



**Request for Qualifications (RFQ)**

**Information Packet**

**for**

**Enhancements to the MCH System of Care for  
Childbirth and Breastfeeding Services**

**for**

**Fiscal Year 2021-2022**

**Available  
November 15, 2021  
Closing  
December 13, 2021**



**MISSION STATEMENT**

Our mission is to promote the health and well-being of women, infants, and families to achieve a successful pregnancy and a healthy start in life

**VISION**

Our vision is to lead Broward County maternal and child health system of care to improve birth and developmental outcomes

**OUR PRIMARY GOALS ARE**

To reduce fetal and infant mortality and morbidity  
Reduce the number of low birth weight and preterm births  
Improve maternal and child health developmental outcomes

The staff of Broward Healthy Start Coalition, Inc. is proud to facilitate this organization's mission to support new mothers and babies and demonstrate a measurable positive impact upon maternal and child health services and outcomes in Broward County. We are dedicated to upholding our legislatively mandated role as Broward's maternal and child health leader.

**BROWARD HEALTHY START COALITION, INC.**

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Fort Lauderdale, FL 33319

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Visit our website at <http://www.browardhsc.org>

Like us on Facebook





## SECTION I: INTRODUCTION

### 1) Introduction

Broward Healthy Start Coalition, Inc. (BHSC) is a non-profit 501(c)(3) organization dedicated to improving the health of pregnant women and infants in Broward County. Florida's Healthy Start program was implemented by the Florida legislature in 1991 with Florida Statute 383.216 calling for the establishment of local prenatal and infant health care coalitions to 1) administer the universal risk screen of pregnant women/new mothers, 2) provide outreach and education, and 3) seek to improve the system of maternal child health in the community through advocacy and coordination. BHSC was formed in 1992 and is one of 31 coalitions in the State. It is funded by the Florida Department of Health and Agency for Healthcare Administration via the Healthy Start MomCare Network.

BHSC is responsible for the administration of the universal prenatal and infant risk screen. Florida Statute 383.14 requires that all pregnant women be offered the state Prenatal Risk Screening at their first or subsequent prenatal visit and the state Infant (Postnatal) Risk Screening be offered to parents or guardians of all infants born in Florida before leaving the delivery facility. The risk screening results are input at the local health department and based on screening scores and consent by the parent to participate, families are then referred for contact with a Connect team staff member. Connect is Healthy Start's Coordinated Intake and Referral program for all pregnant women, new parents with an infant up to three (3) years old, and interconception women who no longer have their baby as a result of pregnancy loss, infant death, adoption, or removal by child protective services. The Connect team completes a mini intake assessment and links the mother to the most appropriate resources and/or services. This could be the Healthy Start home visitation program or other community program or services most appropriate for the mother and her family based on her risks, needs, and preference.

BHSC's second responsibility is to provide outreach and education by administering the Healthy Start home visitation program through a network of subcontracts. The Florida Department of Health's Healthy Start home visitation model serves pregnant women, interconception women, and new parents on behalf of their infant through completion of an in-depth face to face assessment and provides individualized education, support, and wraparound services to ensure mom is healthy and receiving medical care and other necessary services to give her baby a Healthy Start in life. This involves education on prenatal care, parenting, interconception care, child development, breastfeeding, supports for relieving stress, and more.

The third prong of BHSC's work is the advocacy for improving the local maternal-child health system of care. We have a robust network of community planning committees that identify, and tackle issues related to Fetal and Infant Mortality and Maternal and Infant Health. Through these committees, we work with local partners and stakeholders to identify and improve service gaps in our community by coordinating and advocating for changes in the system that can improve birth, health, and developmental outcomes.

### 2) Background

This procurement has two components including a 1) Community-Based Group Childbirth Education Program, and a 2) Breastfeeding Education and Lactation Support Program. Qualified applicants may

apply to provide both services or only one, and applicant responses should clearly state the areas of interest.

**a. Community-Based Group Childbirth Education Program**

Childbirth Education in a group setting facilitates connections with other families with shared experiences and helps develop their natural supports. BHSC desires to support parent connections and natural supports while providing comprehensive childbirth education in a community setting and as such, BHSC intends to implement a community-based Group Childbirth Education Program. Comprehensive childbirth education include topics that range from conception to early pregnancy, nutrition, prenatal care, warning signs, preparing for childbirth, labor, interventions, the postpartum period, family planning, fatherhood, baby blues, postpartum depression, infant care, child development, and more. Nationally recognized childbirth education curricula cover a range of topics necessary for parents to be well-equipped to care for themselves and their newborn to give them the best possible health outcomes and know when it is necessary to seek medical guidance from their healthcare provider.

BHSC has identified zip codes and census tracts with higher-than-average preterm birth and infant mortality rates in neighborhoods such as 33023, 33024, and 33025 in the South end of the county, and 33311, 33312, 33313, and 33319 in the North end of the county, and surrounding areas. While Broward County has several home visiting programs in our maternal and infant health network that provide comprehensive pregnancy and postpartum education, these programs are usually limited to providing education to only those families enrolled in and receiving home visitation services. There are approximately 20,000 births per year in Broward County, with less than 25% of parents enrolled in a home visitation program as space is limited and eligibility rules apply. Pregnant women who are not identified as high risk, those who are not eligible for home visitation services, or those who decline a referral for or participation in home visitation services should be offered a referral to other community services including childbirth education since all expecting parents can benefit from participation. Offering group childbirth education in select communities also provides an additional opportunity to engage at-risk women and families through sessions, outreach, flyers, and word of mouth promotion.

**b. Breastfeeding Education and Lactation Support Program**

Breastmilk is the optimal food for newborns as it is tailored to meet their nutritional needs and provides many health and other benefits to baby, mom, and the family. Aligned with the BHSC goal of assuring optimal health and developmental outcomes for babies, BHSC desires to support new mothers in their breastfeeding journey by providing two breastfeeding services components including 1) monthly web based virtual breastfeeding classes offered separately for prenatal education and another specifically offered for postpartum support, and 2) face to face support to lactating women experiencing challenges with breastfeeding.

As detailed in the Background section 2) a. above, there are several home visiting programs in our maternal and infant health network that provide breastfeeding education and support however, these programs are usually limited to providing services to only those families enrolled in and receiving home visitation. Additionally, while the Women, Infants, and Children (WIC) nutrition program administered by the Florida Department of Health has Internationally Board Certified Lactation Consultants (IBCLC) and Certified Lactation Counselors (CLC) or peer educators on staff providing quality breastfeeding education and support services in the clinic setting, WIC staff are not permitted to perform home visits or provide services to mothers and infants outside of the WIC clinic setting. This limits some families with breastfeeding challenges or high risk conditions to access hands on

support because of their limited ability to travel to or attend visits due to having multiple children to care for, lack of transportation, presence of a medical condition that prevents them from driving, or other barriers that may lead them to discontinue breastfeeding. The WIC program will be able to directly refer breastfeeding mothers who need support outside of the clinic setting to receive in-person lactation support under this program.

We also know that Women of Color breastfeed at lower rates than their White counterparts and we intend to turn that curve in a positive direction through increased breastfeeding education, support, and guidance. Providing client-centered care that is responsive to the needs of Black women and is respectful, culturally competent, and of high quality is critical. We also know from research that maternal, infant, and child health outcomes, including breastfeeding rates, are impacted by structural inequities in health care. Women of Color will be prioritized for in-home lactation support under this funding opportunity.

### 3) Timelines and Deadlines

BHSC must receive all required information by the specified dates and times at the location specified. BHSC reserves the right to modify procurement timelines or modify and/or cancel the procurement at its discretion with notice provided via the website ([www.browardhsc.org](http://www.browardhsc.org)).

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|---|--|
| RFQ Released  | Monday, November 15, 2021<br>Available at <a href="http://www.browardhsc.org">www.browardhsc.org</a>   |
| Submission of Questions Deadline  | Thursday, November 18, 2021<br>Submit questions in writing to:<br><a href="mailto:rgrunfelder@browardhsc.org">rgrunfelder@browardhsc.org</a> using<br>Subject Line: RFQ Questions  |
| Responses to Questions  | Friday, November 19, 2021<br>Responses will be posted at <a href="http://www.browardhsc.org">www.browardhsc.org</a>  |
| Application Submission Deadline   | Monday, December 13, 2021, by 4 p.m.<br><br><u>Submit 4 originals in-person to:</u><br>BHSC, 4620 N. State Rd. 7, Building H, Suite 102,<br>Lauderdale Lakes, FL 33319<br><u>AND Submit 1 electronic copy via email by the<br/>deadline to:</u> <a href="mailto:rgrunfelder@browardhsc.org">rgrunfelder@browardhsc.org</a> using<br>Subject Line: RFQ Proposal |
| Cure Deadline   | Tuesday, December 14, 2021   |
| Applicant Interviews by Review Committee                                | Tuesday, January 11, 2022<br>1:30 p.m. to 3:00 p.m.<br><br>(Applicants will receive their scheduled 15-minute<br>block of time via email prior to the above date)<br>Zoom link – <a href="https://us02web.zoom.us/j/89200862961">https://us02web.zoom.us/j/89200862961</a>   |
| Submission of Recommendations to Executive Finance Committee for Review | Wednesday, January 19, 2022  |
| Recommendations to Board of Directors for voting                        | Thursday, January 27, 2022   |
| Notice of Award   | Friday, January 28, 2022   |

#### **4) Inquiries and Responses**

Written questions may be submitted via e-mail to clarify any matters relating to this RFQ. Questions and responses will be made available to all respondents via the website ([www.browardhsc.org](http://www.browardhsc.org)). Applicants should review RFQ section 3) Timelines and Deadlines for more information. Questions should be submitted to Robin Grunfelder, Director of Community Health Services at [rgrunfelder@browardhsc.org](mailto:rgrunfelder@browardhsc.org) using Subject Line: RFQ Questions.

Unauthorized modifications by applicant of RFQ specifications, forms, or terms may render the response invalid.

#### **5) Contact Information**

The only contact person with respect to any or all aspects of this RFQ is Robin Grunfelder, Director of Community Health Services at [rgrunfelder@browardhsc.org](mailto:rgrunfelder@browardhsc.org).

#### **6) Right to Reject Responses and Waive Non-Material Irregularities**

BHSC at its sole and absolute discretion, reserves the right to accept or reject any or all responses or part of any and all responses; waive any non-material irregularities and technicalities and may, at its sole discretion, request a clarification or other information to evaluate any or all responses. Responses must be complete. BHSC reserves the right, before awarding the contract, to require applicants to submit evidence of qualifications or any other information BHSC may deem necessary. BHSC further reserves the right to withdraw this RFQ and to make an award without further discussion of the responses submitted.

## **SECTION II: SCOPE OF SERVICES**

### **1) Statement of Work**

#### **Community-Based Group Childbirth Education Program**

BHSC has identified a need for Childbirth Education services for families who can benefit from formal pre-and postnatal education. To support communities with higher-than-average preterm births and infant mortality rates, BHSC seeks to implement local community-based, grass roots, culturally appropriate, patient/client-centered group Childbirth Education sessions.

The program will fund up to a maximum of three (3) independent contractors, either individual professionals or part of an organization, who are nationally certified and experienced childbirth educators to host ongoing childbirth educational series each month. Classes will be promoted by BHSC and its partners and are open to eligible parents who pre-register. Sessions will be offered in English, Spanish, and Creole. Eligibility criteria will be developed by BHSC along with necessary protocols for referrals to the program, documentation of services, and follow up.

Applicants interested in providing community-based Group Childbirth Education Program services shall provide details on how the childbirth education series will be offered, including but not limited to the number of classes in a series, the curriculum to be utilized, and the method of providing these classes during the COVID-19 pandemic with the goal of transitioning to an in-person group education setting when safe and appropriate based on the Center for Disease Control (CDC) and Florida Department of Health (FDOH) guidance. It is expected that all group childbirth services will eventually be provided in-person.

During the COVID-19 pandemic, it is appropriate to host virtual childbirth education classes utilizing a web-based video platform that is not public interfacing nor recorded for later viewing. Applicants should

clearly describe all aspects of their proposed Community-Based Group Childbirth Education Program and how they will provide client-centered care that is responsive to the needs of all women and families and is respectful, culturally competent, and of high quality and assure services will be regularly provided in English, Spanish, and Creole. The proposal must clearly indicate this is a new program being created specifically in response to this RFQ and cannot be an add on to a previously existing program or service available in the community. BHSC's desire is to fund a program with new and innovative ways that recruit women and serve them where they feel most comfortable.

The maximum available funding for the Community-Based Group Childbirth Education Program is \$38,400 annually. Allowable costs include: educator fee (educator fee includes travel, preparation time, displays/props, handouts, etc.), facility fee for in-person classes, refreshments for in-person classes, fees for the web-based platform, and participant assistance for travel costs to groups when needed. Applicants must utilize the budget template included within this RFQ.

BHSC will heavily promote and be the lead referral source, along with its community partners, for the Group Childbirth Education Program services resulting from this procurement.

## **2) Statement of Work**

### **Breastfeeding Education and Lactation Support Program**

BHSC has identified a need for breastfeeding education classes and hands-on lactation support services that prioritize Women of Color. Statistical data has shown that Women of Color breastfeed at a lower rate than their White counterparts. This program has a unique opportunity to make a positive impact in improving breastfeeding outcomes amongst Black women through breastfeeding support, education, and guidance. To support individuals and communities with low breastfeeding rates, BHSC seeks to implement local community-based, grass roots, culturally appropriate, and patient/client-centered breastfeeding education and support.

The program will fund up to a total of three (3) Internationally Board-Certified Lactation Consultants (IBCLC) and/or Certified Lactation Counselors (CLC) working as independent contractors to provide in-home lactation education and support to breastfeeding mothers who are identified as needing additional support based on referrals from WIC, Healthy Start, Connect, and other home visitation programs. Additionally, an introduction to breastfeeding or breastfeeding basics class and a separate postpartum support class must be offered virtually each month via a video conferencing platform. As stated in the paragraph above, Women of Color can most benefit from these services therefore BHSC seeks to contract with educator(s) that are representative of the community. Applicants should clearly describe all aspects of their proposed Breastfeeding Education and Lactation Support Program and how they will provide client-centered care that is responsive to the needs of all women and families and is respectful, culturally competent, and of high quality. The proposal must clearly indicate this is a new program being created specifically in response to this RFQ and cannot be an add on to a previously existing program or service available in the community. BHSC's desire is to fund a program with new and innovative ways that recruit women and serve them where they feel most comfortable.

Applicants interested in providing Breastfeeding Education and Lactation Support Program services as described in this section shall also provide details on how the monthly web-based virtual Breastfeeding Education classes will be offered, including but not limited to the number of classes to be offered monthly, the curriculum to be utilized, how classes will be provided in English, Spanish, and Creole, and the method of providing these classes. Applicants must also fully describe how they will safely facilitate in-person lactation support services through home visits, including exercising the potential option to

provide private, individualized video-based breastfeeding support visits as a pre-cursor to in-person support visits, as needed.

The maximum available funding for the Breastfeeding Education and Lactation Support Program is \$64,800 annually. Allowable costs include: educator fee for breastfeeding classes, fees for the web-based platform, IBCLC fee for in-person visits (IBCLC fee includes travel, preparation time, displays/props, handouts, etc.), and client support costs for nipple shields, supplemental nursing systems, and other devices when needed and not otherwise available via other funding. The proposed budget must clearly state the requested reimbursement amount for each service to be provided. Applicants must utilize the budget template included within this RFQ.

BHSC will heavily promote and be the lead referral source, along with its community partners, for the Breastfeeding Education and Lactation Support Program resulting from this procurement.

### **3) Eligibility Requirements to Apply**

#### **a. Credentials:**

- Childbirth education must be provided by a nationally certified childbirth educator with a minimum of five (5) years of active and recent experience providing group childbirth education services.
- Breastfeeding education and support must be provided by an IBCLC or CLC with a minimum of five (5) years of active and recent experience providing breastfeeding education and hands-on clinical support to lactating women. CLCs must have an agreement in place and work in conjunction with an IBCLC to provide more intensive client support that extends beyond the CLC's scope of knowledge and ability.

Non-profit organizations with a 501(c)(3) status, for-profit organizations (FPO) incorporated in the State of Florida identified as active, public (governmental) agencies, and individuals operating as independent contractors/professional consultants are eligible to respond to this procurement. Applicants must provide proof of all credentials with their response.

b. Background Screening: Subcontractors with direct contact with families must submit to and successfully pass a Level 2 background screening and/or criminal history background check (state and national), prior to providing services, as provided in section 943.0542(2), Florida Statutes.

### **4) Service Location**

The services specified within the scope of work may be rendered via web-based video conferencing platforms, community-based locations, and in participant homes or other mutually agreed upon locations. Services may also be conducted at other locations in Broward County based on the needs of the community and service being provided for which the Applicant intends to apply.

Group childbirth education provided during the COVID-19 pandemic may initially be offered via a virtual web-based platform with the goal of transitioning to an in-person group education setting in the community when it is safe and appropriate to do so based on the Center for Disease Control (CDC) and Florida Department of Health (FDOH) guidance. Group childbirth education should be offered in-person within or nearby the highest risk communities, based on the information provided in Section I, 2). a. above. Applicants should seek to identify potential community centers, family success centers, faith-based organizations, or any other appropriate and welcoming community-based locations for hosting group sessions and include this information in their proposal. Any proposed changes to the service location after a contract is executed as a result of this procurement will be negotiated between BHSC and

the subcontractor, with BHSC reserving the right to approve or deny changes including determining the appropriate time to fully transition to in-person services.

Applicant responses should include information about proposed service location(s) depending upon which program(s) the applicant is applying to perform. The final location of services will be coordinated between the selected applicant(s) and BHSC. All group and individual education or support sessions conducted via virtual web-based conferencing platforms may not include public interfacing nor recorded for future viewing.

### **5) Licensing and Insurance Information**

Before a contract pursuant to this RFQ is executed, the successful applicant and/or its staff must hold all necessary, applicable professional licenses and/or certifications. All required licenses or certifications shall remain active and valid during the entire duration of the contract. BHSC will require applicants to submit evidence of proper licensure. Proof of insurance shall also be provided to the BHSC prior to the execution of a contract. The successful applicant will be required to obtain and maintain professional liability insurance coverage in an amount not less than \$1,000,000/\$2,000,000. Proof of Workers' Compensation coverage must be provided if required based on the number of employees. The applicant shall submit an original certificate evidencing the applicant's current Workers' Compensation carrier and coverage amount in accordance statutory limit for the State of Florida. A Form W-9 completion will be required.

### **6) Submittal Requirements**

Applicants can choose to apply for each service as a standalone or choose to apply for both services. In a maximum number of three (3) pages per service, and up to six (6) pages total if applying to provide both services, the applicant must fully describe their proposed services. Professional references page(s), budget page(s), and supporting credentialing documents required as part of the application may exceed the narrative page limit. Each applicant must include at a minimum, the following information:

1. Company name and address with year incorporated, if applicable; or name of individual applicant with number of years providing clinical services and experience included.
2. Background information setting forth: (i) the general services to be provided in detail; (ii) proof of eligibility to provide services, including credentials; (iii) prior similar experience in providing Childbirth Education and/or Lactation Support services; and (iv) a minimum of three (3) professional references that BHSC may contact, as described in Section 6) below.
3. Proposed budget with line item detailing all proposed costs using the budget format shown on Attachment B. See Section II, 1) and 2) Statement of Work for more information on allowable expenses. Applicants must include both an initial 4-month budget along with an annual budget not to exceed the potential annual award with their proposal.
  - **Budget Note:** The initial 4-month budget for the period of March 1, 2022 to June 30, 2022 may include up to \$19,200 for Childbirth services and up to \$32,400 for Breastfeeding services. The total annual budget may include up to \$38,400 for Childbirth services and up to \$64,800 for Breastfeeding services.
4. The applicant shall declare any potential conflict of interest with the BHSC's Board, staff and/or vendors via email to [rgrunfelder@browardhsc.org](mailto:rgrunfelder@browardhsc.org) using Subject Line: RFQ Notice.
5. The submittal must be signed and dated by the applicant or an authorized representative of the applicant.

### **7) Professional References**

Provide a list of names, addresses, services performed, and three (3) professional references, including contact phone numbers and e-mail addresses of professional entities that you have worked in conjunction with or partnered with where similar services have been or are still being performed currently or within the past three (3) years.

## **8) Review of Responses**

Upon receipt of all responses to this RFQ, BHSC and its Board of Directors will review and make a decision based on the most responsive, responsible bidder, and whose response is the most advantageous to BHSC, considering price, quality and other factors. Responses which, in the opinion of BHSC are non-responsive or incomplete, at BHSC's sole discretion may be rejected. Responses requiring changes to any portion of this RFQ shall be considered non-responsive. Responses received past the submittal deadline shall be deemed nonresponsive and returned to the applicant. Consideration will be given to such matters as contractor integrity, record of past performance, financial and technical resources, or accessibility to other necessary resources. No contract will be made to parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or No procurement Programs. This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory or regulatory authority.

Responses failing to provide the required information shall be deemed nonresponsive. Responses may be rejected if found to be conditional, irregular, incomplete, or not in conformance with the requirements and instructions contained herein.

A Review Committee will evaluate the responses to this RFQ and make recommendations to the BHSC Board. The committee may request a presentation by any or all applicants to clarify proposed plans and details as part of the review and evaluation process. The Review Committee may also ask additional questions to clarify the response submitted. The information will be presented to the Board with the results organized from highest to lowest rating.

BHSC Board members will make the final decision. When the Board has selected the successful applicant, contract negotiations may begin. If contract agreement cannot be reached with the selected applicant, BHSC shall negotiate with their next selection until agreement is reached. At any time during the negotiations, BHSC may choose to modify the choice of a selected applicant if the Board determines that such a change is in the best interest of BHSC.

BHSC reserves the right to reject any or all responses submitted. BHSC further reserves the right before recommending any award to inspect the facilities, organization, and financial condition or take any other action necessary to determine the ability to perform in accordance with specifications, terms, and conditions.

## **9) Cone of Silence**

This solicitation is under the 'Cone of Silence' and therefore, communications related to any aspect of this solicitation and/or the Services is restricted as follows:

**COMMUNICATIONS BETWEEN ANY APPLICANT OR ITS EMPLOYEES, AGENTS, LOBBYISTS, OR REPRESENTATIVES AND ANY BHSC BOARD MEMBER, EMPLOYEES, AGENTS, COUNSEL OR REPRESENTATIVES, INCLUDING BHSC CONSULTANTS/CONTRACTORS, AND COMMITTEE MEMBERS, ARE STRICTLY PROHIBITED FROM THE DATE THIS SOLICITATION IS ISSUED THROUGH THE DATE OF EXECUTION OF THE CONTRACT.**

The only exceptions to this are:

- (1) Written requests regarding information or clarification made to the designated BHSC representative, pursuant to the terms contained herein
- (2) Written and oral contact negotiations with the Chief Executive Officer or any designated representative after the applicant award has been made

(3) The addressing of the BHSC Board or any of its committees at public meetings

ANY VIOLATION OF THE REQUIREMENTS SET FORTH IN THIS SECTION SHALL CONSTITUTE GROUNDS FOR IMMEDIATE AND PERMANENT DISQUALIFICATION FROM PARTICIPATING IN THIS PROCUREMENT. VIOLATION OF THIS REQUIREMENT MAY ALSO RESULT IN THE APPLICANT'S TEMPORARY DEBARMENT FROM PARTICIPATING IN ANY OTHER BHSC PROCUREMENT.

Furthermore, any letters of recommendation included in the response from BHSC staff, Board members, subcontractors or consultants dated within the Cone of Silence time frame, shall be deemed an automatic violation of the Cone of Silence resulting in the immediate rejection of the response.

#### **10) Length of Contract Period**

a. Contract Period. The selected individual(s) or agency(s) shall be designated by the BHSC for an initial 4-month term commencing March 1, 2022 and ending June 30, 2022. The option to renew on an annual basis thereafter will be at the discretion of the Board of Directors based on available funding and continued need for services.

b. Cancellation of Award/Termination. BHSC reserves the right to terminate any contract resulting from this RFQ at any time and for any reason, upon giving 45 days prior written notice to the other party. If said contract should be terminated without cause as provided herein, BHSC will be relieved of all obligations under said contract. BHSC will only be required to pay to the agency/individual consultant that amount of the contract performed to the date of termination. Access to all account information will be provided to BHSC after the termination of the contract.

Awardee will have the option to terminate the contract without cause upon written notice to the CEO. Such written notice must be received at least 60 days prior to the effective date of termination. Cancellation of contract by provider may result in removal from bidders/applicants list for a period of ten (10) years.

c. Default. If the awarded applicant should breach this contract, BHSC reserves the right to seek remedies in law and/or in equity. Default will result in removal from the bidders/applicants list for a period of ten (10) years.

d. Award of Contract is expected to be completed at the BHSC Board meeting to be held at 9:30 AM on Thursday, January 27, 2022.

### **SECTION III: TERMS, CONDITIONS, AND OTHER REQUIREMENTS**

#### **1. Federal and State Tax**

BHSC is exempt from federal and state taxes for tangible personal property, sales taxes, and intangible taxes. The Director of Administrative Services will sign an exemption certificate submitted by the successful applicant. Applicants doing business with BHSC will not be exempt from paying sales tax to their suppliers for materials to fulfill contractual obligations with the BHSC, nor will any applicant be authorized to use BHSC's Tax Exemption Number in securing such materials.

#### **2. Legal Requirements**

It shall be the responsibility of the applicant to be knowledgeable of all federal, state, county and local laws, ordinances, rules, and regulations that in any manner affect the items covered herein which may apply. Lack of knowledge by the applicants will in no way provide relief from responsibility. Applicants doing business with BHSC are prohibited from discriminating against any employee, vendor, or client

because of race, creed, color, national origin, gender, sexual orientation, or age with regard to but not limited to the following: provision of client services, employment practices, rates of pay or other compensation methods and training selection.

**3. Agreement**

A contract will be negotiated after the award for any services to be performed as a result of this RFQ. The RFQ, the applicant response, and the resulting contract will constitute the complete agreement between the applicant and BHSC.

**END OF TEXT**

**Attachment A  
CERTIFICATION AFFIDAVIT**

THE APPLICANT AGREES TO COMPLY WITH ALL SECTIONS ON THIS AFFIDAVIT.

**1. RESPONSE ACCURACY**

I do hereby certify that all facts, figures, and representations made in the response are true and correct. The filing of this response has been authorized by the contracting entity and I have been duly authorized to act as the representative of the organization in connection with this response. I also agree to follow all terms, conditions, and applicable federal and state statutes.

**2. CONFLICT OF INTEREST**

Applicants are hereby advised and agree to comply with BHSC's adopted conflict of interest regulations:

All applicants must disclose the name of any officer, director or agency who is also an employee of BHSC. All applicants must disclose the name of any BHSC employee who owns, directly or indirectly, any interest in the applicant's business or any of its branches. All applicants must disclose any business relationships with any officer, director, or provider of BHSC. Such disclosure must be submitted as a cover letter included with the response for funding, addressed to the BHSC Board Chair, no later than the response deadline.

**3. AGENCY CERTIFICATION**

I, the undersigned applicant, hereby attest that the following policies, procedures, regulations, and documentation are in effect and agree to provide copies of the following within three (3) working days of notification of intent to contract or contract award. If I am an applicant applying as an individual, I hereby attest that I will comply with the content included within the regulations and policies listed below:

- a. Affirmative Action Policy
- b. Certified Minority Business Enterprise
- c. Small Disadvantaged Business Enterprise Policy
- d. American's with Disabilities Act Policy
- e. Drug Free Workplace Policy

**4. PUBLIC ENTITY CRIME AFFIDAVIT**

a. I understand that a "public entity crime as defined in Paragraph 287.1 33, Florida Statutes means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any entity or with an agency or political subdivision of any other state or with the United States including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.

b. I understand that "convicted" or "conviction" as defined in Paragraph 287.1 33, Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

c. I understand that an "affiliate" as defined in Paragraph 287.1C3, Florida Statutes means:

- A predecessor or successor of a person convicted of a public entity crime, or
- An entity under the control of any natural person who is active in the management of the entity and who has been convicted of public entity crime. The term "affiliate" includes those officers,

directors, executives, partners, shareholders, employees, members, and agents who are active in the management of affiliate.

- The ownership by one person of shares constituting a controlling interest in another person, or pooling of equipment of income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

d. I understand that a "person" as defined in Paragraph 287.1330) (e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bids on contracts for the provision of goods or services let by a public entity or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

e. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies).

- Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- The entity submitting this sworn statement, or one or more of the officers, directors. executives partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, & (Please indicate which additional statement applies.)
- There has been proceeding concerning the conviction before a hearing officer of the state of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order).
- The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order).
- The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services).

BY SIGNING THIS FORM, THE APPLICANT AGREES TO COMPLY WITH ALL SECTIONS ON THIS AFFIDAVIT.

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment B**



**CHILDBIRTH EDUCATION BUDGET TEMPLATE**

See RFQ guidelines under Section II, item 1) Statement of Work for information on allowable expenses. For each line item, please provide details including the number of sessions, items, etc.

|  |    |
|--|----|
| <b>A. Proposed Educator Salary/Hourly Rate</b> (include name, position, and FTE)   |    |
| Monthly Childbirth Education Classes (#sessions @ proposed \$ rate)  | \$ |
| PROVIDE DETAILS  |    |
| <b>Subtotal A</b>  | \$ |
| <b>B. Expendable Supplies</b>  |    |
| Refreshments for in person Group Sessions (\$ per session)   | \$ |
| PROVIDE DETAILS  |    |
| <b>Subtotal B</b>  | \$ |
| <b>C. Location</b>   |    |
| Facility Cost per in person Group Sessions (#sessions @ proposed \$ rate)  | \$ |
| PROVIDE DETAILS  |    |
| <b>Subtotal C</b>  | \$ |
| <b>D. Participant Assistance/Support</b>   |    |
| Transportation costs for participants to attend group sessions (bus passes, Uber/Lyft vouchers, gas cards, or other local travel vouchers) | \$ |
| PROVIDE DETAILS  |    |
| <b>Subtotal D</b>  | \$ |
| <b>TOTAL COST (Subtotal A+B+C+D)</b>   | \$ |
| <b>Indirect Costs up to 10%</b> (only for proposals \$25,000 or over)  |    |
| <b>TOTAL AMOUNT REQUESTED</b>  | \$ |



**LACTATION SUPPORT & BREASTFEEDING EDUCATION BUDGET TEMPLATE**

See RFQ guidelines under Section II, item 1) Statement of Work for information on allowable expenses. For each line item, please provide the number of sessions, items, etc.

|  |    |
|--|----|
| <b>A. Proposed Educator Salary/Hourly Rate</b> (include name, position, and FTE) |    |
| Lactation support (#hours @ proposed \$ rate)                                    | \$ |
| Breastfeeding Classes (#sessions @ proposed \$ rate)                             | \$ |
| PROVIDE DETAILS  |    |
| <b>Subtotal A</b>  | \$ |
| <b>B. Expendable Supplies</b>  |    |
| Refreshments for Group Sessions (\$ per session)                                 | \$ |
| PROVIDE DETAILS  |    |
| <b>Subtotal B</b>  | \$ |
| <b>C. Participant Support</b>  |    |
| Nipple shields, supplemental nursing systems, etc. (\$ per month)                | \$ |
| PROVIDE DETAILS  |    |
| <b>Subtotal C</b>  | \$ |
|  |    |
| <b>TOTAL COST (Subtotal A+B+C)</b>   | \$ |
| <b>Indirect Costs up to 10%</b> (only for proposals \$25,000 or over)            |    |
| <b>TOTAL AMOUNT REQUESTED</b>  | \$ |