

Legacy Stylez Response

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CONTACT INFORMATION

Company

Legacy Stylez

Email

legacystylezllc@gmail.com

Contact

Chernel Renfro

Address

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Unit B

Gainesville, FL 32608

Phone

N/A

Website

<https://www.styleseat.com/m/v/legacystylez>

Submission Date

Jul 10, 2024 4:05 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Unconfirmed

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

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

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

4

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

20,000

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

831402319

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 Avenue Unit B Gainesville, FL 32609

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

13320 SW County Road 346 Archer, FL 32618

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

11. Project Name* Pass Fail

Health & 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

6,000

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

My business is for all ages, I promote physical activity and overall health and beauty in the community. I have space that provides space for community groups and organizations to hold meetings and events, promoting collaboration and engagement within the town.

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

My business provides a space for collaboration and partnerships with other community organizations and service providers.

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*

By working together in a shared space, we streamline service delivery, reduce duplication of efforts and maximize resources to better serve residents.

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*


Overall, the anticipated timeline for the Health & Beauty event is 1 year from project initiation to the launch. This timeline is subject to change based on factors such as weather, permitting, funding availability, and unforeseen delays.

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

 [IMG_3902.jpeg](#)

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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