

Easter Seals Florida, Inc Proposal

Pricing is sealed

CONTACT INFORMATION

Company

Easter Seals Florida, Inc

Email

jgentry@fl.easterseals.com

Contact

Jill Gentry

Address

2010 Crosby Way

Winter Park, FL 32792

Phone

(407) 505-8266

Website

www.easterseals.com/florida

Submission Date

Jun 28, 2023 11:11 AM

ADDENDA CONFIRMATION

☒ Addendum #1

Confirmed Jun 8, 2023 6:13 PM by Jill Gentry

☒ Addendum #2

Confirmed Jun 26, 2023 5:40 PM by Jill Gentry

☒ Addendum #3

Confirmed Jun 26, 2023 5:41 PM by Jill Gentry

QUESTIONNAIRE

1. Provide your Employer Identification Number (EIN)*

☒ Pass ☐ Fail

Do not include dashes

Maximum response length: 9 characters

590637848

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

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

2010 Crosby Way Winter Park, FL 32792

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

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

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

☒ Pass ☐ Fail

 Easter_Seals_Florida_RFA#_24-416-LC_Articles_of_Incorporation.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: _____

Responsible Agent -

Jill Gentry

2010 Crosby Way

Winter Park, FL 32792

(407) 505-8266

JGentry@fl.easterseals.com

Alternate Responsible Agent -

Lee Johnson

2002 NW 36th Avenue

Gainesville, FL 32605

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

7. Project Name:*

☒ Pass ☐ Fail

The Picker's Patch & The Virtual Hive

8. Amount of funds being requested*

☒ Pass ☐ Fail

Maximum of \$50,000

Maximum response length: 7 characters

\$47,230

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

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

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

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

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

Easterseals at Altrusa House is an adult day health care (ADHC) program that provides an affordable alternative to nursing home, group home, or in-home care for adults. Our program serves individuals ages 18 and above who may have a physical or developmental disability, cognitive disorders (such as Alzheimer's disease or dementia), Parkinson's disease or multiple sclerosis. Our program also serves frail older adults and those that may be in recovery or rehabilitation after a stroke or traumatic brain injury. Currently, we have 32 members; 60% living in poverty and several others at-risk of poverty status. This is slightly lower than our normal trend.

While disabilities know no socio economic status, those who are disabled are twice as likely to live in poverty in Florida. According to the 2020 Annual Disability Compendium, Florida has 1,264,308 adults (18 to 64 yrs old) living with a disability and 289,892 of them live in poverty – 22.9%. Compared to the US as a whole, with 11,247,884 living with a disability and 1,279,718 of them living in poverty – 11.4%. Alachua County has one of the highest poverty rates of Florida's counties which is reflected in the high percentage of our disabled clients living in poverty. We are able to provide scholarships to our local community's needy, enabling those living in poverty to attend Altrusa House and receive daily nursing, meals, social engagement, and cognitive enhancing activities that would otherwise be unavailable to them.

We are seeking funds to make our outdoor space more cognitively engaging and accessible to our members. Our members enjoy Altrusa House's large outdoor areas and by purchasing handicapped accessible garden beds we will further engage our members through a sensory garden. A sensory garden, or dementia garden, is a space that has been designed to stimulate the senses, including sight, smell, sound, touch, and taste. Sensory gardens can be beneficial for people of any age, but they can be particularly

health helpful for those who suffer from memory loss or other cognitive impairments. We are also seeking funds to add a virtual lab to our activities offered at Altrusa House. The virtual lab will provide our members with immersive experiences, such as exercising, memory activities, or fun such as touring our nation's national parks. These experiences can be tailored to the members throughout their life, providing them entertainment, physical exercise, and education.

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

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

We are proposing program health and mental wellness enhancements for our ADHC members. By offering a wide range of opportunities for our members to learn, socialize, enhance cognitive memory, and experience new daily living activities in a safe environment, we may protect and potentially interceded upon further cognitive decline. The COVID-19 pandemic forced many elderly and disabled individuals to stay home, often isolated. Easter Seals knew that our members were going to struggle at home, shut off from their friends and missing their regular schedule of activities. We were also aware concerned that many of the positive gains made by our members could easily be lost without timely intervention. Easter Seals' program staff created a virtual platform where our members could continue to socially interact and learn. Easter Seals is pursuing these funds to expand our virtual programming to comprehensively include our older members. Virtual tools often benefit members with chronic illnesses such as dementia and Parkinson's disease by helping to relieve and/or manage symptoms of illnesses. This addition of this lab, with the proposed name "The Virtual Hive" has the potential to be an alternative type of intervention and care that benefits members by decreasing symptom burden while improving quality of life.

We also want to engage our members further in our outdoor space. Gardening can have a positive impact on dementia patients as it enhances their overall well-being and cognitive function. Studies show that gardening helps in reducing anxiety and agitation while providing a sense of accomplishment and purpose for dementia patients. It also improves their physical health, including their balance, strength, and mobility, which leads to fewer falls. Gardening also stimulates the senses through the sight, smell, and touch of the plants and soil, water and wind features. Being outdoors and surrounded by nature, it fosters socialization, communication, and reminiscence while sparking memories and emotions. Gardening is an enjoyable and therapeutic activity that can give dementia patients a sense of independence and control, leading to a better quality of life. Our clients propose the name "The Picker's Patch" for this sensory garden.

We have included a tablet for our nursing station so our fulltime, on-site nursing staff can coordinate and document members' care in a more efficient manner. This will also be helpful in gathering client outcome data.

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

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

** Please see attached SPACE Budget Template for further details.

Four Virtual Learning/Experience Platforms \$8,000

Garden Supplies - \$13,200

Eight Green Circle Fully Accessible Garden Beds \$7,960

One Sensory Fountain \$550

One Shade Sail \$360

Two Outdoor misting fans \$300

Two Octagon Garden Table w/seating \$600

One Tablet for Nursing Station \$480

Virtual Lab Facilitator - \$14,100

Garden and Lab Installation \$1,680

Total Request - \$47,230

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

15. Upload SPACE Budget Template

☒ Pass ☐ Fail

 SPACE_Budget_Template.xlsx

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

☒ Pass ☐ Fail

Maximum response length: 2500 characters

Post October 1, 2023 grant award received:

First 30 days –

Grant Items submitted through purchasing department process

Recruitment for workforce to support projects and virtual lab

Activity Coordinator integrates new health and mental health programming into the Activities Calendar

Prepare the identified 750 sq. ft. of dedicated space for the "Virtual Hive" lab and have members help decorate it

30 to 45 days-

Grant Items received and assembled/installed

Begin using "Picker's Patch" memory garden with members

Agency Data Analyst creates survey and evaluation/outcome tools

Personnel identified for the "Virtual Hive" lab

45 to 60 days –

Virtual lab and gardens fully commence, usage by our members engaged

90 days -

Begin concurrent planning with Development Team for future growth and sustainability of virtual lab facilitation

120 days -

All members will be integrated into the Picker's Patch and/or Virtual Hive program enhancements and will be tracked for health and mental health impacts

120 to 180 days –

Data Analyst and Center Staff gather survey data

180 to 360 –

Client and Care Giver data aggregation and reporting by our Data Analyst

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

17. Describe measurable outcomes for the project:*

☒ Pass ☐ Fail

Maximum response length: 2500 characters

The overall goal of Easterseals' ADHC is to improve the quality of life and provide greater independence for both the program participant and the caregiver. In order to achieve this, our staff work to provide a diverse range of activities that is person-centered and spans five functional areas important for the well being of participants. These proposed new program enhancements support our Therapeutic Recreation-Fun with a Purpose. This function area of importance focuses on daily, functional, multi-sensory activities

including socialization, exercise for gross motor skills, fine motor skills, cognitive skills, and health and wellness. As our members' ages range from 18 years to 100+ years old, our data collection is done in various formats with quality of life indicators and social determinants of health (SDOH) questions. These surveys allow us to consistently monitor the impact of our ADHC services on our members' lives as well as the quality of life of their caregivers. We can observe our contribution to improving SDOH addressed by our programming. The survey for members consists of two question banks. One is a compilation of quality life indicators that allows us to assess the members' overall perception of their wellbeing in the following quality of indicators: physical health, energy, mood, living situation, memory, family, friends, music/dance, creating art, socialization, self, ability to do household chores, ability to do fun things, life as whole. In a 2nd question bank, members are asked to rate questions on perceived quality and enjoyment of the program. Questions focus on the activities, their mood when attending, and having choices in activities. Open ended questions are included for additional feedback in the words of the members that allows us to learn from their unique perspectives.

1) 75% of clients will utilize the memory gardens by participating in weekly gardening activities.

- Satisfaction, verbal or observational, with these activities will be collected in a post-survey.

2) 70% of clients will use the virtual platforms on a scheduled basis.

- Satisfaction, verbal or observational, with these activities will be collected in a post-survey.

3) 100% of Caregivers will be solicited to ensure any feedback or behavioral changes within the participating members' homes will also be gathered.

- Caregiver input will also be solicited to ensure any feedback or behavioral changes within the clients' homes is also gathered.

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

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

No response submitted

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

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

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.

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

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

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

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