

Infinite Dream Builders Corp Response

Pricing unsealed at Aug 14, 2024 2:01 PM

CONTACT INFORMATION

Company

Infinite Dream Builders Corp

Email

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Contact

Karisma Welcome

Address

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Ste 100

Newberry, FL 32669

Phone

(352) 727-9714

Website

www.infinitedreambuilders.com

Submission Date

Aug 14, 2024 1:03 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Aug 14, 2024 12:27 PM by Karisma Welcome

QUESTIONNAIRE

1. 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.

2. 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.

3. 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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4. 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:

Karisma Welcome

851 NW 250th Terrace Ste 100 Newberry, FL 32669

352-727-9714

karisma@infinitedreambuilders.com

No alternate agent

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

5. Has your agency received funding in the Special Projects and Community Enhancements (SPACE) 24-416 RFA, CAPP or CHOICES?*

No

Pass Fail

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

6. How many permanent, full-time employees are employed with your agency?*

1

Pass Fail

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

7. What is your agency's net worth?*

35000

Pass Fail

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

8. Provide your Employer Identification Number (EIN)*

Do not include dashes.

Maximum response length: 9 characters

850607045

Pass Fail

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

9. Provide physical address in Alachua County.*

Maximum response length: 200 characters

851 NW 250th Terrace STE 100 Newberry, FL 32669

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

Pass Fail

10. Provide a mailing address.*

Maximum response length: 200 characters

851 NW 250th Terrace Ste 100 Newberry, FL 32669

Pass Fail

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

11. Project Name*

 Pass Fail

Infinite HealthCare Reach

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

12. Amount of funds being requested*

 Pass Fail

Maximum of \$15,000

Maximum response length: 7 characters

10000

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

13. 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.

14. 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.

15. 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

The project of the proposed Healthcare reach back will be to educate the below 150% poverty level to understand how they could qualify with the affordable care act. I am a Florida Blue agent that is able to help the community understand the benefits of health care that they can get. It would also help the community learn about supplemental benefits that can help them stay healthy and their kids. I will also reach out to sports groups where they can't have their kids play sports because they don't have affordable health care. I would like to reach at least 100-150 families.

16. Please describe how your project will build capacity, enhance effectiveness and/or efficiency of your agency's service delivery*

Maximum response length: 2500 characters

 Pass Fail

Our project will build capacity by being involved in community outreach programs, local sports events, school mentoring programs. We will build a list to communicate with the families that have been looking for help but didn't know where to go.

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 outcome of the project will be that families that were under served because they could not afford health insurance will now be able to build wealth. There kids will be able to participate in activities where they originally could not because the parent could not afford health insurance. Families will now be able to not worry so much about

unexpected medical bills and still be able to go to work and save money. I see that this project will be able to have more people insured with health Insurance.

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

18. Describe the timeline and anticipated milestone dates for the project.*

Pass Fail

Maximum response length: 2500 characters

The timeline to start reaching families would be within 30-60 days after project start.

After 3-6 months having a number of families that are now insured .


After 6-9 months keeping them educated on the benefits and ability to become more inclined on there financial goals and needs.

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

19. SGI Budget Template for which grant funds will be used and the dollar amount anticipated for each.*

Download and fill out the SGI Budget Template provided in the attachments, and upload it here.

Pass Fail

 [Infinite_Dream_Builders_Corp_25-416_SGI_Budget_Template.xlsx](#)

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

20. Acknowledgement of Requirements*

Pass Fail

Did you review and complete all the required documents, attachments, addenda and questions and answers?

Confirmed

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