

# Epilepsy Alliance Florida Proposal

*Pricing is sealed*

## CONTACT INFORMATION

Company

Epilepsy Alliance Florida

Email

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Contact

Karen Basha Egozi

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<https://www.epilepsyalliancefl.com/>

Submission Date

Jun 28, 2023 9:13 AM

## ADDENDA CONFIRMATION

✔ Addendum #1

*Confirmed Jun 1, 2023 1:10 PM by Susanna Laurenti*

✔ Addendum #2

*Confirmed Jun 1, 2023 1:10 PM by Susanna Laurenti*

✔ Addendum #3

*Confirmed Jun 20, 2023 9:57 AM by Susanna Laurenti*

## QUESTIONNAIRE

**1. Provide your Employer Identification Number (EIN)\***

☒ Pass ☐ Fail

Do not include dashes

*Maximum response length: 9 characters*

592164525

***Please Note:*** Responses to this question may be publicly displayed after the due date has passed.

## 2. Provide physical address in Alachua County\*

☒ Pass ☐ Fail

301 NE 1st Street, Suite 20 & 21, Gainesville, FL 32601

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 3. Provide a mailing address\*

☒ Pass ☐ Fail

Maximum response length: 200 characters

7300 North Kendall Drive, Suite 760, Miami FL 33156

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 4. Does your agency have a 501(c)(3) status?\*

☒ Pass ☐ Fail


If yes, provide your certification in the question below, Failure to provide required documentation may deem your proposal non-responsive.

Yes

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## 5. Upload your agency's IRS 501(c)(3) designation\*

☒ Pass ☐ Fail

 IRS\_Letter\_Tax\_Exempt\_Status\_July\_2021.pdf

## 6. Responsible Agent Designation\*

☒ Pass ☐ Fail

The Consultant shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the County and the Consultant by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the Consultant.

RESPONSIBLE AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE RESPONSIBLE AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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**7. Project Name:\***

☒ Pass ☐ Fail

Emergency Aid for Alachua Families

**8. Amount of funds being requested\***

☒ Pass ☐ Fail

Maximum of \$50,000

*Maximum response length: 7 characters*

\$38,000

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**9. Does your proposed project benefit residents of Alachua County living at or below 150% Federal Poverty Level?\***

Yes

☒ Pass ☐ Fail

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**10. Does your proposed project fit into one of the BoCC's approved funding category?\***

☒ Pass ☐ Fail

Quality Healthcare

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**11. Has your agency been operational, providing proposed program service(s) in the funding category at least one full year prior to the date of application?\***

Yes

☒ Pass ☐ Fail

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**12. Please describe the proposed project, and quantify the anticipated benefits to residents of Alachua County living at or below 150% Federal Poverty Level:\***

*Maximum response length: 2500 characters*

☒ Pass ☐ Fail

Alachua County residents and their families have been served by Epilepsy Alliance Florida since (YEAR). Our Gainesville office currently serves 38 clients. People with seizures can connect with affordable healthcare and receive comprehensive case management from EAFLA. Other services include helping patients diagnose and treat epilepsy at an affordable cost by working with medical providers that partner with EAFLA. In addition, the organization provides mental health counseling, support groups and similar services for emotionally struggling clients.

While these services have proven effective in helping Alachua County families cope with epilepsy, many also need assistance with basic needs. With average incomes around \$500 per month, EAFLA's clients in Gainesville and surrounding communities sometimes find it difficult to purchase food, pay household bills and secure reliable transportation.

To address these needs, EAFLA proposes purchasing gift cards for families in crisis. They would be redeemable at grocery stores and ride-share services. Cards to retail stores, such as Walmart, would also be purchased to help low-income families buy back-to-school supplies. Some funds would be set aside for one-time, emergency cash assistance for clients behind on rent or utility bills. Applicants for any type of assistance (cash or gift cards) would verify eligibility by showing proof of income and need.

EAFLA's clients vary in Alachua County range in age, race and gender, but almost all have incomes below the poverty line. Since adults with active epilepsy can't legally drive in Florida, finding and keeping jobs is hard. Epilepsy also limits work. Physical jobs can be hazardous for someone prone to seizures, while desk jobs can be complicated by epilepsy symptoms including memory loss and

cognitive impairment.

Clients of EAFLA sometimes need financial assistance for these reasons. Usually, we refer families to other agencies, but it would be beneficial to handle some cases internally. Clients have trusting relationships with EAFLA Case Managers due to the nature of our programs. These experts offer them advice on sensitive medical matters and may assist them in dealing with personal or career problems relating to epilepsy. It stands to reason that a client facing a financial crisis may turn to their Case Manager for help. Direct assistance from EAFLA would also make sense in situations where the need is temporary and due, at least in part, to epilepsy.

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### 13. Please describe how your project will enhance effectiveness and/or efficiency of your agency's service delivery:\*

Maximum response length: 2500 characters

☒ Pass ☐ Fail

If EAFLA Case Managers in Alachua County had access to gift cards and emergency cash assistance for clients, they could streamline the process of helping eligible families address immediate, pressing needs. Rather than referring clients to other entities for help with household bills, transportation and other necessities, EAFLA staff could handle these cases personally, which would save time and ensure that the person got the needed help. As mentioned earlier, EAFLA Case Managers work hard to establish trusting relationships with clients. As a result, individuals might be more inclined to speak to them about sensitive topics than they would be to contact another agency.

Helping clients meet basic needs also advances EAFLA's overall mission of aiding families dealing with epilepsy. In order to successfully manage a chronic condition, patients need stability. Adhering to a medication schedule, controlling stress and keeping up with doctors' appointments are far easier for patients living in stable homes. Worries about housing, food security and other basic needs will prevent patients from focusing on the goals identified their EAFLA Individual Plan of Action. These goals, which patients work with Case Managers to develop, often include keeping a log of seizure occurrences, improving diet and pursuing mental health care. It's easy to imagine a patient skipping these steps if more fundamental needs, such as housing, are not being met.

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### 14. List all the budget items for which grant funds will be used and the dollar amount anticipated for each:\*

☒ Pass ☐ Fail

If your budget has more than five line items, you have the option to download and fill the SPACE Budget Template provided, and upload in the next question.

Maximum response length: 2500 characters

Grocery gift cards - \$8,000

Transportation assistance - \$5,000

Back-to-School Supply Gift Cards - \$5,000

Emergency cash assistance for clients - \$20,000

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### 15. Upload SPACE Budget Template

☒ Pass ☐ Fail

 SPACE\_Budget\_Epilepsy\_Alliance\_Florida.xlsx

### 16. Describe the timeline and anticipated milestone dates for the project:\*

☒ Pass ☐ Fail

Maximum response length: 2500 characters

The project is expected to take place according to the following timeline:

**October 2023** – EAFLA Case Managers will begin offering grocery store gift cards or cash assistance to clients who demonstrate an urgent, short-term need.

**November 2023** – June 2024 – The program will continue as described above.

**July – September 2024** – In addition to the benefits described earlier, clients demonstrating need during this time period will be eligible to receive gift cards for back-to-school supplies for students.

Cash assistance for emergency payments for housing and utilities will be distributed until funds are depleted. Gift cards will remain available while supplies last. Staff at EAFLA do not anticipate having difficulty disbursing all grant funds as intended before September 30, 2024, but in the unlikely event that funds or gift cards are left over, we will seek Alachua County's guidance on the next steps.

When grant-related assets are depleted, EAFLA Case Managers will resume the previous protocol of referring all clients in financial crises to other agencies for assistance.

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**17. Describe measurable outcomes for the project:\***

☒ Pass ☐ Fail


Maximum response length: 2500 characters

Measurable outcomes will be the number of clients receiving aid, the amount of aid distributed to each client, and the results of that distribution. Case Managers will follow up to find out how clients used the assistance and gather feedback on the program. If the results are both positive and meaningful (in terms of the number of people assisted and the impact of that assistance), EAFLA leaders will consider replicating this effort in other parts of the state.

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**18. Upload any supplemental documentation that is relevant to your project.**

☒ Pass ☐ Fail

 Video\_link\_on\_letterhead.docx

**19. Acknowledge that you have reviewed all Addendum(s) issued with this solicitation.\***

☒ Pass ☐ Fail

☒ Confirmed

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**20. Conflict of Interest\***

☒ Pass ☐ Fail

The bidder certifies that to the best of his knowledge or belief, no elected/appointed official or employee of the County is financially interested, directly or indirectly, in the purchase of the goods or services specified on this order. ( Select yes, if there is no conflict of interest)

☒ Confirmed

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**21. Drug Free Workplace\***

☒ Pass ☐ Fail

In accordance with §287.087, Florida Statute

Do you certify that you meet the following:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Yes

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

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**22. Corporate Resolution Granting Signature\***

☒ Pass ☐ Fail

The response must be submitted by an officer of the business who is legally authorized to enter into a contractual relationship in the name of the bidder. An authorized representative who is not an officer may sign the proposal, but must attach or upon request provide a corporate resolution granting authorization to the representative to execute on behalf of the business. Are you authorized to submit this RFA?

☒ Confirmed

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**23. By submitting this application, we acknowledge that we are aware that the information contained in this funding application is public record. We further certify that this Request for Funding is consistent with our organization's mission, Articles of Incorporation and Bylaws, and that this application for funding was authorized by the agency's Board of Directors.\***

☒ Confirmed

☒ Pass ☐ Fail

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