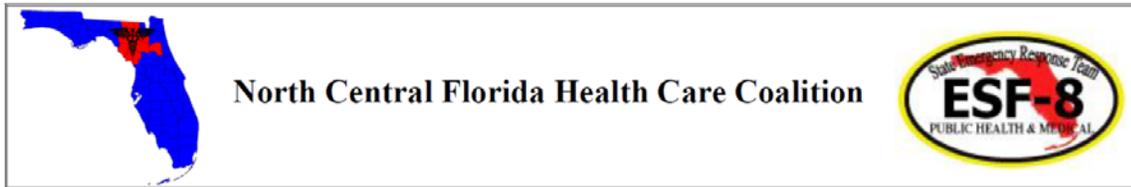
Ebbin Spellman made a motion to approve current financials and Jen Horner seconded the motion. Motion was approved unanimously.

Coordinator Updates

Quarter 3 Deliverables

Task 2 Update Work Plan:

The coordinator, Donald Greist, explained the Work Plan needs to be updated each quarter based on the progress of the Coalition throughout the year. This task was covered later during New Business.



Task 3 Participate in HCC and Task Force Meetings (Summary Report)

The coordinator, Donald, stated that both he and fellow coordinator, Chris Abarca, will compare notes for the past quarter covering all HCC and TF meetings and produce a Summary Report to be submitted as a deliverable.

Task 4 Communication Capability Test

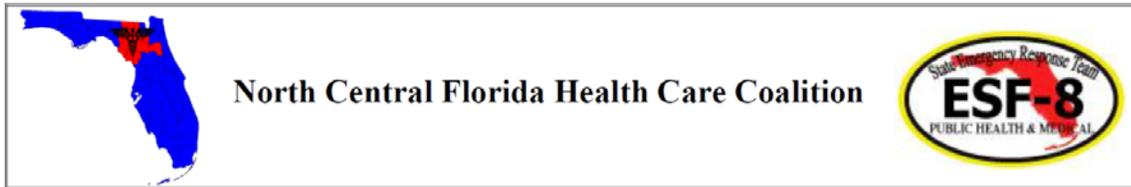
Donald stated that a small number of members, 21 in all, completed the Google Form to update their contact information. The discipline leads sent out a pre-drafted email to their discipline specific members to request this information. This information will be used to update any contact information for members that appear on the Communications Capability Test list. It was also determined that contact information pertaining to those on the Communications Capability Test list would be confirmed or updated each quarter well ahead of conducting the test. It was also discussed that the Coalition does not have to meet any specific target regarding the results of this test, but will aim to gradually improve over time. The test is anticipated to occur this week by Friday, March 31st.

The Board also determined that Emergency Management Departments should have a maximum of (2) two contacts, Hospitals a minimum of (3) contacts, Health Departments a minimum of (2) contacts, and Emergency Medical Services (2) two or (3) three contacts listed for each agency on the test list. It was decided that the discipline leads would provide the coordinator with confirmed or updated information or provide guidance on who to contact within organizations for the appropriate information.

Task 5c Second Draft of MRP

It was discussed that presently, only two MRPs have been identified and submitted for quarter 2. Coordinator, Donald, stated that he has received positive feedback from two individuals, Lola Butler, Preparedness and Response County Coordinator for Dixie County, and Howell Batts, Region 2 Planning Consultant at DOH-Leon. The coordinator will work with these individuals as well as the Board to identify MRPs to quickly add to this deliverable, the immediate requirement being to improve upon the existing MRPs submitted.

However, the Board acknowledged this is a major objective for the Coalition moving forward and represents one of the greatest resources the Coalition has to offer its members. The Board planned to gradually build-out this list of resources by gaining buy-in from members at face-to-face interactions, followed-up by reaching out to these same members for specifics to be listed as MRPs. Eventually, the Board would like to see the MRPs or organized by discipline. The Board



also suggested that a discipline-customized template be provided to members to achieve a stronger response.

Quarter 3 News, Events, and Happenings

Health Care Coalition Task Force Meeting (March 23rd)

Coordinator, Chris Abarca, provided a review of the March call and went over the agenda with the Board. The Face-to-Face meeting in Viera, FL on May 31 – June 1 was mentioned and the Board discussed ways in which a hotel reservation and any other arrangements might be secured and paid for without having to be reimbursed by the Coalition at a later time. It was confirmed that in order for WellFlorida to make these arrangements and provide payment that the Board would first have to approve the expenditure. The Board also discussed using a Check/Debit Card that the Coalition may have. A decision was not reached and the topic will be readdressed during the upcoming Board meeting in April. Until then the coordinator will research into whether FL-DOH covers these travel expenses, find out if/when FL-DOH will provide details on any special rate blocks, and also investigate possible accommodations and rates.

Website: www.ncfhcc.org

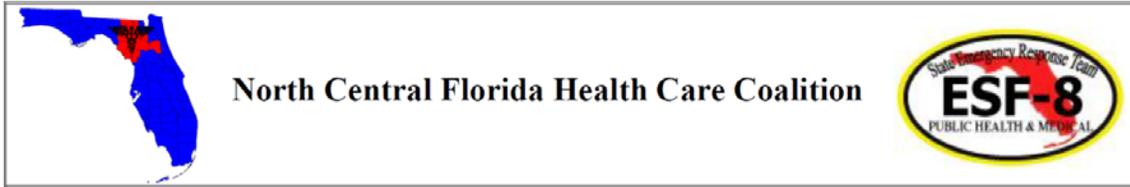
The coordinator, Donald, stated that he will be receiving training from Acceleration staff on updating the website himself. This will enable the Coalition to add content, post resources, and news and events for its members. All minutes and previously composed documents will also be published to the NCFHCC website for the Coalition members' use.

Old Business

Quarter 4 Task 8 HSEEP Functional or Full-scale (status of contract with North East Florida Regional Council)

Harold announced to the Board that the contract with North East Florida Regional Council has been signed and accepted by FL-DOH and the Coalition will now be able to plan and participate in a Functional Exercise. A list of meeting date ranges were provided to the Board for the three required planning meetings. The Board decided on the following schedule:

1. Initial Planning Meeting – April 17 @ 10:30 a.m. to 12:30 p.m. Face-to-Face meeting in Gainesville (Location: TBA)
2. Mid-Term Planning Meeting – May 18 @ 10am to 12pm. Face-to-Face meeting in Gainesville (Location: TBA)



3. Final Planning Meeting – June 6 @ 10am to 12pm. Face-to-Face meeting in Gainesville (Location: TBA)
4. Exercise Date – June 15

The Board decided that Donald will craft an email to the Public Health and Hospitals Disciplines that will be sent out via the discipline leads to their respective discipline-specific members. It was also decided that the Conference Call option remain open for those that cannot attend the planning meetings in person since our region is quite large and it may not be possible for some organizations to physically attend all the meetings. It was confirmed by the Board after some discussion that each organization that would like to participate must have at least one person attend all three meetings either face-to-face or via conference call. The benefits of participating in this exercise will be expressed to Health Departments and Hospitals as they may have a requirement that must be met pertaining to practicing their POD Plans.

HCC Task Force Face to Face Meeting in Viera, May 31 – June 1 (Harold, Dan, and Donald attending)

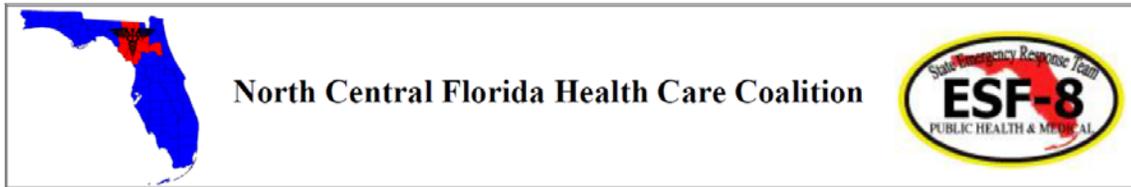
This item was discussed earlier in the meeting.

Project Proposal Submission and Scoring Process

The Board decided to table this business until the next Board meeting. However, it was discussed that the planning process should begin now. A Work Group was formed consisting of Dan Mann, Jen Horner, Ebbin Spellman, and Mitch Harrell. This Work Group will meet independently and bring to the Board a proposal for a fair methodology by which project submissions may be evaluated. The Work Group will make this proposal at the May Board meeting. Donald will send two documents provided by outside Coalitions to be used during the Work Group's planning process.

Schedule next Coalition Membership Meeting

The Board decided to table this business until the next Board meeting in April.



New Business

Task 2 Update Work Plan:

It was decided after reviewing the Work Plan that minimal be put forth since there is only three months left in the fiscal year. The coordinator, Donald, will make minor updates to the Work Plan. It was acknowledged after some discussion that focus on forming a Work Plan should address the upcoming fiscal year (2017-2018), beginning July 1st. The Board decided that work should begin on reviewing what our Coalition's gaps might be, prior to July 1st. Some part of the Work Plan for 2017-2018 will depend upon the characteristics of the required deliverables.

Replacement for Jennifer Grafton – Health Systems/Hospitals Discipline:

The Board discussed this issue and agreed the Bylaws do not adequately address this specific situation. It was the view of Dan Mann and the Board that a call for nominations should be sent out to the Coalition members within the Health Systems/Hospitals discipline for someone to serve the remainder of her term. After nominations, this discipline should select their desired representative. The Board decided that Donald will send out a call for nominations to this discipline and proceed with the voting process. If there are no nominations then the Board will discuss the matter further at the upcoming Board meeting in April.

Functional Exercise Update – Tentative Schedule:

This item was discussed earlier in the meeting.

Next Meeting

The next meeting of the NCFHCC Board will be held on **Monday, April 24, 2017 at the Alachua County Emergency Operations Center from 2:00 p.m. – 4:00 p.m.** With no further business, the meeting was adjourned at 3:25 p.m. by Chair Harold Theus.

Balance Sheet - NCFHCC
As of 3/31/2017

91110 - North Central Florida Healthcare Coalition
Cash Basis Accounting

		<u>Current Period Balance</u>
Assets		
Cash		
Cash- Bank of America	10000	<u>33,688.23</u>
Total Cash		<u>33,688.23</u>
Total Assets		<u><u>33,688.23</u></u>
Net Assets		
Prior Year Net Assets		
Net Assets	30000	<u>(674.72)</u>
Total Prior Year Net Assets		<u>(674.72)</u>
Current Year Net Income/Loss		
		<u>34,362.95</u>
Total Current Year Net		<u>34,362.95</u>
Total Net Assets		<u>33,688.23</u>
Total Liability & Net Assets		<u><u>33,688.23</u></u>

**Statement of Revenues and Expenditures - NCFHCC-Individual Funds Comparison - Unposted Transactions Included In
Report
From 1/1/2017 Through 3/31/2017**

**91110 - North Central Florida Healthcare Coalition
Cash Basis Accounting**

		<u>Current Year Actual</u>
Revenues		
Federal / State Revenues		
State/DOH Administrative	39130	<u>0.00</u>
Total Federal / State Revenues		<u>0.00</u>
Total Revenues		<u>0.00</u>
Expenditures		
Administrative Expense		
Other Admin. Expenses		
Office Supplies	51500	0.00
Accounting Svcs	53000	480.00
Dues/Subs/Pubs/Education	54000	0.00
Professional Fees	54200	0.00
Insurance/Bonding	56500	0.00
Bank/Transaction Fees	57500	<u>194.72</u>
Total Other Admin. Expenses		<u>674.72</u>
Total Administrative Expense		<u>674.72</u>
Contract Services*		<u>0.00</u>
Total Contract Services		<u>0.00</u>
Total Expenditures		<u>674.72</u>
Net Income/Loss		<u>(674.72)</u>

NCFHCC
Bank Rec 03/17

	Initials	Date
Prepared By		
Approved By		

BOA - 9734

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Balance per bank stmt

\$ 34063.23

O/S checks

✓ # 1023 - Powell & Jones - 990

< 375.00 >

Balance per General Ledger

\$ 33688.23 ✓

✓ = agrees w/ Balance Sheet



P.O. Box 15284
Wilmington, DE 19850

Bus Platinum Privileges



Customer service information

- 1.888.BUSINESS (1.888.287.4637)
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

AI 0 075 537 034 012351 #01 AV 0.373

NORTH CENTRAL FLORIDA HEALTH CARE COALIT
1785 NW 80TH BLVD
GAINESVILLE, FL 32606-9178



Your Business Advantage Checking Bus Platinum Privileges

for March 1, 2017 to March 31, 2017

Account number: 8980 4244 9734

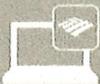
NORTH CENTRAL FLORIDA HEALTH CARE COALIT

Account summary

Beginning balance on March 1, 2017	\$34,257.95
Deposits and other credits	0.00
Withdrawals and other debits	-0.00
Checks	-194.72
Service fees	-0.00
Ending balance on March 31, 2017	\$34,063.23

- # of deposits/credits: 0
- # of withdrawals/debits: 1
- # of items-previous cycle¹: 2
- # of days in cycle: 31
- Average ledger balance: \$34,119.76

¹Includes checks paid, deposited items & other debits



Small Business
Online Banking

Banking at your fingertips

Our **Mobile Banking app**¹ can help you gain more control.

Text **BizAPP** to **226526** to download the app.² By texting us, you agree to receive an automated text message reply. Not a condition of purchasing any products or services.



TIP OF THE MONTH

¹ Mobile Banking requires enrollment through the Mobile Banking app, Mobile website or Online Banking. Enrollment through the Mobile Banking app is not available on all devices. View the Online Banking Service Agreement at bankofamerica.com/serviceagreement for more information. Data connection required. Wireless carrier fees may apply. ² For the text message, supported carriers include but are not limited to AT&T, Verizon Wireless, T-Mobile, MetroPCS, Sprint, Boost, Virgin Mobile USA, Cincinnati Bell, U.S. Cellular. Text **STOP** to 226526 to cancel and text **HELP** to 226526 for help. ©2017 Bank of America Corporation. | ARPH6MVV | 5SM-10-16-0611A



Checks

Date	Check #	Amount
03/10/17	1024	-194.72
Total checks		-\$194.72
Total # of checks		1

Service fees

Based upon the activity below, the monthly fee on your Business Advantage checking account was waived for the statement period ending 02/28/17:

You are an active user of one of the following services

- Bank of America Merchant Services
- Payroll Services

OR

At least one of the following occurred during the previous month

- \$2,500+ in new net purchases on a linked Business credit card
- \$15,000+ average monthly balance in primary checking account
- \$35,000+ combined average monthly balance in linked business accounts

A check mark indicates that you have qualified for a monthly fee waiver on the account based on your usage of these products or services. For information on how to open a new product or to link an existing service to your account please call 1-888-BUSINESS or visit bankofamerica.com/smallbusiness.

Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)
03/01	34,257.95	03/10	34,063.23

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TITLE PAGE
FLORIDA DEPARTMENT OF HEALTH
DOH 16-034



10-2016

REQUEST FOR PROPOSALS (RFP)
FOR
Health Care Coalitions

Respondent Name: _____

Respondent Mailing Address: _____

City, State, Zip: _____

Telephone: () _____ **Fax Number:** () _____

E-Mail Address: _____

Federal Employer Identification Number (FEID): _____

BY AFFIXING MY SIGNATURE ON THIS REPLY, I HEREBY STATE THAT I HAVE READ THE ENTIRE RFP TERMS, CONDITIONS, PROVISIONS AND SPECIFICATIONS AND ALL ITS ATTACHMENTS, INCLUDING THE REFERENCED PUR 1000 AND PUR 1001. I hereby certify that my company, its employees, and its principals agree to abide to all of the terms, conditions, provisions and specifications during the competitive solicitation and any resulting contract including those contained in the Standard Contract or Department Terms and Conditions.

Signature of Authorized Representative: _____

Printed (Typed) Name and Title: _____

*An authorized representative is an officer of the respondent's organization who has legal authority to bind the organization to the provisions of the proposals. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Proposal if signed by other than the authorized representative.

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SECTION 1.0 INTRODUCTORY MATERIALS

1.1 Statement of Purpose

The Department of Health's Division of Emergency Preparedness and Community Support, Bureau of Preparedness and Response (the Department) is requesting proposals from Health Care Coalitions (HCCs) to prepare health care delivery systems to decrease morbidity and mortality during emergencies and disaster events that exceed day-to-day capacity and capability of existing health and emergency response systems. Respondents awarded contracts will conduct the HCC level obligations of the grant as listed within the 2017-2022 Hospital Preparedness Program (HPP) – Public Health Emergency Preparedness (PHEP) Cooperative Agreement number CDC-RFA-TP17-170 <https://www.health.nd.gov/media/1648/cdc-rfa-tp17-1701-final-foa.pdf>.

1.1.1. Legal Authority

Sections 252.35(2)(a) 3 and 381.0011(7), Florida Statutes.

1.2 Definitions

Acute Care Hospital: A hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries usually for a short term illness or condition.

Business days: Monday through Friday, excluding state holidays.

Business hours: 8 a.m. to 5 p.m., Eastern Time on all business days.

Calendar days: All days, including weekends and holidays.

Contract: The formal agreement that will be awarded to the successful Respondent under this RFP, unless indicated otherwise.

Contract Manager: An individual designated by the Department to be responsible for the monitoring and management of the Contract.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient of the award can expect federal programmatic collaboration or participation in carrying out effort under the award.

ESF-8: The Emergency Support Function (ESF) defined by the National Response Framework that provides the coordination of public health and medical activities including federal assistance to supplement state, tribal and local resources in response to an emergency.

Formal Governance: The way a HCC is controlled by the people who run it as documented by form, structure, relationships, and rules. Examples include table of organization, Boards of Directors who meet regularly, relationships with Regional

Domestic Security Task Force, continuity of operation procedures, or presence of a website.

Health Care Coalition: A coordinating body that incentivizes diverse and often competitive health care organizations and other community partners with differing priorities and objectives to work together to prepare for, respond to, and recover from emergencies and other incidents that impact the public's health.

Health Care Coalition Member: An entity within the HCC's defined boundaries that actively contributes to HCC strategic planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management.

Match or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Minor Irregularity: As used in the context of this solicitation, indicates a variation from the RFP terms and conditions which does not affect the price of the Proposal, or give the Respondent an advantage or benefit not enjoyed by other respondents, or does not adversely impact the interests of the Department.

Mission Ready Package (MRP): Describes response and recovery resource capabilities that are organized, developed, trained, and exercised prior to an emergency or disaster.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Proposal: The complete written response of the Respondent to the RFP (technical and cost proposals), including properly completed forms, supporting documents, and attachments.

Respondent: The entity that submits a Proposal in response to this RFP. This term also may refer to the entity awarded a contract by the Department in accordance with terms of this RFP.

Vendor Bid System (VBS): Refers to the State of Florida internet-based vendor information system at: http://vbs.dms.state.fl.us/vbs/main_menu

Work Plan: The summary of project period outcomes, strategies and activities, personnel and partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

SECTION 2.0 PROCUREMENT PROCESS, SCHEDULE & CONSTRAINTS

2.1 Procurement Officer

The Procurement Officer assigned to this solicitation is:

Florida Department of Health
Attention: Lacy Perkins
4052 Bald Cypress Way, Bin B07
Tallahassee, FL 32399-1749
Email: Lacy.perkins@flhealth.gov

2.2 Restriction on Communications

Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response. Section 287.057(23), Florida Statutes.

2.3 Term

It is anticipated that the Contract(s) resulting from this RFP will be for a five-year period beginning **July 1, 2017** or the Contract(s) execution date, whichever is later and is subject to renewal as identified in **Section 5.2**. The Contract(s) resulting from this RFP is/are contingent upon the availability of funds. Annual, historical amounts have been provided for each HCC geographical area in **Attachment A**, Cost Proposal.

2.4 Timeline

<u>EVENT</u>	<u>DUE DATE</u>	<u>LOCATION</u>
RFP Advertised / Released	April 19, 2017	Posted to the Vendor Bid System at: http://vbs.dms.state.fl.us/vbs/main_menu
Questions Submitted in Writing	Must be received PRIOR TO: May 2, 2017 5:00 PM EST	Submit to: Florida Department of Health Central Purchasing Office Attention: Lacy Perkins Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749 E-mail: Lacy.perkins@flhealth.gov

Answers to Questions (Anticipated Date)	May 4, 2017	Posted to Vendor Bid System at: http://vbs.dms.state.fl.us/vbs/main_menu
Sealed Proposals and Cost Proposals Due (Must be Sealed)	Must be received PRIOR TO: May 18, 2017 3:00 PM EST	Submit to: Florida Department of Health Central Purchasing Office Attention: Lacy Perkins DOH16-034 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749
Technical Proposals Opened	May 18, 2017 3:00 PM EST	PUBLIC MEETING Florida Department of Health 4052 Bald Cypress Way Suite 310 Tallahassee, FL 32399
Evaluation of Proposals (Anticipated Date)	May 23, 2017	Evaluation Team Members to begin evaluations individually.
Cost Proposals Opened	May 30, 2017 3:00 PM EST	PUBLIC MEETING Florida Department of Health 4052 Bald Cypress Way Suite 310 Tallahassee, FL 32399
Posting of Intent to Award (Anticipated Date)	June 12, 2017	Posted to the Vendor Bid System at: http://vbs.dms.state.fl.us/vbs/main_menu

2.5 Addenda

If the Department finds it necessary to supplement, modify, or interpret any portion of the solicitation during the procurement process, a written addendum will be posted on the MyFlorida.com Vendor Bid System, http://vbs.dms.state.fl.us/vbs/main_menu. If the addendum alters the scope or specifications of the solicitation, the Respondent will be required to sign the addendum acknowledging the changes and return it with the proposal submittal. It is the responsibility of the Respondent to be aware of any addenda that might affect their Proposal.

2.6 **Questions**

This provision takes precedence over General Instruction #5 in PUR1001.

Questions related to this solicitation must be received, in writing (either via U.S. Mail, courier, e-mail, fax, or hand-delivery), by the Procurement Officer identified in **Section 2.1**, within the time indicated in the Timeline. Verbal questions or those submitted after the period specified in the Timeline will not be addressed.

Answers to questions submitted in accordance with the RFP Timeline will be posted on the MyFlorida.com Vendor Bid System web site: http://vbs.dms.state.fl.us/vbs/main_menu.

2.7 **Identical Tie Proposals**

Where there is identical pricing or scoring from multiple respondents, the Department will determine the order of award in accordance with Florida Administrative Code, Rule 60A-1.011.

2.8 **Federal Excluded Parties List**

In order to comply with Federal grant requirements, and/or determining vendor responsibility in accordance with sections 287.057(1), (2) and (3), Florida Statutes, and rule 60A-1.006(1), Florida Administrative Code, a Respondent or subcontractor(s) that, at the time of submitting a Bid for a new Contract or renewal of an existing Contract is on the Federal Excluded Parties List, is ineligible for, may not submit a Bid for, or enter into or renew a Contract with an agency for goods or services, if any federal funds are being utilized.

SECTION 3.0: SCOPE OF SERVICES

3.1 Background:

The Department leads the development of a health care delivery system capable of operating with robust communication and coordination during emergencies and disasters through the establishment and sustainment of HCCs. The HCCs incentivize diverse and often competing health care organizations to develop and serve as multiagency coordinating groups to prevent, prepare, respond and recover from emergencies or disasters that exceed normal capacity. The use of HCCs to support communication and coordination is not intended to by-pass the established response system in Florida (<http://www.floridadisaster.org/DEMorganization.asp>). All Respondents must work in support of their emergency management system.

The Department seeks to award one or more contract(s) to provide HCCs for each of the ten geographical areas within the state. The geographical areas are shown on the map (**Exhibit 2**).

3.2 Scope of Services

The HCC will conduct activities in order to reach the goals established in the [2017-2022 Health Care Preparedness and Response Capabilities](https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf) (<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) document. HCCs will develop a five year work plan to accomplish the activities and outcomes specific to their HCC in order to meet or enhance Health Care Preparedness and Response Capabilities.

The capability based tasks will meet these goals:

- **Capability 1: Foundation for Health Care and Medical Readiness**

Goal of Capability 1: The community has a sustainable HCC—comprised of members with strong relationships—that can identify hazards and risks and prioritize and address gaps through planning, training, exercising, and acquiring resources.

- **Capability 2: Health Care and Medical Response Coordination**

Goal for Capability 2: Health care organizations, HCCs, and their jurisdictions collaborate to share and analyze information, manage resources, and coordinate strategies to deliver acute medical care to all populations during emergencies and planned events. Simultaneous response and recovery operations result in a return to normal or improved operations.

- **Capability 3: Continuity of Health Care Service Delivery**

Goal for Capability 3: Health care organizations, with support from HCCs, provide uninterrupted medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies.

- **Capability 4: Medical Surge**

Goal for Capability 4: Health care organizations—including hospitals, EMS, and out of hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC coordinates information and all available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC facilitates the health care system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

The Respondent will be responsible to budget for all travel and equipment necessary to perform under the contract, including but not limited to computers, telephones, copiers, fax machines, maintenance, and office supplies.

The funds awarded may be used for staff, travel, office space, or contractual services. Any travel must be made in accordance with s. 112.061, F.S.

3.2.1. Task List

- 3.2.1.1 Monitor, track, and report data on the performance measures and expectations found in the Funding Opportunity Announcement (FOA) <https://www.health.nd.gov/media/1648/cdc-rfa-tp17-1701-final-foa.pdf> required by Assistant Secretary for Preparedness and Response (ASPR), which are subject to change. Submit the reports to the Department twice yearly by December 31st and June 30th.
- 3.2.1.2 Conduct four meetings among HCC members (including at least one member from each of the five categories in **Section 3.2.3.1**), annually and provide written meeting minutes and sign-in sheets of each meeting at the end of each quarter.
- 3.2.1.3 Provide preliminary work as directed by the Department and attend the Department's annual training and exercise planning workshop (TEPW) to identify training and exercise needs.
- 3.2.1.4 Monitor and report on National Incident Management System (NIMS) compliance and HCC sponsored trainings using the format required by the Department for all HCC members at the end of each quarter.
- 3.2.1.5 Conduct an annual exercise using the [Coalition Surge Tool Exercise \(https://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx\)](https://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx) and submit an After Action Report and Improvement Plan (AAR/IP) in accordance with the Homeland Security Exercise and Evaluation Program standards ([https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13 .pdf](https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13.pdf)). HCCs will document the engagement of its member health care executives in debriefs. A complete and approved AAR/IP will be delivered within 120 days from the exercise and no later than June 30th.
- 3.2.1.6 Ninety percent of HCC members that deliver inpatient care must participate in twice yearly (announced or unannounced) health care facility status reporting drills initiated by the Department using the Agency for Health Care Administration (AHCA) designated system.
- 3.2.1.7 Maintain and report HCC assets in a Department approved inventory management system on a quarterly basis. Annually, verify an accurate

- account of HCC assets and document acquisition, storage, rotation, activation, use, and disposal decisions.
- 3.2.1.8 Submit an annual report which summarizes the HCC's progress of the immediate past year's work plan, and updated work plan for the next year.
 - 3.2.1.9 At the end of each year, submit the detailed financial status report in the HCC work plan template for funding spent in current years and budget requested for next year. Each budget must be developed to fill the gaps identified in the risk assessment by geographical area. The budget must be approved by the local HCC Board of Directors.
 - 3.2.1.10 At least one representative will attend three HCC Task Force meetings and all monthly calls annually.
 - 3.2.1.11 Complete and submit documentation of an annual hazard vulnerability analysis (HVA), <https://asprtracie.hhs.gov/technical-resources/3/Hazard-Vulnerability-Risk-Assessment/0>, in coordination with emergency management to share risk assessment results and minimize duplication of effort.
 - 3.2.1.12 Provide a line item list of non-federal contributions used for a required ten percent match of federal funds. This includes source, amount, and value of third party contributions June 30 and December 31, each year of the contract.
 - 3.2.1.13 Provide quarterly reports that describe the HCC progress on meeting the activities in the approved work plan and status of budget expenditures.
 - 3.2.1.14 Plan, complete, submit and demonstrate the application of a risk assessment for the geographical area focusing on the community, at-risk populations, public health and health care facilities and services. The Respondent may use the Department's Risk Assessment (<https://flphrat.com/>) or a comparable assessment. Submit the assessment by June 30 of the first year of the contract.
 - 3.2.1.15 Provide documentation to show that multiple employees from each member category, as specified in **Section 3.2.3.1**, has access to and can use primary and redundant communication systems capable of sending Essential Elements of Information (EEI) as defined in <https://www.health.nd.gov/media/1648/cdc-rfa-tp17-1701-final-foa.pdf> to coordinate information during emergencies, planned events and on a regular basis. Submit the documentation by June 30 of the first year of the contract.
 - 3.2.1.16 Provide a draft Preparedness plan by April 1, 2018. Submit the written final Preparedness plan for approval for the HCC that outlines strategies and tactics that promote communications, information sharing, resource coordination and operational response planning by June 30 of the first year of the contract. The plan should include short and long term objectives for the HCC and HCC members to develop, maintain and utilize the ASPR capabilities (2017-2022 Health Care Preparedness and Response Capabilities, <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) throughout the emergency management cycle. The Preparedness plan must directly align with the risk assessment by geographical area (<https://flphrat.com/>) and be reviewed and updated annually.

- 3.2.1.17 Develop an Operational plan demonstrating HCC coordination and communication during response. The plan will focus on resource and information sharing in coordination with local ESF8 and County Emergency Operation Centers, communication methods, triggers that activate processes, EEI's including electronic health records, the platform, format, and process to validate the health care organization status. The plan must describe coordination with jurisdictional burn and trauma systems. Submit the plan by June 30 of the second year of the contract.
- 3.2.1.18 Update the Deployable Resources and Mission Ready Packages for the HCC (**Exhibit 1**). Identify resources that could be coordinated and shared to support the HCC. Provide documentation that demonstrates how the HCC maintains visibility by tracking their member resources and potential resource needs, such as personnel, facilities, equipment, and supplies. Submit the package(s) by June 30 of the second year of the contract.
- 3.2.1.19 Update the comprehensive risk assessment for the geographical area focusing on the community, at-risk populations, public health, and health care facilities and services. Submit the updated assessment by June 30 of the third year of the contract.
- 3.2.1.20 Develop a plan for Continuity of Operations to ensure communication and coordination resources are adequately secured, backed up and have redundant power and protections. Submit the plan by June 30 of the third year of the contract.
- 3.2.1.21 Update the operational plan demonstrating HCC coordination during response. Update the plan using the AAR/IP from exercises and real events to support resource and information sharing in coordination with local ESF8 and County Emergency Operation Centers. Submit the plan by June 30 of the fourth year of the contract.
- 3.2.1.22 Update the Deployable Resources and Mission Ready Packages for the HCC. Identify resources that could be coordinated and shared. Provide documentation that demonstrates how Respondent maintains visibility by tracking their member resources and potential resource needs, such as personnel, facilities, equipment, and supplies. Submit the package(s) by June 30 of the fourth year of the contract.
- 3.2.1.23 Complete a Department provided self-assessment which documents the Respondent has met goals and activities established in the 2017-2022 Health Care Preparedness and Response Capabilities document (<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>). Submit the self-assessment by June 30 of the fifth year of the contract.
- 3.2.1.24 Enhance preparedness and response for all infectious disease emergencies that stress the health care delivery system, <https://www.grants.gov/web/grants/view-opportunity.html?oppld=290860>. Include the facility and jurisdictional health care associated infection coordinators and quality improvement professionals in planning, training, and exercising. Develop or update a plan by June 30 of the fifth year of the contract.
- 3.2.1.25 Conduct a supply chain integrity assessment and mitigation strategy. Submit the documentation of this assessment and mitigation strategy by June 30 of the fifth year of the contract.

- 3.2.1.26 Provide the HCC's plan for implementing crisis standards of care where usual delivery of health care services is not possible due to disaster conditions, <https://www.health.nd.gov/media/1648/cdc-rfa-tp17-1701-final-foa.pdf>. Submit the plan by June 30 of the fifth year of the contract.
- 3.2.1.27 Participate in a full scale statewide exercise managed by the Department once during the 5-year period. Participation shall include exercise design, evaluation, and exercise play.

3.2.2. Service Times

Services will be provided during business hours. Respondents must be willing to work with ESF8 before, during, and beyond business hours in the event of an emergency.

3.2.3 Minimum Qualifications

- 3.2.3.1 Respondents must be an established organization that includes representation from the following stakeholder categories at a minimum:
- Acute Care Hospitals (Minimum of Two)
 - Each County Health Department (CHD) within the HCC boundaries
 - Emergency Management
 - Emergency Medical Services
 - Long Term Care Facilities
- 3.2.3.2 Respondents that are multi-county HCCs will have at least one stakeholder from each of the categories above per county.
- 3.2.3.3 Respondents must have evidence demonstrating a history of experience in coordinating preparedness or response activities among members of the organization with the goals of:
- Helping patients receive the care they need during incidents
 - Decreasing deaths, injuries, and illnesses resulting from emergencies
 - Promoting health care system resilience in the aftermath of an emergency.
- 3.2.3.4 Respondents must be able to fulfill the fiscal accountability reporting requirements of a sub-recipient, see link below, of the Health Care System Preparedness funding allocation. Preference will be given to established 501c3 organizations.
https://obamawhitehouse.archives.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf
- 3.2.3.5 Respondents must have a documented formal governance structure.

3.2.4 Additional Required Documentation

Respondent must submit documentation, examples and/or historical data to demonstrate the capacity and capability to accomplish each task. The proposal must include the following information and documentation listed below.

- 3.2.4.1 Documentation of existing HCC membership that includes member organizations, county, and designation of member type. (i.e. acute care hospital, emergency management agency, emergency medical services agency, etc.)
- 3.2.4.2 Map of the HCC's existing geographic boundaries and a description statement defining the boundaries. Descriptions should include daily health care delivery patterns, corporate health systems, and defined catchment areas, such as regional councils or emergency management and response systems.
- 3.2.4.3 A copy of existing approved bylaws and formal governance structure established by the HCC. Documentation should demonstrate the organizational structure, member guidelines for participation and engagement, policies and procedures, and integration with existing state, local, and ESF 8 structures.
- 3.2.4.4 A statement attesting who will serve as fiduciary for the HCC. Fiduciary services shall not receive more than 15 percent of the total allocation for services related to receiving and distributing the award.
- 3.2.4.5 A prioritized work plan and corresponding budget (using the template provided) that outlines activities and outcomes the HCC would undertake to meet the required tasks and build health care system preparedness capabilities as defined in [2017-2022 Health Care Preparedness and Response Capabilities,
https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf](https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf) (ASPR Capabilities) for the entire five year funding period from July 1, 2017 until June 30, 2022.
 - 3.2.4.5.1 Activities proposed to meet each capability listed under Section 3.2 will be described and prioritized in the annual HCC work plan template. One template should be completed for each year.
- 3.2.4.6 A budget request with allocations proposed-
 - a. Administrative – 10 percent
 - b. Required tasks – 40 percent
 - c. Work plan activities to meet capabilities – 50 percent
- 3.2.4.7 Three letters of local concurrence with the 5-year work plan proposed from the jurisdiction's HCC board members.

SECTION 4.0: INSTRUCTIONS FOR PROPOSAL SUBMITTAL

4.1 General Instructions to Respondents (PUR1001)

This section explains the general instructions of the solicitation process to respondents (PUR 1001) and is a downloadable document incorporated into this solicitation by reference. This document should not be returned with the Proposal:

<http://dms.myflorida.com/content/download/2934/11780>

The terms of this solicitation will control over any conflicting terms of the PUR1001.

4.2 Proposal Format

The Department discourages lengthy proposals. Respondents are asked to use the following format:

4.2.1 Proposals should be on paper that is 8.5 by 11 inches.

4.2.2 The font size and style is at the discretion of the Respondent but should be at least 11 point.

4.2.3 The pages should be numbered and one-inch margins should be used.

4.2.4 Technical Proposals should include an index identifying the page number/section where information can be located in the Proposal.

4.2.4.1. Separation of Technical and Cost Proposals (Mandatory Requirement):

Respondents must separate the Technical Proposal from the Cost Proposal and ensure labeling as described in **Section 4.4**.

4.2.5 In the event a Respondent would like to submit a proposal for multiple HCC geographical areas, a separate technical and cost proposal must be submitted for each geographical area (**Exhibit 2**). The geographical area must be clearly indicated on each technical and cost Proposal submitted.

4.3 Copies of Proposals

Respondents must submit the following copies:

4.3.1. **Technical Proposal**

One original and four paper copies of the Technical Proposal must be submitted no later than the date and time set forth in the Timeline and must be identified in accordance with **Section 4.4.1**. In addition, the original should contain an electronic version of the Proposal as submitted, including all supporting and signed documents, on a compact disk (CD) or thumb drive, with pdf formatted documents.

Refer to **Section 4.7** for information on redacting confidential information, if applicable.

The electronic copy of the “original” Technical Proposal will be considered the authority if there are any differences between the paper and electronic copies.

Respondents must not disclose cost information in the body of the Technical Proposal. Including cost information will cause the Proposal to be disqualified (Mandatory Requirement, refer to Section 4.11).

4.3.2. Cost Proposal

One original copy of the Cost Proposal (**Mandatory Requirement, refer to Section 4.11**) must be submitted using **Attachment A: Cost Proposal**, no later than the date and time set forth in the timeline. No copies are requested.

The Cost Proposal must be enclosed in a separate sealed envelope and must be identified in accordance with **Section 4.4.2**.

4.4 Proposal Labeling

4.4.1. Technical Proposal

The Technical Proposal should be sealed and identified as follows:

DOH16-034
Request for Proposals for
Health Care Coalitions
Due:
Respondent’s Name
TECHNICAL PROPOSAL

4.4.2. Cost Proposal

It is **mandatory** that the Respondent’s Cost Proposal be in a separate sealed envelope and identified as follows:

DOH16-034
Request for Proposal for
Health Care Coalitions
Due:
Respondent’s Name
COST PROPOSAL

4.4.3. All proposals must be sent or delivered to the Department of Health, Central Purchasing Office, 4052 Bald Cypress Way, Bin B07, Tallahassee, Florida 32399.

4.5 Instructions for Submittal

4.5.1. Respondents are required to complete, sign, and return the “Title Page” with the Proposal submittal. (**Mandatory Requirement**)

4.5.2. Respondents are required to complete, sign, and return the “Cost Proposal” in a separate sealed envelope with the Proposal submittal. (**Mandatory Requirement**)

- 4.5.3. Respondents must submit all technical and cost data in the formats specified in the RFP.
- 4.5.4. Proposals may be sent by U.S. Mail, courier, overnight, or hand delivered to the location indicated in the Timeline.
- 4.5.5. Proposals submitted electronically will **not** be considered.
- 4.5.6. The Department is not responsible for improperly marked proposals.
- 4.5.7. It is the respondent's responsibility to ensure its submittal at the proper place and time indicated in the RFP Timeline.
- 4.5.8. The Department's clocks will provide the official time for Proposal receipt.
- 4.5.9. Materials submitted will become the property of the State of Florida and accordingly, the State reserves the right to use any concepts or ideas contained in the response.

4.6 Cost of Preparation

Neither the Department of Health nor the State is liable for any costs incurred by a Respondent in responding to this solicitation.

4.7 Public Records and Trade Secrets

Notwithstanding any provisions to the contrary, public records must be made available pursuant to the provisions of the Public Records Act. If the Respondent considers any portion of its Proposal to be confidential, exempt, trade secret, or otherwise not subject to disclosure pursuant to Chapter 119, Florida Statutes, the Florida Constitution or other authority, the Respondent must segregate and clearly mark the document(s) as "**CONFIDENTIAL.**"

Simultaneously, the Respondent will provide the Department with a separate redacted paper and electronic copy of its Proposal and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy must contain the solicitation name, number, and the name of the Respondent on the cover, and must be clearly titled "**REDACTED COPY.**"

The redacted copy must be provided to the Department at the same time the Respondent submits its response and must only exclude or redact those exact portions which are claimed confidential, proprietary, or trade secret. The Respondent will be responsible for defending its determination that the redacted portions of its Proposal are confidential, trade secret, or otherwise not subject to disclosure. Further, the Respondent must protect, defend, and indemnify the Department for any and all claims arising from or relating to the determination that the redacted portions of its response are confidential, proprietary, trade secret, or otherwise not subject to disclosure. Respondent's failure to submit a redacted copy with its response, constitutes authorization by the Respondent for the Department to produce the entire documents, data or records submitted by the Respondent in answer to a public records request for these records.

4.8 Cost Proposal

Each Respondent must provide its proposed cost utilizing **Attachment A** , Cost Proposal. The proposed cost should not be carried more than two places to the right of the decimal point.

4.9 Documentation

Respondents must complete and submit the following information or documentation as part of their Technical Proposal:

4.9.1 References

Respondents must provide contact information for three entities the Respondent has provided commodities or services of a similar size and nature of those requested in this solicitation. Respondents should use **Attachment B**, Reference Form of this RFP to provide the required information. The Department reserves the right to contact any and all entities, prior to execution of a Contract, in order to verify experience. Information received may be considered in the Department's determination of the respondent's responsibility. The Department's determination is not subject to review or challenge.

4.9.2 Statement of Non-Collusion

Respondents must sign and return with their proposal the **Statement of Non-Collusion** form, **Attachment C**.

4.9.3 Five Year Work Plan

HCCs should include proposed activities within the annual work plan and prioritize them.

4.10 Special Accommodations

Any person who requires special accommodations at DOH Purchasing because of a disability should call the DOH Purchasing Office at (850) 245-4199 at least five work days prior to any pre-proposal conference, Proposal opening, or meeting. If hearing or speech impaired, contact Purchasing by using the Florida Relay Service, at 1-800-955-8771 (TDD).

4.11 Responsive and Responsible (Mandatory Requirement)

Respondents must complete and submit the following **mandatory** information or documentation as a part of the Proposal and comply with mandatory requirements. Any Proposal which does not meet the below requirements or contain the specified information will be deemed non-responsive.

- a. Proposals must be received by the time specified in the Timeline (**Section 2.4**).

- b. The Title Page of this RFP must be completed, signed, and returned with the technical Proposal.
- c. The Cost Proposal (**Attachment A**) must be completed, signed, and returned in a separate sealed envelope with RFP submittal. **Cost information must not be contained in Respondent Technical Proposals.**

4.12 **Late Proposals**

The Procurement Officer must receive proposals pursuant to this RFP no later than the date and time shown in the Timeline (Refer to **Section 2.4**). Proposals that are not received by the time specified will not be considered.

SECTION 5.0: CONTRACT TERMS AND CONDITIONS

5.1 General Contract Conditions (PUR1000)

The General Contract Conditions (PUR 1000) form is a downloadable document incorporated in this solicitation by reference, which contains general Contract terms and conditions that will apply to any Contract resulting from this RFP, to the extent they are not otherwise modified. This document should not be returned with the Proposal. <http://dms.myflorida.com/content/download/2933/11777>

The terms of this solicitation will control over any conflicting terms of the PUR1000. Paragraph 31 of PUR 1000 does NOT apply to this solicitation or any resulting Contract.

5.2 Renewal

The Contract resulting from this solicitation may be renewed. Contracts may be renewed for a period that may not exceed three years or the term of the original Contract, whichever is longer. Renewals must be in writing, subject to the same terms and conditions set forth in the initial Contract and any written amendments signed by the parties. Renewals are contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and are subject to the availability of funds.

5.3 Conflict of Interest

Section 287.057(17)(c), Florida Statutes, provides “A person who receives a Contract that has not been procured pursuant to subsections (1)-(3) to perform a feasibility study of the potential implementation of a subsequent Contract, who participates in the drafting of a solicitation or who develops a program for future implementation, is not eligible to Contract with the agency for any other Contracts dealing with that specific subject matter, and any firm in which such person has any interest is not eligible to receive such Contract. However, this prohibition does not prevent a Respondent who responds to a request for information from being eligible to Contract with an agency.”

The Department considers participation through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or any other advisory capacity to constitute participation in drafting of the solicitation.

Refer to Statement of Non-Collusion, **Section 4.9.2.**

5.4 Certificate of Authority

All limited liability companies, corporations, corporations not for profit, and partnerships seeking to do business with the State must be registered with the Florida Department of State in accordance with the provisions of Chapters 605, 607, 617, and 620, Florida Statutes, respectively prior to Contract execution. The Department retains the right to ask for verification of compliance before Contract execution. Failure of the selected contractor to have appropriate registration may result in withdrawal of Contract award.

5.5 Respondent Registration

Each Respondent doing business with the State of Florida for the sale of commodities or contractual services, as defined in section 287.012, Florida Statutes, must register in the MyFloridaMarketPlace system, unless exempted under Florida Administrative Code, Rule 60A-1.030. State agencies must not enter into an agreement for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, with any Respondent not registered in the MyFloridaMarketPlace system, unless exempted by rule. The successful Respondent must be registered in the MyFloridaMarketPlace system within 5 days after posting of intent to award.

Registration may be completed at:

<https://vendor.myfloridamarketplace.com/vms-web/spring/login?execution=e2s1>

Respondents lacking internet access may request assistance from MyFloridaMarketPlace Customer Service at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 300, Tallahassee, FL 32399.

5.6 Minority and Service-Disabled Veteran Business-Participation

The Department encourages Minority, Women, Service-Disabled Veteran, and Veteran-Owned Business Enterprise participation in all its solicitations.

5.7 Subcontractors

Respondent may enter into written subcontracts for performance of specific services under the Contract resulting from this solicitation, as specified in the terms of the Standard Contract. Anticipated subcontract agreements known at the time of Proposal submission and the amount of the subcontract must be identified in the Proposal. If a subcontract has been identified at the time of Proposal submission, a copy of the proposed subcontract must be submitted to the Department. No subcontract that the Respondent enters into with respect to performance under the Contract will in any way relieve the Respondent of any responsibility for performance of its contractual responsibilities with the Department. The Department reserves the right to request and review information in conjunction with its determination regarding a subcontract request.

5.8 Performance Measures

Pursuant to section 287.058, Florida Statutes, the resulting Contract must contain performance measures which specify the required minimum level of acceptable service to be performed. These will be established based on final determination of tasks and deliverables.

5.9 Financial Consequences

Pursuant to section 287.058, Florida Statutes, the Contract resulting from this solicitation must contain financial consequences that will apply if Provider fails to perform in accordance with the Contract terms. The financial consequences will be established based on final determination of the performance measures and Contract amount.

5.10 Standard Contract

Respondents must become familiar with the Department's Standard Contract which contains administrative, financial, and non-programmatic terms and conditions mandated by federal law, state statute, administrative code rule, or directive of the Chief Financial Officer.

Use of the Standard Contract is mandatory for Departmental contracts and the terms and conditions contained in the Standard Contract are non-negotiable. The Standard Contract terms and conditions are located at: <http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/documents/DOH-Standard-Contract.pdf>.

5.11 Conflict of Law and Controlling Provisions

Any Contract resulting from this RFP, plus any conflict of law issue, will be governed by the laws of the State of Florida. Venue must be Leon County, Florida.

Respondents acknowledge that this solicitation (including but not limited to the resulting Contract, exhibits, attachments, or amendments) is not a rule nor subject to rulemaking under Chapter 120 (or its successor) of the Florida Statutes and is not subject to challenge as a rule or non-rule policy under any provision of Chapter 120, F.S.

5.12 Records and Documentation

To the extent that information is used in the performance of the resulting Contract or generated as a result of it, and to the extent that information meets the definition of "public record" as defined in Section 119.011(12), Florida Statutes, said information is hereby declared to be and is hereby recognized by the parties to be a public record and absent a provision of law or administrative rule or regulation requiring otherwise, Respondent must make the public records available for inspection or copying upon request of the Department's custodian of public records at cost that does not exceed the costs provided in Chapter 119, Florida Statutes, or otherwise, and must comply with Chapter 119 at all times as specified therein. It is expressly understood that the Respondent's refusal to comply with Chapter 119, Florida Statutes, will constitute an immediate breach of the Contract resulting from this RFP and entitles the Department to unilaterally cancel the Contract agreement.

Unless a greater retention period is required by state or federal law, all documents pertaining to the program contemplated by this RFP must be retained by the Respondent for a period of six years after the termination of the resulting Contract or longer as may be required by any renewal or extension of the Contract. During the records retention period, the Respondent agrees to furnish, when requested to do so, all documents required to be retained. Submission of such documents must be in the Department's standard word processing format. If this standard should change, it will be at no cost incurred to the Department. Data files will be provided in a format readable by the Department.

The Respondent must maintain all records required to be maintained pursuant to the resulting Contract in such manner as to be accessible by the Department upon demand. Where permitted under applicable law, access by the public must be permitted without delay.

5.13 Attorney's Fee

In the event of a dispute prior to or post award, each party responding to this solicitation shall be responsible for its own attorneys' fees, except as otherwise provided by law.

SECTION 6.0: PROPOSAL EVALUATION PROCESS AND CRITERIA

6.1 Introduction

The Department will evaluate and score proposals to determine the most advantageous Proposal. The ability of the Department to evaluate a respondent's Proposal is dependent upon the completeness of the Proposal.

Failure of a Respondent to provide information requested by this RFP may result in reduction in scoring during the evaluation.

The Department may accept or reject any and all proposals, and waive any minor irregularity, technicality, or omission if the Department determines that doing so will serve the State's best interests.

6.2 Evaluation Criteria

The Department will evaluate proposals against all evaluation criteria set forth in **Section 6.2.1 and 6.2.2** in order to determine the Proposal most advantageous to the Department. **Points are allocated as follows:**

Technical Proposal	93
Cost Proposal	30
MAXIMUM AVAILABLE POINTS	123

6.2.1. Technical Proposal Scoring

Technical proposals will be scored by the Evaluation Team in the areas indicated below. The raw scores in each evaluation area from each team member will be averaged together. These average scores will be added to determine each respondent's technical Proposal score.

Evaluation Criteria	Maximum Points
Documentation of Existing HCC Membership, Section 3.2.4.1	10
Documentation of HCCs Existing Boundaries, Section 3.2.4.2	10
By Laws and Governance, Section 3.2.4.3	15
Fiduciary, Section 3.2.4.4	5
Work Plan and Budget, Section 3.2.4.5	30
Budget Allocations, Section 3.2.4.6	3
Letters of Concurrence, Section 3.2.4.7	20
TOTAL MAXIMUM POINTS POSSIBLE (Technical Proposal)	93

6.3 Cost Proposal Opening

Cost Proposals will be opened in a public meeting after scoring and ranking of Technical Proposals.

6.3.1. Cost Proposal Scoring

The Department's cost evaluation will be based upon the Respondent's proposed cost, as prescribed in **Section 6.2** of this RFP. The proposed cost will be scored in accordance with the below formula:

$$\text{Maximum Cost Proposal Points} \times (\text{Lowest Proposal Cost} / \text{Respondent's Proposal Cost}) = \text{COST SCORE}$$

6.4 Notice of Agency Decision

At the conclusion of evaluation of the proposals the Department will announce its intended decision. Notice will be posted on the state's Vendor Bid System. The Department will award to the responsible, responsive Respondent determined to be the most advantageous to the state, taking into consideration technical and cost proposals.

Award of a Contract does not guarantee placement of order for services.

The Department reserves the right to award more than one Contract as a result of this RFP.

6.5 Agency Inspectors General

It is the duty of every state officer, employee, agency, special district, board, commission, contractor, and subcontractor to cooperate with the inspector general in any investigation, audit, inspection, review, or hearing pursuant to section 20.055, Florida Statutes.

6.6 Protests

Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post a bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Only documents delivered by the U.S. Postal Service, a private delivery service, in person, or by facsimile during business hours (8:00 a.m. - 5:00 p.m., Eastern Time) will be accepted. Documents received after hours will be filed the following business day. **No filings may be made by email or any other electronic means.** All filings must be made with the Agency Clerk ONLY and are only considered "filed" when stamped by the official stamp of the Agency Clerk. It is the responsibility of the filing party to meet all filing deadlines.

Do not send proposals to the Agency Clerk's Office. Send all proposals to the Procurement Officer and address listed in the Timeline.

The Agency Clerk's mailing address is:

Agency Clerk, Florida Department of Health
4052 Bald Cypress Way, BIN A-02
Tallahassee, Florida 32399-1703
Telephone No. (850) 245-4005

The Agency Clerk's physical address for hand deliveries is:

Agency Clerk, Department of Health
2585 Merchants Row Blvd.
Tallahassee, Florida 32399
Fax No. (850) 413-8743

**ATTACHMENT A
COST PROPOSAL**

The maximum number of points for cost will be given to the lowest grand total cost. All of the required fields below must have a value placed in them and cannot be blank.

The Unit Rate column will control if there is a mathematical error for determination of the total price. No alterations to this price sheet are permitted, other than filling in the blanks provided for prices.

The Respondent will be responsible to budget for all travel and equipment necessary to perform under the contract, including but not limited to computers, telephones, copiers, fax machines, maintenance, and office supplies. The funds awarded may be used for staff, travel, office space, or contractual services. Any travel must be made in accordance with s. 112.061, F.S.

Historical amounts have been provided for each HCC Geographical Area to assist in the completion of this narrative. The Department's funding for these contracts is contingent upon an annual grant award.

HCC Geographical Area	Historical Amount Per Year
HCC A	\$244,197.00
HCC B	\$177,992.00
HCC C	\$412,200.00
HCC D	\$617,446.00
HCC E	\$590,946.00
HCC F	\$336,707.00
HCC G	\$195,657.00
HCC H	\$237,827.00
HCC I	\$314,978.00
HCC J	\$72,050.00

HCC Geographical Area: _____

YEAR 1:						
Deliverables	Per Requirement	Unit Rate		Quantity		Total Cost
Monitor and track data on the performance measures and expectations required by the ASPR grant	3.2.1.1	\$ _____	X	2 (per year)	=	\$ _____
Conduct meeting among HCC members	3.2.1.2	\$ _____	X	4 (meetings)	=	\$ _____

**ATTACHMENT A
COST PROPOSAL**

Attend the Department's annual training and exercise planning workshop	3.2.1.3	\$ _____	X	1 (per year)	=	\$ _____
Monitor NIMS compliance and HCC sponsored trainings	3.2.1.4	\$ _____	X	4 (quarters)	=	\$ _____
Conduct an annual exercise	3.2.1.5	\$ _____	X	1 (exercise)	=	\$ _____
Participate in health care facility status reporting drills	3.2.1.6	\$ _____	X	2 (per year)	=	\$ _____
Maintain HCC assets in a Department approved inventory management system.	3.2.1.7	\$ _____	X	1 (per year)	=	\$ _____
Submit an annual progress report and ASPR self-assessment	3.2.1.8	\$ _____	X	1	=	\$ _____
Submit detailed budget accounting	3.2.1.9	\$ _____	X	1 (per year)	=	\$ _____
Attend three HCC Task Force meetings and all monthly calls.	3.2.1.10	\$ _____	X	3 (meetings)	=	\$ _____
Complete and submit documentation of an annual HVA	3.2.1.11	\$ _____	X	1 (per year)	=	\$ _____
Ensure federal funds are matched	3.2.1.12	\$ _____	X	2 (per year)	=	\$ _____
Monitor HCC Progress	3.2.1.13	\$ _____	X	4 (quarters)	=	\$ _____
Administrative Costs (i.e., staff, travel, office space, or contractual services)	3.2.3.6.6	\$ _____	X	4 (quarters)	=	\$ _____
Risk Assessment	3.2.1.14	\$ _____	X	1 (assessment)	=	\$ _____
Provide employees with access and ensure their ability to use EEI	3.2.1.15	\$ _____	X	1 (per year)	=	\$ _____
Written Preparedness Plan	3.2.1.16	\$ _____	X	1 (plan)	=	\$ _____
YEAR 1 Total \$ _____						

**ATTACHMENT A
COST PROPOSAL**

YEAR 2:						
Deliverables	Per Requirement	Unit Rate		Quantity		Total Cost
Monitor and track data on the performance measures and expectations required by the ASPR grant	3.2.1.1	\$ _____	X	2 (per year)	=	\$ _____
Conduct meeting among HCC members	3.2.1.2	\$ _____	X	4 (meetings)	=	\$ _____
Attend the Department's annual training and exercise planning workshop	3.2.1.3	\$ _____	X	1 (per year)	=	\$ _____
Monitor NIMS compliance and HCC sponsored trainings	3.2.1.4	\$ _____	X	4 (quarters)	=	\$ _____
Conduct an annual exercise	3.2.1.5	\$ _____	X	1 (exercise)	=	\$ _____
HCC members must participate in health care facility status reporting drills initiated by the Department	3.2.1.6	\$ _____	X	2 (per year)	=	\$ _____
Maintain HCC assets in a Department approved inventory management system.	3.2.1.7	\$ _____	X	1 (per year)	=	\$ _____
Submit an annual progress report and ASPR self-assessment	3.2.1.8	\$ _____	X	1	=	\$ _____
Submit detailed budget accounting	3.2.1.9	\$ _____	X	1 (per year)	=	\$ _____
Attend three HCC Task Force meetings and all monthly calls.	3.2.1.10	\$ _____	X	3 (meetings)	=	\$ _____
Complete and submit documentation of an annual HVA	3.2.1.11	\$ _____	X	1 (per year)	=	\$ _____
Ensure federal funds are matched	3.2.1.12	\$ _____	X	2 (per year)	=	\$ _____
Monitor HCC Progress	3.2.1.13	\$ _____	X	4 (quarters)	=	\$ _____

**ATTACHMENT A
COST PROPOSAL**

Administrative Costs (i.e., staff, travel, office space, or contractual services)	3.2.3.6.6	\$ _____	X	4 (quarters)	=	\$ _____
Develop an Operational Plan	3.2.1.17	\$ _____	X	1 (plan)	=	\$ _____
Update the Deployable Resources/ Mission Ready Packages for the HCC	3.2.1.18	\$ _____	X	1 (per year)	=	\$ _____
An annual review and update to the Preparedness plan.	3.2.1.21	\$ _____	X	1 (per year)	=	\$ _____

YEAR 2 Total \$ _____

YEAR 3:

Deliverables	Per Requirement	Unit Rate		Quantity		Total Cost
Monitor and track data on the performance measures and expectations required by the ASPR grant	3.2.1.1	\$ _____	X	2 (per year)	=	\$ _____
Conduct meeting among HCC members	3.2.1.2	\$ _____	X	4 (meetings)	=	\$ _____
Attend the Department's annual training and exercise planning workshop	3.2.1.3	\$ _____	X	1 (per year)	=	\$ _____
Monitor NIMS compliance and HCC sponsored trainings	3.2.1.4	\$ _____	X	4 (quarters)	=	\$ _____
Conduct an annual exercise	3.2.1.5	\$ _____	X	1 (exercise)	=	\$ _____
HCC members must participate in health care facility status reporting drills initiated by the Department	3.2.1.6	\$ _____	X	2 (per year)	=	\$ _____

**ATTACHMENT A
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Maintain HCC assets in a Department approved inventory management system.	3.2.1.7	\$ _____	X	1 (per year)	=	\$ _____
Submit an annual progress report and ASPR self-assessment	3.2.1.8	\$ _____	X	1	=	\$ _____
Submit detailed budget accounting	3.2.1.9	\$ _____	X	1 (per year)	=	\$ _____
Attend three HCC Task Force meetings and all monthly calls.	3.2.1.10	\$ _____	X	3 (meetings)	=	\$ _____
Complete and submit documentation of an annual HVA	3.2.1.11	\$ _____	X	1 (per year)	=	\$ _____
Ensure federal funds are matched	3.2.1.12	\$ _____	X	2 (per year)	=	\$ _____
Monitor HCC Progress	3.2.1.13	\$ _____	X	4 (quarters)	=	\$ _____
Administrative Costs (i.e., staff, travel, office space, or contractual services)	3.2.3.6.6	\$ _____	X	4 (quarters)	=	\$ _____
Update the comprehensive Risk Assessment	3.2.1.19	\$ _____	X	1 (assessment)	=	\$ _____
Develop and submit a plan for Continuity of Operations	3.2.1.20	\$ _____	X	1 (plan)	=	\$ _____
An annual review and update to the Preparedness plan.	3.2.1.21	\$ _____	X	1 (plan)	=	\$ _____
YEAR 3 Total \$ _____						

**ATTACHMENT A
COST PROPOSAL**

YEAR 4:						
Deliverables	Per Requirement	Unit Rate		Quantity		Total Cost
Monitor and track data on the performance measures and expectations required by the ASPR grant	3.2.1.1	\$ _____	X	2 (per year)	=	\$ _____
Conduct meeting among HCC members	3.2.1.2	\$ _____	X	4 (meetings)	=	\$ _____
Attend the Department's annual training and exercise planning workshop	3.2.1.3	\$ _____	X	1 (per year)	=	\$ _____
Monitor NIMS compliance and HCC sponsored trainings	3.2.1.4	\$ _____	X	4 (quarters)	=	\$ _____
Conduct an annual exercise	3.2.1.5	\$ _____	X	1 (exercise)	=	\$ _____
HCC members must participate in health care facility status reporting drills initiated by the Department	3.2.1.6	\$ _____	X	2 (per year)	=	\$ _____
Maintain HCC assets in a Department approved inventory management system.	3.2.1.7	\$ _____	X	1 (per year)	=	\$ _____
Submit an annual progress report and ASPR self-assessment	3.2.1.8	\$ _____	X	1	=	\$ _____
Submit detailed budget accounting	3.2.1.9	\$ _____	X	1 (per year)	=	\$ _____
Attend three HCC Task Force meetings and all monthly calls.	3.2.1.10	\$ _____	X	3 (meetings)	=	\$ _____
Complete and submit documentation of an annual HVA	3.2.1.11	\$ _____	X	1 (per year)	=	\$ _____
Ensure federal funds are matched	3.2.1.12	\$ _____	X	2 (per year)	=	\$ _____

**ATTACHMENT A
COST PROPOSAL**

Monitor HCC Progress	3.2.1.13	\$ _____	X	4 (quarters)	=	\$ _____
Administrative Costs (i.e., staff, travel, office space, or contractual services)	3.2.3.6.6	\$ _____	X	4 (quarters)	=	\$ _____
Update the operational plan	3.2.1.21	\$ _____	X	1 (plan)	=	\$ _____
Update the Deployable Resources/ Mission Ready Packages for the HCC	3.2.1.18	\$ _____	X	1 (per year)	=	\$ _____
An annual review and update to the Preparedness plan.	3.2.1.21	\$ _____	X	1 (plan)	=	\$ _____
YEAR 4 Total \$ _____						

YEAR 5:						
Deliverables	Per Requirement	Unit Rate		Quantity		Total Cost
Monitor and track data on the performance measures and expectations required by the ASPR grant	3.2.1.1	\$ _____	X	2 (per year)	=	\$ _____
Conduct meeting among HCC members	3.2.1.2	\$ _____	X	4 (meetings)	=	\$ _____
Attend the Department's annual training and exercise planning workshop	3.2.1.3	\$ _____	X	1 (per year)	=	\$ _____
Monitor NIMS compliance and HCC sponsored trainings	3.2.1.4	\$ _____	X	4 (quarters)	=	\$ _____
Conduct an annual exercise	3.2.1.5	\$ _____	X	1 (exercise)	=	\$ _____
HCC members must participate in health care facility status reporting drills initiated by the Department	3.2.1.6	\$ _____	X	2 (per year)	=	\$ _____

**ATTACHMENT A
COST PROPOSAL**

Maintain HCC assets in a Department approved inventory management system.	3.2.1.7	\$ _____	X	1 (per year)	=	\$ _____
Submit an annual progress report and ASPR self-assessment	3.2.1.8	\$ _____	X	1	=	\$ _____
Submit detailed budget accounting	3.2.1.9	\$ _____	X	1 (per year)	=	\$ _____
Attend three HCC Task Force meetings and all monthly calls.	3.2.1.10	\$ _____	X	3 (meetings)	=	\$ _____
Complete and submit documentation of an annual HVA	3.2.1.11	\$ _____	X	1 (per year)	=	\$ _____
Ensure federal funds are matched	3.2.1.12	\$ _____	X	2 (per year)	=	\$ _____
Monitor HCC Progress	3.2.1.13	\$ _____	X	4 (quarters)	=	\$ _____
Administrative Costs (i.e., staff, travel, office space, or contractual services)	3.2.3.6.6	\$ _____	X	4 (quarters)	=	\$ _____
Submit a report that summarizes the HCC progress of Year 5 work plan with budget detail accounting for funding spent in Year 5	3.2.1.8	\$ _____	X	1 (per year)	=	\$ _____
Submit a self-assessment	3.2.1.23	\$ _____	X	1 (per year)	=	\$ _____
Document the expansion of existing infectious disease concept of operations plans	3.2.1.24	\$ _____	X	1 (per year)	=	\$ _____
Provide documentation that the HCC conducted a supply chain integrity assessment and mitigation strategy.	3.2.1.32	\$ _____	X	1 (per year)	=	\$ _____
Provide the plan for implementing crisis standards of care where usual delivery of health care services in	3.2.1.26	\$ _____	X	1 (per year)	=	\$ _____

**ATTACHMENT A
COST PROPOSAL**

not possible due to disaster conditions.						
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YEAR 4 Total \$ _____

Statewide Exercise:

Participate in a full scale statewide exercise managed by the Bureau of Preparedness & Response.	3.2.1.27	\$ _____	X	1 (exercise)	=	\$ _____
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Statewide Exercise Total \$ _____

**ATTACHMENT A
COST PROPOSAL**

YEAR 1 Total \$ _____
YEAR 2 Total \$ _____
YEAR 3 Total \$ _____
YEAR 4 Total \$ _____
YEAR 5 Total \$ _____
Statewide Exercise Total \$ _____
GRAND TOTAL COST \$ _____

Respondent Name: _____

Respondent Mailing Address: _____

City, State, Zip: _____

Telephone: () _____ **Fax Number:** () _____

E-Mail Address: _____

Federal Employer Identification Number (FEID): _____

BY AFFIXING MY SIGNATURE ON THIS PROPOSAL, I HEREBY STATE THAT I HAVE READ THE ENTIRE RFP TERMS, CONDITIONS, PROVISIONS AND SPECIFICATIONS AND ALL ITS ATTACHMENTS, INCLUDING THE REFERENCED PUR 1000 AND PUR 1001. I hereby certify that my company, its employees, and its principals agree to abide to all of the terms, conditions, provisions and specifications during the competitive solicitation and any resulting contract including those contained in the Standard Contract.

Signature of Authorized Representative: _____

Printed (Typed) Name and Title: _____

*An authorized representative is an officer of the respondent's organization who has legal authority to bind the organization to the provisions of the proposals. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Proposal if signed by other than the authorized representative.

**ATTACHMENT B
REFERENCE FORM**

Respondent's Name:

Respondents must provide contact information for three references evidencing two years of experience in the last five years in emergency preparedness and HCC building with health care delivery systems. Respondents may use this reference form to provide the required information. The Department of Health will not be accepted as a reference for this solicitation. The Department reserves the right to contact any and all entities in the course of this solicitation in order to verify experience. Information received may be considered in the Department's determination of the Respondent's responsibility. The Department's determination is not subject to review or challenge.

1.	Company/Agency Name:	
	Address:	
	City, State, Zip:	
	Contact Name:	
	Contact Phone:	
	Contact Email Address:	
	General Description of Work:	
	Service Dates:	
	Approximate Contract Value:	\$
2.	Company/Agency Name:	
	Address:	
	City, State, Zip:	
	Contact Name:	
	Contact Phone:	
	Contact Email Address:	
	General Description of Work:	
	Service Dates:	
	Approximate Contract Value:	\$

**ATTACHMENT B
REFERENCE FORM**

3.	Company/Agency Name:	
	Address:	
	City, State, Zip:	
	Contact Name:	
	Contact Phone:	
	Contact Email Address:	
	General Description of Work:	
	Service Dates:	
	Approximate Contract Value:	\$

**ATTACHMENT C
STATEMENT OF NON-COLLUSION**

I hereby certify that my company, its employees, and its principals, had no involvement in performing a feasibility study of the implementation of the subject Contract, in the drafting of this solicitation document, or in developing the subject program. Further, my company, its employees, and principals, engaged in no collusion in the development of the instant Bid, proposal or reply. This Bid, proposal or reply is made in good faith and there has been no violation of the provisions of Chapter 287, Florida Statutes, the Administrative Code Rules promulgated pursuant thereto, or any procurement policy of the Department of Health. I certify I have full authority to legally bind the Provider, Respondent, or Vendor to the provisions of this Bid, proposal or reply.

Signature of Authorized Representative*

Date

*An authorized representative is an officer of the Respondent's organization who has legal authority to bind the organization to the provisions of the Bids. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Bid if signed by other than the President, Chairman or owner.

**EXHIBIT 1
DEPLOYABLE RESOURCES / MISSION READY PACKAGES**



Deployable Resources / Mission Ready Packages

RESOURCE	RESPONSIBLE PARTY	DEPLOYMENT TIME
<i>Samples:</i>		
<i>Command and control vehicles</i>		
<i>Dual Use Vehicles (buses that convert to patient evacuation vehicles)</i>		
<i>Response Support Units</i>		
<i>Hygiene Units</i>		
<i>Mobile Clinics</i>		
<i>Mobile Pharmacy Units (MPUs)</i>		
<i>Mobile Vet Centers (MVCs)</i>		
<i>Mobile Food Units to support ESF 8 missions</i>		

Health Care Coalition Workplan Summary

Organization Name:

Point of Contact:

Overarching Scope of Work for Funded Entity

Instructions: In a narrative format describe the overarching objectives and activities addressed within this workplan.

Health Care System Preparedness Capabilities Addressed in Year 1

Instructions: In column A indicate which capability area will be enhanced by this project. The workplan must address one or more specific capabilities based on a risk assessment. In columns G - M indicate the specific objective from the corresponding capability will be addressed please refer to the Health Care System Preparedness capabilities for more information.

	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5	Objective 6	Objective 7
Foundation for Health Care and Medical Readiness							
Health Care and Medical Response Coordination							
Continuity of Health Care Service Delivery							
Medical Surge							

Expected Outcomes

Instructions: Describe the expected outcomes of this workplan and how it will fill the gaps identified. How will preparedness levels be increased by this project.

Resolution

North Central Florida Healthcare Coalition

2017-01

Supporting

Creation of the Region 3 Healthcare Coalition Alliance

WHEREAS, the RDSTF Region 3 currently has three healthcare coalitions (HCC): Northeast Florida (NEFLHCC), North Central Florida Healthcare Coalition (NCFHCC) and the Coalition for Health and Medical Preparedness (CHAMP); and

WHEREAS, the counties in each of the Region 3 Healthcare Coalitions are as follows:

- NEFLHCC includes Baker, Clay, Duval, Flagler, Nassau and St. Johns Counties
- NCFHCC includes Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties
- CHAMP HCC includes Marion County; and

WHEREAS, the Florida Department of Health (FDOH) desires to regionalize the contract management of the Healthcare Coalitions across the State; and

WHEREAS, the three Region 3 Healthcare Coalitions will form a Region 3 Healthcare Coalition Alliance, with a Coordinating Board to implement the regionalization as desired by FDOH; and

WHEREAS, the Region 3 Healthcare Coalition Alliance would utilize the Northeast Florida Regional Council as its administrative entity and contract recipient; and

WHEREAS, the North Central Florida Healthcare Coalition will join the Region 3 Healthcare Coalition Alliance by ratifying the bylaws of the Alliance once they have been adopted;

NOW, THEREFORE, BE IT RESOLVED that the Board of the North Central Florida Healthcare Coalition hereby supports the creation of the Region 3 Healthcare Coalition Alliance.

Unanimously adopted by the North Central Florida Healthcare Coalition in a regular meeting assembled in the City of Gainesville, Florida, on the twenty-fourth day of April, 2017.

Harold Theus

Chair

INITIAL PLANNING MEETING (IPM) AGENDA

April 17, 2017

- I. Exercise Purpose, Scope, Capabilities and Objectives**
- II. Participating Agencies**
 - **Expectations**
- III. Exercise Design**
 - **Scenario**
 - **Facilitation**
 - **Evaluation**
 - **Documents**
- IV. Exercise Logistics**
- V. Assignments**
- VI. Meeting Dates**

~~May 18 – Midterm Planning Meeting~~

June 6 – Final Planning Meeting

June 15 - Exercise