Addendum No. 1 to RFP-660-660-011025-RTRYPOST-1

Notification of Funding Opportunity (NOFO) for Adult Post-Release Reentry Services FY26-FY27

January 24, 2025

This Addendum shall be added to, and become a part of the RFP/NOFO, and governed by all terms and conditions set forth therein.

- A. The Selection Committee Meeting has changed to <u>February 24, 2025</u> at <u>1:30pm EST</u>.
- **B.** The County is revising Attachment 2 of the RFP/NOFO on Page 23 of the RFP/NOFO. The revised Cover Sheet Template is attached.
- **C.** The County is updating Attachment 3 of the RFP/NOFO on Page 24 of the RFP/NOFO. The revised Submittal Checklist is attached.

ATTACHMENT 2 Cover Sheet Template

| Legal name of agency | | | | | |
|--|--|--|--|--|--|
| Fictitious Name, (d/b/a), if applicable | | | | | |
| Mailing address | | | | | |
| Contact person | | | | | |
| Contact's email address | | | | | |
| Contact's phone number | | | | | |
| Name/Title of person(s) authorized to legally bind agency (sign contract) | | | | | |
| Please check off all service categories agency is applying for | Case Management & General Client Support Services | | | | |
| Program title(s) | | | | | |
| Specific target population, including | | | | | |
| number to be served | | | | | |
| Geographic area(s) served | | | | | |
| County Commission District(s) served | | | | | |
| Program status (existing or new program) | | | | | |
| Program start date (if a new program) | | | | | |
| Total program budget (program's total | | | | | |
| budget for one (1) year) | | | | | |
| Amount of funding request from | | | | | |
| County | | | | | |
| Names of additional external agencies | | | | | |
| to be used to coordinate services | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Overview (three (3) sentence overview of the | ne program – this must be short and concise, and will be used to communicate the | | | | |
| purpose of programs and services to the Board and in various publications): | | | | | |
| | · / | | | | |
| | | | | | |
| | | | | | |

| By: | Signature | Printed name | |
|-----|-----------|--------------|--|
| | Title | Date | |

ATTACHMENT 3 Submittal Checklist

Note: Submittal Checklist should be initialed on each line to verify all components are submitted by Proposer.

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|--|----|--|---|--|
| Proposer's Initials | | | REENTRY STAFF USE ONLY (Staff Initials) | |
| | 1 | Attended <u>Mandatory</u> Pre-Proposal Meeting on January 22, 2025 at 2:00p.m., local time. | | |
| | 2 | Prepared one (1) single electronic PDF format file per Service Category, verified to include all attachments, emailed to JS- ContractManager@pbc.govContractManager@pbc.govADULT POST RELEASE REENTRY SERVICES FY26 to FY27, Proposer's Agency Name, Service Category | | |
| | 3 | Provided completed Cover Sheet (Attachment 2) All information provided Signed | | |
| | 4 | Provided completed Proposal Guidelines (Section III) | | |
| | 5 | Provided letters of intent and/or executed, active MOUs for any external community based provider to fill gaps in services if applicable. | | |
| | 6 | Provided a completed Program Budget – a sample Template (Attachment 4A or 4B based on service category applied for) | | |
| | 7 | Provided completed Program Staff Template (Attachment 5) | - | |
| | 8 | Provided completed Logic Model Template (Attachment 6) | | |
| | 9 | Provided IRS Form 990, if a 501(c)(3) corporation (Attachment 7) for non-profit agencies or Comprehensive Annual Financial Report (CAFR) for public entities | | |
| | 10 | Provided most recent completed Independent Audit and Management Letter, preferably the last fiscal or calendar year, and not older than two (2) years | | |
| | 11 | Provided most recent completed Year-End Financial Statements | | |
| | 12 | Provided completed Submittal Checklist (Attachment 3) | | |
| | 13 | Reviewed Sample Standard Contract (Attachment 9) For reference only, do NOT sign or include in Proposal | | |
| | | | - | |