



FLORIDA ASSOCIATION OF HEALTHY START COALITIONS, INC.
Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Initiative
Request for Proposal (RFP)
New Provider in Palm Beach County
2019-2020



Florida
Maternal
Infant &
Early
Childhood
Home
Visiting
Initiative

Timeline

Schedule	Date	Location
RFP Released	August 6, 2019	Posted electronically at: www.flmiechv.com
Letter of Intent Due (electronic submission only)	August 23, 2019	Submit to: aparish@fahsc.org Please include subject line: Palm Beach LOI
Deadline for Questions	August 30, 2019	Submit to: aparish@fahsc.org Please include subject line: RFP Question(s)
Proposal Due (electronic submission only)	September 6, 2019	Submit to: MIECHV@fahsc.org
Anticipated Notification of Award	September 10, 2019	Posted electronically at: www.flmiechv.com
Anticipated Grant Start Date	October 1, 2019	

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Section 1. Introduction

1.1 Program Authority

The Florida Association of Healthy Start Coalitions, Inc. (FAHSC), a not-for-profit corporation of the State of Florida established under the provisions of Chapter 617, F.S., is the recipient of funding from the U. S. Department of Health & Human Services' Health Resources and Services Administration (HRSA) to implement the state's Maternal Infant and Early Childhood Home Visiting (MIECHV) Initiative (HRSA Grant No. X10MC32184). This program is authorized under the Social Security Act, Title V, Section 511 (42 USC 711), as amended by Section 2951 of the Patient Protection and Affordable Care Act (Pub. L. No. 111-148). Reauthorization and appropriation for FY16 provided through Medicare Access and CHIP Reauthorization Act (P.L. 11410) Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L.115123), Title VI, Subtitle A.

1.2 Statement of Purpose

The purpose of this Request for Proposal (RFP) is to identify an organization interested in implementing a Parents as Teachers program to serve families residing in the Tri-City Glades area, hereafter referred to as the Glades, of Palm Beach County, FL. This program is intended to be implemented at the community level as part of a coordinated, integrated system of early childhood services. The goal of the Florida MIECHV Initiative is to equip parents and other caregivers with the knowledge, skills, and tools to assist their children in being healthy, safe, and ready to succeed in school. The initiative is expected to promote the following outcomes:

- Improved maternal and prenatal health, infant health, and child health and development;
- Reduced child maltreatment;
- Improved parenting practices related to child development outcomes;
- Improved school readiness;
- Improved family socio-economic status;
- Improved coordination of referrals to community resources and supports; and
- Reduced incidence of injuries, crime, and domestic violence.

The overall goals of the Florida MIECHV Initiative are to:

- Strengthen and improve the programs and activities carried out under the Title V of the Social Security Act;
- Improve coordination of services for at-risk communities; and
- Identify and provide comprehensive services to improve outcomes for families who reside in high-need communities.

1.3 Available Funding

The Florida MIECHV Initiative has an estimated total amount up to \$260,000 in funding under this RFP for the 12-month period October 1, 2019, to September 30, 2020. Continued funding may be available and is contingent on future federal awards. The program is expected to maintain a monthly caseload of at least 50 families. Only one implementation site will be funded in Palm Beach County and must serve families living in the Glades area of Palm Beach County, FL. Only one proposal for the county will be accepted. FAHSC reserves the right to reject the proposal and discontinue services in Palm Beach County.

1.4 Matching Funds

Matching funds are not required.

1.5 Maintenance of Effort

Awardees should not use funds from this award to replace existing funds for evidence-based home visiting programs in the applicant area. Awardees are expected to sustain current funding levels for existing evidence-based home visiting programs.

1.6 Letter of Intent

Applicants are required to submit a Letter of Intent (LOI) to apply for funding under this RFP. The letter should include the name of the applicant and contact information, including an email address. Letters of Intent must be submitted electronically by August 23, 2019, to: aparish@fahsc.org with Palm Beach LOI included in the subject line. If more than one Letter of Intent is submitted, then interested parties will be asked to work together on a proposal that is the best fit for the community.

1.7 Definitions

At-Risk Community – A community for which the following indicators demonstrate greater risk than Florida as a whole: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school dropouts; substance abuse; unemployment; or child maltreatment. At-risk communities are those specifically identified in Florida’s Updated MIECHV State Plan (2011).

Continuous Quality Improvement (CQI) – A systematic approach to specifying the processes and outcomes of a program or set of practices through regular data collection and the application of changes that may lead to improvements in performance. Provider CQI plans and activities support the federally-approved Florida MIECHV Initiative CQI Plan.

Coordinated Intake & Referral (CI&R) – A locally-established system for identifying eligible families and linking them to services which best meet their preferences and needs.

Federal Legislatively Mandated Benchmarks – Specific areas identified in Federal Legislation requiring data collection and reporting for the purpose of measuring improvement in performance or outcomes. The mandated benchmarks include:

- a) Improved maternal and newborn health;
- b) Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits;
- c) Improvement in school readiness and achievement;
- d) Reduction in crime or domestic violence;
- e) Improvements in family economic self-sufficiency; and
- f) Improvements in the coordination and referrals for other community resources and supports.

Federal Legislatively Mandated Performance Measurement Data – Data collection required of all local agencies implementing MIECHV services. These data are required for: 1) describing the characteristics of families served and services provided; 2) tracking program implementation successes and challenges; 3) continuous quality improvement (CQI) efforts; and 4) monthly, quarterly, and annual reporting to the federal funding agency. Annual reporting includes outcomes on the following Federal Legislatively Mandated Performance Measures:

- a) Measure 1: Pre-term Birth
- b) Measure 2: Breastfeeding
- c) Measure 3: Depression Screening
- d) Measure 4: Well-Child Visit
- e) Measure 5: Postpartum Care
- f) Measure 6: Tobacco Cessation Referrals
- g) Measure 7: Safe Sleep
- h) Measure 8: Child Injury
- i) Measure 9: Child Maltreatment
- j) Measure 10: Parent-Child Interaction
- k) Measure 11: Early Language and Literacy Activities
- l) Measure 12: Developmental Screening
- m) Measure 13: Behavioral Concerns
- n) Measure 14: Intimate Partner Violence Screening
- o) Measure 15: Primary Caregiver Education
- p) Measure 16: Continuity of Insurance Coverage
- q) Measure 17: Completed Depression Referrals
- r) Measure 18: Completed Developmental Referrals
- s) Measure 19: Intimate Partner Violence Referrals

Fidelity to the Model – Providing services which meet the specified criteria and components of the identified evidence-based HVM on an on-going basis as described by the respective Model Developer. For the purpose of this RFP, Parents as Teachers is the only home visiting model eligible for funding.

Florida Home Visiting Information System (FLOHVIS) – A customized, web-based data collection system operating on an Efforts to Outcomes (ETO) software platform. The provider will utilize FLOHVIS as described in the *FLOHVIS User Manual* to meet Florida MIECHV Initiative requirements. Access to FLOHVIS will be provided to appropriate staff at the implementation site funded through this RFP.

Home Visiting Models (HVM) – Programs or initiatives in which home visiting is a primary service delivery strategy and in which services are offered on a voluntary basis to pregnant women, expectant fathers, and parents and caregivers of children birth to kindergarten entry, targeting MIECHV-adopted participant outcomes. For the purpose of this RFP, Parents as Teachers is the only home visiting model eligible for funding.

Local Home Visiting Advisory Group – A group of individuals from the local community whose responsibility is to provide guidance to ensure the evidence-based HVM is appropriately implemented, sustainable, and serves the needs and best interests of the local community. An existing group or coalition may take on this role, if it meets these requirements.

Local Implementing Agency (LIA) – An organization funded by MIECHV to implement an evidence-based home visiting model in a defined service area.

Model Developer – Entity responsible for the development of an identified evidence-based home visiting model and responsible for ensuring fidelity to the model. For the purpose of this RFP, Parents as Teachers is the only home visiting model eligible for funding.

Tri-City Glades or Glades Area – The cities of Belle Glade, Pahokee, and South Bay in Palm Beach County, FL.

Section 2. Program Overview

2.1 Background

The Florida Association of Healthy Start Coalitions, Inc. has been the lead agency responsible for implementing the Florida MIECHV Initiative since 2013. FAHSC funds 17 organizations to serve MIECHV eligible families in 25 at-risk and four contiguous communities spanning all or parts of 29 counties. In each of these counties, one of three evidence-based home visiting models is provided: Healthy Families America (HFA), Nurse-Family Partnership (NFP), or Parents as Teachers (PAT).

2.2 Program Expectations and Requirements

The Florida MIECHV Initiative supports the development of home visiting programs in communities with high rates of: premature birth, low birth weight infants, infant mortality, and other health indicators such as poverty, crime, domestic violence, high school drop-outs, substance abuse, unemployment, and child maltreatment. The purpose of the initiative is to deliver coordinated home visiting services to MIECHV eligible families, on a voluntary basis, in order to better equip parents and other caregivers with the knowledge, skills, and tools to assist their children in being healthy, safe, and ready to succeed in school.

The initiative also contributes to the development of an integrated system of early childhood services to meet the complex and diverse needs of families and communities across Florida. Expected outcomes include improvements in maternal and prenatal health, infant health, and child health and development; reduced child maltreatment; improved parenting practices related to child development outcomes; improved school readiness; improved family socio-economic status; improved coordination of referrals to community resources and supports; and reduced incidence of injuries, crime, and domestic violence.

The funded entity will be required to provide data and reports on participating families and services provided. The funded entity will be required to coordinate services to ensure the complex and diverse needs of the identified at-risk communities are being met; and fulfill the grant requirements outlined in HRSA guidelines. Funding needed at the local level for providing the required data, including funding for computer hardware, should be requested and included in the proposal submitted.

2.3 Qualified Project

This RFP is for a provider to replace the one currently serving families using the PAT model. The applicant must apply to assume implementation this program be ready to provide PAT in the Glades area. A successful applicant will provide documentation that demonstrates the capability and capacity for implementing a successful home visiting program as specified in Section 4.1 of this RFP.

Section 3. Terms and Conditions of Support

3.1 Eligible Applicant

The entity applying for funding is advised that in accepting federal dollars under this RFP, as a sub-recipient, the entity will be required to comply with all state and federal laws, executive orders, regulations, and policies governing these funds. Eligible applicants include, but are not limited to:

- Federal, state, county, and local public entities operating in Palm Beach County, FL or a neighboring county
- Non-profit and for-profit organizations operating in Palm Beach County FL, or a neighboring county, including, but not limited to:
 - Healthy Start and Other Community Maternal & Child Health Coalitions
 - Child development, prevention, and related agencies
 - Hospitals
 - Rural Health Networks
 - Federally Qualified Health Centers
 - Community-based care agencies

3.2 Eligibility Criteria

The application must meet the following criteria in order to be considered eligible:

1. The applicant must serve the Glades area in Palm Beach County, FL.
2. Based on the eligibility criteria delineated for the Parents as Teachers home visiting model, the applicant must be able to demonstrate an ability to reach their projected caseload within one year of program funding, including a transition plan for families already enrolled in the program who wish to continue services with the new provider.
3. The applicant can only apply to provide the Parents as Teachers program model using MIECHV funding.
4. Only one applicant will be accepted for Palm Beach County. Multiple applications will result in the disqualification of all applicants.

3.3 Minority and Service-Disabled Veteran Business Participation

FAHSC encourages minority and women-owned business (MWBE) and service-disabled veteran business enterprise (SDVBE) participation in all its solicitations.

3.4 Period of Support

The initial term of the agreement resulting from this RFP shall be for a project period beginning October 1, 2019, through September 30, 2020. Continuation funding beyond the grant period is dependent on the receipt of future grant awards by FAHSC. The applicant should plan for sustainability beyond the contract period using other funding sources.

3.5 Use of Grant Funds

Allowable and unallowable expenditures are delineated in 2 Code of Federal Regulation (CFR), Part 200, and 45 CFR, Part 75. Additional guidance regarding the use of funds is provided in the Catalog of Federal Domestic Assistance (CFDA), Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program, Number 93.505.

No more than 10 percent of the grant amount may be spent on costs associated with administering the grant (indirect costs).

The following lists of allowable and unallowable costs were created solely to be used as a helpful guide for applicants. These lists do not supersede the federal definitions of allowable and unallowable costs. Applicants are urged to review [HHS Grants Policy Statement](#).

1. **Allowable costs** - must be reasonable and necessary for the provision of home visiting services and may include, but are not limited to the following:
 - Personnel
 - Project related expenses, such as office supplies, postage, and copying
 - Programmatic initiatives to address the home visiting program's goals and strategies
 - Programmatic initiatives related to coordinating the new home visiting services with other home visiting programs or related services as well as other necessary health and social services
 - Advisory group/local partner meetings and associated costs
 - Travel, in accordance with FAHSC travel guidelines
 - Data reporting

- Computer equipment and supplies needed to fulfill MIECHV reporting requirements
2. **Unallowable costs** - include, but are not limited to the following:
- Building alterations or renovations
 - Construction
 - Direct services (e.g., hiring grant writers to prepare competitive grant applications, supporting direct patient services such as counseling)
 - Fringe benefits for temporary employees
 - Fund raising activities
 - Lobbying
 - Food or beverages
 - Research
 - Health and social services that are not officially part of the designated evidence-based home visiting program and/or specified in this RFP.

As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, FAHSC must report information for each subaward of \$25,000 or more in federal funds, including executive total compensation as outlined in Appendix A to 2 CFR Part 170 (<http://www.hrsa.gov/grants/ffata.html>).

Section 4. Application Contents

4.1 Description of Application Components

Cover Page

Applicant shall submit Cover Page presented in Appendix 1 of this RFP.

Project Narrative

Applicant shall submit a comprehensive narrative description of community needs and resources and explain how the Parents as Teachers program model will be used to address identified needs for at-risk families. The applicant must describe its capacity and capability for meeting all programmatic data and reporting requirements. The applicant must detail planned activities and a timeline necessary to achieve program goals. The narrative should include:

Description of Tri-City Glades Area and Families to be Served

1. Discuss specific needs and risk factors that contribute to the area’s high-risk designation.
2. Identify community assets available to support families served by PAT.
3. Describe your organization’s capacity to provide services to the families in greatest need of PAT services.
4. Describe the willingness of your agency to participate in the Coordinated Intake and Referral system.

5. Clearly justify the viability and feasibility of operating and sustaining the Parents as Teachers program in the Glades area.

Anticipated Challenges and Technical Assistance

6. Describe any anticipated challenges and/or risks associated with the implementation of PAT and possible strategies for addressing these challenges.
7. Describe any anticipated challenges and/or risks to maintaining quality and fidelity to the Parents as Teachers program model and possible strategies for addressing these challenges.
8. Describe any anticipated technical assistance needs from FAHSC.

Applicant Capacity and Capabilities

9. Describe the current capacity of your agency to support the Parents as Teachers model.
10. Demonstrate your capability and success in working with children and families in related programs and services.
11. Demonstrate your knowledge and understanding of health and racial equity and articulate how this information will be utilized in the implementation of the Parents as Teachers program.
12. Demonstrate and document the infrastructure in place to manage funds and provide, or be able to hire and/or contract, for the provision of services.

Coordination and Integration of Community Partners

13. Describe your strategy for ensuring coordination among existing home visiting programs, other family support programs in the community, and related health and social service resources (such as public health, mental health, child development, substance abuse, intimate partner violence, child welfare, education, and other social and health services) required for the successful implementation of the proposed program.
14. Provide Letters of Commitment from local partners agreeing to collaborate and support efforts to provide services which address an identified gap in care and meet the complex and diverse needs of families receiving home visiting services. Local partners should describe their roles and provide assurance to collaborate. NOTE: Memoranda of Understanding (MOUs) with committed partners will be required within 90 days of contract signature.
15. Discuss your plans for establishing, or utilizing an existing, local home visiting advisory group to provide input on home visiting services.
16. Describe how your agency will continue to provide ongoing leadership for sustaining home visiting activities when MIECHV funding ends.

Implementation Plan for the Parents as Teachers Program Model

17. Describe your work to date with the Parents as Teachers National Center <https://parentsasteachers.org/>, including the technical assistance and support

- provided by the Parents as Teachers National Center in planning and initial implementation efforts
18. Describe how and what types of initial and ongoing training and professional development activities will be obtained from the Parents as Teachers National Center.
 19. Describe how you will reach, engage, recruit, and enroll the families in need of home visiting services in the Glades area, and the role of CI&R in identifying and referring eligible families to the proposed program.
 20. Provide assurance that home visiting services will be provided on a voluntary basis.
 21. Provide assurance that priority will be given to serve MIECHV eligible families, especially those identified as a priority by HRSA and PAT.
 22. Identify how culturally and linguistically competent services will be provided, specific to the Glades area.
 23. Provide an estimate of the staff that will be hired to serve 50 families in the proposed program. Describe how you will recruit, hire, and retain well-trained and competent staff for all positions and provide high-quality, reflective supervision.
 24. Provide detailed job descriptions for key positions, including resumes, and an organizational chart.
 25. Describe how you will implement the PAT with fidelity and how fidelity will be maintained throughout the length of the grant.
 26. Describe your commitment to utilizing Continuous Quality Improvement (CQI), including the Model for Improvement, to improve internal and external service delivery processes.
 27. Describe how you will promote program participant retention, duration, and satisfaction.
 28. Describe any anticipated challenges in implementation and maintenance of quality and fidelity and possible strategies for addressing these challenges.

Data Collection and Reporting

29. Demonstrate the capacity and capability of the program to accurately collect and report complete data on federally legislatively mandated performance measures. Clearly state your commitment to work with FAHSC to establish data collection processes and to collect and report the required data and data elements.
30. Describe how you will assure data quality and timely entry of required data into FLOHVIS. Clearly delineate responsibilities for data collection, data entry and quality assurance activities.
31. Describe how the applicant will assure data safety and monitoring including privacy of data, administration procedures that do not place individuals at risk of harm, and compliance with applicable regulations related to Health Insurance Portability and Accountability Act (HIPAA). All relevant staff must be trained on HIPAA.

32. Describe any anticipated barriers or challenges in the data collection and/or reporting process and possible strategies for addressing these challenges.

Work Plan and Timeline

33. Applicant shall submit a completed Work Plan and Timeline that includes a description of the planned activities, responsible staff, timeframes and outputs.

34. The Work Plan and Timeline should reflect a contract start date of October 1, 2019. Additionally, the Work Plan and Timeline should accurately reflect any pre-implementation activities as required by the Parents as Teachers model developer (e.g., affiliate plan/approval, training, and any other related items).

35. The Work Plan and Timeline should clearly state the estimated date of initial participant enrollment (including those serve by the previous provider who elect to continue services) and provision of home visiting services, as well as the estimated timeframe for reaching the required caseload capacity of 50. Caseload capacity must be reached within 12 months of program funding.

Proposed Budget Summary and Budget Narrative

Applicant shall provide a detailed line-item budget and budget justification using the budget form included in Appendix 2 for the funding period (October 1, 2019 – September 30, 2020). Include only expenses directly related to the project and necessary for project implementation. Provide justification and details for all cost items. Applicant is urged to review [HHS Grants Policy Statement](#) to determine allowable and non-allowable costs.

No more than 10 percent of the grant amount may be spent on costs associated with administering the grant (indirect).

Attachments

Applicant may submit Attachments (e.g., Letters of Commitment) as they see fit, which provide documentation to fulfill the requirements specified in this RFP.

Section 5. Submission of Application

It is requested that all potential applicants submit a Letter of Intent to FAHSC by the due date. Applicants will be notified if multiple Letters of Intent are submitted and are expected to work together on an application that best meets the needs of the Glades area. A Letter of Intent does not bind an applicant to submit a proposal.

5.1 Submitting the Application

- Application must be submitted electronically by the due date to MIECHV@fahsc.org.
- Depending on the size of the submission, multiple files may be required. Clearly label emails with multiple files (i.e. 1 of 3). Zip files are also acceptable.
- An application submitted past the deadline will not be accepted.

5.2 Formatting the Application

- Applicant is required to complete and sign the cover page (see Appendix 1) and submit it electronically with their application.
- The application documents should be submitted in Microsoft WORD (.doc), EXCEL (.xls) or Adobe (.pdf).

Section 6. Evaluation of Application

6.1 Evaluation

The application will be evaluated by FAHSC staff to ensure it meets the requirements.

6.2 Award

FAHSC reserves the right to reject any and all applicants submitting a response to this RFP.

The successful applicant will adhere to all assurances and requirements included in the HRSA Notice of Award to FAHSC for Maternal, Infant and Early Childhood Home Visiting Program (X10MC32184) incorporated herein by reference.

6.3 Payments

Payments will be made quarterly. An advance equivalent to one-quarter of the contract amount may be requested upon contract signature.

6.4 Records and Documentation

Unless a greater retention period is required by state or federal law, all documents pertaining to the program contemplated by this RFP shall be retained by the applicant for a period of six years after the termination of the resulting contract. However, if an audit has been initiated and audit findings have not been resolved at the end of six years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract. During the records retention period, the applicant agrees to furnish, when requested to do so, all documents required to be retained to FAHSC. Submission of such documents must be in standard word processing format (Microsoft Word). Data files will be provided in a format readable by the FAHSC.

The applicant agrees to maintain the confidentiality of all records required by law or administrative rule to be protected from disclosure. The applicant further agrees to hold FAHSC harmless from any claim or damage including reasonable attorney's fees and costs or from any fine or penalty imposed as a result of an improper disclosure by the applicant of confidential records whether public record or not and promises to defend FAHSC against the same at its expense.

The applicant shall maintain all records required to be maintained pursuant to the resulting agreement in such manner as to be accessible by FAHSC upon demand throughout the entire retention period. Where permitted under applicable law, access by the public shall be permitted without delay.

6.5 Renewal

The agreement awarded under this RFP may have the opportunity to be renewed, annually, if FAHSC continues to receive funding and the program is in good standing. The applicant should plan to sustain services beyond the grant period with other sources of funding.

6.6 Subcontractors

The successful applicant may, only with prior written approval of FAHSC, enter into written sub-agreements for performance of specific services under the agreement resulting from this RFP. Anticipated sub-agreements known at the time of application submission and the amount of the sub-agreement must be identified in the application. No sub-agreement that the applicant enters into with respect to performance under the agreement shall in any way relieve the applicant of any responsibility for performance of its agreement responsibilities with FAHSC. FAHSC reserves the right to request and review information in conjunction with its determination regarding a sub-contract request.

6.7 Cost of Preparation

FAHSC is not liable for any costs incurred by an applicant in responding to this RFP.

6.8 The Health Insurance Portability and Accountability Act (HIPAA)

A successful applicant will be required to comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, if applicable, and comply with all provisions of state and federal law regarding confidentiality of patient information.

APPENDIX 1

**COVER PAGE
FLORIDA ASSOCIATION OF HEALTHY START COALITIONS, INC.
FLORIDA MIECHV INITIATIVE
REQUEST FOR PROPOSAL**

Entity's Legal Name: _____

Entity's Mailing Address: _____

City, State, Zip: _____

Telephone Number(s): _____

Website Address: _____

Federal Employer Identification Number (EIN/FEID): _____

DUNS Number: _____

Contact Person for Application: _____

Email Address: _____

Authorized Signature (in blue ink): _____

Printed Name of Authorized Signature: _____

Title: _____

Date: _____

APPENDIX 2

FL MIECHV BUDGET FORM

OBJECT CLASS CATEGORIES	TOTAL
a. Personnel	
b. Fringe Benefits	
c. Travel	
d. Equipment	
e. Supplies	
f. Contractual	
	Contractors
	Consultants
g. Other	
	Other Misc. Costs
h. Total Direct Charges	
i. Indirect Charges (not exceed 10%)	
TOTAL	