

Gator Water Polo Club INC Proposal

Pricing is sealed

CONTACT INFORMATION

Company

Gator Water Polo Club INC

Email

carlos@gatorwaterpolo.com

Contact

Carlos Ramirez

Address

PO BOX 13313

Gainesville, FL 32604

Phone

(352) 281-2804

Website

www.gatorwaterpolo.com

Submission Date

Jun 28, 2023 9:28 AM

ADDENDA CONFIRMATION

Addendum #1

Confirmed Jun 28, 2023 9:28 AM by Carlos Ramirez

Addendum #2

Confirmed Jun 28, 2023 9:28 AM by Carlos Ramirez

Addendum #3

Confirmed Jun 28, 2023 9:28 AM by Carlos Ramirez

QUESTIONNAIRE

1. Provide your Employer Identification Number (EIN)*

Pass Fail

Do not include dashes

Maximum response length: 9 characters

471992323

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

PO Box 13313, Gainesville, Florida, 32604

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

 [2015-09-01_GWPC_IRS_Letter.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: _____

REPOSIBLE AGENT: Carlos Ramirez

2237 NW 15th avenue, Gainesville, Florida, 32605

352-281-2804

carlos@gatorwaterpolo.com

ALTERNATE:

David Huelsman

2247 NW 15th avenue, Gainesville, Florida, 32605

352-358-4272

david@gatorwaterpolo.com

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

7. Project Name:*

Pass Fail

Youth Health and Water Safety

8. Amount of funds being requested*

Pass Fail

Maximum of \$50,000

Maximum response length: 7 characters

\$50,000

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 Child Care and Education

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

Please, refer to our detailed project uploaded to see the description of the project.

Our project will account for 60 -30 minute swim class sessions per week for 50 weeks per year. This accounts for 3,000 swim sessions per 11 months.

These are individual swim classes that families below 150% Federal Poverty level could never afford. Counting on 10 individual sessions per child, we could be serving 300 children in Alachua County.

As we mention in our detailed project, low-income family children are more likely to drown in the state of Florida than children in families with higher income.

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

RF Learning & Sports will manage the project. They have 5 years of experience managing camps and activities for children. This project will be challenging, however, it is a great cause to work for. Helping low-income family children to learn how to swim. It will in the future save the lives of Florida children.

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 the budget template attached.

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

15. Upload SPACE Budget Template Pass Fail

 [Youth_Health_and_Water_Safety_Program.xlsx](#)

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

Maximum response length: 2500 characters

Our project will run for 11 months. We would like to begin January 2024 until November 2024.

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

We will have 3,000 individual swim classes per 11 months. Each class will last 30 minutes.

Health-related classes will be once a week for 50 weeks. Each class will last 2 hours. Health education will help children to have more information to live a better life in the future.

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. Pass Fail

 [Youth_Health_and_Water_Safety_Program_-_Detailed_Program.pdf](#)

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.

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

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