

**Addendum No. 04**  
**DCF RFA 2324 011**  
**Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program**  
Office of Substance Abuse and Mental Health

**Solicitation Number:** DCF RFA 2324 011

**Solicitation Title:** Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program

**Response(s) Due Date:** 03/25/2024

**Addendum Number:** 04

**Addendum Date:** 02/14/2024

*DCF RFA 2324 011 is hereby amended as follows, all other terms and conditions of the solicitation remain in effect. All additions are highlighted in yellow, and words ~~stricken~~ are deletions:*

**Change No. 1**

**Section 3.7.7., Tab 7: Project Timeline**

The application must include a realistic and detailed timeline for each funding year proposed, indicating goals, objectives, key activities, milestones, and responsible partners.

The timeline must include anticipated start and completion dates for each milestone, benchmark, and goal.

The timeline must include a specific preferred project start date between 4/1/24 5/1/24 and 6/30/25. The projected start date should reasonably reflect the Applicant's actual readiness to implement the proposed project.

**Change No. 2**

**Appendix J – Checklist of Application Criteria**

**Criteria Checklist for: DCF RFA 2324 011- CJMHPA Reinvestment Grant Program**

<b>Print Applicant's Name:</b>	<b>County(ies):</b>
<b>Print Name of Department Reviewer (Procurement Officer):</b>	
<b>Signature of Department Reviewer:</b>	<b>Date:</b>
<b>Print Name of Department Witness:</b>	
<b>Signature of Department Witness:</b>	<b>Date:</b>

Was the application received by the date and time specified in the RFA and at the specified address?

YES/Pass       NO/Fail

Does the Application include the following?		Yes Pass	No Fail
1.	<b>Tab 1: Cover Page</b> Completed form, including requested funding and match funds, signed/dated	<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>Tab 1: County Designation Letter, if applicable</b> For Applicant's submitting on behalf of a county	<input type="checkbox"/>	<input type="checkbox"/>
3.	<b>Tab 3: Statement of Mandatory Assurances</b>		

**Addendum No. 04  
DCF RFA 2324 011**

**Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program  
Office of Substance Abuse and Mental Health**

	a.	Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Site Visits	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Non-discrimination	<input type="checkbox"/>	<input type="checkbox"/>
	d.	Lobbying	<input type="checkbox"/>	<input type="checkbox"/>
	e.	Drug-Free Workplace Requirements	<input type="checkbox"/>	<input type="checkbox"/>
	f.	Smoke-Free Workplace Requirements	<input type="checkbox"/>	<input type="checkbox"/>
	g.	Compliance and Performance	<input type="checkbox"/>	<input type="checkbox"/>
	h.	Certifications of Non-supplanting	<input type="checkbox"/>	<input type="checkbox"/>
	i.	Submission of Data	<input type="checkbox"/>	<input type="checkbox"/>
	j.	Submission of Reports	<input type="checkbox"/>	<input type="checkbox"/>
4.		<b>Tab 4: Commitment of Match Donation Form <u>and</u> Match Commitment Summary Report</b> Completed forms for each match donation committed to the project, indicating sufficient matching commitment, signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
5.		<b>Tab 5 &amp; 6: Statement of Problem and Project Design Implementation</b> Description of the services to be provided	<input type="checkbox"/>	<input type="checkbox"/>
6.		<b>Tab 7: Detailed Project Timeline</b> Project timeline for each funding year proposed	<input type="checkbox"/>	<input type="checkbox"/>
7.		<b>Tab 8: Letters of Commitment</b> Summary list of all organizations and letter of commitment from each organization	<input type="checkbox"/>	<input type="checkbox"/>
8.		<b>Tab 9 10: Budget and Budget Narrative</b> Completed budget summary form, including budget narrative	<input type="checkbox"/>	<input type="checkbox"/>



# Alachua County Board of County Commissioners

Charles S. Chestnut IV, *Chair*  
Robert Hutchinson, *Vice Chair*  
Mike Byerly  
Ken Cornell  
Marihelen Wheeler

**Administration**  
Michele L. Lieberman  
*County Manager*

January 23, 2019

Dr. Margarita Labarta, President/CEO  
Meridian Behavioral Healthcare, Inc.  
P.O. Box 141750  
Gainesville, FL 32614-1750

Dear Dr. Labarta:

I am writing concerning the grant application being prepared by Meridian Behavioral Healthcare, Inc. for submission to the Department of Children and Families under its Request for Applications for the new Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program (Grant RFA112818HSET1).

I confirm that the Alachua County Board of County Commissioners acted on January 22, 2019 to approve a motion which authorizes Meridian Behavioral Healthcare, Inc. to act specifically in the capacity of applicant agency on behalf of Alachua County under the identified CJMHSAG Request for Applications prepared by the Department of Children and Families.

The action taken by the Board of County Commissioners follows a motion approved by the current Alachua County CJMHSAG Reinvestment Grant Planning Committee on January 17, 2019. This motion recommended to the Board that Meridian Behavioral Healthcare, Inc. be so designated as applicant authority for Grant RFA112818HSET1. The Planning Committee was established under Florida Statute 394.657 to act as the planning committee for the CJMHSAG Reinvestment Grant Program for Alachua County.

We recognize that Meridian is a well-established community provider agency with extensive experience in the grant application and grant administrative processes required under the CJMHSAG Reinvestment Grant Program. This has been evident through the organization's delivery of such services to the County during the previous four CJMHSAG Reinvestment Grants received by the County, and the Board fully endorses providing this capacity to Meridian.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, which appears to read "Charles S. Chestnut IV".

Charles S. Chestnut, IV, Chair  
Alachua County Commission  
Chr19.035

cc: Alachua County Board of County Commissioners  
Michele L. Lieberman, County Manager  
Sylvia Torres, County Attorney

2

**RESOLUTION # 19-07**

**A RESOLUTION OF THE BOARD OF COUNTY  
COMMISSIONERS OF ALACHUA COUNTY, FLORIDA  
TO DESIGNATE MERIDIAN BEHAVIORAL HEALTHCARE,  
INC. TO ACT AS THE APPLICANT AGENCY FOR THE  
CRIMINAL JUSTICE, MENTAL HEALTH AND SUBSTANCE  
ABUSE REINVESTMENT GRANT PROGRAM (RFA 112818HSET1)  
FROM THE FLORIDA DEPARTMENT OF CHILDREN AND  
FAMILIES**

WHEREAS, it is necessary to designate a not-for-profit agency to serve as the applicant agency for the submission of the application for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program Request for Applications for the Florida Department of Children and Families; and,

WHEREAS, the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Planning Committee for Alachua County, the Advisory Board to Alachua County for the Reinvestment Grant Planning Program, has approved the designation of Meridian Behavioral Healthcare, Inc. as the applicant agency for the purpose of submission of a specific request for this Department of Children and Families' Request for Applications. The Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Planning Committee for Alachua County is established by Florida Statute 394.656 for oversight and monitoring of the local Reinvestment Grant Program; and,

WHEREAS, the County Board of County Commissioners considered the authorization of Meridian Behavioral Healthcare, Inc. as the applicant agency for this Department of Children and Families' Request for Applications at its January 22, 2019 Regular Meeting and approved said authorization;

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ALACHUA COUNTY, FLORIDA:

1. The authorization of Meridian Behavioral Healthcare, Inc. as applicant agency for the Florida Department of Children and Families' Request for Applications (GRANT # RFA 112818HSET1) is hereby approved.

2. That this resolution shall take effect immediately upon its adoption.

DULY ADOPTED in regular session, this 22<sup>ND</sup> day of January, A.D., 2019.

BOARD OF COUNTY COMMISSIONERS OF  
ALACHUA COUNTY, FLORIDA

By: Charles S. Chestnut IV

Charles S. Chestnut, IV, Chair

ATTEST:

J.K. Irby

J.K. "Jess" Irby, Esq. Clerk

(Seal)

APPROVED AS TO FORM

Sylvia Torres

Sylvia Torres, County Attorney



J. K. "Jess" Irby, Circuit and County Court Clerk, Alachua County, Florida, certifies this is a true copy of the document of record in this office, which may have been redacted as required by law. Witness my hand and seal on 1-23-19.

J. K. "Jess" Irby, Clerk of the Circuit Court,  
By: Deanne Williams  
Deputy Clerk

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS  
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) Alachua  
FROM: (donor name) Alachua County Board of County Commissioners  
ADDRESS: 12 SE 1st Street  
Gainesville, FL 32601


The following \_\_\_ space, \_\_\_ equipment, \_\_\_ goods or supplies, and \_\_\_ services, are donated to the County \_\_\_\_\_ permanently (title passes to the County) \_\_\_\_\_ temporarily (title is retained by the donor), for the period \_\_\_\_\_ to \_\_\_\_\_.

Description and Basis for Valuation (See next page)

Description	Value
(1) <u>Cash match from General Fund of \$370,000 per year for 3 years</u>	<u>\$ 1,110,000.00</u>
(2) <u>Personnel Services for 3 years</u>	<u>\$ 240,000.00</u>
(3) _____	<u>\$ _____</u>
(4) _____	<u>\$ _____</u>
TOTAL VALUE <u>\$1,350,000</u>	

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

\_\_\_\_\_  
(Donor Signature)                      \_\_\_\_\_ (Date)                      Chris Christ 1/22/19  
(County Designee Signature)                      (Date)

ATTEST: [Signature]  
\_\_\_\_\_  
J.K. "Jess" Irby, Esq.  
Clerk                      \_\_\_\_\_  


APPROVED AS TO FORM

[Signature]  
ALACHUA COUNTY ATTORNEY

**Appendix H (cont.)  
BASIS OF VALUATION**

**Building/Space**

1. Donor retains title:

- a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
- b. (1) Established monthly rental of space \$ \_\_\_\_\_
- (2) Number of months donated during the contract \_\_\_\_\_
- Value to the project [b.(1) X b.(2)] \$ \_\_\_\_\_

2. Title passes to the County:

**Depreciation**

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ \_\_\_\_\_
- b. Estimated useful life at date of acquisition \_\_\_\_\_ yrs.
- c. Annual depreciation (a./b.) \$ \_\_\_\_\_
- d. Total square footage \_\_\_\_\_ sq. ft.
- e. Number of square feet to be used on the grant program \_\_\_\_\_ sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space \_\_\_\_\_ %
- Value to project (e./d. X f. X c.) \$ \_\_\_\_\_

**Use Allowance**

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

**Equipment**

- 1. Donor retains title: Fair Rental Value
- 2. Title passes to County:

- a. FMV at time of donation \$ \_\_\_\_\_
- or
- b. Annual value to project (not to exceed 6 2/3% X a.) = \$ \_\_\_\_\_

**Goods or Supplies**

FMV at time of donation

**Personnel Services**

1. Staff of another agency or organization:

Annual Salary      Number of hours 2080 X to be provided = \$ 180,000/3 yrs. Benefits Coordinator

2. Volunteer -- Comparable annual salary \$ \_\_\_\_\_ Number of hours 2080 X .2881 to be provided = 60,000/3 yrs. Criminal Justice Liaison

Annual Salary      Number of hours 2080 X to be provided = \$ \_\_\_\_\_

<b>LINE ITEM BUDGET AND BUDGET NARRATIVE</b>
--

**YEAR 1**

<b>Annual Line Item Budget Summary – Year 1</b>
---

	Grant Funds Requested	Matching Funds/In-Kind Contributions	
		Funding	Source of Funds
A. Salaries:	\$ 410,436	\$ 170,877	-In-kind consortium Alachua and Bradford Counties and Meridian
		0	-Cash match consortium
B. Fringe Benefits:	\$ 89,564	\$ 0	-In-kind consortium
		\$ 25,121	-Cash match consortium
C. Administrative Costs:	0	\$ 97,169	Cash match consortium
D. Staff Travel:	0	\$ 14,449	Cash match consortium
E. Consultants/ Contracted Services:	0	\$ 64,800	Cash match consortium
F. Equipment:	0	0	
G. Supplies:	0	\$ 85,729	-Cash match consortium
		\$ 3,710	-In-kind consortium
H. Rent/Utilities	0	\$ 56,903	In-kind consortium
I. Other Expenses:	0	\$ 102,732	Cash consortium
<b>Totals:</b>	<b>\$ 500,000</b>	<b>\$ 621,490</b>	
<b>Total Project Cost:</b>	<b>\$1,121,490</b>	= Grant Funds Requested + Match Share	
<b>Match Percentage:</b>	<b>55.41%</b>	= Match / Total Project Cost	
	<b>124%</b>	= Match / State Funds Requested	