STATE OF FLORIDA

DEPARTMENT OF CHILDREN AND FAMILIES

Office of Substance Abuse and Mental Health

State Mental Health Treatment Facilities

REQUEST FOR APPLICATION

DCF RFA 2425 042

Psychiatric Residents

DCF RFA 2425 042
PSYCHIATRIC RESIDENTS

Title	Psychiatric Residents
Issuing Agency	Department of Children and Families
Applications Due	January 26, 2026
Period of Performance	July 1, 2026 – June 30, 2031

TABLE OF CONTENTS

SECTION A. INTRODUCTION

1 INTRODUCTION

1.1 The Florida Department of Children and Families (Department), Substance Abuse and Mental Health (SAMH) Program is responsible for the oversight of a statewide system of care for the prevention, treatment, and recovery of children and adults with serious mental illnesses or substance abuse disorders. The Department provides high-quality mental health services to individuals with the most intensive mental health needs in the State Mental Health Treatment Facilities (SMHTF).

2 PURPOSE

2.1 This Request for Applications (RFA) aims to establish a mutually beneficial partnership between the Department and a college or university. The goal is to engage qualified Psychiatric Residents that are postgraduate year two (PGY-2) or above, to support psychiatric clinical services at the SMHTF, including Florida State Hospital (FSH), Northeast Florida State Hospital (NEFSH) and North Florida Evaluation and Treatment Center (NFETC), under the supervision of each facility's attending physician. This college or university affiliation helps NEFSH maintain certification as a behavioral health teaching facility and may enhance recruitment of new Psychiatric Physicians across all three facilities.

2.2 The Department reserves the right to make multiple awards under this RFA. Applicants may be selected to provide services at one or more of the following facilities—FSH, NEFSH, and NFETC—based on their ability to meet the specific needs of each location. No single Applicant is required to fulfill the requirements for all facilities. The Department may award contracts to different Applicants for one, some, or all facilities, in whole or in part, as necessary to best meet operational needs.

3 ELIGIBILITY

Organizations applying (Applicants) must be a college or university with a psychiatry residency program.

3.1 Residency Program Affiliation

The Applicant must provide a current affiliation agreement, memorandum of understanding, or official letter from an ACGME-accredited Psychiatry Residency Program confirming that the Applicant has authority to assign Psychiatric Residents (PGY-2 or above) to the facility(ies) identified in the Application.

3.2 Resident Registration

The Applicant must provide proof that all Psychiatric Residents to be assigned are registered with the Florida Department of Health, Board of Medicine, as Interns/Residents/Fellows. Refer to the PO Scope of Work, **Section 5.4.8., Proof of Professional Licensure** for requirements.

4 CONTACT PERSON

4.1 The sole contact point for communication (which will only be accepted in writing) regarding this RFA is:

Joseph Ruis, Procurement Officer
joseph.ruis@myflfamilies.com and CC: hqw.procurement.team.activities@myflfamilies.com

5 LIMITATIONS ON CONTACTING THE DEPARTMENT

Applicants shall limit contact regarding this RFA to the contact person listed in this section. With reference to this RFA, no representations, other than those distributed by the contact person, in writing, are binding and Applicants are cautioned that oral responses do not bind the Department.

6 TIMELINE

Any changes to these activities, dates, times, or locations, will be accomplished by addenda. All times refer to Eastern Standard Time.

EVENT	DATE	TIME	LOCATION
RFA Advertised and Released	October 10, 2025	N/A	Applicant Information Portal (VIP) Electronic Posting site: https://Applicant.myfloridamarketplace.com
Submission of Applicant Questions	November 03, 2025	2:00 PM	Section 4
Anticipated Posting of Department Responses to Inquiries	November 19, 2025	N/A	Applicant Information Portal (VIP) Electronic Posting site: https://Applicant.myfloridamarketplace.com
Applications Due	January 26, 2026	2:00 PM	Section 4
Anticipated Posting of Award(s)	April 1, 2026	N/A	Applicant Information Portal (VIP) Electronic Posting site: https://Applicant.myfloridamarketplace.com
Anticipated Contract(s) Begin Date	July 01, 2026	N/A	

7 WRITTEN QUESTIONS

7.1 All questions must be received by the Procurement Officer, no later than the date and time specified in **Section A-6., Timeline**.

7.2 Applicants are strongly encouraged to review the RFA in its entirely prior to asking questions.

7.3 The Department will not accept questions by telephone, postal mail, hand delivery or fax.

7.4 All questions should be submitted at once, rather than in multiple communications.

7.5 The Department reserves the right to respond to questions received after the written question submission deadline. It is the sole discretion of the Department to consider questions received after the written questions submission deadline.

8 OFFICIAL NOTICES

8.1 All notices, decisions, intended decisions, addenda (including Notices of Intent to Award), and other matters relating to this RFA will be posted on My Florida Market Place (MFMP) Applicant Information Portal (VIP) located at: https://vendor.myfloridamarketplace.com/

8.2 It is the responsibility of Applicants to check VIP for addenda, notices of decisions and other information or clarifications to this RFA.

9 TERM

9.1 The anticipated start date of the resulting contract is July 1, 2026. The anticipated duration of the Contract is Five (5) Years, with a Five (5) Year renewal option.

9.2 Renewal, if any, shall comply with §287.057(13), Florida Statute (F.S.), subject to legislative appropriation of funds.

10 COMPOSITION OF THE CONTRACT

The contract awarded as a result of this RFA will be composed of:

10.1 Department's Purchase Order Scope of Work

The Department's Purchase Order Scope of Work (**Appendix IV**) contains general contract terms and conditions governing the performance of work, the clients to be served, required deliverables, performance standards, and compensation.

10.2 Department's Purchase Order Terms & Conditions

The Department's Purchase Order Terms & Conditions (**Appendix V**) contains general terms and conditions required by the Department for all Respondents.

10.3 Form PUR 1000

Form PUR 1000 is incorporated by reference into the Department's Standard Contract. In the event of any conflict between Form PUR 1000 and this, the terms of this RFA shall take precedence over Form PUR 1000, unless the conflicting term is required by Florida law, in which case the term contained in Form PUR 1000 shall take precedence. Form PUR 1000 is available at: https://www.dms.myflorida.com/business_operations/state_purchasing/state_agency_resources/state_purchasing_pur_forms

10.4 Other Attachments or Exhibits

All other attachments and exhibits to the contract referenced in this RFA shall also be part of the resulting contract(s), if any; and

10.5 Application

The Application and any additional submittals, if incorporated into or attached to the Contract.

11 ORDER OF PRECEDENCE

In the event of conflict within any two (2) or more documents within the contract documents listed in A-10., the earlier listed document shall control (e.g., A-10.1 will control over A-10.2).

12 THE DEPARTMENT RESERVICES THE RIGHT TO:

12.1 Modify the Application and budget with the Applicant.

12.2 Items that may be modified include, but are not limited to goals, costs, and performance and reporting requirements.

12.3 Allow or disallow budget items.

12.4 Implement any change or required mandate by state or federal regulation(s).

SECTION B. REQUEST FOR APPLICATION SPECIFICATIONS

1 HOW TO APPLY

1.1 Format for Submitting an Application

1.1.1 Applications not meeting the specifications herein may be deemed nonresponsive, and therefore not eligible for evaluation or contract award. Applications must be typed and presented with the same topic headings and in the same order as set forth in **Section B-2** below.

1.1.2 Applications must be formatted single-spaced, for 8-1/2" x 11" paper, presented in a single electronic file, labeled in accordance with **Section B-2**., Application Components. Applications should be typed and single-spaced. All pages should be sequentially numbered. It is recognized that existing financial reports, documents, or brochures, may not comply with the prescribed format. They will be accepted in current form and not reformatted. Figures, charts, and tables should be numbered and referenced by number in the text.

1.1.3 Pages must be numbered in a logical, consistent fashion. Figures, charts, and tables should be numbered and referenced by number in the text.

1.1.4 Electronic file(s) of the Application must be submitted and clearly marked with the title of the Application, the RFA number, the Applicant's organization name, and identification of enclosed documents.

1.1.5 Documents such as financial audits, reports, and resumes, will not count against the page number limit if one is stated.

1.2 Deadline

Applications must be submitted in accordance with **Section A-6., Timeline**. Applications not received at the specified place or by the specified date and time may be rejected.

1.3 Electronic File and Process to Submit an Application

1.3.1 Applicants shall submit one complete electronic version of the Application containing the signature of an official authorized to bind the organization to the Application. The complete Application must be readable using Adobe portable document format (“pdf”). Electronic files must be emailed to email addresses stated in **Section A-4**, using software which is free of malware. Any infection resulting to the Department’s systems shall be addressed to the Department’s satisfaction at the Applicant’s expense. The Department’s maximum capacity for email attachments is 100MB. In the event an Application exceeds the Department’s maximum capacity, the Applicant must separate into multiple numbered email submissions.

1.4 How to Claim Trade Secret Protection

If the Applicant considers any portion of the documents, data or records submitted in its Application to be trade secret, as defined in Section 812.081(1)(c), F.S., and exempt from public inspection or disclosure pursuant to Florida’s Public Records Law, the Applicant must submit all such information in a separate document, with the words "Trade Secret" included in the file name) clearly labeled DCF RFA 2425 042 – Trade Secret Material.

Appropriate cross-references should be included in nonexempt materials. The first page of the electronic file must explain why the information in the document is considered a trade secret. This submission must be made no later than the Application submittal deadline. Where such information is part of material already required to be submitted as a separately bound or enclosed portion of the Application, it shall be further segregated and separately bound or enclosed and clearly labeled as set forth above in addition to any other labeling required of the material.

1.5 Applicant’s Duty to Respond to Public Records Requests

In response to any notice by the Department that a public records request received by the Department encompasses any portion of the separately bound part of the Applicant’s response to this RFA or other submissions labeled as “trade secret,” the Applicant shall expeditiously provide the Department, or the public pursuant to subsection 119.0701(2), F.S., with a redacted version of the document(s) and identify in writing the specific statutes and facts that authorize exemption of the information from the Public Records Law. If different exemptions are claimed to be applicable to different portions of the redacted information, the Applicant shall provide information correlating the nature of the claims to the redacted information. The redacted copy must only exclude or obliterate only those exact portions that are claimed confidential or trade secret. If the Applicant fails to promptly submit a redacted copy and justification in response to the notice of a public records request, the Department is authorized to produce the records sought without any redaction.

1.6 Department Not Obligated to Defend Applicant Claims

The Department is not obligated to agree with or defend any Applicant claim of exemption from inspection and copying under the State’s Public Records Law. The Provider is responsible for defending such claims. Further, the Provider shall protect, defend, and indemnify, including attorney’s

fees and costs, the Department for actions (including litigation initiated by the Department) arising from or relating to such claims.

2 APPLICATION COMPONENTS

This section prescribes the format in which Applications must be submitted. Additional information deemed appropriate by the Applicant may be included but should be placed within the relevant section.

In its response to the RFA, the Applicant must demonstrate a clear understanding and knowledge of clinical care in the field of behavioral health as it relates to patient care.

2.1 Application Section 1: Title Page, Table of Contents, And Applicant Information

2.1.1 The Application shall contain a Title Page, to include at a minimum, the following information:

2.1.1.1 The RFA Number and Title;

2.1.1.2 The Applicant's legal name and Unique Entity ID (UEI);

2.1.1.3 The name, title, telephone number, email, and address and mailing address of an authorized representative who may respond to inquiries regarding the Application;

2.1.1.4 The name of the program coordinator, if known;

2.1.1.5 Proof of legal entity and authorization to do business with the State.

2.1.2 The Application shall include a Table of Contents.

2.2 Application Section 2: Required Documents

2.2.1 Signature Authority. Include a signed certificate (**Appendix I**), completing either **Section A** (or providing a corporate resolution or other duly executed certification issued in Applicant's normal course of business) or **Section B**, demonstrating the person signing the Application, and its statements and certifications, is authorized to make such representations and to bind the Applicant.

2.2.2 Applicant Certifications. Include the Applicant Certifications Form (**Appendix II**) signed by the person named in the Certificate of Signature Authority as the Authorized Representative of the Applicant and with "true" checked next to each of the Certifications (a) through (f).

2.3 Application Section 3: Organization Background and Qualifications

Describes the organization and its qualifications.

2.3.1 A brief overview of the history of the organization

2.3.2 Brief overview of organization's experience working with the Department or other agencies.

2.3.3 Eligibility

The Applicant must provide proof of meeting the Eligibility requirements stated in **Section A-3**.

2.3.3.1 The Applicant must provide information demonstrating the ability to assign, monthly, at least one qualified Psychiatric Resident (PGY-2 or above) to Florida State Hospital (FSH) and at least one to Northeast Florida State Hospital (NEFSH). The Applicant may also propose to assign Psychiatric Residents to North Florida Evaluation and Treatment Center (NFETC), as available. Applicants are not required to apply for all facilities but must meet the staffing requirement(s) for any facility to which they are applying.

2.4 Application Section 4: Service Capability

2.4.1 Applicant Capabilities:

2.4.1.1 The Applicant must provide a complete and detailed description demonstrating its ability to perform all tasks required in the Scope of Work. This description must explicitly include:

2.4.1.2 The Applicant's capacity to assign at least one qualified Psychiatric Resident (PGY-2 or above) monthly to NEFSH, and, if applicable, Psychiatric Residents to FSH and NFETC.

2.4.1.3 How the Applicant will ensure continuity and coverage of services throughout the term of the Agreement.

2.4.1.4 Any processes, systems, or strategies the Applicant uses to ensure compliance with documentation, monitoring, and Department reporting requirements.

2.4.1.5 Subcontracting of the required services is not permitted.

2.4.2 Key Staff and Management

2.4.2.1 Provide resumes and a description of relevant experience for all key staff and management personnel who will be involved in providing services under this Agreement. For each individual, include:

2.4.2.2 Relevant professional qualifications (e.g., licensure, certifications, or residency level for assigned staff).

2.4.2.3 Experience providing psychiatric or related clinical services, including supervisory or oversight responsibilities.

2.4.2.4 Any prior experience working in state hospitals, forensic or evaluation/treatment settings, or similar environments.

2.4.3 Organizational Experience

2.4.3.1 Provide a brief overview of the organization's experience providing services similar to those described in this RFA. Include:

2.4.3.2 Past achievements and accomplishments in comparable programs or settings.

2.4.3.3 Evidence of impact, outcomes, or measurable success in prior contracts or projects.

2.4.3.4 Any experience demonstrating the organization's ability to meet or exceed the performance standards described in the Scope of Work.

2.5 Application Section 5: Financial & Staffing

This will be a fixed rate agreement. Applicants shall provide the costs as shown in Appendix III, Cost Proposal & Staffing Proposal. For each facility applied to (FSH, NEFSH, and/or NFETC), the Applicant must provide a written staffing plan verifying the ability to assign at least one qualified Psychiatric Resident (PGY-2 or above, if applicable) on a monthly basis for the term of the agreement.

3 AWARD

3.1 Application Scoring

3.1.1 Evaluators shall assign scores to each of the Applications received by the Department based on the considerations detailed for each criterion:

3.1.2 The assignment of an individual score is based upon the following description of the point scores, unless otherwise noted for a specific criterion:

THE APPLICATION DEMONSTRATES OR DESCRIBES…	CATEGORY	ASSIGN POINTS

…extensive competency, proven capabilities, an outstanding approach to the subject area, innovative, practical and effective solutions, a clear and complete understanding of inter-relationships, clear and comprehensive understanding of the requirements and planning for the unforeseen.	Superior	4
…clear competency, consistent capability, a reasoned approach to the subject area, feasible solutions, a generally clear and complete description of inter-relationships, and a sound understanding of the requirements.	Good	3
…fundamental competency, adequate capability, a basic approach to the subject area, apparently feasible but somewhat unclear solutions, a weak description of inter-relationships in some areas, a fair understanding of the requirements and a lack of staff experience and skills in some areas	Adequate	2
…little competency, minimal capability, an inadequate approach to the subject area, infeasible or ineffective solutions, somewhat unclear, incomplete, a lack of understanding of the requirements and a lack of demonstrated experience and skills.	Poor	1
…a significant or complete lack of understanding, an incomprehensible approach, a significant or complete lack of skill and experience and extensive incompleteness.	Insufficient	0

3.2 Criteria

The Department's Evaluators will independently evaluate each Application in accordance with the following criteria:

CRITERIA	SCORE (0-4)	WEIGHT
SECTION 3: ORGANIZATION BACKGROUND AND QUALIFICATIONS		
Criterion 1: Organization Background and Qualifications • Does the Applicant provide sufficient overview of the organization's history? • How well does the Application demonstrate historical experience working with the Department or other agencies in providing the services described in this RFA?		3
SECTION 3: ELIGIBILITY (YES or NO ONLY)		
Residency Program Affiliation	☐ Yes	☐ No
Did the Applicant provide a current affiliation agreement, MOU, or official letter from an ACGME-accredited Psychiatry Residency Program confirming authority to assign Psychiatric Residents?		
Resident Registration with Florida DOH	☐ Yes	☐ No
Did the Applicant provide proof that residents are (or will be) registered as Interns/Residents/Fellows with the Florida Department of Health, Board of Medicine?		

CRITERIA	SCORE (0-4)	WEIGHT
Facility Staffing Commitment	☐ Yes	☐ No
For each facility the Applicant applied to (FSH, NEFSH, NFETC): Did the Applicant provide a written staffing plan, signed by the Residency Program Director (or designee), verifying the ability to assign at least one Psychiatric Resident (PGY-2 or above) monthly?		
Accreditation Verification	☐ Yes	☐ No
Did the Applicant provide documentation that the residency program is accredited by the Accreditation Council for Graduate Medical Education (ACGME)?		
SECTION 4: SERVICE CAPABILITY		
Criterion 2: Proposed Service Capability: • Does the Applicant demonstrate the capacity to provide qualified Psychiatric Residents (PGY-2 or above) on a monthly basis to each facility for which they are applying, meeting the following minimum requirements: at least one Psychiatric Resident assigned to NEFSH, and Psychiatric Residents assigned to FSH and NFETC, as available? • Does the Application include a complete and detailed description regarding the Applicant's capability to meet the requirements of the Scope of Work? • Does the Application include resumes and a description of relevant experience for any key staff and management personnel that will be involved? • Does the Application include a brief overview of the organization's experience with providing similar services, such as the organization's past achievements, accomplishments, and evidence of impact?		4
TOTAL:	28	7

3.3 FINANCIAL CRITERIA

The Department's Evaluator(s) will independently evaluate each Financial Application in accordance with the following criteria:

CRITERIA	SCORE (0-4)	WEIGHT
SECTION 5: Cost Proposal and Staffing Proposal		

CRITERIA	SCORE (0-4)	WEIGHT
Completeness of Staffing Plan The staffing plan addresses each facility applied to (FSH, NEFSH, and/or NFETC), specifies assignment of at least one Psychiatric Resident (PGY-2 or above, if applicable) on a monthly basis, and covers the full agreement term. **Feasibility and Sustainability** The staffing plan demonstrates a realistic ability to maintain monthly resident assignments, with sufficient detail on scheduling and coverage to ensure continuity of services. **Consistency with Cost Proposal** The staffing plan aligns with the Applicant's Appendix III Cost Proposal, with no inconsistencies between proposed staffing levels and the associated costs.		4
TOTAL:	16	4

APPENDIX I
CERTIFICATE OF SIGNATURE AUTHORITY

Check below and complete Section A or Section B	
	Applicant is not a sole proprietorship (Complete Section A)
	Applicant is a sole proprietorship (Complete Section B)

Section A

I, _____ (name), hold the office or position of _____ (title) with_____ (legal name of Applicant) and have authority to make official representations by said Applicant regarding its official records and hereby state that my examination of the Applicant's records show that _____ (name) currently holds the office or position of _____ (title) with the Applicant and currently has authority to make binding representations to the Department and sign all documents submitted on behalf of the above-named Applicant in response to RFA # _____, and, in so doing, to bind the named Applicant to the statements made therein.

Date:

Authorized Signature:

Printed Name:

Title:

NOTE: In lieu of the above, the Applicant may submit a corporate resolution or other duly executed certification issued in the Applicant's normal course of business to prove signature authority of the named Authorized Representative.

Section B

I, _____(name) am a sole proprietor, personally doing business in the name of _____ (name of Applicant), and will be personally bound by the Application submitted in response to RFA # _____.

Date:

Authorized Signature:

Printed Name:

APPENDIX II
APPLICANT'S CERTIFICATIONS

CERTIFICATIONS		
MASTER CERTIFICATION		
As the person named in the Certificate of Signature Authority as the Authorized Representative of the Applicant, _____ (legal name of Applicant), I confirm that I have fully informed myself of all terms and conditions of RFA #_____ (the RFA), the facts regarding the Application submitted by the Applicant in response to the RFA and the truth of each statement contained in Certifications (a) through (f) and certify, by checking the applicable "true" or "false" box below and affixing my signature hereto, that each statement in each checked certification is "true" or "false" as indicated.		
Check the applicable box next to the title to each certification:		
True	**False**	
		a. Certification of Binding Application and Acceptance of Terms of the RFA and Contract Document
		b. Statement of No Prohibited Involvement
		c. Statement Non-Collusion
		d. Certification Regarding Subcontractors
		e. Certification Regarding Prior Contractual Obligations
		f. Certification of Representations Per sections 287.133, and 287.134, F.S.
The content of each certification named above, set forth below, is incorporated into this Master Certification as if fully recited herein and, for each certification marked "true" above, the below signature is deemed to be affixed to each such certification. I agree that any certification not marked above will be deemed "false."		
Signature of Authorized Representative:		Date:
a. Certification of Binding Application and Acceptance of Terms of the RFA and Contract Document		
By checking the "True" box in the Master Certification and signing the same, I hereby certify that the Applicant's Application submitted in response to the Department of Children and Families Request for Applications (the RFA) is binding on the Applicant in accordance with the terms of the RFA. If awarded any contract as a result of the RFA, the Applicant will comply with the specifications, terms, and conditions stated in the RFA and the contract document.		
b. Statement of No Prohibited Involvement		
By checking the "True" box in the Master Certification and signing the same, I hereby certify that no member of this firm or any person having interest in this firm has: Been awarded a contract as described in subsections 287.057(17)(c), Florida Statutes, to perform a feasibility study of the potential implementation of a subsequent contract to support this project, participated in drafting of a RFA for this specific project, or developed a program for future implementation of this project.		
c. Statement of Non-Collusion		
By checking the "True" box in the Master Certification and signing the same, I hereby certify that all persons, companies, or parties interested in the RFAP as principals are named therein, that the Applicant's Application is made without collusion with any other Applicant.		
d. Certification Regarding Subcontractors		
By checking the "True" box in the Master Certification and signing the same, I hereby certify the Applicant's agreement that by submitting an Application to this RFA, the Applicant waives any exclusivity provision in its subcontractor agreements.		

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e. Certification Regarding Prior Contractual Obligations
By checking the "True" box in the Master Certification and signing the same, I hereby certify the Applicant has not: (1) Failed to correct any unsatisfactory performance in a previous contract to the satisfaction of any Agency or eligible user. (2) Had a contract terminated by any Agency or eligible user for cause; or (3) Failed to sign a contract awarded by any Agency.
f. Certification of Representations Per Sections 287.042, 287.133 and 287.134, Florida Statutes
By checking the "True" box in the Master Certification and signing the same, I hereby certify the Applicant is not listed on the Suspended Applicants List maintained pursuant to Rule 60A-1.006, F.A.C., Convicted Applicants List created and maintained pursuant to section 287.133, F.S., or on the Discriminatory Applicants List created and maintained pursuant to section 287.134, F.S, and for Federal funds, not be listed on the governmentwide exclusions in the System for Award Management (SAM).

TIE BREAKING CERTIFICATIONS	
Statutory Preferences When Awarding Contracts Various provisions of Chapters 287 and 295, F.S., provide qualifying Applicants the advantage of "tie breakers" whenever two or more bids, Applications, or replies received by an agency are equal with respect to price, quality, and service. In order to take advantage of the below "tie breakers," a Applicant who meets the statutory qualifications for one or more of these "tie breakers" must certify that it qualifies for the cited preference. Completion of the certification is optional for qualifying Applicants; however, a Applicant waives all rights to consideration of a "tie breaker" if it fails to submit the certification on or before the deadline to submit its bid, Application or reply.	
MASTER CERTIFICATION – TIE-BREAKING CERTIFICATIONS	
As the Authorized Representative of the Applicant, _____ (legal name of Applicant), I confirm that I have fully informed myself of all terms and conditions of the RFA _____(the RFA), the facts regarding the Application submitted by the Applicant in response to the RFA and the truth of each statement contained in Certifications (g) through (k) and certify, by checking one or more of the boxes below and affixing my signature hereto, that each statement in each checked certification is true.	
Check the box next to the title to each certification that is true:	
	g. Certification of a Certified Minority Business Enterprise
	h. Certification of a Certified Veteran Business Enterprise
	i. Certification of a Florida Business
	j. Certification of a Foreign Manufacturer with a Factory in Florida
	k. Certification of a Drug Free Workplace
The content of each certification named above, set forth below, is incorporated into this Master Certification as if fully recited herein and, for each certification marked "true," above, the below signature is deemed to be affixed to each such certification. I agree that any certification not marked above will be deemed "false."	
Signature of Authorized Representative:	Date:
g. Certification of a Certified Minority Business Enterprise	
By checking the "True" box in the Master Certification – Tie-Breaking Certifications and signing the same, I hereby certify that my organization is a Certified Minority Business Enterprise in accordance with section 287.0943, Florida Statutes.	
h. Certification of a Florida Certified Veteran Business Enterprise	

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By checking the "True" box in the Master Certification – Tie-Breaking Certifications and signing the same, I hereby certify that my organization is a Certified Veteran Business Enterprise in accordance with section 295.187, Florida Statutes.
i. Certification of a Florida Business
By checking the "True" box in the Master Certification – Tie-Breaking Certifications and signing the same, I hereby certify that my organization's principal place of business is located within Florida in accordance with section 287.084, Florida Statutes.
j. Certification of a Foreign Manufacturer with a Factory in Florida
By checking the "True" box in the Master Certification – Tie-Breaking Certifications and signing the same, I hereby certify that my manufacturing organization has a factory in Florida that employs over 200 employees working in Florida in accordance with section 287.092, Florida Statutes.
k. Certification of a Drug Free Workplace
By checking the "True" box in the Master Certification and signing the same, I hereby certify the Applicant currently maintains a drug-free workplace environment in accordance with section 287.087, Florida Statutes, and will continue to promote this policy through implementation of that section.

APPENDIX III
COST PROPOSAL & STAFFING PROPOSAL

The application must include both a **Cost Proposal** and a **Staffing Proposal**.

Cost Proposal

The Cost Proposal must include hourly rates for each staffing level proposed (**Table A**), organized by postgraduate year (PGY). Additional documents with supporting details may be attached as needed.

Staffing Proposal

The staffing proposal (**Table B**) must detail the Applicant's plan for assigning Psychiatric Residents to monthly rotations at one or more of the following facilities -- Florida State Hospital (FSH), Northeast Florida State Hospital (NEFSH), and North Florida Evaluation and Treatment Center (NFETC) -- based on the facilities for which the Applicant is applying. The Staffing Proposal should include the number of Psychiatric Residents allocated to each facility throughout the contract period. Additional documents with supporting details may be attached as needed.

TABLE A: INITIAL TERM						
Psychiatric Resident Post Graduate Year (PGY)		**FY26/27 Unit Rate Per Hour**	**FY27/28 Unit Rate Per Hour**	**FY28/29 Unit Rate Per Hour**	**FY29/30 Unit Rate Per Hour**	**FY30/31 Unit Rate Per Hour**
PGY2	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY3	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY4	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
RENEWAL TERM						
Psychiatric Resident Post Graduate Year (PGY)		**FY31/32 Unit Rate Per Hour**	**FY32/33 Unit Rate Per Hour**	**FY33/34 Unit Rate Per Hour**	**FY34/35 Unit Rate Per Hour**	**FY35/36 Unit Rate Per Hour**
PGY2	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY3	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD
PGY4	FSH	TBD	TBD	TBD	TBD	TBD
	NEFSH	TBD	TBD	TBD	TBD	TBD
	NFETC	TBD	TBD	TBD	TBD	TBD

APPENDIX III
COST PROPOSAL & STAFFING PROPOSAL

Table B: Staffing Proposal					
Fiscal Year (FY)		Number of Psychiatric Residents Proposed Each Month:			
		FSH	NEFSH	NFETC	Anticipated PGY
Initial Term	FY 26/27				
	FY 27/28				
	FY 28/29				
	FY 29/30				
	FY 30/31				
Renewal Term	FY 31/32				
	FY 32/33				
	FY 33/34				
	FY 34/35				
	FY 35/36				

APPENDIX IV
PO SCOPE OF WORK (SOW)

See attached documents.

APPENDIX V
PO TERMS & CONDITIONS

See attached documents.