

Florida Sickle Cell Center, Inc. Response

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CONTACT INFORMATION

Company

Florida Sickle Cell Center, Inc.

Email

tridotu@yahoo.com

Contact

Hannatu Tunga-Lergo

Address

4111 NW 16th Blvd #358672
Gainesville, FL 32635

Phone

N/A

Website

N/A

Submission Date

Aug 12, 2024 11:33 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Aug 12, 2024 4:58 PM by Hannatu Tunga-Lergo

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:

RESPONSIBLE AGENT: Hannatu Tunga-Lergo

ADDRESS: 4111 NW 16th Blvd #358672 Gainesville, FL 32635

PHONE NO.: 352-336-0936

EMAIL ADDRESS: tridotu@yahoo.com

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?*

Pass Fail

1

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

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

Pass Fail

0

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

8. Provide your Employer Identification Number (EIN)*

Pass Fail

Do not include dashes.

Maximum response length: 9 characters

853332592

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

9. Provide physical address in Alachua County.*

Pass Fail

Maximum response length: 200 characters

4111 NW 16th Blvd #358672 Gainesville, FL 32635

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

10. Provide a mailing address.*

Pass Fail

Maximum response length: 200 characters

4111 NW 16th Blvd #358672 Gainesville, FL 32635

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

11. Project Name*

Pass Fail

Needs Assessment of Individuals Living with Sickle Cell

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

\$15,000

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 purpose of this project, is to conduct a needs assessment to collect data and information to help identify the specific needs, barriers, and opportunities of individuals living with Sickle Cell. This will add to the previous healthcare data analysis that provided local, national, and global insights and a model of care that transformed the care of adult individuals living with Sickle Cell.

The intended outcome is to gain insights and understandings that will inform the development of a Sickle Cell Center and inform the quality care of approximately 500 individuals living with Sickle Cell Disease in Alachua and surrounding counties, who primarily live at or below 150% Federal Poverty Level as a consequence of their condition.

The Needs Assessments will involve three phases: Data Collection, Data Analysis, and Dissemination.

1. During Data Collection we will gather patient population information from local county data and administer the data collection tool. This allows for the collection of data and information directly from the patient population that the center will serve.

2. During Data Analysis we will conduct quantitative and qualitative data analysis and visualizations using statistical software. My master's in public health from the University of Florida is research and statistics based and I have a Statistics certificate from Harvard Medical School. Additionally, I have conducted research and written papers and reports in which I completed the analyses and visualizations which have been used locally, nationally, and globally to inform Sickle Cell care, making me an expert in Sickle Cell and Data Analytics.

3. During Dissemination, as is the tradition and mission of the organization to increase access to quality care not just locally, but nationally and globally, we wish to share results and any findings and conclusions. We will share our results to the patient population and other stakeholders by posting on our website. It also allows for the patient informed development of the Sickle Cell center and strengthens funding requests for a very specialized service.

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

The mortality rate of individuals living with Sickle Cell is increasing every year. One of the issues identified that contributes to this alarming increase is the lack of access to quality care. Though we do a wonderful job providing them pediatric care, there is a paucity of access to quality care in their adulthood.

This project will build capacity as it allows the organization to identify the needs, barriers, and opportunities as it relates to access to quality care and their quality of life. It also provides additional experience in the rigor of researching and assessing the needs of this patient population. Most importantly, it informs quality service delivery.

Increasing access to quality care for individuals living with Sickle Cell is truly a matter of life and death at the core of ... Show all ▾

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

Outcome 1: Discover the specific needs of the population the Sickle Cell center will serve. From statistically significant variables and identification of patterns, themes, and insights that arise.

- Survey at least 30 individuals by 02/10/2025.

Outcome 2: Inform the provision of quality care. From the conclusions and care recommendations that are drawn from the data collected and analyzed; and their dissemination to providers, patients, and other key stakeholders.

- Identify health status, socioeconomic status, and demographics of surveyed individuals by 04/14/2025.

Outcome 3: Kick-start the development of the Sickle Cell Center. Through the completion and dissemination of a needs assessment and engagement with patient population, stakeholders, and community.

- Share results with surveyed individuals who consent to contact and post results on organization's website for other stakeholders and community members to engage with by 09/01/2025 (Sickle Cell Month).

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

09/09/2024-02/10/2025 Data Collection

02/10/2025-04/14/2025 Data Analysis

04/14/2025-09/01/2025 Dissemination

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

 [25-416_SGI_Budget_TemplateFSCCI.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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