



**THRIVING MIND
SOUTH FLORIDA®**

A network of exceptional mental health and
substance use treatment providers.

**ADDENDUM #3 TO THE FOLLOWING:
INVITATION TO NEGOTIATE # 016
RECOVERY COMMUNITY ORGANIZATIONS FOR MIAMI-DADE AND MONROE COUNTY**

**Date: December 12, 2023
Time: By 5:00 P.M. [E.S.T.]**

1. Page 18, Section III., Paragraph I., Instruction for Submission of the Application , is hereby amended to add:

16. Applicants must submit two (2) complete Appendix F, Cost Reimbursement Budget and Budget Narrative, one for **four (4) months** (March 1, 2024-June 30, 2024) and one for one (1) year (July 1, 2024-June 30, 2025). See Section IV., D. Budget for additional information. Failure to complete Appendix F will be considered a fatal flaw and the application will be disqualified and rejected.

2. Page 31, Section III., Paragraph T., Fatal Flaw Criteria, is hereby amended to add:

16. Did the applicant submit two (2) complete **Appendix F, Cost Reimbursement Budget and Budget Narrative** in its full completion, one for **four (4) months** (March 1, 2024-June 30, 2024) and one for one (1) year (July 1, 2024-June 30, 2025)?

3. Page 40, Section IV., Paragraph D., Budget, is hereby amended to add:

Submit a **four (4)** month budget for the period March 1, 2024 to June 30, 2024 and a one (1) year, 12-month budget for the period July 1, 2024 to June 30, 2025 for projected expenditures to be incurred for the implementation of your proposed program. All proposed costs must be in accordance with the Department of Financial Services Reference Guide for State Expenditures, February 2011, which may be located at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04201>

4. Pages 1 - 5 of Appendix H, Fatal Flaw and Technical Review Checklist-Technical Review, are hereby revised and attached hereto.



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**Addendum #3
Appendix H
Fatal Flaw and Technical Review Checklist
Recovery Community Organization (RCO) for Miami-Dade and Monroe Counties**

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	
1.	Was the application received by the date and time specified in the solicitation and at the specified address?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail Comments:
2.	Was one (1) original electronic application submitted?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
3.	Was a completed Cover Page included in the application and was it signed by an authorized representative. (found in Section V.)	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail

4.	Applicant submitted in accordance with Section III. H, Formatting Instructions for the Responses.	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
5.	Did the applicant provide a copy of the 501(c)(3) letter from the IRS showing the agency's tax exempt status?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
6.	Did the applicant provide proof of registration as a charitable organization with the Florida Department of Agriculture and Consumer Services?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
7.	Did the applicant provide a copy of last filed Annual Report and Copy of current Certificate of Status from the Florida Department of State Division of Corporations?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
8.	Was the Mandatory Non-Binding Letter of Intent to Apply along with Thriving Mind e-mail confirmation submitted?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
9.	Did the applicant provide their agency's Articles of Incorporation?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
10.	Did the applicant provide their agency's Bylaws?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
11.	Proof of a current business address in Miami-Dade and/or Monroe Counties. This can be in the form of a lease agreement or other documentation that indicates your agency has a legal address in the counties identified.	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
12.	Was the Table of Content included?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
13.	Did the applicant adhere to the page limitation requirements?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
14.	Did the applicant submit an agency Organizational Chart (Table of Organization)	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail

	with clear lines of authority depicted and an Organizational Chart (Table of Organization) for the proposed funding?	
15.	Did the applicant complete Appendix E, Funding Sources Chart or statement that they currently do not have funding sources?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
16.	Did the applicant submit two (2) complete Appendix F, Cost Reimbursement Budget and Budget Narrative in its full completion, one for four (4) months (March 1, 2024-June 30, 2024) and one for one (1) year (July 1, 2024-June 30, 2025)?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
17.	Did the applicant provide an audit report or letter signed by an authorized representative affirming that at this time the applicant does not have a financial audit because it is a new or emerging RCO with under a year of operation?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
18.	Were the Resumes and Job Descriptions included?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
19.	Was Appendix N, Staffing Chart Included?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
20.	Did the applicant submit Appendix G, Statement of Mandatory Assurances?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
21.	Did the applicant submit Appendix L, Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Contracts/Subcontracts?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
22.	Did the applicant provide a list of agency's Board of Directors. Include Names, Agency/Category of Sector Presented, Mailing Address, Telephone Number, E-Mail Address, Term Expiration Date (or Year)?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
23.	Did the applicant provide a copy of the board of director's resolution, signed by the Chairperson of the Board, granting authority	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail

	to complete and sign the application and negotiate and sign a contract, should it be awarded?	
24.	For agencies that withhold income taxes, social security tax, or Medicare tax was an attestation indicating that the 941 has been filed timely and any taxes due have been paid timely to the IRS was submitted, submitted on the agency's letterhead and signed by the CEO/Executive Director? If the Applicant is a new or emerging RCO and currently does not employ staff (or subcontracts), was a letter signed by the authorized representative submitted indicating that the agency currently does not meet the requirements to submit the 941?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
25.	For agencies that do not withhold income taxes, social security tax, or Medicare tax did the applicant submit a copy of the most recent 1096? If the Applicant is a new or emerging RCO and currently does not employ staff (or subcontracts), a letter signed by the authorized representative must be submitted a letter indicating why the most recent 1096 is not provided.	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
26.	Did the Applicant provide a letter of attestation for the Board of Directors, indicating that 51% of the agency's board is comprised of individuals in long-term recovery from substance use and/or a co-occurring disorder?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (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>)

(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) _____

2. Was the applicant provided an opportunity to cure? YES NO
N/A

3. ***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: _____

4. 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: _____

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

YES NO N/A

Procurement Manager Initials: _____