



Health Care District of Palm Beach County

**SPONSORED PROGRAMS
FUNDING OPPORTUNITY**

**Submission Guide and Requirements
Fiscal Year 2025
October 1, 2024 – September 30, 2025.**



PART 1

GENERAL INFORMATION

1-1 Purpose of Sponsored Programs Funding Opportunity

The Health Care District of Palm Beach County, Florida (hereinafter the District), is accepting funding requests from community organizations that provide health services or related healthcare services for uninsured, underinsured, indigent, and other vulnerable Palm Beach County residents to help fulfill and support the mission of the Health care District as a healthcare safety net for the residents of Palm Beach County. The Sponsored Programs Funding opportunity is open to all respondents with the following criteria:

Funding Criteria:

A minimum of \$10,000.00 – a maximum of \$125,000.00, and not more than 10% of the organization's budget.

Eligible Respondent Sponsored Programs Categories:

- SDOH – Social Determinants of Health
- Medical Services and Free Clinics
- Behavioral Health Services

A community organization is not eligible for funding from the District under this Funding Opportunity if they receive Low Income Pool payments from the State of Florida as a result of intergovernmental transfer (IGTs) provided by the District under the State of Florida's 2020-21 Low Income Pool program. The Sponsored Programs Funding Opportunity is not available or intended for COVID-19 Relief and Recovery efforts as other sources, including the federal CARES Act, are available for those needs.

The District is a political subdivision of the State of Florida, which was established as an independent taxing district by special law approved by Palm Beach County voters (Palm Beach County Health Care Act, 1988).

The District was founded in 1988 to ensure access to a comprehensive healthcare system and the delivery of quality services for the residents of Palm Beach County. The District accomplishes its mission through various programs and services, including the integrated Trauma System, a School Nurse program, a Skilled Nursing Facility, and Lakeside Medical Center, a rural hospital in Western Palm Beach County. The District also administers the District Cares Voucher Program for health care access to eligible uninsured Palm Beach County residents and operates ten Federally Qualified Health Centers to provide primary and preventive medical and dental services for medically needy patients within our Community Health Centers. Additional information about the District is available on its website, www.hcdpbc.org.

1-2 Funding Request Submission

Funding Requests must be received by 5:00 P.M. local time on the date listed in the Funding Request Timetable (Section 1-5). Requests received after the deadline will not be accepted or considered. Please refer to this document in its entirety to provide all required submission information requested. Funding Requests must be emailed in PDF format. Please submit your request with a request for delivery receipt of your email. Funding Requests must be submitted to HCDSPONSOREDPROGRAMS@HCDPBC.ORG.

1-3 Funding Request Disclosure

All awarded Funding Requests received shall be subject to public disclosure consistent with Florida’s Public Records Act, Chapter 119, Florida Statutes, and specifically section 119.070(1)(b), Florida Statutes, regarding competitive solicitations. If a Respondent believes its Funding Request (or any portion thereof) is exempt from public disclosure beyond the limited exemption set forth in section 119.071(1)(b), Florida Statutes, the Respondents must invoke, in writing, the exemption(s) to disclosure provided by law in their Funding Request by providing the specific statutory authority for claimed exemption(s), identifying the data or other materials to be exempted, and stating the reasons why such exemption from public disclosure is necessary. Failure to do so may result in the Respondent waiving an applicable exemption (if any).

The District has the right to use any or all information/material submitted in response to this Funding Opportunity. Disqualification of a Respondent does not eliminate this right.

The selected Respondents will be offered a service agreement for the 12-month Fiscal Year from October 1, 2024, through September 30, 2025. The standard District Service Agreement will be utilized. However, in its sole discretion, the District reserves the right to negotiate terms and conditions with an awarded Respondent.

Funding for awarded Respondents will be paid in two (2) payments through electronic fund transfer within the fiscal year of an executed service agreement for outlined services and fee-for-service rates. All funding will be based on a fee-for-service agreement established by the District and subject to the submission of Performance Reporting outlined below for the approved services that will be identified within a service agreement. Organizations subject to Sovereign Immunity are excluded from the fee-for-service model and receive a funding allocation for services provided but are required to meet performance reporting requirements. The District reserves the right to terminate funding or request reimbursement for funding paid should performance reporting not be submitted on time or meet reporting requirements.

Service, Funding, and Reporting Period		
Service Period	Funding Timeframe	Performance Reporting Due Date
October 1, 2024 - March 31, 2025	Within 60 days from service period commencement	On or before 5/31/2025
April 1, 2025 - September 30, 2025	Within 60 days from service period commencement	On or before 11/30/2025

1-4 Funding Request Timetable

The District and Respondents shall adhere to the following schedule in all actions concerning this Funding Request:

Funding Opportunity Timeline	Date
Sponsored Programs Funding Request Submission Period Open	7/1/2024
Sponsored Programs Funding Request Submission Period Closed	7/31/2024

1-5 Delays

The District may delay or modify scheduled event dates (Section 1-5) if it is advantageous to do so. The District will notify Respondents of all changes in scheduled due dates by posting changes on the District website (www.hcdpbc.org).

1-6 Oral Presentations and/or Interviews

At its sole discretion, the District may invite all or a shortlist of Respondents to conduct oral presentations or interviews. These presentations or interviews provide an opportunity for Respondents to clarify their Funding Request for the District. The District will schedule any such presentations or interviews.

1-7 Acceptance or Rejections of Proposals

As determined by the District, a multidisciplinary selection committee comprised of the District staff will review and evaluate all Funding Proposal Request submissions. Committee recommendations will be prepared and submitted to the District Board of Commissioners. In its sole discretion, the District reserves the right to select one or multiple Respondents and negotiate terms with such Respondent(s). The District will make every effort to seek clarification but reserves the right to reject proposals that do not comply with the stated criteria and requirements.

1-13 Sworn Statement on Public Entity Crimes

The Respondent shall be required, pursuant to section 287.133, Florida Statutes, to execute the attached “Sworn Statement on Public Entity Crimes” (**Exhibit “A”**) upon submission of its Funding Request. By executing this sworn statement, the Respondent affirms that neither it nor an affiliate (as defined by the statute) has been convicted of a public entity crime within the last thirty-six (36) months and is not barred from entering into a contract with the District. The Respondent further acknowledges that any misstatement or lack of compliance with the statute shall result in the contract being null and void and/or subject to immediate termination by the District. In the event of such termination, the District shall not incur any liability for any services or materials furnished by the Respondent.

1-14 Code of Ethics

This Funding Request is subject to the State of Florida Code of Ethics for Public Officers and Employees (Part III, Chapter 112, Florida Statutes). Accordingly, there are prohibitions and limitations on the employment of District officials and employees and contractual relationships providing a benefit to the same. If any Respondent violates or is a party to a violation of the Code of Ethics with respect to this Funding Request, such Respondent may be disqualified from selection; a resulting service agreement may be terminated; and may be further disqualified from bidding on any future work, goods, or services for the District. Respondents are highly encouraged to review the Code of Ethics to ensure compliance.

1-15 Conflicts of Interest

The Respondent shall be required to complete the attached “Conflicts Disclosure Form” (**Exhibit “B”**) upon submission of its Funding Request. Respondents must disclose in their Funding Request the name of any officer, director, or agent who is an elected official, appointed official, or an employee of the District. Further, Respondents must disclose the name of any elected official, appointed official, or employee of the District who owns, directly or indirectly, any interest in the Respondent’s firm or any of its branches. Respondents must complete this form even if they have no conflicts to disclose.

In addition, Respondents will be disqualified from selection if Board Members for the Respondent organization are employed by or serve on a District or District subsidiary Board or Committee.

1-16 Non-Collusion

By submitting and signing a funding request, the Respondent certifies that its funding request is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an offer for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates, or gratuities are permitted, either with, before, or after any delivery of material or provision of services. Any violation of this provision may result in disqualification from selection, service agreement termination and/or return of materials, or discontinuation of services and possible removal from the District’s Vendor/Bid List(s) when applicable.

1-17 Subcontracting

Respondents submitting funding requests may subcontract portions of the engagement to subcontractors. The name of the proposed subcontractor(s) must be clearly identified in the funding request. Once contract negotiations have begun, no additional subcontracting or changes in subcontractors will be allowed without express prior written consent of the District.

PART 2

SPONSORED PROGRAMS DESCRIPTION AND SCOPE OF REQUIRED SERVICES

2-1 Background

The District seeks funding requests from organizations to provide health care services and health care support services to uninsured, underinsured, and/or other vulnerable Palm Beach County residents. The District believes supporting organizations that expand and enhance the health care safety net in Palm Beach County contributes to fulfilling the District's mission.

2-2 Specific Requirements

To help the District fulfill its mission to be the healthcare safety net for Palm Beach County, the District seeks Funding Requests from organizations to provide healthcare services, healthcare support services, services that address Social Determinants of Health, and/or non-clinical services that contribute to improved health for uninsured, underinsured, and/or other vulnerable Palm Beach County residents. To select programs for this funding initiative, the District desires to partner with organizations that provide services that address the Social Determinants of Health or that align with the priority areas identified below from the Community Health Improvement Plan (CHIP) for Palm Beach County.

Examples of Healthcare and Healthcare Related Services:

- Diagnostic Medical Services
- Education and Support Groups
- Free and Volunteer Clinics for Medical Care and Services
- Food Insecurity
- Healthcare Coordination and Navigation
- Homeless and Housing Support Services
- Legal Barriers to Healthcare
- Literacy and Language Barriers
- Mental and Behavioral Health Services
- Medical Equipment Needs
- Medical Transportation Needs
- Nutrition Services
- Physical Wellbeing
- Social Isolation

The Palm Beach County Community Health Improvement Plan (CHIP) strategic priority areas are as follows:

- Chronic Disease Prevention and Self-Management
- Mental and Behavioral Health
- Access and Linkages to Health and Human Services

2-3 Insurance

Prior to the execution of a service agreement derived from this Funding Opportunity, the Respondent shall obtain and maintain insurance coverage in force at all times during the term of the service agreement. All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida. The Certificates shall clearly indicate that the firm has obtained insurance of the type, amount, and classification as required for strict compliance with this provision and that no material change or cancellation of the insurance shall be effective without thirty (30) days prior written notice to the District. Compliance with the foregoing requirements shall not relieve the selected Respondent of its liability and obligations under the resulting contract.

A. The Respondent shall maintain standard Professional Liability Insurance in the minimum amount of \$1,000,000.00 per occurrence, as applicable, during the term of the agreement.

B. The Respondent shall maintain, during the life of the agreement, commercial general liability, including public and contractual liability insurance in the amount of \$1,000,000.00 per occurrence (\$2,000,000.00 aggregate) to protect the firm from claims for damages for bodily and personal injury, including wrongful death, as well as from claims of property damages which may arise from any operations under the contract, whether such operations be by the firm or by anyone directly or indirectly employed by or contracting with the firm.

C. The Respondent shall carry Workers' Compensation Insurance and Employer's Liability Insurance for all employees as required by Florida Statutes.

D. The Respondent, if transportation is included in the services provided, shall maintain comprehensive automobile liability insurance in the minimum amount of \$1,000,000 combined single limit for bodily injury and property damages liability to protect from claims for damages for bodily and personal injury, including death, as well as from claims for property damage, which may arise from the ownership, use, or maintenance of owned and non-owned automobiles, including rented automobiles whether such operations be by the firm or by anyone directly or indirectly employed by the firm.

All insurance, other than Professional Liability and Workers' Compensation, to be maintained by the selected Respondent shall specifically include the District as an "Additional Insured".

PART 3

FUNDING REQUEST REQUIREMENTS

Mandatory Criteria Requirements

A Respondent who does not meet all of the mandatory requirements is not considered a responsible Respondent and, in the District's sole discretion, may be deemed ineligible to submit a funding request for consideration.

Respondents must comply with the following:

- Organized as a non-profit corporation exempt from taxation under Section 501(c)(3) of the Internal Revenue Code
- Conducts and provides services in Palm Beach County
- Registered to conduct business in the State of Florida
- Have no conflicts of interest prohibited by applicable law with the District, its Board of Commissioners, or Committees, nor with regard to any other work performed by the Respondent for the District.
- Adhere to the instructions in this funding request for preparation and submittal of a request.
- Adhere to the Health Care District Brand Standards Guide.
- Complete and/or submit all Section 3-1 documents.
- Use UntieUs - SDoH Screening and Referral Platform to send and receive community referrals for services.

CONTENTS OF FUNDING REQUEST

3-1 Mandatory Attachment

- Verification of registration with Florida Department of State, Division of Corporations (Sunbiz)

3-2 Required Response Items

Respondents should provide a detailed description of how the Respondent shall satisfy the Specific Requirements in this Funding Request (Section 2-2).

This portion of the funding request should be organized according to the items listed and requested below:

Administrative Items

Please include a copy of the following items with the Funding Request:

- Provide a list of all Board Members
 - Provide a list of all Senior Leaders for the Organization
 - Provide a copy of the organization’s current budget
 - Provide a copy of the organization’s most recent financial audit
 - Provide a current W9 for the organization
 - Provide a copy of the organization’s General Liability Certificate of Insurance
 - Provide a copy of the Professional Liability Certificate of Insurance
 - Provide a copy of the Automobile Insurance if transportation is included in the services provided
- A. Brief description of the organization and all services provided by the organization.
(500 characters maximum)
- B. Identify and summarize the specific service(s) proposed for this funding request.
(500 characters maximum)
- C. Briefly describe the population served, including their vulnerability.
(200 characters maximum)
- D. Description of the process by which patients access services. If there is a referral process, please explain how a patient obtains the needed referral.
(200 characters maximum)
- E. The District intends to be the payer of last resort for services reimbursed under this agreement and that the services are provided to Palm Beach County residents. Provide a brief description of the criteria used to determine if a patient/client is eligible for the proposed service(s), determine that there are no other payer sources for the services, determine that the patient/client is unable to pay for services, and how Palm Beach County residency is verified and validated.
(200 characters maximum)

How the Program Addresses Social Determinants of Health (if applicable)

- A. If the program addresses Social Determinants of Health, please identify which and how the program measures success.
(500 characters maximum)

Alignment with Community Health Improvement Plan (CHIP)

- A. Identify 1 or 2 Priority Areas in the Community Health Improvement Plan (CHIP) that the proposed services will address.
(200 characters maximum)

Performance Monitoring

- A. Please provide 2 performance measures for each proposed service. Explain how each measure successfully addresses a Social Determinant of Health or the Community Health Improvement Plan (CHIP) objectives.
(1000 characters maximum).

3-3 Funding Cost

Respondents should provide the funding cost for the specific services that are being proposed. The funding cost should include the following:

- A. The total amount of funding requested for the 12-month District fiscal year period, October 1, 2024 through September 30, 2025.
- B. Proposed reimbursement amounts with a minimum of \$10,000.00, a maximum of \$125,000.00, and no more than 10% of an organization's budget for services provided per organization. For multiple services, please indicate the reimbursement amount for each service. For services that can be delivered either in person or remotely, please indicate the proposed reimbursement amount to reach each delivery method.
- C. Estimate the total number of patients/clients who will be served during the 12-month District fiscal year period from October 1, 2024, to September 30, 2025. For multiple services, please indicate the total number of patients/clients for each service.
- D. Estimate the total number of visits/encounters during the 12-month District fiscal year period from October 1, 2024, to September 30, 2025.
- E. Organization's current year total budget amount.
- F. What percentage of the requested funding represents the organization's total budget (based on the current year's total budget)?
- G. List and provide the funding or revenue received from other funders. Include the names of all funding sources and the corresponding funding amount for the current budget year (i.e., foundations, the state, local agencies, the federal government, and others).
- H. List and provide funding or revenue received for the direct provision of services itemized by type (e.g., third-party payers, self-pay, Medicaid, Medicare, Health Care District, and others).
- I. Please indicate whether your organization's staff utilizes a company car or their personal car in conjunction with service delivery.

For questions, please email: HCDSPponsoredprograms@hcdpbc.org