

## Instructions:

Using the format provided on pages 2 through 6 of this document create a Letter of Intent to Bid on your AGENCY'S LETTERHEAD. Submit a signed, authorized letter to the Department of Human Services along with all mandatory documentation referenced in the RFP Guidelines and detailed further below by the stated deadline. Pages 2-6 of this template must be completed in their entirety. Provide a correct email address for the grant contact; it will be used to disseminate important grant information.

The Letter of Intent and all required documents are due in the Department of Human Services Contracts Office on or before 5 p.m. **Wednesday, June 15, 2016**. To fulfill the mandatory requirements in the Request for Proposal Guidelines, **ONE SET** of the documents listed below must be submitted for each agency. Submit only one set regardless of the number of proposals to be submitted.

**The Letter of Intent and all supporting documentation should be submitted electronically to [mgibbs@leegov.com](mailto:mgibbs@leegov.com) or by CD/flash drive to:**

Lee County Department of Human Services  
2440 Thompson Street  
Fort Myers, Florida 33901  
Attn: Maxine Gibbs

**All bidders must attach one complete copy of the following documents:**

- Documentation of private non-profit tax-exempt status under IRS Section 501 (c) 3.
- Articles of Incorporation.
- Current By-Laws.
- Independent certified audited financial statement of the most recent or immediate prior fiscal year, including the management letter and written response.
- Current CPA's Peer Review letter. (Contact CPA firm for letter).
- Most recently submitted Form 990 (tax return).
- Board approved Monthly Financial Statements (within last 60 days of submission).
- Monitoring Reports from any grantors/funders that were performed during the past 12 months. If there were no reports, include a note stating that no other monitoring reports were received.
- Include monitoring reports by Lee County conducted within the last 2 years. If there were no reports, include a note stating that no other monitoring reports were received.
- Board approved meeting minutes for the last 12 months, starting with the most recently approved and going back 12 months. Include explanation if there are gaps in time.
- Board of Directors current roster, which includes officers, addresses, occupations, and term. Indicate the effective date of the roster.
- Close Out report from prior year if funded by Department of Human Services.

## LETTER OF INTENT TO BID

Date

Lee County Department of Human Services  
 2440 Thompson Street  
 Fort Myers, Florida 33901  
 Attn: Maxine Gibbs  
 Email: mgibbs@leegov.com

This letter shall serve as notification that (Insert Agency Name) intends to submit a proposal(s) for funding under the Lee County Partnering for Results program.

This letter certifies that the above noted Agency meets all of the bidder qualifications stated in the Partnering for Results guidelines and as a qualified bidder intends to submit a proposal(s) for the programs listed below. Identify the following from the Guidelines: **Priority Area(s), Eligible Service(s) and Program Name(s):**

<u>Priority Area</u>	<u>Eligible Service</u>	<u>Program Name</u>

All supporting documentation listed in the Letter of Intent Instructions and Attachment 1 is included with this letter.

I hereby authorize the following individuals to receive user ID's and passwords necessary to complete the agency's proposal(s) on-line:

<u>Name (please print or type)</u>	<u>Title</u>	<u>Email address</u>	<u>Date of Bidders Technical Workshop each will attend</u> <u>June 29 @ 9:00 am</u> <u>or</u> <u>June 29 @ 1:00 pm</u>

Sincerely,

Name and Title of Authorized Official  
 Phone & Fax of Authorized Official:  
 Email address of Authorized Official:

**Provide the following information:**

<b>Applicant/Agency Name</b>	
<b>Legal Entity for Contracts</b>	
<b>Federal ID #</b>	
<b>DUNS # if registered</b>	
<b>Agency Fiscal Year (mm/dd-mm/dd)</b>	
<b>Agency Mailing Address</b>	
<b>City, State Zip</b>	
<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>Name of Contact Person</b>	
<b>Title</b>	
<b>Email Address of Contact Person</b>	
<b>Mailing Address of Contact Person</b>	
<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>Agency Web Page</b>	

**ATTACHMENT 1**

**Administrative and Fiscal Capacity**

A. Does agency utilize an accounting system that includes:	Yes	No	If No, Explain
1. General Ledger			
2. Chart of Accounts			
3. Accounts Receivable Journal			
4. Accounts Payable Journal			
5. Payroll Records			
6. What type of computer software is used for the accounting system: _____			
B. Does agency maintain a written accounting policies and procedures manual that includes:			
1. Procurement procedures			
2. Travel			
3. Property control			
C. Does agency maintain written personnel policies and procedures to ensure compliance with all State and Federal employment requirements?			
D. Does agency maintain written program operating procedures that include:			
1. Service delivery			
2. Client files			
3. Data collection			
4. Statistical reporting			

**I hereby acknowledge that (name of agency) must have the following current levels of insurance coverage (may be subject to change) to be compliant with the Lee County contract if awarded funding:**

Certificate(s) of Insurance **must name Lee County Board of County Commissioners as Certificate Holder and additional insured:**

**Name and address for Certificate Holder should be:**

Lee County Board of County Commissioners,  
P.O. Box 398, Fort Myers, FL 33902.

1. **Workers' Compensation**– Statutory benefits as defined by Florida Statute 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees. Employers' liability will have minimum limits of:  
\$100,000 per accident  
\$500,000 disease limit  
\$100,000 disease limit per employee
2. **Commercial General Liability** – Coverage shall apply to premises and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:  
\$300,000 bodily injury per person (BI)  
\$500,000 bodily injury per occurrence (BI)  
\$300,000 property damage (PD) or  
\$500,000 combined single limit (CSL) of BI and PD
3. **Business Auto Liability** – The following Automobile Liability will be required and coverage shall apply to all owned, hired, and non-owned vehicles used with minimum limits of:  
\$100,000 bodily injury per person (BI)  
\$300,000 bodily injury per occurrence (BI)  
\$100,000 property damage (PD) or  
\$300,000 combined single limit (CSL) of BI and PD
4. **Directors & Officers Liability** – Entity coverage to cover claims against the organization directly for wrongful acts with limits not less than \$100,000.
5. **Fidelity Bonding** – Covering all employees who handle the agency's funds. The bond amount must be equivalent to the highest daily cash balance or a minimum amount of \$50,000.

**I also acknowledge that all future independent audits must be in compliance with the Lee County contract as listed:**

### **Independent Audit**

A complete independent financial audit of the agency's financial statements in accordance with Generally Accepted Accounting Principles (GAAP) and/or current Generally Accepted Government Auditing Standards (GAGAS) as applicable is required and must include the following:

- auditor’s opinion
- requisite reports on internal control and compliance, if required
- management letter addressing internal controls (Note: If there were no items to be addressed, the letter must still be completed and state that no comments were noted.)
- management’s response to such letter
- the programs that are funded by this Lee County contract either in the statement of functional expenses, revenues and expenditures, footnotes, schedule of Federal awards and State financial assistance or as supplemental data in the financial statements. The statement should be consistent with programs detailed in the corresponding proposal(s), exhibit(s), and attachment(s).

An original, bound or disk version from auditors must be submitted. The audit must be submitted to the **COUNTY** no later than one hundred eighty (180) days following the end of a nonprofit **PROVIDER'S** fiscal year and two hundred seventy (270) days following the end of a government/municipality **PROVIDER'S** fiscal year. If applicable, any corrective action plan must be submitted. Failure to submit the report within the required time frame can result in the withholding of payment, or termination of the contract by the **COUNTY**.

The audit must be conducted by an independent, licensed certified public accountant with an unmodified opinion on their current peer review and must be in accordance with the General Accounting Office (GAO) Yellow Book, Generally Accepted Government Auditing Standards, OMB Circular A-133 “Audits of States, Local Governments and Non-Profit Organizations” if applicable, the Florida Single Audit Act (F.S. 215.97) if applicable, and the Auditor General Rule 10.550 (Government) or 10.650 (Not For Profit) as applicable.

Copy of the latest Form 990 must also be submitted no later than one hundred eighty (180) days following the end of a non profit **PROVIDER'S** fiscal year.

I understand that if funding is awarded, the State of Florida Online Corporations site (Sunbiz) must be current and the signor of the contracts must be noted on Sunbiz or Evidence of Authority which qualifies the signor’s ability to bind the entity to the terms and conditions of the contract must be provided prior to contract execution. If the President and/or Vice-President are noted in Sunbiz that they have signatory authority to bind the entity they can sign contracts with no additional documentation needed. If the CEO is identified in Sunbiz under the Officers/Directors Section and his/her title is identified as having signatory authority no additional documentation will be needed. If the CEO is not identified in Sunbiz, a notarized statement from President or Vice President giving the CEO authority to bind the entity must be provided.

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Signature and Title of Authorized Official

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Date