

# AMANDA ASHLEY LIFE Response

*Pricing is sealed*

## CONTACT INFORMATION

Company

AMANDA ASHLEY LIFE

Email

info@amandaashley.life

Contact

AMANDA TAYLOR

Address

9200 NW 39th Ave  
#3109  
Gainesville, FL 32605

Phone

(352) 474-1940

Website

[www.amandaashley.life](http://www.amandaashley.life)

Submission Date

Dec 12, 2024 10:07 AM (Eastern Time)

## ADDENDA CONFIRMATION

Addendum #1

*Confirmed Dec 12, 2024 8:58 AM by AMANDA TAYLOR*

## 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. 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: Amanda Taylor | 9200 NW 39th Ave #3109 Gainesville, FL 32606 | 352-559-5001 | [info@amandaashley.life](mailto:info@amandaashley.life)

Alternate Responsible Agent: Otis Garrison (Anbesa Grow Culture) | Gainesville, FL | 352-575-5009 | [anbesagrowculture@gmail.com](mailto:anbesagrowculture@gmail.com)

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

**3. Provide your Employer Identification Number (EIN)\*** Pass  Fail

Do not include dashes

*Maximum response length: 9 characters*

854160501

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

**4. Provide physical address in Alachua County\*** Pass  Fail

3137 NW 40th Ter Ste. B Gainesville, FL 32606

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

**5. Provide a mailing address\*** Pass  Fail

*Maximum response length: 200 characters*

9200 NW 39th Ave #3109 Gainesville, FL 32606

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

**6. Does your agency meet the criteria for Small Business Program in accordance with Ordinance 2024-09\***

Yes  Pass  Fail

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

**7. Project Name\***  Pass  Fail

BREAKING THE CYCLE: A COLLABORATIVE APPROACH TO YOUTH VIOLENCE PREVENTION Integrating Virtual Reality with Real-World Community Engagement

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

**8. Amount of funds being requested\***  Pass  Fail

Maximum of \$10,000

Maximum response length: 7 characters

\$10,000

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

**9. Does your proposed project benefit residents of Alachua County, is consistent with the public health model, and addresses risk and protective factors of gun violence as the focus for any services provided?\***

Yes  Pass  Fail

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

**10. Please describe the proposed project, and quantify the anticipated results and benefits to residents of Alachua County\***

Maximum response length: 2500 characters  Pass  Fail

Breaking the Cycle addresses youth gun violence in Alachua County by creating vital pathways to healing that previously didn't exist in our community. As a Black mental health expert and licensed therapist, I understand firsthand how traditional approaches often fail our youth. The stark reality we face - 83 shooting incidents and seven deaths in just six months of 2023 - demands innovative solutions that address root causes rather than just symptoms.

Our 7-week pilot program combines cutting-edge Virtual Reality (VR) with grounded, community-based healing approaches. Through a powerful collaboration between AMANDA ASHLEY LIFE LLC, Lit Session Holistic Integrative Wellness, Charlene Rene Consulting, and Anbesa Grow Culture, we're bridging the gap between generational culture, ancient ...

Show all ▼

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

**11. Does your proposed project fit into one of the BoCC's funding priorities?\***  Pass  Fail

Primary Prevention

Secondary Prevention and/or Intervention

Tertiary Intervention, Treatment and/or Rehabilitation

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**12. Please describe how your project will prevent gun violence in Alachua County\***  Pass  Fail

Maximum response length: 2500 characters

Our program prevents gun violence by addressing its root causes through a comprehensive, trauma-informed approach. We understand that youth violence often stems from unhealed trauma, systemic inequities, and lack of access to culturally competent mental health resources. Our intervention works at three critical levels:

Primary Prevention:

- Early intervention through VR-enhanced engagement
- Stress management and emotional regulation skills
- Community connection building
- Cultural pride development
- Family system strengthening

Secondary Prevention:

- Targeted support for at-risk youth
- Family crisis intervention
- Resource navigation
- Peer support networks
- Skill development workshops

Tertiary Prevention:

- Trauma-focused therapy
- Family healing support
- Community reintegration
- Sustainable support systems
- Long-term ...

Show all ▼

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

**13. Please describe how the funds will be used, including tentative dollar amounts for all expenditures\***

Maximum response length: 2500 characters

Pass  Fail

**BUDGET ALLOCATION (\$10,000)**

Technology Infrastructure: \$6,000

- VR Equipment (10 units): \$4,000

\* Enables group experiences

\* Supports peer interaction

\* Facilitates community building

\* Allows simultaneous participation

- Software Licensing: \$1,000

\* Therapeutic applications

\* Community platforms

\* Educational programs

\* Assessment tools

- Technical Support: \$500

\* Equipment maintenance

\* System updates

\* User training

\* Troubleshooting

- Assessment Tools: \$500

\* Progress tracking

- \* Outcome measurement
- \* Data collection
- \* Evaluation software

Program Implementation: \$2,500

- Mental Health Professional Hours: \$1,000

- \* Individual sessions
  - \* Group facilitation
  - \* Family support
  - \* Crisis intervention
- Group Facilitators: \$500
- \* Community circles
  - \* Youth workshops
  - \* Cultural ...

Show all ▼

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

#### 14. Describe the timeline and anticipated milestone dates for the project\*

Pass  Fail

Maximum response length: 2500 characters

Week 1: Foundation Building

- Initial assessments
- VR orientation
- Family engagement meetings
- Baseline data collection

Weeks 2-3: Skill Development

- VR therapy sessions begin
- Group healing circles start
- Family support meetings
- Community integration activities

Weeks 4-5: Deep Engagement

- Advanced VR experiences
- Peer support groups
- Community service projects
- Progress evaluations

Weeks 6-7: Integration & Celebration

- Skill application
- Community showcase
- Impact assessment
- Celebration event

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#### 15. Describe measurable outcomes for the project\*

Pass  Fail

Maximum response length: 2500 characters

Program Engagement:

- 80% session attendance rate
- 8-10 youth completing full program
- 5-7 families actively engaged
- 3-4 community partnerships strengthened

Behavioral Changes:

- Improved emotional regulation (measured through pre/post assessments)
- Enhanced stress management (tracked via VR biometric data)
- Increased use of non-violent conflict resolution
- Stronger family communication patterns

Community Impact:

- Number of first-time therapy engagements
- Family resource connections made
- New community support pathways created
- Barriers identified and addressed

Long-term Tracking:

- Program completion rates
- Family system improvements
- Community engagement levels
- Resource utilization patterns

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## 16. 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.

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**17. 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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**18. Supporting Documentation (Optional)** Pass  Fail

Upload any supporting and applicable documents here, including budget template. (Optional)

 [Amanda\\_Ashley\\_Media\\_Kit-8.pdf](#)

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

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**19. 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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