ADDENDUM NUMBER FIVE

HILLSBOROUGH COUNTY HEALTH CARE SERVICES DEPARTMENT
601 EAST KENNEDY BLVD, 16th FLOOR
TAMPA, FLORIDA 33602

DATE: **February 21, 2025**

TO APPLICANT: Addenda One, Two, Three, Four, and Five are an integral part of the RFA Package under consideration by you as an Applicant in connection with the subject matter herein below identified. Hillsborough County deems all Applications to have been proffered in recognition and consideration of the entire RFA package – including all issued addenda. For purposes of clarification, receipt of this present Addendum by an Applicant should be evidenced by returning it (signed) as part of the Applicant's electronically submitted Application.

ADDENDUM TO: **THE PROVISION OF OPIOID SETTLEMENT FUNDS**

RFA NUMBER: **HCS 1-25**

RFA SUBMISSION DEADLINE DATE AND TIME: **WEDNESDAY, FEBRUARY 26, 2025, 5:00 PM, EST**

PLACE: Health Care Services Department, jessupd@hcfl.gov

REASON FOR ISSUANCE OF THIS FIFTH ADDENDUM: The information included herein is hereby incorporated into the documents of this present RFA matter and supersedes any conflicting documents or portions thereof previously issued.

> ****IMPORTANT NOTE TO APPLICANTS****: A final Addendum may be issued by 5:00 pm EST on February 24, 2025, to address any questions received *on or before February 24, 2025, at 2:00 pm EST*. No additional questions will be answered after this time.

1. **Our group had a clarifying question on one specific attachment within the RFA: Attachment VII, Work Force Analysis Form. Confirming, this form should be completed in relation to the specific project/program proposed within the RFA?**

   - This form should reflect your current staff members who are anticipated to work on this project.

2. **I am inquiring about Hillsborough County's Opioid RFA attachment VII. Is this form asking for demographic info on current allocated staff or projected hires?**

   - See answer for question 1 above.

3. **Are there electronic copies of the upload documents (i.e. Application Cover Sheet, Equal Opportunity Questionnaire, etc.), or do we print and hand-write each form?**

   - The complete RFA document is available on the website as a PDF that could be converted to an editable format by an applicant. Fillable financial forms have also been provided on the website.

- https://hcfl.gov/residents/health-care-plan/opioid-use-disorder-resources/opioid-settlement-fund-rfa-information

4. **On the Equal Opportunity Questionnaire (and others), there are signatures for both the applicant and witness. Is the Witness/Attest side completed by Hillsborough County or someone else within the applicant organization?**

   - The Witness/Attest side is completed by the witnesses who are present at the time the signer/applicant signs each document.

5. **As to Attachment V, Affirmative Action Plan/Equal Opportunity Policy Statement, and Attachment XI, Certificate of Insurance Coverage, I do not see anything to complete on the attachments reflected in the RFA. I clearly see the Equal Opportunity Questionnaire to complete and attach, but these two attachments do not have any fields to complete.**

   - Attachments V and XI each request applicant-specific information.

   - Regarding Attachment V, note the description on page 16, specifically number 11:

     > 11. Review Hillsborough County Equal Opportunity Requirement. For agencies of 15 or more employees, submit your agency's Affirmative Action Plan or Equal Opportunity Policy Statement, signed by the CEO or designated official as ATTACHMENT V.

   - Regarding Attachment XI, note the description on page 17, Section 2.3 number 3:

     > 3. Provide copies of appropriate insurance coverage limits as set forth in this RFA for the strategy(ies) being proposed. You must submit your Certificate of Insurance Coverage as ATTACHMENT XI. If you do not have the current limits listed in the Pro-Forma Agreement (EXHIBIT 2), please provide documentation that your agency has the ability to provide the appropriate insurance coverage effective at the beginning of the contract period.

_____ Date: _____

Printed Name

_____

Signature