



Family Support Services
Invitation to Negotiate (ITN)
For
Functional Family Therapy (FFT) Services
For Fiscal Year 2026-2027
ITN-026-FFT

Date posted: The date and time of first official posting of this ITN is September 19, 2025.

Submission Deadline: November 3, 2025, at 2:00 p.m. Eastern Standard Time

Anticipated Contract Start Date: April 1, 2026

Please be informed that Family Support Services (FSS) is seeking proposals from qualified providers that are interested in providing comprehensive Functional Family Therapy services designed to maintain children in their homes within the community and reduce out of home placements due to abuse, neglect and/or abandonment, using the funds that are allocated by the State of Florida's Department of Children and Families (DCF) and administered by FSS. FSS will begin accepting proposals immediately and all proposals must be submitted in writing.

In order to respond to this ITN, interested applicants must:

- Complete and submit the provider packet and required attachments as described in this ITN.
- Submit a detailed bid for the services noted below in the scope of work.

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SECTION 1. INTRODUCTION:

Family Support Services (FSS) is the lead agency for foster care, adoption and family preservation in Duval, Nassau, Pasco, and Pinellas counties. Through community-based care, FSS provides services and programs to help prevent child abuse and neglect, to promote a healthy family environment and to care for our community’s children in foster care.

The non-profit organization was established in 2001 to provide child protective services in Duval County and was expanded to also serve Nassau County in 2007. In 2022, FSS expanded again to serve Pasco and Pinellas Counties.

1.1. FSS Mission

The mission of Family Support Services is to be the leader in providing safety, stability, and quality of life for all children by working with the community to strengthen the family unit.

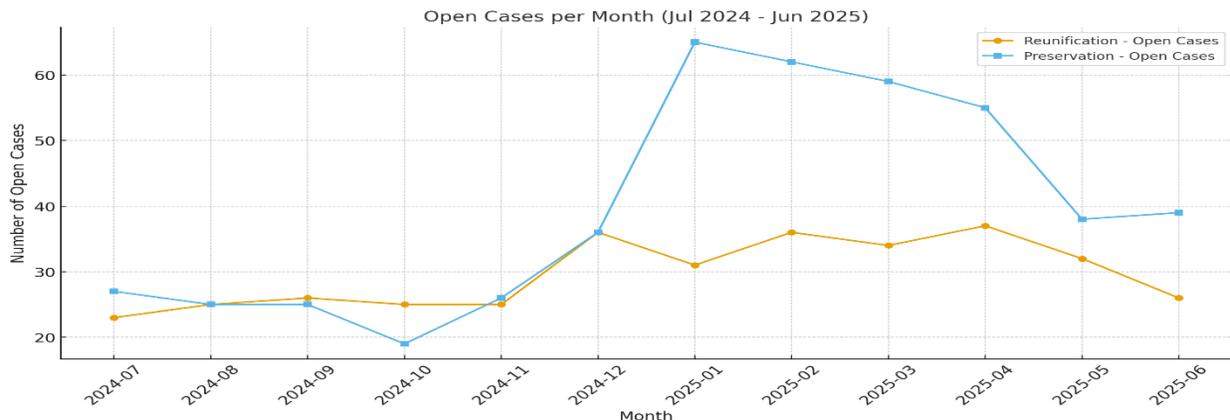
FSS is governed by a Board of Directors specifically selected to represent Duval, Nassau, Pasco, and Pinellas Counties in developing and overseeing the child protection system of care.

Services for abused and neglected children and their families are performed by a network of local community-based non-profit agencies.

Our vision is that children grow up connected to their own families, supported by families and protected by the community; that children have the opportunity to achieve in school and to learn to be productive citizens; that citizens of Duval, Nassau, Pasco, and Pinellas counties, organizations and agencies recognize that child protection is a community responsibility and represents the best interests of all county residents.

1.2. Analysis of Needed Capacity

The graph below indicates open cases in both Reunification and Preservation receiving Functional Family Therapy during fiscal year 2025.



*The numbers in the graph above do not include the 0-3 population.

	Estimated Amount
Program Director	1
# of Therapists	8
# of Clinical Supervisors	2

It is recommended that the Family Specialist’s caseload should be 10 to 12 clients and Clinical Supervisor’s caseload should be no more than 5 clients. FSS shall continually assess the ratios

based on the number of children in care and may make adjustments to the number of Family Specialists funded.

SECTION 2. QUALIFICATION REQUIREMENTS:

Mandatory contract award and performance criteria include:

1. The respondent must be appropriately certified in the State of Florida to provide the advertised service.
2. The respondent must be a not-for-profit corporation.
3. Accompanying the application must be the names and contact information for three (3) professional references who are knowledgeable about the quality of service the applicant provides. Local references preferred.

2.1. Disqualification Criteria:

1. Failure to have performed any previous contractual obligations with FSS or the State of Florida in a manner satisfactory to FSS, another Lead Community Based Care Agency, or DCF may be sufficient cause for disqualification. To be disqualified as a respondent under this provision, the respondent must have:
 - a. Previously failed to satisfactorily perform in a contract with FSS, another Lead Community Based Care Agency, DCF or the State of Florida, been notified of unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of these entities; or
 - b. Had a contract terminated by FSS, another Lead Community Based Care Agency, DCF, or the State of Florida.
2. FSS will not award contracts to any agency or its Providers and/or sub-providers that:
 - a. Have been barred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal, State, or local department or agency;
 - b. Have within a 3-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are presently indicted or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated in the paragraph above; and
 - d. Have within a 3-year period preceding this proposal had one or more public transactions terminated for cause or default.

2.2. Submission Criteria:

1. All proposals must be submitted as specified with the proposal pages required. To be considered, the proposal must respond to the desired parts of the ITN that the Respondent wishes to provide and information not clearly defined as a response to application requirements or in the proper order or section may not be scored. Any areas of the proposal that the Respondent does not wish to provide or respond to, the Respondent shall notate those as not applicable in their proposal and will not be considered for those areas. This will not prevent the Respondent from being awarded part of the ITN.
2. All proposals shall become the property of FSS. The completed application and all applicable documents must be submitted to the Contracts Department and received at the address below by the time and date specified in Section 5. The proposal shall be signed by a representative who is authorized to contractually bind the Respondent.

3. One (1) hard copy original document and one (1) electronic media (i.e., CD, flash drive, etc.) and submitted via certified mail with return receipt for proof of delivery or hand delivered to the FSS corporate office at 8560 Ulmerton Road, Largo, FL 33771.
 - a. If hand delivered, the applicant must obtain a signed receipt from the receiving FSS staff person indicating the date and time of delivery and who received the application for FSS. All submitted applications must be clearly marked on the outside of the sealed packaging.
4. Proposals must be printed on “8 ½ x 11” paper only, using no less than 11-point font in Arial with one (1) inch page margins. Submissions should follow the order described in Section 11 below. All proposals must have a Table of Contents to include Section page numbers.

Failure to respond to this ITN in this manner may result in disqualification from consideration. Proposals which are received by FAX or E-Mail are not acceptable and will be rejected.

SECTION 3. SPECIAL CONDITIONS:

3.1. News Releases/Publicity:

News releases, publicity releases, or advertisements relating to this contract or the tasks or projects associated with the project, when feasible, shall not be made without prior knowledge of FSS. Releases should identify the funding entity as well as the funding source.

3.2. ITN Documents:

Respondent shall examine the ITN carefully. Ignorance of the requirements will not relieve the Respondents from liability and obligations under the awarded Contract.

3.3. Respondent's Costs:

FSS shall not be liable for any costs incurred by Respondents in responding to this ITN.

3.4. Conflict of Interest:

The award hereunder is subject to provisions of federal regulations, state statutes and county ordinance. All Respondents must disclose with their proposal the name of any officer, director, or agent who is also an employee of FSS. Further, all Respondents must disclose the name of any FSS employee or who owns, directly or indirectly, any interest in the Respondent's firm or any of its branches.

3.5. Lobbying Statement:

Firms and their agents are hereby placed on notice that the FSS staff or evaluation team shall not be contacted (with the exception of designated contact person) about this Proposal. Public meetings and public deliberations are the only acceptable forum for the discussion of merits of products/services requested by the ITN and written correspondence in regard to proposals may be submitted to the FSS official contact person. Failure to adhere to these requirements could result in action to disqualify Respondent from consideration of award.

3.6. Addition, Deletion, or Modification of Proposal:

FSS reserves the right at its sole discretion to increase, decrease, or delete any portion of this proposal at any time without cause.

3.7. Right to Inspect, Investigate, and Rely on Information:

In ranking replies for negotiation and in making a final selection, FSS reserves the right to inspect a provider's facilities and operations, to investigate any provider representations and to rely on information about a provider in FSS's records or known to its personnel.

3.8. Rejection of all replies:

FSS reserves the right to reject all replies at any time, including after an award is made, when doing so would be in the best interests of FSS. By rejecting all replies, FSS assumes no liability to any provider.

3.9. Withdrawal of ITN:

FSS reserves the right to withdraw the ITN at any time, including after an award is made, when doing so would be in the best interest of FSS. By withdrawing the ITN, FSS assumes no liability to any provider.

3.10. Disclaimers:

Any contract or agreement with FSS will require applicant's performance to be in compliance with all applicable federal and state laws, regulations, agency rules and procedures, and FSS policies and procedures, as may be amended from time to time. The contracted provider will be deemed a subrecipient and will be subject to federal and state subrecipient requirements. The contracted provider will be required to comply with any matching funds requirements.

Participation by smaller businesses and organizations and by minority and women's business enterprises certified as such by the State of Florida is encouraged. Anyone is eligible to submit a proposal for contracted services. FSS shall not discriminate against a potential provider or proposal for service on the basis of race, creed, sex, religious orientation, or affiliation.

FSS reserves the right to reject any and all responses to the competitive procurement solicitation document, and to ignore or correct minor irregularities when it is in the best interest of FSS, the network and its clients to do so.

3.11. Term of the Agreement:

This contract is funded contingent upon availability of funds. The anticipated start date of the resulting contract is April 1, 2026. The anticipated duration of the contract is 15 months and shall end on June 30, 2027. The contract may be renewed for additional periods not to exceed three (3) years. Such renewal shall be made by mutual agreement and shall be contingent upon satisfactory performance as determined by FSS and shall be subject to the availability of funds. Any renewal shall be in writing and shall be subject to the same terms and conditions as set forth in the initial contract including any amendments.

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SECTION 4. CONTACT:

4.1. Official Contact Person:

This Invitation to Negotiate (ITN) is issued by Family Support Services. The sole point of contact for information concerning procedures for responding to this ITN is:

Deborah Wilson
Director of Contracts and Compliance
Family Support Services
8560 Ulmerton Road
Largo, Florida 33771
(727) 401-7231
Deborah.Wilson@fsssuncoast.org

Material changes, if any, to the scope of services of bidding procedures will only be transmitted by written addendum and posted on the FSS website at <https://www.fsssc6.org/procurement/>.

4.2. Notices:

All notices, decisions, intended decisions, notice of award, responses, and postings to inquiries will be communicated through electronic posting at the following website:

<https://www.fsssc6.org/procurement/>

It is the prospective Respondent's exclusive responsibility to access any and all updates posted. This is the sole official posting for this advertisement.

4.3. Limitations of Contacting FSS:

Respondents are advised to limit their contact regarding this ITN to the sole contact person listed above. With reference to this ITN, no representations, other than those distributed by the contact person in writing, are binding on FSS and Respondents are cautioned that oral responses by FSS are not binding upon it.

4.4. Contact Other than During the Negotiations Phase:

Prospective provider or persons acting on their behalf may not contact, between the release of this ITN and the end of the 72-hour period (Saturdays, Sundays and state holidays excluded), following FSS's posting of the notice of intended award, FSS personnel or any employee, member of FSS Board of Directors, or officer of the executive or legislative branch of the State of Florida concerning any aspect of this solicitation, except in writing to the contact person identified above or as provided in this solicitation. Any such contact by an affiliate, a person with a relevant business relationship with a prospective provider, or an existing or prospective subcontractor to a prospective provider is assumed to be on behalf of a prospective provider unless otherwise shown.

4.5. Contact During the Negotiations Phase:

During the negotiations phase of this ITN: (i) any contact and communication between the members of the negotiations team for the prospective provider(s) with whom FSS is negotiating and the negotiations team for FSS is permissible, but only "on the record" (as required by s. 286.0113(2) F.S.) during the negotiations meetings; and (ii) communication between the lead negotiator for the prospective provider(s) with whom FSS is negotiating outside of the negotiations meetings is permissible so long as it is in writing.

4.6. Violation of Contact Limitations:

Violation of the provisions of this section of the ITN will be grounds for rejecting a reply, if determined by FSS to be material in nature. Violation of this section is material in nature if the contact (oral, electronic, or written):

1. is heard or read by a person, prior to the completion of that person’s final duties under this ITN, which person is responsible for reviewing, evaluating, scoring, ranking, or selecting providers under this ITN, or for advising any such person;
2. advocates for the selection of the prospective provider, the disqualification of any other prospective provider, or the rejection of all bids;
3. comments on the qualifications of any bidder or the responsiveness of any bid;
4. presents additional information favorable to the prospective provider or adverse to another prospective provider; or,
5. otherwise seeks to influence the outcome of this ITN;
6. may not be waived as a minor irregularity by virtue of the nature, intent, and extent of the information conveyed.

The foregoing does not preclude a determination by FSS that other forms of contact are material violations of the provisions of this ITN.

4.7. Inquiries:

Inquiries must be submitted in writing to FSS on or before the date specified in Section 5. Responses to all inquiries which involve clarification and/or changes to this ITN will be made available as specified in Section 4.2 in the order in which they were received. No questions related to this ITN will be accepted after the time specified in Section 5. **Only written inquiries will be accepted, email is acceptable.**

4.8. Notice of Intent to Submit a Reply:

Providers who are interested in responding to this ITN are encouraged to send a Notice of Intent to Submit a Reply (**ATTACHMENT VIII**) to the official contact person specified in section 4.1. on or before the time specified in Section 5.

SECTION 5. TIMELINE – SCHEDULE OF EVENTS AND DEADLINES:

EVENT	DATE AND TIME*
Invitation to Negotiate released and posted on the FSS website	09/19/2025
Solicitation Conference (meeting for questions and answers) **public meeting	09/26/2025 3:00 PM, EDT
Last Day to Submit Inquiries and Notice of Intent to Submit a Reply	10/3/2025 2:00 PM, EDT
Posting of Responses to Inquiries	10/13/2025 2:00 PM, EDT
Sealed Proposals due to FSS	11/03/2025 2:00 PM, EST
Opening of Proposals **public meeting	11/03/2025 2:30 PM, EST
Posting of Qualified Respondents	11/03/2025 4:00 PM, EST
Evaluation period	Begins Week of 11/10/2025
Posting of Selected Applicants (those who will move forward with Oral Presentations)	11/17/2025 4:00 PM, EST

EVENT	DATE AND TIME*
Oral Presentations	Begin Week of 12/08/2025
Debrief meeting of evaluators and ranking of replies **public meeting	01/12/2026 10:00 AM, EST
Posting of the Ranking of Replies and Intent to Negotiate	01/12/2026 2:00 PM, EST
Anticipated Negotiations & Transition Planning Period	Begins Week of 01/13/2026
Meeting of Negotiation team to develop recommendation for award **public meeting	02/01/2026 10:00 AM, EST
Post Intent to Award Notice	02/01/2026 4:00 PM, EST
Anticipated effective date of contract	04/01/2026

*The dates and times listed are subject to change as deemed necessary by FSS.

**Public meetings will be held at the address below:

Family Support Services
8560 Ulmerton Road
Largo, Florida 33771
TEAMS Meeting Link

[Join the meeting now](#)

The purpose of the Solicitation Conference is to review the ITN with interested Providers. FSS encourages all prospective Providers to participate in the Solicitation Conference, during which prospective Providers may pose questions. The Solicitation Conference for this ITN will be held at the time and date specified above in Section 5. Participation in the Solicitation Conference is not a prerequisite for acceptance of replies from prospective Providers. FSS shall only be bound by written information that is contained within the solicitation documents or formally posted as an addendum or response to questions.

SECTION 6. PROTESTS:

Purpose and Scope: Protests may be filed in response to competitive procurement decisions.

6.1. Filing the Protest:

Any person or agency that has been adversely affected by a decision or intended decision concerning a solicitation or a notice of contract award may file a written notice of intent to protest with the FSS contact person listed in the solicitation document within three calendar days after the posting of the solicitation or of the notice of FSS’s decision or intended decision. The notice of intent to protest may be filed electronically and submitted to: Deborah.Wilson@fsssuncoast.org.

6.2. Issues Causing Protest:

Any person who or agency that has been adversely affected by the terms, conditions and specifications contained in this solicitation, including any provisions governing the methods for ranking proposal, Applications, or replies, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract shall file a notice of intent to protest in writing

within three calendar days after the posting of the notice or decision or intended decision. When filing the protest, the following requirements must be adhered to:

A formal protest must be filed with the FSS contact person after filing the notice of intent to protest. The formal protest must be:

1. In writing; and,
2. Filed within ten (10) business days after filing of the notice of protest.
 - a. No time will be added to the above time limits for mail service.
 - b. Failure to file a protest within the time prescribed shall constitute a waiver of protest proceedings; and,
3. Accompanied by a bond payable to FSS as described in Paragraph 3 at the time of filing the formal written protest.

6.3. Posting Bond for Protest Filed:

Any person who or agency that files an action protesting a decision or intended decision pertaining to contracts administered by FSS must comply with the following requirements:

1. When protesting a decision or intended decision, the protestor must post a bond equal to five percent (5%) of FSS's estimated contract amount. FSS at its sole discretion shall estimate the contract amount based on factors including, but not limited to, the following:
 - a. The price of previous or existing contracts for similar or contractual services.
 - b. The amount appropriated for the contract.
 - c. The fair market value of similar contractual services
2. FSS shall provide the estimated contract amount to the protestor within three business days after the notice of intent to protest has been filed. The estimated contract amount is not subject to protest. The bond shall be conditioned upon the payment of all costs and charges that are adjudged against the protestor in any subsequent hearing in which action is brought and in any subsequent appellate court proceeding.
3. The official hours of office operation for receipt of notice of intent to protest, protest and/or a petition and bond are 8:30 AM to 4:30 PM, ET.

6.4. Content of Formal Written Notice of Protest:

The formal written notice of protest should be printed, typewritten, or otherwise duplicated in legible form. The content of the formal written notice of protest should contain:

1. The name and address of FSS contact person with whom the protest will be filed;
2. The name and address of the agency filing the protest and an explanation of how its substantial interests have been affected by the solicitation or by FSS's notice of intended or actual contract award;
3. With particularity, the facts and law upon which the protest is based;
4. A statement of all issues of disputed material facts (if there are none, the protest must indicate such);
5. A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the person or firm filing the protest to relief;
6. A demand for relief to which the person or agency deems himself/itself entitled; and,
7. Any other information which the agency contends is material.

6.5. FSS's Response to Protest:

1. Upon receipt of a formal written notice of protest, the solicitation process or contract award process must be stopped until the protest is resolved. Upon receipt of a protest, the FSS contact person shall immediately consult the appropriate legal counsel. With legal counsel, the FSS Chief Executive Officer must determine whether or not to accept or reject the protest.
2. The Board of Directors of FSS, if it is deemed necessary, may set forth in writing, particular facts and circumstances which may require continuance of the solicitation

processes or the contract award process on an emergency basis without the above-mentioned delay in order to avoid immediate and serious danger to public health, safety, or welfare. This written determination will specifically detail the facts underlying the decision and will constitute final agency action. In such circumstances, FSS shall use its procurement policy for processing emergency procurements due to disputes.

6.6. Resolution of the Protest:

The formal written protest shall be referred to a hearing officer who shall conduct further proceedings. It shall be the responsibility of FSS to appoint an appropriate independent party to serve as the hearing officer. Upon completion of the hearing process and any appellate court proceedings the disposition of the bond shall be as follows:

1. If FSS prevails, it shall recover all costs and charges that shall be included in the final order or judgment, excluding attorney fees.
2. Upon payment of such costs and charges by the agency protesting, the bond shall be returned to the agency.

SECTION 7. PUBLIC RECORDS AND TRADE SECRETS:

7.1. Replies and Other Submissions Are Property of FSS:

All materials submitted in reply or other response to this ITN become the property of FSS, which shall have the right to use such ideas or adaptations of those ideas without cost or charge, regardless of selection or rejection of a reply.

7.2. Replies and Other Submissions Are Subject to Public Inspection:

Unless exempted by law, all public records are subject to public inspection and copying under Florida's Public Records Law, Chapter 119, F.S. A time-limited exemption from public inspection is provided for the contents of a reply and other submittals pursuant to subsection 119.071(1)(b), F.S. Once that exemption expires, all contents of a reply and other submittals become subject to public inspection unless another exemption applies. Any claim of trade secret exemption for any information contained in a provider's reply or other submittal to this solicitation will be waived upon opening of the reply or other submittal by FSS, unless the claimed trade secret information is submitted in accordance with this Section. This waiver includes any information included in the provider's reply or other submittal outside of the separately bound document described below.

7.3. How to Claim Trade Secret Protection:

If the provider considers any portion of the documents, data or records submitted in its reply to be trade secret and exempt from public inspection or disclosure pursuant to Florida's Public Records Law, the provider must submit all such information in a separately bound document (or in the case of electronic media, a separate CD, with the words "Trade Secret" included in the file name) clearly labeled "Attachment to Reply, ITN No. – Trade Secret Material". Appropriate cross-references should be included in nonexempt materials. The first page of the electronic file or hard copy document must explain why the information in the electronic file or hard copy document is a trade secret. This submission must be made no later than the reply submittal deadline. Where such information is part of material already required to be submitted as a separately bound or enclosed portion of the reply, it shall be further segregated and separately bound or enclosed and clearly labeled as set forth above in addition to any other labeling required of the material. If the provider considers any portion of a submission made after its reply to be trade secret the provider must clearly label the submission as containing trade secret information (or in the case of electronic media, include "Trade Secret" in the relevant file names).

7.4. Provider's Duty to Respond to Public Records Requests:

In response to any notice by FSS that a public records request received by FSS encompasses any portion of the separately bound part of the provider's reply or other submissions labeled as "trade secret," the provider shall expeditiously provide FSS, or the public pursuant to subsection

119.0701(2), F.S., with a redacted version of the document(s) and identify in writing the specific statutes and facts that authorize exemption of the information from the Public Records Law. If different exemptions are claimed to be applicable to different portions of the redacted information, the provider shall provide information correlating the nature of the claims to the particular redacted information. The redacted copy must only exclude or obliterate only those exact portions that are claimed confidential or trade secret. If the provider fails to promptly submit a redacted copy and justification in response to the notice of a public records request, FSS is authorized to produce the records sought without any redaction.

7.5. FSS Not Obligated to Defend Provider Claims:

FSS is not obligated to agree with the provider's claim of exemption, and by submitting a reply or other submission the provider agrees to be responsible for defending its claim that each and every portion of the redactions is exempt from inspection and copying under Florida's Public Records Law. Further, the provider agrees that it shall protect, defend, and indemnify, including attorney's fees and costs, FSS for any and all claims and litigation (including litigation initiated by FSS) arising from or relating to provider's claim that the redacted portions of its reply are confidential, proprietary, trade secret, or otherwise not subject to disclosure or the scope of the provider's redaction.

SECTION 8. SELECTION METHODOLOGY:

FSS intends to award the contract to a responsive provider that the evaluation team determines to be the best value, based on the scoring criteria set forth in Attachment I. The evaluation team will forward this recommendation to the CEO, or his or her designee. The CEO, or his or her designee, shall decide which Respondent represents the best value, based on the Scoring Criteria in Attachment I, and to whom the contract shall be awarded under this ITN. In doing so, the CEO, or his or her designee, is not required to score the Respondents, and will base his or her decision on a determination of best value. FSS may consider any information or evidence which comes to its attention and which reflects upon a provider's capability to fully perform the contract requirements and/or the provider's demonstration of the level of integrity and reliability which FSS determines to be required to assure performance of the contract.

SECTION 9. RESERVED RIGHTS:

FSS holds the exclusive right to award services in whole or in part, to Respondents under this ITN. As the best interest of FSS may require, the right is reserved to make award(s) to the most responsible Respondent, by individual items, group of items, all or none, or a combination thereof; on a geographical basis and/or on a countywide basis with one or more providers; to reject any and all proposals or waive any minor irregularity or technicality in bids received. Respondent(s) are cautioned to make no assumptions unless their proposal has been evaluated as being responsive and qualified. All awards made as a result of this ITN shall conform to applicable laws of the State of Florida. FSS reserves the right to cancel an awarded proposal should full funding be unavailable, a contract be unable to be successfully negotiated, or upon due cause, i.e., provider misrepresentation, negligence, non-performance, etc. via written notice of which electronic (email) is acceptable. FSS will negotiate contract(s) with the successful Respondent(s). Funding for contract award shall be based on Respondent's proposal and available funding. FSS reserves the right, based on responses, to consolidate services/tasks and to reopen solicitation of bids. FSS reserves the right to schedule additional negotiation sessions with Respondent(s) identified in the Notice of Intent to Award in order to establish final terms and conditions for contracts with the Respondent(s). The final terms and conditions for contracts are subject to change based on the terms outlined in the contract between FSS and DCF. FSS reserves the right to post a notice of withdrawal or amendment of its Notice of Intent to Award and reopen negotiations with any Respondent at any time prior to execution of the contract. FSS reserves the right to reduce or increase the amount of funding available prior to awards,

contingent upon funding availability, and expenditure deadlines. All Respondents must agree to give hiring preference to current staff that meet the Respondent's minimum qualifications and that accept employment by the Respondent. Additionally, FSS must have the right of refusal for any Family Specialist positions filled under this ITN.

SECTION 10. SCOPE OF WORK/SERVICE DESCRIPTION:

Provider shall be knowledgeable of and fully comply with all state and federal laws, rules, and regulations as amended from time to time that do or may affect the subject areas of this contract. Authorities include, but are not limited to the following: Federal Cost Principles (<https://www.whitehouse.gov/omb/information-for-agencies/circulars/>), Florida Statutes (<http://www.leg.state.fl.us/statutes/>), Florida Administrative Code (<https://www.flrules.org/>), Department of Children and Families Operating Procedures (<http://www.dcf.state.fl.us/admin/publications/policies.asp>), Family Support Services Operating Procedures and Functional Family Therapy certification requirements.

10.1. Functional Family Therapy:

1. FFT is a collaborative effort between FSSSUNCOAST and its providers to enhance the quality of the system of care provided under the Master Agreement between FSSSUNCOAST and the Department. Provider understands that the joint mission of the Department and FSSSUNCOAST in entering into the Master Agreement, under which Provider is serving as a subcontractor to FSSSUNCOAST, is to ensure the safety, stability and well-being of the child.
2. Utilizing the evidence-based family therapy model, Functional Family Therapy-Child Welfare (FFT-CW), services will be provided that are designed to maintain children from infancy to eighteen (18) in their homes within the community and reduce out of home placements due to abuse, neglect, and/or abandonment.
3. FFT Services are designed to complement case management services by providing intensive in-home family engagement through case management and therapeutic services to ensure a safe and permanent reunification of the child. Family Preservation Services are designed to provide stability to families while serving them in the home by providing case management and therapeutic services through wrap around support to families to prevent further involvement with the child welfare system. FFT services are identified as court-ordered services, Family Preservation services are identified as non-judicial referred cases. Both Preservation and FFT Services are designed to respond to individual situations which include but are not limited to: mental health conditions of parents and/or their children; substance abuse; and/or significant threats or a recent occurrence of domestic violence involving household members. These events impact the family's ability to provide a safe environment for the child.

10.2. Professional Qualifications and Training:

1. Provider shall employ qualified personnel as it relates to the work performed under the terms and conditions of this Subcontract.
 - a. Provider shall maintain an adequate administrative organizational structure and support staff sufficient to discharge its contractual responsibilities under this Subcontract.
 - b. Provide sufficient staff to ensure the targeted utilization identified in the Performance Specifications section of this ITN. Family Specialists will be expected to serve a minimum of eight (8) families at a time.
2. Provider staff shall meet all applicable state and federal licensing or certification requirements as well as Level 2 background screening requirements established in Section 435.04, Florida Statutes.

- a) The Program Director shall have a master's degree in social work or a related area of study from an accredited college or university and at least four (4) years' progressively responsible management experience in a human services or child welfare program, including experience providing clinical services. Licensure in Clinical Social Work or a related area may substitute for one year of the required experience.
- b) The Clinical Director/Supervisor must have a master's degree, licensed preferred from an accredited college or university in a Human Services related field with four (4) years' experience in human services or child welfare programs providing intervention services. The Clinical Director/Supervisor must complete all phases of specialized training to both implement and supervise other therapists practicing Functional Family Therapy.
- c) The Family Specialist/Therapist must have a master's degree from an accredited college or university in a Human Services related field with a minimum of one (1) year of experience working with children and families providing intervention services. Therapists must successfully complete the initial FFT training and display the potential work within the context of the evidenced-based model.
- d) FSS will be open to positions with demonstrated success that support the program.
- e) Direct service staff shall receive a minimum of 40 hours of job-related training per calendar year of employment. Provide monthly training report reflecting all training activities for the prior month.

10.3 General Service Tasks:

1. The children/families to be served are those who have been identified by FSSUNCOAST, Pinellas/Pasco Child Protection or an FSSUNCOAST Subcontracted agencies as being in need of intensive in-home family stabilization services designed to strengthen families involved with the child welfare system, focusing on improving family relationships and addressing specific risk and protective factors. Through a short-term, [strength-based approach](#), FFT Services aims to reduce family conflict, prevent the out-of-home placement of children, and teach families skills for communication, conflict resolution, and emotional regulation to achieve long-term stability. The Provider shall serve families who reside in Pinellas and Pasco Counties.
2. Families shall be referred by FSS and will be initiated with the family within 48 business hours of receipt of referral for all referrals.
3. Provider shall participate in all "lockout" staffings and accept all cases where the family is willing to engage in services.
4. Provider shall provide the following services:
 - a. Serve each family for approximately ninety (90) to one hundred eighty (180) days. Referrals will begin as soon as thirty (30) days prior to reunification or as soon as families are referred.
 - b. Make face-to-face contacts with each family at the frequency determined necessary at the Family Services staffing, typically twice per week, but no less than once per week. The initial visit must occur within two (2) business days from acceptance of the referral. The Family Specialist will see the family three (3) times within the first 10 calendar days following receipt of the referral for all High-Risk Families.
 - c. Within ten (10) business days of the initial visit, develop a specialized, targeted Service Plan based upon the family's identified needs. The Service Plan shall be signed, minimally, by the Provider's Family Specialist, Provider's Supervisor and the parents/appropriate household members.
 - d. Operate an on-call system to ensure availability of staff 24 hours per day, 7 days per week to respond to families in crisis. Response to on-call issues shall occur within one hour and shall include the ability to respond on-site if needed.
 - e. Dependent upon the assessed needs of each family, provider shall provide services related to:

- 1) Domestic violence, including assistance with accessing emergency shelter and the creation of a safety plan
 - 2) Mental health issues
 - 3) Substance abuse issues and ongoing relapse prevention planning
 - 4) Family relationship issues such as communication, boundaries and conflict resolution
 - 5) Assisting parents in dealing with the special physical or emotional needs of their children
 - 6) Helping families identify extended family members or other informal support systems
 - 7) Budgeting and purchasing
 - 8) Maintaining a clean and safe household
 - 9) Behavior modification and discipline techniques
 - 10) Anger Management
 - 11) School engagement
 - 12) Child Care/After Care Referral/Support
 - 13) Basic nutrition and hygiene education
 - 14) Appropriate child supervision
 - 15) Helping families discover and gain access to community resources to assist the family in meeting its needs, including food, clothing, housing, utilities, transportation, appropriate educational opportunities, employment, respite care, and recreational and social activities.
- f. Communicate on an on-going basis with the referral source and provide information on the family's progress as well as recommendations on any continued needs of the family. When requested, Provider shall participate in staffings scheduled by the referral source.
- g. Staffings
- 1) Provider shall hold an initial Family Services (FS) staffing within ten (10) business days following the accepted referral. The FS staffing shall include the identified Provider Staff, parents, referral source and any appropriate household and community members. Representation from other involved parties such as family supports, Guardian ad Litem, State Attorney Representative, and foster parents should be strongly encouraged. The FS staffing may occur in the office, in the family's home, or another mutually agreed upon location to include a virtual platform. The Provider shall notify all invited parties at least five (5) business days prior to the FS staffing. The purpose of the FS staffing is to determine what goals need to be accomplished in order to maintain a safe and stable environment for the child. The FS staffing shall be individualized and shall consist of a comprehensive discussion of family strengths and needs and shall include input from the family on their willingness to participate fully on the agreed plan. Parties to the staffing, including the parents/ appropriate household members, shall agree as to the level and frequency of intervention and support provided by the program.
 - 2) Provider shall hold a closure staffing at the conclusion of services to review any goals that need to be completed to determine if there are any further concerns regarding the family; and to discuss the prognosis and level of cooperation that has been received through the work with the family. Any recommendations for future service needs for the family are addressed at this time and community linkages will be made by Family Specialist.
 - 3) Staffings, at a minimum, shall be completed as follows:
 - a) Initial Staffing within ten (10) business days of acceptance of the Family Services referral
 - b) Upon request of the Provider's Team serving the family, Referral Source
 - c) Closure Staffing within ten (10) business days prior to Family Services case closure

- Provider will be responsible for the scheduling, coordination and facilitation of all staffings.
- j. Family Services staff to attend any and all court proceedings pertaining to the child during the time the child is receiving Provider's services.
- k. Will notify FSSUNCOAST of all unsuccessful closures to include but not limited to family declining services, loss of contact, and household engagement within 48 hours of service termination or referral closure.
- l. Within two (2) weeks of case closure, complete a closure plan. Provider shall document the status of each service the family was recommended to complete. Each service or task shall be clearly identified with the family's compliance status, names of referrals provided, links to services, as well as Provider's efforts to assist with compliance.
- m. Communication regarding case related concerns. At a minimum, Family Specialist will ensure all concerns are communicated via phone call followed by an email within four (4) hours to the following:
 - 1) For court ordered cases: Notify the Case Management Organization
 - 2) For non-court involved cases:
 - a) If there is an open investigation, notify the assigned FSS POC
 - b) If there is no open investigation, notify the FSS POC.

If unable to reach assigned team after utilizing agencies elevation process, Provider will notify the FSSUNCOAST Director of Case Management Services.
Case concerns that warrant communication to the identified agency include but are not limited to:

 - 1) Medical concerns such as physical condition, medication issues, and/or mental health
 - 2) Unapproved individuals in the home for reunification cases
 - 3) Unsafe sleeping practices
 - 4) Disclosure of abuse, neglect, injury or self-harm
 - 5) Concerns for domestic violence
 - 6) Missing child
- o. Media. The Provider will not communicate with the media about any cases (prior to finalized adoption) Provider is assigned to as a result of the contractual relationship between Provider and FSSUNCOAST without prior notification and collaboration with FSSUNCOAST Director of Community Engagement, Recruitment and Grants (or designee). Additionally, the Provider will not plan or attend media-related events involving dependent youth in the FSSUNCOAST system of care without prior consent by FSSUNCOAST Director of Community Engagement, Recruitment and Grants (or designee).

10.4. Performance Measures:

#	Contract Measures	Methodology	Target
1	Children receiving services shall not experience subsequent maltreatment with verified findings during service provision.	The number of children who did not have verified abuse report findings during service provision divided by the number of children served.	95%
2	Will serve 95% of families referred.	Total number of accepted families receiving services.	95%
3	Children receiving services shall not be involved in an out-of-home placement during service provision.	The number of children receiving services who are not involved in an out-of-home placement during service provision divided by the total	95%

		number of families served 30 days or greater.	
4	Children receiving services shall not be involved in an out-of-home placement within 6 months of the end of services participation.	The number of children who are not involved in an out-of-home placement within 6 months of case closure divided by the total number of children within 6 months of case closure.	95%
5	Children receiving services shall not be involved in an out-of-home placement within 12 months of the end of services participation.	The number of children who are not involved in an out-of-home placement within 12 months of case closure divided by the total number of children within 12 months of case closure.	95%
6	Families receiving services will report they have benefited from this service.	The number of families who reported benefit via client survey.	75%

SECTION 11. REQUIREMENTS OF THE PROPOSAL:

The order of information provided in the response must correspond to the outline that follows and shall be labeled accordingly.

11.1. Organizational Capacity and Collaborative Relationships:

1. Describe the agency’s mission, philosophy, and purpose and how it pertains to agency’s services delivered under this contract as they relate to the FSS Network.
2. Describe the agency’s experience with this population.
3. Describe the agency’s ability to begin service delivery on April 1, 2026, and provisions for immediate service delivery to new clients, as well as for the continuity of care for existing clients. If not an incumbent agency, include proposed transition plan.
4. Describe the linkages that your agency has with community-based resources from other sectors (or within your agency) and what community collaboration and resources your agency will utilize to effectively meet the needs of the child welfare target population. Specifically describe how these linkages will increase natural supports for families served.
5. Describe the senior management staffing plan, indicating, if possible, names, competency, and credentials of staff and how these staff reflect the mission, vision, and stated values of FSS.
6. Describe what additional resources your agency will bring to supplement the FSS System of Care.

11.2. Program Design:

1. Provide a general overview of the service delivery structure. List and describe all service components to be provided as follows:
 - a. Describe how your agency will provide services including staff structure and ratios. Please also provide information on your agency’s organizational framework that supports effective supervision of program staff.
 - b. Describe the model your agency will utilize to provide services.
 - c. Describe how your agency will ensure full implementation of the FSS System of Care and Strategic Plan initiatives.
 - d. Respondent will describe how they will address the following barriers:
 - i. Language
 - ii. Transportation
 - iii. Service delivery schedules
 - iv. Hours accessible to clients

- e. Describe the model your agency will utilize to meet the Performance Measures detailed in Section 10 of this ITN.
 - f. Describe how your program design will meet the Scope of Work/Service Description listed in the ITN Section 10.
 - g. Describe the plan for service tasks and if possible, names, competency, and credentials of staff who will be providing these services and supervision of these positions.
 - h. The Respondent shall describe how they will interface with other service providers and systems, both formal and informal, when the needs of children in the child welfare system transcend the direct authority of the CWCM. Other service providers may include, but are not limited to:
 - i. Florida Department of Children and Families
 - ii. Children's Legal Services / Office of State Attorney
 - iii. Agency for Persons with Disabilities
 - iv. Department of Juvenile Justice
 - v. Children's Medical Services/Department of Health
 - vi. Developmental Disabilities Program
 - vii. Office of the State's Attorney (Regional Conflict Counsel)
 - viii. Child Protection Team
 - ix. Guardian's Ad Litem Office
 - x. Court Systems
 - xi. Law Enforcement
 - xii. Public and Private School Systems
 - xiii. Behavioral Health Systems
 - xiv. Foster Families
 - xv. Residential Placement Providers
 - i. The Respondent's Quality Assurance plan will include a method for assessing need and adequately address safety issues and risk assessment.
 - j. The Respondent shall describe previous experience and knowledge using Florida Safe Families Network (FSFN).
 - k. The Respondent shall describe its ability or history with contract compliance (reporting, Outcomes, etc.).
2. Describe any innovative ideas, models, or suggestions, or additional programs/services offered that may benefit the System of Care.

11.3. Performance Outcomes and Quality of the Services to be Provided:

1. Describe the formal quality management mechanisms utilized at your agency and how those formal quality management mechanisms result in consistent high quality service provision. Please include information on who will be responsible for ensuring that the performance outcomes are met.
2. Explain how your agency will meet the expected performance measures and how you will capture and report on the outcome data as outlined in this ITN, Section 10.14, Performance Measures.

11.4. Cost of the Proposal:

1. Final FY reconciliation resulting in a surplus requires repayment to FSS or a mutually agreed upon reinvestment plan. The resulting contract(s) award payment methodology is a fixed-cost reimbursement contract. The Respondent shall be responsible for staff salaries, benefits, insurance, cell phones, travel, training, etc. Funding for contract award shall be based on Respondent's proposal and available funding.

2. Describe how the Respondent will provide fiscal management of program, fiscal reporting and oversight; and how Respondent will access funds (i.e., through cash reserves, line of credit, etc.) for operating costs in the event advances from FSS are unavailable.
3. Describe how the Respondent will leverage additional funds, in kind donations, grants, and community resources in addition to the funding provided through FSS and a plan for re-investment of any surplus funds in the local system. Respondent should include specific details regarding funds and resources. The community-based care model assumes local communities will provide additional services and funding above and beyond
4. that provided by this contract.
5. Describe how the Respondent will bill Medicaid for services eligible under the Medicaid Program for Medicaid recipients. FSS shall be the payor of last resort.

The Respondent shall submit to FSS a detailed line-item budget and detailed staffing plan that describes allocation methodologies used by the provider to claim costs for this contract. This plan must also include the provider's indirect allocation and rate methodology and a description of costs allocated to indirect. The budget template to be used will be available on

<https://www.fssc6.org/procurement/>

- a. Provide the following information for each position identified on the budget:
 - i. Name.
 - ii. Title.
 - iii. Time Commitment in hours.
 - iv. Duties and responsibilities in relation to the program goals and objectives.
 - v. Salary.
- b. Indicate how fringe benefits are calculated as a percentage (%) of salary dollars and include:
 - i. FICA.
 - ii. Medicare.
 - iii. Workers Compensation.
 - iv. Unemployment.
 - v. Retirement, etc.
 - vi. In addition, provide detail of how health insurance and other benefits are calculated.
- c. Operating costs must be directly attributable to the program operations, reasonable and consistent with similar organizations. Questions pertaining to budget categories may be addressed during negotiation.
- d. Indirect costs are costs that are normally incurred for common or joint objectives and therefore cannot readily be identified specifically with a particular program activity. Where costs can be identified as benefiting program objectives they should be charged as direct costs to the corresponding line item. Details of items included in indirect charges must be provided. Use of estimates is allowed if they are reconciled to actual charges once available. **Indirect costs must be kept at or below 10%.**

11.5. Attachments:

The Respondent will place any Exhibits, MOUs, letters of commitment, letters of recommendation, community support documentation, certifications and other pertinent information regarding the project proposal at the end of the proposal. Attachments should be clearly referred to or identified as a response to specific application requirements.

Required Attachments

1. Completed and Signed Provider Packet to include all requested information (see Attachment II)
2. Certificates of Insurance (see Attachment III)
3. Completed and Signed Certification Regarding Debarment (see Attachment IV)

4. Completed and Signed Certification Regarding Lobbying (see Attachment V)
5. Completed and Signed Certification Regarding E-Verify (see Attachment VI)
6. Completed and Signed Statement of Assurances (see Attachment VII)
7. Organizational Chart
8. Staffing Plan
9. Job Descriptions for key project staff
10. Budget Detail Sheet
11. Independent financial audit from within the past two years. Please included audited financial statements for the most recently ended fiscal period.

ATTACHMENT I – SCORING CRITERIA:

Name of Respondent/Organization _____

Name of Reviewer _____

SCORING REQUIREMENTS – To ensure the greatest degree of consistency possible, a scale of 0-3, whole numbers only, will be used for each area evaluated. The “total” will be the evaluator’s scores per section. The evaluator will score based on the sections responded to by the Respondent.

3 =	Respondent has demonstrated above average capability and approach to the criterion in the proposal.	Above Average Value
2 =	Respondent has demonstrated an average capability and good approach to the criterion in the proposal.	Average Value
1 =	Respondent has demonstrated little or no direct capability or has not adequately addressed the criterion in the proposal.	Below Average Value
0 =	Respondent has not responded to or has poorly responded to the criterion demonstrating a lack of understanding of the criterion addressed in the proposal.	No Value

SECTION I. Organizational Capacity & Collaborative Relationships:

	Criterion	Evaluator Score	Evaluator Comments
1.	Respondent describes their agency’s mission, philosophy, and purpose, and how it pertains to the service delivery under this ITN as related to FSS.		
2.	Respondent demonstrates experience with this type of service delivery and population.		
3.	Respondent describes their agency’s ability to begin service delivery on April 1, 2026, and provisions for immediate service delivery to new clients and existing clients.		
4.	Respondent describes linkages and collaboration with community-based resources to effectively meet the needs of the target population, specifically, how these linkages increase natural supports for families served.		
5.	Respondent demonstrates a competent and experienced senior management staff that reflects the mission, vision, and stated values of FSS.		
6.	Respondent demonstrates their agency’s ability to bring outside resources to supplement the FSS System of Care.		
Section I Total Score			

SECTION II. Program Design:

Criterion	Evaluator Score	Evaluator Comments
1. Respondent demonstrates a solid plan of how they will provide services including staff structure and ratios. Respondent demonstrates a solid organizational framework that supports effective supervision of staff.		
2. Respondent's proposal demonstrates innovation and integration of services.		
3. Respondent demonstrates ability for full implementation of the FSS System of Care and Strategic Plan initiatives in their proposal.		
4. Respondent's model demonstrates ability to meet the Performance Measures detailed in Section 10 of this ITN		
5. Respondent details a thorough plan and shows understanding of the scope of work and description of service delivery system that will meet the Scope of Work/Service Description listed in the ITN Section 10		
6. Respondent demonstrates a solid plan for staff tasks and a competent and experienced staffing plan for support and supervision.		
Section II Total Score:		

SECTION III. Performance Outcomes & Quality of Services to be Provided:

Criterion	Evaluator Score	Evaluator Comments
1. Respondent demonstrates a formal quality management system to ensure consistent high quality service provisions. Respondent details who is responsible for ensuring that the performance outcomes are met.		
2. Respondent demonstrates a thorough plan to ensure compliance with expected performance measures and demonstrates a solid plan on how to capture and report the data.		
Section III Total Score:		

ATTACHMENT II – PROVIDER APPLICATION PACKET (MANDATORY):

Instructions:

Please complete the application in its entirety and submit the following documents along with any additional supporting documentation your company or agency feels would be beneficial in FSS’s review. Incomplete applications will not be considered.

- Certification and Affidavit Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (Attachment IV)
- Certification Regarding Lobbying (Attachment V)
- Certification and Affidavit Regarding E-Verify (Attachment VI)
- Designation of Contracting Authority
- Designation of Invoicing Authority
- Financial Documentation as described in Section 11.4., including W-9
- IRS 501c3 letter
- Articles of Incorporation or Articles of Organization (if applicable)
- Copy of professional license and/or business license (also known as an occupational license or business tax receipt)
- Copies of Liability and Workman’s Compensation Insurance showing coverage limits and effective dates (see Attachment III for requirements)
- Proof of Level 2 background screening (Local, FDLE & FBI) for persons with client contact and/or working with confidential information.
- Proposal
- Budget/Fee schedule

Provider Information:

Legal Name:	Mailing Address:
Phone Number:	Fax Number:
Email Address:	
Federal Tax Identification Number:	Medicaid Provider Number (if applicable):
DUNS #:	Currently Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, date of licensure application:

Program/Service Information (Attach Additional Sheets For Each Program.)

Locations(s):	
Service Description (Ex. Case Management, Prevention, etc.):	
License Information: Licensing Body License Type License Number Expiration Date	Accreditation Information (if applicable): Accrediting Body Accreditation Status Expiration Date Date of Most Recent Survey
Primary Contact Individual and Position:	Contact information for the primary contact: Office: Cell: Email:
Other Agencies That Have Contract Agreements With This Program/ Service:	
Please provide the names, addresses, and telephone numbers of three (3) individuals who can provide professional references as to the quality of work/services provided by your organization: 1. 2. 3.	
Has This Program Been the Subject of Disciplinary Action by any Regulatory Agency, Lead Agency, or Accrediting Agency Within the Last Five Years or the subject of current pending or legal actions in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation Required if Yes	

Authorized Signature

I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document can be grounds for rejection of this application or termination of any contract awards.

Name

Title

Signature

Date

ATTACHMENT III – FSS INSURANCE REQUIREMENTS (MANDATORY):

Policy Option 1 – Non-Exclusion Clause for Sexual Abuse and Molestation

- General Liability with minimum limits of:
 - \$3,000,000 General Aggregate
 - \$3,000,000 Products and Completed Operations Aggregate
 - \$1,000,000 Each Occurrence
 - \$1,000,000 Personal and Advertising Injury
 - \$50,000 Fire Damage
 - \$5,000 Medical Payments

- Professional Liability with minimum limits of:
 - \$3,000,000 Aggregate
 - \$1,000,000 Each Incident

WITH the following non-exclusion on the certificate:

“The professional liability does not contain an exclusion for sexual abuse and molestation”

- Auto Liability covering all Owned, Non-owned and Hired Vehicles with minimum limits of:
 - \$1,000,000 Combined Single Limit

- Workers’ Compensation (if provider has 4 or more employees) meeting the statutory requirements of the State in which work is to be performed, with minimum limits of:
 - \$100,000 Each Accident
 - \$500,000 Disease – Policy Limit
 - \$100,000 Disease – Each Employee

Policy Option 2 – Separate Sexual Abuse and Molestation Policy

- General Liability with minimum limits of:
 - \$3,000,000 General Aggregate
 - \$3,000,000 Products and Completed Operations Aggregate
 - \$1,000,000 Each Occurrence
 - \$1,000,000 Personal and Advertising Injury
 - \$50,000 Fire Damage
 - \$5,000 Medical Payments

- Professional Liability with minimum limits of:
 - \$3,000,000 Aggregate
 - \$1,000,000 Each Incident

- Auto Liability covering all Owned, Non-owned and Hired Vehicles with minimum limits of:
 \$1,000,000 Combined Single Limit

- Workers' Compensation (*if provider has 4 or more employees*) meeting the statutory requirements of the State in which work is to be performed, with minimum limits of:
 \$100,000 Each Accident
 \$500,000 Disease – Policy Limit
 \$100,000 Disease – Each Employee

- Sexual Abuse and Molestation policy with minimum limits of:
 \$1,000,000 Aggregate
 \$1,000,000 Each Incident

Regardless of which policy option you choose, certificates must have the following:

1. Signature from the insurance agency,
2. A certificate insurance date,
3. Name of the insured as per the signed Agreement and matches the current provider address,
4. Policy number from the insurance carrier (NOTE: binder 3" are good for only ninety (90) days, if only "binder" is noted, with no number this is unacceptable),
5. Both the effective date and the expiration date must be completed by the insurance carrier,
6. Insurance carrier must mark the occurrence" box for the coverage provided,
7. Cancellation notice for a least thirty (30) days must be noted by the insurance carrier as the "Certificate Holder" section, and
8. The description section must be complete with a reference to the additional insured and waiver of subrogation noted. If this section is completed regarding the appropriate endorsements, but the appropriate endorsements are not provided with the certificate, then a period of thirty (30) days from the date the certificate of insurance is received will be allowed.
9. All endorsements must be received within the thirty (30) day time period.
10. When the endorsements are received by the FSS Contracts and Compliance Department, if a different Form number is received than noted on the original certificate of insurance, then a new certificate of insurance must be obtained.

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Additional Insured Endorsement:

1. FSS and the Department must be listed as additional insured on the general, professional and sexual abuse liability policies and provide proof of same.
2. Family Support Services of Suncoast, Inc. and the Florida Department of Children and Families need to be listed on two (2) separate certificates as two (2) separate certificate holders with the proper addresses for each provide a Certificate of Insurance and an Additional Insured Endorsement describing those specific insurance coverage selections.
3. The proper name and address to be listed for FSS as Certificate Holder is:

Family Support Services of Suncoast, Inc.
8560 Ulmerton Road
Largo, FL 33771
4. The proper name and address to be listed for the DCF as Certificate Holder is:

Florida Department of Children and Families
9393 N. Florida Avenue
Tampa, FL 33612
5. All endorsements must be listed under the description section of the Certificate of Insurance.
6. The Additional Insured Endorsement must have the proper wording.
7. The Additional Insured Endorsement shall state that this insurance shall be primary without right of contribution from any other insurance available to the “additional insured.”
8. A copy of the Additional Insured Endorsement is to be attached to the Certificate of Insurance.

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ATTACHMENT IV – CERTIFICATION AND AFFIDAVIT REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION (MANDATORY):

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369).

INSTRUCTIONS

1. Each provider must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign this certification. FSS cannot contract with these types of providers if they are debarred or suspended by the federal government.
 2. This certification is a material representation of fact upon which reliance is placed when this Agreement is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
 3. The Provider shall provide immediate written notice to the Contract Manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
 4. The terms “debarred”, “suspended”, “ineligible”, “person”, “principal”, and “voluntarily excluded”, as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the Contract Manager for assistance in obtaining a copy of those regulations.
 5. The Provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this Agreement unless authorized by the Federal Government.
 6. The Provider further agrees by submitting this certification that it will require each subcontractor of this Agreement to submit a signed copy of this certification.
 7. FSS may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
 8. This signed certification must be kept in the Contract Manager’s file. Subcontractor’s certifications must be kept at the contractor’s business location.
-

CERTIFICATION

- (1) The Provider certifies, by signing this certification, the following:
 - a) The Provider is not barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity within the last 5 years;
 - b) The Provider is not under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on their ability to provide services to

vulnerable populations, including, but not limited to, abused or neglected children, or which adversely reflects their ability to properly handle public funds;

- c) The Provider is not currently involved, or has been involved within the last 5 years, with any litigation, regardless of whether as a plaintiff or defendant, which might pose a conflict of interest to the department, the state or its subdivisions, or a federal entity providing funds to the department;
 - d) The Provider has not had a contract terminated by the department for a failure to satisfactorily perform or for cause; or
 - e) The Provider has not failed to implement a corrective action plan approved by the department or any other governmental entity, after having received due notice.
- (2) Where the prospective Provider is unable to certify to any of the statements in this certification, such prospective Provider shall attach an explanation to this certification.

Signature

Date

Name

Title

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, as _____ of _____, a _____ corporation, on behalf of the Corporation. He/She is personally known to me or has produced _____ as identification.

NOTARY PUBLIC:

Sign _____

Print _____

State of _____ at Large (Seal)

My Commission Expires:

ATTACHMENT V – CERTIFICATION REGARDING LOBBYING (MANDATORY):

(Certification for Contracts, Grants, Loans, and Cooperative Agreements)

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all* sub-awards at all tiers (including subcontracts, sub-grants and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file that required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Certifying Official

Signature

Date

Title

Name of Organization

Address of Organization

ATTACHMENT VI – CERTIFICATION AND AFFIDAVIT REGARDING E-VERIFY (MANDATORY):

Pursuant to [Section 448.095](#), Florida Statutes, beginning January 1, 2021, Independent Contractor/Subcontractor shall register with and use the U.S. Department of Homeland Security’s E-Verify system, <https://e-verify.gov>, to verify the work authorization status of all Independent Contractor/Subcontractor employees hired on and after January 1, 2021.

Independent Contractor/Subcontractor shall also require all subcontractors performing work under this Agreement to use the E-Verify system for any employees they may hire during the term of this Agreement. Independent Contractor/Subcontractor shall obtain from all such subcontractors an affidavit stating the subcontractor does not employ, contract with, or subcontract with an unauthorized alien, as defined in Section 448.095, Florida Statutes. Independent Contractor/Subcontractor shall provide a copy of all subcontractor affidavits to FSS upon receipt and shall maintain a copy for the duration of the Agreement.

Failure to comply with this Attachment III is a material breach of the Agreement, and shall result in the immediate termination of the Agreement without penalty to FSS.

A true and correct copy of Independent Contractor/Subcontractor’s proof of registration in the E-Verify system is attached to this Affidavit.

By affixing your signature below you hereby affirm that you will comply with the E-Verify requirements.

I hereby certify that Independent Contractor/Subcontractor does not employ, contract with, or subcontract with an unauthorized alien, and is otherwise in full compliance with Section 448.095, Florida Statutes.

Signature

Date

Name

Title

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, as _____ of _____, a _____, on behalf of the _____. He/She is personally known to me or has produced _____ as identification.

NOTARY PUBLIC:

Sign _____
 Print _____
 State of _____ at Large (Seal)
 My Commission Expires: _____

ATTACHMENT VII – STATEMENT OF ASSURANCES (MANDATORY):

1. Acceptance of Contract Terms and Conditions:

I, _____, as an authorized representative of, _____, hereby agree that if awarded any contract as a result of the FSS Invitation to Negotiate number ITN-026-FFT, it will comply with the requirements, terms and conditions stated in the Invitation to Negotiate and in FSS’s Master Agreement. In recognition thereof the Respondent’s representative has read, understood, and agrees to comply with, and any deviation from, the terms and conditions set forth therein may result, at FSS’s exclusive determination, in rejection of the application.

Name of Authorized Official:	Title:
Signature of Authorized Official:	Date:

2. Statement of No Involvement:

I, _____, as an authorized representative of _____, certify that no member of this agency nor any person having interest in this agency has been awarded a contract by FSS on a non-competitive basis to:

1. Develop this Invitation to Negotiate (ITN).
2. Perform a feasibility study concerning the scope of work contained in this ITN.

Name of Authorized Official:	Title:
Signature of Authorized Official:	Date:

3. Proof of Signature Authority:

This Invitation to Negotiate (ITN) shall include proof of signature authority if someone signs the ITN other than the President or Chairperson of the Board of Directors. This proof shall be one of the following: a written statement by the President or Chairperson of the Board delegating authority to a particular person; a copy of the entity’s by-laws reflecting signature authority to a particular position; a copy of the Board of Directors’ meeting minutes that shows action to delegate signature authority to a particular person or position. If delegating signature authority, please complete the below and include the above requested document.

Name of President or Chairperson of the Board of Directors:
Title of Person to Whom Signature Authority is Delegated:
Name of Person to Whom Signature Authority is Delegated:

4. Conflict of Interest Statement (Non-Collusion):

I hereby certify, that all persons, companies, or parties interested in the Invitation to Negotiate (ITN) as principals are named therein, that the ITN is made without collusion with any other person, persons, company, or parties submitted in the Application; that it is in all respects made in good faith; and as the signer of the ITN, I have full authority to legally bind the Respondent to the provisions of this Application.

(Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

5. Certification of Drug – Free Workplace Program:

I hereby certify that my agency currently maintains a drug-free workplace environment in accordance with s. 287.087, F.S. and will continue to promote this policy through the implementation of that section.

Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

6. Certification of No Criminal Conduct:

I hereby certify that no persons or companies interested in the Invitation to Negotiate as principals are under investigation or indictment for criminal conduct, nor have they been convicted of any crime which would adversely reflect on their ability to provide services to vulnerable populations, including, but not limited to, abused or neglected children, or which adversely reflects their ability to properly handle public funds.

If there are persons or companies under investigation or indictment for criminal conduct, or have been convicted of any crime as described above, please provide an explanation below.

Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

7. Certification of Board of Directors Approval:

I hereby certify that my agency's Board of Directors has given its approval for my agency to enter into negotiations with FSS to provide Functional Family Services (FFT) services commencing April 1, 2026.

Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

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ATTACHMENT VIII – NOTICE OF INTENT TO SUBMIT A REPLY

Name of Provider	
Name of Authorized Official	
Title of Authorized Official	
Signature of Authorized Official	
Date	
Address	
City, State, Zip	
Telephone Number	
Facsimile Number	
E-mail Address	

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ATTACHMENT IX – FATAL CRITERIA CHECKLIST

If any of these criteria are not met, the response cannot be considered further (shall be completed by FSS).

Respondent Name: (Agency) _____ Printed Name _____ Date _____

Reviewed By: (FSS) _____ Printed Name _____ Date _____

Witnessed By: (FSS) _____ Printed Name _____ Date _____

- A. The Application was received by the date and time specified in the ITN. YES NO
- B. The Application includes a fully completed Provider Application Packet. YES NO
- C. The Application includes proof of insurance. YES NO
- D. Certification and Affidavit regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion YES NO
- E. Certification Regarding Lobbying YES NO
- F. Certification and Affidavit Regarding E-Verify YES NO
- G. Statement of Assurance
 - 1. Acceptance of Contract Terms and Conditions YES NO
 - 2. Statement of No Involvement YES NO
 - 3. Proof of Signature Authority YES NO
 - 4. Conflict of Interest Statement (Non-Collusion) YES NO
 - 5. Certification of Drug Free Workplace Program YES NO
 - 6. Certification of No Criminal Conduct YES NO
 - 7. Certification of Board of Directors Approval YES NO

N/A

If any responses are “no”, the Application is disqualified from further Evaluation.

FSS reserves the right to waive minor irregularities when to do so would be in the best interest of the FSS system of care design.

ATTACHMENT X – INFORMATION SYSTEM REQUIREMENTS

1. Compatibility and Access.

In accordance with Florida Statutes, Florida Administrative Code and Departmental standards and procedures, the provider shall utilize the electronic functionality provided in the Florida Safe Families Network (FSFN). FSFN shall be the provider's official system of record for all casework and decision-making tools. Decision-making tools in FSFN include, but are not limited to, the necessary statewide child safety and family assessments, home studies, case planning, monitoring, and placement/Permanency decisions. The provider agrees to collect, enter and ensure Data Integrity of all information input into FSFN including meeting timeliness criteria. Provider shall be responsible for ensuring that all approved mobile devices will at all times have appropriate security measures implemented to protect all data residing in the mobile devices. Provider shall continue deployment and maintenance of mobile devices to support case management.

Provider shall have limited access to the Florida Abuse Hotline Information System (FAHIS). The provider agrees to collect, enter and ensure Data Integrity of all information input.

FSS has established a data system in a format compatible with current Department standards which are set out in Children and Families Operating Procedure 50-7, Policy on Enhanced Workstations and Statewide Office Automation Standards, and any new or revised standards which may be established by the Department or required to comply with the federal Health Insurance Portability and Accountability Act (HIPAA).

FSS operating systems and software used by Providers must comply with current Department information systems standards in accordance with Children and Families Operating Procedure 50-7, Policy on Enhanced Workstations and Statewide Office Automation Standards.

2. Security.

Provider shall comply with all applicable laws and procedures pertaining to security and confidentiality including Chapter 815, Florida Statutes, and in accordance with Health and Rehabilitative Services Operating Procedures 175-26, Confidentiality of Children and Families Records, Children and Families Operating Procedure 50-6, Security, and HRSR 50-2, Security of Data and Information Technology Resources.

3. Florida Safe Families Network.

Florida Safe Families Network (FSFN) is the Department's system of record for all casework. Provider specifically agrees that FSFN will always contain the most current and the most accurate information regardless of any other systems employed.

Provider specifically agrees to collect, enter and maintain all data to meet FSFN requirements in accordance with FSFN policies and procedures including timeliness criteria.

Provider is responsible for purification of data for the geographic area served by the provider in state systems that may be necessary before any future automated conversion of data from current systems to FSFN for subsequent releases. This includes data entered before Provider assumed responsibility for services.

Provider shall participate in application training for use of the system, as required during the deployment of future FSFN functionality. Provider shall be responsible for any travel costs associated with attendance at these training sessions.

Provider agrees to allow the Department to conduct a site survey to determine needs related to the implementation of FSFN at Provider's site(s). The Department agrees to determine the resources needed to equip Provider's staff and in evaluating site security requirements.

Provider may not use equipment provided by the Department and purchased with FSFN funds for any purpose other than to support staff providing Title IV-E and IV-B eligible services in accordance with the Department's federally approved cost allocation plan for FSFN. FSFN computer equipment shall not be transferred, replaced, or disposed of by Provider without prior permission of the Contract Director.

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