



2026 NOTICE OF FUNDING OPPORTUNITY
(NOFO) INFORMATION GUIDANCE

For

Opioid Settlement Funds (OSF)
Pilot Tiny Homes Recovery Transitional Housing

April 15, 2026 - June 30, 2027

Released: March 10, 2026, at 5:00 PM

Due date: March 17, 2026, at 12:00 PM (Noon) EST

Palm Beach County Board of County Commissioners (BCC)

Community Services Department (CSD)

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SECTION I: GENERAL INFORMATION

READ CAREFULLY AND COMPLY WITH ALL REQUIREMENTS

IN ACCORDANCE WITH THE PROVISIONS OF THE ADA, THIS NOFO AND DOCUMENTS LISTED CAN BE REQUESTED IN AN ALTERNATE FORMAT. AUXILIARY AIDS OR SERVICES WILL BE PROVIDED UPON REQUEST WITH AT LEAST THREE (3) DAYS NOTICE. PLEASE CONTACT COMMUNITY SERVICES DEPARTMENT (CSD) AT (561) 355-4230 OR CSD-FAARFP@PBC.GOV.

INTRODUCTION

The BCC, through the CSD invites eligible entities to submit proposals for Opioid Settlement Funds (OSF) for the development of tiny homes to be used for recovery transitional housing for eligible clients.

Proposed substance use, behavioral health and/or co-occurring disorder programs and services shall be provided within the Palm Beach County Resilience & Recovery Ecosystem of Behavioral Health and Substance Use Disorder Care (Ecosystem) (**Attachment 1**). The Ecosystem emphasizes resilience and social determinants of health with the aim toward building resilient and recovery-ready individuals and communities, as well as providing a clear system of care pathway that is person-centered and recovery-oriented. One that is also focused on individuals, improved long-term recovery outcomes and increased resiliency rather than solely on acute- and crisis-centric care.

Therefore, the purpose of this NOFO is to identify and select a minimum of one service provider to purchase and operate a Pilot Tiny Home Recovery Transitional Housing program consisting of a minimum of five (5) units for residents of Palm Beach County who are individual adults 18 and over and are recovering from substance use disorder. The Tiny Home Recovery Transitional Housing unit must accommodate a minimum of two (2) participants.

There will be a minimum of five (5) units onsite at any given time. The number one objective while participating in this project is to transition people into more permanent housing as quickly as possible, thereby opening space to help others off the street.

BACKGROUND

Opioid Settlement Funds

On March 22, 2022, the BCC approved participation in the Florida Opioid Agreement and Statewide Response Agreement and authorized the Mayor to execute the Subdivision Settlement and Participation Form.

As required by the Florida Allocation and Statewide Response Agreement, the County worked with the Palm Beach County League of Cities to secure inter-local agreements with municipalities located within Palm Beach County that represent more than 50% of municipalities' total population. Palm Beach County submitted its Florida Opioid Agreement and Statewide Response Agreement Qualified County Qualification Form to the State of Florida on April 12, 2022 [FL Opioids Allocation SW Resp Agreement.pdf](#). In the qualification form, Palm Beach County certified the following:

- The County has a population of at least 300,000 and an opioid taskforce or other similar board,

commission, council, or entity, including some existing sub-unit of the County's government responsible for substance abuse prevention, treatment, or recovery of which it is a member, or it operates in connection with its municipalities or others on a local regional basis.

- The County has an abatement plan that has been adopted or utilized to respond to the opioid epidemic.
- The County was, as of December 31, 2021, either providing or is contracting with others to provide substance use, prevention, recovery, and treatment services to its citizens.
- The County has entered into an inter-local agreement with at least 50% of the municipalities (by population) located within the County.

~~BHSUCOD~~

On November 15, 2022, the BCC approved the establishment of the Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorders (BHSUCOD) and declared the BCC's expressed approval of a person-centered, recovery-oriented system of care. (Resolution R2022-1340) [Resolution R2022-1340 PDF](#) and the BHSUCOD 2022 Master Plan.. The BHSUCOD is charged with enhancing the County's capacity and effectiveness in formulating behavioral health and substance use disorder policies as well as offering recommendations regarding the County's provision of services to its citizens. It is also responsible for making recommendations on responding to the opioid epidemic, as provided in section 17.42 of the Florida Statutes (2022), entitled "Opioid Settlement Clearing Trust Fund" and complies with the Florida Plan requirement to have an opioid taskforce or other similar board. On November 15, 2022, the BCC approved the BHSUCOD 2022 Master Plan.

In March 2024, the BHSUCOD released a draft update to the 2022 BHSUCOD Plan. The BHSUCOD received regular community input and established a two-week period to receive public comment on the Behavioral Health and Substance Use Disorder Plan 2024 (2024 Plan). Following this public comment period, a thematic analysis was conducted and incorporated into the final 2024 Plan that the BHSUCOD approved in May 2024. The BCC reviewed the 2024 Plan in May 2024, wherein it also received public comment. On October 22, 2024, the BCC unanimously approved the final version of the 2024 Plan, which incorporated public comments, and the opioid settlement fund expense plan as presented to the BCC. Furthermore, it also adopted the BHSUCOD's recommendation that opioid settlement funds should be spent as follows: 90 percent (90%) on social determinants of health prioritizing housing, recovery supports, care coordination, and environmental strategies to include youth, families, and community education; and 10 percent (10%) on deep-end and crisis care. In doing so, the BCC recognized that prior focuses on acute crisis care have not provided long-term results in the absence of addressing basic needs and other supportive services.

See 2024 Plan at:

[The Behavioral Health and Substance Use Master Plan 2024](#)

NOFO Funding:

The total available for this NOFO is approximately \$500,000 for the anticipated period of April 15, 2026, through June 30, 2027.

FUNDING AWARDED VIA THIS NOFO WILL BE PROVIDED FOR THE PURCHASE OF TINY HOMES ONLY. ONGOING OPERATIONAL COSTS WILL BE THE RESPONSIBILITY OF THE AGENCY AND/OR ITS COLLABORATING PARTNERS.

ELIGIBILITY

Qualified entities submitting applications for OSF Tiny Home Recovery Transitional Housing Units funding shall meet all statutory and regulatory requirements.

Applicants must be nonprofit treatment providers. For-profit entities and/or governmental entities are not eligible to apply for or to be subrecipients of OSF funds. All subrecipients must at a minimum, meet the eligibility standards described below:

To meet Threshold Review to be scored, a Nonprofit Applicant must:

- Hold current and valid 501(c)(3) status as determined by the Internal Revenue Service.
- Be chartered or registered with the Florida Department of State.
- Be incorporated for at least one agency fiscal year.
- Have provided the proposed services for at least six (6) months.
- Demonstrate accountability through the submission of acceptable financial audits performed by an independent auditor.
- Is not debarred
- Capacity to operate the project on a cost-reimbursement basis
- If awarded funding, Applicant must create a Vendor Registration Account OR activate an existing Vendor Registration Account through Palm Beach County Purchasing Department's Vendor Self Service (VSS) system, which can be accessed at:
<https://pbcvssp.co.palm-beach.fl.us/webapp/vssp/AltSelfService>.
- Maintain contractual liability insurance substantially similar to the terms listed in **Attachment 12: INSURANCE**, if awarded funding.
- APPLICANT MUST HAVE LAND IDENTIFIED FOR TINY HOMES (as exemplified by Site Control, Local zoning and/or building code compliance).

While not a requirement, Applicants are strongly encouraged to hold accreditation from Nonprofits First or demonstrate that they are exempt due to having an alternative professional accreditation or Certification (i.e., Joint Commission Accreditation, CARF Certification, etc.). If you are currently unable to obtain accreditation, membership is strongly encouraged.

A. BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDERS PROGRAM OVERVIEW:

The County's collective and collaborative efforts have been directed at planning, developing and executing a comprehensive person-centered, recovery-oriented ecosystem of care. The County measures its initiatives primarily through a resilience and recovery capital framework because of its ability to capture resilience, health, well-being, social determinants of health and risk factors. Details on each of the levels can be found in **(Attachment 1)**

Social Determinants of Health

Critical to the BCC's goal of establishing a person-centered, recovery-oriented ecosystem of care is placing focus on social determinants of health (SDoH). CSD has engaged Florida Atlantic University's (FAU's) Center for Integrated Recovery and Wellness Studies to continue its research related to resilience and recovery capital and its relationship to SDoH in order to strengthen individual and community health, wellness and recovery from substance use disorder and mental illness.

The U.S. Centers for Disease Control and Prevention (CDC), Office of Disease Prevention and Health Promotion define SDoH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDoH are grouped into five domains: economic stability, education access and quality, health care access

and quality, neighborhood and built environment, and social and community context.

Substance Abuse Mental Health Services Administration (SAMHSA) recognizes the importance of addressing SDoH as key levers to achieving improved outcomes for people with behavioral health conditions. The White House Domestic Policy Council (DPC) in its 2023 *Playbook to Address Social Determinants of Health* emphasizes the fact that improving health and well-being across America requires addressing the social circumstances and related environmental hazards and exposures that impact health outcomes.



An inability to meet these social needs puts individuals at higher risk for exacerbating health conditions such as heart disease, stroke, depression, cancer, and diabetes according to the DPC. Compounding the problem, unmet social needs can cause major disparities in health outcomes that may be predetermined by geography, race, ethnicity, age, income, disability status, and several other factors.

As the Palm Beach County RCI data discussed above demonstrate, the primary factors contributing to low RCI scores are based on SDoH factors (personal financial wellbeing, employment, knowledge and skills, basic needs, transportation and social access to healthcare).

B. SERVICE CATEGORY

The BCC through the CSD invites eligible entities to submit proposals for the Opioid Settlement Funds Service Category for the Purchase of Tiny Homes Recovery Transitional Housing, as defined in this NOFO, for period from April 15, 2026 –June 30, 2027.

The sole service category that is the focus for this NOFO is **Pilot Tiny Homes Recovery Transitional Housing to Support People in Treatment and Recovery.**

Opioid Settlement Funded Pilot Tiny Home Recovery Transitional Housing Program

Program Guidelines

I. Program Purpose and Authority

The County, through its CSD, administers Opioid Settlement Funds (OSF) in accordance with the Florida Opioid Allocation and Statewide Response Agreement and the Behavioral Health and Substance Use Disorder Plan (Plan 2024).

The purpose of the Opioid Settlement Funded Tiny Home Transitional Housing Program (“Program”) is to address housing instability as a critical social determinant of health for individuals impacted by substance use disorders by supporting the acquisition and operation of transitional tiny home housing paired with treatment and recovery-oriented supportive services.

This Program is implemented as a pilot initiative and is designed to complement Countywide housing strategies for individuals experiencing behavioral health and substance use disorders in need of transitional housing.

II. Allowable Use of Opioid Settlement Funds

Consistent with the Florida Opioid Allocation and Statewide Response Agreement, Opioid Settlement Funds under this Program may be used for:

- The acquisition of prefabricated tiny home units intended for use as transitional housing.
- Program models that integrate housing with treatment, case management, and recovery supports.

Opioid Settlement Funds may not be used for ongoing operating subsidies unrelated to the approved scope, or for purposes inconsistent with State or County opioid settlement requirements.

III. Program Model

The Program supports a community-based transitional housing model with the following core elements:

- Prefabricated tiny homes unit must accommodate a minimum of two (2) participants;
- Owned and operated by a nonprofit provider;
- Recovery-Oriented System of Care Principles that are Person-Centered;
- Time-limited transitional housing, with a maximum length of stay of up to twenty-four (24) months per participant;
- Wraparound treatment and supportive services delivered on-site or through coordinated partnerships; and
- Integration of social determinants of health, including housing instability, for populations impacted by opioid use disorder and co-occurring behavioral health conditions.

a. Eligibility and Programmatic Guidelines for Agencies Seeking Funding for Tiny Homes

Proposals for Tiny Homes must demonstrate the capacity to comply with the following programmatic guidelines:

- **Alignment of Recovery-Oriented System of Care (ROSC)**
The ROSC guidelines and elements must be integrated into the Agency’s program where the Tiny Homes are located for participants.
- **Integration of Care**
Medication-Assisted Treatment (MAT) must not be prohibited, and it must follow FDA-approved medications, such as methadone, buprenorphine, and naltrexone—along with evidence-based counseling and therapy, as appropriate.
- **Beyond Detoxification**
Outpatient Treatment approaches must extend beyond the management of acute withdrawal symptoms and explicitly address underlying neurobiological changes associated with substance use disorders in order to promote and support sustained, long-term recovery.
- **Addressing Psychosocial Needs**
Effective Treatment programs must address co-occurring psychosocial needs, including but not limited to mental health services, vocational training, legal assistance, and stable housing supports.
- **Individualized Recovery Planning**
Outpatient Treatment and Recovery services must be individualized and responsive to each participant’s unique clinical needs, personal circumstances, and stage of recovery. A uniform or “one-size-fits-all” approach is not acceptable.

- **Shared Decision-Making**

Programs must incorporate shared decision-making practices, ensuring that participants and providers collaborate.

b. Services and Support Components

Funded programs must provide, at a minimum, the following core services and support components. Services may be delivered directly or through formal partnerships and must be appropriately coordinated to ensure continuity of care:

1. **Recovery Support Services**

Peer-to-peer support and other non-clinical supports that promote sustained recovery.

2. **Clinical Treatment Services**

Evidence-based substance use disorder treatment services, including outpatient, intensive outpatient, and residential levels of care integrated with mental health and primary care services as appropriate.

3. **Case Management and Care Coordination**

Comprehensive case management services, including linkage to needed services, care coordination across providers, and ongoing monitoring and follow-up.

4. **Prevention and Education**

Community-based prevention, wellness education, and harm reduction initiatives designed to reduce risk and promote health and safety for participants.

5. **Family and Community Services**

Services that support family engagement, advocacy, and meaningful involvement of families and community supports in treatment and recovery planning.

6. **Vocational and Social Support Services**

Employment readiness and placement services, educational support, and transportation assistance to promote economic stability and social reintegration.

7. **Recovery Community Engagement**

Incorporating Recovery “Community” Engagement activities with participants on a weekly/monthly basis to promote community with other residents in recovery. This may include but not be limited to engagement with the nearest Recovery Community Organization/Recovery Community Centers (i.e., Rebel Recovery, the HUBs), planning recovery-friendly activities, gatherings, socials, etc.

FUNDING AWARDED VIA THIS NOFO WILL BE PROVIDED FOR THE PURCHASE OF TINY HOMES ONLY. ONGOING OPERATIONAL/WRAPAROUND/SUPPORTIVE SERVICES COSTS WILL BE THE RESPONSIBILITY OF THE AGENCY

OSF Funding Requirements

Individuals served through OSF funding must be residents of Palm Beach County with a Substance Use/Co-Occurring Disorder and all activities must take place within Palm Beach County.

Proposals for OSF funding are to establish new programs or expand and/or enhance the availability of services and supports. Opioid Settlement Funds shall be supplemental to and shall not take the place of any other funds, including, but not limited to, funding from other grants that have lapsed or shrunk, whether it is a county, state or federal grant. OSF funding is to be utilized as funding of last resort, meaning that other existing funding, such as insurance to pay for services, shall be exhausted before OSF funding is used. Funding shall be used exclusively to fund the programs or projects that align with the goals of the 2024 Plan and are a Core Strategy and/or an Approved Use under the State Opioid Settlement Agreement.

Proposals submitted for the OSF Funding shall:

- Demonstrate alignment with Palm Beach County’s Resilience and Recovery Ecosystem of Behavioral Health and Substance Use Disorder Care. **(See Attachment 1)**
- Demonstrate alignment with the 2024 Plan. [The Behavioral Health and Substance Use Master Plan 2024](#)
- Identify the Core Strategies and/or Approved Uses that the proposal meets and identify how funding will be allocated for each strategy or approved use.
- Agree to utilize evidence-based or evidence-informed practices with fidelity.
- Agree to measure individual and/or community resilience through regular administration of the Resiliency/Recovery Capital Index Survey.
- Agree to participate in research related to initiatives.
- Comply with the OSF Programmatic Requirements.
- Integrate via collaborative agreements for the provision of ongoing supportive services to participants residing in the OSF Tiny Homes Recovery Transitional Housing units.
- Operate the OSF Tiny Homes Recovery Transitional Housing program for a minimum of ten (10) years.
- Comply with State and County reporting requirements for OSF funds. **(See Attachment 2)**
- Comply with 2 Code of Federal Regulations (CFR) Part 200, which provides uniform administrative requirements, cost principles and audit requirements applicable to this funding source. <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>.

C. FUNDING AVAILABILITY

All proposals must be category-specific (Tiny Homes Recovery Transitional Housing).

The BCC determines available funding for each of the fiscal years covered by this NOFO. The total funding available for the 2026-2027 State Fiscal Year (FY) is \$500,000. A maximum of \$100,000 will be awarded per tiny home unit.

A Tiny Homes Recovery Transitional Housing Unit is defined as: prefabricated tiny home is a dwelling unit 400 square feet or less (excluding lofts) that is constructed off-site in a factory setting, transported to a final building site, and installed on a foundation. The must meet all applicable local, building, zoning, permitting, compliant with Americans with Disability (ADA) and other applicable federal, state, and local government rules/regulations.

Further, the BCC see public safety as critical components of successful human services programs. As such, while we will not prescribe policies, we expect the following to be fully adopted and/or adhered to by the successful applicant and/or its collaborating partners:

- Maintain on-site security 24 hours per day, 365 days per year.
- Establish, maintain, and enforce a set of client rules and expectations, as well as accountability procedures.
- Report all incidents of criminal activity, by residents or guests, to appropriate enforcement agency.
- Always meet all fire code requirements to ensure ingress and egress are available.
- Build and maintain relationships with appropriate public safety personnel which may include: First Responders and other critical partners.
- Lighting features must remain in working condition and be maintained.
- Notify CSD immediately in cases of natural disaster, criminal activity, or significant first responder response as soon as possible and no longer than 12 hours after incident.
- Not to allow overnight guests of residents and create reasonable limitations for number and length of visit per resident.
 - o Important to note that external service providers/service partners are not considered guests of

residents and should not be limited in length or frequency of visit.

REQUIRED OUTCOME:

Pilot Tiny Homes Recovery Transitional Housing Category

Programs in the Pilot Tiny Homes Recovery Transitional Housing Category shall address the following outcome

Outcome: Purchase and install a minimum of five (5) Tiny Homes Recovery Transitional Housing Units

ADDITIONAL REQUIREMENTS FOR PROPOSALS

Applicant Agencies will be required to register with the State to gain access to the Florida Opioid Implementation and Financial Reporting System (FOIFRS). To obtain access to FOIFRS, an access request email should be sent to: HQW.SAMH.Opioid.Data.Access.Support@myflfamilies.com

See SECTION VII – DEFINITIONS for definitions of populations and key principles.

SECTION II: PROPOSAL SUBMISSION

Applicants shall submit project applications, along with required supporting materials, through the CSD NOFO submission website, located at:

<https://pbcc.samis.io/go/nofo/>

All documents must be submitted by the deadline date and time, per application instructions.

Late applications will not be accepted or reviewed.

Applicants must submit at least one (1) online application package to be considered for funding.

PUBLISH/RELEASE DATE

March 10, 2026, at 5:00 PM EST

DEADLINE DATE

The deadline to submit written questions to CSD-FAARFP@PBC.GOV is 12:00 PM (Noon), March 13, 2026, which is one (1) business day before the submission deadline.

Proposals submitted through the online application website must be completed and received by **12:00 PM (Noon) EST on March 17, 2026**. Proposals submitted after 12:00 PM. to the website will not be accepted or reviewed.

This NOFO is issued, as well as any addenda, for the BCC by CSD.

CONTACT PERSONS FOR OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO:

The contact person is CSD-FAARFP@PBC.GOV.

SCHEDULE OF EVENTS/TIMELINE

FY 2026 NOFO for OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING TIMELINE

DATE	ITEM	RESPONSIBLE
March 10, 2026	2026-2027 NOFO for OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING is posted for release on March 10, 2026, in Advantage	CSD
March 10, 2026	FY 2026 NOFO for OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING is posted on the AA NOFO Website: https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx	CSD
March 10, 2026	OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO Release Day - Available for Public at 5:00 PM EST	CSD
March 16, 2026	Final day to submit written questions 12:00 PM (Noon) EST	Applicants
March 17, 2026	OSF PILOT TINY HOMES TRANSITIONAL HOUSING NOFO PROPOSAL SUBMISSION DEADLINE – 12:00 (Noon) PM EST	Applicants
March 17, 2026	Cone of Silence Begins for OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO	CSD, Applicants, Reviewers, BCC
March 26, 2026	OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING Review Panel meets to review and score proposals	CSD and Reviewers
March 26, 2026	Staff reconciles review panel scoring, and funding availability to develop recommended allocations	CSD
March 26, 2026	Staff posts scoring results on the Webpage	CSD
April 7, 2026	Final date to file a Funding Grievance	Applicants
April 15, 2026	Estimated date that the OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING Contracts will be Approved	CSD
April 15, 2026	Estimated date that the Cone of Silence Ends for FY 2026 OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO	CSD, Applicants, Reviewers, BCC

EXPENSE OF PROJECT APPLICATION

All expenses incurred with the preparation and submission of proposals to the County, or any work performed in connection therewith, shall be borne by applicants. No payment will be made for proposals received or for any other effort required of or made by applicants prior to commencement of work as defined by an agreement approved by the BCC.

PROJECT APPLICATIONS OPEN TO THE PUBLIC

Applicants are hereby notified that all information submitted as part of, or in support of, OSF applications will be available for public inspection in compliance with the Florida Public Records Act.

CONE OF SILENCE

This NOFO includes a Cone of Silence. The Cone of Silence will apply from the date the NOFO is due back to the department, which is **March 17, 2026**, until the final OSF contract agreements (approximately April 15, 2026) are approved by the BCC.

All parties interested in submitting a proposal are hereby advised of the following:

Lobbying - Cone of Silence

Applicants are advised that the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance) is in effect. A copy of the Ordinance can be accessed at:

http://discover.pbcgov.org/legislativeaffairs/Pages/Lobbying_Regulations.aspx

Applicants shall read and familiarize themselves with all of the provisions of said Ordinance, but for convenience, the provisions relating to the Cone of Silence have been summarized here.

"Cone of Silence" means a prohibition on any non-written communication regarding this NOFO between any Applicant/Respondent or Applicant's/Respondent's representative and any County Commissioner or Commissioner's staff, any member of a local governing body or the member's staff, a mayor or chief executive officer that is not a member of a local governing body or the mayor or chief executive officer's staff, or any employee authorized to act on behalf of the commission or local governing body to award a contract.

An Applicant's representative shall include but not be limited to the Applicant's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the Applicant.

The Cone of Silence is in effect as of the submittal deadline. The provisions of this Ordinance shall not apply to oral communications at any public proceeding, including technical assistance conferences, and contract negotiations during any public meeting. The Cone of Silence shall not apply to contract negotiations between any employee and the intended awardee and any dispute resolution process following the filing of a protest. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, when all proposals are rejected, or when an action is otherwise taken that ends the solicitation process.

SECTION III: SCOPE OF SERVICES

ANTICIPATED TERMS OF SERVICE

OSF Funding Term:	April 15, 2026 – June 30, 2027
OSF Start Date:	April 15, 2026
OSF End Date:	June 30, 2027

All contracts are contingent upon annual appropriations and approval by the BCC.

TERMS AND CONDITIONS

1. Proposal Guarantee

Proposer guarantees their commitment, compliance and adherence to all requirements of the NOFO by submission of their proposal.

2. Modified Proposals

Proposer may save any unfinished on-line proposal and continue to modify the proposal until the proposal is submitted. Once submitted, the proposal can no longer be modified.

3. Late Proposals, Late Modified Proposals

Proposals and/or modifications to proposals submitted after the deadline are late and will not be considered.

4. Palm Beach County Office of the Inspector General Audit Requirements

Palm Beach County has established the Office of the Inspector General in Palm Beach County under Article XII, Section 2-422, as may be amended, to provide independent oversight of County and Municipal operations (Article XII, Section 2-423). It also has the authority to detect and prevent fraud, waste, mismanagement, misconduct, and other abuses by elected and appointed officials and employees, agencies and instrumentalities, contractors, their subcontractors and lower tier subcontractors, and other parties doing business with the county or a municipality and/or receiving county or municipal funds. Its aim is to promote economy, efficiency and effectiveness in government and conduct audits and investigations of, require production of documents from, and receive full and unrestricted access to the records.

The Inspector General has the power to subpoena witnesses, administer oaths and inspect the activities of the agency, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud. Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code 2-421 through 2-440, and punished pursuant to section 125.69, Florida Statutes, in the same manner as a second-degree misdemeanor.

5. Commencement of Work

The County's obligation will commence when the contract is approved by the BCC or their designee and upon written notice to the proposer. The County may set a different starting date for the contract. The County will not be responsible for any work done by the proposer, even work done in good faith, if it occurs prior to the contract start date set by the County.

6. Non-Discrimination

The County is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2025-0748, as may be amended, the proposer warrants and represents that throughout the term of any awarded agreement, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, or genetic information. Failure to meet this requirement shall be considered default of the agreement.

7. OSF funding requires compliance with 2 CFR Part 200, State and County requirements.

8. Required Threshold Elements for Proposals to be accepted and scored

All proposals must:

- Demonstrate alignment with Palm Beach County’s Resilience and Recovery Ecosystem of Behavioral Health and Substance Use Disorder Care. **(See Attachment 1)**
- Demonstrate alignment with the 2024 Plan. [The Behavioral Health and Substance Use Master Plan 2024](#)
- Identify the Core Strategies and/or Approved Uses that the proposal meets and identify how funding will be allocated for each strategy or approved use.
- Agree to utilize evidence-based or evidence-informed practices with fidelity.
- Evidence of site control for the entire project site(s) in the form of a fully executed contract for purchase of the property(ies), option to purchase, long-term lease, lease option, recorded deed, or recorded certificate of title.
- Identify the current zoning and land use for the project site and identify all applicable development review processes including but not limited to: re-zoning, zoning variances, future land use changes, comprehensive plan amendments, platting, site plan approval, and building permitting. Provide estimated dates/timeframes for all submittals, reviews, hearings, and approvals, and indicate the status of project applications in all such applicable development review processes.
- A detailed development pro forma that identifies all development sources and uses of funding, and that identifies all proposed sources of County funding/subsidy. Include documentation supporting all proposed construction costs in the form of either an estimate of probable cost prepared by a tiny home manufacturer.
- Documentation evidencing availability of all sources of funding required for the non-County balance of the project development budget. Acceptable documentation includes documentation from the funding source(s) providing a firm or a conditional commitment to fund and identifying all terms and conditions.
- Applicant and/or Collaborating Partners agree to participate in research related to initiatives.
- Comply with the OSF Programmatic Requirements.
- Comply with State and County reporting requirements for OSF funds. **(See Attachment 2)**
- Comply with 2 Code of Federal Regulations (CFR) Part 200, which provides uniform administrative requirements, cost principles and audit requirements applicable to this funding source. [2 CFR Part 200 \(up to date as of 1-22-2025\)](#).

9. Scoring: Maximum score is 100 points

Qualified entities are invited to submit applications to provide services to Palm Beach County residents. The Review Panel will score all proposals based on how clear the proposal is, how comprehensively it addresses the subcategory, including what was noted in terms of what the County is looking to fund, and overall, how responsive it is to the requirements that have been outlined in this NOFO. Although scoring is done individually by each panelist, part of the scoring process includes discussing amongst the panelists, each proposal’s strengths, missed opportunities and overall quality.

The scoring sections are:

- Program Narrative and Implementation: maximum score 50 points
 - Organizational Capacity: maximum score 25 points
 - Budget: maximum score 25 points
- Total Maximum Score: 100 points

The SCORE awarded to a proposal is reflective of how competitive the proposal is. **(See Attachment 4)**

10. Government and Corporate Activism

In accordance with section 287.05701, Florida Statutes, Palm Beach County and CSD, including all members of any Review Panel team, will not (1) give preference to a proposer based on the proposer's social, political, or ideological interest and (2) request any information or documentation relating to a proposer's social, political, or ideological interests.

11. Reservation of Rights – Additional Terms and Conditions

The County reserves the right, at the time of award and contract negotiation, to impose additional terms, conditions, performance requirements, reporting requirements, restrictive covenants, reverter provisions, compliance conditions, or other contractual provisions as deemed necessary to protect the County's interests and ensure compliance with State and County requirements.

Submission of a proposal constitutes acceptance of the County's right to include such additional terms in the final agreement.

12. Experiencing Unforeseen Technical Issues:

An applicant that experiences unforeseen technical issues beyond its control with the WebAuthor/SAMIS system, which prevents it from submitting its application by the deadline, must contact the CSDFAARFP@PBC.GOV to report the technical issue, Monday through Friday between the hours of 9:00 a.m. and 5:00 p.m., Eastern Time (ET) within 24 hours after the application deadline to request approval to submit its application after the deadline. The applicant's email must describe the technical difficulties, and must include a timeline of the applicant's submission efforts. Note: CSD does not automatically approve requests to submit a late application even in the event of technological difficulties. After CSD reviews the applicant's request, and verifies the reported technical issues, CSD will inform the applicant whether the request to submit a late application has been approved or denied. If CSD determines that the late application submission was due to the applicant's failure to follow all required procedures, CSD will deny the applicant's request to submit its application.

The following conditions generally are insufficient to justify late submissions:

- Failure to follow each instruction in the CSD NOFO.
- Failure to complete all required questions within the application.
- Technical issues with the applicant's computer or information technology environment, such as issues with firewalls or browser incompatibility.

SECTION IV: CONTENTS OF PROPOSAL AND INSTRUCTIONS

The NOFO Guidance as well as additional resources and information are available at:

<http://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx>

<http://discover.pbcgov.org/BusinessOpportunities/Pages/default.aspx>

Paper copies are available upon request.

The 2026-2027 OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO Application and NOFO Guidance is for reference purposes only. Proposals must be submitted through the CSD NOFO Application Submission website.

All agencies applying for OSF funds must complete and submit all items listed below.

The deadline for application package submission is **March 17, 2026, at 12:00 PM (Noon) EST**. To be considered for funding, Application Packages must be timely submitted on the CSD NOFO Application Submission Website: <https://pbcc.samis.io/go/nofo/>

Applications may be revised prior to final submission; however, once a proposal is submitted, it cannot be changed.

If it is not submitted, it cannot be considered.

Applications must be:

- Written in plain language in a narrative that fully addresses all questions in the 2026-2027 OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO
- Aligned with this NOFO Guidance Document.
- Understandable to people unfamiliar with the agency, your programs or areas of expertise.
- Specifically addresses the funding priorities set out in this NOFO.

Please refer to this 2026 - 2027 OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO Guidance for further description or definitions.

OSF Review Panel meetings, during which the Panel will review and score all applications, are open to the public and scheduled as follows:

End times for the Review Panel meetings will be dependent on the number of applications received. Please check the CSD website for any changes to the meeting location. Please note that although a Webex link is provided, reviewers are expected to be physically present at 810 Datura Street, in either the Basement Conference Room or the Second Floor Human Services Conference Room. Members of the public are encouraged to attend in person as well. There will be no time set aside for Public Comment at the proposal review sessions; however, members of the public are welcome to hear the review teams discuss the proposals.

OSF Review Panel Scoring Public Meetings

March 26, 2026, at 10:00 AM.

CSD's Basement Conference Room and Virtual

View the FAA Website for the Virtual Meeting link: <https://discover.pbcgov.org/communityservices/financiallyassisted/pages/rfp.aspx>

Members of the public who plan to attend the meeting in person are asked to please notify CSD as soon as possible at CSD-FAARFP@PBC.GOV.

Communication Media Technology (CMT) may be accessed at the following location: 810 Datura Street, West Palm Beach, FL 33401, Basement Conference Room.

People wishing to attend in person may do so at 810 Datura Street, West Palm Beach FL 33401, Basement Conference Room.

Anyone interested in additional information may contact CSD by mail at 810 Datura Street, West Palm Beach, FL 33401 (ATTN: OSF NOFO), or by email at CSD-FAARFP@PBC.GOV.

Also, those wishing to make public comments may contact CSD by sending your comments via traditional mail to CSD at 810 Datura Street, West Palm Beach, FL 33401 (ATTN: OSF NOFO), or email at CSD-FAARFP@PBC.GOV.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

In accordance with the Americans with Disabilities Act (ADA), persons with disabilities requiring accommodations in order to participate in this public meeting can contact CSD-FAARFP@PBC.GOV or call (561) 355-4230 no later than three (3) business days prior to such meeting.

Individuals who require special accommodations under the ADA or persons who require translation services for a meeting (free of charge), please call (561) 355-4230 or email CSD-FAARFP@PBC.GOV at least five business days in advance. Hearing impaired individuals are requested to telephone the Florida Relay System at #711.

2026 – 2027 OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO APPLICATION COMPONENTS

****START A NEW APPLICATION – DO NOT USE AN OLD ONE****

Proposal

Federal ID Agency Name

Doing Business As (DBA)

Please indicate name(s) by which agency is known or does business.

Address City State

Zip Code NOFO/RFP

Additional Editors Program Name

OSF Application Required 2026 - 2027 OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO Cover Sheet

Click to download the REQUIRED 2026 – 2027 OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO **Cover Sheet Template**. See **Attachment 5**.

Please upload once you have completed the form.

Please upload your document in the same format as the template: **.doc OR .docx OR .pdf**

Please name your document as such: **(Agency Name or Initials)CoversheetFY26**

NOFO Information Document

Click to download the **2026 – 2027 OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO Guidance** document for reference throughout the application.

General Contact Information

CEO/Executive Director Name and Title CEO/Executive Director Email

Agency Contract Person Name and Title Agency Contract Person Phone

Agency Contract Person Email

Total Funding Amount Requested

Please enter total funding amount that you are requesting.

Total Number of Tiny Home Recovery Transitional Housing Units

Please enter total number of Tiny Homes Recovery Transitional Housing Units expected to purchase with the funding requested.

Internal Control Questionnaire

Click to download the REQUIRED **Internal Control Questionnaire**. Please upload once you have completed the form. (See **Attachment 6**)

Please upload your document in the same format as the template: **.doc** OR **.docx**
Please name your document as such: *(Agency Name or Initials)***InternalControl**

Policies and Procedures

Please upload your agency's policies and procedures.

Please upload your document in the same format as the template: **.doc** OR **.docx**
Please name your document as such: *(Agency Name or Initials)***Policies**

2026 - 2027 OSF PILOT TINY HOMES RECOVERY TRANSITIONAL HOUSING NOFO

1. Category

Tiny Homes Recovery Transitional Housing Units

2. Focus Population(s) to be served by the purchase of Tiny Homes for Recovery Transitional Housing units

Focus population is adults ages 18 and over who are in recovery and who are experiencing housing instability. Select All that Apply:

3. Use of Funding

Is this funding being used for the following?

- a. Match Funding to state or federal funding
- b. Other Funding Source (Explain) **(1,000 Characters)**

4. OSF State Core Strategies/Approved Uses

Indicate which core strategy your proposal is aligned with using the document. (**Attachment 7**)

Download the REQUIRED Opioid Settlement Funding Agreement Information Template. (See **Attachment 7**).

Please upload once you have completed the form.

Please upload your document in the same format as the template: **.doc** OR **.docx**

Please name your document as such: (Agency Name or Initials)**CoreStrategiesFY26**

Program Implementation and Design (50 Points)

Overarching Principles

Please respond to the following questions. Consider the overarching principles and the category descriptions, including what the County is seeking, that were in this NOFO Guidance Document and the area of focus the

proposal seeks to address.

5. Geographic Location (3,000 Characters)

Will your program focus on specific geographic locations within Palm Beach County? If so, specify location (i.e., town, zip codes (if known), community, neighborhood). Briefly describe why this location is your focus for the proposal.

Program Narrative

6. Description of the Proposed Program (10,000 Characters)

Describe the proposed program and your history of providing the proposed services (including collaborating partner's history of providing the proposed services as applicable).

Collaborations and Partnerships

7. Collaborations and Partnerships (6,000 Characters)

If your proposal involves collaborating or partnering with other organizations to implement the proposed project, please identify the organizations with which Applicant's organization will collaborate or partner (i.e. Fiscal Agent). Attach a current copy of the Agreement or MOU/MOA.

Describe roles and responsibilities of the collaboration or partnership to implement the proposed project if funded.

Please upload your document in the same format as the template: **.pdf**

Please name your document as such: **(Agency Name or Initials)COLLABORATION** or **(Agency Name or Initials)PARTNERSHIP** or **(Agency Name or Initials)MOU/MOA**, as applicable.

8. Program Barriers (6,000 Characters)

Describe any barriers you anticipate in implementing your proposal. Describe your plan to address these barriers or other anticipated challenges. State if no barriers or challenges are anticipated.

Organizational Capacity (25 Points)

9. Applicants' Experience Providing the Proposed Program and Key Personnel (10,000 Characters)

Describe your experience developing/implementing shelter, transitional, recovery, or other recovery related housing programs. Describe the roles and responsibilities of key program personnel. Include whether these personnel are on staff or will need to be hired for these key positions. Additionally, if applicable, identify and describe the roles and responsibilities your project partners play.

10. Population Expertise (4,000 Characters)

Explain why your organization and your project partners, if applicable, are the appropriate entities to address the needs for the population you propose to serve.

11. Monitoring (5,000 Characters)

Discuss any findings from prior program monitoring. Identify any findings that were made, program response to findings, and how they were addressed.

12. Nonprofit First Certification (Not Required and Not Scored)

Is Agency accredited by Nonprofits First or another Accreditation body?

Select: Yes or No

13. Accreditation and Certification (Not Required and Not Scored)

Please upload your Nonprofit First Accreditation Certificate or other Accreditation from an established accreditation entity.

- a. Please upload your document in the same format as the template: **.pdf**
- b. Please name your document as such: ***(Agency Name or Initials) Certifications***

14. Describe your Project’s Site Control/Plan (5,000) characters)

In the form of a fully executed contract for purchase of the property(ies), or option to purchase, long-term lease, lease option, recorded deed, or recorded certificate of title.

Upload your Project’s Site Control/Plan documentation:

- a) Please submit Project’s Site Plan in one of the following formats: **PDF, OR Word**
- b) Please name your Project’s Site Plan as such: ***(Agency Name or Initials) Site Plan_2026-2027***

15. Describe your Project’s Compliance with applicable Zoning and Land use regulations, South Florida Building Code, ADA, Development Review Process and Timeline. (10,000 characters).

Include the current zoning and land use for the project site and identify all applicable development review processes including but not limited to: re-zoning, zoning variances, future land use changes, comprehensive plan amendments, platting, site plan approval, and building permitting. Provide estimated dates/timeframes for all submittals, reviews, hearings, and approvals, and indicate the status of project applications in all such applicable development review processes.

Upload your Project Zoning/Land Use regulations

- a) Please submit Project’s Zoning compliance documentation in one of the following formats: **PDF, OR Word**
- b) Please name your Project’s Zoning compliance documentation as such: ***(Agency Name or Initials) Zoning Compliance_2026-2027***

Sustainability

16. Program Sustainability (5,000 Characters)

Describe how your organization will continue to address this need or solve this problem when the OSF funding period ends.

Budget (25 Points)

17. FY 2026 Proposed Program Budget

- a. Complete proposed program budget using the template provided in the online application. Review the “sample” and “guidelines” tabs provided before completing the template. Ensure the requested fund justifications are complete.
- b. Ensure OSF administration expenses are limited to 5%. The Budget Justification must be thoroughly completed. (Please describe in the narrative section, in detail, each of the line items requested in the budget. Employee positions should include brief descriptions of their duties in the program. If an employee’s salary or a portion thereof is being charged to the budget for your proposal, include the time-keeping mechanisms that will be utilized to ensure that OSF funds are exclusively being utilized to support the proposal. If you are charging an indirect/administrative cost rate, then you must remove any other line items related to indirect/administrative expenses.

- c. Complete and upload the detailed Pro Forma identifies all development sources and uses of funding, and that identifies all proposed sources of County funding/subsidy. Include documentation supporting all proposed construction costs in the form of either an estimate of probable cost prepared by a licensed architect or by written price estimates from at least two (2) tiny home manufacturers.

Click to download the **REQUIRED 2026 - 2027 Budget Worksheet Template**. (See Attachment 8) Please upload once you have completed the form.

- a) Please submit budget in one of the following formats: **.xls OR .xlsx**
- b) Please name your budget as such: ***(Agency Name or Initials) Budget_2026-2027***
- c) Please submit project pro forma in one of the following formats: **.xls, PDF, OR Word**
- d) Please name your pro forma as such: ***(Agency Name or Initials) Pro Forma_2026-2027***

18. Total Agency Budget

The Total Agency Budget must be attached to the proposal. The Budget forms that are part of the proposal do not need to be utilized for this budget as it can be in any form, but it should include all agency funding sources as well as expenditures by program.

- a. Please submit Total Agency Budget in one of the following formats: **.pdf OR .xls OR .xlsx**
- b. Please name your Total Agency Budget as such: ***(Agency Name or Initials) TAB_2026-2027***

19. Audit Report (Fiscal)

Submit most recent audit report. If there were findings, describe corrective actions and whether such corrective actions successfully resolved the findings.

- a. Please submit Audit Report in the following format: **.pdf**
- b. Please name your Audit Report as such: ***(Agency Name or Initials) Audit_FY(Year of most recent audit).pdf***

20. Audit Report Corrective Actions Explanation (5000 Characters)

Please provide any Audit Report Corrective Actions Explanation, if applicable.

21. Year End Financials

Submit Year-End Financial Statements. If not submitted explain why.

- a. Please submit Year-End Financial Statements in the following format: **.pdf**
- b. Please name your Year-End Financial Statements as such: ***(Agency Name or Initials) YEFS_FY20_____***

22. IRS Form 990

Submit IRS Form 990. If not submitted explain why.

- a. Please submit IRS Form 990 in the following format: **.pdf**
- b. Please name your IRS Form 990 as such: ***(Agency Name or Initials) IRS990_FY24***

23. YEFA/IRS 990 Explanation (1,000 Characters)

Please provide any Year End Financials/IRS Form 990 explanation, if applicable.

24. Unit Cost (4,000 Characters)

Submit proposed Unit Cost service description and unit cost of service rate. (Is this an industry standard? If so, please state source)

Ensure both the unit cost service description and cost rate are clear and accurately calculated. Formulas used to arrive at the cost rate must be included.

If using Actual Cost reimbursement, provide a description of how you will document the expenses.

25. OSF Funding

Is OSF funding being used to replace another funding source?

Select: Yes or No

If yes, please explain and identify the other funding source that OSF is replacing.

Scope of Work (No Points)

This section will be used to develop your contract agreement if your program is funded. These items will be monitored by contract monitors.

26. Scope of Work (SOW) Template

Click to download the REQUIRED 2026 - 2027 Scope of Work Template. (See Attachment 9)

Please upload once you have completely filled it out.

- a. Please submit SOW in one of the following formats: **.doc OR .docx (Please do not submit as a pdf).**
- b. Please name your SOW as such: *(Agency Name or Initials) SOW2026-2027*

27. Unit of Service Rate and Definition (USRD) Template

Click to download the REQUIRED 2026-2027 Unit of Service Rate and Definition Template. (See Attachment 13)

Please upload once you have completely filled it out.

- a. Please submit Unit of Services Rate and Definition the following formats: **.doc OR .docx (DO NOT submit in PDF format)**
- b. Please name your Unit of Services Rate such: *(Agency Name or Initials)Unit Rate FY26*

SECTION V: APPLICATION REVIEW PROCESS

The application review process is welcoming to persons with disabilities, persons who have experienced Behavioral Health, Substance Use or Co-Occurring disorders, and persons with limited English proficiency. If you need any accommodations, please contact CSD-FAARFP@PBC.GOV.

- CSD shall recruit OSF Review Panel members.
- Review Panel members shall be trained, as appropriate, and receive submitted applications.
- Applications for OSF funding shall be reviewed, discussed, and scored by the Review Panel.
- Funding recommendations will be posted to the CSD website once all proposals are scored.
- Applicant(s) have seven (7) business days following the posting of funding recommendations to file a grievance notice.

- Funding recommendations are submitted to the BCC for final approval.
- Contract agreements, based on the funding recommendations, are submitted to the BCC for final approval.

SECTION VI: GRIEVANCE NOTICE FORM

**2026-2027 OSF Pilot Tiny Homes Recovery Transitional Housing
NOFO
Grievance Notice Form
Palm Beach County Community Services Department**

Grievances may be filed by an entity submitting a NOFO (Proposer) that is aggrieved in connection with deviations from the established PROCESS for reviewing proposals and making recommended awards. The amount of recommended awards may not be grieved through this procedure.

If you wish to file a grievance with the Palm Beach County Community Services Department, this Grievance Notice Form must be completed, submitted, and received by the Director of the Community Services Department within seven (7) business days of posted funding recommendations. You will receive a written response within fifteen (15) business days of the receipt of this form by the Director of the Community Services Department. There is no administrative fee associated with filing this grievance.

When completed, submit this Grievance Notice Form via mail or email to:

Dr. James Green, Director Community Services Department
810 Datura Street, First Floor, West Palm Beach, Florida 33401
JGreen1@pbc.gov

Entity Filing Grievance: _____

Which process was allegedly deviated from? _____

Describe in detail the alleged deviation; include how you were directly affected and what remedy you seek (add additional pages as needed):

What remedy does the applicant seek?

Authorized Agency Representative Name and Title

Agency Filing Grievance

Authorized Agency Representative Signature

Date

SECTION VII: DEFINITIONS

Adults – Individual(s) 18 years of age and over.

Care Coordination - Care coordination involves deliberately organizing individual care activities and sharing information among all of the service providers concerned with an individual’s care to achieve safer and more effective care. This means that the individual’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the individual.¹

Ensure services are delivered using trauma-informed, recovery-oriented, and culturally responsive practices.

No Wrong Door – “No Wrong Door” in the context of substance use, behavioral health and co-occurring disorders systems refers to a service delivery approach where individuals seeking help can access appropriate services regardless of where they enter the system. The system is designed to be person-centered, focusing on the needs of the individual rather than the capabilities or constraints of a service provider. It aims to reduce barriers to services by ensuring that the burden of navigating complex systems does not fall on the individual seeking help. Also, it aligns with broader public health strategies that advocate for comprehensive, integrated care models.

Prefabricated Tiny Home – A prefabricated (prefab) tiny home is a compact, factory-built dwelling—typically under 400 square feet—constructed off-site in sections or as a complete unit, then transported and installed on a foundation or trailer. These homes emphasize efficiency, sustainability, and faster, more affordable construction compared to traditional site-built home. The Tiny Home Recovery Transitional Housing unit must accommodate a minimum of two (2) participants.

Pro-Forma - is a forward-looking financial model that estimates a project's costs, revenues, and profitability, typically used in real estate and development to evaluate feasibility. It serves as a "what-if" analysis tool, forecasting net operating income (NOI), cash flow, and return on investment (ROI) based on assumptions like occupancy, rental rates, and expenses.

Supportive & Treatment Services - Provide or coordinate the delivery of wraparound services, including but not limited to:

- Behavioral health and substance use disorder treatment
- Case management and care coordination
- Primary care coordination
- Benefits enrollment (e.g., Medicaid, SSI/SSDI, SNAP)
- Employment and workforce linkage
- Life skills development and tenancy readiness
- Permanent housing navigation and placement.

SITE Plan – A site plan (or plot plan) is a detailed, top-down, scaled drawing showing a property's boundaries, existing structures, and proposed improvements. It serves as a comprehensive map for construction, landscaping, and permitting, detailing features like buildings, driveways, utilities, and setbacks. It is crucial for planning and municipal approval.

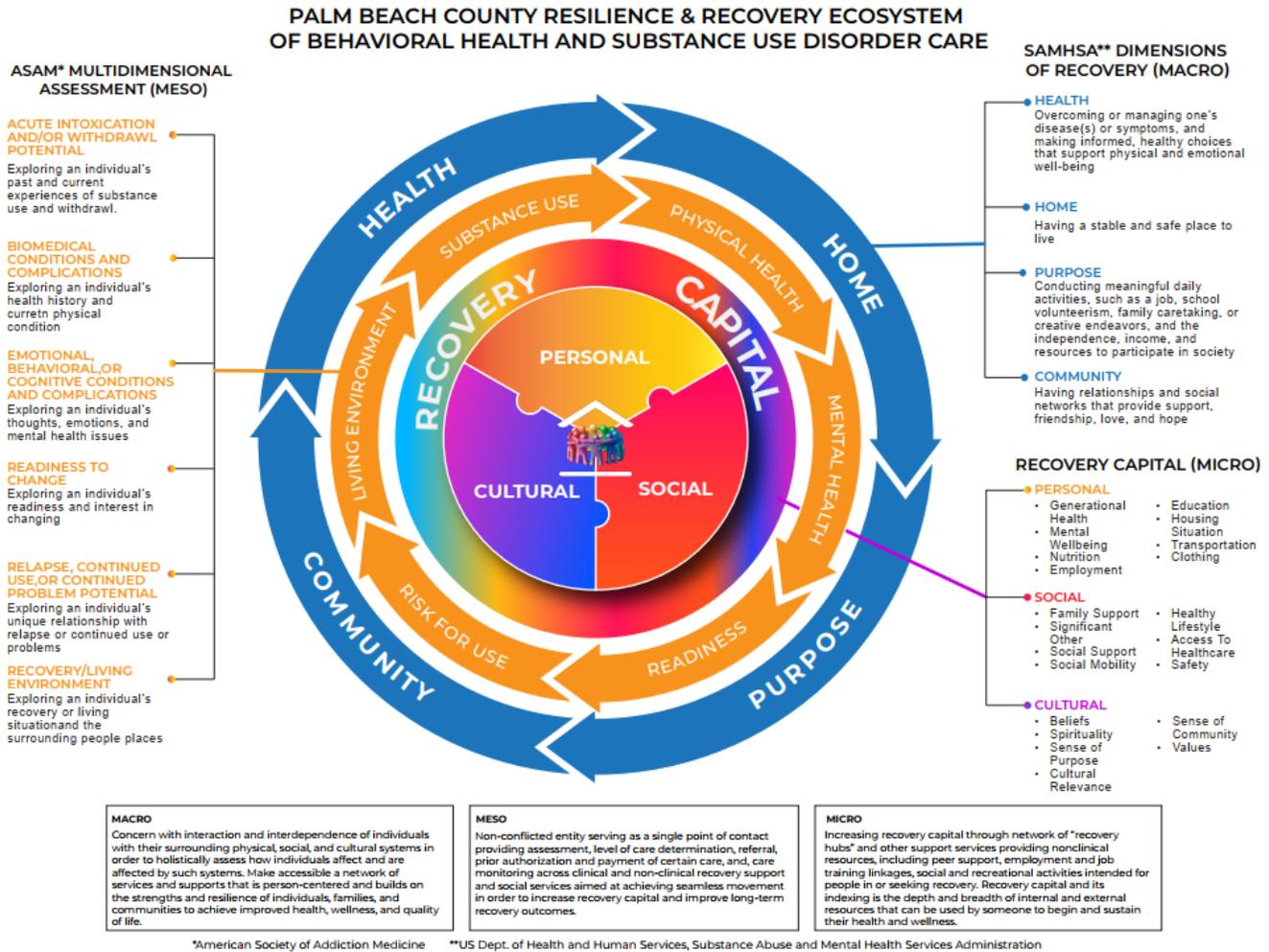
Trauma Informed Care (TIC) Model – An approach that recognizes the widespread impact of trauma and

¹ Internet Citation: Care Coordination. Content last reviewed November 2024. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/ncepcr/care/coordination.html>

understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system, responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist re-traumatization. TIC models generally include a focus on the following: Safety; Trustworthiness and Transparency; Peer Support; Collaboration and Mutuality; Empowerment; Voice and Choice; and Cultural, Historical, and Gender Issues.

Warm Hand-off – A warm hand-off is more than the provision of information or referrals – it is compassionate and non-coercive accompaniment to an appropriate care provider. It is a form of referral to treatment or other services. A transfer of care through face-to-face, phone or video interaction in the presence of the person being helped.

ATTACHMENT 1: PALM BEACH COUNTY RESILIENCE & RECOVERY ECOSYSTEM



The ecosystem, at the Macro level, is concerned with interaction and interdependence of individuals with their surrounding physical, social, and cultural systems to holistically assess how individuals affect and are affected by such systems. It makes accessible a network of services and supports that are person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life. (See Attachment 1 <https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx>)

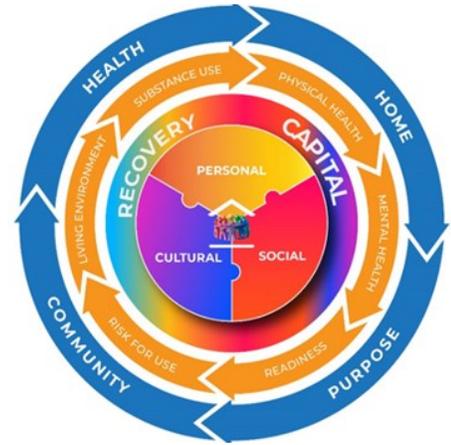
Resilience and Recovery Ecosystem of Behavioral Health and Substance Use Disorder Care

The Meso level provides a non-conflicted entity serving as a single point of contact providing assessment, level of care determination, referral, prior authorization and payment of certain care, and care monitoring across clinical and non-clinical recovery support and social services aimed at achieving seamless movement in order to increase recovery capital and improve long-term recovery outcomes.

The Micro level aims to increase an individual’s resilience and recovery capital through a network of “Recovery Hubs” and other support services providing nonclinical resources, including peer support, employment and job training linkages, social and recreational activities intended for people in or seeking recovery.

SAMHSA indicates resilience is a key component to a system of care. In an extensive literature review published in *Child and Adolescent Psychiatry*, resilience is defined as “a multi-systemic dynamic process of successful adaption or recovery in the context of risk or a threat.” One of the conclusions from this study is that resilience is unanimously negatively associated with depression, anxiety and trauma symptoms in youth, and is therefore meaningful for screening purposes in at-risk populations/situations.

As such, higher levels of resilience offer better mental health and health outcomes. This is true, not only in adolescents’ and children’s populations, but in the adult population as well. Thus, foundationally, increasing resilience across populations is a major aim.



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ATTACHMENT 2: STATE AND COUNTY OSF REPORTING AND RETENTION REQUIREMENTS

- State and local governments shall follow their existing reporting and records retention requirements along with considering any additional recommendations from the Opioid Abatement Taskforce or Council.
- State and Local Governments shall ensure that any provider or sub-recipient of Opioid Funds at a minimum does the following:
 - Any provider shall establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of Opioid Funds.
 - Any provider shall retain and maintain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to the use of the Opioid Funds during the term of its receipt of Opioid Funds and retained for a period of six (6) years after it ceases to receive Opioid Funds or longer when required by law. In the event an audit is required by the State or Local Government, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of any award or contract.
 - At all reasonable times for as long as records are maintained, persons duly authorized by State or Local Government auditors shall be allowed full access to and the right to examine any of the contracts and related records and documents, regardless of the form in which kept.
 - A financial and compliance audit shall be performed annually and provided to the State (refer to: [F.S. 215.97 Florida Single Audit Act](#)).
 - All providers shall comply and cooperate immediately with any inspection reviews, investigations, or audits deemed necessary by The Office of the Inspector General (section 20.055, F.S.) or the State.
 - No record may be withheld nor may any provider attempt to limit the scope of any of the foregoing inspections, reviews, copying, transfers or audits based on any claim that any record is exempt from public inspection or is confidential, proprietary or trade secret in nature; provided, however, that this provision does not limit any exemption to public inspection or copying to any such record.

Additionally, Opioid Settlement specific reporting and accountability.

- Reporting on expenditures for the previous fiscal year are to be reported to the Department of Children and Families (DCF) by no later than August 31st.
- Reporting to DCF is due by July 1st of each year on how Opioid Funds will be expended in the upcoming fiscal year.

The State Taskforce or Council will set other data sets that need to be reported to DCF to demonstrate effectiveness of expenditures on Approved Purposes.

- DCF has established a statewide Opioid Implementation and Financial Reporting System (“Florida Opioid Implementation and Financial Reporting System” (FOIFRS) to which providers may request access for the purpose of submitting implementation plans and financial reports.

For additional information, please see: <https://www.dropbox.com/scl/fi/63tkre5ewz4t6eedkuocl/FL-Opioids-Allocation-SW-Resp-Agreement-with->

[Exhibits.pdf?rlkey=u15tc1iddeczhlfdxaq1j2kig&e=1&st=8qwdchlx&dl=0](#)

Access to the Opioid Data Management System.

Please find the link below to the Smartsheet request access form. Additionally, there are few important points to keep in mind:

- [DCF-SAMH Office of Opioid Recovery User Access Request Form \[app.smartsheet.com\]](#)
- Each person needing access should complete the Smartsheet form.
- First-time requestors should select “**Add New User**” in the Action Requested box dropdown.
- Ensure that the checkbox for “**Check here when you are ready to proceed with the rest of the form**” is selected, as it will reveal the remaining questions.
- The CF112 **Confidentiality Nondisclosure Agreement link is provided within the form.** If you’ve completed this agreement and the DCF Security Awareness Certificate within the past 365 days, you may attach the same documentation.
- If you need to complete the DCF Security Awareness training video, our team will set you up in the My FL Learn training portal, and you will receive a separate email with setup instructions.

Please allow at least 72 business hours to receive your invitation to activate your account. We recommend bookmarking the link for easy access later. Should you have any questions or require further assistance, please feel free to reach out.

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**Attachment 3 OSF Standard Template
(Placeholder)**

ATTACHMENT 4: NOFO SCORING GUIDE

FY 2026 OSF NOFO

Program Implementation and Design Questions (50 Points)				
	Criteria	0-16 points	17-35 points	36-50 points
5. Geographic location	Clarity (location(s) and rationale for selecting the location(s))	The geographic location(s) is vague, missing details, or unclear why the location(s) were chosen	The geographic location(s) is mostly clear, covers the main locations, but lacks detail	The geographic location(s) is detailed, clear, and fully explains all key rationale for selecting the location(s)
6. Description of the proposed program	Clarity, completeness, relevance	The proposal is vague, missing key components, or unclear	The proposal is mostly clear, covers the main components, but lacks detail	The proposal is detailed, clear, and fully explains all key components of the program
7. Collaborations/Partnerships	Clarity of partners, roles, and responsibilities; documentation completeness	Partners unclear, roles poorly defined, and no MOA/MOU or MOU/MOA are not connected to the proposal to make an impact. It does not clearly state the joint planning and mentoring throughout the process of preparation and through implementation. The MOU/MOA does not provide a clear role and responsibility delineation and does not provide appropriate financial remuneration to the smaller non-profit, grass-roots organization. /MOA attached or	Partners identified with partial role clarification and MOU or MOA is somewhat connected to the proposal to make an impact. It somewhat clearly states the joint planning and mentoring throughout the process of preparation and through implementation. The MOU/MOA provides a clear role and responsibility delineation and somewhat provides appropriate financial remuneration to the smaller non-profit, grass-roots organization.	Partners clearly identified, roles/responsibilities well-defined. MOU or MOA is directly connected to the proposal to make an impact and starts at the beginning of the proposal's planning and development process. It also includes joint planning and mentoring throughout the process of preparation and through implementation. The MOU/MOA provides clear role and responsibility delineation and provides appropriate financial remuneration to the smaller non-profit, grass-roots organization.
8. Program Barriers	Realism, completeness, and clarity of mitigation	Barriers unaddressed or a mitigation plan missing	Some barriers were identified with the partial mitigation plan.	Barriers were clearly identified, and mitigation

	strategies		The plan seems reasonable, with strategies not clearly developed, and the feasibility is questionable.	strategies are well-developed, realistic, and feasible.
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Organizational Capacity (25 Points)				
	Criteria	0-8points	9-17 points	18-25 points
9. Project Experience Description and Key Personnel	Clarity, completeness, identification of staffing needs, and inclusion of partners	Roles unclear or missing, staffing needs not addressed	Roles are mostly described, with partial clarity on staffing and partners	Roles are clearly described, staffing needs are addressed, partner roles are included, and well-defined
10. Population Expertise	Relevance, expertise, capacity to serve population	Organization/partners not clearly qualified or appropriate	Organization/partners partially appropriate, limited explanation	Organization/partners clearly appropriate, demonstrated expertise and capacity to serve population
11. Monitoring	Identification of findings, responses, and resolution	Findings not described or not addressed	Findings are partially described with a limited response	Findings clearly identified, responses well-articulated, and resolution demonstrated
14. Project Site Plan Description	Detailed and comprehensive description of the site plan including layout, structures, infrastructure, parking, utilities, accessibility, and overall project design demonstrating strong feasibility.	Vague or incomplete site plan description; key project elements unclear.	Basic site plan description provided but lacking important details about layout or infrastructure.	Clear description of site plan with most major elements identified; minor details may be missing.
14. Property Control Documentation	Fully executed and valid documentation demonstrating site control (recorded deed, purchase contract, option agreement, or long-term lease).	Partial documentation provided; site control uncertain.	Documentation provided but not fully executed or lacking clarity regarding control of the property.	Documentation provided demonstrating site control with minor details missing.
15. Zoning and Land Use	Clearly identifies zoning and	Minimal information	Zoning or land use referenced but	Identifies zoning and land

Compliance	future land use designation and thoroughly explains how the project complies with applicable regulations.	regarding zoning or land use compliance.	explanation of compliance is limited.	use designation with clear explanation of compliance.
15. Development Review Process and Timeline	Identifies all required development review processes (e.g., rezoning, variances, site plan approval, permitting) and provides realistic timelines and application status.	Limited understanding of required approvals; timelines missing.	Some processes identified but timeline or application status unclear.	Most review processes identified with general timeline information.
16. Program sustainability	Clarity, feasibility, long-term planning	Sustainability plan unclear or missing	Sustainability plan partially described	Clear, feasible, and detailed plan for sustaining the program beyond funding period
Budget (25 Points)				
	Criteria	0-5 Points	6-10 Points	11-15 Points
17. 2026 – 2027 Proposed Program Budget	Completeness, accuracy, justification, adherence to OSF guidelines	Budget incomplete, unclear, or non-compliant	Budget mostly complete, partial justification, minor guideline issues	Budget complete, accurate, fully justified, and fully compliant with OSF guidelines
18. Total Agency Budget	Completeness and inclusion of all funding sources	Budget missing or incomplete	Budget mostly complete, minor omissions	Comprehensive budget including all agency funding sources and expenditures
19. Audit Report (Fiscal)	Submission, clarity, explanation of findings	Audit not submitted or findings unexplained	Audit submitted with partial explanation of findings	Audit submitted, findings addressed, corrective actions clearly explained
20. Audit Report Corrective Actions Explanation	Completeness, clarity, effectiveness	Explanation missing or unclear	Partial explanation provided	Clear, thorough explanation of corrective actions and effectiveness
21. Year-End Financials	Submission, format, explanation	Not submitted or unclear	Submitted with partial explanation	Submitted in the correct format with clear explanation
22. IRS Form 990	Submission and explanation	Not submitted or unclear	Submitted with partial explanation	Submitted with clear explanation if applicable

23. YEFA/IRS 990 Explanation	Clarity and relevance	Missing or unclear	Partially explained	Clear and complete explanation provided
24. Unit Cost	Accuracy, clarity, industry standard, methodology	Unclear, inaccurate, or missing methodology	Partially clear and justified	Accurate, clearly calculated, methodology explained, industry standards cited if applicable
25. OSF Funding	Explanation, clarity	Not explained or unclear	Partially explained	Clear, complete explanation if OSF funding replaces another source
26. Scope of Work	Not Scored	N/A	N/A	N/A
27. Unit of Service Rate and Definition	Not Scored	N/A	N/A	N/A

ATTACHMENT 5: REQUIRED COVER SHEET

REQUIRED COVER SHEET



PALM BEACH COUNTY DEPARTMENT OF COMMUNITY SERVICES OPIOID SETTLEMENT FUNDS 2026-2027

PLEASE RESPOND TO ALL QUESTIONS LISTED BELOW:

(NOTE: This form is formatted using MS Word, Times New Roman, and 10pt font)

QUESTIONS:	AGENCY RESPONSES:
NAME OF AGENCY:	
SERVICE CATEGORY (identify the service category for which the proposal is being submitted):	
PROGRAM TITLE:	
PRIORITY POPULATION (include the unduplicated number to be served annually):	
GEOGRAPHIC AREA TO BE SERVED:	
COMMISSION DISTRICT(S) TO BE SERVED:	
PROGRAM STATUS (expanded or new program):	
PROGRAM START DATE (if new program):	
TOTAL PROGRAM BUDGET:	\$
AMOUNT OF FUNDING REQUEST (how much you are requesting in the proposal):	\$
UNIT COST SERVICE DESCRIPTION:	
UNIT COST OF SERVICE:	
IDENTIFY IF AGENCY IS CURRENTLY ACCREDITED BY NONPROFITS FIRST: (Yes or No)	
OVERVIEW (3 sentence overview of the program – this must be short and concise and will be used to communicate the purpose of programs and services to the Board of County Commissioners and various publications):	

SPECIAL NOTICE:

Contracted agencies must comply with the current Health Insurance Portability and Accountability Act (HIPAA). If your agency does not provide services that fall under HIPAA Privacy Rules, please state that in the above overview.

ATTACHMENT 6: INTERNAL CONTROL QUESTIONNAIRE

GENERAL			
The following questions relate to the internal accounting controls of the overall organization.	Yes	No	N/A
1. Are the duties for key employees of the organization defined?			
2. Is there an organization chart that sets forth the actual lines of responsibility?			
3. Are written procedures maintained covering the recording of transactions?			
a. Covering an accounting manual?			
b. Covering a chart of accounts?			
4. Do the procedures, chart of accounts, etc., provide for identifying receipts and expenditures of program funds separately for each grant?			
5. Does the accounting system provide for accumulating and recording expenditures by grant and cost category shown in the approved budget?			
6. Does the organization maintain a policy manual covering the following:			
a. Approval authority for financial transactions?			
b. Guidelines for controlling expenditures, such as purchasing requirements and travel authorizations?			
7. Are there procedures governing the maintenance of accounting records?			
a. Are subsidiary records for accounts payable, accounts receivable, etc., balanced with control accounts on a monthly basis?			
b. Are journal entries approved, explained and supported?			
c. Do accrual accounts provide adequate control over income and expense?			
d. Are accounting records and valuables secured in limited access areas?			
8. Are duties separated so that no one individual has complete authority over an entire financial transaction?			
9. Does the organization use an operating budget to control funds by activity?			
10. Are there controls to prevent expenditure of funds in excess of approved, budgeted amounts? For example, are purchase requisitions reviewed against remaining amount in budget category?			
11. Has any aspect of the organization's activities been audited within the past 2 years by another governmental agency or independent public accountant?			
12. Has the organization obtained fidelity bond coverage for responsible officials?			
13. Has the organization obtained fidelity bond coverage in the amounts required by statutes or organization policy?			
14. Are grant financial reports prepared for required accounting periods within the time imposed by the grantors?			
15. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate?			

CASH RECEIPTS	YES	NO	N/A
1. Does the organization have subgrant agreements which provide for advance payments and/or reimbursement of cost?			
2. If advance payments have been made to the organization:			
a. Are funds maintained in a bank with sufficient federal deposit insurance?			
b. Is there an understanding of the terms of the advance (i.e. to be used before costs can be submitted for reimbursement)?			

PURCHASING, RECEIVING, AND ACCOUNTS PAYABLE	YES	NO	N/A
The following conditions are indicative of satisfactory control over purchasing, receiving, and accounts payable.			
1. Prenumbered purchase orders are used for all items of cost and expense.			
2. There are procedures to ensure procurement at competitive prices.			
3. Receiving reports are used to control the receipt of merchandise.			
4. There is effective review by a responsible official following prescribed procedures for program coding, pricing, and extending vendors' invoices.			
5. Invoices are matched with purchase orders and receiving reports.			
6. Costs are reviewed for charges to direct and indirect cost centers in accordance with applicable grant agreements and applicable Federal Management circulars pertaining to cost principles.			
7. When accrual accounting is required, the organization has adequate controls such as checklists for statement closing procedures to ensure that open invoices and un-invoiced amounts for goods and services received are properly accrued or recorded in the books or controlled through worksheet entries.			
8. There is adequate segregation of duties in that different individuals are responsible for (a) purchase (b) receipt of merchandise or services, and (c) voucher approval.			

PURCHASING	YES	NO	N/A
1. Is the purchasing function separate from accounting and receiving?			
2. Does the organization obtain competitive bids for items, such as rental or service agreements, over specified amounts?			
3. Is the purchasing agent required to obtain additional approval on purchase orders above a stated amount?			
4. Are there procedures to obtain the best possible price for items not subject to competitive bidding requirements, such as approved vendor lists and supply item catalogs?			
5. Are purchase orders required for purchasing all equipment and services?			
6. Are purchase orders controlled and accounted for by prenumbering and keeping a logbook?			
7. Are the organization's normal policies, such as competitive bid requirements, the same as grant agreements and related regulations?			
8. Is the purchasing department required to maintain control over items or dollar amounts requiring the ADECA to give advance approval?			

9. Under the terms of 2 CFR 200, certain costs and expenditures incurred by units of State and local governments are allowable only upon specific prior approval of the grantor Federal agency. The grantee organization should have established policies and procedures governing the prior approval of expenditures in the following categories.			
a. Automatic data processing costs.			
b. Building space rental costs.			
c. Costs related to the maintenance and operation of the organization's facilities.			
d. Costs related to the rearrangement and alteration of the organization's facilities.			
e. Allowances for depreciation and use of publicly owned buildings.			
f. The cost of space procured under a rental purchase or a lease-with-option-to-purchase agreement.			
g. Capital expenditures.			
h. Insurance and indemnification expenses.			
i. The cost of management studies.			
j. Preagreement costs.			
k. Professional services costs.			
l. Proposal costs.			
10. Under the terms of 2 CFR 200 certain costs incurred by units of State and local governments are <u>not</u> allowable as charges to Federal grants. The grantee organization should have established policies and procedures to preclude charging Federal grant programs with the following types of costs.			
a. Bad debt expenses.			
b. Contingencies.			
c. Contribution and donation expenditures			
d. Entertainment expenses.			
e. Fines and penalties.			
f. Interest and other financial costs.			
g. Legislative expenses.			
h. Charges representing the nonrecovery of costs under grant agreements.			

RECEIVING	YES	NO	N/A
1. Does the organization have a receiving function to handle receipt of all materials and equipment?			
2. Are supplies and equipment inspected and counted before acceptance for use?			
3. Are quantities and descriptions of supplies and equipment checked by the receiving department against a copy of the purchase order or some other form of notification?			
4. Is a logbook or permanent copy of the receiving ticket kept in the receiving department?			
ACCOUNTS PAYABLE	YES	NO	N/A
1. Is control established over incoming vendor invoices?			
2. Are receiving reports matched to the vendor invoices and purchase orders, and are all of these documents kept in accessible files?			

3. Are charges for services required to be supported by evidence of performance by individuals other than the ones who incurred the obligations?			
4. Are extensions on invoices and applicable freight charges checked by accounts payable personnel?			
5. Is the program to be charged entered on the invoice and checked against the purchase order and approved budget?			
6. Is there an auditor of disbursements who reviews each voucher to see that proper procedures have been followed?			
7. Are checks adequately cross referenced to vouchers?			
8. Are there individuals responsible for accounts payable other than those responsible for cash receipts?			
9. Are accrual accounts kept for items which are not invoiced or paid on a regular basis?			
10. Are unpaid vouchers totaled and compared with the general ledger on a monthly basis?			

CASH DISBURSEMENTS	YES	NO	N/A
The following conditions are indicative of satisfactory controls over cash disbursements:			
i. Duties are adequately separated; different persons prepare checks, sign checks, reconcile bank accounts, and have access to cash receipts.			
ii. All disbursements are properly supported by evidence of receipt and approval of the related goods and services.			
iii. Blank checks are <u>not</u> signed.			
iv. Unissued checks are kept in a secure area.			
v. Bank accounts are reconciled monthly.			
vi. Bank accounts and check signers are authorized by the board of directors or trustees.			
vii. Petty cash vouchers are required for each fund disbursement.			
viii. The petty cash fund is kept on an imprest basis.			
1. Are checks controlled and accounted for with safeguards over unused, returned, and voided checks?			
2. Is the drawing of checks to cash or bearer prohibited?			
3. Do supporting documents, such as invoices, purchase orders, and receiving reports, accompany checks for the check signers' review?			
4. Are vouchers and supporting documents appropriately cancelled (stamped or perforated) to prevent duplicate payments?			
5. If check signing plates are used, are they adequately controlled (i.e., maintained by a responsible official who reviews and accounts for prepared checks)?			
6. Are two signatures required on all checks or on checks over stated amounts?			
7. Are check signers responsible officials or employees of the organization?			
8. Is the person who prepares the check or initiates the voucher other than the person who mails the check?			
9. Are bank accounts reconciled monthly and are differences resolved?			
10. Concerning petty cash disbursements:			

a. Is petty cash reimbursed by check and are disbursements reviewed at that time?			
b. Is there a maximum amount, reasonable in the circumstances, for payments made in cash?			
c. Are petty cash vouchers written in ink to prevent alteration?			
d. Are petty cash vouchers canceled upon reimbursement of the fund to prevent their reuse?			

PAYROLL	YES	NO	N/A
The following conditions are indicative of satisfactory controls of payroll: i. Written authorizations are on file for all employees covering rates of pay, withholdings and deductions. ii. The organization has written personnel policies covering job descriptions, hiring procedures, promotions, and dismissals. iii. Distribution of payroll charges is based on documentation prepared outside the payroll department. iv. Payroll charges are reviewed against program budgets and deviations are reported to management for follow-up action. v. Adequate timekeeping procedures, including the use of time clock or attendance sheets and supervisory review and approval, are employed for controlling paid time. vi. Payroll checks are prepared and distributed by individuals independent of each other. vii. Other key payroll and personnel duties such as timekeeping, salary authorization and personnel administration are adequately separated.			
1. Are payroll and personnel policies governing compensation in accordance with the requirements of grant agreements?			
2. Are there procedures to ensure that employees are paid in accordance with approved wage and salary rates?			
3. Is the distribution of payroll charges checked by a second person and are aggregate amounts compared to the approved budget?			
4. Are wages paid at or above the Federal minimum wage?			
5. Are procedures adequate for controlling: (a) Overtime wages, (b) Overtime work authorization, and (c) Supervisory approval of overtime?			
6. Are payroll checks distributed by persons not responsible for preparing the checks?			

PROPERTY AND EQUIPMENT	YES	NO	N/A
The following conditions are indicative of satisfactory control over property and equipment: i. There is an effective system of authorization and approval of capital equipment expenditures. ii. Accounting practices for recording capital assets are reduced to writing. iii. Detailed records of individual capital assets are kept and periodically balanced with the general ledger accounts. iv. There are effective procedures for authorizing and accounting for disposals. v. Property and equipment is stored in a secure place.			

1. Are executive authorizations and approvals required for originating expenditures for capital items?			
2. Are expenditures for capital items reviewed for board approval before funds are committed?			
3. Does the organization have established policies covering capitalization and depreciation?			
4. Does the organization charge depreciation or use allowances on property and equipment against any grant programs that it administers?			
5. Is historical cost the basis for computing depreciation or use allowances?			
6. Are the organization's depreciation policies or methods of computing use allowances in accordance with the standards outlined in Federal circulars or agency regulations?			
7. Are there detailed records showing the asset values of individual units of property and equipment?			
8. Are detailed property records periodically balanced to the general ledger?			
9. Are detailed property records periodically checked by physical inventory?			
10. Are differences between book records and physical counts reconciled and are the records adjusted to reflect shortages?			
11. Are there procedures governing the use of property and equipment?			

INDIRECT COSTS	YES	NO	N/A
1. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate?			
2. Is the plan prepared in accordance with the provisions of 2 CFR 200?			
3. Has audit cognizance for the plan been established and are the rates accepted by all participating Federal and State agencies?			
4. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges as direct or indirect costs to all grants?			

ATTACHMENT 7: CORE STRATEGIES AND APPROVED USES CROSSWALK

Please complete this form as completely as possible, including the allocation of funds for each strategy and/or approve use; outcomes and whether the focus is on SDoH or Acute Crisis/Residential.

Schedule A Core Strategies	Description
A. Naloxone or other FDA-approved drug to reverse opioid overdoses	<ol style="list-style-type: none"> 1. Expand training for first responders, schools, community support groups and families; and 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.
B. Medication-Assisted Treatment (MAT) Distribution and other opioid-related treatment	<ol style="list-style-type: none"> 1. Increase distribution of MAT to non-Medicaid eligible or uninsured individuals; 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse; 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and 4. Treatment and Recovery Support Services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication with other support services.
C. Pregnant & Postpartum Women	<ol style="list-style-type: none"> 1. Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non Medicaid eligible or uninsured pregnant women; 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“OUD”) and other Substance Use Disorder (“SUD”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and 3. Provide comprehensive wrap-around services to individuals with Opioid Use Disorder (OUD) including housing, transportation, job placement/training, and childcare
D. Expanding Treatment for Neonatal abstinence Syndrome	<ol style="list-style-type: none"> 1. Expand comprehensive evidence-based and recovery support for NAS babies; 2. Expand services for better continuum of care with infant-need dyad; and 3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.
E. Expansion of Warm Hand-off Programs and Recovery Services	<ol style="list-style-type: none"> 1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments; 2. Expand warm hand-off services to transition to recovery services; 3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions. ; 4. Provide comprehensive wrap-around services to individuals in recovery including housing, transportation, job placement/training, and childcare; and 5. Hire additional social workers or other behavioral health workers to facilitate expansions above.
F. Treatment for Incarcerated Population	<ol style="list-style-type: none"> 1. Provide evidence-based treatment and recovery support including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and 2. Increase funding for jails to provide treatment to inmates with OUD.

G. Prevention Programs	<ol style="list-style-type: none"> 1. Funding for media campaigns to prevent opioid use (similar to the FDA’s “Real Cost” campaign to prevent youth from misusing tobacco); 2. Funding for evidence-based prevention programs in schools.; 3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing); 4. Funding for community drug disposal programs; and 5. Funding and training for first responders to participate in pre-arrest diversion programs, post overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.
H. Expanding Syringe Services Programs	<ol style="list-style-type: none"> 1. Provide comprehensive syringe services programs with more wrap-around services including linkage to OUD treatment, access to sterile syringes, and linkage to care and treatment of infectious diseases.
I. Evidence-based data collection and research analyzing the effectiveness of the abatement strategies in the State	No further description provided
Schedule B Approved Uses	
A. Treat Opioid Use Disorder	<p>Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration. 2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions 3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services. 4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence informed practices such as adequate methadone dosing and low threshold approaches to treatment. 5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose. 6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma. 7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions. 8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including tele mentoring to assist community-based providers in rural or underserved areas. 9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions. 10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

	<p>11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.</p> <p>12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.</p> <p>13. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.</p> <p>14. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication-Assisted Treatment.</p>
<p>B. Support People in Treatment and Recovery</p>	<p>Support people in treatment for or recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare. 2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services. 3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions. 4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services. 5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions. 6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions. 7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions. 8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions. 9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of

	<p>high-quality programs to help those in recovery.</p> <ol style="list-style-type: none"> 10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family. 11. Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma. 12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment. 13. Create or support culturally appropriate services and programs for persons with OUD and any co occurring SUD/MH conditions, including new Americans. 14. Create and/or support recovery high schools. 15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
<p>C. Connect people Who Need Help to the Help they Need (Connections to Care)</p>	<p>Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment. 2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid. 3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common. 4. Purchase automated versions of SBIRT and support ongoing costs of the technology. 5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments. 6. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services. 7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically-appropriate follow-up care through a bridge clinic or similar approach. 8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose. 9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid related adverse event. 10. Provide funding for peer support specialists or recovery coaches in

	<p>emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.</p> <p>11. Expand warm hand-off services to transition to recovery services.</p> <p>12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.</p> <p>13. Develop and support best practices on addressing OUD in the workplace.</p> <p>14. Support assistance programs for health care providers with OUD.</p> <p>15. Engage non-profits and the faith community as a system to support outreach for treatment.</p> <p>16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.</p>
<p>D. Address the Needs of Criminal-Justice Involved Persons</p>	<p>Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:</p> <p>1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:</p> <ul style="list-style-type: none"> a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI); b. Active outreach strategies such as the Drug Abuse Response Team (DART) model; c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services; d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise

<p>E. Address the Needs of Pregnant or Parenting Women and their families, including babies with neonatal abstinence syndrome</p>	<p>Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome. 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum. 3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions. 4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families. 5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care. 6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions. 7. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions. 8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events. 9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training. 10. Support for Children’s Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.
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<p>F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids</p>	<p>Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing). 2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids. 3. Continuing Medical Education (CME) on appropriate prescribing of opioids. 4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain. 5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that: <ol style="list-style-type: none"> a. Increase the number of prescribers using PDMPs; b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules. 6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules. 7. Increase electronic prescribing to prevent diversion or forgery. 8. Educate Dispensers on appropriate opioid dispensing.
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<p>G. Prevent Misuse of Opioids</p>	<p>Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence informed programs or strategies that may include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Fund media campaigns to prevent opioid misuse. 2. Corrective advertising or affirmative public education campaigns based on evidence. 3. Public education relating to drug disposal. 4. Drug take-back disposal or destruction programs. 5. Fund community anti-drug coalitions that engage in drug prevention efforts. 6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). 7. Engage non-profits and faith-based communities as systems to support prevention. 8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others. 9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids. 10. Create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions. 11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills. 12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.
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<p>H. Prevent Overdose Deaths and Other Harms (Harm reduction)</p>	<p>Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence based or evidence-informed programs or strategies that may include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, individuals at high risk of overdose, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public. 2. Public health entities provide free naloxone to anyone in the community 3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public. 4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support. 5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals. 6. Public education relating to emergency responses to overdoses. 7. Public education relating to immunity and Good Samaritan laws. 8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws. 9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs. 10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use. 11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions. 12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions. 13. Support screening for fentanyl in routine clinical toxicology testing.
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<p>I. First Responders</p>	<p>In addition to items in sections C, D, and H relating to first responders, support the following:</p> <ol style="list-style-type: none"> 1. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs. 2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.
<p>J. Leadership, Planning and Coordination</p>	<p>Support efforts to provide leadership, planning, coordination, facilitation, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Statewide, regional, local, or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services; to support training and technical assistance; or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list. 2. A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to report program or strategy outcomes; or to track, share, or visualize key opioid-related or health-related indicators and supports as identified through collaborative statewide, regional, local, or community processes. 3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list. 4. Provide resources to staff government oversight and management of opioid abatement programs.
<p>K. Training</p>	<p>In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis. 2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

<p>L. Research</p>	<p>Support opioid abatement research that may include, but is not limited to, the following:</p> <ol style="list-style-type: none"> 1. Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list. 2. Research non-opioid treatment of chronic pain. 3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders. 4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips. 5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids. 6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7). 7. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system. 8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids. 9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.
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Example of Completed Budget Submission

FY 2026 PROGRAM BUDGET WORKSHEET

PBCSD Funded Budget Items	Proposed Program Name	Palm Beach County Program	PBC Program Funder #2 Confirmed	PBC Program Funder #3 Pending	PBC Program Funder #4 Pending	Total Program Funding (All Sources)
Program Period: FY 2026	TOTAL PROGRAM FUNDING AMOUNT =	\$ 120,195.00	\$ 45,000.00	\$ 19,000.00	\$ 7,500.00	\$ 191,695.00
Program Expenses	Schedule A Core Strategies	Schedule B Approved Uses	Amount	Amount	Amount	Amount
Personnel	E. Expansion of Warm Hand-off Programs and Recovery Services	C. Connect people Who Need Help to the Help they Need (Connections to Care)	\$ 72,445.00	\$ 17,500.00	\$ 7,500.00	\$ 142,445.00
Program Manager	E. Expansion of Warm Hand-off Programs and Recovery Services	C. Connect people Who Need Help to the Help they Need (Connections to Care)	\$ 25,000.00			\$ 55,000.00
Program Assistant	E. Expansion of Warm Hand-off Programs and Recovery Services	C. Connect people Who Need Help to the Help they Need (Connections to Care)	\$ 7,500.00	\$ 7,500.00	\$ 7,500.00	\$ 37,500.00
Fringe Benefits - Program Assistant	E. Expansion of Warm Hand-off Programs and Recovery Services	B. Support People in Treatment and Recovery	\$ 900.00			\$ 900.00
Community Educator	E. Expansion of Warm Hand-off Programs and Recovery Services	B. Support People in Treatment and Recovery	\$ 39,045.00	\$ 10,000.00		\$ 49,045.00
Building /Occupancy			\$ 27,050.00	\$ -	\$ -	\$ 27,050.00
Programmatic Rent/Lease	D. Expanding Treatment for Neonatal abstinence Syndrome		\$ 20,000.00			\$ 20,000.00
Building Maintenance			\$ 3,800.00			\$ 3,800.00
Insurance			\$ 3,250.00			\$ 3,250.00
Utilities			\$ 2,400.00	\$ 1,500.00	\$ -	\$ 3,900.00
Electric			\$ 1,200.00	\$ 1,000.00		\$ 2,200.00
Water			\$ 850.00	\$ 500.00		\$ 1,350.00
Telephone			\$ 350.00			\$ 350.00

FY 2026 PROGRAM BUDGET WORKSHEET

PBCSD Funded Budget Items	Schedule A Core Strategies	Schedule B Approved Uses	Proposed Program Name	Palm Beach County Program		PBC Program Funder #2		PBC Program Funder #3		PBC Program Funder #4		Total Program Funding (All Sources)
				Proposed	Confirmed	Pending	Pending	Pending	Pending	Amount	Amount	
Program Period: FY 2026			TOTAL PROGRAM FUNDING AMOUNT =	\$ 120,195.00	\$ 45,000.00	\$ 19,000.00	\$ 7,500.00	\$ 191,695.00				
<u>Program Expenses</u>			<u>Narrative</u>	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	
Project Supplies/Equipment				\$ 4,900.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,900.00	
Office Supplies			Office supplies for program staff	\$ 500.00							\$ 500.00	
Postage/Shipping			Postage expense for client related mailing	\$ 750.00							\$ 750.00	
Printing			Printing expense for program brochures	\$ 650.00							\$ 650.00	
Materials/Program Supplies			Program related supplies used to support client base	\$ -							\$ -	
Equipment Rental			Monthly Equipment rental fee for use of X = \$500 (\$6000 per year). Palm Beach County to cover 50% of this expense (\$3000).	\$ 3,000.00							\$ 3,000.00	
<u>Professional Fees</u>				\$ 2,950.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,950.00	
Conference Registration Fees			Professional development program fee	\$ 350.00							\$ 350.00	
Training			Staff training expense for program/medical/intervention training for client	\$ 1,500.00							\$ 1,500.00	
Travel/Mileage			Program staff mileage reimbursement for client and training related meetings	\$ 1,100.00							\$ 1,100.00	
			TOTAL PROGRAM EXPENSES =	\$ 109,745.00	\$ 45,000.00	\$ 19,000.00	\$ 7,500.00	\$ 181,245.00				
<u>Administrative Expenses</u>			<u>Narrative</u>									
Personnel				\$ 7,500.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,500.00	
Executive Position #1 (1L)			A 5% allocation of the Executive Director salary expense (including fringe benefits) will be billed to Palm Beach County FAA. Executive Director total salary expense = \$85,000. 5% allocation to Palm beach County FAA = %	\$ 7,500.00							\$ 7,500.00	
<u>Consulting Fees</u>				\$ 2,950.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,950.00	
QYZ Consultants			Accounting and audit expenses for FAA program. Annual Accounting fee = \$950, Annual Audit fee = \$2,000. Total expense = \$2,950	\$ 2,950.00							\$ 2,950.00	
Administrative % of PBC Award			TOTAL ADMINISTRATIVE EXPENSES =	\$ 10,450.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,450.00	
				9.52%								

ATTACHMENT 9: SCOPE OF WORK

2026 – 2027 SCOPE OF WORK AND SERVICES

Agency Name:
Program Name:
Location:
Funding Priority:

Scope of Work

A. Program Description:

B. Priority/Focus Population: Will be defined as ...

- i. **Eligibility Criteria:** Adult residents of Palm Beach County ages 18 and over with a substance use or co-occurring disorder.
- ii. **Documentation of Eligibility:** All Individuals will be screened for eligibility. Supporting documentation of eligibility will be retained in each Participant's file.

C. Individuals Served: A minimum of # unduplicated Individuals.

D. Service Delivery:

- i. AGENCY shall

ATTACHMENT 10 – UNIT RATE

2026 – 2027 OSF AGENCIES UNITS OF SERVICE RATE AND DEFINITION

Agency Name:
 Subcategory: **Tiny Homes Recovery Transitional Housing**
 Program Name:

Service	Unit Cost / Actual Cost	Total Contract Amount
Prefabricated Tiny Homes:		
Admin Costs (capped at 5%)		
Total Contract Amount		

Actual Cost/Unit Cost expenses shall mean expenses authorized by the COUNTY pursuant to this Agreement, and reasonably incurred by AGENCY directly in connection with AGENCY’S performance of its duties and Scope of Work pursuant to this Agreement. AGENCY will sustain the program for the full Agreement period regardless of the rate of expenditure of above funds.

For actual cost reimbursement items, backup documentation must be submitted along with the invoice and signed cover letter that may include but is not limited to the following: program general ledger, copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services. Additional items may be requested as part of the invoice submission, or via desk and/or on-site monitoring on a periodic basis.

ATTACHMENT 11 - INSURANCE REQUIREMENTS

Prior to execution of the agreement by the COUNTY, the AGENCY must obtain all insurance required under this article and have such insurance approved by the COUNTY's Risk Management Department.

- A. AGENCY shall, at its sole expense, agree to maintain in full force and effect at all times during the term of the agreement, insurance coverage and limits (including endorsements), as described herein. AGENCY shall agree to provide the COUNTY with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as COUNTY's review or acceptance of insurance maintained by AGENCY are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by AGENCY under the Agreement. Where permitted by the policy, coverage shall apply on a primary and non-contributory basis.
- B. **Commercial General Liability** AGENCY shall maintain Commercial General Liability at a limit of liability not less than **\$500,000** Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by COUNTY's Risk Management Department.
- B. **Business Automobile Liability** AGENCY shall maintain Business Automobile Liability at a limit of liability not less than **\$500,000** Each Accident for all owned, non-owned and hired automobiles. In the event AGENCY does not own any automobiles, the Business Auto Liability requirement shall be amended allowing AGENCY to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form.
- C. **Workers' Compensation Insurance & Employers Liability** AGENCY shall maintain Workers' Compensation & Employers Liability in accordance with Florida Statute Chapter 440.
- D. **Professional Liability** AGENCY shall maintain Professional Liability or equivalent Errors & Omissions Liability at a limit of liability not less than **\$1,000,000** Each Claim. When a self-insured retention (SIR) or deductible exceeds **\$10,000**, COUNTY reserves the right, but not the obligation, to review and request a copy of AGENCY's most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, AGENCY shall maintain a Retroactive Date prior to or equal to the effective date of the agreement. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims - made" form. If coverage is provided on a "claims - made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of the agreement, AGENCY shall purchase a SERP with a minimum reporting period not less than three (3) years.
- E. **Additional Insured** AGENCY shall endorse the COUNTY as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents."

- F. **Waiver of Subrogation** AGENCY hereby waives any and all rights of Subrogation against the COUNTY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss contract to waive subrogation without an endorsement to the policy, then AGENCY shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which specifically prohibits such an endorsement, or which voids coverage should AGENCY enter into such a contract on a pre- loss basis.
- G. **Certificate(s) of Insurance** No later than the execution of the agreement, AGENCY shall deliver to the COUNTY’s representative as identified in Article 24, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by the agreement have been obtained and are in full force and effect. The Certificate of Insurance shall be issued to
- Palm Beach County Board of
Commissioners c/o Community Services
Department
810 West Datura Street
West Palm Beach, FL
33401
ATTN: Office of Behavioral Health and Substance Use Disorders
- H. **Umbrella or Excess Liability** If necessary, AGENCY may satisfy the minimum limits required above for Commercial General Liability, Business Auto Liability, and Employer’s Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest “Each Occurrence” limit for either Commercial General Liability, Business Auto Liability, or Employer’s Liability. The COUNTY shall be specifically endorsed as an “Additional Insured” on the Umbrella or Excess Liability, unless the Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a “Follow-Form” basis.

Right to Review COUNTY, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverage, or endorsements, herein from time to time throughout the term of the agreement. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.