

LA Aesthetic Response

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CONTACT INFORMATION

Company

LA Aesthetic

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Submission Date

Jul 9, 2024 6:56 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Aug 4, 2024 1:41 PM by Tiara Tomlin

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:

N/a

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

5

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

250000

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

822677646

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

3434 sw 24th ave suite F

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

609 sw 10th lane apt 4

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

11. Project Name* Pass Fail

Beauty

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 proposed project is to provide free health and beauty services to residents of Alachua County living at or below 150% of the Federal Poverty Level. This could include services such as free medical check-ups, dental cleanings, haircuts, manicures, and other beauty treatments.

The anticipated benefits to residents living at or below the poverty level are significant. Access to free health services can help improve overall well-being and quality of life by addressing any medical issues or concerns they may have. This can lead to early detection and prevention of serious health conditions, as well as improved mental health and self-esteem.

Additionally, providing free beauty services can help boost confidence and self-esteem for residents who may not have the means to afford such treatments on their own. This can have a positive impact on their mental health and overall sense of well-being.

Overall, by providing these services to residents in need, the project aims to improve the health and quality of life for those living at or below the poverty level in Alachua County.

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 to provide free health and beauty services to residents living at or below the poverty level in Alachua County will help build capacity and enhance the effectiveness and efficiency of our agency's service delivery in several ways.

Firstly, by offering a wider range of services to our clients, we are able to address the holistic needs of individuals who may be struggling with health issues, as well as mental health and self-esteem concerns. This holistic approach can lead to better outcomes for our clients and help build a stronger relationship with the community.

Secondly, by collaborating with other healthcare providers and beauty professionals in the area, we can leverage their expertise and resources to enhance the quality of services we provide. This collaboration can also help us reach more individuals in need and expand our reach within the community.

Additionally, by offering these services for free, we are reducing financial barriers for individuals who may not be able to afford traditional health and beauty services. This can help ensure that all residents have access to the care they need, regardless of their financial situation.

Overall, by implementing this project, we are building capacity within our agency to better serve the community, enhancing the effectiveness of our services by taking a holistic approach to health and beauty, and improving efficiency by leveraging partnerships and resources within the community.

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

Measurable outcomes for the project providing free health and beauty services to residents living at or below the poverty level in Alachua County could include:

1. Number of individuals served: Measure the number of residents who receive health and beauty services through the project. This can help determine the reach and impact of the program.
2. Health outcomes: Measure improvements in health outcomes for participants, such as decreased rates of chronic conditions, improved mental health, and overall well-being. This can be tracked through pre- and post-service health assessments.
3. Satisfaction levels: Measure participant satisfaction with the services provided, through surveys and feedback forms. This can help gauge the quality of services and identify areas for improvement.
4. Number of repeat clients: Measure the number of individuals who return for additional services, which can indicate the effectiveness and value of the program to participants.
5. Partnerships and collaborations: Measure the number of partnerships established with healthcare providers, beauty professionals, and other organizations to enhance service delivery. This can help track the growth of the program and its impact within the community.
6. Cost savings: Measure the cost savings to participants who receive free health and beauty services, compared to what they would have paid for these services elsewhere. This can help demonstrate the financial impact of the program on individuals living at or below the poverty level.

By tracking these measurable outcomes, we can assess the effectiveness of the project in providing valuable health and beauty services to residents in need and make data-driven decisions to improve and expand the program in the future.

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


12 month timeframe to complete.

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

 [DOC051022.pdf](#)

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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