****

**Appendix H**

**Fatal Flaw and Technical Review Checklist**

**ITN #015 – Mobile Response Team for Miami-Dade County**

**Thriving Mind South Florida Use Only**

Failure to comply with all mandatory requirements may render an application non-responsive and ineligible for further evaluation.

**Section A.**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thriving Mind Reviewers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thriving Mind Reviewers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B.**

|  |  |  |
| --- | --- | --- |
| Item # | Requirement |  |
|  | Was the application received by the date and time specified in the solicitation and at the specified address? | ☐ (YES) = Pass ☐ (NO) = Fail  Comments: |
|  | Was one (1) original electronic application submitted? | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Was a completed Cover Page included in the application and was it signed by an authorized representative. (**found in** **Section V.**) | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Was the Mandatory Non-Binding Letter of Intent to Apply along with Thriving Mind e-mail confirmation submitted? | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Was the Table of Content included in each of the submissions? | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Did the application adhere to the formatting requirements specified in the bid? | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Did the applicant adhere to the page limitation requirements? | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Did the applicant submit an agency Organizational Chart (Table of Organization) with clear lines of authority depicted and an Organizational Chart (Table of Organization) for the proposed funding? | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Did the applicant submit a complete Appendix D, Crisis Scenario? | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Did the applicant submit a complete Appendix E, Fiscal Forms? | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Did the applicant submit a complete Appendix F, Cost Reimbursement Budget and Budget Narrative in its full completion? | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Did the applicant provide an implementation plan? | ☐ (YES) = Pass ☐ (NO) = Fail |
|  | Did the applicant provide an audit report? | ☐ (YES) = Pass ☐ (NO) = Fail |

**Section C.**

Has Thriving Mind verified that the Applicant is not on the Convicted Vendor List or the Discriminatory Vendor List?

1. System for Award Management ([https://www.sam.gov/portal/SAM/#1#1](https://www.sam.gov/portal/SAM/#1))

☐ (YES) = Pass ☐ (NO) = Fail

Comments:

**Section D.**

1. Were any documents required as part of the Technical Review missing from the application? ☐ YES ☐ NO

Procurement Manager Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please list the documents that were missing

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Was the applicant provided an opportunity to cure? ☐ YES ☐ NO ☐ N/A
7. ***Providing an applicant agency to cure is at Thriving Mind’s sole discretion.***

If so, attach the letter/e-mail request issued by the Procurement Manager.

Procurement Manager Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the applicant provide all requested documentation by the deadline identified in the request issued by the Procurement Manager?

☐ YES ☐ NO ☐ N/A

Procurement Manager Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the application move to Phase II, Substantive Review?

☐ YES ☐ NO ☐ N/A

Procurement Manager Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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