Flagler County Board of County Commissioners
General Business / Agenda Item 8.a.

Meeting Date:	October 5, 2026
Department Contact:	Joseph Hegedus, Health and Human Services Director, Jessica Martin, Procurement Coordinator, Brian Eichinger, OMB Manager
Subject:	**Consideration of Approval of Awarding Request for Proposals (RFP) Response from Therapeutic Assisted Living and Carry Out Operational Transition of the David I. Siegel Adult Day Care Center.**

Overview/Summary:
This item was continued from the Board's September 14, 2026 regular meeting to provide an opportunity for Commissioners to perform a site visit of Therapeutic Assisted Living's current operation.

During the July 13, 2026 meeting, the Board provided staff with consensus to issue a Request for Proposals (RFP) for the operation of the David I. Siegel Adult Day Care Center (ADC) program. This was new direction in follow up to the January 12, 2026 workshop, wherein the Board provided staff with consensus to dissolve the Adult Day Care program by the end of this fiscal year on September 30, 2026. Reasons cited by the Board for the dissolution of the program were limited enrollment relative to the ongoing costs of the program, with staff noting that despite the program costs and the equivalent of the County's subsidy of the program, the program remains significantly less expensive to the enrollee than in-home care.

Subsequently, the Commission received two public-private partnerships requests (pursuant to Sec. 255.065, Florida Statutes) to continue Adult Day Care operations. The board directed staff to issue the RFP in light of this interest. Procurement staff issued 26-RFP-022: Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center on August 3, 2026, with a proposal closing date of August 24, 2026. Three interested applicants completed the mandatory bidder conference meeting and submitted eligible proposals. Applications were received from Calvin's Care LLC; Mishpakha Inc.; and Therapeutic Assisted Living Corp.

The evaluation committee met on September 2, 2026 to rank the scored applications, with Therapeutic Assisted Living Corp. as the highest scoring bidder to move forward for Board consideration to operate the ADC. Staff will note that while the vendor ranked highest, there are nuanced differences in the program model, levels of service and related aspects from the bidder, as well as need to ramp up staffing, transition program licensure and other aspects that will take time to complete and ultimately may result in a slightly different program model than when operated by the County. This includes limited RN/LPN staffing, which is allowable under basic ADC state licensure, but may impact medical aspects of the program, such as regular medication management and levels of available medical response in an emergency.

Should the Board approve the highest scoring applicant, staff will work closely and quickly with the vendor to complete a Change of Ownership (CHOW) with the State of Florida Agency for Health Care Administration (AHCA). The CHOW process can take 60-90 days and successful completion is required for transfer of operations. If the selected applicant CHOW is not approved by AHCA, the program licensure and operations cannot be transferred. County staff will also work with the vendor to transfer Medicaid Managed Long Term Care (MLTC) contracts and patients, as well as private pay patient care over to the new vendor. Additionally, the County will complete related agreements with the vendor to memorialize logistical aspects such as facility use and other components.

To enact this measure staff will need to extend the Adult Day Care program between 60-90 days to allow the full transition of licensure ownership and also continuity of care. Three months of gap funding, spanning October 1 to December 31, 2026 have been included in the FY 2026-27 budget to account for this transition time.

One final item of note: ITT has recently released its original deed conditions and restrictions over the subject parcel. This release would allow the County to pursue additional uses of this parcel other than for provision of senior services, or alternatively would allow for the parcel to be disposed of as surplus to the highest and best bidder for redevelopment.

Strategic Plan:
Focus Area: Effective Government (EG)
Goal 2 – Build & Maintain Relationships to Support Effective & Efficient Government
Objective EG 2.2: Pursue policy, fiscal and legislative options to provide county leaders with the flexibility and tools needed to respond to the challenges associated with a growing community.

Funding Information:
No County funding is proposed or committed to be available under this bid, nor in any subsequent contracts. The winning bidder assumes responsibility for administrative and operational costs of ADC operations. The County will continue to provide the facility space at no cost initially, then at low-cost beyond year 1. The County will continue to maintain the facility.

Recommendations:
Staff recommends that the Board review the response from the highest-ranking bidder and take one of two possible actions:
1. The highest-ranking bidder of the ADC RFP - Therapeutic Assisted Living - is presented for board consideration to take over program, administration and operational oversight of the David I Siegel Adult Day Care Center, to include completing a CHOW and subsequent transfers of related licensing, MLTC contracts and remaining participating patients. Board approval shall authorize the County Administrator to execute the pertinent 26-RFP-02 vendor agreement. Approval shall also authorize the

County Administrator to execute CHOW and all necessary documents associated with accepting and implementing said contract, including any amendments, approved as to form by the County Attorney.
2. Reject all bids and move forward with closing the Adult Day Care Center, providing required notice to funding and licensing agencies and extending operations until required minimum closure notice timeframes have been met.

Attachments:

1. CN - 26-RFP-022 - Adult Day Care - Bid Document
2. CN - 26-RFP-022 - Adult Day Care - Consensus Scorecard
3. CN - 26-RFP-022 - Adult Day Care - Notice of Intent to Award
4. CN - 26-RFP-022 - Adult Day Care - Therapeutic Assisted Living Corp Submission
5. REF - 26-RFP-022 - Adult Day Care - Therapeutic Assisted Living Corp Financial Report
6. 26-RFP-022 - Contract - Adult Daycare

County of Flagler

REQUEST FOR PROPOSAL

26-RFP-022

OPERATION AND PROGRAM ADMINISTRATION OF THE FLAGLER COUNTY ADULT DAY CARE AT THE DAVID I. SIEGEL CENTER

RELEASE DATE: August 3, 2026
RESPONSE DEADLINE: August 24, 2026, 2:00 pm
Please refer to the project timeline in this document for all important deadlines.

Table Of Contents

1. Introduction
2. General Terms and Conditions
3. Special Terms and Conditions
4. Insurance Requirements
5. Scope of Work
6. Proposal Submittal Requirements
7. Evaluation Phases
8. Vendor Questionnaire
9. Definitions
10. Attachments/Exhibits

Attachments:

A - PO Standard Terms and Conditions

1. Introduction

1.1. Summary

Flagler County is seeking competitive proposals from qualified, experienced, and licensed providers to assume full operational, programmatic, and financial responsibility for the County-owned Adult Day Care Center facility located in Flagler County, Florida. The David I. Siegel Center is located at 1000 Belle Terre Blvd., Palm Coast FL, operating as a state-licensed Adult Day Care facility for 20 years.

1.2. Contact Information

Jessica Martin
Senior Procurement Analyst
1769 E. Moody Blvd
Building 2
Bunnell, FL 32110
Email: jmartin@flaglercounty.gov
Phone: (386) 313-4063

Department:
Health & Human Services

Department Head:
Joe Hegedus
Director

1.3. Timeline

Release Project Date	August 3, 2026
Pre-Proposal Meeting (Mandatory)	August 12, 2026, 10:00am David I. Siegel Adult Day Care Center 1000 Belle Terre Blvd Palm Coast, FL 32164
Question Submission Deadline	August 14, 2026, 12:00pm

Proposal Submission Deadline and Bid Opening	August 24, 2026, 2:00pm 3rd Floor Financial Services Conference Room 1769 East Moody Blvd Bldg. 2 Bunnell, FL 32110 Microsoft Teams meeting Join on your computer, mobile app or room device https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting Meeting ID: 295 599 647 592 082 Passcode: rC2yD2uD
Evaluation Committee Meeting (Non-Mandatory)	September 2, 2026, 2:00pm 3rd Floor Financial Services Conference Room 1769 East Moody Blvd Bldg. 2 Bunnell, FL 32110 Microsoft Teams meeting Join on your computer, mobile app or room device https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting Meeting ID: 253 471 036 474 966 Passcode: rV2MY6uR

2. General Terms and Conditions

2.1. Submission of Offers

The Flagler County Board of County Commissioners ("Flagler County" or "County") are requesting proposals for the service and/or product(s) detailed within this solicitation. If your company is interested in submitting a proposal to provide this service and/or product(s), please provide the requested information in this solicitation, complete the included forms, and submit these documents with your response through OpenGov Procurement, at https://procurement.opengov.com/portal/flaglercounty by the date and time posted. The submission of responses prior to the specified date and time is solely and strictly the responsibility of the Proposer. Responses received after the posted date and time will not be considered. Additional information may be submitted with the response. No offer may be modified after acceptance. Terms and conditions differing from those in this solicitation may be cause for disqualification of the Response. Failure to provide the required information may result in the Response not being considered.

Do not submit confidential information, proprietary information and/or trade secrets.

2.2. Purchase Order/Master Agreement Terms and Conditions

The County's general terms and conditions for Purchase Orders or Master Contracts included as an exhibit with this Request for Proposal (RFP) shall apply unless otherwise noted.

2.3. Compliance with Ordinances, Regulations, and Laws

The County reserves the right to require proof that the Proposer is an established business and is abiding by all applicable local, State, and Federal ordinances, regulations, and laws. This may include, but is not limited to, business tax receipts, business licenses, Florida sales tax registration, Federal Employers Identification Number, and/or registration with the Florida Department of State, Division of Corporations' Sunbiz website at www.sunbiz.org.

2.4. Agreement Cancellation

1. The County reserves the right to cancel any Agreement resulting from this Request for Proposal (RFP) without cause with a minimum thirty (30) day written notice to the Contractor.
2. The Contractor may cancel the Agreement resulting from this Request for Proposal (RFP) without cause with a minimum thirty (30) days written notice to the County.

2.5. Proposer's Responsibility

The Proposer, by submitting a Response, represents that:

1. The Proposer has read and understands the Solicitation in its entirety and that the Response is made in accordance therewith;

2. The Proposer possesses the capabilities, resources, and personnel necessary to provide efficient and successful service to the County;
3. The Proposer has made all investigations and examinations necessary to ascertain site and/or local conditions and requirements affecting the full performance of the contract and to verify any representations made by Flagler County, Florida, upon which the Proposer will rely. If the Proposer receives an award because of its Response, failure to have made such investigations and examinations will in no way relieve the Proposer from its obligations to comply in every detail with all provisions and requirements of the contract, nor will a plea of ignorance of such conditions and requirements be accepted as a basis for any claim by the Proposer for additional compensation or relief; and,
4. The Proposer will be held responsible for any and all discrepancies, errors, etc., in discounts or rebates which are discovered during the Agreement term or up to and including three (3) fiscal years following the County's annual audit.

2.6. Execution of Offer

Offer shall contain a signature in the space(s) provided of a representative authorized to legally bind the Proposer to the provisions therein. All spaces requesting information from the Proposer or asking a question of the Proposer shall be completed.

2.7. Opening

Pursuant to Section 119.071, Florida Statutes, responses and the completed tabulation will be available for inspection within thirty (30) days of Solicitation opening. Contact the Office of Procurement and Contracts during regular business hours to inspect responses and the completed tabulation or go to the County's ePROCUREMENT PORTAL for inspection of the completed tabulation. The foregoing notwithstanding, if, prior to the County making responses available for inspection, the County rejects all responses and concurrently provides notice of the County's intent to reissue the solicitation, then the County may avail itself of the exemption for rejected responses set forth in Section 119.071, Florida Statutes, to the extent such Section may apply.

Solicitation openings and public meetings may be attended either in person or remotely. Solicitation openings may be accessed remotely as described in the introduction timeline section of this Solicitation.

In accordance with the American Disabilities Act and Section 286.26, Florida Statutes, persons with disabilities needing a special accommodation to participate in the proceedings, or an interpreter to participate in any proceedings, should contact the Office of Procurement and Contracts at (386) 313-4008 two (2) business days before any meeting date.

2.8. Public Records Law

Pursuant to section 119.0701(2)(a), Florida Statutes, the County is required to provide Contractor with this statement and establish the following requirements as contractual obligations pursuant to the Contract:

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 386-313-4001, PUBLICRECORDS@FLAGLERCOUNTY.GOV, BY MAIL, FLAGLER COUNTY BOARD OF COUNTY COMMISSIONERS, OFFICE OF PROCUREMENT AND CONTRACTS , ATTN: ADMINISTRATION, 1769 E. MOODY BLVD, BLDG. 2, BUNNELL, FL 32110.

By entering into this Contract, Contractor acknowledges and agrees that any records maintained, generated, received, or kept in connection with, or related to the performance of services provided under, this Contract are public records subject to the public records disclosure requirements of section 119.07(1), Florida Statutes, and Article I, section 24 of the Florida Constitution. Pursuant to section 119.0701, Florida Statutes, any Contractor entering into a contract for services with the County is required to:

1. Keep and maintain public records required by the County to perform the services and work provided pursuant to this Contract.
2. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.
3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Contract term and following completion or termination of the Contract if the Contractor does not transfer the records to the County.
4. Upon completion or termination of the Contract, transfer, at no cost, to the County all public records in the possession of the Contractor or keep and maintain public records required by the County to perform the service. If the Contractor transfers all public records to the County upon completion or termination of the Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion or termination of the Contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the County, upon request from the County's custodian of public records , in a format that is compatible with the information technology systems of the County.

Requests to inspect or copy public records relating to the County's Contract for services must be made directly to the County. If Contractor receives any such request, Contractor shall instruct the requestor to contact the County. If the County does not possess the records requested, the County shall immediately notify the

Contractor of such request, and the Contractor must provide the records to the County or otherwise allow the records to be inspected or copied within a reasonable time.

Contractor acknowledges that failure to provide the public records to the County within a reasonable time may be subject to penalties under section 119.10, Florida Statutes. Contractor further agrees not to release any records that are statutorily confidential or otherwise exempt from disclosure without first receiving prior written authorization from the County. Contractor shall indemnify, defend, and hold the County harmless for and against any and all claims, damage awards, and causes of action arising from the Contractor's failure to comply with the public records disclosure requirements of section 119.07(1), Florida Statutes, or by Contractor's failure to maintain public records that are exempt or confidential and exempt from the public records disclosure requirements, including, but not limited to, any third party claims or awards for attorney's fees and costs arising therefrom. Contractor authorizes County to seek declaratory, injunctive, or other appropriate relief against Contractor from a Circuit Court in Flagler County on an expedited basis to enforce the requirements of this section.

2.9. Confidential Information and Infringement

A. Confidential Information and/or Trade Secret do not include the following:

   1. Information already known or independently developed the party in possession; or
   2. Information in the public domain through no wrongful act of the party in possession; or
   3. Information received by the party in possession from a third party who was free to disclose it; or
   4. Information regularly disclosed to third parties without restriction on disclosure; or
   5. Information required to be disclosed by law or an order of a court of competent jurisdiction.

B. Confidential Information and Infringement. If Contractor is licensing or developing software (including derivative works) for use by the County, Contractor grants County a perpetual, fully paid, non-assignable, non-exclusive, royalty-free license to use Contractor's software deliverables developed or licensed under a Contract. Said license includes software owned by Contractor, which is furnished under a Contract, for County's internal use with such use to include the right to modify such deliverable(s) and to create derivative works for such internal use including, without limitation, the right to use such deliverable(s).

C. If Contractor is licensing, providing, or developing software including derivative works for use by the County, Contractor agrees to protect and indemnify and hold harmless the County, its agents, elected officials and employees of the County from and against any and all claims, demands, actions, and causes of action which may arise asserting that all or any part of the Contractor licensed applications provided under any software owned by Contractor and licensed to County or provided by Contractor for use thereof by the County, infringes or misappropriates any third party's United States patent, copyright or any trade secret protected under United States law.

1. In addition to the foregoing indemnification provision, Contractor shall also take the following steps to assure that County can continually use the software which Contractor has directly licensed to County or provided for use thereof by the County in substantially the same manner delivered or subsequently enhanced or modified by:

    a. Promptly replacing the allegedly infringing or misappropriated item or items with compatible, functionally equivalent items which are not alleged to be infringing or misappropriated; or

    b. Promptly modifying the alleged infringing or misappropriated item or items to eliminate the alleged infringement or misappropriation without impairing County's intended use of the Licensed Applications and/or Sublicensed Applications in any manner; or

    c. Promptly procuring the right for the County to continue to use the Licensed Applications and/or Sublicensed Applications without modification; and

    d. Unless otherwise agreed by the parties, promptly shall mean for the purposes of this Section that the events described herein shall occur in no less than sixty (60) days from the date that notice of the claim is received by Contractor unless otherwise agreed by the Parties.

D. In the event that Contractor does not enable the County to use that which Contractor has delivered through accomplishing one or more of the alternatives set forth in above within aforementioned time period set forth herein during the term of the contract, Contractor shall be in material default of said contract and subject to Termination.

E. If Contractor is granting a license or develops software for the County under this contract, it hereby warrants and represents that:

1. Contractor is the sole owner of all right, title, and interest in and to the Contractor licensed software, user manuals and documentation, including all patents, copyrights, copyright rights, trade secrets, trademarks, trade names and all proprietary and intellectual rights and confidential information contained therein, and that it is authorized to enter into a Contract and grant County a perpetual license; and

2. No portion of any licenses or right granted to the County to use Contractor's software pursuant to the terms of the applicable software license contract of Contractor for any work performed under a Contract violates or is protected by right, title, interest or similar right of any third person or entity.

2.10. Clarification, Correction of Entry, Minor Irregularities

The Flagler County Board of County Commissioners reserves the right to allow for the clarification of questionable entries and the correction of obvious mistakes. The County reserves the right to waive minor irregularities in Submittals, providing such action is in the best interest of the County. Minor irregularities are

defined as those that have no adverse effect on the County's best interests and will not affect the outcome of the selection process by giving the Proposer an advantage or benefit not enjoyed by other Proposers.

2.11. Revisions, Addenda, Questions & Answers

1. It is incumbent upon each Proposer to carefully examine the specifications, scope of work/service, terms, and conditions of this Solicitation. The posting of answers through the County's ePROCUREMENT PORTAL is the only official method by which interpretation, clarification, or additional information can be given. Questions and exceptions concerning any Section of this Solicitation shall be directed through the question-and-answer section of the County's ePROCUREMENT PORTAL.
2. If it becomes necessary for the County to revise or clarify any part of this Solicitation it will be updated on the County's ePROCUREMENT PORTAL by the posting of answers to questions received and/or the revision of solicitation language/documentation. It is each Proposer's responsibility to check the County's ePROCUREMENT PORTAL for any posted answers, and/or solicitation changes. Each Proposer shall ensure that they have reviewed all questions & answers and/or changes to this Solicitation before submitting their Response. By submitting a response, Proposers acknowledge that they have reviewed all posted answers, and/or solicitation changes prior to the posted closing date and time.
3. Each answer issued by the County shall become a material part of this Solicitation. Answers posted by the County and/or changes made to the Solicitation are authoritative and shall be considered an addendum to the Solicitation.
4. All information in this Solicitation, including information provided through the Question & Answer feature, are incorporated into the Solicitation and/or any Contract resulting from this Solicitation.
5. Questions and exceptions shall be submitted before12:00 pm on Friday, August 14, 2026 . Thereafter, no further questions or exceptions will be accepted or reviewed by the County and Proposer's right to submit questions or exceptions will terminate and any questions or exceptions not previously made shall be deemed waived. Oral representations will not be binding on the County.

2.12. Incurred Expenses

The County has no obligation to make an award as a result of this Solicitation, nor shall the County be responsible for any cost or expense which may be incurred by any Proposer in preparing and submitting a Response, or any cost or expense incurred by any Proposer prior to the execution of a Purchase Order or Contract.

2.13. Disadvantaged Businesses

The Flagler County Board of County Commissioners has adopted policies which assure and encourage the full participation of Minority Business Enterprises (MBE), Women-owned Business Enterprises (WBE), and Veteran-owned Business Enterprises (VBE) in the provision of goods and services. The County encourages joint ventures with these businesses.

2.14. Local Preference

It is the policy of the Board that Flagler County vendors are given preference in the procurement process, unless otherwise prohibited or waived by the County Administrator.

The term Flagler County Vendor means any business: having a physical location within the boundaries of Flagler County for at least twelve (12) months immediately prior to the issuance of the request for Quotes, Bids or Proposals by the County; holding any business licenses required by the County, and/or, the municipalities, if applicable; and employing at least one (1) full time employee, or two (2) part-time employees whose primary residence is in Flagler County, or, if the business has no employees, the business shall be at least fifty (50) percent owned by one (1) or more persons whose primary residence is in Flagler County.

It is the vendor's responsibility to request Local Preference by submitting a completed Local Preference Affidavit with its sealed proposal.

2.15. Pricing

Unless otherwise specified, prices offered shall:

- remain firm for a period of at least one hundred and twenty (120) days from the date of Solicitation opening, prior to award being made;
- include all expenses necessary to provide the service at the location specified (for services).

2.16. FOB Destination

The FOB point for this contract and for all purchases made under it shall be at the project site in Flagler County, Florida. Delivery will not be complete until the using department has accepted each item. Delivery to a common carrier shall not constitute delivery to the ordering agency. All disputes arising out of shipping prior to acceptance by Flagler County shall be between the Contractor and the carrier.

2.17. Payment Terms

Unless otherwise stated in the Special Terms and Conditions, the County will remit full payment on all undisputed invoices within forty five (45) days from receipt by the appropriate person(s) (to be designated at time of contract) or receipt of all products or services ordered in accordance with the Local Government Prompt Payment Act, Part Vii, Chapter 218, Florida Statutes.

2.18. Unusual Costs

The Contractor may petition the County at any time for an additional rate adjustment on the basis of extraordinary and unusual changes in the costs of operation that could not reasonably be foreseen by a prudent operator and which, by all reasonable expectations, will continue for at least one (1) year. If the Contractor petitions for such an increase, the Contractor shall also petition for a rate reduction on the basis of extraordinary and unusual changes in the costs of operation that could not reasonably be foreseen by a prudent operator and which, by all reasonable expectations, will continue for at least one (1) year; failure to make such petition may be grounds for contract termination.

The Contractor's request shall contain substantial proof and justification to support the need for the rate adjustment. The County may request from the Contractor, and the Contractor shall provide further information as may be reasonably necessary in making its determination. The County shall approve or deny the request, in its sole discretion, in whole or in part, within sixty (60) days of receipt of the request and all other additional information required by the County. Any price redetermination shall be solely based upon the documentation provided and the County reserves the right to rescind any price relief granted should the circumstances change, and prices go down.

2.19. Additional Terms & Conditions

The Flagler County Board of County Commissioners reserves the right to reject offers containing terms or conditions contradictory to those requested in this Solicitation.

2.20. Taxes

County is exempt from Manufacturers' Federal Excise Tax (Exemption# 59-78-0089K) and Florida sales tax (Exemption# 85-8013245979C-5). Certificates are available and can be obtained by emailing purchasing@flaglercounty.gov.

2.21. Discounts

All discounts except those for prompt payment shall be considered in determining the lowest net cost for evaluation purposes. All discounts shall remain firm for the term of the contract.

2.22. Meets/Minimum Specifications

The specifications listed in the Scope of Work are the minimum required performance specifications for this Solicitation; they are not intended to limit competition nor specify any particular Proposer, but to ensure that the County receives quality services. The Proposer represents that all offers to this Solicitation shall meet or exceed the minimum requirements specified.

2.23. Samples

When required, samples of products shall be furnished with Response to the County at no charge. Samples may be tested and will not be returned to the Proposer. The result of any and all testing shall be made available upon written request.

2.24. Silence of Specifications

The apparent silence of these specifications or any supplemental specifications as to details or the omission from same of any detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail and that only materials of first quality and correct type, size, and design are to be used. All workmanship shall be first quality. All interpretations of specifications shall be made upon the basis of this statement.

2.25. Change in Scope of Work/Service

1. The County may order changes in the work/service consisting of additions, deletions, or other revisions within the general scope of the contract. No claims may be made by the Contractor that the scope of the project or of the Contractor's services has been changed, requiring changes to the amount of compensation to the Contractor or other adjustments to the contract, unless such changes or adjustments have been made by written amendment or change order to the contract signed by the County and the Contractor.
2. If the Contractor believes that any particular work/service is not within the scope of work/service of the contract, is a material change, or will otherwise require more compensation to the Contractor, the Contractor must immediately notify the County's designated representative in writing of this belief. The Contractor and County shall negotiate modifications to the contract in good faith and agree upon equitable adjustment for any changes in services or other obligations required of the Contractor due to such modifications. The Contractor must assert its right to an adjustment under this clause within thirty (30) days from the date of receipt of the written order.
3. The County reserves the right to negotiate with the awarded Contractor(s) without completing the competitive bidding process for materials, products, and/or services similar in nature to those specified within this solicitation for which requirements were not known when the Solicitation was released.

2.26. Governing Laws/Venue

This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida without giving effect to any choice of law principles. Jurisdiction over, and venue for, any controversies or legal issues arising out of this contract shall, if in state court, be exclusively in the 7th Judicial Circuit in and for Flagler County, Florida. By entering into this contract, Contractor and County hereby expressly waive any rights either party may have to a trial by jury of any civil litigation related to the contract, and, unless otherwise expressly provided herein, each agrees to bear its own costs and attorney's fees relating to any dispute arising under the contract.

2.27. Assignment

Contractor may not assign or otherwise convey Contractor's rights and/or obligations under the contract without obtaining County's prior written consent, which consent County may withhold, limit and/or condition in County's sole discretion, including, but not limited to, requiring the Contractor or his/her proposed successor in interest to post a performance bond. Any consent by the County under this Section shall be by written amendment to the contract in a form and substance specified by the County in its sole discretion. If Contractor desires to assign or otherwise convey its rights and/or obligations under the contract, Contractor shall, no less than thirty (30) days prior to the assignment's proposed effective date, provide County with a written request for County's consent. Failure to provide such notice may result in the County assessing a processing fee of Five Hundred Dollars (US $500.00); however, payment of such fee shall not entitle the Contractor to the County's acceptance or approval of its request for assignment.

Nothing herein shall preclude the right of the County to waive its rights under this Section, but no waiver shall be granted by the County without a written and duly executed amendment to the contract.

2.28. Content of Solicitation/Response

The contents of this Solicitation, all terms, conditions, specifications, and requirements included herein and the accepted and awarded response thereto shall be incorporated into a contract to purchase and become legally binding. Any terms, conditions, specifications, and/or requirements specific to the item or service requested in this Solicitation shall supersede the requirements as specified in the *General Terms and Conditions* and/or *Special Terms and Conditions* section(s) of this Solicitation.

2.29. Contract

The contents of this Solicitation and all provisions of the successful proposal deemed pertinent by the County shall be incorporated into a contract and become legally binding on the selected Proposer and County. The content of the contract may contain changes as a result of the Solicitation process and the content of the submittal received. The contract shall, at minimum, include the substantive terms and conditions as outlined in the Solicitation and be subject to review by the County Attorney or designee prior to approval and execution for determination of legal form and substantive sufficiency, and shall contain an order of precedence and may contain those additional terms and conditions that the County deems in its best interest.

The County shall be responsible for only those orders placed by the County pursuant to the contract or on an authorized signed Purchase Order. The County shall not be responsible for any order, change substitution or any other discrepancy from the Purchase Order or Master Agreement. If there is any question about the authenticity of a Purchase Order, contract, or change order, the Proposer should promptly contact the Office of Procurement and Contracts at (386) 313- 4008.

2.30. Disclosure of Response Content

All material submitted becomes the property of the County and may be returned only at the County's option. The County has the right to use any or all ideas presented in any reply to this Solicitation. Selection or rejection of any Response does not affect this right. Flagler County, Florida, is governed by the Public Record Law, Chapter 119, Florida Statutes (F.S.).

2.31. Limitation of Liability/Indemnification

The Contractor shall indemnify, defend, and hold harmless the County including its districts, authorities, separate units of government established by law, ordinance or resolution, partners, elected and non-elected officials, employees, agents, volunteers, and the State of Florida, including its officers and employees, from and against all liabilities, damages, losses and costs, including, but not limited to, reasonable attorney's fees, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of the Contractor or its subcontractors, agents, employees, or any persons employed or utilized by the Contractor in the performance of the Contractor's obligations or services under this contract. Such obligations or services shall not be construed to negate, abridge, or reduce other rights or obligations of indemnity which would otherwise exhaust as to a party or person describe in this contract.

In all claims against the County, Contractor's indemnification obligation shall not be limited in any way by any limitation on the amount or type of damages, compensation or any benefits payable by or for Contractor, or its employees, agents, contractors, or subcontractors pursuant to Contractor's insurance. The Contractor's indemnification obligation shall survive the expiration or termination of the contract.

2.32. Payment of Subcontractors

Contractor shall save and hold the County harmless from any and all claims or actions by Contractor's subcontractor(s) for payment of monies such subcontractor claims to be owed by Contractor for Work performed under the contract. Nothing in the contract shall create any obligation on the part of the County to pay directly to any Subcontractors any monies due for Work performed under the contract.

2.33. Infringement Claim

For all licensed software or derivate works of the licensed software used by County under the resulting contract, Contractor agrees to protect, defend, indemnify, and hold harmless the County, its agents, elected officials and employees from and against any and all claims, demands, actions, and causes or action which may arise asserting that all or any part of Contractor's licensed software or applications that are owned and licensed by Contractor to County for use thereof by County, infringes or misappropriates any third party's valid state patent, copyright, trademark, or any trade secret protected under United States law. In the event of an infringement claim, Contractor shall have the option: (i) to procure for County the right to continue using any product or service found to be infringing; (ii) to replace any such infringing product or service with a non-infringing product or service; or (iii) to modify such infringing product or service to make it non-infringing. Contractor shall have no obligation under this Section if the Infringement Claim is based upon the use of the system in combination with other hardware or software applications not furnished by Contractor, or if such a claim arises from County's modification of the system without the authorization of Contractor.

2.34. Sovereign Immunity

County expressly retains all rights, benefits and immunities of sovereign immunity in accordance with Section 768.28, Florida Statutes (as amended). Notwithstanding anything set forth in any section of this contract to the contrary, nothing in this contract shall be deemed as a waiver of immunity or limits of liability of the County beyond any statutory limited waiver of immunity or limits of liability which may have been or may be adopted by the Florida Legislature and the cap on the amount and liability of the County for damages, regardless of the number or nature of claims in tort, equity, or contract, shall not exceed the dollar amount set by the legislature for tort. Nothing in this contract shall inure to the benefit of any third party for the purpose of allowing any claim against the County, which claim would otherwise be barred under the doctrine of sovereign immunity or by operation of law.

2.35. Compliance with Federal E-Verify Regulations

Contractor covenants and agrees to the following provisions, as required by law:

1. If and to the extent the contract meets the criteria set forth at 48 C.F.R. § 52.222-54(e), the criteria of 48 C.F.R. § 52.222-54 are hereby incorporated by reference into this contract as if fully set forth herein.

2. Contractor and any of Contractor's Subcontractors shall register with and utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility and work authorization status of all new employees hired by Contractor (or Contractor's Subcontractors) on or after the effective date of this contract and thereafter during the remaining term of the contract.

3. In the event Contractor enters into a subcontract, Contractor shall require, via written contract, the Subcontractor agree to: (i) register with and utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired on or after the effective date of the subcontract and thereafter during the remaining term of the subcontract; and (ii) provide Contractor with an affidavit stating that the Subcontractor does not employ, contract with, or subcontract with an unauthorized alien. Contractor shall maintain a copy of such affidavit for the duration of this contract or the subcontract, whichever is longer. Contractor shall provide a copy of such affidavit to the County before the Subcontractor begins any work associated with the contract. If the County has a good faith belief that a subcontractor knowingly violated the requirements set forth in this Section or Sections 448.09(1) or 448.095 of the Florida Statutes, but also has a good faith belief Contractor otherwise complied with this Section and applicable law, the County shall promptly notify Contractor and order Contractor to immediately terminate its contract with the Subcontractor. Failure to comply with said order shall constitute a material breach of this contract.

4. If the County has a good faith belief Contractor has knowingly violated, or if Contractor is found to have violated, this Section; Section 448.09(1), Florida Statutes; Section 448.095, Florida Statutes; or

the Presidential Executive Order and subsequent Federal Acquisition Regulation (FAR) rule requiring federal contractors to use E-Verify, if applicable, then the following shall be true: (i) such violation shall be a material breach of this contract by Contractor; (ii) Contractor shall indemnify, defend, and hold harmless the County from any resulting costs or expenses, including fines or penalties levied by a government agency and the County's loss or repayment of grant funds by breaching the requirements of this section; (iii) the County may terminate this contract immediately and without penalty and such termination shall not be or be considered a breach of this contract; and (iv) Contractor shall be liable for any additional costs incurred by the County as a result of the termination of the contract. Contractor acknowledges and understands that if the County terminates this contract in accordance with this Section, Contractor shall be ineligible for award of a public contract for at least one (1) year after the date on which the Agreement was terminated.

2.36. Public Entity Crimes

Pursuant to paragraph 287.133(2)(a), Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, Florida Statutes, for CATEGORY TWO for a period of thirty-six (36) months following the date of being placed on the convicted vendor list.

By entering into this contract, the Contractor represents and warrants that it is not on the convicted vendor list and not under investigation for violation of any state or federal law relating to public entity crimes. The Contractor further represents and warrants that its subcontractors and implementer, if any, are not on the convicted vendor list and not under investigation for violation of any state or federal law relating to public entity crimes.

2.37. Use of County Logo

The County owns and retains all proprietary rights in its logos, trademarks, trade names, and copyrighted images (Intellectual Property). As such, nothing in this Solicitation permits or shall be construed as authorizing Proposer to use or display County's Intellectual Property on Proposer's submittal documents or proposal (including any exhibits attached thereto) submitted to County by or on behalf of Proposer in response to this solicitation. The County has the right to redact the County Logo displayed on any Response.

2.38. Training

Unless otherwise specified suppliers/providers may be required at the convenience of, and at no expense to, the County to provide training to County personnel in the operation and maintenance of any item purchased as a result of this Solicitation.

2.39. Acceptance

Products purchased as a result of this Solicitation may be tested for compliance with specifications. Items delivered not conforming to specifications may be rejected and returned at Contractor's expense. Those items and items not delivered by the delivery date specified in accepted offer and/or purchase order may be purchased on the open market. Any increase in cost may be charged against the Contractor.

2.40. Safety Warranty

Any awarded Contractor including dealers, distributors, and/or manufacturers shall be responsible for having complied with all Federal, State, and local standards, regulations, and laws concerning the product or service specified, and the use thereof, applicable and effective on the date of manufacture or use or date in service including safety and environmental standards as apply to both private industry and governmental agencies.

2.41. Safety

The Contractor shall take the necessary precautions and bear the sole responsibility for the safety of the methods employed by the Contractor in performing the work. The Contractor shall, at all times, comply with the regulations set forth by federal, state, and local laws, rules, and regulations concerning "OSHA" and all applicable state labor laws, regulations, and standards. The Contractor shall indemnify and hold harmless the County from and against all liabilities, suits, damages, costs, and expenses (including attorney's fees and court costs) which may be imposed on the County because of the Contractor, Subcontractor, or supplier's failure to comply with the regulations.

2.42. Warranty

The Proposer agrees that, unless otherwise specified, the product and/or service furnished as a result of this Solicitation and award thereto shall be covered by the most favorable commercial warranty the Proposer gives to any customer for comparable quantities of such products and/or services and that the right and remedies provided herein are in addition to and do not limit any rights afforded to the Flagler County Board of County Commissioners by any other provision of the Solicitation/offer.

2.43. Award of RFP

The County reserves the right to award the Agreement to the Proposer(s) that the County deems to offer the best overall Proposal or solution, as defined in the solicitation section, Special Conditions - Evaluation Criteria. The County is therefore not bound to accept a proposal based only on lowest price. In addition, the County has the sole discretion and reserves the right to cancel this RFP, to reject any/all proposals, to waive any/all informalities and/or irregularities, or to re advertise with either the identical or revised specifications if it is deemed to be in the best interest of the County to do so. Nothing prohibits the County from rejecting and re soliciting when responses exceed budget, and the County must change the solicitation to lower costs. The

County also reserves the right to make multiple awards based on experience and/or qualifications of Proposers and to award only a portion of the items and/or services specified, if deemed to be in the County's best interest.

2.44. Other Agencies

All Contractors awarded contracts from this Solicitation may, upon mutual agreement, permit any municipality or other governmental agency to participate in an agreement under the same prices, terms, and conditions, if agreed to by both parties. It is understood that at no time will any city, municipality, or other agency be obligated for placing an order for any other city, municipality, or agency; nor will any city, municipality, or agency be obligated for any bills incurred by any other city, municipality, or agency. Further, it is understood that each agency will issue its own purchase order to the awarded Contractor(s).

2.45. County Facilities

County facilities are administrative facilities that provide services to the Flagler County public and any agencies that it serves. As such, activities in all buildings are critical to the provisioning of services to the public and shall not be interrupted by the Contractor's work activities.

2.46. Licenses, Certificates, and Permits

1. The County reserves the right to require proof that the Proposer is an established business and is abiding by the ordinances, regulations, and laws of their community and the state of Florida, such as but not limited to: Business Tax Receipts, business licenses, Florida sales tax registration, Federal Employers Identification Number, Registration with the Florida Department of State, and the Division of Corporations' Sunbiz at www.sunbiz.org.
2. The Proposer must be registered with the Florida Department of State Division of Corporations at www.sunbiz.org in order to provide services under the resulting contract.
3. If a license is required, the Proposer shall be licensed to perform the required work in accordance with the laws of the State of Florida and local ordinances. Proposer shall also verify that his/her subcontractors are licensed to perform the work in accordance with the laws of the State of Florida and local ordinances.
4. If applicable, the Proposer shall have a current professional registration certificate from the appropriate governing board. The Proposer must be properly registered at the time of its submittal to practice their profession in the State of Florida.
5. At time of Solicitation submittal, Proposer shall hold the required licensure to be the prime Contractor for all work to be performed under the resulting contract. If Proposer proposes to use a Subcontractor or sub-consultant to perform any work under the resulting contract such subcontractor and/or sub-consultant shall, at the time of Solicitation submittal, hold the required

licensure for all work to be performed under the resulting contract as a subcontractor and shall maintain such license(s) in full force and effect during the term of the resulting contract. All licenses and permits required to perform Contractor's duties under the resulting contract whether such license or permit is required by the federal government, State of Florida, Flagler County, or any municipality, shall be at Proposer's sole cost and expense, and shall not be a cost of the County. All required licenses and permits shall be maintained in full force and effect during the term of the resulting contract.

2.47. Records & Right to Audit

County shall have the right to audit the books, records, and accounts of Contractor and its Subcontractors that are related to the resulting contract. Contractor and its Subcontractors shall keep such books, records, and accounts as may be necessary in order to record complete and correct entries related to the resulting contract. Contractor shall preserve and make available, at reasonable times for examination and audit by the County, all financial records, supporting documents, statistical records, and any other documents pertinent to this contract for a retention period of five (5) years after completion or termination of the contract, and any renewals, as required by Item 65, General Records Schedule GS1-SL for State and Local Government Agencies, effective February 19, 2015 and the Florida Public Records Act (Chapter 119, Florida Statutes). Contractor shall, by written Contract, require its Subcontractors to agree to the requirements and obligations of this Section. Audits will be subject to applicable privacy and confidentiality laws and regulations and Contractor's privacy and confidentiality policies and procedures.

2.48. Claim Notice

The Contractor shall immediately report in writing to the County's designated representative or agent any incident that might reasonably be expected to result in any claim under any of the coverage mentioned herein. The Contractor agrees to cooperate with the County in promptly releasing reasonable information periodically as to the disposition of any claims, including a résumé of claims experience relating to all Contractor operations at the County project site. The designated representative for the County shall be:

Flagler County Board of County Commissioners

Human Resources/Risk Management Division

Address: 1769 E. Moody Blvd., Bldg. 2

Bunnell, Florida 32110

Telephone: 386-313-4035

Fax: 386-313-4107

2.49. Waiver and Limitation of Claims

Once the contract expires, or final payment has been requested and made, the awarded Contractor shall have no more than thirty (30) calendar days to present or file any claims against the County concerning the contract. After that period, any right to claims against the County by the Contractor concerning the contract are waived.

2.50. Compliance with Laws and Regulations

The Contractor shall be responsible to know and to apply all applicable federal and state laws, all local laws, ordinances, rules, regulations (including but not limited to the following statutes: Americans with Disabilities Act (ADA),Titles I, II and III of the ADA; Federal Immigration Reform and Control Act of 1986 (as amended); and Title VII of the Civil Rights Act of 1964 (as amended), and all orders and decrees of bodies or tribunals having jurisdiction or authority which in any manner affect the work, or which in any way affect the conduct of the work. Contractor shall observe and comply with all such laws, ordinances, rules, regulations, orders, and decrees for all work or services performed under the contract. The Contractor shall indemnify, defend and hold harmless the County and all its officers, agents, servants, and employees against any liability or claim made against the County arising from, or based on, the violation of any such law, ordinance, rule, regulation, order, or decree caused or committed by Contractor, its representatives, Subcontractors, sub-consultants, professional associates, agents, servants, or employees.
Pursuant to Section 287.05701, Florida Statutes, proposers are hereby notified that:

- The County shall not request documentation of or consider a vendors social, political or ideological interests when determining if the vendor is a responsible vendor: and
- The County may not give preference to a vendor based on the vendors social, political or ideological interests.

2.51. For Internet/Web Services

For the purposes of this paragraph, any services or products offered to public via the internet or online must comply with WCAG 2.0 AA in order to be deemed ADA compliant. The County will provide Contractor with prompt written notice with respect to any ADA deficiencies of which the County is aware and Contractor will promptly correct such deficiencies. If the County, the Department of Justice, or other governmental entity tasked with the enforcement of the ADA (“Enforcement Agency”) notes any deficiency in the facilities, practices, services, or operations of the Contractor furnished or provided in connection with this contract, Contractor shall, at no additional charge or cost to the County, immediately cure any such deficiencies without delay to the satisfaction of such Enforcement Agency. Contractor further agrees that it shall, to the extent permitted by law, indemnify, defend, and hold harmless the County against any and all claims, sanctions, or penalties assessed against the County, which claims, sanctions, or penalties arise or otherwise result from Contractor’s failure to comply with the ADA or WCAG 2.0 AA, for online or internet Services or products.

2.52. Scrutinized Companies-FL Statute Section 287.135 and 215.473

Contractor must certify that the company is not participating in a boycott of Israel. For contracts for goods or services of one million dollars or more, Contractor must also certify that Contractor is not on the Scrutinized

Companies that Boycott Israel List, not on the Scrutinized Companies with Activities in Sudan List, and not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or has not been engaged in business operations in Cuba or Syria. The County will not contract for the provision of goods or services with (i) any company participating in a boycott of Israel, and (ii) for Contracts for goods or services of one million dollars or more, any other scrutinized company as described above. Submitting a false certification shall be deemed a material breach of contract. The County shall provide notice, in writing, to the Contractor of the County's determination concerning the false certification. The Contractor shall have five (5) calendar days from receipt of notice to refute the false certification allegation. If such false certification is discovered during the active contract term, the Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the County's determination of false certification was made in error then the County shall have the right to terminate the contract and seek civil remedies pursuant to Section 287.135, Florida Statutes, as amended from time to time.

2.53. Human Trafficking Attestation Pursuant to Section 787.06, Florida Statutes

A duly authorized officer or representative of the Proposer (non-governmental entity) shall complete the included Flagler Human Trafficking Attestation Form in compliance with Section 787.06(13), Florida Statutes, (2024).

2.54. Modifications Due to Public Welfare or Change in Law

The County shall have the power to make changes in the contract as the result of changes in law and/or ordinances of Flagler County to impose new rules and regulations on the Contractor under the contract relative to the scope and methods of providing services as shall, from time to time, be necessary and desirable for the public welfare. The County shall give the Contractor notice of any proposed change and an opportunity to be heard concerning those matters. The scope and method of providing services as referenced herein shall also be liberally construed to include, but is not limited to, the manner, procedures, operations and obligations, financial or otherwise, of the Contractor. In the event any future change in Federal, State or County law or the ordinances of Flagler County materially alters the obligations of the Contractor, or the benefits to the County, then the contract shall be amended consistent therewith. Should these amendments materially alter the obligations of the Contractor, then the Contractor or the County shall be entitled to an adjustment in the rates and charges established under the contract. Nothing contained in the contract shall require any party to perform any act or function contrary to law. The County and Contractor agree to enter into good faith negotiations regarding modifications to the contract, which may be required in order to implement changes in the interest of the public welfare or due to change in law. When such modifications are made to the Agreement, the County and the Contractor shall negotiate in good faith, a reasonable and appropriate adjustment for any changes in services or other obligations required of the Contractor directly and demonstrably due to any modification in the contract under this clause.

2.55. Right to Require Performance

The failure of the County or Contractor at any time to require performance by the other of any provision hereof shall in no way affect the right of the County or Contractor thereafter to enforce same, nor shall waiver by the County of any breach of any provision hereof be taken or held to be a waiver of any succeeding breach of such provision or as a waiver of any provision itself.

In the event of failure of the Contractor to deliver services in accordance with the contract terms and conditions, the County, after due written notice, may procure the services from other sources and hold the Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies that the County may have.

2.56. Force Majeure

Neither party shall be liable for any failure or delay in the performance of its obligations under the contract to the extent such failure or delay necessarily results from the occurrence of a Force Majeure Event beyond the control or reasonable anticipation of either party, including, but not limited to, compliance with any unanticipated government law or regulation not otherwise in effect at the time of execution of this contract, acts of God, acts of domestic or international terrorism, any virus, bacterium, or other microorganism capable of inducing physical distress, illness, or disease, whether due to a pandemic or otherwise, unforeseeable governmental acts or omissions, fires, strikes, natural disasters, wars, riots, transportation problems, and/or any other unforeseeable cause whatsoever beyond the reasonable control of the parties (and such cause being referred to as a “Force Majeure Event”). Accordingly, the parties further agree that:

1. Upon the occurrence of Force Majeure Event, the non-performing party shall be excused from any further performance of those obligations under this contract that are affected by the Force Majeure Event for as long as (a) the Force Majeure Event continues; and (b) the non-performing party continues to use commercially reasonable efforts to recommence performance whenever and to whatever extent possible without delay.
2. Upon the occurrence of a Force Majeure Event, the non-performing party shall notify the other party of the occurrence of such event and describe in reasonable detail the effect(s) of such event upon the party’s performance of its obligations and duties pursuant to this contract. Such notice shall be delivered or otherwise communicated to the other party within three (3) business days following the failure or delay caused by the Force Majeure Event, or as soon as possible after such failure or delay if the Force Majeure Event precludes the non-performing party from providing notice within such time period.
3. In the event of a Force Majeure Event, the time for performance by the parties under the applicable statement of work shall be extended for a period of time equal to the time lost by reason of such cause through execution of a Change Order pursuant to the terms of the contract.

2.57. Contractor's Personnel

1. The Contractor shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, handicap, or national origin, except when such condition is a bona fide occupational qualification reasonably necessary for the normal operations of the Contractor. The Contractor agrees to post in conspicuous places, visible to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
2. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, shall state that such Contractor is an Equal Opportunity Employer.
3. The Contractor shall be responsible for ensuring that its employees, agents, and subcontractors comply with all applicable laws and regulations and meet federal, state, and local requirements related to their employment and position.
4. The Contractor certifies that it does not and will not during the performance of the contract employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986, as amended.
5. Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
6. The Contractor shall include the provisions of the foregoing paragraphs 3.59A.-E. above, in every subcontract or purchase order so that the provisions will be binding upon each Contractor.
7. The Contractor and any Subcontractor shall pay all employees working on this contract not less than minimum wage specified in the Fair Labor Standards Act (29 CFR 510-794) as amended.
8. The Contractor shall not disclose any information concerning the County, its products, services, personnel, policies, or any other aspect of its business learned by the Contractor or personnel furnished by the Contractor in the course of providing services pursuant to the contract which are not otherwise known to the general public.
9. Both Contractor and Subcontractors awarded a contract as a result of Local Preference, shall register all open positions related to this contract with the Center for Business Excellence (CBE), and submit appropriate affidavit showing compliance.

2.58. County/Contractor Relationship

1. Any awarded contractor shall provide the services required herein strictly under a contractual relationship with the County and is not, nor shall be, construed to be an agent or employee of the County. As an independent contractor, the awarded Contractor shall pay any and all applicable taxes required by law; shall comply with all pertinent Federal, State, and local statutes including, but not limited to, the Fair Labor Standards Act, the Americans with Disabilities Act, the Federal Civil Rights Act, and any and all relevant employment laws. The Contractor shall be responsible for

all income tax, FICA, and any other withholdings from its employees' or Subcontractor's wages or salaries. Benefits for same shall be the responsibility of the Contractor including, but not limited to, health and life insurance, mandatory Social Security, retirement, liability/risk coverage, and workers' and unemployment compensation.

2. The Contractor shall hire, compensate, supervise, and terminate members of its work force; shall direct and control the manner in which work is performed including conditions under which individuals will be assigned duties, how individuals will report, and the hours individuals will perform.

3. The Contractor shall not be provided special space, facilities, or equipment by the County to perform any of the duties required by the contract, nor shall the County pay for any business, travel, or training expenses or any other contract performance expenses not explicitly set forth in the specifications.

4. The Contractor, except as expressly set forth herein, shall not be exclusively bound to the County and may provide professional services to other private and public entities as long as it is not in direct conflict and does not provide a conflict of interest with the services to be performed for the County.

2.59. Disqualification of Proposers

1. Only one (1) Response from an individual firm, partnership or corporation under the same or under a different name will be considered. If a Proposer submitted more than one (1) Response for the work involved, all Responses submitted from such Proposer will be rejected.

2. Collusion among Proposers: If it is believed that collusion exists among the Proposers, the Responses of all participants in such collusion shall be rejected and no participants in such collusion will be considered in future proposals for the same work.

2.60. Debarment: Purpose and Intent

The County endeavors to solicit offers from, award contracts to, and consent to subcontracts with responsible vendors and contractors only. To further this policy, the County asserts its authority to debar certain vendors and contractors from participating in solicitations pursuant to the policies and procedures herein. The serious nature of debarment requires that this sanction be imposed only when it is in the public interest for the County's protection and not for purposes of punishment. Debarment is intended as a remedy in addition to, and not in substitution of, the evaluation of the responsibility of County vendors and contractors, and this policy and the procedures provided for herein shall not supplant or supersede County's authority to reject or otherwise terminate vendors or contractors based on findings of non-responsibility on a case-by-case basis.

2.61. Unit Prices and Interpretation

For the purpose of this Solicitation and evaluation of responses hereto the following shall apply:

Unit prices shall prevail over extended prices; written matter shall prevail over typed matter; numbers spelled in word form shall prevail over Arabic numerals ("one" over "1"). When not inconsistent with context words used in the present tense include the future, words in the plural number include the singular number, and words in the singular number include the plural number. The word "shall" is always mandatory and not merely directory.

2.62. Dispute Resolution

1. Good Faith Efforts to Resolve. The parties to this contract shall exercise their best efforts to negotiate and settle promptly any dispute that may arise with respect to this contract in accordance with the provisions set forth herein. The Contractor and County Project Manager shall use reasonable efforts to arrange personal meetings and/or telephone conferences as needed, at mutually convenient times and places, to address and work toward resolution of issues that arise in performance of this contract. Issues shall be escalated to successive management levels as needed.

2. Informal Dispute Resolution. If a dispute develops between the parties concerning any provision of this contract, or the interpretation thereof, or any conduct by the other party under these contracts, and the parties are unable to resolve such dispute within five (5) business days, that party, known as the Invoking Party, through its applicable Project Manager, shall promptly bring the disputed matter to the attention of the non-Invoking Party's Project Manager or designated representative, as the case may be, of the other party in writing ("Dispute Notice") in order to resolve such dispute.

3. Discovery and Negotiation / Recommended Procedures. Upon issuance of a Dispute Notice, the Project Managers or designated representative shall furnish to each other all non-privileged information with respect to the dispute believed by them to be appropriate and germane. The Project Managers or designees shall negotiate in an effort to resolve the dispute without the necessity of any formal proceeding. If such dispute is not resolved by the Project Managers or designees within five (5) County Work Days of issuance of the Dispute Notice, or such other time as may be mutually allowed by the Project Managers or designees as being necessary given the scope and complexity of the dispute, the Project Managers or designees may, depending upon the nature, scope, and severity of the dispute, escalate the dispute as indicated in Figure 1 below.

4. Formal Dispute Resolution. At any point after issuance of a Dispute Notice under this section, either party may request and initiate formal non-binding mediation before a single mediator, which mediation shall be completed within thirty (30) days of initiation or such longer time as may be agreed upon by both parties as being necessary for the mutual selection of a mediator and scheduling of such mediation. Any such mediation shall be convened and conducted in accordance with the rules of practice and procedure adopted by the Supreme Court of Florida for court-

ordered mediation, Rule 1.700 et seq. of the Florida Rules of Civil Procedure, and Chapter 44, Florida Statutes. If the dispute remains unresolved after conducting such mediation, then either party may proceed to finalize any pending termination remedies and commence litigation in a court of competent jurisdiction. Each party shall bear its own costs and attorney's fees for mediation of an issue arising under this contract.

5. Right to Terminate Reserved. Regardless of the dispute resolution procedures provided for in this Section, Dispute Resolution, nothing herein shall affect, delay, or otherwise preclude a party from terminating this contract in accordance with the provisions of Special Conditions, Termination, it being understood that these dispute resolution procedures are intended as a means of resolving disputes both during the term of this contract and after termination or expiration thereof.

Figure 1:

County Workdays	Contractor's Representative	County Representative
10	Contractor's Project Manager	County's Project Manager
10	Contractor's Sr. Vice President of Sales	Contract Compliance Officer
20	Contractor's COO or President	County Administrator

2.63. Authorized Signatory

Proposer acknowledges that the name and title of the signatory (the "Authorized Signatory"), as completed, is authorized to execute contracts/agreements with Flagler County, and that submitting a Response via the County's ePROCUREMENT PORTAL shall be the act of and attributable to the Authorized Signatory to bind the company. By submitting this Response electronically, the Authorized Signatory does thereby adopt the electronic or conformed submittal as authorized firm commitment and for use as an official record by Flagler County.

2.64. Revisions, Addenda, Questions & Answers

All answers to questions of substance will be publicly published via the County's ePROCUREMENT PORTAL, Question & Answer feature.

Participants are required to review all revisions and answers to questions published. Revisions within the Solicitation as well as responses posted through the Question & Answer feature are authoritative and shall be considered an addendum to the Solicitation. All information in this Solicitation, including information provided through the Question & Answer feature are incorporated into the Solicitation or any Contract resulting from this Solicitation.

2.65. Acknowledgement of Solicitation Tabulation

All responses accepted by Flagler County are subject to the County's Terms and Conditions. Any and all additional Terms and Conditions submitted by Proposer(s) are rejected and shall have no force and effect. Responses from the Proposer(s) listed on the tabulation are the only responses received timely as of the closing date and time. All other responses submitted in response to the solicitation, if any, are rejected as late.

2.66. Availability of Personnel

Personnel described in the proposal shall be available to perform the services as described. All personnel shall be the employees, or agents of the Proposer, and not employees or agents of Flagler County.

2.67. Assignment of Contract

The selected Proposer may not make any assignments of their obligations resulting from this RFP without the prior written authorization of Flagler County.

2.68. Gratuities and Kickbacks

It is prohibited for the Contractor or any agent acting at the behest of the Contractor to offer, give, or agree to give any Flagler County employee or former Flagler County employee, or for any Flagler County employee or former Flagler County employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, or preparation of any part of a program requirement or a purchase request, or to influence the content of any specification or procurement standard, render advice, investigate, audit, or act in any other advisory capacity to the County.

It shall be unethical for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier sub-contractor or any person associated therewith, as an inducement for the award of a subcontract or order.

2.69. Drug-Free Workplace Certification

By submitting a proposal in response to this RFP, Contractor certifies that Contractor’s company is a drug-free workplace in accordance with Florida Statute 287.087.

2.70. Proprietary/Restrictive Specifications

Prospective Proposers, who feel the specifications contained herein are proprietary or restrictive in nature, thus potentially resulting in reduced competition, must contact the Purchasing Division upon receipt of this Request for Proposals and prior to proposal opening. Specifications which are unrelated to performance will be considered for deletion via addendum to this Request for Proposals.

2.71. Certification of Independent Price Determination

By submission of this proposal, the Proposer certifies, and in the case of a joint proposal each party thereto certifies as to its own organization, that in connection with this procurement:

A. The prices in this proposal have been arrived at independently, without consultation, collusion, communication, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other proposer or with any competitor.

B. Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening, directly or indirectly to any other Proposer or to any competitor; and,

C. No attempt has been made or will be made by the proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

2.72. Employment of Former Flagler County Employees By Any Person, Business, Or Organization Contracting With Flagler County

It shall be a violation for any person, business or organization contracting with Flagler County to employ in any capacity, any former Flagler County employee or member of Flagler County employee's immediate family within one year of that employee's separation from employment with the County, unless the employer or the former County employee files with the County Clerk, the County’s Employment Disclosure Statement . The penalty for this violation may include disqualification of the proposal submission.

3. Special Terms and Conditions

3.1. Closing Date and Mandatory Pre-Bid Conference

A. Request for Proposal (RFP): Closing Date
Response must be received through the County's eProcurement Portal before 2:00 pm on Monday, August 24, 2026. Responses received after this time will not be considered.

B. Pre-Bid Conference

1. A mandatory pre-bid conference will be held in the David I. Siegel Adult Day Care Center 1000 Belle Terre Blvd Palm Coast, FL 32164, at 10:00 am on Wednesday, August 12, 2026.

2. Flagler County does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of County's functions including one's access to participation, employment, or treatment in its programs or activities. In accordance with the American Disabilities Act and Section 286.26, Florida Statutes, persons with disabilities needing a special accommodation to participate in the proceedings, or an interpreter to participate in any proceedings, should contact the Office of Procurement and Contracts at (386) 313-4008 two (2) business days before any meeting date.

3.2. Authorized Official

The Request for Proposal (RFP) response and all required forms must be submitted/signed by an official authorized to legally bind the Respondent to all Request for Proposal (RFP) provisions. A Memorandum of Authority may be submitted to document that the individual is authorized to commit the firm to a contract.

3.3. Definition of Responsive and Responsible for this Solicitation

Each Response shall be evaluated for conformance as responsive and responsible using the following criteria:

A. Proper submittal of ALL documentation as required by this Request for Proposal (RFP). (Responsive)

B. The greatest benefits to Flagler County as it pertains to: (Responsible)

1. Total Cost;

2. Delivery;

3. Past Performance. In order to evaluate past performance, all Respondents are required to submit a list of three (3) references / relevant projects completed within the last three (3) years that are the same or similar in magnitude to this Solicitation. Flagler County shall not be listed as a reference;

4. All technical specifications associated with this Request for Proposal (RFP);

5. **Any other criteria that may be specific to your Request for Proposal (RFP), not necessarily everything specified here.**

Financial Stability: All Respondents shall be prepared to supply a financial statement upon request, preferably a certified audit of the last available fiscal year.

Respondents are reminded that award may not necessarily be made to the lowest Response. Rather, award will be made to the most/lowest responsive, responsible, Respondent whose Response represents the best overall value to the County when considering all evaluation factors.

3.4. Local Preference Availability

This project is funded by monies that prohibit the local preference provision and local preference does not apply per the General Terms and Conditions section Local Preference.

3.5. Payment Terms

1. The County will remit full payment on all undisputed invoices within forty five (45) days from receipt by the appropriate person(s) (to be designated at time of Agreement) of the invoice(s) or receipt of all products or services ordered.
2. Pursuant to Chapter 218.74, Florida Statutes, the County will pay interest not to exceed one percent (1%) per month on all undisputed invoices not paid within forty-five (45) days after the due date.

By submitting a Response to Flagler County, the Respondent expressly agrees that, if awarded an Agreement, the County may withhold from any payment monies owed by the Respondent to the County for any legal obligation between the Respondent and the County, including, but not limited to, real property taxes, personal property taxes, fees, and commissions.

3.6. Award Term

The County is looking to promote partnership relationships within the policies and procedures of public procurement. Pursuant toward that end, the successful Respondent shall be awarded an Agreement for an initial three (3) year term with the option for two (2) subsequent one (1) year renewals. All renewals will be contingent upon mutual written agreement and, when applicable, approval of the Board of County Commissioners.

3.7. Termination

A. County may terminate this Agreement upon written notice to the Contractor at least thirty (30) days prior to desired termination date.

B. Awarded Respondent may terminate this Agreement upon written notice to the County at least ninety (90) days prior to desired termination date.

C. Upon receipt of notice of termination by the County from awarded Respondent or upon delivery of notice of termination from the County to Contractor, awarded Respondent shall:

1. Stop work under the Agreement on the date and to the extent specified in County's Notice of Termination;

2. Inform County of the extent to which performance is completed;

3. Place no further orders or subcontracts for materials, services or facilities except as may be necessary for completion of such portion of the Work/Services under the Agreement as is not terminated and with the prior approval of the County; and,

4. Assign to the County, in the manner, at the times, and to the extent directed by the County, all of the rights, title, and interest of the awarded Respondent under the orders and subcontracts so terminated.

D. For all undisputed outstanding invoices submitted to the County prior to the effective date of the termination and subject to Section Award Term, Section Payment Terms and this Section, Termination, the County shall cause payments to be made to awarded Respondent within forty-five (45) days of receipt of invoice. Awarded Respondent shall invoice the County for any sums awarded Respondent claims to be owed by County under this Agreement for work performed from the last invoice to the effective date of termination. County shall review such invoice for payment and County shall pay any undisputed amount within forty-five (45) days.

E. With the approval of the County and to the extent required by the County, the awarded Respondent shall, upon termination, settle all outstanding liabilities and all claims arising out of such termination. County's approval of such settlements shall be final for all the purposes of a termination under this Section, Termination. In addition, awarded Respondent shall transfer title and deliver to the County, in the manner, at the times, and to the extent, if any, directed by the County, Deliverables, work-in-progress, reports, models, studies, and other materials produced as a part of, or acquired in connection with the performance of the Work/Services terminated.

F. If awarded Respondent fails to cure a breach within ten (10) calendar days after receipt of notice from the County of said breach, the County may take over the Work/Services and complete the Work/Services, and the awarded Respondent shall be liable to the County for any increased cost of the Project reasonably incurred by the County to complete the awarded Respondent's unfinished Work/Services. As such, the County may apply unpaid Compensation due and owing to the awarded Respondent prior to the default as a set off against the costs incurred by the County for taking over such Work/Services.

G. The right of termination provided to the County and the awarded Respondent herein shall be cumulative of all other remedies available at law.

H. All provisions of this Agreement which impose or contemplate continuing obligations on a party will survive the expiration or termination of this Agreement.

3.8. Damages

Due to the nature of the services to be provided and the potential impact to the County for loss, the awarded Respondent cannot disclaim consequential or special damages related to the performance of this Agreement. The awarded Respondent shall be responsible and accountable for any and all damages, directly or indirectly, caused by the actions or inaction of its employees, staff, or Subcontractors. There are no limitations to this liability.

3.9. Evaluation Method

The County will appoint a committee consisting of department staff to evaluate the proposals and to make recommendation to the Board of County Commissioners. The County will be the sole judge of its own best interests, the proposals, and the resulting Contract, if any. The County's decisions will be final. Award will be made to the proposal which presents the best value to the County based on the entire evaluation process and all the information gathered.

Note: Respondents are prohibited from contacting any of the committee members, other than the appropriate Procurement Coordinator prior to the recommendation of award from the committee.

3.10. Presentations by Respondents

1. Flagler County, at its sole discretion, may ask individual Respondents to make oral presentations and/or demonstrations without charge to the County.
2. The County reserves the right to require any Respondent to demonstrate to the satisfaction of the County that the Respondent has the fiscal and managerial abilities to properly furnish the services proposed and required to fulfill the requirements of the Request for Proposal (RFP). The demonstration must satisfy the County, and the County shall be the sole judge of compliance.
3. Respondents are cautioned not to assume that presentations will be required and should include all pertinent and required information in their original proposal package.

3.11. Proposal Acceptance/Rejection

The County reserves the right to accept or reject any or all proposals received as a result of this Solicitation, or to negotiate separately with competing Respondents, and to waive any informalities, defects, or irregularities in any proposal, or to accept that proposal or proposals, which in the judgment of the proper officials, is in the best interest of the County.

3.12. Proposal Acceptance Period

Any Proposal in response to this Request for Proposal (RFP) shall be valid through December 31, 2026. At the end of this time the proposal may be withdrawn at the written request of the Respondent if no award has been made. If the Proposal is not withdrawn at that time it remains in effect until an award is made or the solicitation is canceled regardless of the status of the proposal bond. The County reserves the right to request an extension of the proposals if a Contract has not been executed by December 31, 2026.

4. Insurance Requirements

4.1. Required Types of Insurance.

The Contractor shall purchase and maintain at its own expense, during the term of the Agreement, the types and amounts of insurance with limits no less than those shown in the Required Types and Limits of Insurance Chart associated with this solicitation, in the form and from companies satisfactory to the County. The Required Types and Limits of Insurance Chart is a listing and general summary of insurance policies required and is not intended to be comprehensive as to the requirements of each specific policy. Contractors shall review the additional requirements in this section and ensure that the insurance policies comply with the specific terms and conditions therein.

For the purposes of indemnification of the County or an endorsement or insurance coverage under this Agreement/Contract under which the County is a “named insured”, “additional named insured”, or “additional insured”, the term “County” includes Flagler County (a body corporate and politic and a subdivision of the State of Florida), including its districts, authorities, separate units of government established by law, ordinance or resolution, partners, elected and non-elected officials, employees, agents, volunteers, and any party with whom the County has agreed by contract to provide additional insured status.

The policy limits for all required policies in the Required Types and Limits of Insurance Chart shall apply separately from one another and shall not be shared with any other coverage line or reduce the aggregate limit of any other insurance coverage form required.

Regardless of anything submitted as proof of insurance, Contractor shall comply with all requirements as stated in the Solicitation and/or Contract documents.

4.2. Subcontractors and Independent Contractors.

All subcontractors & independent contractors utilized by Contractor to provide services to County and its employees under this Agreement/Contract shall be required to maintain all insurance policies with the same terms, conditions, and requirements required of the Contractor in the Required Types and Limits of Insurance Chart and described in this Solicitation.

4.3. Claims Made Basis Insurance Policies.

All insurance policies written on a Claims Made Form shall maintain a retroactive date prior to or equal to the effective date of the Agreement. The Contractor shall purchase a Supplemental Extended Reporting Period (“SERP”) with a minimum reporting period of not less than three (3) years in the event the policy is canceled, not renewed, switched to occurrence form, or any other event which requires the purchase of a SERP to cover a gap in insurance for claims which may arise under or related to the Agreement. The Contractor’s purchase of the SERP shall not relieve the Contractor of the obligation to provide replacement coverage. In addition, the Contractor shall require the carrier immediately inform the Contractor, the County Risk Manager, and the Office of Procurement and Contracts of any contractual obligations that may alter its professional liability coverage under the Agreement.

4.4. Risk Retention Groups and Pools.

Contractor shall not obtain an insurance policy required under this Agreement from a Risk Retention Group or Pool.

4.5. Minimum Required Policies and Limits.

Minimum underlying policies, coverages, and limits shall include all policies listed in the Required Types and Limits of Insurance Chart.

4.6. Additional Insured, Policies, Coverages, Limits, Primary and Non-Contributory Basis.

Under all insurance policies where the County is required to be an additional insured, the coverage and limits provided to the County under Contractor's insurance policies shall be that listed in the Required Types and Limits of Insurance Chart or the Contractor's actual limits, whichever is higher. All coverage provided to the County as an additional insured by said policies shall be primary and shall not be additional to or contributing with any other insurance or self-insurance maintained by the County or any other insurance contractually available for the benefit of the County. Contractors performing construction projects shall utilize ISO Forms CG 20 38 and CG 20 37, or their equivalents to provide additional insured status to the County and any party to whom the County is contractually bound to provide additional insured status under a commercial general liability policy.

4.7. Disposal of Materials.

If the services provided require the disposal of any hazardous or non-hazardous materials off the job site, the disposal site operator must furnish a certificate of insurance for Pollution Legal Liability with coverage for bodily injury and property damage for losses that arise from the facility that is accepting the waste under the Agreement.

4.8. Workers' Compensation.

Workers' Compensation insurance is required for all employees of the Contractor, employed or hired to perform or provide work or services under the Agreement or that is in any way connected with work or services performed under the Agreement, without exclusion for any class of employee, and shall comply fully with the Florida Workers' Compensation Law (Chapter 440, Florida Statutes, Workers' Compensation Insurance) and include Employers' Liability Insurance with limits no less than the statutory amount. Policy shall be endorsed with NCCI form WC 00 03 13 providing a waiver of subrogation in favor of the County. If Contractor is using a "leased employee" or an employee obtained through a professional employer organization ("PEO"), Contractor is required to have such employees covered by worker's compensation insurance in accordance with Florida Worker's Compensation law. The PEO shall endorse its workers compensation policy with NCCI form WC 00 03 13 providing a waiver of subrogation in favor of the County, its employees and insurers.

(1) Contractor and its Subcontractors, or any associated or subsidiary company doing work on County property or under the Agreement must be named in the Workers' Compensation coverage or provide proof of their own

Workers' Compensation coverage, without exclusion of any class of employee, and with a minimum of the statutory limits per occurrence for Employer's liability coverage. Further, if the Contractor's Subcontractors fail to obtain Workers' Compensation insurance and a claim is made against the County by the uncovered employee of said Subcontractor of the Contractor, the Contractor shall indemnify, defend, and hold harmless the County from all claims for all costs including attorney's fees and costs arising under said employee(s) Workers' Compensation insurance claim(s).

4.9. Commercial General Liability Insurance.

The Contractor shall obtain and maintain Commercial General Liability insurance, with limits of not less than the amounts shown in the Required Types and Limits of Insurance Chart. Contractor shall not obtain an insurance policy wherein the policy limits are reduced by defense and claim expenses. Such insurance shall be issued on an occurrence basis and include coverage for the Contractor's operations, independent contractors, and Subcontractors protecting itself, its employees, agents, Contractors or subsidiaries, and their employees or agents for claims for damages caused by bodily injury, property damage, or personal or advertising injury, and products liability/completed operations including what is commonly known as Coverages A and B. Such policies shall include coverage for claims by any person as a result of actions directly or indirectly related to the employment of such person or entity by the Contractor or by any of its Subcontractors arising from work or services performed under the Agreement. Policy shall include either contractual insurance or a designated contract contractual liability coverage endorsement, indicating expressly the Contractor's Agreement to indemnify, defend and hold harmless the County as provided in the Agreement. The commercial general liability policy shall provide coverage to County when it is required to be named as an additional insured either by endorsement or pursuant to a blanket additional insured endorsement, for those sources of liability which would be covered by the latest edition of the standard Commercial General Liability Coverage Form (ISO Form CG 00 01), as filed for use in the State of Florida by the Insurance Services Office, without the attachment of any endorsements excluding or limiting coverage for Bodily Injury, Property Damage, Products/Completed Operations, Independent Contractors, Property of County in Contractor's Care, Custody or Control or Property of County on which contracted operations are being performed, Explosion, Collapse or Underground hazards (XCU Coverage, Contractual Liability or Separation of Insureds.

For construction related projects, County shall be added as additional insured to Contractor's policy by both ISO Endorsements CG 20 38 (Premises & Operations) and CG 20 37 (Products & Completed Operations) or their equivalents. If County has agreed by separate contract to require Contractor to name another party as an additional insured, Contractor shall add said party as an additional insured to the commercial general liability policy by ISO Endorsement CG 20 38 and CG 20 37, or their equivalents.

For non-construction projects, Contractor shall add County as additional insured by both ISO Endorsements CG 20 10 (Premises & Operations) and CG 20 37 (Products & Completed Operations) or their equivalent. If County has agreed by separate contract to require Contractor to name another party as an additional insured, Contractor shall add said party as an additional insured to the commercial general liability policy by both ISO Endorsement CG 20 10 and CG 20 37 or their equivalents.

All commercial general liability policies shall be endorsed to provide a waiver of subrogation in favor of the County and any other party required by this Agreement to be named as an additional insured.

4.10. Motor Vehicle Liability.

The Contractor shall secure and maintain during the term of the Agreement a motor vehicle liability policy with a combined single limit of no less than the amounts shown in the Required Types and Limits of Insurance Chart for bodily injury and property damage arising from the ownership, maintenance, or use of a motor vehicle. Policy shall be written with Coverage Symbol 1 (Any Auto), providing coverage for all autos operated regardless of ownership, or with Coverage Symbols 7, 8, & 9 (Scheduled, Hired, & Non-Owned vehicles). The County shall be an additional insured under this policy when required in the Required Types and Limits of Insurance Chart. If Motor Vehicle Liability is by endorsement to another policy required in the Required Types and Limits of Insurance Chart, then the limits for Motor Vehicle Liability shall be separate (they shall not be shared) and in addition to the underlying policy limits. If endorsed to another policy required in the Required Types and Limits of Insurance Chart, Motor Vehicle Policy Limits shall apply on a per occurrence basis and shall not have an aggregate limit.

4.11. Professional Liability.

The Contractor shall ensure that it secures and maintains, during the term of the Agreement, Professional Liability insurance with limits of no less than the amount shown in the Required Types and Limits of Insurance Chart in respect only to the project(s) contemplated by the Agreement. Such policy shall cover all the Contractor's or its Subcontractor's professional liabilities whether occasioned by the Contractor or its Subcontractors, or its agents or employees. For Contractors providing Architectural and Engineering related services, policy shall be broad enough to include errors and omissions specific to Contractor's professional liability for direct and contingent design errors and Architect's/Engineers professional liability with no exclusions for design-build work.

If the Contractor fails to secure and maintain the professional liability insurance coverage required herein, the Contractor shall be liable to the County and agrees to indemnify, defend, and hold harmless the County against all claims, actions, losses or damages that would have been covered by such insurance. The County shall be an additional insured under this policy when required in the Required Types and Limits of Insurance Chart.

4.12. Primary and Excess Coverage.

Any insurance required may be provided by primary and excess insurance policies.

4.13. General Insurance Requirements.

A. All insurance policies shall be issued by insurers licensed and/or duly authorized under Florida Law to do business in the State of Florida and all insuring companies are required to have a minimum rating of A- and a Financial category size of VIII or greater in the "Best Key Rating Guide" published by A.M. Best & Company, Inc.

B. Approval by County of any policy of insurance shall not relieve Contractor from its responsibility to maintain the insurance coverage required herein for the performance of work or services by the Contractor or its Subcontractors for the entire term of the Agreement and for such longer periods of time as may be required under other clauses of the Agreement.

C. **Waiver of Subrogation**. The Contractor hereby waives all rights against the County and its Subcontractors for damages by reason of any claim, demand, suit or settlement (including workers' compensation) for any claim for injuries or illness of anyone, or perils arising out of the Agreement. The Contractor shall require similar waivers from all its Subcontractors. Contractor's insurance policies shall include a waiver of subrogation in favor of the County. This provision applies to all policies of insurance required under the Agreement (including Workers' Compensation, and general liability).

D. **County Not Liable for Paying Deductibles**. For all insurance required by Contractor, the County shall not be responsible or liable for paying deductibles for any claim arising out of or related to the Contractor's business or any Subcontractor performing work or services on behalf of the Contractor or for the Contractor's benefit under the Agreement.

E. **Cancellation Notices**. During the term of the Agreement, Contractor shall be responsible for promptly advising and providing the County Risk Manager and the Office of Procurement and Contracts with copies of notices of cancellation or any other changes in the terms and conditions of the original insurance policies approved by the County under the Agreement within two (2) business days of receipt of such notice or change.

F. **Deductibles and Self-Insured Retentions**.

1. Contractors that maintain and administer a self-insured retention or a large deductible formal program exceeding the insurance requirements listed in the Required Types and Limits of Insurance Chart to fund either program may submit an exception request in accordance with the solicitation section detailing Revisions, Addenda, Questions & Answers to be considered for this solicitation. The request must include a summary of the program's design and funding method to manage fund deductibles or self-insured retentions. If additional information is necessary, the County will request more specific information, which must be provided by the Contractor. The County Risk Manager will review the information submitted and determine whether the program is acceptable to the County.

2. Contractors with no formal risk management program in place to manage and fund deductibles or self-insured retentions may not be considered.

3. Subject to County approval, Contractor may obtain a letter of credit in the amount equivalent to the deductible, which shall remain in effect during the term of the Agreement at no additional cost to the County.

G. Contractor's obligations or services shall not be construed to negate, abridge, or reduce other rights or obligations of indemnity or insurance defense of additional or named insureds which would otherwise exhaust or be unavailable as to a party or person described in this Contract.

4.14. Proof of Insurance.

A. The Contractor shall be required to furnish evidence of all required insurance in the form of certificates of insurance, which shall clearly outline all hazards covered as itemized herein, the amounts of insurance applicable to each hazard and the expiration dates.

B. The Contractor shall furnish proof of insurance acceptable to the County prior to or at the time of execution of the Agreement and the Contractor shall not commence work or provide any service until the Contractor has obtained all the insurance required under the Agreement and such insurance has been filed with and approved by the County. Upon request from the County, the Contractor shall furnish copies of all required policies and any changes, endorsements, or amendments thereto, immediately, to the County, the County Risk Manager, and Purchasing and Contracts Divisions, prior to and any time after the commencement of any contractual obligations. The Agreement may be terminated by the County, without penalty or expense to County, if at any time during the term of the Agreement proof of any insurance or copies of any insurance policies required hereunder are not provided to the County upon request.

C. All certificates of insurance shall clearly indicate that the Contractor has obtained insurance of the type, amount and classification required by this Section. No work or services by Contractor or its Subcontractors shall be commenced until County has approved these policies or certificates of insurance. Further, the Contractor agrees that the County shall make no payments pursuant to the terms of the Agreement until all required proof or evidence of insurance has been provided to the County. The Agreement may be terminated by the County, without penalty or expense, if proof of any insurance required hereunder is not provided to the County.

D. The Contractor shall file replacement certificates with the County at the time of expiration or termination of the required insurance occurring during the term of the Agreement. In the event such insurance lapses, the County expressly reserves the right to renew the insurance policies at the Contractor's expense or terminate the Agreement but County has no obligation to renew any policies.

E. The provisions of these sections, Required Types of Insurance; Insurance Requirements; and Proof of Insurance, shall survive the cancellation or termination of the Agreement.

4.15. Provide Proof of Insurance.

Provide Proof of Insurance - evidence of required insurance coverage or proof of insurability in the amounts indicated. If available, a properly completed ACORD Form is preferable. Upon award, final forms must contain the correct solicitation and/or project number and Flagler County contact person.

Firms that have owner/operators that have filed a "Notice of Election to be Exempt" shall submit a copy of the notice with the response.

4.16. Insurance Requirement

Before execution of the Agreement by the County and commencement of the operations and/or services to be provided, and during the duration of the Agreement, the Contractor shall file with the County current certificates of all required insurance on forms acceptable to the County, which shall include the following provisions:

A. All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida and acceptable to the County.

B. The Certificates shall clearly indicate that the Contractor has obtained insurance of the type, amount and classification as required for strict compliance with this insurance section.

C. No material change or cancellation of the insurance shall be effective without thirty (30) days prior written notice to the County.

The Contractor shall require and ensure that each of its subcontractors providing services here under (if any) procures and maintains, until the completion of the services, insurance of the types and to the limits specified herein.

Coverage Required – Unless otherwise specified, the Contractor shall, at its sole expense, maintain in effect at all times during the performance of the services insurance coverage with limits not less than those set forth below and with insurers and under forms of policies satisfactory to County.

Coverage

Minimum Amounts and Limits

- Worker's Compensation
  - Statutory requirements at location of Work
- Employer's Liability
  - $ 1,000,000 each occurrence
  - $ 1,000,000 disease, aggregate
  - $ 1,000,000 disease, each employee
- Commercial General Liability
  - $ 2,000,000 General Aggregate
  - $ 2,000,000 Products-Comp. Ops Aggerate

- $ 1,000,000 Each Occurrence
- $ 500,000 Fire Damage
- $ 0 Medical Expense

- Automobile Liability
  - $ 1,000,000 Combined Single Limit (owned, hired and non-owned)
  - Option of Split Limits:
    - Bodily Injury
      - $ 1,000,000 per Person
      - $ 1,000,000 per Accident
    - Property Damage
      - $ 1,000,000
- Professional Liability
  - $ 1,000,000 per claim
  - $ 1,000,000 annual aggregate (when applicable)

Insurance carrier(s) must have a minimum financial rating of A-.

Coverage shall apply to the indemnity provided to Flagler County and shall include Flagler County its officers and employees, as additional insureds, as regards to liability arising out of the Contractor's performance of the work or the work performed by others on behalf of the Contractor under this Agreement. The insurance afforded to the County shall state that it is primary insurance and shall provide for a severability of interest or cross-liability clause. Prior to entering into the Agreement with the County, the Contractor shall furnish County with Certificates of Insurance (identifying on the face thereof the Project name and Agreement number) as evidence of the above required insurance and such Certificates shall include the following language: Flagler County BOCC as additional insured and an endorsement for which has been issued, subject to a requirement for recurring certificate of insurance every fifteen (15) days from the contract award date until, all obligations under the Contract/Agreement are completed.

Alternatively, in lieu of recurring certificates, the Contractor or Contractor may provide a certificate of insurance that contains a provision that coverage afforded under the policies will not be cancelled until at least thirty (30) days prior written notice has been given to the County, except that in the event of cancellation for nonpayment of premium the County shall receive notice as prescribed by state law (10 days). The cancellation clause should read as follows: “Should any of the described policies be canceled or material modified before the expiration date thereof, the issuing company will mail 30 day prior written notice to the

certificate holder named below, except that in event of cancellation for nonpayment of premium, the notice shall be 10 days unless a longer time is prescribed by Florida Statute."

The County will not maintain any insurance on behalf of the Contractor covering loss or damage to the work or to any other property of the Contractor.

None of the requirements contained herein as to types, limits and approval of insurance coverage to be maintained by the Contractor are intended to and shall not in any manner limit or qualify the liabilities or obligations assumed by the Contractor under the Agreement.

The Contractor shall deliver the original Certificate of Insurance and one copy to the agent of the County.

Notices, in original and one copy, of cancellation, termination and alteration of such policies shall also be provided to the agent of the County.

5. Scope of Work

5.1. Scope of Work

PROJECT BACKGROUND & OPERATIONAL FRAMEWORK

Core Objective

The selected vendor shall operate a community-based adult day care program designed to provide a structured, protective environment for eligible adults (e.g., individuals aged 60+ or adults living with cognitive or physical disabilities). The program's goal is to maximize participant autonomy, offer vital social and therapeutic engagement, prevent unnecessary institutionalization, and provide essential respite for primary family caregivers.

Facility Capacity Allocation

The physical facility has an established maximum legal occupancy constraint.

Maximum Permitted Capacity: 30 participants daily.

All operational layouts, physical configurations, dining schedules, and emergency exit routes must be optimized for this maximum capacity threshold.

County-Provided Infrastructure

To facilitate a sustainable local service pipeline, Flagler County provides structural support to the selected vendor:

Low-Cost Lease: The County offers access to the licensed day care space at a heavily reduced, below-market rental rate. Current rental rate is projected to be $500/mo., or $6000/yr, and may be waved for the first year of operations.

Structural Maintenance: The County maintains responsibility for major structural building systems (e.g., roof integrity, exterior walls, landscaping, and central HVAC system replacements). The applicant will be responsible for day-to-day internal upkeep of the facility, cleanliness, decorations, program supplies and the like.

Operational Self-Sufficiency Constraints

No Direct County Funding: No operational subsidies, baseline grants, financial draws, or direct service fee reimbursements will be provided by Flagler County. Referrals from interested and eligible Older Americans Act and State General Revenue grants (ADI, CCE, HCE) will be provided as available and applicable.

Independent Business Unit: The selected applicant must operate purely as a self-sustaining business entity. The operator is solely responsible for generating all revenue via third-party billings, private fees, and alternative grant funding to cover all operational overhead, labor, utilities, and programmatic costs.

REGULATORY TRANSITION & CONTINUITY MINIMUMS

The selected applicant must maintain seamless continuity of care for active program participants and legally assume operational control of the facility license without experiencing service disruptions or temporary closures.

A. AHCA Change of Ownership (CHOW) Requirements

The selected vendor must navigate and execute the license transition through the Florida Agency for Health Care Administration (AHCA) under Chapter 429, Part III, Florida Statutes, and Chapter 59A-16, Florida Administrative Code (F.A.C.):

- Application Timeline: Submit a comprehensive, complete Change of Ownership (CHOW) application via the AHCA Online Licensing System Portal at least 60 days prior to the anticipated operational transfer date.
- Financial Competency Verification: Complete and submit ACHA Form 31-00-0009 (Proof of Financial Ability to Operate). The applicant must verify sufficient liquid assets to cover all projected facility operating expenses (including utilities, vendor accounts, and staff payroll) for the initial 90 days of operation without relying on immediate accounts receivable or collections.
- Legal Transfers: Provide fully executed Asset Purchase Agreements, Bills of Sale, or Lease-Transfer Documents establishing a clear line-of-ownership transfer between the outgoing operator and the applicant.
- Liability & Corrections: Assume immediate operational responsibility for and submit an approved Plan of Correction (PoC) to AHCA for any outstanding compliance citations or deficiencies left by the preceding license holder. No citations or deficiencies exist at the time of this RFP.
- Background Clearances: Ensure all executive officers, program directors, board members, and financial stakeholders holding a 5% or greater interest have passed a Level 2 background screening via the AHCA Care Provider Background Screening Clearinghouse prior to contract signing.

B. Florida Medicaid MLTC Provider Continuity

Because the core target population relies heavily on home and community-based waiver services, the selected provider must satisfy the following Medicaid criteria:

- Active Enrollment: Establish and/or maintain active status on the AHCA Provider Master List (PML) with a valid Florida Medicaid Provider ID.
- SMMC Region B Credentialing: Secure, transfer, or maintain active provider network contracts with the authorized Statewide Medicaid Managed Care (SMMC) 3.0 Long-Term Care (LTC) managed care organizations serving Region B (Flagler County) through the 2030 contract cycle:

- Sunshine Health
- Simply Healthcare
- Humana
- Florida Community Care (FCC)
- UnitedHealthcare Community Plan

- Continuity of Care Mitigation: Detail an explicit risk-mitigation strategy to safely navigate participant billing during the standard regional 90-day "Continuity of Care" window if an existing client shifts from the incumbent operator to their organization while insurance credentials are being finalized.
- HCBS Settings Rule Adherence: Comply with federal Centers for Medicare & Medicaid Services (CMS) Home and Community-Based Services (HCBS) regulations. The program structure must optimize participant autonomy, independence, privacy, and integration into the broader local community.

STAFFING CONFIGURATIONS & MATRICES

The selected vendor must maintain staffing configurations that comply strictly with Rule 59A-16.005, F.A.C. Based on a maximum permitted daily census of 30 clients, the proposal must fulfill the following structured staffing matrix:

SUGGESTED DAILY STAFFING LAYOUT (MAX 30 CAPACITY)	
1. Core Center Director	1 Full-Time Equivalent (FTE)
2. Direct Care Staff (1:6)	5 FTE Awake, Direct-Care Personnel
Specialized Memory (1:5)	1 FTE of 5 if serving Alzheimer's/Dementia
3. Licensed Healthcare (RN/LPN)	1 PRN, but ideally dedicated Shift position

A. General Direct Care Staff Ratio (1:6 Ratio)

- Minimum Metric: A minimum ratio of one (1) staff member who provides direct services for every six (6) participants must be present at the facility at all times.
- Full Capacity Requirement: For a maximum census of 30 clients, the applicant must schedule a minimum of five (5) awake, direct-care personnel on-site daily during operating hours.

B. Specialized Alzheimer’s/Dementia Care Ratio (1:5 Ratio)

- Minimum Metric: For any sub-population of participants diagnosed with Alzheimer's disease or related forms of dementia, the facility must increase staffing to one (1) direct service staff member for every five (5) memory care participants.
- Capacity Impact: If the applicant intends to dedicate a portion of the 30-client slot allotment to specialized dementia care, the staffing layout would adjust upward. Example: An active daily census of 20 general clients (4 staff) and 10 memory-care clients (2 staff) will require 6 direct care staff members.

C. Mandated Core Roles (Non-Delegable)

- Center Director (1 FTE): Responsible for daily administration. The director cannot be dual-counted as primary direct-care staff if the active census regularly exceeds 12 participants.
- Licensed Healthcare Personnel: The applicant must secure a Registered Nurse (RN) or Licensed Practical Nurse (LPN) to manage medication administration, perform health screenings, and coordinate care plans under Florida AHCA rules.

DETAILED SCOPE OF WORK (SOW) OPERATIONS

The selected vendor shall perform all duties, services, and responsibilities detailed below. Proposals shall address all of the following aspects of the scope of work.

A. Core Operating Schedule

- Mandatory Operational Hours: The facility shall remain open to participants from 9:00 AM to 4:30 PM, Monday through Friday, excluding County-designated holidays.
- Service Availability: The vendor must ensure staff are on-site at least 30 minutes prior to opening (8:30 AM) and remain until all participants are safely discharged or boarded onto transit vehicles at the end of the day.

B. Participant Intake, Assessment, and Care Planning

- Eligibility and Intake Screening: Conduct comprehensive pre-admission screenings to ensure applicants meet adult day care criteria. Participants must not require 24-hour continuous bed confinement or pose a physical threat to themselves or others.
- Individualized Plan of Care (POC): Develop a written POC for each participant within 30 days of admission. The POC must be co-signed by the participant’s primary physician or managed care case manager. It must document specific goals, physical limitations, behavioral interventions, and required assistance levels.

- Mandatory Reassessments: Conduct formal reviews and updates of each participant's POC every six (6) months, or immediately following any significant change in the individual's physical or mental health status.

C. Clinical, Health, and Medication Management

- Nursing Oversight: Provide on-site or contracted nursing coverage (RN or LPN) to perform daily health monitoring, including vital sign checks, blood sugar monitoring, and weight tracking as specified by individual care plans.
- Medication Administration: Securely store and administer medications in strict compliance with Rule 59A-16.005(4), F.A.C. All administrations must be executed by licensed medical professionals or properly certified staff under RN oversight.
- Medication Administration Records (MAR): Maintain a flawless, real-time MAR for each participant. Document the drug name, dosage, route, exact time of administration, and the signature of the administering staff member.
- Medical Emergency Response: Establishing and maintaining an active contract with a medical director or regional emergency response system is highly encouraged, at minimum ensuring all staff hold active CPR and First Aid certifications at all times.

D. Activities of Daily Living (ADLs) & Personal Care Assistance

- Direct Care Support: Provide respectful, hands-on assistance with basic Activities of Daily Living (ADLs). This includes ambulation, transfers, eating, grooming, and specialized toileting or incontinence care. Use of restraining techniques (hands on) and/or assistive mechanisms is not sought, but if it is part of an applicant proposal, all aspects of this practice and related regulatory compliance must be adequately addressed in the proposal
- Restorative Care Maintenance: Implement simple, routine range-of-motion exercises, scheduled walking regimens, and hydration tracking to prevent physical decline and maintain participant independence.

E. Therapeutic, Social, and Memory Care Programming

- Daily Structured Activities: Design and execute a minimum of three (3) hours of scheduled therapeutic activities per day. Activities must cater to varying cognitive and physical functional levels, including arts, music, gentle physical fitness, and socialization.
- Specialized Dementia Programming: Provide distinct, physically segregated cognitive stimulation programs for participants diagnosed with Alzheimer's or related dementias. These programs must focus on validation therapy, memory orientation, and wandering mitigation within a secure perimeter.

F. Nutritional and Dietary Services

- Meal Requirements: Provide a minimum of one (1) hot, nutritionally balanced meal and two (2) healthy snacks during the designated operational day. Meals must fulfill at least one-third (1/3) of the Recommended Dietary Allowances (RDA) for adults.
- Therapeutic and Modified Diets: Accommodate medically prescribed modified diets, including mechanical soft, pureed, low-sodium, and diabetic menus.
- Sanitation Standards: Ensure all food storage, preparation, and kitchen operations comply fully with Florida Department of Health (DOH) Chapter 64E-11 guidelines. Keep valid DOH food service permits posted at all times.

G. Facility Operations, Maintenance, and Security

- Utility Financial Responsibility: Pay all facility utility costs—including electricity, water, sewer, internet, and telephone service—directly to providers. Maintain separate utility tracking distinct from corporate overhead.
- Internal Maintenance and Janitorial Services: Provide daily interior janitorial care, deep cleaning, and waste removal. Keep the building clean, odor-free, and fully sanitized. Maintain all internal program-specific equipment (such as lift chairs, medical carts, and kitchen appliances) at the vendor's expense.
- Physical Security: Secure all exterior exit points with delayed-egress magnetic locks or keypad security systems. This ensures a safe environment and prevents elopement of memory-care participants, in full compliance with local fire codes.
- Assume and ensure all regulatory compliance, oversight and respective liability in the day to day operations, licensing, and administration of Adul Day Care, per pertinent state statute and regulations.

H. Safe Transportation Services

- Transit Coordination: Coordinate with Flagler County Transportation, family/caregivers and other appropriate parties to ensure portal-to-portal transportation for participants traveling between their residences in Flagler County and the adult day care center. Coordination with Senior Services Division is also encouraged and available.
- Vehicle Compliance: Ensure all transit vehicles used are ADA-accessible, equipped with functional wheelchair lifts/tie-downs, climate-controlled, and regularly maintained.

I. Emergency Activation & Disaster Assistance Response

- Hurricane and Evacuation Shelter Support: In the event of local hurricane activations, severe weather emergencies, or mandatory county evacuations ordered by Flagler County Emergency Management, the County may request the vendor to assist in emergency shelter operations.

- Feasibility-Based Care Coordination: As feasible and safe given regional conditions, the vendor may be asked to coordinate the safe transfer, tracking, and temporary continuity-of-care support for active adult day care participants placed within designated County medical-needs or public emergency shelters.
- Disaster Plan Submission: The vendor must submit an updated, comprehensive Emergency Preparedness Plan annually to the Flagler County Emergency Management Division for review and local approval.

FINANCIAL REPORTING & ACCOUNTABILITY

Because the County provides the physical infrastructure, the vendor must maintain transparent fiscal practices to prove long-term viability:

- Segregated Accounting Systems: Maintain distinct, auditable financial records specifically for this facility location, applying standard Generally Accepted Accounting Principles (GAAP).
- Annual Audited Financial Statements: Submit an annual financial audit compiled by an independent Certified Public Accountant (CPA) to the County Contract Manager within 120 days of the fiscal year-end.
- Monthly Facility Utility Cost Validation: Provide timely proof of payment for all building utilities, which must be tracked independently from corporate administrative overhead.

6. Proposal Submittal Requirements

6.1. Provider's Qualifications and Experience

Provider’s qualifications, experience and past Provider performance related to providing the type of services requested in this solicitation.

The Provider will be required to demonstrate a comprehensive set of qualifications to ensure they are capable of delivering high-quality Adult Day Care Program.

The Contractor must have a minimum of 5 years’ experience in providing services to individuals diagnosed, showcasing a strong background in therapeutic care and health supervision.
Specifically, the Provider must provide evidence of a well-established track record in operating adult day care programs or similar services.

This includes a history of successfully designing and managing therapeutic programs that address the cognitive, physical, and emotional needs of individuals.

The Provider must also demonstrate expertise in developing individualized care plans that cater to the unique needs of each participant, ensuring that all activities are tailored to enhance their quality of life and well-being.

Provider must show evidence of its organizational capacity to manage the program effectively, including a clear administrative structure and support system to ensure smooth operations.

The Provider should also provide proof of their ability to manage legal and financial responsibilities, particularly in terms of making site improvements to meet required codes for health, safety, and accessibility.

The applicant will also need to demonstrate strong communication skills, including the ability to collaborate effectively with the City, caregivers, family members, and community partners.

The Provider must be committed to providing regular updates on program progress, participant outcomes, and any challenges encountered, ensuring transparency and accountability throughout the project.

6.2. Organizational Profile and Project Team Qualifications

Provider's approach to providing the requested scope of services.

Provider must provide a qualified team of professionals with relevant certifications, such as Registered Nurses (RNs), Licensed Practical Nurses (LPNs), or Certified Nursing Assistants (CNAs), and staff members trained in Alzheimer’s disease or related dementia care. These professionals should have experience in supervising participants, administering medication, assisting with activities of daily living, and addressing the medical and behavioral needs of individuals with Alzheimer’s disease or related dementia.

The operational staff provided by the applicant will play a critical role in ensuring the effective and safe operation of the Adult Day Care Program at the David I. Siegel Center. The staff must be qualified and capable

of delivering high-quality care to individuals, as well as providing support to their caregivers. The staff will consist of a variety of professionals, including an administrator, nursing staff, direct care workers, and support staff, each of whom must meet specific educational and licensing requirements to comply with state and local regulations.

The following areas must be addressed:
1. Identify the staff involved in the project, including identification of the bidder's project manager. The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement.
2. Summarize their qualifications related to specific requirements of this project.
3. Resumes of professional staff must be included. 4. Job descriptions for all project staff must be included. Descriptions must include the hours the staff person works each week and the number of hours assigned to this program each week.
5. A Program Organizational Chart must be included. If you operate more than one program, also include an Agency Organizational Chart showing the line of authority.
6. The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. The qualifications of these individuals shall be presented (in resumes or other formats).

If conducting this project will require hiring of one or more individuals who are not currently employed by the bidding organization, applications shall provide detailed job descriptions, including required qualifications and experience.

If subcontractors are to be used, the proposal shall also contain similar information regarding each subcontractor

6.3. Approach and Methodology

Professional experience and qualifications of key personnel that will be assigned to this project.

The Provider must provide a comprehensive description of their organization's expertise in the area of adult day care services.
This includes detailed information on the organization's experience in operating similar projects, demonstrating a proven track record in designing and implementing therapeutic care programs that address the unique needs of individuals to include individuals with Alzheimer's disease or related dementia.

The Provider must outline their capacity to provide high-quality, person-centered care in a structured, supportive environment that promotes cognitive, emotional, and physical well-being. A key requirement is the inclusion of a summary of similar current and completed projects, to include any projects that focus on dementia or Alzheimer's care. The Provider should highlight any ongoing or past adult day care programs, therapeutic services for individuals with cognitive impairments, or similar health and wellness programs aimed at improving quality of life for elderly or vulnerable populations.

For each project, the applicant should provide the following: project name, client or organization served, scope of services, the number of participants, and any measurable outcomes or successes achieved. This will

help demonstrate the organization's ability to effectively manage and deliver services on a similar scale and complexity to the Adult Day Care Program at David I. Siegel Center.

The Provider should also provide evidence of its capacity to manage both the operational and regulatory requirements of such programs, including compliance with state and local adult day care regulations. Examples of successful projects, particularly those that involved improvements to facilities, adherence to health and safety standards, or the integration of community-based care strategies, will strengthen the Provider's qualifications.

The Provider should also demonstrate their ability to handle the financial and administrative aspects of the program, ensuring sustainability and efficient management. The organization's experience in overseeing program staffing, including qualified professionals trained in dementia care, as well as their approach to caregiver support, will be important factors in evaluating their qualifications. The County seeks a Provider that can leverage this experience to create a program that meets both the immediate and long-term needs of participants, while collaborating effectively with County staff, caregivers, and other community stakeholders. Past performance references, along with detailed descriptions of similar projects, will be critical in assessing the Provider's qualifications and suitability for this important role.

6.4. Past Performances and References

Provide at least three references, preferably from government entities, for projects with similar scope of services.

Applicants must provide evidence of their past performance and include references to demonstrate their ability to successfully deliver high-quality adult day care services, to include services for individuals with dementia or Alzheimer's disease. Submissions should highlight the applicant's demonstrated success in managing similar programs, including specific examples of services provided, populations served, and outcomes achieved.

Applicants should provide data or testimonials that showcase their expertise in developing and implementing therapeutic activities, managing health supervision, and supporting participants with progressive cognitive impairments. Emphasis should be placed on their ability to deliver person-centered care and achieve positive impacts on both participants and their caregivers.

To support their track record, Applicants must include references from previous clients who can speak to the Provider's quality of service, professionalism, and overall performance. References should include contact information, a description of the services provided, and details about the scope of the project. These references will play a critical role in validating the applicant's capability to fulfill the requirements of the Adult Day Care Program.

Applicants are also encouraged to provide evidence of positive feedback from participants, caregivers, and stakeholders from prior projects. This could include client satisfaction surveys, letters of recommendation, or case studies illustrating successful outcomes.

Additionally, any relevant certifications, awards, or recognition for excellence in adult day care services or dementia care should be highlighted to further establish credibility and expertise. Evidence of strong past performance and satisfied clients will be essential in evaluating the applicant's suitability for this program.

Given the regulatory requirements that directly impact both the construction and operation of an Adult Day Care facility, applicants are strongly encouraged to demonstrate knowledge of, and experience with, Florida's Agency for Health Care Administration (AHCA) regulations. In Florida, Adult Day Care Centers must obtain both a license and a certificate of sanitation prior to beginning operations. Accordingly, applicants should provide evidence of past compliance with AHCA standards, including licensure experience and familiarity with applicable facility and programmatic requirements.

6.5. Financial Stability

Providers must demonstrate financial stability and the capacity to manage all operational and site improvement costs associated with the scope of services.

Applicants must provide clear and compelling evidence of financial stability to demonstrate their ability to successfully develop, implement, and sustain the Adult Day Care Program at the David I. Siegel Center.

Submissions should include detailed financial documentation that illustrates the applicant's capacity to manage operational expenses, fund necessary site improvements, and meet all regulatory and licensing requirements without financial constraints.

Applicants are required to submit audited financial statements for the past three years, including balance sheets, income statements, and cash flow statements, to provide a comprehensive view of their financial health. If audited statements are unavailable, independently reviewed or compiled statements may be submitted, accompanied by an explanation of their validity.

Applicants should provide a summary of their current financial position, highlighting key metrics such as liquidity, solvency, and debt-to-equity ratio. Evidence of access to sufficient working capital or credit lines to cover project costs, including unforeseen expenses or delays, must also be included. Applicants are encouraged to submit letters of credit or other guarantees from financial institutions as further evidence of their ability to finance the project.

The submission should outline the applicant's financial management practices, such as budgeting, cost controls, and risk mitigation strategies, to demonstrate their ability to effectively allocate resources and maintain fiscal responsibility. If applicable, applicants should include a record of successfully managing similar projects, with examples of how they ensured financial sustainability.

Applicants must also provide details on their ability to meet the long-term financial demands of operating the program including staff salaries, facility maintenance, and program resources. Submissions should reflect the applicant's understanding of the financial commitments required to maintain compliance with state and local regulations and to deliver high-quality services to participants. Evidence of financial stability will be a critical evaluation criterion, as it ensures the selected Provider can uphold its contractual obligations and deliver a sustainable and impactful program for Flagler County.

6.6. Cost

1. Participant Rate Structure

Propose the daily unit rates to be charged to participants or third-party insurers.

Service Category	Unit Measure	Proposed Base Rate
General Adult Day Care	Per Participant, Per Day	
Specialized Memory Care (Dementia)	Per Participant, Per Day	

2. Pro Forma Break-Even Matrix

Confirm the operational milestones necessary to reach self-sufficiency within the facility space.

- Minimum average daily census required to break even:_____ participants per day.
- Projected timeline to hit break-even census from contract start date: _____calendar days.

This scoring is to be done by Admin at time of evaluation scoring meeting.

7. Evaluation Phases

Each Proposal submittal shall be evaluated for conformance as responsive and responsible using the following criteria:

1. That all proposal documentation was submitted timely and in conformance with all requirements of the RFP.

2. That the following elements of Contractor's proposal meet or exceed the requirements of this RFP and cumulatively provide the service and benefits to the County deemed to be in the best interest of the public

3. Scoring (0-5) shall be assigned as follows. Each criteria will have a weight assigned to calculate total points awarded.

- 0= Did not submit
- 1 = Poor - Proposal is lacking or inadequate in most basic requirements, specifications, or provisions for the specific criteria.
- 2 = Below Average - Proposal meets many of the basic requirements, specifications or provisions of the specific item, but is lacking in some essential aspects for the specific criteria.
- 3 = Average - Proposal adequately meets the minimum requirements, specifications, or provisions of the specific item, and is generally capable of meeting the County's needs for the specific criteria.
- 4 = Above Average - Proposal more than adequately meets the minimum requirements, specifications, or provisions of the specific criteria, and exceeds those requirements in some aspects for the specific criteria.
- 5 = Excellent - Proposal exceeds minimum requirements, specifications, provisions in most aspects for the specific criteria.

4. Pricing elements shall be scored with lowest price/highest revenue receiving 5 points and calculating down from there based on percentage.

No.	Evaluation Criteria	Scoring Method	Weight (Points)

1.	**Provider's Qualifications and Experience** Provider's qualifications, experience and past Provider performance related to providing the type of services requested in this solicitation. The Provider will be required to demonstrate a comprehensive set of qualifications to ensure they are capable of delivering high-quality Adult Day Care Program. The Contractor must have a minimum of 5 years' experience in providing services to individuals diagnosed, showcasing a strong background in therapeutic care and health supervision. Specifically, the Provider must provide evidence of a well-established track record in operating adult day care programs or similar services. This includes a history of successfully designing and managing therapeutic programs that address the cognitive, physical, and emotional needs of individuals. The Provider must also demonstrate expertise in developing individualized care plans that cater to the unique needs of each participant, ensuring that all activities are tailored to enhance their quality of life and well-being. Provider must show evidence of its organizational capacity to manage the program effectively, including a clear administrative structure and support system to ensure smooth operations. The Provider should also provide proof of their ability to manage legal and financial responsibilities, particularly in terms of making site improvements to meet required codes for health, safety, and accessibility. The applicant will also need to demonstrate strong communication skills, including the ability to collaborate effectively with the City, caregivers, family members, and community partners. The Provider must be committed to providing regular updates on program progress, participant outcomes, and any challenges encountered, ensuring transparency and accountability throughout the project.	0-5 Points	20 *(20% of Total)*

2.	**Organizational Profile and Project Team Qualifications** Provider's approach to providing the requested scope of services. Provider must provide a qualified team of professionals with relevant certifications, such as Registered Nurses (RNs), Licensed Practical Nurses (LPNs), or Certified Nursing Assistants (CNAs), and staff members trained in Alzheimer's disease or related dementia care. These professionals should have experience in supervising participants, administering medication, assisting with activities of daily living, and addressing the medical and behavioral needs of individuals with Alzheimer's disease or related dementia. The operational staff provided by the applicant will play a critical role in ensuring the effective and safe operation of the Adult Day Care Program at the David I. Siegel Center. The staff must be qualified and capable of delivering high-quality care to individuals, as well as providing support to their caregivers. The staff will consist of a variety of professionals, including an administrator, nursing staff, direct care workers, and support staff, each of whom must meet specific educational and licensing requirements to comply with state and local regulations. The following areas must be addressed: 1. Identify the staff involved in the project, including identification of the bidder's project manager. The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. 2. Summarize their qualifications related to specific requirements of this project. 3. Resumes of professional staff must be included. 4. Job descriptions for all project staff must be included. Descriptions must include the hours the staff person works each week and the number of hours assigned to this program each week. 5. A Program Organizational Chart must be included. If you operate more than one program, also include an Agency Organizational Chart showing the line of authority. 6. The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. The qualifications of these individuals shall be presented (in resumes or other formats). If conducting this project will require hiring of one or more individuals who are not currently employed by the bidding	0-5 Points	20 *(20% of Total)*

	organization, applications shall provide detailed job descriptions, including required qualifications and experience. If subcontractors are to be used, the proposal shall also contain similar information regarding each subcontractor.		

3.	**Approach and Methodology** Professional experience and qualifications of key personnel that will be assigned to this project. The Provider must provide a comprehensive description of their organization's expertise in the area of adult day care services. This includes detailed information on the organization's experience in operating similar projects, demonstrating a proven track record in designing and implementing therapeutic care programs that address the unique needs of individuals to include individuals with Alzheimer's disease or related dementia. The Provider must outline their capacity to provide high-quality, person-centered care in a structured, supportive environment that promotes cognitive, emotional, and physical well-being. A key requirement is the inclusion of a summary of similar current and completed projects, to include any projects that focus on dementia or Alzheimer's care. The Provider should highlight any ongoing or past adult day care programs, therapeutic services for individuals with cognitive impairments, or similar health and wellness programs aimed at improving quality of life for elderly or vulnerable populations. For each project, the applicant should provide the following: project name, client or organization served, scope of services, the number of participants, and any measurable outcomes or successes achieved. This will help demonstrate the organization's ability to effectively manage and deliver services on a similar scale and complexity to the Adult Day Care Program at David I. Siegel Center. The Provider should also provide evidence of its capacity to manage both the operational and regulatory requirements of such programs, including compliance with state and local adult day care regulations. Examples of successful projects, particularly those that involved improvements to facilities, adherence to health and safety standards, or the integration of community-based care strategies, will strengthen the Provider's qualifications. The Provider should also demonstrate their ability to handle the financial and administrative aspects of the program, ensuring sustainability and efficient management. The organization's experience in overseeing program staffing, including qualified professionals trained in dementia care, as well as their approach to	0-5 Points	20 *(20% of Total)*

	caregiver support, will be important factors in evaluating their qualifications. The County seeks a Provider that can leverage this experience to create a program that meets both the immediate and long-term needs of participants, while collaborating effectively with County staff, caregivers, and other community stakeholders. Past performance references, along with detailed descriptions of similar projects, will be critical in assessing the Provider's qualifications and suitability for this important role.		

4.	**Past Performances and References** Provide at least three references, preferably from government entities, for projects with similar scope of services. Applicants must provide evidence of their past performance and include references to demonstrate their ability to successfully deliver high-quality adult day care services, to include services for individuals with dementia or Alzheimer's disease. Submissions should highlight the applicant's demonstrated success in managing similar programs, including specific examples of services provided, populations served, and outcomes achieved. Applicants should provide data or testimonials that showcase their expertise in developing and implementing therapeutic activities, managing health supervision, and supporting participants with progressive cognitive impairments. Emphasis should be placed on their ability to deliver person-centered care and achieve positive impacts on both participants and their caregivers. To support their track record, Applicants must include references from previous clients who can speak to the Provider's quality of service, professionalism, and overall performance. References should include contact information, a description of the services provided, and details about the scope of the project. These references will play a critical role in validating the applicant's capability to fulfill the requirements of the Adult Day Care Program. Applicants are also encouraged to provide evidence of positive feedback from participants, caregivers, and stakeholders from prior projects. This could include client satisfaction surveys, letters of recommendation, or case studies illustrating successful outcomes. Additionally, any relevant certifications, awards, or recognition for excellence in adult day care services or dementia care should be highlighted to further establish credibility and expertise. Evidence of strong past performance and satisfied clients will be essential in evaluating the applicant's suitability for this program. Given the regulatory requirements that directly impact both the construction and operation of an Adult Day Care facility, applicants are strongly encouraged to demonstrate knowledge of, and experience with, Florida's Agency for Health Care Administration (AHCA) regulations. In Florida, Adult Day Care Centers must obtain both a license and a certificate of sanitation prior to beginning	0-5 Points	10 *(10% of Total)*

	operations. Accordingly, applicants should provide evidence of past compliance with AHCA standards, including licensure experience and familiarity with applicable facility and programmatic requirements.		

5.	**Financial Stability** Providers must demonstrate financial stability and the capacity to manage all operational and site improvement costs associated with the scope of services. Applicants must provide clear and compelling evidence of financial stability to demonstrate their ability to successfully develop, implement, and sustain the Adult Day Care Program at the David I. Siegel Center. Submissions should include detailed financial documentation that illustrates the applicant's capacity to manage operational expenses, fund necessary site improvements, and meet all regulatory and licensing requirements without financial constraints. Applicants are required to submit audited financial statements for the past three years, including balance sheets, income statements, and cash flow statements, to provide a comprehensive view of their financial health. If audited statements are unavailable, independently reviewed or compiled statements may be submitted, accompanied by an explanation of their validity. Applicants should provide a summary of their current financial position, highlighting key metrics such as liquidity, solvency, and debt-to-equity ratio. Evidence of access to sufficient working capital or credit lines to cover project costs, including unforeseen expenses or delays, must also be included. Applicants are encouraged to submit letters of credit or other guarantees from financial institutions as further evidence of their ability to finance the project. The submission should outline the applicant's financial management practices, such as budgeting, cost controls, and risk mitigation strategies, to demonstrate their ability to effectively allocate resources and maintain fiscal responsibility. If applicable, applicants should include a record of successfully managing similar projects, with examples of how they ensured financial sustainability. Applicants must also provide details on their ability to meet the long-term financial demands of operating the program including staff salaries, facility maintenance, and program resources. Submissions should reflect the applicant's understanding of the financial commitments required to maintain compliance with state and local regulations and to deliver high-quality services to participants. Evidence of financial stability will be a critical evaluation criterion, as	0-5 Points	20 *(20% of Total)*

<table>
<tr><td></td><td>it ensures the selected Provider can uphold its contractual obligations and deliver a sustainable and impactful program for Flagler County.</td><td></td><td></td></tr>
<tr><td>6.</td><td>Cost

1. Participant Rate Structure

Propose the daily unit rates to be charged to participants or third-party insurers.

<table><tr><th>Service Category</th><th>Unit Measure</th><th>Proposed Base Rate</th></tr><tr><td>General Adult Day Care</td><td>Per Participant, Per Day</td><td></td></tr><tr><td>Specialized Memory Care (Dementia)</td><td>Per Participant, Per Day</td><td></td></tr></table>
2. Pro Forma Break-Even Matrix

Confirm the operational milestones necessary to reach self-sufficiency within the facility space.

• Minimum average daily census required to break even:_____ participants per day.
• Projected timeline to hit break-even census from contract start date: _____calendar days.

This scoring is to be done by Admin at time of evaluation scoring meeting.</td><td>0-5 Points</td><td>10
(10% of Total)</td></tr>
</table>

8. Vendor Questionnaire

1. Acknowledgements

*1.1. Acknowledgment**

By checking yes, the Respondent acknowledges the following:

- Information provided in the response is true and correct and that the submission of a response is final.
- The Respondent agrees to all terms and conditions contained in this solicitation and related exhibits.
- Respondent further agrees and acknowledges that no proprietary or confidential information has been submitted. By submitting this proposal or entering into this contract, Contractor/Respondent acknowledges that all documents submitted are public records and agrees that any records maintained, generated, received, or kept in connection with, or related to the performance of services or delivery of products provided under this proposal or contract are public records subject to the public records disclosure requirements of Florida Statutes sec. 119 et seq., and Article I, section 24 of the Florida Constitution.
- Responses may be withdrawn by the Respondent prior to the closing/offer date. Following the closing date, Respondent understands that a response may not be withdrawn.

☐ Yes
☐ No

*Response required

*1.2. Scope of Services Acknowledgement**

By checking yes, vendor acknowledges the above and/or included Scope of Services and will furnish said product and/or services according to the specifications or scope of services detailed within this Solicitation if awarded.

☐ Yes
☐ No

*Response required

*1.3. By checking yes, the vendor agrees to comply with the E-Verify requirements as described in this section.**

Compliance with E-Verify Federal Requirements

The Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor / Consultant on or after the effective date of this Agreement and thereafter during the remaining term of the Agreement, including Subcontractors. Any subcontract entered into by Contractor with any Subcontractor performing work under this contract shall

include the following language: “The Subcontractor shall utilize the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all new employees hired by the Contractor on or after the effective date of this Agreement and thereafter during the remaining term of the Agreement.” The Contractor covenants and agrees that if it is found in violation of this section or the Executive Order, such violation shall be a material breach of this Agreement and Contractor shall indemnify, defend and hold harmless the County from any fines or penalties levied by a government agency, including the loss or repayment of grant funds by the County.

☐ Yes
☐ No

*Response required

*1.4. Registration on Sam.gov**

For any federally funded project, respondent agrees to register on SAM.gov if awarded a contract under this solicitation.

☐ Yes
☐ No

*Response required

When equals "Yes"

*1.4.1. Please provide your UEI#**

*Response required

*1.5. Registration on Sunbiz.org**

☐ Yes
☐ No

*Response required

When equals "Yes"

*1.5.1. Please provide your Sunbiz.org Document Number**

*Response required

When equals "Yes"

*1.5.2. Please upload your Sunbiz.org certificate.**

*Response required

*1.6. Insurance Acknowledgement**

By checking yes, Respondent agrees to the insurance requirements as detailed in the Required Types and Limits of Insurance Chart and the Required Types of Insurance; Insurance Requirements; and Proof of Insurance sub-sections in "General Terms and Conditions".

☐ Yes
☐ No

*Response required

*1.7. Drug-Free Workplace**

Please download the below documents, complete, and upload.

- DRUG_FREE_WORKPLACE.pdf

*Response required

*1.8. Name and Title of Authorized Agent of the Respondent**

Respondent acknowledges that the name and title of the signatory (the "Authorized Signatory"), as completed below, is authorized to execute contracts/agreements with Flagler County, and any affixed electronic or conformed signature of the Authorized Signatory shall be the act of and attributable to the Authorized Signatory. By signing this Agreement electronically, the Authorized Signatory does thereby adopt the electronic or conformed signature as his or her own and designates a copy of same for use as an official record by Flagler County.

If the below-named individual is not an authorized agent of the firm, as listed with the Florida Division of Corporations (Sunbiz), a Memorandum of Authority shall be uploaded giving that individual authorization to commit the firm to a contract.

Please provide the Complete Name and Title which shall indicate acknowledgment.

*Response required

*1.9. Conflict of Interest**

The award of this Solicitation is subject to Chapter 112, Florida Statutes. All respondents must disclose with their response the name of any officer, director, or agent who is also an employee of Flagler County. Further, all respondents must disclose the name of any Flagler County employee who owns, directly or indirectly, an interest of the Respondent's/Supplier's firm or any of its subsidiaries associated with this project. I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

Respondent shall select 'No' if a conflict of interest as defined in this question does NOT exist. Please select 'Yes' if a conflict of interest as defined in this question DOES exist and shall be further described in the explanation below.

☐ Yes
☐ No

*Response required

When equals "Yes"

*1.9.1. Enter explanation of the conflict of interest as indicated above. **

*Response required

*1.10. Do you or any owner(s), principal(s), or officer(s) of your firm currently serve on any Flagler County board(s) or committee(s)?**

Please indicate response.

☐ Yes
☐ No

*Response required

When equals "Yes"

*1.10.1. If you indicated YES to Flagler County board/committee question above...**

Please list the individual's full name(s) and the board(s) and/or committee(s) on which they serve.

*Response required

2. Revisions, Addenda, Questions & Answers

All answers to questions of substance will be publicly published using the Question & Answer feature.

Participants are required to review all revisions and answers to questions published. Revisions within the Solicitation as well as responses posted through the 'Question & Answer' feature are authoritative and shall be considered an addendum to the Solicitation. All information in this Solicitation, including information provided through the 'Question & Answer' feature are incorporated into the Solicitation or any Contract resulting from this Solicitation.

*2.1. Addenda/Questions Acknowledgement**

By selecting YES below, participants are confirming that they have reviewed revisions and all answers to questions published and any addenda up until the Solicitation closing date and have given consideration to all information in preparing the response to this Solicitation. Selecting YES will serve as confirmation of acknowledgement.

☐ Yes
☐ No

*Response required

3. Public Entity Crime

*3.1. Public Entity Crime Acknowledgement**

Public Entity Crimes - Pursuant to Section 287.133(12)(a) of the Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Submittal Package (Bid Response) on a contract to provide any goods or services to a public entity, may not

submit a bond on a contract with a public entity for the construction or repair of a public building or public work, may not submit Submittal Package (Bid Response) on leases of real property to a public entity may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for Category Two ($25,000) for a period of 36 months from the date of being placed on the convicted vendor list. Respondent should read carefully all provisions of 287.133 and 287.134, Florida Statutes (2005).

By selecting 'Yes', the Respondent represents and warrants that the submission of its response/proposal does not violate Section 287.133, Florida Statutes (2005), nor Section 287.134, Florida Statutes (2005) or their successor. In addition to the foregoing, the Respondent represents and warrants that Respondent, Respondent's subcontractors and Respondent's implementer, if any, is not under investigation for violation of such statutes.

☐ Yes
☐ No

*Response required

4. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

*4.1. Acknowledgment Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**

By selecting 'Yes' below, the Respondent certifies to the best of its knowledge and belief, that the firm and any subcontractor/supplier in accordance with a response to this solicitation:

- are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency
- have not within a three-year period preceding this bid proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the previous paragraph of this certification.
- have not within a three (3) year period preceding this bid proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

☐ Yes
☐ No

*Response required

When equals "No"

4.1.1. Enter explanation of the 'No' response to the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion.

5. Scrutinized Companies Certification

Per State of Florida Statute s. 287.135(5) Suppliers (companies) must acknowledge and agree to the 'Certification Regarding Prohibition Against Contracting with Scrutinized Companies' paragraph listed below. Respondents shall agree by marking the option below. Respondents neglecting to respond may be disqualified from consideration of award and deemed non-responsive.

I hereby certify that neither the responding entity, nor any of its wholly owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit have been placed on the Scrutinized Companies That Boycott Israel List created pursuant to s. 215.4725 of the Florida Statutes, or are engaged in a boycott of Israel.

In addition, if this Solicitation is for a contract for goods or services where the total contract value is one million dollars ($1,000,000) or more, I hereby certify that neither the responding entity, nor any of its wholly owned subsidiaries, majority- owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit are on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473 of the Florida Statutes, or are engaged in business operations in Cuba or Syria as defined in said statute.

I understand and agree that the County may immediately terminate any contract resulting from this Solicitation upon written notice if the responding entity (or any of those related entities of respondent as defined above by Florida law) are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars ($1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

*5.1. By selecting 'Yes', the respondent acknowledges and agrees to the 'Certification Regarding Prohibition Against Contracting with Scrutinized Companies.' **

☐ Yes

☐ No

*Response required

6. Forms/Documentation

*6.1. Proposal Form**

Please download the attached form, complete, and upload the completed form.

- Proposal_Form_11.18.24.pdf

*Response required

6.2. Memorandum of Authority

If the Authorized Signatory identified in Section 1.11 above is not an authorized agent of the firm, as listed with the Florida Division of Corporations (Sunbiz), a memorandum of authority, signed by an authorized agent, shall be uploaded in this section giving that individual (Authorized Signatory) the authority to commit the firm to a contract.

*6.3. W-9 **

Please attach current W-9 Form

*Response required

*6.4. Proof of Insurance **

Please provide Proof of Insurance - evidence of required insurance coverage or proof of insurability in the amounts indicated. If available, a properly completed ACORD Form is preferable. Upon award, final forms must contain the correct solicitation and/or project number and Flagler County contact person.

Firms that have owner/operators that have filed a "Notice of Election to be Exempt" shall submit a copy with the response

*Response required

6.5. Hold Harmless Agreement

Please download the below document, complete, and upload.

Only upload if applicable in accordance with Florida Law.

- Flagler_Hold_Harmless_Agree...

*6.6. Professional Certification/Licenses**

Respondent and their Subconsultants/Subcontractors shall have a current professional license from the appropriate governing board to practice in the State of Florida at the time of its submittal. Respondent and their Subconsultants/Subcontractors shall submit with their submittal, copies of their professional license.

Licenses shall remain current for the entire term of the Contract resulting from this solicitation.

*Response required

*6.7. Prohibition Against Contingent Fees**

Respondent shall properly complete, notarize and upload the attached disclosure statement certifying that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the respondent to solicit or secure this contract and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the respondent any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award or making of this contract.

- Prohibition_Against_Contige...

*Response required

*6.8. Human Trafficking Attestation Pursuant to Section 787.06, Florida Statutes**

A duly authorized officer or representative of the Respondent (non-governmental entity) shall complete the included Flagler Human Trafficking Attestation Form in compliance with Section 787.06(13), Florida Statutes, (2024).

Download the attached form, complete, and upload completed form.

- Flagler_Human_Trafficking_A...

*Response required

*6.9. Financial Statement **

All Respondents shall be prepared to supply a financial statement upon request, preferably a certified audit of the last available fiscal year.

☐ Please confirm

*Response required

7. Proposal Information

Proposals shall be clear, concise, indexed by subject and properly submitted per the requirements. Documents shall be uploaded by the Respondent to the appropriate section.

Failure to provide the required information may result in the proposal not being considered.

*7.1. Documentation Submittal**

Only provide documentation for the required item being asked under each section. Posting the whole proposal under each requirement will have you marked as non responsive and your bid will not be considered.

☐ Yes
☐ No

*Response required

*7.2. Submittal Letter / Firm Profile **

Submittal Letter signed by an authorized agent of the firm.

A brief profile of the firm, including:

A. A brief history of the business;

B. Organizational structure of business;

C. Designation of the legal entity by which the business operates (i.e., sole proprietorship, partnership, limited liability partnership, corporation, limited liability corporation, etc.) including documentation from the appropriate state's agency confirming firm's legal entity type. For non-Florida businesses, submit documentation from the state in which the business was formed and documentation from the State of Florida providing authorization to perform business in the state of Florida;

D. A Florida Department of State, Division of Corporations' Sunbiz report available at www.sunbiz.org; If firm is not currently registered to do business within the State of Florida (Sunbiz), proof of registration shall be submitted prior to award.

E. Ownership interests;

F. Active business venues (counties, states, etc.);

G. Present status and projected direction of business;

H. The overall qualifications of the business to provide the services requested;

I. The qualifications of the firm's employees who will work on the Contract;

J. Respondent shall also list any lawsuits in which their team (firm & sub consultants) has been involved in relative to company contracts or other company business over the last five (5) years. The respondent shall also list any work their team failed to complete in accordance with any contract in the last five (5) years and describe details regarding the non-performance, including listing any officer or partner of their team who in the last five (5) years failed to complete a contract handled in his/her name.

*Response required

*7.3. Firm/Employee Qualifications **

Qualifications of the firm and the employees that will be assigned to the County.

Key personnel inclusive of resumes, licenses, business venues, etc.

*Response required

*7.4. Similar Projects and References **

The information provided in this section, must be current and the County must be able to contact references for verification as part of the evaluation process.

Unless specifically asked by the County, Flagler County shall not be listed as a reference. The respondent shall provide examples of similar projects which best illustrates the Respondent's qualification for the scope of services.

The Respondent shall provide examples of similar projects which best illustrates the proposed team's qualification for the scope of services. Respondent shall state the project title; location; owner name, address, and telephone number; years completed; project cost; brief description of project and relevance to this RSQ.

Provide a client reference for each of the representative projects including project name, client name, address, contact name and phone number and E-mail address. It is the firm's responsibility to ensure E-mail addresses provided are current and accurate. Use the attached Reference Form.

Please download the below document, complete, and upload.

- References_Form_11.18.24.pdf

*Response required

*7.5. Project Approach**

Overall project methodology/approach to support the needs and objectives of the project; including method for quality control.

*Response required

*7.6. Price Proposal Form**

Please download the below documents, complete, and upload.

- PRICE_PROPOSAL_FORM.pdf

*Response required

*7.7. ACHA Form 31-00-0009**

Please download the below documents, complete, and upload.

- ACHA_Form_31-00-0009.xls

*Response required

9. Definitions

As used in this Solicitation, the following terms shall have the meanings set forth below:

- **Construction Services**: Means all labor, services, and materials provided in connection with the construction, alteration, repair, demolition, reconstruction, or any other improvements to real property. The term "construction services" does not include Contracts or work performed for the Department of Transportation.
- **Consultant**: The person with education and/or experience which uniquely qualifies him or her to perform a specialized service for the County.
- **Consultant's Services**: Those services within the scope of work of this solicitation that are in an advisory nature to support policy development, decision-making, administration, or management of the government; normally provided by persons and/or organizations considered to have prerequisite knowledge or special abilities not generally available in the government.
- **Contract**: The document resulting from this solicitation between the County and the awarded Respondent, including this RFP, and the awarded Respondent's response along with any written addenda and other written documents, which are expressly incorporated by reference.
- **Contractor**: That person or entity, including employees, servants, partners, principals, agents and assignees of the person or entity that has submitted a Bid or proposal for the purpose of obtaining business with the County to provide the product and/or services set forth herein.
- **Contract Administrator**: The Procurement and Contract Services Manager or designee shall serve as Contract Administrator. The Contract Administrator shall be responsible for addressing any concerns within the scope of the Contract. Any changes to the resulting Contract shall be done in writing and authorized by the Procurement and Contract Services Manager.
- **County**: Shall mean the Flagler County Board of County Commissioners (a body corporate and politic and a subdivision of the State of Florida).
- **County's Project Manager(s)**: The Project Manager(s) have responsibility for the day-to-day administration of the resulting Agreement for the County and will be designated prior to award of the resulting Master Agreement or Purchase Order.
- **Day**: The word "day" means each calendar day or accumulation of calendar days.
- **Director**: The Procurement and Contract Services Manager for Flagler County Board of County Commissioners, Florida.

- **Person or Persons**: An individual, firm, partnership, corporation, association, executor, administrator, trustee, or other legal entity, whether singular or plural, masculine or feminine, as the context may require.
- **Proposal**: The document submitted by the Consultant in response to a formal solicitation used to determine if the Consultant is highly qualified.
- **Proposer**: See Respondent.
- **Protest**: See process at Resources Flagler County under Procurement Manual.
- **Respondent**: That person or entity, including employees, servants, partners, principals, agents and assignees of the person or entity that submits a proposal for the purpose of obtaining a Contract with the County for the provision of the services requested in the RFP.
- **Respondent's Project Manager**: The Project Manager has responsibility for administering this Contract for the Respondent and will be designated prior to execution of the Contract.
- **Task Assignment**: Specific, detailed services or work placed against an awarded and established continuing services Contract memorialized as an Amendment to this Contract by the parties prior to the commencement of such Work or Services by the Consultant.

Vendor *Click row to open scorecard*	**Provider's Qualif** 0-5 Points 20 Points (20%)	**Organizational P** 0-5 Points 20 Points (20%)	**Approach and M** 0-5 Points 20 Points (20%)	**Past Performanc** 0-5 Points 10 Points (10%)	**Financial Stabilit** 0-5 Points 20 Points (20%)	**Cost** 0-5 Points 10 Points (10%)	**Total Score (Max Score 100)**
Calvin’s Care L…	1.67	2.33	2.67	2	1.33	3	**42**
Mishpakha Inc	3	2.33	3.33	2.67	3	4	**60**
Therapeutic As…	3.67	2.67	3.33	3.67	3	5	**68**

County of Flagler
Financial Services
E. John Brower MBA, CGFO, CPM, Director
1769 East Moody Boulevard | Building 2, Bunnell, FL 32110
(386) 313-4008

NOTICE OF INTENT TO AWARD

RFP No. 26-RFP-022

Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center

RESPONSE DEADLINE: August 24, 2026 at 2:00 pm

Thursday, September 3, 2026

Thank you for submitting a bid in response to 26-RFP-022 for Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center. Flagler County has evaluated all submittals received in response to solicitation and intends to award a contract to Therapeutic Assisted Living Corp.

Protest Process

Notification

The Office of Procurement and Contracts shall post all recommendations of award available for review by the public on the Flagler County website. Vendors who submit a solicitation will be notified by e-mail.

Notice of Intent to File a Protest

1. A respondent adversely affected by an intended decision or action with respect to the initial award on a solicitation shall file a written notice of intent to file a protest. That notice of intent to file a protest must be filed with the Procurement and Contract Services Manager or his/her designee no later than four o'clock (4:00) p.m. on the third (3rd) business day following the date of the notice of the recommendation of award.

2. In addition, a protest bond in the form of a U.S. Postal Service money order or by a certified cashier's check in an amount equal to one percent (1%) of the value of the solicitation, but in no case less than five hundred dollars ($500), nor greater than five thousand dollars ($5,000), payable to the Flagler County Board of County Commissioners must be delivered with the written notice of intent to file a protest. Failure to post such bond shall result in the Protest being dismissed by the Procurement and Contract Services Manager or his/her designee.

3. The notice of intent to file a protest must:

a. Identify the action being protested.

b. Clearly state the basis of the protest, and

c. Clearly state that its purpose is to serve as the notice of intent to file a protest.

4. Failure to provide the proper notice and/or failure to provide the required protest bond shall constitute a waiver of the right to seek any remedy provided under the protest procedure. Once again thank you for participating in this solicitation and for your interest in doing business with Flagler County.

Further information on our protest policy can be found at https://www.flaglercounty.gov/Government/Departments/Financial-Services/Office-of-Procurement-and-Contracts-OPC/Resources, under Procurement Manual.

Sincerely,

Jessica Martin
Senior Procurement Analyst
Office of Procurement and Contracts
Flagler County Board of County Commissioners

County of Flagler
Financial Services
E. John Brower MBA, CGFO, CPM, Director
1769 East Moody Boulevard | Building 2, Bunnell, FL 32110

[THERAPEUTIC ASSISTED LIVING CORP] RESPONSE DOCUMENT REPORT

RFP No. 26-RFP-022

Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center

RESPONSE DEADLINE: August 24, 2026 at 2:00 pm

Report Generated: Tuesday, August 25, 2026

Therapeutic Assisted Living Corp Response

CONTACT INFORMATION

Company:
Therapeutic Assisted Living Corp

Email:
therapeuticalf@gmail.com

Contact:
Latasha Rowell

Address:
25 Lyndenhurst Ln
Palm Coast, FL 32137-9521

Phone:
(904) 501-8991

Website:
www.therapeuticassistedliving.org

Submission Date:
Aug 24, 2026 12:10 PM (Eastern Time - New York)

ADDENDA CONFIRMATION

Addendum #1
Confirmed Aug 19, 2026 6:42 AM by Latasha Rowell

Addendum #2
Confirmed Aug 19, 2026 6:42 AM by Latasha Rowell

QUESTIONNAIRE

1. Acknowledgements

ACKNOWLEDGMENT*
By checking yes, the Respondent acknowledges the following:

- Information provided in the response is true and correct and that the submission of a response is final.
- The Respondent agrees to all terms and conditions contained in this solicitation and related exhibits.
- Respondent further agrees and acknowledges that no proprietary or confidential information has been submitted. By submitting this proposal or entering into this contract, Contractor/Respondent acknowledges that all documents submitted are public records and agrees that any records maintained, generated, received, or kept in connection with, or related to the performance of services or delivery of products provided under this proposal or contract are public records subject to the public records disclosure requirements of Florida Statutes sec. 119 et seq., and Article I, section 24 of the Florida Constitution.
- Responses may be withdrawn by the Respondent prior to the closing/offer date. Following the closing date, Respondent understands that a response may not be withdrawn.

Yes

SCOPE OF SERVICES ACKNOWLEDGEMENT*

By checking yes, vendor acknowledges the above and/or included Scope of Services and will furnish said product and/or services according to the specifications or scope of services detailed within this Solicitation if awarded.

Yes

BY CHECKING YES, THE VENDOR AGREES TO COMPLY WITH THE E-VERIFY REQUIREMENTS AS DESCRIBED IN THIS SECTION.*
Compliance with E-Verify Federal Requirements

The Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor / Consultant on or after the effective date of this Agreement and thereafter during the remaining term of the Agreement, including Subcontractors. Any subcontract entered into by Contractor with any Subcontractor performing work under this contract shall include the following language: "The Subcontractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor on or after the effective date of this Agreement and thereafter during the remaining term of the Agreement." The Contractor covenants and agrees that if it is found in violation of this section or the Executive Order, such violation shall be a material breach of this Agreement and Contractor shall indemnify, defend and hold harmless the County from any fines or penalties levied by a government agency, including the loss or repayment of grant funds by the County.

Yes

REGISTRATION ON SAM.GOV*
For any federally funded project, respondent agrees to register on SAM.gov if awarded a contract under this solicitation.

Yes

PLEASE PROVIDE YOUR UEI#*
S9X8KGANC2H4

REGISTRATION ON SUNBIZ.ORG*
Yes

PLEASE PROVIDE YOUR SUNBIZ.ORG DOCUMENT NUMBER*
P19000090814

PLEASE UPLOAD YOUR SUNBIZ.ORG CERTIFICATE.*
SUNBIZ_DEP_OF_CORP_.pdf

2026_ANNUAL_REPORT_SUNBIZ.pdf

INSURANCE ACKNOWLEDGEMENT*
By checking yes, Respondent agrees to the insurance requirements as detailed in the Required Types and Limits of Insurance Chart and the Required Types of Insurance; Insurance Requirements; and Proof of Insurance sub-sections in "General Terms and Conditions".

Yes

DRUG-FREE WORKPLACE*
Please download the below documents, complete, and upload.

- DRUG_FREE_WORKPLACE.pdf

Drug_free_workplace.pdf

NAME AND TITLE OF AUTHORIZED AGENT OF THE RESPONDENT*
Respondent acknowledges that the name and title of the signatory (the “Authorized Signatory”), as completed below, is authorized to execute contracts/agreements with Flagler County, and any affixed electronic or conformed signature of the Authorized Signatory shall be the act of and attributable to the Authorized Signatory. By signing this Agreement electronically, the Authorized Signatory does thereby adopt the electronic or conformed signature as his or her own and designates a copy of same for use as an official record by Flagler County.

If the below-named individual is not an authorized agent of the firm, as listed with the Florida Division of Corporations (Sunbiz), a Memorandum of Authority shall be uploaded giving that individual authorization to commit the firm to a contract.

Please provide the Complete Name and Title which shall indicate acknowledgment.

Latasha Rowell/President

CONFLICT OF INTEREST*
The award of this Solicitation is subject to Chapter 112, Florida Statutes. All respondents must disclose with their response the name of any officer, director, or agent who is also an employee of Flagler County. Further, all respondents must disclose the name of any Flagler County employee who owns, directly or indirectly, an interest of the Respondent's/Supplier's firm or any of its subsidiaries associated with this project. I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

Respondent shall select 'No' if a conflict of interest as defined in this question does NOT exist. Please select 'Yes' if a conflict of interest as defined in this question DOES exist and shall be further described in the explanation below.

No

DO YOU OR ANY OWNER(S), PRINCIPAL(S), OR OFFICER(S) OF YOUR FIRM CURRENTLY SERVE ON ANY FLAGLER COUNTY BOARD(S) OR COMMITTEE(S)?*
Please indicate response.

No

2. Revisions, Addenda, Questions & Answers

All answers to questions of substance will be publicly published using the Question & Answer feature.

Participants are required to review all revisions and answers to questions published. Revisions within the Solicitation as well as responses posted through the 'Question & Answer' feature are authoritative and shall be considered an addendum to the Solicitation.

All information in this Solicitation, including information provided through the 'Question & Answer' feature are incorporated into the Solicitation or any Contract resulting from this Solicitation.

ADDENDA/QUESTIONS ACKNOWLEDGEMENT*
By selecting YES below, participants are confirming that they have reviewed revisions and all answers to questions published and any addenda up until the Solicitation closing date and have given consideration to all information in preparing the response to this Solicitation. Selecting YES will serve as confirmation of acknowledgement.

Yes

3. Public Entity Crime

PUBLIC ENTITY CRIME ACKNOWLEDGEMENT*
Public Entity Crimes - Pursuant to Section 287.133(12)(a) of the Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Submittal Package (Bid Response) on a contract to provide any goods or services to a public entity, may not submit a bond on a contract with a public entity for the construction or repair of a public building or public work, may not submit Submittal Package (Bid Response) on leases of real property to a public entity may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for Category Two ($25,000) for a period of 36 months from the date of being placed on the convicted vendor list. Respondent should read carefully all provisions of 287.133 and 287.134, Florida Statutes (2005).

By selecting 'Yes', the Respondent represents and warrants that the submission of its response/proposal does not violate Section 287.133, Florida Statutes (2005), nor Section 287.134, Florida Statutes (2005) or their successor. In addition to the foregoing, the Respondent represents and warrants that Respondent, Respondent’s subcontractors and Respondent’s implementer, if any, is not under investigation for violation of such statutes.

Yes

4. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

ACKNOWLEDGMENT REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION*
By selecting 'Yes' below, the Respondent certifies to the best of its knowledge and belief, that the firm and any subcontractor/supplier in accordance with a response to this solicitation:

- are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency
- have not within a three-year period preceding this bid proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the previous paragraph of this certification.
- have not within a three (3) year period preceding this bid proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Yes

5. Scrutinized Companies Certification

Per State of Florida Statute s. 287.135(5) Suppliers (companies) must acknowledge and agree to the 'Certification Regarding Prohibition Against Contracting with Scrutinized Companies' paragraph listed below. Respondents shall agree by marking the option below. Respondents neglecting to respond may be disqualified from consideration of award and deemed non-responsive.

I hereby certify that neither the responding entity, nor any of its wholly owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit have been placed on the Scrutinized Companies That Boycott Israel List created pursuant to s. 215.4725 of the Florida Statutes, or are engaged in a boycott of Israel.

In addition, if this Solicitation is for a contract for goods or services where the total contract value is one million dollars ($1,000,000) or more, I hereby certify that neither the responding entity, nor any of its wholly owned subsidiaries, majority- owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit are on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473 of the Florida Statutes, or are engaged in business operations in Cuba or Syria as defined in said statute.

I understand and agree that the County may immediately terminate any contract resulting from this Solicitation upon written notice if the responding entity (or any of those related entities of respondent as defined above by Florida law) are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars ($1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

BY SELECTING 'YES', THE RESPONDENT ACKNOWLEDGES AND AGREES TO THE 'CERTIFICATION REGARDING PROHIBITION AGAINST CONTRACTING WITH SCRUTINIZED COMPANIES.' *
Yes

6. Forms/Documentation

PROPOSAL FORM*
Please download the attached form, complete, and upload the completed form.

- Proposal_Form_11.18.24.pdf

Proposal_form_2.pdf

MEMORANDUM OF AUTHORITY

If the Authorized Signatory identified in Section 1.11 above is not an authorized agent of the firm, as listed with the Florida Division of Corporations (Sunbiz), a memorandum of authority, signed by an authorized agent, shall be uploaded in this section giving that individual (Authorized Signatory) the authority to commit the firm to a contract.

No response submitted

W-9 *
Please attach current W-9 Form

Therapeutic_ALF_W9.pdf

PROOF OF INSURANCE *
Please provide Proof of Insurance - evidence of required insurance coverage or proof of insurability in the amounts indicated. If available, a properly completed ACORD Form is preferable. Upon award, final forms must contain the correct solicitation and/or project number and Flagler County contact person.

Firms that have owner/operators that have filed a "Notice of Election to be Exempt" shall submit a copy with the response

Insurance_Plastridge_Annual_.pdf

HOLD HARMLESS AGREEMENT
Please download the below document, complete, and upload.

Only upload if applicable in accordance with Florida Law.

- Flagler_Hold_Harmless_Agree...

Hold_Harmless_Agreement_.pdf

PROFESSIONAL CERTIFICATION/LICENSES*
Respondent and their Subconsultants/Subcontractors shall have a current professional license from the appropriate governing board to practice in the State of Florida at the time of its submittal. Respondent and their Subconsultants/Subcontractors shall submit with their submittal, copies of their professional license.

Licenses shall remain current for the entire term of the Contract resulting from this solicitation.

Therapeutic_Assisted_Living_Corp_-_11969778_-_LIC_LTR_-_9.pdf
Latasha_Rowell_Administrative_Cert_2.pdf
Latasha_Rowell's_Physical_Therapist_Assisted_License_.png

PROHIBITION AGAINST CONTINGENT FEES*
Respondent shall properly complete, notarize and upload the attached disclosure statement certifying that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the respondent to solicit or secure this contract and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the respondent any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award or making of this contract.

- Prohibition_Against_Contige...

Prohibition_against_contingent_fees.pdf

HUMAN TRAFFICKING ATTESTATION PURSUANT TO SECTION 787.06, FLORIDA STATUTES*
A duly authorized officer or representative of the Respondent (non-governmental entity) shall complete the included Flagler Human Trafficking Attestation Form in compliance with Section 787.06(13), Florida Statutes, (2024).

Download the attached form, complete, and upload completed form.

- Flagler_Human_Trafficking_A...

Human_Trafficing_2.pdf

FINANCIAL STATEMENT *
All Respondents shall be prepared to supply a financial statement upon request, preferably a certified audit of the last available fiscal year.

Confirmed

7. Proposal Information

Proposals shall be clear, concise, indexed by subject and properly submitted per the requirements. Documents shall be uploaded by the Respondent to the appropriate section.

Failure to provide the required information may result in the proposal not being considered.

DOCUMENTATION SUBMITTAL*

Only provide documentation for the required item being asked under each section. Posting the whole proposal under each requirement will have you marked as non responsive and your bid will not be considered.

Yes

SUBMITTAL LETTER / FIRM PROFILE *

Submittal Letter signed by an authorized agent of the firm.

A brief profile of the firm, including:

A. A brief history of the business;

B. Organizational structure of business;

C. Designation of the legal entity by which the business operates (i.e., sole proprietorship, partnership, limited liability partnership, corporation, limited liability corporation, etc.) including documentation from the appropriate state's agency confirming firm's legal entity type. For non-Florida businesses, submit documentation from the state in which the business was formed and documentation from the State of Florida providing authorization to perform business in the state of Florida;

D. A Florida Department of State, Division of Corporations' Sunbiz report available at www.sunbiz.org; If firm is not currently registered to do business within the State of Florida (Sunbiz), proof of registration shall be submitted prior to award.

E. Ownership interests;

F. Active business venues (counties, states, etc.);

G. Present status and projected direction of business;

H. The overall qualifications of the business to provide the services requested;

I. The qualifications of the firm's employees who will work on the Contract;

J. Respondent shall also list any lawsuits in which their team (firm & sub consultants) has been involved in relative to company contracts or other company business over the last five (5) years. The respondent shall also list any work their team failed to complete in accordance with any contract in the last five (5) years and describe details regarding the non-performance, including listing any officer or partner of their team who in the last five (5) years failed to complete a contract handled in his/her name.

T.A.L_MEDICAID_AGREEMENT.jpg
T.A.L_AWARDS_RECOGNITION_LETTERS_.pdf
SUNBIZ_DEP_OF_CORP_.pdf
Best_Business_Rate_2026.jpg
AHCA's_deficiency_free_surveys_2.pdf
T.A.L_Submittal_letter_.pdf
Therapeutic_Assisted_Living_Corp_Career_Source_Status_(1).eml

FIRM/EMPLOYEE QUALIFICATIONS *
Qualifications of the firm and the employees that will be assigned to the County.

Key personnel inclusive of resumes, licenses, business venues, etc.

LatashaRowell_WBE_&_MBE_Professional_Resume_Recognition_Updated.pdf
Treyvian_William's_resume_.pdf
Treyvian_Williams_administrative_cert.pdf
Rowell_Resume_2.pdf
Donald_Rowell_administrative_cert.pdf
DEON_NELSON'S_ACTIVE_CNA_.htm
Treyvian_Williams_Active_CNA_.htm
Latasha_Rowell's_Physical_Therapist_Assisted_License__(3).png
Latasha_Rowell_Administrative_Cert_2_(3).pdf

DEON_NELSON_Resume_.docx

SIMILAR PROJECTS AND REFERENCES *
The information provided in this section, must be current and the County must be able to contact references for verification as part of the evaluation process.

Unless specifically asked by the County, Flagler County shall not be listed as a reference. The respondent shall provide examples of similar projects which best illustrates the Respondent's qualification for the scope of services.

The Respondent shall provide examples of similar projects which best illustrates the proposed team's qualification for the scope of services. Respondent shall state the project title; location; owner name, address, and telephone number; years completed; project cost; brief description of project and relevance to this RSQ.

Provide a client reference for each of the representative projects including project name, client name, address, contact name and phone number and E-mail address. It is the firm's responsibility to ensure E-mail addresses provided are current and accurate. Use the attached Reference Form.

Please download the below document, complete, and upload.

- References_Form_11.18.24.pdf

One_Pharmacy_Letter_of_Support_Dr._Shoyoye.pdf
Representative_Project_No._1.pdf
Gentiva_recommendation.pdf
References_.pdf
Family_Recommendation_Debra_.pdf
Aviata_Recommendation_2.pdf
Excellence_Health_letter_of_recommendation_2.pdf

PROJECT APPROACH*
Overall project methodology/approach to support the needs and objectives of the project; including method for quality control.

7.5_Project_Approach.pdf
Local_Presents_Workforce_.pdf

PRICE PROPOSAL FORM*
Please download the below documents, complete, and upload.

- PRICE_PROPOSAL_FORM.pdf

Pricing information has not been unsealed yet

ACHA FORM 31-00-0009*
Please download the below documents, complete, and upload.

- ACHA_Form_31-00-0009.xls

PROOF_OF_FINANCIAL_ABILITY_REG_&_ASS.pdf

State of Florida
Department of State

I certify from the records of this office that THERAPEUTIC ASSISTED LIVING CORP is a corporation organized under the laws of the State of Florida, filed on November 26, 2019, effective November 19, 2019.

The document number of this corporation is P19000090814.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on March 17, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventeenth day of March, 2025

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 2730115038CC

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

2026 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000090814

Entity Name: THERAPEUTIC ASSISTED LIVING CORP

Current Principal Place of Business:

25 LYNDENHURST LN
PALM COAST, FL 32137

Current Mailing Address:

25 LYNDENHURST LN,
PALM COAST, FL 32137

FEI Number: 84-3805381

Name and Address of Current Registered Agent:

ROWELL, LATASHA D
25 LYNDENHURST LN
PALM COAST,, FL 32137 US

FILED
Feb 12, 2026
Secretary of State

6597845393CC

Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LATASHA ROWELL 02/12/2026
Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	ROWELL, LATASHA D
Address	25 LYNDENHURST LN
City-State-Zip:	PALM COAST FL 32137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LATASHA ROWELL PRESIDENT 02/12/2026
Electronic Signature of Signing Officer/Director Detail — Date

DRUG FREE WORKPLACE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, (print/type name of firm):

LaTasha Rowell

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, please or guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the workplace, no later than five (5) days after such conviction, and requires employees to sign copies of such written statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the Drug Free Workplace program.
- "As a person authorized to sign this statement, I certify that the above-named business, firm or corporation complies fully with the requirements set forth herein".

LaTasha Rowell
Authorized Signature

8-19-2026
(Date)

LaTasha Rowell
(Print Name)

STATE OF FLORIDA, COUNTY OF Flagler

The foregoing instrument was acknowledged before me this 19 day of August, 2026 by LATASHA Rowell, who is personally known to me or who has produced ____ Florida Driver License as identification and who did take an oath.

My Commission Expires: 12-03-2029

Notary Public

COLETTE ROBINSON
Commission # HH 746154
Expires December 3, 2029

8/19/2026
Date

PROPOSAL FORM

The undersigned hereby declare(s) that [firm name] Therapeutic Assisted Living Corp. has carefully examined the specifications to furnish the products and/or services detailed in the technical specifications or scope of work and will furnish said product or services according to the specifications or scope of work detailed within this RFP.

I hereby certify that I have read and understand the requirements of this Request for Proposals and that I, as the proposer, will comply with all requirements, and that I am duly authorized to execute this proposal/offer document and any contract(s) and/or other transactions required by award of this RFP.

Vendor hereby acknowledges that the submittal has been approved by an authorized signatory with the firm who is authorized to execute contracts/agreements with Flagler County Board of County Commissioners. Vendor further agrees that by submitting the proposal electronically, the authorized signatory does thereby accept and acknowledge use as an official record with Flagler County.

Further, as attested to by below signature, I will provide the required insurance, per the *Required Types* of *Insurance*, upon notification of recommendation of award.

The County reserves the right to negotiate with the award vendor(s) for additional items similar in nature not known at time of closing.

The vendor acknowledges that information provided in this proposal is true and correct:

× LaTasha Rowell
Signature / Authorized Signatory

LaTasha Rowell
Printed Name

Administrator / Owner / President — 8/19/2026
Title — Date

Therapeutic Assisted Living Corp
Company Name

25 Lyndenhurst lane Palm Coast FL. 32137
Full Address

904-501-8991 — 844-769-0772 — therapeuticalf@gmail.com
Telephone — Fax — E-mail Address

090326504 — 84-3805381
Dun & Bradstreet # — Federal I.D. #

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
LaTasha Dion Rowell

Business name/disregarded entity name, if different from above
Therapeutic Assisted Living Corp.

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ S-Corp.

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
25 Lyndenhurst Lane

Requester's name and address (optional)

City, state, and ZIP code
Palm Coast FL. 32137

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
5 9 0 - 0 7 - 7 5 5 0

Employer identification number
8 4 - 3 8 0 5 3 8 1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ LaTasha Rowell Date ▶ 8/8/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Plastridge INSURANCE SINCE 1919

08/21/2026

RE: RFP 26-RFP-022 – Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center, located at 1000 Belle Terre Blvd., Palm Coast, Florida/Therapeutic Assisted Living Corp.

To Flagler County,

This letter serves as confirmation that Therapeutic Assisted Living Corp is actively working with our agency to secure all necessary insurance coverages required by RFP 26-RFP-022 for Adult Day Care Services. These coverages will include:

- General Liability Insurance $1m/$2m Estimated Annual Premium $10k
- Professional Liability Insurance $1m/$1m Estimated Annual Premium Included with General Liability
- Worker's Compensation Insurance Statutory Limits Estimated Annual Premium $1,100
- Employers Liability $1m Estimated Annual Premium included in Workers Compensation Premium
- Auto Liability Insurance $1m Symbol 7,8,9 Estimated Annual Premium symbol 7 $6k and 7,8,9 $20k
- Pollution Liability Estimated Annual Premium $500
- AM Best "A-" rated or better
- The required policies and endorsements will be issued in compliance with Flagler County's additional insured, primary and non-contributory, and waiver of subrogation requirements as applicable under RFP 26-RFP-022
- Any additional insurance as required by the final contract terms

We confirm that our agency is prepared to issue these coverages immediately upon contract award and prior to the commencement of services. Should any additional documentation be required during the evaluation process, we will be pleased to provide it.

Sincerely,

Shelagh Grubb

Shelagh Grubb, CPCU, CIC

O: 800 290 1143 **D:** 561 819 1559 | **F:** 561 819 1656 I **C**: 407 235 5389

Plastridge Insurance Agency | Plastridge.com

Plastridge INSURANCE SINCE 1919
HEALTHCARE DIVISION

HOLD HARMLESS AGREEMENT

I, LaTasha Rowell, (*print owner's name*), am the owner of Therapeutic Assisted Living Corp. (*print company name*), an incorporated/unincorporated business operating in the State of Florida. As such, I am bound by all laws of the state of Florida, including but not limited to those regarding the workers' compensation law.

I hereby affirm that I or [the above-named business] employs fewer than four employees, all of whom are listed below, including myself, and therefore, the business is exempt from the statutory requirement for workers' compensation insurance for its employees. I certify that I will provide Flagler County Board of County Commissioners with the name of each new employee together with all required waivers and releases for each prior to any employee being allowed to work to provide services under the Contract set forth below. If any such employee is allowed to work without a signed waiver and release, such action will be a material breach of this Agreement. All signed waivers and releases shall be furnished before the commencement of any work by an employee or the undersigned to the County Project Manager or designated county representative.

On_____, 20_, Flagler County Board of County Commissioners and I or (*the above-named business)* entered into a Contract for_____(*please insert name of Contract*) (hereinafter "Agreement") which is incorporated by reference herein.

On behalf of myself, my business, and the employees listed below, I and they hereby agree to waive and release any and all workers' compensation claims or liens under Chapter 440, Florida Statutes, against Flagler County Board of County Commissioners and its agents, officials and employees, arising from any work or services provided under the Agreement whether or not it shall be alleged or determined that the act was caused by intention, or through negligence or omission of Flagler County Board of County Commissioners or its agents, officials and employees or subcontractors.

In the event that a workers' compensation claim or lien is made against Flagler County Board of County Commissioners and/or its agents, officials or employees by myself or my employees or agents as a result of any work or services performed under the Agreement, I agree to indemnify, keep and hold harmless Flagler County Board of County Commissioners, its agents, officials and employees, against all injuries, deaths, losses, damages, claims, liabilities, judgments, costs and expenses, direct, indirect or consequential (including, but not limited to, fees and charges of attorneys and other professionals) arising out of the Agreement with Flagler County Board of County Commissioners, whether or not it shall be alleged or determined that the act was caused by intention or through negligence or omission of Flagler County Board of County Commissioners or its employees, agents, or subcontractors. I or the above-named business shall pay all charges of attorneys, and all costs and other expenses incurred in connection with the indemnity provided herein, and if any judgment shall be rendered against Flagler County Board of County Commissioners in any action indemnified hereby, I or the above-named business shall, at my or its own expense, satisfy and discharge the same. The foregoing is not intended, nor should it be construed as, a waiver of sovereign immunity of Flagler County Board of County Commissioners under Section 768.28, Florida Statutes.

Owner: LaTasha Rowell (print name) LaTasha Rowell
(signature)

Employee 1: Treyvon Williams (print name) Treyvian Williams
(signature)

Employee 2: Deon Nelson (print name) Deon Nelson
(signature)

Employee 3: [signature] (print name) Donald Rowell
(signature)

STATE OF Florida
COUNTY OF Flagler

Sworn to and subscribed before me this 19 day of August, 2026 by LATASHA ROWELL, who is/are personally known to me or who has/have produced Florida Driver License as identification.

[signature]
NOTARY PUBLIC – STATE OF Florida

Type or print name:
Colette Robinson

Commission No.: HH 746154

Commission Expires: 12-03-2029

Seal: COLETTE ROBINSON
Commission # HH 746154
Expires December 3, 2029

View current license information at: Floridahealthfinder.gov

LICENSE #: 13526
CERTIFICATE #: 72589

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

ASSISTED LIVING FACILITY

LICENSED with LIMITED MENTAL HEALTH

This is to confirm that THERAPEUTIC ASSISTED LIVING CORP has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, as authorized by Chapter 429, Part I, Florida Statutes and 59A-36, Florida Administrative Code, and is authorized to operate the following:

THERAPEUTIC ASSISTED LIVING CORP
25 Lyndenhurst Lane
Palm Coast, FL 32137

Total Capacity: 6
Optional State Supplementation Residents: 0
Private Pay Residents: 6

EFFECTIVE DATE: 10/21/2024

EXPIRATION DATE: 10/20/2026

Shevaun L. Harris, Secretary

July 11, 2025

Email: latashagilyard@gmail.com

Latasha Dion Rowell, Administrator
Therapeutic Assisted Living Corp
25 Lyndenhurst Lane
Palm Coast, FL 32137

File Number: 11969778
License Number: 13526
Provider Type: Assisted Living Facility

RE: Facility located at 25 Lyndenhurst Lane, Palm Coast

Dear Administrator:

The enclosed Assisted Living Facility license with license number 13526 and certificate number 72589 is issued for the above provider effective October 21, 2024 through October 20, 2026. The license is being issued for approval of the renewal application.

The Agency no longer mails hard copies of licenses. Per Section 408.804(2), Florida Statutes, providers are required to print the license and post it in a conspicuous place readily visible to clients at the entrance of your facility.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Assisted Living Unit.

Please take a short customer satisfaction survey on our website at ahca.myflorida.com/survey/ to let us know how we can serve you better. Additional licensure information can be found at http://ahca.myflorida.com/assistedliving.

If we may be of further assistance, please contact the unit at (850) 412-4304 or me directly at 850-412-4329 or by email at Pearlie.Austin@ahca.myflorida.com.

Sincerely,

Pearlie Austin

Pearlie Austin
Medical Health Care Program Analyst
Assisted Living Unit
Division of Health Quality Assurance

CERTIFICATE of ACHIEVEMENT

Conferred to:

Latasha D. Gilyard

For obtaining a passing score on the

ASSISTED LIVING FACILITY CORE COMPETENCY TEST

Certification #: ***171241826***

Presented by

The MacDonald Research Institute Testing Office
28953 SR 54, Wesley Chapel, FL 33543

TMRI

The MacDonald Research Institute

Mary C. Mayhew, Secretary
Agency for Health Care Administration

December 14, 2019

Date

MQA Online Services

Logged in as ***Rowell, Latasha Dion***

Update Account | Logoff | Contact Us

My Dashboard

Don't Delay, Get Screened today!

Effective July 1, 2025, HB 975 requires that all health care practitioners undergo a fingerprint-based background screening as a requirement for obtaining licensure. If you are renewing your license with the Department, you must have a screening completed for your renewal application to be processed. For detailed information, including frequently asked questions, visit https://flhealthsource.gov/backgroundscreening/. Exceptions to this requirement: Emergency Medical Technician, Paramedic, Radiological Technician, Pharmacy Interns, and Registered Pharmacy Technicians.

Important information about your dashboard:

- To download a copy of your e-License, please navigate to the **"Licensure Documents"** menu located within the **"Additional Activities"** section below.
- When your profession opens for renewal a **"Renew My License"** option will become available no later than 90 days prior to your license expiration date. If you do not see the **"Renew My License"** option, please check back later.
- If you are trying to **reactivate from an inactive or a retired status**, this cannot be completed online unless you are eligible to reactivate your inactive license during a public health emergency pursuant to s. 381.00315(1)(c)3., Florida Statutes. Please contact your board office for more information.
- If your profession is not in renewal and you need a duplicate license, to request a name change or perform any other license maintenance activity, please choose your option under **"Manage My License"**.
- If you have not yet added your license to your account, you can do this by selecting the **"Add My License or Previous Application"** option under the **"Additional Activities"** section below.

To begin, choose an option then hit the **"Select"** button. You will return to this dashboard after you have finished.

License Information Hide Details

License Number:	**#26036**
License Type:	**Physical Therapist Assistant**
License Status:	**Clear**
License Expiry:	**11/30/2027**
Address:	**25 LYNDENHURST LN PALM COAST FL 32137**
Phone:	**904-501-8991**

Manage My License

Physical Therapist Assistant #26036 | Choose an Application | Select

My Application

To start a new application or resume a previously saved application.

PROHIBITION AGAINST CONTINGENT FEES:

In accordance with Florida Statute 287.055(6)(a), the following statement, duly signed and notarized, must be included in each proposal:

The firm, Therapeutic Assistant Living Corp., warrants that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the respondent to solicit or secure this agreement and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the respondent any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award or making of this agreement.

By LaTasha Rowell Date 8/19/2026
(Signature)

By LaTasha Rowell, President, Administrator
Corporate Officer Name & Title

STATE OF Florida
COUNTY OF Flagler

Sworn to/affirmed and subscribed before me this 19 *day of* August, 2026, *by* LaTasha Rowell, *who is personally known to me or who has produced* Florida Driver License *as identification.*

NOTARY PUBLIC – STATE OF Florida
Type or print name: Colette Robinson
Commission No.: HH 746154
Commission Expires: 12-03-2029

(Seal)

COLETTE ROBINSON
Commission # HH 746154
Expires December 3, 2029

Contractor Name: LaTasha Rowell
Solicitation Number: 26-RFP-022

HUMAN TRAFFICKING ATTESTATION PURSUANT TO SECTION 787.06, FLORIDA STATUTES

Name of Entity/Contractor: Therapeutic Assisted Living Corp ("Nongovernmental Entity")

This form has been completed by a duly authorized officer or representative of the Nongovernmental Entity in conjunction with the execution, renewal, or extension of a contract with Flagler County Board of County Commissioners, a governmental entity and political subdivision of the State of Florida, ("Governmental Entity") in compliance with Section 787.06(13), Florida Statutes, (2024).

The Nongovernmental Entity acknowledges that Section 787.06(13), Florida Statutes, provides that when a contract is executed, renewed, or extended between a nongovernmental entity and a governmental entity, the nongovernmental entity must provide the governmental entity with an affidavit signed by an officer or a representative of the nongovernmental entity under penalty of perjury attesting that the nongovernmental entity does not use coercion for labor or services. For purposes of this requirement, "labor" means work of economic or financial value and "services" means any act committed at the behest of, under the supervision of, or for the benefit of another. The term, "services" includes, but is not limited to, forced marriage, servitude, or the removal of organs.

Pursuant to Section 787.06, Florida Statutes, when a contract is executed, renewed, or extended between you, a nongovernmental entity, and Flagler County Board of County Commissioners, a governmental entity in the State of Florida, you are hereby providing this affidavit under penalties of perjury that you do not use ***coercion to*** **employ any person for *labor* or *services,*** Coercion includes, without limitation, using or threatening to use physical force against any person; restraining, isolating, or confining or threatening to restrain, isolate, or confine any person without lawful authority and against her or his will; using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined; destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person; causing or threatening to cause financial harm to any person; enticing or luring any person by fraud or deceit; or providing a controlled substance as outlined in Schedule I or Schedule II of Section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

This signed attestation is provided to the Governmental Entity to comply with the statutory requirement. if, at any time in the future, the Nongovernmental Entity does use coercion for labor or services, the Nongovernmental Entity will immediately notify the Governmental Entity and no contracts may be executed, renewed, or extended between the parties.

This attestation is made for the benefit of, and reliance by, the Governmental Entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Printed Name: LaTasha Rowell Title: Administrator, President

Signature: LaTasha Rowell Date: 8/19/2024

RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
SECRETARY

0332073790

PRV-9006-D/XX/0332073790/1
THERAPEUTIC ASSISTED LIVING CORP
25 LYNDENHURST LN
PALM COAST FL 32137-9521

August 13, 2026

Re: **Florida Medicaid Provider ID: 1084689**

Dear Provider:

Welcome to the Florida Medicaid program.

The Agency for Health Care Administration (Agency) has approved the Florida Medicaid provider renewal application for the provider listed above, and has elected to enter into an agreement between the Agency and the provider for purposes of the provider's participation in the Florida Medicaid program.

No agency signature is required to make this agreement valid and enforceable.

The agreement will remain in effect until **10/21/2029**, unless otherwise terminated.

The agreement is renewable only by mutual consent of the two parties and may be terminated without cause upon thirty (30) days written notice by either party.

The agreement becomes null and void upon transfer of assets, change of ownership, or upon discovery by the agency of the submission of a materially incomplete, misleading or false provider application unless subsequently ratified or approved by the agency.

For questions related to this letter, or any other provider enrollment or maintenance topic, please contact the Provider Enrollment Call Center at 1-800-289-7799, option 4.

Sincerely,

Florida Medicaid
Agency for Health Care Administration

cc:Provider File

PRV9006D 08/14b

2727 Mahan Drive • Mail Stop # 22
Tallahassee, FL 32308
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
X.com/AHCA_FL

BUSINESS RATE
2375 E CAMELBACK RD STE 600
PHOENIX AZ 85016-3493

BusinessRate

★ ★ ★ ★ ★

RECOGNIZING TOP PERFORMERS.
EMPOWERING BUSINESS EXCELLENCE.

078484 5 228 259 **********AUTO**SCF 328
THERAPEUTIC ASSISTED LIVING
25 LYNDENHURST LN
PALM COAST FL 32137-9521

July 24, 2026

Dear Therapeutic Assisted Living Team,

It is with great pleasure that we recognize your organization for its outstanding achievement as a **Top Assisted Living Facility in Palm Coast, 32137 for 2026, based on Google reviews.** This distinction reflects a level of excellence that has earned the confidence, respect, and praise of the customers you serve each day.

Therapeutic Assisted Living has distinguished itself among the highest-rated businesses in your category and market. This recognition is based on verified customer feedback and publicly available review data, drawn from more than 26 million businesses and 1.7 billion reviews compiled over 18 years, reflecting the voice of the people you serve.

Your complete ranking report is now available to view. It details the businesses you ranked ahead of, your percentile within your category, and your BusinessRate scores; a fuller picture of where you stand among top performers in Palm Coast, 32137. Many recognized businesses also choose to commemorate this achievement and share it with their community; options for displaying your recognition at your location, on your website, and with your customers are included alongside your report.

On behalf of BusinessRate, we extend our sincere congratulations on this well-earned recognition. We wish you continued success in the years ahead and thank you for your contribution to the economic vitality and service excellence of the Palm Coast, 32137 community.

Respectfully,

Kyle Pittman
Founder & President
BusinessRate

VIEW YOUR AWARD OPTIONS

Go to **businessrate.com/awards**

Enter code: **R9YRGY**

Powered by Google Reviews

Scan to view your award options

078484

★ ★ ★ ★ ★

August 4, 2026

Dear Latasha Gilyard,

You have been selected for inclusion as a **2026 Top Health Executive** in Global Who's Who Online, a recognition reserved for leaders who play a critical role in today's healthcare landscape. In your position as Alf Administrator of Therapeutic Assisted Living Corp., you oversee essential functions that support both clinical and operational excellence. This acknowledgment reflects the impact of your leadership and sets the stage for recognizing the vital contributions your organization provides to the community.

In addition, Therapeutic Assisted Living Corp. has been identified as a **2026 Top Health Service Organization**, representing Palm Coast, FL for the essential role it plays within the continuum of care. The continued growth and stability of Therapeutic Assisted Living Corp. reflect exceptional leadership, resilience, and a clear commitment to serving the healthcare needs of your community. Whether supporting patients directly or complementing the work of physicians and other providers, your organization contributes meaningfully to the strength and reliability of the healthcare system.

For more than two decades, Global Who's Who Online has served as a credible platform for recognizing top healthcare executives, distinguished professionals, and leading health service organizations. Our registry is widely referenced by patients, peers, and industry researchers seeking verifiable information. The platform incorporates adaptive A.I. that responds to key terms and medical aggravators tied to your profile, helping enhance online visibility and ensuring accurate representation in search results.

To activate your listing, please complete and return the response form below. There is no charge for inclusion. Upon receipt, you will receive your welcome email and log in credentials. You can respond by faxing the form to **888-460-8601**, or by scanning and email to **lindal@theglobalwhoswho.com**.

Sincerely,

Nancy Preston

Latasha D Rowell Administrator Latasha Rowell
First Name M.I. Last Name Title Signature

Therapeutic Assisted Living Corp therapeuticalf@gmail.com
Current Organization/Company E-Mail / Web Address

25 Lyndenhurst lane Palm Coast FL 32137
Street Address City State Zip

(904) 501-8991 secondary # (386) 597-2167
Business Phone (Published by request) Cell Phone (Not for publication) Home Phone (Not for publication)

Assisted Living Services.
Product/Services Type of Organization

If you wish to be removed from future faxes, call 1(516)814-7876
Recipients of this fax have a prior existing business relationship or have opted to receive offers through a third-party provider.
4250 Veterans Memorial Highway, Suite 2050, Holbrook, New York 11741
©Copyright 2025 All Rights Reserved.
Telephone (631)588-8600 Fax 1-888-460-8601

State of Florida
Department of State

I certify from the records of this office that THERAPEUTIC ASSISTED LIVING CORP is a corporation organized under the laws of the State of Florida, filed on November 26, 2019, effective November 19, 2019.

The document number of this corporation is P19000090814.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on March 17, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventeenth day of March, 2025

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 2730115038CC

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication


TOP 3
2026
AWARD WINNER
BusinessRate
Therapeutic Assisted Living
Assisted Living Facility
Palm Coast, FL
32137
Powered by Google Reviews
BENCHMARK

RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
SECRETARY

April 25, 2025

Latasha Rowell
Therapeutic Assisted Living Corp
25 Lyndenhurst Ln
Palm Coast, FL 32137

Dear Ms. Rowell:

This letter reports findings of a state licensure survey that was conducted on April 25, 2025 by a representative of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

Thank you for the assistance provided. Should you have any questions please call the office at (904) 798-4201.

Sincerely,

for Amanda Wisehart
Health Facility Evaluator Supervisor

AW/gm
Enclosure

1GGN

Jacksonville Field Office
621 N. Davis St., Bldg. A, Suite 116
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6954
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
X.com/AHCA_FL/HCA_FL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969778	A. BUILDING: _____ B. WING _____	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERAPEUTIC ASSISTED LIVING CORP	25 LYNDENHURST LN PALM COAST, FL 32137

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An abbreviated relicensure survey with limited mental health monitoring was conducted at Therapeutic Assisted Living Corp on 04/25/2025. Deficient practice was not identified at the time of the survey.	A 000		

RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

November 13, 2023

Latasha Rowell
Therapeutic Assisted Living Corp
25 Lyndenhurst Ln
Palm Coast, FL 32137

Dear Ms. Rowell:

This letter reports findings of a state licensure survey that was conducted on November 8-13, 2023 by representatives of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call the office at (904) 798-4201.

Sincerely,

Amanda Wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor

AW/rb
Enclosure

1GGN

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

PRINTED: 11/13/2023
FORM APPROVED

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
[redacted]	A. BUILDING _____ B. WING _____	11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
[redacted] ASSISTED LIVING CORP	26 LIVINGSTONE LN PALM COAST, FL 32137

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A [redacted] Initial Comments A relinvestment survey with Limited Mental Health monitoring was conducted at Threnpeddle Assisted Living Corp from 11/6/2023 to 11/7/2023. This facility had no deficiencies at the time of this investigation.		A 000		

RON DESANTIS
GOVERNOR

October 15, 2020

Latasha Gilyard
Therapeutic Assisted Living Corp
25 Lyndenhurst Lane
Palm Coast, FL 32137

Dear Latasha Gilyard:

This letter reports the findings of an initial Licensure survey conducted on October 8, 2020 by a representative of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

amanda wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/AW/sm
Enclosure

34IJ

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

SUBMITTAL LETTER / FIRM PROFILE

RFP 26-RFP-022
Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center

Submitted by: Therapeutic Assisted Living Corp.

Authorized Representative: LaTasha Rowell, Owner/Administrator

Business Address: 25 Lyndenhurst Lane, Palm Coast, Florida 32137

Date: August 22, 2026

Flagler County Board of County Commissioners
Office of Procurement and Contracts
1769 E. Moody Blvd., Building 2
Bunnell, Florida 32110

Re: RFP 26-RFP-022 – Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center

Therapeutic Assisted Living Corp. respectfully submits this Submittal Letter and Firm Profile in response to RFP 26-RFP-022. Our organization is a locally established senior-care provider based in Palm Coast, Florida, with experience in licensed residential assisted living, therapeutic support, direct care, regulatory compliance, care coordination, family communication, and administration of services for older adults and other vulnerable populations. We understand that Flagler County is seeking a qualified provider to assume full operational, programmatic, and financial responsibility for the David I. Siegel Adult Day Care Center and to operate the program as a sustainable community-based service.

Therapeutic Assisted Living Corp. is prepared to bring a person-centered, therapeutic, community-focused model to the Center, with emphasis on participant safety, meaningful engagement, caregiver support, dementia-informed services, regulatory compliance, local workforce development, and long-term fiscal sustainability. The following firm profile is organized to address Items A through J required under Section 7.2 of the solicitation.

A. Brief History of the Business

Therapeutic Assisted Living Corp. is a Palm Coast-based senior-care organization established to provide compassionate, structured, person-centered support in a home-like environment. The organization has been operated and administered by LaTasha Rowell and has provided licensed assisted living services in Flagler County since 2020. Since opening, Therapeutic Assisted Living Corp. has maintained a deficiency-free survey record through the present, reflecting Management's commitment to regulatory compliance, quality assurance, resident safety, documentation, and consistent operational oversight. Its operating model emphasizes individualized care, therapeutic engagement, nutrition, activities of daily living support, medication-related assistance within licensed scope, family communication, and coordination with outside healthcare providers. Management brings more than 20 years of healthcare experience spanning direct patient care, rehabilitation, home health, and senior-care operations. The organization has developed its services with a focus on dignity, safety, accountability, and strong relationships with residents, families, healthcare partners, and the local community.

B. Organizational Structure of the Business

Therapeutic Assisted Living Corp. operates with a direct management structure designed for clear accountability and responsive decision-making. LaTasha Rowell serves as President and Owner/Administrator of Therapeutic Assisted Living Corp. and provides executive oversight, regulatory coordination, financial management, personnel supervision, quality assurance, and community relations. Program operations are supported by credentialed direct-care personnel and administrative support. For the David I. Siegel Adult Day Care Center, the proposed structure includes an Administrator/Center Director, direct-care staff, licensed nursing coverage through RN/LPN personnel as required, activity/program support, and additional support positions as census and program needs expand. The organization will maintain clear lines of authority, documented job descriptions, staff training records, and an organizational chart for the program.

C. Legal Entity

Therapeutic Assisted Living Corp. is an established Florida corporation and operates under an S corporation tax election. The firm is registered with the Florida Department of State, Division of Corporations. Documentation confirming the corporation's legal entity status and active Florida registration is included with the proposal materials. Therapeutic Assisted Living Corp. will be the contracting entity responsible for performance of services under any resulting agreement.

D. Florida Department of State / Sunbiz Registration

Therapeutic Assisted Living Corp. is registered with the Florida Department of State, Division of Corporations, and maintains an active Sunbiz record. A current Sunbiz report/certificate is included in the proposal submission as supporting documentation.

E. Ownership Interests

Therapeutic Assisted Living Corp. is locally owned and managed. LaTasha Rowell serves as Owner/Administrator and is the principal responsible for the organization's strategic direction, operations, compliance, staffing, and

financial oversight. Any ownership information required for licensing, background screening, contracting, or disclosure purposes will be provided to Flagler County and the appropriate regulatory agencies.

F. Active Business Venues

Therapeutic Assisted Living Corp. currently conducts business in Palm Coast and Flagler County, Florida. Its present operations are centered on senior-care services and community-based healthcare support within the local area. The proposed David I. Siegel Adult Day Care Center operation would expand the firm's service platform within Flagler County while preserving a local focus and strengthening access to adult day care, caregiver respite, therapeutic programming, and dementia-informed services for area residents.

G. Present Status and Projected Direction of the Business

Therapeutic Assisted Living Corp. is an active senior-care organization positioned for measured growth. The firm's present direction is to expand from its existing residential assisted living experience into broader community-based senior services through operation of the David I. Siegel Adult Day Care Center. The organization is also an active Florida Medicaid provider and currently maintains managed-care relationships with Sunshine Health, Florida Community Care, UnitedHealthcare, and Humana, providing an established foundation for payer-network continuity and third-party reimbursement development for the proposed program. The projected direction includes development of a sustainable adult day care program supported by private-pay revenue, Medicaid and other third-party reimbursement, applicable public program referrals, community partnerships, and disciplined cost management. Therapeutic Assisted Living Corp. has executed a workforce-development agreement with CareerSource Brevard Flagler Volusia and is actively participating in CareerSource workforce-development programs. These workforce resources include On-the-Job Training (OJT), Employ Florida recruitment, NextGen/Young Adult internship opportunities, and veteran-focused employment opportunities available through CareerSource. Therapeutic Assisted Living Corp. intends to use these established workforce resources to create additional local job opportunities, recruit and train Flagler County residents, support veterans seeking employment, develop healthcare career pathways, and contribute to continued community and economic development in Flagler County.

H. Overall Qualifications of the Business

Therapeutic Assisted Living Corp. offers a combination of local presence, licensed senior-care operations, healthcare experience, compliance knowledge, therapeutic programming experience, and hands-on administration that is directly relevant to the scope of this RFP. The organization has experience with activities of daily living support, medication-related services within licensed scope, nutrition and meal service, dementia and Alzheimer's-related care, family and provider communication, staffing oversight, emergency preparedness, documentation, quality assurance, and AHCA compliance. Therapeutic Assisted Living Corp. has maintained a deficiency-free ALF survey record from opening through the present, providing a demonstrated record of consistent regulatory performance. Therapeutic Assisted Living Corp. also holds a Limited Mental Health (LMH) specialty license for its assisted living operation. This specialty licensure requires additional mental-health-related training and compliance responsibilities and strengthens the organization's experience supporting individuals with mental health needs within the permitted scope of Florida assisted living services. The LMH specialty complements the organization's dementia-informed, person-centered approach and demonstrates additional regulatory and staff-training capacity relevant to vulnerable adult populations. Therapeutic Assisted Living Corp. has also earned five-star Google reviews from residents, families, and community stakeholders, reflecting positive experiences with the organization's quality of care, cleanliness, communication, compassion, and home-like environment. Supporting five-star Google review documentation and letters of recommendation are provided in the Past Performance / References section of the response. Therapeutic Assisted Living Corp. is also an active Florida Medicaid provider and currently has contractual relationships with Sunshine Health, Florida Community Care, UnitedHealthcare, and Humana. These payer relationships are directly relevant to the County's Medicaid managed-care continuity requirements and strengthen the firm's readiness to support credentialing, billing, and reimbursement processes for eligible adult day care participants. Management is familiar with Florida healthcare licensing expectations and the importance of maintaining accurate records, trained personnel, safe operations, and person-centered plans of care. The organization's small, locally managed structure supports responsive oversight and direct accountability. The firm also has access to documented working capital, financing capacity, insurance support, and workforce-development resources to support transition and operations. The firm's identified project personnel are Flagler County residents, and Therapeutic Assisted Living Corp.'s executed CareerSource workforce-development agreement further strengthens its ability to recruit, train, and retain local workers as program census grows. Therapeutic Assisted Living Corp. is prepared to operate the Center as a self-sustaining business unit and understands that Flagler County will not provide direct operating subsidies.

I. Qualifications of Employees Assigned to the Contract

The proposed team combines administration, healthcare, direct-care, marketing, community outreach, and support experience. All personnel identified in this proposal are local Flagler County residents, reinforcing Therapeutic Assisted Living Corp.'s commitment to maintaining employment, healthcare expertise, and economic participation within the community it serves. LaTasha Rowell will provide executive and administrative oversight and brings extensive healthcare experience, assisted living administration, rehabilitation and direct-care background, regulatory knowledge, staff supervision, quality assurance, and community relationship management. She also currently holds an active Physical Therapist Assistant license, adding clinical knowledge of functional mobility, therapeutic activity, rehabilitation principles, safety, and support for maintaining independence. This credential strengthens the proposed team's therapeutic perspective without representing that physical therapy services will be furnished outside the applicable scope, referral, or supervision requirements. Treyvian Williams currently holds a full-time position with Therapeutic Assisted Living Corp. and brings administrative and Certified Nursing Assistant credentials to the proposed team. Deon Nelson is included as direct-care staff and holds Certified Nursing Assistant credentials, CPR certification, and experience supporting residents with daily care, activities, meals, housekeeping, safety, and family communication. Deon is also currently enrolled in nursing studies at Daytona State College, demonstrating continued professional development within the healthcare workforce. Donald Rowell is included in the proposal team with administrative credentials and current healthcare marketing experience. He currently

provides marketing and community-outreach support for Grand Oaks and for an Aviata healthcare facility in the Daytona, Florida area. His experience includes relationship development, referral-source outreach, healthcare marketing, and community visibility, which will support participant census development and community engagement for the David I. Siegel Adult Day Care Center. Additional licensed nursing personnel, including RN/LPN coverage, will be utilized in accordance with the RFP, AHCA requirements, participant needs, and census. Resumes, licenses, and applicable certifications for proposed personnel are included in the Firm/Employee Qualifications section of the proposal. Any newly hired positions required for the project will be recruited based on documented job descriptions and required qualifications, with an emphasis on local Flagler County recruitment through Therapeutic Assisted Living Corp.'s active CareerSource workforce-development partnership.

J. Lawsuits, Contract Non-Performance, and Failure to Complete Work

Therapeutic Assisted Living Corp., its officers, proposed team members, and subconsultants have not been involved in any lawsuits related to company contracts or other company business during the preceding five (5) years. In addition, Therapeutic Assisted Living Corp., its officers, proposed team members, and subconsultants have not failed to complete any contract during the preceding five (5) years, and no officer or partner of the proposed team has failed to complete a contract handled in his or her name during that period.

Closing Statement

Therapeutic Assisted Living Corp. appreciates the opportunity to submit its qualifications to Flagler County. The firm is committed to maintaining continuity of care at the David I. Siegel Adult Day Care Center, creating local employment opportunities, supporting caregivers and participants, and operating the program with the professionalism, fiscal accountability, regulatory discipline, and community-centered service required for long-term sustainability. We welcome the opportunity to serve Flagler County through this important community resource.

Respectfully submitted,

LaTasha Rowell, Administrator 8/22/2026.

LaTasha Rowell
Owner/Administrator
Therapeutic Assisted Living Corp.

LATASHA ROWELL

Owner & Administrator | Assisted Living Operations | Physical Therapist Assistant | Healthcare & Rehabilitation

Palm Coast, Florida 32137 | 904-501-8991 | latashagilyard@gmail.com

PROFESSIONAL SUMMARY

Experienced healthcare professional, Assisted Living Facility Administrator, business owner, and Physical Therapist Assistant with more than 20 years of progressive experience spanning direct patient care, rehabilitation, home health, clinical coordination, assisted living administration, and healthcare business operations. Owner and Administrator of Therapeutic Assisted Living Corp. since 2020, with documented training in Alzheimer's disease and related disorders, assisted living administration, Extended Congregate Care, Limited Mental Health, rehabilitation, resident safety, and person-centered support. Combines hands-on clinical experience with healthcare administration and business leadership to promote individualized care, therapeutic engagement, dignity, independence, safety, and whole-person well-being.

CORE COMPETENCIES

- Assisted Living Administration
- Healthcare Operations Management
- Resident-Centered Care
- Alzheimer's & Dementia Care
- Physical Therapy & Rehabilitation
- Therapeutic Exercise & Activities
- Activities of Daily Living
- Patient & Caregiver Education
- Staff Leadership & Supervision
- Regulatory Compliance
- AHCA/F.A.C. Compliance
- Quality Assurance
- Resident Advocacy
- Family & Community Relations
- Interdisciplinary Collaboration
- Medication Assistance Oversight
- Documentation & Record Management
- Emergency & Disaster Preparedness
- Infection Prevention & Safety
- Behavioral & Psychosocial Support
- Business Development
- Marketing & Networking
- Billing & Payroll
- Vendor Coordination
- Community Partnerships
- Government & Community Engagement

PROFESSIONAL EXPERIENCE

THERAPEUTIC ASSISTED LIVING CORP. — Palm Coast, Florida

OWNER, LIAISON & ADMINISTRATOR | 2020 – Present

- Provide executive leadership and operational oversight for a Florida-licensed assisted living organization focused on therapeutic engagement, compassionate care, resident dignity, safety, and whole-person well-being.
- Direct daily operations including resident services, staffing, scheduling, workflow, supplies, inventory, billing, payroll entry, accounts, appointments, documentation, customer service, and vendor coordination.
- Develop and implement policies, procedures, forms, training systems, emergency preparedness processes, visitation procedures, medication-assistance documentation, and quality-assurance practices.
- Maintain working knowledge of Florida assisted living regulations and Agency for Health Care Administration requirements, including specialized Extended Congregate Care and Limited Mental Health policies and procedures.
- Lead individualized resident-centered care and advocate for safety, dignity, independence, functional ability, and quality of life.

- Coordinate with physicians, nurses, therapists, hospice providers, families, caregivers, pharmacies, and other third-party service providers.
- Apply rehabilitation knowledge to mobility, positioning, functional independence, fall prevention, activities of daily living, and safe care practices.
- Recruit, orient, train, supervise, schedule, coach, and support staff while promoting accountability, professionalism, compassion, and teamwork.
- Develop marketing and networking strategies to maintain and increase census; build relationships with families, healthcare professionals, community organizations, and service providers.
- Represent Therapeutic Assisted Living in community and governmental discussions regarding senior care, adult day services, and community-based programs.
- Maintain professional involvement with the Florida Assisted Living Association.

PALM GARDEN REHABILITATION OF GAINESVILLE — Gainesville, Florida

PHYSICAL THERAPIST ASSISTANT | 2017 – 2021

- Provided physical therapy services across outpatient rehabilitation, inpatient rehabilitation, and home health settings under the direction of the supervising Physical Therapist.
- Performed therapeutic exercise, therapeutic activities, functional training, physical agents, modalities, mobility interventions, and patient/caregiver education.
- Monitored patient response to treatment and communicated favorable or unfavorable reactions to the supervising therapist.
- Supervised rehabilitation assistants and supported effective clinical workflow.
- Maintained accurate and timely documentation using Casamba and Rehab Optima; participated in weekly case conferences.
- Maintained equipment sanitation, patient safety, productivity, and ethical/legal standards.

TERRACE HEALTH & REHABILITATION — Gainesville, Florida

PHYSICAL THERAPIST ASSISTANT | 2015 – 2017

- Provided physical therapy treatments under the direction of the supervising Physical Therapist.
- Performed therapeutic exercises, therapeutic activities, functional mobility interventions, patient education, and safety training.
- Monitored patient response, communicated changes, supervised rehabilitation assistants, maintained documentation, and participated in case conferences.
- Maintained equipment sanitation, productivity, and professional standards.

SELECT REHAB — Palatka, Florida

PHYSICAL THERAPIST ASSISTANT — PRN | 2015 – Present

- Provide therapy services under the direction of the supervising Physical Therapist, including therapeutic exercise, functional activities, mobility training, and patient education.
- Monitor patient response, support rehabilitation team coordination, maintain documentation, participate in case conferences, and maintain safety and sanitation standards.
- Licensure status: Currently non-active.

SELF-EMPLOYED — Palatka, Florida

HOME HEALTH AIDE / CAREGIVER | 2013 – 2015

- Provided individualized private-duty care in home settings, including ADLs, personal hygiene, dressing, wheelchair and bed mobility, transfers, positioning, passive range of motion, vital-sign monitoring, skin-integrity checks, and caregiver education.
- Assisted with self-administered medications within the appropriate scope and promoted safety, comfort, dignity, and independence.

COMMUNITY HOME HEALTH — St. Augustine, Florida

CLINICAL INTAKE COORDINATOR* | *2010 – 2013

- Coordinated intake activities for new home-health admissions; verified insurance and assembled medical records.
- Performed accurate data entry, managed office and medical supplies, responded to multi-line telephone needs, and participated in clinician case conferences.
- Used Microsoft Word, Excel, PowerPoint, email, Internet, and office technology.

COMMUNITY HOME HEALTH — St. Augustine, Florida

CLINICAL TEAM ASSISTANT* | *2008 – 2010

- Supported the clinical team under the clinical nurse supervisor; maintained patient tracking logs and organized physician orders.
- Performed accurate payroll entry, maintained filing systems and documentation, and supported daily clinical workflow.

CERTIFIED NURSING ASSISTANT / PRIVATE DUTY CAREGIVER

1999 – 2015

- Provided direct patient care including bathing, toileting, dressing, transfers, mobility, personal care, vital-sign monitoring, and daily skin checks.
- Reported changes in condition and promoted dignity, safety, comfort, and independence.

EDUCATION

KEISER UNIVERSITY — Jacksonville, Florida

Associate Degree — Physical Therapist Assistant* | *2015

MY ALF TRAINING

Assisted Living & Long-Term Care Training; Marketing Consulting Training* | *2019

FIRST COAST TECHNICAL COLLEGE — Palatka, Florida

Certificate — Medical Administrative Assistant* | *2006

ST. JOHNS COMMUNITY COLLEGE — Palatka, Florida

Certificate — Certified Nursing Assistant* | *1999

PROFESSIONAL CERTIFICATIONS & SPECIALIZED TRAINING

- Assisted Living Facility Administrator Certification
- Assisted Living Core Competency Certification
- Alzheimer's Disease & Related Disorders Training — FL 3-Hour Initial Training, Part 1 | 3 Credit Hours | Completed November 21, 2023 | Department of Elder Affairs approved
- Alzheimer's Disease Level 1 | 4 Credit Hours | Completed March 24, 2025 | Department of Elder Affairs approved
- Extended Congregate Care (ECC) Specialty Training
- Limited Mental Health (LMH) Specialty Training
- Certified Nursing Assistant (CNA)
- Physical Therapist Assistant — Clinical & Professional Training
- CPR
- HIPAA
- OSHA Bloodborne Pathogens
- HIV Training
- Assisted Living & Long-Term Care Training

- Alzheimer's/dementia subject matter: behavior management and challenging behaviors; promoting independence with ADLs; dressing, grooming, eating, bathing and toileting; family support and involvement; resident activities; appropriate physical environment; security and safety; routines and schedules; ethics, autonomy, and person-centered care.
- Additional continuing education in resident safety, infection prevention, documentation, communication, caregiver education, functional mobility, fall prevention, therapeutic engagement, and quality care practices.

BUSINESS RECOGNITION & COMMUNITY DISTINCTIONS

- 2024 - Best Business Rated, Palm Coast, Florida - Therapeutic Assisted Living Corp.
- 2026 - Top 3 Business Rated, Palm Coast, Florida - Therapeutic Assisted Living Corp.
- 2026 - Selected for inclusion as a Top Health Executive by Global Who's Who Online, recognizing Latasha Rowell in her role as ALF Administrator of Therapeutic Assisted Living Corp.
- 2026 - Therapeutic Assisted Living Corp. identified for inclusion as a Top Health Service Organization representing Palm Coast, Florida by Global Who's Who Online.
- Maintains strong five-star resident, family, and customer feedback reflecting a commitment to compassionate service, quality care, and positive community relationships.

PROFESSIONAL & COMMUNITY LEADERSHIP

- Florida Assisted Living Association — Active membership and professional participation.

PROFESSIONAL VALUE PROPOSITION

Latasha Rowell brings an uncommon combination of clinical care experience, rehabilitation expertise, healthcare administration, business ownership, and community leadership. Her progression from Certified Nursing Assistant to medical administration, home health, Physical Therapist Assistant, and ultimately Owner/Administrator demonstrates both front-line healthcare knowledge and executive operational leadership. This combination supports strong oversight of regulated healthcare services, staff, resident and family relations, quality assurance, compliance, community partnerships, and government/community programs.

REFERENCES

Available upon request.

Treyvian Artrez Williams

Palm Coast, Florida
386-264-3716 • Trey21154@gmail.com

PROFESSIONAL SUMMARY

Dedicated Assisted Living Facility Administrator with hands-on experience managing daily operations, supervising staff, and providing compassionate resident-centered care in a therapeutic assisted living environment. Skilled in resident care coordination, medication management oversight, staff leadership, and maintaining compliance with Florida assisted living regulations. Strong background in elderly care with years of experience working within assisted living facilities and supporting residents' health, safety, and quality of life.

LICENSES & CERTIFICATIONS

- Florida Assisted Living Facility Administrator License
- Certified Nursing Assistant (CNA) License
- Medication Technician (Med Tech) License

PROFESSIONAL EXPERIENCE

Administrator — Therapeutic Assisted Living

Palm Coast, Florida | 2022 – Present

- Manage daily operations of a therapeutic assisted living facility serving 6 residents
- Supervise and lead a team of 4 employees to ensure quality resident care
- Coordinate resident care plans, medication assistance oversight, and daily living support
- Maintain resident documentation, incident reports, and operational records
- Ensure compliance with Florida assisted living regulations and facility standards

- Communicate with residents' families, healthcare providers, pharmacies, and hospice staff
- Assist with staffing schedules, daily operations, and resident safety procedures
- Foster a compassionate and supportive environment focused on resident well-being and dignity

---

CORE SKILLS

- Assisted Living Administration
- Resident Care Coordination
- Staff Supervision & Leadership
- Medication Assistance Oversight
- Dementia & Elderly Care
- Florida ALF Compliance
- Resident Documentation
- Team Management
- Scheduling & Operations
- Family & Healthcare Communication
- Safety & Emergency Procedures
- Compassionate Patient Care

EDUCATION

High School Diploma

ADDITIONAL EXPERIENCE

Extensive background working in assisted living environments with experience supporting elderly residents, assisting with activities of daily living, and maintaining compassionate, high-quality care standards.

Certificate of Achievement

Conferred to:

Treyvian A. Williams

For obtaining a passing score on the

ASSISTED LIVING FACILITY CORE COMPETENCY TEST

Certification #: 171246268

Presented by

The MacDonald Research Institute Testing Office
10441 Quality Drive, Suite 206, Spring Hill, FL 34609

Kimberly Smoak

Kimberly Smoak, Deputy Secretary
for Health Quality Assurance
Agency for Health Care Administration

TMRI

The MacDonald Research Institute

December 5, 2025

Date

DON ROWELL

Palm Coast, FL | (386) 631-2282 | donrow007@icloud.com

PROFESSIONAL SUMMARY

Business development and relationship management leader with a demonstrated track record of driving census growth, executing facility turnarounds, and managing multi-site skilled nursing operations. Experienced in improving occupancy stability, expanding referral networks, and optimizing payer mix within post-acute healthcare environments.

Delivered measurable performance gains including increasing census from sub-60% to full occupancy, contributing to multi-million-dollar annualized facility revenue impact, and establishing sustainable referral pipelines across hospitals, physicians, case managers, and post-acute partners. Background in enterprise financial services account management and luxury automotive sales, reinforcing strengths in consultative selling, executive relationship development, and revenue generation.

CORE COMPETENCIES

- Regional Business Development Strategy
- Skilled Nursing Census Growth & Turnaround
- Healthcare Referral Network Development
- Revenue Growth & Payer Mix Optimization
- Multi-Site Operations & Performance Management
- Hospital & Post-Acute Relationship Management
- Consultative & Solution-Based Selling
- Contract Negotiation & Account Retention
- Executive & C-Suite Relationship Management
- Financial Services & Enterprise Account Growth

PROFESSIONAL EXPERIENCE

Aviata Health Group

Healthcare Liaison / Business Development | 2023 – Present

Drive census growth strategy and business development across two skilled nursing facilities totaling 180 beds, with direct responsibility for occupancy performance, referral development, and revenue stabilization.

- Led full census turnaround in a 120-bed facility, increasing occupancy from **58% to 100% within 4 months** through aggressive referral development and market expansion initiatives.
- Contributed to **$26M+ annualized facility revenue impact (estimated based on census performance and payer mix optimization)** through sustained occupancy growth and admissions strategy execution.
- Stabilized census across multi-site operations, improving occupancy consistency and long-term financial predictability.
- Expanded referral pipeline through strategic relationships with hospitals, physicians, case managers, discharge planners, and assisted living communities.
- Strengthened Medicare and Managed Medicare skilled mix to improve reimbursement quality and overall payer performance.
- Served as primary liaison between referral sources, families, clinical teams, and admissions departments to ensure appropriate placement and smooth transitions of care.
- Executed targeted market outreach, presentations, and partnership development initiatives to increase facility visibility and admissions flow.
- Partnered with clinical leadership to align patient flow, level-of-care decisions, and admission appropriateness criteria.

Mercedes-Benz of Daytona Beach

Luxury Automotive Sales Consultant | 2017– 2023

Delivered high-volume, consultative luxury vehicle sales in a performance-driven dealership environment focused on customer experience, retention, and revenue growth.

- Averaged **17 vehicle sales per month**, consistently ranking among top-performing sales consultants.
- Recognized as **Salesperson of the Month** for performance excellence and customer satisfaction.
- Managed full-cycle luxury sales process from prospecting and qualification through negotiation and closing.
- Built a strong referral-based pipeline through long-term client relationships and repeat business development.
- Partnered with finance and management teams to ensure seamless transaction execution and customer experience delivery.

First Data Corporation (now Fiserv)

Mid-Market Relationship Manager | 2010–2016

Managed a portfolio of mid-market business clients providing payment processing and financial technology solutions, focusing on retention, expansion revenue, and strategic account growth.

- Managed **150+ mid-market client portfolio generating $55M+ annual recurring revenue**.
- Increased portfolio revenue by **18% year-over-year** through strategic account planning and solution expansion.
- Maintained **90%+ client retention rate** through proactive relationship management and issue resolution.
- Served as trusted advisor to business owners and C-suite executives on payment infrastructure optimization and operational efficiency.
- Conducted quarterly business reviews to identify growth opportunities, cost savings, and system enhancements.
- Recognized as a top regional performer for revenue growth and client satisfaction metrics.

CAREER HIGHLIGHTS

- Increased skilled nursing occupancy from **58% → 100% in 4 months**
- Managed **180-bed multi-site healthcare operations portfolio**
- Generated **$26M+ annualized facility revenue impact (estimated)**
- Oversaw **$55M+ annual recurring revenue portfolio (Fiserv)**
- Consistently delivered **17+ luxury vehicle sales/month average**
- Achieved **18% YoY revenue growth in financial services portfolio**

Military Service

- **U.S. Army Sergeant (E-5) – Honorably Discharged**
- **Tactical Microwave/Satellite Systems Operator**
- **Personnel Administrative Specialist**

AGENCY FOR HEALTH CARE ADMINISTRATION

ASSISTED LIVING FACILITY
CORE TRAINING PROGRAM CERTIFICATION

Donald Rowell

Certification #: 171244476 Issued: July 15, 2023

The person named herein has successfully completed the Assisted Living Facility Core Training Program and has met the requirement of Florida Statute 429.52(3).

TMRI
The MacDonald Research Institute

MQA Online Services

Logged in as ***Rowell, Latasha Dion***

Update Account | Logoff | Contact Us

My Dashboard

Don't Delay, Get Screened today!

Effective July 1, 2025, HB 975 requires that all health care practitioners undergo a fingerprint-based background screening as a requirement for obtaining licensure. If you are renewing your license with the Department, you must have a screening completed for your renewal application to be processed. For detailed information, including frequently asked questions, visit https://flhealthsource.gov/backgroundscreening/. Exceptions to this requirement: Emergency Medical Technician, Paramedic, Radiological Technician, Pharmacy Interns, and Registered Pharmacy Technicians.

Important information about your dashboard:

- To download a copy of your e-License, please navigate to the **"Licensure Documents"** menu located within the **"Additional Activities"** section below.
- When your profession opens for renewal a **"Renew My License"** option will become available no later than 90 days prior to your license expiration date. If you do not see the **"Renew My License"** option, please check back later.
- If you are trying to **reactivate from an inactive or a retired status**, this cannot be completed online unless you are eligible to reactivate your inactive license during a public health emergency pursuant to s. 381.00315(1)(c)3., Florida Statutes. Please contact your board office for more information.
- If your profession is not in renewal and you need a duplicate license, to request a name change or perform any other license maintenance activity, please choose your option under **"Manage My License"**.
- If you have not yet added your license to your account, you can do this by selecting the **"Add My License or Previous Application"** option under the **"Additional Activities"** section below.

To begin, choose an option then hit the **"Select"** button. You will return to this dashboard after you have finished.

License Information Hide Details

License Number:	**#26036**
License Type:	**Physical Therapist Assistant**
License Status:	**Clear**
License Expiry:	**11/30/2027**
Address:	**25 LYNDENHURST LN PALM COAST FL 32137**
Phone:	**904-501-8991**

Manage My License

Physical Therapist Assistant #26036 | Choose an Application | Select

My Application

To start a new application or resume a previously saved application.

CERTIFICATE of ACHIEVEMENT

Conferred to:

Latasha D. Gilyard

For obtaining a passing score on the

ASSISTED LIVING FACILITY CORE COMPETENCY TEST

Certification #: ***171241826***

Presented by

The MacDonald Research Institute Testing Office
28953 SR 54, Wesley Chapel, FL 33543

TMRI

The MacDonald Research Institute

Mary C. Mayhew, Secretary
Agency for Health Care Administration

December 14, 2019

Date

DEON NELSON

Palm Coast, FL 32164

deonnelson386@gmail.com | (386) 882-7543

PROFESSIONAL SUMMARY

Dedicated and compassionate Certified Nursing Assistant (CNA) and CPR-certified professional with hands-on experience in assisted living and healthcare support settings. Skilled in providing direct patient care, assisting with activities of daily living, monitoring resident conditions, and supporting clinical care teams. Strong commitment to patient safety, dignity, comfort, and quality care. Dependable team member with effective communication skills and the ability to work in fast-paced healthcare environments. Trained in dementia and Alzheimer's care support, with a focus on patient-centered communication and behavioral understanding.

PROFESSIONAL EXPERIENCE

Certified Nursing Assistant

Therapeutic Assisted Living Corp. — Palm Coast, FL

November 2024 – Present

- Provide direct patient care to residents, including assistance with activities of daily living (ADLs) such as bathing, dressing, grooming, toileting, and mobility support.
- Support residents with dementia and Alzheimer's disease, using calm communication techniques, redirection strategies, and patient-centered care approaches.
- Monitor and support resident health status by observing and reporting changes in condition, behavior, or vital signs to appropriate clinical staff.

- Assist with patient safety measures, including fall prevention, proper transfers, and maintaining a safe care environment.
- Support individualized care plans while ensuring resident dignity, comfort, and emotional well-being.
- Assist with feeding and hydration support while following dietary needs and care instructions.
- Maintain infection control standards, sanitation procedures, and proper use of personal protective equipment (PPE).
- Communicate effectively with nurses, healthcare staff, residents, and families regarding patient needs and care updates.
- Document and report care activities in accordance with facility policies and healthcare guidelines.
- Contribute to a collaborative care team focused on delivering consistent, high-quality patient care.

Pharmacy Staff

One Pharmacy — Palm Coast, FL

August 2024 – Present

- Support healthcare operations in a pharmacy setting by assisting staff with daily workflow and patient service needs.
- Provide professional and respectful communication with patients regarding service-related inquiries.
- Maintain strict confidentiality and compliance with healthcare privacy standards (HIPAA).
- Assist with organizing medications, supplies, and maintaining an efficient clinical workspace.
- Support accurate handling of healthcare-related information under supervision.

- Contribute to a clean, organized, and safety-focused healthcare environment.
- Demonstrate attention to detail, reliability, and professionalism in a clinical support role.

Crew Member

Willie & Cathy's Mobile Detailing — Palatka, FL

June 2021 – August 2023

- Performed detailed cleaning and sanitation of vehicles and recreational units.
- Assisted with maintaining organized and safe work environments.
- Supported team operations to meet service quality and efficiency standards.
- Provided customer service and ensured client satisfaction during service completion.

EDUCATION

Daytona State College Nursing Student

Palm Coast, FL

Perquisites College Coursework

High School Diploma / GED

CERTIFICATIONS & LICENSES

- Certified Nursing Assistant (CNA)
- CPR Certified
- Valid Driver’s License

Medication Technician

CORE SKILLS

- Direct Patient Care (ADLs)
- Dementia & Alzheimer’s Care Support
- Resident Safety & Monitoring
- Behavioral Redirection & De-escalation Techniques
- Vital Signs Observation & Reporting
- Infection Control & PPE Use
- Care Plan Support
- Mobility & Transfer Assistance
- Compassionate Patient Care
- Healthcare Communication
- HIPAA Compliance & Confidentiality
- Team-Based Clinical Support
- Time Management & Reliability
- Attention to Detail
- Pharmacy & Healthcare Environment Support
- Customer & Patient Interaction

85 Cypress Point Parkway, Unit B | Palm Coast, Florida 32164
Tel: 386-447-8944 | joseph@one-pharmacy.com

June 19, 2026

Flagler County Board of Commissioners

Flagler County Administration

Bunnell, Florida 32110

RE: Letter of Support — Latasha Rowell, Administrator, Therapeutic Assisted Living Corp.

To Whom It May Concern:

It is without reservation and with the highest degree of professional confidence that I submit this letter in full support of Mrs. Latasha Rowell, Administrator of Therapeutic Assisted Living Corp., in her application for the Adult Day Care Center through the Flagler County public private partnership initiative. My recommendation reflects direct, firsthand experience earned through our collaborative work serving the senior population of Palm Coast and the surrounding community.

As the pharmacist and owner of One Pharmacy, I have had the privilege of working closely with Mrs. Rowell and her team at Therapeutic Assisted Living over an extended period. Our partnership has centered on one core value service with care: ensuring that every resident under her care receives safe, appropriate, and timely medication management. In my role, I have observed Mrs. Rowell not simply as an administrator, but as a genuine patient advocate who holds herself and her staff to the highest standards of care.

What sets Mrs. Rowell apart is not only her operational excellence, but the culture she has built within her homes. Her facilities are impeccably maintained ,among the most well kept I have encountered in my professional career. Residents medication management is well above CMS standards and compliance rates, an outcome that is not easy to achieve. It reflects Mrs. Rowell's consistent responsiveness, organization hierarchy, and proactive communication with our pharmacy team are the qualities that are essential for companies within this space.

Beyond the operational, Mrs. Rowell is a pillar of this community. She is known for her integrity, her warmth, and her genuine commitment to the quality of life and care of the seniors within her homes.

The working relationship we have built is founded on trust, and in healthcare, trust must be earned. Mrs. Rowell has earned it fully.

It is my firm belief that the attributes that have made Therapeutic Assisted Living a model facility will translate directly into the Adult Day Care Center. Her experience in programming for seniors, her understanding of regulatory requirements, and her track record of community partnership make her exceptionally qualified for this opportunity. The Palm Coast community would benefit enormously from the care and intentionality she will bring to this venture.

On behalf of the practitioner community we represent, I offer Mrs. Latasha Rowell the strongest possible recommendation. I am confident she will serve Flagler County with the same distinction she has demonstrated in every aspect of her work to date.

Please do not hesitate to contact me directly at 386-447-8944 or joseph@one-pharmacy.com should you require any additional information or wish to speak further about my experience with Mrs. Rowell.

Respectfully,

Dr. Joseph Shoyoye, PharmD
CEO & Pharmacy Owner
One Pharmacy
85 Cypress Point Parkway, Unit B
Palm Coast, Florida 32164
Tel: 386-447-8944
joseph@one-pharmacy.com

Representative Project No. 1

Project Title: Therapeutic Assisted Living Corp. – Senior Care Operations Including Adult Day Services
Location: Palm Coast, Florida
Owner/Operator: Therapeutic Assisted Living Corp.
Address: 25 Lyndenhurst Lane, Palm Coast, Florida 32137
Years Performed: 2020 – Present
Status: Ongoing
Project Cost: Privately funded ongoing senior-care operation

Brief Description

Therapeutic Assisted Living Corp. has continuously operated a licensed senior-care facility in Palm Coast, Florida since 2020. TAL is responsible for administration, staffing, supervision, therapeutic and recreational programming, meals and nutrition, medication assistance and coordination, family communication, healthcare-provider collaboration, emergency preparedness, regulatory compliance, quality assurance, and overall facility operations.

In addition to residential assisted living services, TAL has **direct experience providing adult day services to a nonresident participant within its licensed assisted living setting**. The participant attended during daytime hours and received supervision, meals, socialization, therapeutic and recreational activities, individualized support, family communication, and health-and-safety oversight alongside TAL's long-term residents.

Due to the size and capacity of TAL's residential operation, adult day participation was intentionally limited based upon available space, staffing, and the needs of existing residents.

Relevance to the David I. Siegel Adult Day Care Center

This project is directly relevant because TAL has practical experience providing both residential senior care and daytime services to a nonresident adult.

The experience required TAL to address many of the same fundamental responsibilities involved in dedicated adult day care operations, including:

- Participant supervision and safety;
- Daytime programming;
- Social and therapeutic engagement;
- Dementia and mental-health-related support;
- Nutrition and meal services;
- Family caregiver communication;
- Individualized assistance;
- Health monitoring;
- Staffing and scheduling;

- Documentation;
- Healthcare-provider coordination; and
- Continuity of care.

TAL does not represent that it has previously operated a separately licensed stand-alone adult day care center. The David I. Siegel Adult Day Care Center would represent an expansion of TAL's existing senior-care and adult day-services experience into a dedicated adult day care environment with greater participant capacity and community reach.

TAL will operate the Center in accordance with all licensing, staffing, programmatic, physical plant, safety, and regulatory requirements applicable to the facility.

gentiva
HOSPICE

06/17/2026

To Whom It May Concern,

I am pleased to provide this letter of recommendation for Therapeutic Assisted Living. It has been my privilege to collaborate professionally with the leadership and care team at this facility, and I have consistently been impressed by their commitment to excellence, compassion, and resident-centered care.

Throughout our professional collaboration, the staff at Therapeutic Assisted Living have demonstrated exceptional dedication to maintaining a safe, supportive, and welcoming environment for residents. Their approach emphasizes dignity, respect, and individualized care, ensuring that each resident's physical, emotional, and social needs are addressed with professionalism and sensitivity.

In addition to providing high-quality care, the facility has proven to be an outstanding collaborative partner. Communication between staff, healthcare providers, families, and community organizations is consistently clear, timely, and effective. Their willingness to work cooperatively, share information appropriately, and coordinate services contributes significantly to positive outcomes for residents and their families.

The leadership team fosters a culture of accountability, continuous improvement, and teamwork. During our professional interactions, I have found them to be responsive, knowledgeable, and committed to maintaining the highest standards of care and ethical practice. Their collaborative spirit makes them a trusted and valued partner within the healthcare and senior services community.

I confidently recommend Therapeutic Assisted Living to families seeking quality assisted living services and to organizations seeking a professional, reliable, and collaborative partner. I am confident that they will continue to provide exceptional care and maintain the strong professional relationships that have earned them an excellent reputation.

Sincerely,

Colleen Marino
Executive Director
Gentiva Hospice
386-597-6306
Colleen.Marino@gentivahs.com

REFERENCES

Agency #1	Gentiva Hospice
Address	145 City Pl Unit 200A
City, State, ZIP	Palm Coast FL. 32164
Contact Person	Colleen Marino
E-mail	Colleen.Marino@gentivahs.com Phone: 386-597-6306
Date(s) of Service	2020 – Currently serving Gentiva's patients.
Type of Service	Interdisciplinary senior-care coordination, hospice collaboration, family communication, and continuity of care.
Comments:	Professional healthcare partner familiar with T.A.L.'s senior-care operations, staff communication, quality standards, family coordination and collaborative care practices.
Agency #2	One Pharmacy.
Address	88 Cypress Point Parkway, Unit B
City, State, ZIP	Palm Coast, FL 32164
Contact Person	Dr. Joseph Shoyoye, PharmD, Owner
E-mail	josephb@onepharmacy.com Phone: 386-447-9844
Date(s) of Service	2021 – current
Type of Service	Pharmacy services, medication-management coordination, and healthcare collaboration
Comments:	Professional pharmacy partner familiar with T.A.L.'s medication management practices, communication, resident-care standards, compliance awareness, and overall professionalism.
Agency #3	Aviata at Grand Oaks
Address	3001 Palm Coast pkwy SE
City, State, ZIP	Palm Coast FL. 32137
Contact Person	Christofer McNair, AII
E-mail	cmcnair@aviatang.com Phone: (386)442-6060
Date(s) of Service	2020 – Present
Type of Service	Senior-care collaboration, rehabilitation partner familiar with T.A.L.'s collaborative approach, communication, resident advocacy, professionalism, and continuity of care practices.
Comments:	collaboration with rehabilitation and transitions of care.

8/14/2026

To whom it may concern

My family has had the pleasure of working with Therapeutic Assisted Living regarding the care of our mother Susanne Clark. Our mother has been residing at Therapeutic Assisted Living for the past 5 1/2 months.

My mother's journey began 3 years ago with numerous falls that resulted in her breaking her arm 3 times requiring the placement of hardware with three surgeries and a fourth surgery because of developing cellulitis . She went from independent living and walking 4 miles a day to needing care with her activities of daily living,mobility and decision-making . She could no longer live at her home alone .

After numerous stays in a rehab facility to strengthen her arm and regain some mobility with assistance, she transferred to a large assisted living facility . As you can imagine, she became angry with her situation and was not happy with her living arrangements.

She continued to fall requiring hospitalization and ER visits for head lacerations, arm lacerations and concussions. During these many hospital visits and rehab stays my mother experienced episodes of humiliation and lack of empathy from caregivers who should know better. I've been a nurse for 25 years and I've never treated people the way I've seen my mother treated. Our elder population should be treated with dignity and respect.

As a family we tried to never leave my mother for any extended period of time over 24 hours. A simple task of cutting up her food and making sure she had clean and dry clothes seemed to be out of reach for some caregivers. We were constantly worried about her safety.She did not make good decisions and would try to do things for herself, which were not in her best interest and resulted in her falling and injuring herself.

This brings me to the present time. For the past 5 1/2 months that my mother has been living at Therapeutic Assisted Living she has been living her best life since her first fall .She is treated with respect and dignity. She has supervised activities that have helped her regain her strength and limited mobility. Mom actually enjoys the activities,she would not participate in any of them at the large assisted living. The small setting and encouragement she receives on a daily basis has made a world of difference.

Mom does suffer from dementia and sundowners has been a real issue with her. I have seen her change from being angry at the sundowner time to actually being more relaxed and engaging with the staff and other residents during her hardest times. It is a big change for her. The staff gives so much support during the difficult times they know how to redirect and my mother's angry episodes have not been in evidence for the past couple of months.

We are now able to have conversations again with mom she is not falling and suffering from concussions.She has not fallen in the 5 1/2 months that she has been in the care of Therapeutic Assisted Living.

The supervision she receives the guidance and loving care from the staff has changed her attitude from an angry,humiliated woman back to the mother that we always knew.
Mom actually participates with the other residents with exercises and games that help to maintain her physical strength and abilities.
Mom now has nutritious meals and snacks throughout the day with her food prepared and served in portions that she can eat and maintain good nutrition.The family style meals and sitting at a table with 4 to 5 other residents has increased her socialization and has actually instilled pride in the fact that she can encourage others to eat. When my mother was living at the large assisted living facility, she insisted on eating alone, so this is such a huge improvement.
We never have to worry as a family that mom has not received good hygiene, clean clothes and that her overall health and safety needs are not being met.
This summer has been the first summer in three years that we have been able to leave mom for a couple weeks and enjoy a vacation. We know that she is in the best care possible while we have been away. The staff at Therapeutic Assisted Living consistently updates us with her overall health reports and pictures of mom enjoying life participating in exercises or just relaxing. This is a huge change from us going home after visiting mom at rehab and the large assisted living facility and sitting in front of a blank TV screen and saying "what are we going to do". ?
We as a family recommend Therapeutic Assisted Living to our friends in Palm Coast, so that they are aware of the loving and respectful care that is given at Therapeutic Assisted Living in case it is needed for their family member.
We are so thankful for all of the staff at Therapeutic Assisted Living,residents and family members are so totally embraced and made to feel at home. It is such a loving and caring environment that I wish every person in need of care could reside at Therapeutic Assisted Living.

Debra Foster (daughter of Susanne Penny Clark)
315-560-8234
8644 SW. 59th Ln., Road
Ocala, FL 34481

Debra Foster

AVIATA HEALTH GROUP

6/15/2026

To Whom It May Concern:

It is with great pleasure and sincere appreciation that I write this letter of recommendation for Mrs. LaTasha Rowell, Administrator of Therapeutic Assisted Living.

Over the course of our professional collaboration between Aviata at Grand Oaks, Skilled Nursing Facility and Therapeutic Assisted Living, I have had the opportunity to work directly with Mrs. Rowell and witness firsthand her unwavering commitment to excellence in resident care. Our organizations have maintained a strong and collaborative relationship centered on ensuring continuity of care and achieving the best possible outcomes for the individuals we serve.

Mrs. Rowell consistently demonstrates the highest standards of professionalism, compassion, and leadership. The level of service provided by Therapeutic Assisted Living reflects a culture of excellence that begins with her administration and extends throughout the organization. Her dedication to the well-being, dignity, and quality of life of each resident is evident in every interaction.

When residents from Therapeutic Assisted Living are admitted to Aviata at Grand Oaks for rehabilitation services, Ms. Rowell remains actively engaged in their care. She works closely with our interdisciplinary team, advocating tirelessly on behalf of her residents to ensure their needs are met and that care transitions are seamless. Her hands-on approach, strong communication skills, and resident-centered philosophy embody the true meaning of servitude and compassionate care.

Ms. Rowell possesses an exceptional bedside manner and leads with both empathy and integrity. She consistently places the interests of her residents first, demonstrating a level of advocacy that is both admirable and impactful. Her collaborative spirit fosters strong partnerships with healthcare providers and contributes significantly to positive resident outcomes.

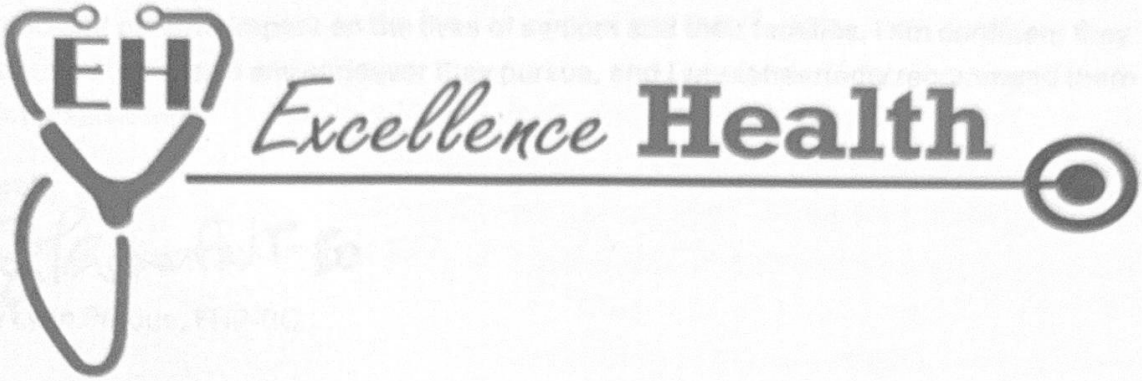
Without reservation, I highly recommend Ms. LaTasha Rowell and Therapeutic Assisted Living. The professionalism, excellence, and dedication she brings to the healthcare community make her an invaluable leader and trusted partner in resident care.

Should you require any additional information, please do not hesitate to contact me.

Sincerely,

C. J McNair

Christofer McNair, AIT
Aviata at Grand Oaks
386-446-6060
cmcnair@aviatahg.com



Cindy Perdue, FNP-NP

Excellence Health

1630 Mason Ave, Daytona Beach, FL 32117

8/21/26

To Whom It May Concern,

It is with great enthusiasm that I extend my recommendation for Therapeutic Assisted Living in favor of operation and management of an adult daycare facility. In my time working alongside them, I have witnessed their unwavering professionalism, exceptional leadership, and deep commitment to the well-being of our senior community.

Therapeutic Assisted Living consistently demonstrates excellence in every aspect of their role. They maintain strong, collaborative working relationships with Excellence Health and other healthcare partners, ensuring seamless continuity of care for each resident. Their dedication to advocating for seniors is evident in the personalized attention, respect, and dignity they extend to every individual under their care.

Their expertise in working with residents living with dementia and Alzheimer's disease is particularly commendable. They approach each situation with patience, empathy, and skill, creating an environment where residents feel safe, valued, and understood. This compassionate approach not only enhances quality of life but also fosters trust with families and caregivers.

In addition to their clinical and interpersonal strengths, Therapeutic Assisted Living upholds the highest standards of cleanliness, safety, and organization within the facility. Their attention to detail ensures that the environment remains welcoming, hygienic, and compliant with all safety regulations.

In summary Latasha Rowell is a dedicated, highly capable professional whose work has a profound and positive impact on the lives of seniors and their families. I am confident they will continue to excel in any endeavor they pursue, and I wholeheartedly recommend them without reservation.

Sincerely,

Cindy Lynn Perdue, FNP-BC

7.5 Project Approach

Overall Project Methodology

Therapeutic Assisted Living Corp. ("TAL") proposes a structured, participant-centered approach to the operation of the David I. Siegel Adult Day Care Center that prioritizes **continuity of care, safety, regulatory compliance, quality programming, family support, workforce development, community partnerships, census development, and long-term operational sustainability**.

TAL's approach is based upon its experience operating a regulated senior-care environment in Palm Coast and providing individualized services to older adults, including individuals living with Alzheimer's disease, dementia, mental-health conditions, physical limitations, and other age-related needs.

The objective is not simply to maintain the existing Adult Day Care Center. TAL intends to build upon its established role in the community and develop the Center into a dependable, welcoming, well-managed and highly visible resource for Flagler County seniors and the families who care for them.

TAL will implement the project through the following coordinated approach.

1. Organized Transition and Continuity of Services

Upon award, TAL will work collaboratively with Flagler County to establish an orderly transition plan designed to minimize disruption to existing participants, families, staff, service providers, and community partners.

Initial transition activities will include:

- Coordination with designated County representatives;
- Review of existing Center operations, policies, schedules, participant needs, and available records that may lawfully be transferred;
- Confirmation of all licensing and regulatory requirements applicable to operations;
- Facility and equipment assessment;
- Review of emergency preparedness and life-safety requirements;
- Development of staffing schedules and assignments;
- Confirmation of vendors and essential service providers;
- Participant and family communication;
- Development of enrollment and intake procedures;
- Implementation of required operational policies and documentation systems; and
- Establishment of quality-control benchmarks before full operation.

TAL will seek to preserve continuity wherever doing so remains appropriate while introducing improvements gradually and deliberately.

Participants and families should experience the transition as organized, respectful, and dependable.

2. Person-Centered Participant Care

TAL will operate the Center using a person-centered model that recognizes each participant as an individual with unique physical, cognitive, emotional, social, cultural, and functional needs.

Participant services will be based upon appropriate assessments, enrollment information, healthcare information, family input, physician or provider information when applicable, and ongoing observation.

Services may include, as appropriate:

- Supervision and safety monitoring;
- Assistance with permitted activities of daily living;
- Socialization and companionship;
- Cognitive stimulation;
- Therapeutic and recreational activities;
- Exercise and mobility-related activities appropriate to participant abilities;
- Meals, snacks, hydration, and nutritional monitoring;
- Rest periods;
- Medication assistance within applicable regulatory scope;
- Behavioral observation and redirection;
- Family communication;
- Healthcare-provider coordination; and
- Individualized accommodations based upon participant needs.

TAL's philosophy emphasizes maintaining independence and existing abilities rather than unnecessarily doing for participants what they remain capable of doing safely for themselves.

3. Alzheimer's Disease, Dementia, and Mental-Health Support

TAL recognizes that adult day care programs frequently serve individuals experiencing cognitive impairment, dementia-related behaviors, depression, anxiety, isolation, and other behavioral or mental-health needs.

TAL's existing senior-care experience includes working with individuals with Alzheimer's disease and related dementias and operating under a Limited Mental Health specialty license that requires additional training and competency within the licensed assisted living setting.

This background will inform the Center's approach to:

- Structured daily routines;
- Cognitive and sensory activities;
- Consistent redirection;
- Behavioral observation;
- Reduction of unnecessary environmental stressors;
- Elopement and wandering awareness;
- Fall-risk awareness;

- Individualized communication techniques;
- Meaningful social engagement;
- Family communication;
- Recognition of changes in condition; and
- Coordination with appropriate healthcare and behavioral-health professionals.

The Center will maintain clear boundaries regarding the services that may legally and safely be provided within the adult day care setting and will coordinate higher levels of care when participant needs exceed the program's authorized scope.

4. Meaningful Daily Programming and Engagement

TAL will establish a structured daily program designed to make attendance meaningful rather than merely supervisory.

Programming will balance activity, socialization, therapeutic engagement, nutrition, relaxation, and individual choice.

Activities may include:

- Cognitive exercises and memory activities;
- Arts and crafts;
- Music and music-based engagement;
- Group games;
- Light exercise and range-of-motion activities;
- Gardening and nature-based activities;
- Holiday and cultural programs;
- Educational presentations;
- Community guest programs;
- Reminiscence activities;
- Intergenerational opportunities when appropriate;
- Faith-based or spiritual opportunities for participants who voluntarily choose to participate;
- Individual activities for participants who prefer smaller settings; and
- Special events involving families and community organizations.

Programming will be adapted to participant interests and functional abilities rather than relying upon a one-size-fits-all schedule.

5. Family and Caregiver Partnership

TAL views adult day care as a service to both the participant **and the family caregiver**.

Families and responsible parties will receive clear information regarding Center operations, participant needs, significant observations, program expectations, and available community resources.

TAL will promote regular communication with families and encourage their involvement in participant planning.

Adult day care can provide critical respite to individuals caring for aging relatives at home. TAL will therefore seek to make the Center a trusted extension of the family's care system—not simply a location where a participant spends several hours.

Where appropriate, TAL will also connect families with community resources, healthcare providers, social-service programs, caregiver education, and other available support.

6. Staffing and Local Workforce Development

TAL will maintain staffing appropriate to participant census, acuity, services provided, regulatory requirements, and operational needs.

The staffing structure will include qualified administrative and direct-care personnel with nursing resources incorporated as required by participant needs, program design, and applicable regulations.

TAL will emphasize:

- Appropriate screening and hiring;
- Required background screening;
- Orientation before independent assignment;
- CPR and first-aid preparedness;
- Alzheimer's and dementia-related training;
- Medication-assistance training;
- Emergency preparedness;
- Infection prevention;
- Participant rights;
- Abuse, neglect, and exploitation prevention and reporting;
- Confidentiality;
- Incident reporting;
- Competency validation;
- Ongoing in-service education; and
- Performance monitoring.

TAL will also utilize its relationship with **CareerSource Brevard Flagler Volusia** to support local recruitment and workforce development.

TAL has access to recruitment through Employ Florida and has entered into an On-the-Job Training arrangement supporting the development of qualified local employees. This strategy supports TAL's goal of creating employment opportunities for Flagler County residents while strengthening the Center's long-term workforce pipeline.

Whenever practical, TAL will recruit locally and develop employees who can grow with the Adult Day Care program.

7. Healthcare, Business, and Community Coordination

TAL will utilize its existing relationships within the local healthcare community to support continuity of care, referrals, participant resources, and responsible program growth.

TAL has established professional relationships with pharmacies, hospice organizations, physicians and healthcare practitioners, skilled nursing and rehabilitation providers, and other senior-care resources.

These relationships will support:

- Healthcare communication;
- Medication coordination;
- Referrals;
- Participant transitions;
- Family resources;
- Community education;
- Professional outreach; and
- Development of a broader referral network for the Center.

TAL will also pursue and strengthen relationships with senior programs, veterans' resources, caregiver organizations, churches, nonprofit organizations, community groups, local employers, and other organizations serving Flagler County residents.

Flagler County Chamber of Commerce Participation

TAL intends to actively participate in the **Flagler County Chamber of Commerce and the broader Flagler County business community** as part of the Center's community-engagement and census-development strategy.

Chamber participation will provide an additional avenue for TAL to establish relationships with local businesses, healthcare providers, employers, nonprofit organizations, community leaders, and service organizations whose employees, customers, patients, or families may benefit from adult day care and caregiver respite services.

TAL will utilize Chamber networking opportunities, community events, educational opportunities, and business relationships to:

- Increase community awareness of the Adult Day Care Center;
- Develop professional and community referral relationships;
- Educate local employers about adult day care as a resource for employees caring for aging family members;
- Identify opportunities for community partnerships and sponsorships;
- Promote local senior and caregiver resources;
- Strengthen the Center's integration into the Flagler County community; and
- Support long-term census development.

TAL views participation in the local business community as an important component of making the David I. Siegel Adult Day Care Center a recognized and accessible community resource.

8. Community Relaunch, Grand Opening, Enrollment, and Census Development

Long-term operational sustainability requires a strong and consistent participant census. TAL will therefore implement an active enrollment and outreach strategy rather than relying solely upon passive referrals.

Community Relaunch and Grand Opening

Following the transition of operations and once the Center is prepared to receive participants, TAL intends to conduct a **community relaunch and Grand Opening of the David I. Siegel Adult Day Care Center**.

The purpose of the relaunch will be to reintroduce the Center to the Flagler County community, create renewed awareness of its services, establish confidence in the transition of operations, strengthen professional referral relationships, and generate participant inquiries and enrollment.

TAL intends to invite:

- Seniors and family caregivers;
- Existing and prospective participants;
- Healthcare providers;
- Physicians and medical practices;
- Pharmacies;
- Home-health and hospice organizations;
- Rehabilitation and skilled nursing providers;
- Case managers and social-service professionals;
- Alzheimer’s and dementia organizations;
- Local businesses and employers;
- Chamber and community representatives;
- Veterans' organizations;
- Faith-based organizations;
- Senior-service organizations; and
- Other community stakeholders.

The Grand Opening may include:

- Guided tours of the Center;
- Introduction of TAL leadership and staff;
- Explanation of adult day care services;
- Enrollment information;
- Caregiver-respite education;
- Alzheimer's and dementia resource information;
- Participant activity demonstrations;
- Introductions to community and healthcare partners;

- Opportunities for families to ask questions;
- Individual enrollment consultations; and
- Opportunities to schedule follow-up tours or assessments.

TAL will use the Grand Opening as the beginning of a sustained census-development campaign rather than as a one-time promotional event.

Ongoing Outreach and Enrollment Strategy

Following the relaunch, TAL will maintain active year-round outreach.

Outreach will include:

- Healthcare-provider relationships;
- Hospital and rehabilitation discharge resources;
- Home-health and hospice relationships;
- Physician practices;
- Pharmacies;
- Senior-living and skilled nursing communities;
- Case managers and social-service professionals;
- Alzheimer’s and dementia caregiver networks;
- Flagler County Chamber of Commerce participation;
- Local businesses and employers;
- Veterans' resources;
- Community and nonprofit organizations;
- Local churches and faith communities;
- Health fairs and community events;
- Caregiver-resource programs;
- Educational presentations;
- Digital and social-media outreach;
- Family referrals;
- Professional networking; and
- Direct outreach to caregivers who may benefit from respite services.

TAL will also explore opportunities to host periodic **open houses, caregiver education programs, health and wellness presentations, dementia and memory-care education, community-resource events, and family-engagement activities** at the Center.

These initiatives are intended to keep the Center visible and engaged with the community after the initial relaunch.

Measurement of Census-Building Activities

TAL will monitor:

- Number of inquiries;
- Scheduled tours;
- Completed tours;

- Applications;
- New enrollments;
- Average daily attendance;
- Participant retention;
- Referral sources;
- Community outreach activities;
- Professional referral relationships;
- Inquiry-to-enrollment conversion; and
- Reasons prospective participants elect not to enroll.

Referral sources will be tracked so TAL can identify which healthcare providers, community organizations, Chamber relationships, events, digital outreach efforts, and professional partnerships are producing meaningful results.

This information will allow management to direct resources toward the strategies producing the strongest enrollment results.

The goal is to establish the David I. Siegel Adult Day Care Center as a **visible, trusted, and recognized Flagler County resource for seniors and caregivers while steadily increasing census toward long-term operational sustainability.**

9. Nutrition and Meal Services

TAL recognizes nutrition and hydration as essential components of senior health and quality of life.

Meals and snacks will be provided in accordance with applicable program requirements and participant needs.

TAL will monitor:

- Meal quality;
- Food safety;
- Portion appropriateness;
- Special dietary instructions when properly ordered and within program capability;
- Hydration;
- Participant food preferences;
- Allergies and documented dietary concerns; and
- Participant response to meals.

Meals will also serve as an opportunity for social interaction and community-building within the Center.

10. Safety, Emergency Preparedness, and Risk Management

Participant safety will be incorporated throughout Center operations.

TAL will maintain policies and procedures addressing areas including:

- Emergency preparedness;
- Fire and evacuation procedures;
- Severe weather and disaster response;
- Elopement and missing-participant response;
- Falls;
- Medical emergencies;
- Medication-related incidents;
- Infection prevention;
- Abuse, neglect, and exploitation;
- Incident documentation and reporting;
- Facility hazards;
- Participant transportation, if provided;
- Food safety;
- Confidentiality; and
- Continuity of operations.

Staff will receive appropriate emergency training and participate in required drills and competency reviews.

Incidents and near misses will be evaluated not simply as isolated events but as opportunities to identify and correct underlying risks.

Quality Control Methodology

Quality control will be an ongoing management function rather than an activity performed only when an inspection or complaint occurs.

TAL will implement a **Plan – Monitor – Review – Correct – Improve** quality-management process.

11. Daily Operational Quality Control

Management will monitor key operational areas each day, including:

- Participant attendance;
- Staffing coverage;
- Participant supervision;
- Significant changes in participant condition or behavior;
- Medication-related responsibilities;
- Meals and hydration;
- Activities;
- Facility cleanliness and safety;
- Family concerns;
- Incidents;
- Documentation; and
- Unresolved operational issues.

Issues requiring immediate intervention will be addressed promptly rather than deferred to a later review.

12. Documentation and Compliance Audits

TAL will conduct routine internal reviews of participant and operational records.

Reviews may include:

- Participant files;
- Assessments and required health information;
- Attendance documentation;
- Medication-related records;
- Staff personnel files;
- Background screening documentation;
- Training records;
- Certifications;
- Emergency documentation;
- Incident reports;
- Meal and activity documentation;
- Required postings; and
- Other regulatory records.

Deficiencies identified internally will be assigned corrective action and followed through to completion.

13. Staff Performance and Competency Monitoring

Employees will receive ongoing supervision and performance feedback.

Quality monitoring will evaluate:

- Attendance and dependability;
- Participant interaction;
- Professional conduct;
- Compliance with policies;
- Documentation;
- Communication;
- Safety practices;
- Training completion;
- Demonstrated competencies; and
- Responsiveness to participants and families.

Additional education, coaching, competency validation, corrective action, or other intervention will be implemented when performance does not meet expectations.

14. Participant and Family Feedback

Participant and family experience will be an important quality indicator.

TAL will obtain feedback through regular communication, informal check-ins, concerns and grievance processes, and periodic satisfaction reviews.

Complaints or concerns will be documented, investigated as appropriate, addressed promptly, and reviewed for recurring patterns.

TAL will use feedback to improve programming, communication, meals, scheduling, activities, and overall participant experience.

15. Incident Review and Corrective Action

Incidents, accidents, complaints, medication concerns, falls, near misses, injuries, safety concerns, and other significant events will be reviewed to determine:

1. What occurred;
2. Whether immediate action was taken;
3. Whether required notifications or reports were completed;
4. Whether policies and procedures were followed;
5. Whether additional staff education is necessary;
6. Whether environmental or operational changes are required; and
7. What action can reduce the likelihood of recurrence.

Corrective actions will be documented and monitored for effectiveness.

16. Performance Measures

TAL will monitor measurable indicators to evaluate operational performance and program growth.

Key measures may include:

- Participant census;
- Average daily attendance;
- Enrollment growth;
- Participant retention;
- Inquiry-to-enrollment conversion;
- Referral sources;
- Staff turnover;
- Staff training compliance;
- Incidents and falls;
- Medication-related events;
- Participant/family complaints;
- Resolution of complaints;

- Participant and family satisfaction;
- Program activity participation;
- Regulatory compliance;
- Operating revenues and expenses; and
- Progress toward financial sustainability.

Management will use these indicators to identify trends and make data-informed operational decisions.

17. Continuous Quality Improvement

TAL's quality-control system will emphasize prevention and continuous improvement.

When an opportunity for improvement is identified, TAL will:

Identify the issue → determine the cause → establish corrective action → assign responsibility → establish a completion timeframe → verify completion → evaluate whether the correction was effective.

This process will apply to clinical, operational, staffing, financial, safety, service, and customer-experience concerns.

18. Financial and Operational Sustainability

TAL recognizes that successful operation of the David I. Siegel Adult Day Care Center requires both high-quality services and sound financial management.

Management will routinely evaluate:

- Census;
- Revenue;
- Payroll;
- Staffing utilization;
- Food costs;
- Supplies;
- Insurance;
- Utilities and facility-related expenses;
- Vendor expenses;
- Marketing effectiveness;
- Accounts receivable;
- Program utilization; and
- Overall operating performance.

Staffing and other variable costs will be managed responsibly as enrollment changes while maintaining required service quality and regulatory compliance.

TAL's goal is to establish a financially sustainable program capable of serving Flagler County families over the long term without sacrificing participant care.

Project Outcome

Through this approach, Therapeutic Assisted Living Corp. intends to provide Flagler County with more than an operator for the David I. Siegel Adult Day Care Center.

TAL seeks to establish a **locally managed, accountable, participant-centered senior resource** that provides meaningful daytime services for older adults, dependable respite for caregivers, employment opportunities for local residents, collaboration with healthcare and community partners, and responsible stewardship of the County-owned facility.

The proposed community relaunch, ongoing Chamber and business-community participation, healthcare referral development, caregiver outreach, and measurable census-development strategy are intended to restore and expand awareness of the Center while establishing a sustainable base of participants.

TAL will measure success by the quality and safety of services provided, participant and family satisfaction, regulatory compliance, workforce stability, community utilization, census growth, and the Center’s progress toward sustainable long-term operations.

THERAPEUTIC ASSISTED LIVING CORP.

LOCAL PRESENCE AND WORKFORCE COMMITMENT STATEMENT

David I. Siegel Adult Day Care Center - Flagler County, Florida

---

Therapeutic Assisted Living Corp. ("TAL") respectfully submits this Local Presence and Workforce Commitment Statement in support of its proposal to operate the David I. Siegel Adult Day Care Center. TAL is an established Palm Coast senior-care provider with direct experience serving older adults and families in the local community. As a locally based organization, TAL's approach is centered on keeping services, employment opportunities, professional relationships, and economic activity connected to Flagler County whenever practical.

TAL's local presence provides an operational advantage for the proposed project. The organization already understands the needs of area seniors and caregivers, maintains relationships with healthcare and community providers, and has experience coordinating services within the local senior-care network. This existing community foundation will support continuity, responsiveness, participant outreach, family communication, and the development of trusted referral relationships for the Adult Day Care Center.

Commitment to Local Employment and Workforce Development

TAL is committed to recruiting and developing qualified local personnel for the Adult Day Care Center whenever practical and consistent with applicable licensing, background-screening, training, and competency requirements. TAL is approved to recruit local talent through Employ Florida and has an active relationship with CareerSource Brevard Flagler Volusia. TAL has also entered into an On-the-Job Training arrangement that can support the development of eligible local employees. These resources strengthen TAL's ability to build a sustainable workforce pipeline while creating employment opportunities for residents of Flagler County and the surrounding service area.

Commitment to Community and Business Engagement

TAL intends to participate actively in the Flagler County Chamber of Commerce and the broader local business community as part of its outreach, partnership, and census-development strategy. Chamber participation will help TAL build relationships with local employers, healthcare providers, nonprofit organizations, community leaders, and service organizations that may encounter families in need of adult day care or caregiver respite services.

Commitment to Center Relaunch and Community Awareness

Following transition and operational readiness, TAL intends to conduct a community relaunch and Grand Opening for the David I. Siegel Adult Day Care Center. The relaunch will be designed to increase awareness of the Center, reconnect the facility with seniors and caregivers, engage healthcare and referral partners, and support participant enrollment and census growth. TAL anticipates inviting families, healthcare providers, community organizations, local businesses, faith-based organizations, senior-service professionals, and other stakeholders to tour the Center and learn about available services.

Commitment to Local Partnerships and Economic Participation

Whenever practical and fiscally responsible, TAL will seek opportunities to engage local vendors, service providers, healthcare partners, workforce resources, and community organizations. TAL's goal is to operate the Center not as an isolated program, but as a connected Flagler County resource that contributes to the local senior-care continuum, creates employment opportunities, supports area families, and maintains strong community relationships.

Statement of Commitment

TAL's local presence, existing healthcare relationships, workforce-development resources, and commitment to community engagement will be used to support a stable transition and long-term operation of the David I. Siegel Adult Day Care Center. TAL is committed to being an accountable local operator and a long-term partner in serving Flagler County seniors, caregivers, families, and the surrounding community.

Submitted by:	Latasha Rowell
Title:	Owner / Administrator
Organization:	Therapeutic Assisted Living Corp.
Date:	8/23/26

THERAPEUTIC ASSISTED LIVING CORP.

AHCA PROOF OF FINANCIAL ABILITY TO OPERATE

For Health Care Licensing Application

THERAPEUTIC ASSISTED LIVING CORP.
AHCA PROOF OF FINANCIAL ABILITY TO OPERATE
TABLE OF CONTENTS

Accountant's Disclaimer	I
Prescribed Form "Proof of Financial Ability to Operate"	1
Summary of Significant Assumptions and Selected Supplementary Information	19

REG & ADVISORS, CPA, PA

Tax | Accounting | Advisory

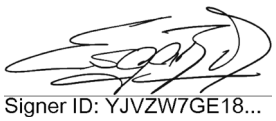
ACCOUNTANT'S DISCLAIMER

To Management

THERAPEUTIC ASSISTED LIVING CORP.

The accompanying projected financial statements (presented on prescribed form "Proof of Financial Ability to Operate") of **Therapeutic Assisted Living Corp.** and selected notes, were not subjected to an audit, review, or compilation engagement by us and we do not express an opinion, a conclusion, nor provide any assurance on them.

The prescribed form is designed by the Agency for Health Care Administration (AHCA) to meet its needs, and there is a presumption that the required information is sufficient to demonstrate the anticipated provider's revenue and expenditures, the basis for financing anticipated cash-flow requirements of the provider, and an applicant's access to contingency financing to be presented with AHCA. Accordingly, this projection may not be useful for other purposes.



REG & Advisors, CPA, PA
Miami, Florida
August 23, 2026

Health Care Licensing Application
PROOF OF FINANCIAL ABILITY TO OPERATE
INSTRUCTIONS

Authority: The following Schedules are designed to meet the specific requirements of 408.810(8), 408.8065(1), and 400.471, Florida Statutes which require the applicant to show anticipated provider revenue and expenditures, the basis for financing anticipated cash-flow requirements of the provider, and an applicant's access to contingency financing. All schedules must be prepared in accordance with generally accepted accounting principles (GAAP). A Certified Public Accountant must compile, examine, or apply agreed-upon procedures to prospective financial statements, including summaries of significant assumptions and accounting policies. An applicant will have demonstrated financial ability to operate by completing proof of financial ability to operate schedules 1-7 in conformity with the below instructions and GAAP, all relevant rules and statutes, and projections that show assets, credit, and projected revenues meet or exceed projected liabilities and expenses and Independent evidence of sufficient funds for start up, working capital & contingencies.

These forms must accompany any ***initial or change of ownership (CHOW) application*** for the following health care provider types:

Adult Day Care Centers (ADCC)	Health Care Clinics
Assisted Living Facilities (ALF)	Home Health Agencies
Intermediate Care Facilities for the Developmentally Disabled (ICFDD)	Hospice
Prescribed Pediatric Extended Care Center (PPEC)	Home Medical Equipment
	Skilled Nursing Facilities

General Instructions – As an all inclusive set of schedules, some of the individual detailed items in these forms may not apply to all provider types listed above. For example, Schedule 3 has an item for Room & Board revenue. This line would be appropriate for residential facilities like skilled nursing or ALF but would not apply to agencies such as home health. In the schedule where the option for hours or visits or days is presented, the applicant may use the metric that is appropriate for the agency. For example, hours are appropriate for home health; visits is appropriate for health care clinics; and days is appropriate for skilled nursing facilities. Several of the schedules include check lists to assist the preparer in completing these forms.

Assumptions Used – Schedules 1-7 reflect the anticipated results of future operations. Since these schedules are forward looking, the applicant will have to make certain assumptions about future patients, revenues, and expenses. The assumptions an applicant uses are essential in developing a projected set of financial schedules. The applicant, at a minimum, must provide assumptions about the number and types of patients it will provide services to, how it plans on acquiring those patients, the staffing required to provide service to those patients, how it plans on recruiting the necessary staffing, and its method of estimating accounts receivable and payable as discussed in the instructions for Schedule 5. All assumptions used in the projections must be contained in accompanying notes to the projections and all assumptions must be consistent with existing rules and statutes governing minimum staffing requirements and any other requirements that would have a financial impact on the applicant. **Home Health Agencies Only** - Section 400.471(2)(d), Florida Statutes, requires a business plan, signed by the applicant, which details the home health agency's methods to obtain patients and its plan to recruit and maintain staff. At a minimum the plan should include a description of the business, services to be provided, the existing market, the level of competition in the market, the applicant's strategy to enter the market (obtain patients), a time-line of major events (for example, expected date of licensure, certification, etc.), the applicant's strategy to recruit and maintain personnel, and a description of the applicant's admission policy.

Schedule 1: Estimated Provider Costs and Source of Funds - The purpose of this Schedule is to disclose ALL costs needed to begin operations (or resume operations in the case of a CHOW) including all pre-opening costs prior to beginning operations, funding for contingencies, and the funds necessary to sustain the operations until it reaches a positive cash flow. The sources of the funding must be listed and independent, certifiable documentation of the existence and availability of those funds must be provided. All funding must be supported by evidence that the entity owns or will have access to funds as needed. Examples of documents that support funding includes copies of bank statements for accounts owned by the proposed entity, a letter of commitment from a bank or other independent lending sources, a copy of a line of credit agreement established for the proposed entity (including the available balance), and any other liquid assets. Liquid assets are defined as assets that can easily and quickly be converted to cash. Funding provided by the corporate parent of a proposed entity must be supported with a letter from the parent indicating that such funds are available to the applicant and independent, certifiable documentation of the existence and availability of those funds as defined above. The most recent Audited Financial Statements of the parent will be considered proof of the parent's ability to fund the applicant unless the parent's Audited Financial Statements indicate that current liabilities are greater than current assets and/or long-term debt exceeds net assets, and/or the audit contains a going concern issue. In the case of the purchase price associated with a change of ownership, the executed bill of sale is acceptable proof of funding the purchase price. The proof of funding for contingencies must include a signed statement from the applicant which identifies the source of contingency funding and guarantying that the contingency funding will be made available to handle extraordinary occurrences that would have a financial impact such as major repairs, purchase of capital equipment, a decrease in patient days, etc. All proof of funding documentation must be dated no later than ten (10) days prior to the date the application is received by AHCA. Attach any other supplementary documentation and/or explanations as needed. For additional instruction follow the checklist at the bottom of Schedule 1.

Schedule 2 and 2.1: Staffing Requirements - The purpose of Schedule 2 is to present the total number of Full Time Equivalent employees (FTEs) projected to staff the operation and convert these FTEs to the total annual salary cost. An employee working only 20 hours a week would be shown as .5 FTE. A full-time employee not hired until the last 3 months of the year would be shown as .25 FTE. The last column for each year is the product of the number of FTEs times the average annual salary per FTE. Schedule 2 is for direct employees only (employees that have payroll taxes withheld from their pay). Schedule 2.1 is for contracted employees. The staffing presented should be consistent with the respective authoritative rules and statutes regarding minimum staffing required. The combined staffing hours on Schedule 2 and 2.1 must be equal to or in excess of the hours needed to provide the services billed on Schedule 3. In addition, the applicant must provide documentation supporting the salary levels for each position. Documentation supporting salary levels may include, labor market studies, industry published averages, signed statements from individuals agreeing to the projected salary, etc. For additional instructions refer to the checklist provided at the bottom of the page on the Schedule 2 and 2.1.

Schedule 3: Hours and Charges - The purpose of this Schedule is to disclose the estimated number of service hours, visits, or days (as appropriate for the provider type) along with the amount charged per hour, visit, or day for the first and second year of operations. Revenue on this schedule must reconcile with Total Gross Revenues on Schedule 4 Line 5, Column 7. Because the method and type of reimbursement varies among different providers, the following subsections were developed to better reconcile with the provider type:

Part A: Must be completed by Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC, and ADCC Only. Home Health applicants must also complete Schedule 4.1 if applying for Medicare and Medicaid Certification.

Part B: Must be completed by Health Care Clinic Applicants only.

Part C: Must be completed by Hospice Applicants only.

All revenue methods will not easily relate to this form, however, please make your best estimates. Attach notes of explanation as needed.

Schedule 3HME: - The purpose of this schedule is the same as the purpose for Schedule 3; however, it has been specifically designed for home medical equipment applicants. This Schedule must be completed by Home Medical Equipment Applicants.

Schedule 4: Projected Operating Revenue - The purpose of this form is to present revenues by payer category. The Total Gross Revenues (Line 5, Column 7) must reconcile with Schedule 3 and 3HME. Often times Medicare, Medicaid, and HMOs may reimburse the agency at a different rate than the charges listed on Schedule 3. The difference must be accounted for as a contractual adjustment on Line 6. HME providers and any other providers selling medical equipment must record cost of goods sold on Line 8.

Use either hours, visits or days as appropriate for the provider type. Medicare and Medicaid net revenues must be consistent with the most recently approved reimbursement methodologies. The hours, visits, or days section of this schedule does not apply to HME applicants.

Schedule 4.1: Supplementary Home Health Agency Schedule - If a Home Health applicant indicates in the application that it is applying for Medicare and/or Medicaid certification and/or the applicant includes Medicare and/or Medicaid revenue on Schedule 4, then the Home Health Agency applicant must complete this schedule. The purpose of this schedule is to address the certification process for Medicare and Medicaid. Home Health Agencies are required to be operational and have at least 10 skilled patients prior to being surveyed by Medicare and Medicaid. Approval is not guaranteed and takes approximately six months to complete. The applicant will not receive reimbursement from Medicare or Medicaid for treatment of Medicare and Medicaid patients prior to certification. In order for an initial applicant to become Medicare and Medicaid certified, the applicant will have to seek accreditation with deemed status from one of three national accreditation organizations. You must provide a written estimate for the cost of accreditation with deemed status from one of the three national accreditation organizations (Community Health Accreditation Organization, The Joint Commission, and Accreditation Commission for Health Care) and include and clearly identify the cost of the accreditation in the projected financial schedules. If the applicant is projecting Medicare and Medicaid revenues prior to anticipated certification, an adjustment must be made on this schedule to remove the Medicare and Medicaid revenues prior to certification (Certification Period Reduction). The Total Net Adjusted Revenue from this schedule must be used on Schedule 6, Line 1, year one instead of the Schedule 4 Net Revenue (Col. 7, Line 13).

Schedule 5: Balance Sheet – The balance sheet is ultimately the results of the projections on Schedule 6 (Income Statement) and Schedule 7 (Cash Flow Statement) and must reconcile with those schedules. The applicant must provide notes with an explanation of the assumptions used for collection of revenues and the paying of expenses. Particularly, the assumptions for payment of rent which typically is paid at the beginning of a month; the payment of salaries, which may be weekly, bi-weekly, or monthly; all of which impact payables differently. The assumptions presented for receivables and payables have a direct impact on the cash flow statement and must be consistently applied when completing the cash flow statement.

Schedule 6: Projected Summary of Revenues and Expenses – The Schedule is designed to show the projected profitability of the applicant. The revenues on this schedule must reconcile with Schedule 4 and 4.1. Administrative, direct, and contracted salaries expense on this schedule must reconcile with Schedule 2 and 2.1. This schedule must included taxes and benefits for direct employees and interest expense on funds borrowed (as indicated on Schedule 1). The monthly salary allocations must be sufficient to meet all minimum staffing requirements including the staffing required to generate the monthly revenue allocated. This schedules must included allocations for utilities (phone, electric, etc), supplies (office and medical), and all other costs expected to be incurred in the normal course of business. If costs are to be shared with an affiliate or parent company, then this schedule should include the applicant's share of those costs. If this is a new entity, the revenue projections must reflect the applicant's assumptions on the growth of patients/ residents expected. Simply dividing year end revenues by 12-months will not be considered a reasonable assumption for a new entity. Existing entities applying for a CHOW may be expected to have a more stable month to month revenue stream. Fixed costs such as rent and administrative overhead must be relatively consistent from month to month while variable cost such as patient care must be proportional to the revenue earned in any one month (matching principle).

The applicant must provide documentation in the form of leases and insurance quotes in support of the rent and insurance expenses projected. **For initial applicants only, financial projections that project a year one operating margin (Schedule 6, Line 36 divided by Schedule 6, Line 1) or any monthly operating margin in year one of 15 percent or greater will be deemed unreasonable and the applicant will be found to have not met its proof of financial ability to operate.**

Schedule 7: Projected Cash Flow Statement – This schedule is designed to determine the working capital needs of the applicant. Line 1 must equal Schedule 6, Line 39. Lines 2 through 12 must reconcile with the income statement and balance sheet and must be consistent with the applicant's assumptions. Line 13 must equal (Line 1 plus Line 7 less Line 12). In year one month one, Line 14 must equal Total Pre-Opening Cost from Schedule 1 Line 14. If the applicant is projecting any capital additions, then the cost of those additions must be included on this schedule. If the applicant is projecting repaying loan principle, then principle repayments must be included on this schedule.

Total Cash Needs - Line 20, Total Cash Needs, is the total of Line 19 - Total Other Uses of Cash, plus Cash Flows from Operations, Line 13. A positive cash flow on Line 13 is subtracted from Line 19. If the positive cash flow is greater than the other uses, the net positive cash needs will be shown as a negative on line 20.

Cumulative Cash Need - Line 21, Cumulative Cash needs, is the running total of last month's cumulative cash needs (Line 21 from last month plus the Total Cash Needs from Line 20 for the current month). If the Total Cash Needs this month is a negative amount meaning a positive cash contribution, it would be subtracted from the cumulative cash amount from last month. The highest monthly amount on Line 21 (considering both year one and year two) will be entered on Schedule 1 as Working Capital. Year 2, month 1 uses year 1, month 12 for its cumulative beginning.

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Health Care Licensing Application
PROOF OF FINANCIAL ABILITY TO OPERATE

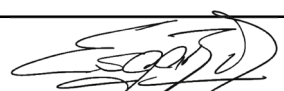
Authority: Pursuant to subsection 408.810(8) and 400.471, Florida Statutes, upon application for initial licensure or change of ownership licensure, the applicant shall furnish satisfactory proof of the applicant's financial ability to operate in accordance with the requirements of this part, authorizing statutes and applicable rules.

The following provider types are **required** to submit this form: Assisted Living Facilities, Adult Day Care Centers, Hospice, Intermediate Care Facilities for the Developmentally Disabled, Prescribed Pediatric Extended Care Centers, Health Care Clinics, Home Health Agencies, Home Medical Equipment providers, Nurse Registries and Skilled Nursing Facilities.

Provider/Facility Type:			
License # (for change of ownership applications):			
Provider Name: Therapeutic Assisted Living Corp.		Telephone Number: 386-586-2324	
Street Address: 1000 Belle Terre blvd		Fax Number: 844-769-0772	
City: Palm Coast	County: Flagler	State: FL	Zip: 32164
E-mail Address: ☐ No			
Mailing Address: ☑ Same as Above			
City:		State:	Zip:

The attached schedules (1 through 7) must be completed for an initial or change of ownership application. All required documents must be prepared in accordance with generally accepted accounting principles. A Certified Public Accountant must compile, examine, or apply agreed-upon procedures to prospective financial statements, including summaries of significant assumptions and accounting policies. A financial forecast consists of prospective financial statements that present, to the best of the applicant's knowledge and belief, an entity's expected financial position, results of operations, and cash flows.

Name of Certified Public Accountant:			
Company Name (if applicable): REG & Advisors, CPA, PA		Telephone Number: 786-706-5900	
Street Address: 1395 Brickell Ave, Suite 800		Fax Number: 786-706-5901	
City: Miami	County: Dade	State: FL	Zip: 33131
E-mail Address: ☐ No ronnie@regadvisorscpa.com			
Mailing Address: ☑ Same as Above			
City:		State:	Zip:



AC55135 — Signature of Certified Public Accountant and License #

Signer ID: YJVZW7GE18

08/23/2026 — Date

SCHEDULE 1: ESTIMATED PROVIDER COSTS AND SOURCE OF FUNDS

	Pre-Opening Costs (total funds needed)		
1	Advertising	$	-
2	Equipment Purchases	$	500.00
3	Legal Costs/Consulting	$	1,800.00
4	Beginning Inventory	$	500.00
5	Insurance	$	-
6	License Fee	$	1,705.00
7	Accreditation Survey and/or Medicare & Medicaid Certification	$	-
	Deposits		
8	Building	$	-
9	Utility	$	-
10	Other	$	-
	Staffing		
11	Recruitment	$	-
12	Training	$	-
13	Other	$	-
14	**Total Pre-Opening Costs (Sum of Lines 1-13)**	**$**	**4,505.00**
15	Purchase Price (Change of Ownership Only)	$	-
16	Working Capital (Includes Pre-Opening Cost, See Checklist Below)	**$**	**59,388.13**
17	Contingency Funding (See Checklist Below)	**$**	**20,884.59**
18	**Total Working Capital, Contingency Funding, and Purchase Price**	**$**	**80,272.72**

	Source of Funds (Please Attach Documentation Supporting the Source of Funding Listed Below: REQUIRED)		
19	Cash on Hand	$	80,272.72
20	Non-related Financing	$	-
21	Owners/Investors	$	-
22	Parent or Affiliated Entities	$	-
23	Other (describe):	$	-
24	**Total Source of Funds**	**$**	**80,272.72**

Applicant Checklist

✓ **Working Capital** - is the amount needed to pay operating cost until a positive cash flow is reached. Working Capital should equal the largest cumulative cash need from Schedule 7 Line 21. Since Schedule 7 includes pre-opening cost, the largest cumulative cash need from Schedule 7 Line 21 will also include pre-opening cost.

✓ **Contingency Funding** - should equal one month's average operating expense from year one and represents funding available for extraordinary occurrences that are not anticipated in the financial projections. Contingency Funding should equal Year One Schedule 6 Line 35 divided by 12.

✓ **Proof of Funding** - Has the applicant provided proof of funding as described in the instructions?
If so, does the proof of funding equal or exceed the value on Line 18?
For **Health Care Clinics, Home Health, and Home Medical Equipment Agencies**: Total proof of funding can not be less than three(3) times the amount on line 17 per 408.8065(1)(c), Florida Statutes

SCHEDULE 2: STAFFING REQUIREMENTS

		YEAR ONE			YEAR TWO		
	Note: 1.0 FTE = 40 hour week	FTE's	AVERAGE ANNUAL SALARY per FTE	TOTAL ANNUAL COST	FTE's	AVERAGE ANNUAL SALARY per FTE	TOTAL ANNUAL COST
	ADMINISTRATION	Col. 1	Col. 2	Col.1 x Col.2	Col. 1	Col. 2	Col.1 x Col.2
1	Administrator/General Manager	0.80	$ 31,200.00	$ 24,960.00	0.80	$ 31,200.00	$ 24,960.00
2	Alternate Administrator	0.20	$ 31,200.00	$ 6,240.00	0.20	$ 31,200.00	$ 6,240.00
3	Director of Nursing/Medical Director	0.00	$ -	$ -	0.00	$ -	$ -
4	Alternate Director of Nursing	0.00	$ -	$ -	0.00	$ -	$ -
5	Financial Officer	0.20	$ 31,200.00	$ 6,240.00	0.20	$ 31,200.00	$ 6,240.00
6	Admissions Director	0.00	$ -	$ -	0.00	$ -	$ -
7	Bookkeeper	0.00	$ -	$ -	0.00	$ -	$ -
8	Secretary	0.00	$ -	$ -	0.00	$ -	$ -
9	Personnel/Complaint Records	0.00	$ -	$ -	0.00	$ -	$ -
10	Medical Records Clerk	0.00	$ -	$ -	0.00	$ -	$ -
11	Other:	0.00	$ -	$ -	0.00	$ -	$ -
12	**TOTAL ADMINISTRATION**	**1.20**		**$ 37,440.00**	**1.20**		**$ 37,440.00**
	GENERAL PERSONNEL (DIRECT EMPLOYEES ONLY)						
13	Delivery	0	$ -	$ -	0	$ -	$ -
14	Intake	0	$ -	$ -	0	$ -	$ -
15	Maintenance/Repair	0	$ -	$ -	0	$ -	$ -
16	Inventory	0	$ -	$ -	0	$ -	$ -
17	Other:	0	$ -	$ -	0	$ -	$ -
18	**TOTAL GENERAL**	**0**		**$ -**	**0**		**$ -**
	HEALTH CARE PROFESSIONALS (DIRECT EMPLOYEES ONLY) - Nurse Registries Complete Schedule 2.1						
19	R.N.s	0.00	$ -	$ -	0.00	$ -	$ -
20	L.P.N.s	0.00	$ -	$ -	0.00	$ -	$ -
21	Home Health Aides	0.00	$ -	$ -	0.00	$ -	$ -
22	Physical Therapy	0.00	$ -	$ -	0.00	$ -	$ -
23	Occupational Therapy	0.00	$ -	$ -	0.00	$ -	$ -
24	Speech Therapy	0.00	$ -	$ -	0.00	$ -	$ -
25	Respiratory Therapy	0.00	$ -	$ -	0.00	$ -	$ -
26	Social Services	0.00	$ -	$ -	0.00	$ -	$ -
27	Homemaker Services	0.00	$ -	$ -	0.00	$ -	$ -
28	Dietary Guidance	0.00	$ -	$ -	0.00	$ -	$ -
29	Home Health Aides	0.00	$ -	$ -	0.00	$ -	$ -
30	Other: Caregivers	3.00	$ 31,200.00	$ 93,600.00	5.00	$ 31,200.00	$ 156,000.00
31	**TOTAL HEALTH CARE**	**3.00**		**$ 93,600.00**	**5.00**		**$ 156,000.00**
	GRAND TOTAL	**4.20**		**$ 131,040.00**	**6.20**		**$ 193,440.00**

Applicant Checklist

✓ **Required Staffing** - has the applicant included salaries and FTEs to meet the minimum administrative staffing required under AHCA licensing rules and statutes?

✓ **Comparison to Hours Billed** - Has the applicant allocated enough salaries and FTEs on Schedule 2 including contracted personnel on Schedule 2.1 to provide services to the number of patients on Schedule 3?

SCHEDULE 2.1: CONTRACT SERVICES

		YEAR ONE			YEAR TWO		
		Hours	Cost Per Hour	Total Cost	Hours	Cost Per Hour	Total Cost
	GENERAL PERSONNEL	Col. 1	Col. 2	Col.1 x Col.2	Col. 1	Col. 2	Col.1 x Col.2
1	Delivery	0	$ -	$ -	0	$ -	$ -
2	Intake	0	$ -	$ -	0	$ -	$ -
3	Maintenance/Repair	0	$ -	$ -	0	$ -	$ -
4	Inventory	0	$ -	$ -	0	$ -	$ -
5	Other:		$ -	$ -	0	$ -	$ -
6	**TOTAL**	**0**		**$ -**	0		**$ -**
	HEALTH CARE PROFESSIONALS						
7	R.N.s		$ -	$ -		$ -	$ -
8	L.P.N.s	260	$ 25.00	$ 6,500.00	260	$ 25.00	$ 6,500.00
9	Home Health Aides		$ -	$ -		$ -	$ -
10	Physical Therapy		$ -	$ -		$ -	$ -
11	Occupational Therapy		$ -	$ -		$ -	$ -
12	Speech Therapy		$ -	$ -		$ -	$ -
13	Respiratory Therapy		$ -	$ -		$ -	$ -
14	Social Services		$ -	$ -		$ -	$ -
15	Homemaker Services		$ -	$ -		$ -	$ -
16	Dietary Guidance		$ -	$ -		$ -	$ -
17	Home Health Aides		$ -	$ -		$ -	$ -
18	Other:		$ -	$ -		$ -	$ -
19	Other:		$ -	$ -		$ -	$ -
20	Other:		$ -	$ -		$ -	$ -
21	Other:		$ -	$ -		$ -	$ -
22	Other:		$ -	$ -		$ -	$ -
23	**TOTAL**	**260**		**$ 6,500.00**	**260**		**$ 6,500.00**

Applicant Checklist

✓ **Comparison to Hours Billed** - Has the applicant allocated enough salaries and FTEs on Schedule 2 including contracted personnel on Schedule 2.1 to provide services to the number of patients on Schedule 3?

___ **Nurse Registry** - If the applicant is applying for a nurse registry license, Schedule 2.1 must be completed. If the applicant is applying for a license other than nurse registry this schedule should only be completed to reflect the appropriate number of non-direct employee hours anticipated by the applicant, if any.

SCHEDULE 3: HOURS, VISITS, AND CHARGES

Part A: For Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC. and ADCC Only

	FIRST YEAR			SECOND YEAR		
	Total Number of Hours/Days	Average Charge Per Hour/Day	Total Gross Revenue	Total Number of Hours/Days	Average Charge Per Hour/Day	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Room & Board	0	$ -	$ -	0	$ -	$ -
Skilled Nursing	0	$ -	$ -	0	$ -	$ -
Ancillary						
Physical Therapy	0	$ -	$ -	0	$ -	$ -
Occupational Therapy	0	$ -	$ -	0	$ -	$ -
Speech Therapy	0	$ -	$ -	0	$ -	$ -
Medical Social Services	0	$ -	$ -	0	$ -	$ -
Respiratory Therapy	0	$ -	$ -	0	$ -	$ -
IV Therapy	0	$ -	$ -	0	$ -	$ -
Home Health Aides or CNA	0	$ -	$ -	0	$ -	$ -
Homemaker/Companion	0	$ -	$ -	0	$ -	$ -
Nutritional Guidance	0	$ -	$ -	0	$ -	$ -
Home Health Aides or CNA	0	$ -	$ -	0	$ -	$ -
PPEC & ADCC						
Daily Patient	3,380	$ 65.00	$ 219,700.00	6760	$ 65.00	$ 439,400.00
Hourly Patient	0	$ -	$ -	0	$ -	$ -
TOTAL	**3,380**		**$ 219,700.00**	**6,760**		**$ 439,400.00**

Part B: Health Care Clinics Applicants Only

List the Type of Visits	FIRST YEAR			SECOND YEAR		
	Total Number of Visits	Average Charge Per Visits	Total Gross Revenue	Total Number of Visits	Average Charge Per Visits	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

Part C:Hospices Only

	FIRST YEAR			SECOND YEAR		
	Total Number of Visits/Days	Average Charge Per Visit/Day	Total Gross Revenue	Total Number of Visits/Days	Average Charge Per Visit/Day	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Routine Home Care	0	$ -	$ -	0	$ -	$ -
Continuous Home Care	0	$ -	$ -	0	$ -	$ -
Inpatient Respite	0	$ -	$ -	0	$ -	$ -
General Inpatient	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

SCHEDULE 3HME: CHARGES (HME APPLICANTS ONLY)

List the Type of Equipment to be Sold	FIRST YEAR			SECOND YEAR		
	Total Number of Units	Average Charge Per Unit	Total Gross Revenue	Total Number of Units	Average Charge Per Unit	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Respiratory Modalities						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Ambulation Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Mobility Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Sickroom Setup						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Disposable Supplies						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

List the Type of Equipment to be Rented	FIRST YEAR			SECOND YEAR		
	Total Number of Units	Average Charge Per Unit	Total Gross Revenue	Total Number of Units	Average Charge Per Unit	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Respiratory Modalities						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Ambulation Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Mobility Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Sickroom Setup						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Disposable Supplies						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

SCHEDULE 4: PROJECTED OPERATING REVENUE YEAR 1

Page 1 of 2 pages

	GROSS REVENUES (from Schedule 3)	PRIVATE PAY Col. 1	MEDICARE Col. 2	MEDICAID Col. 3	INSURANCE Col. 4	HMO/PPO Col. 5	OTHER Col. 6	TOTAL Col. 7
1	Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC. and ADCC	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
2	Health Care Clinics	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	Home Medical Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4	Hospice	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5	**TOTAL GROSS REVENUES**	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
	DEDUCTIONS FROM REVENUE							
6	Contractual Adjustments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	Charity Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	Cost of Goods Sold	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9	Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10	**TOTAL DEDUCTIONS FROM REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11	**NET PATIENT SERVICE REVENUE**	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
12	**OTHER OPERATING REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13	**NET OPERATING REVENUE**	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
14	Total Number of Patients/Residents	507	0	2873	0	0	0	3380
15	Total Hours/Visits/Days	10	0	55	0	0	0	65
16	Net Revenue Per Hour/Visit/Day	$ 3,380	$ -	$ 3,380	$ -	$ -	$ -	$ 3,380

If you are applying for Medicare and/or Medicaid certification enter the number of months you anticipate operating prior to receiving certification. **2 mos.**

Applicant Checklist

✓ Does Line 5, Total Patient Service Revenues, reconcile with Schedule 3 and 3HME?

✓ Is the Net Medicare and Medicaid Revenue per Hour/Visit/Day (Line 16, Column 2 and 3) consistent with current reimbursement rates?

___ Home Health Agencies that are applying for Medicaid and/or Medicare must complete Schedule 4.1.

SCHEDULE 4: PROJECTED OPERATING REVENUE YEAR 2

Page 2 of 2 pages

	GROSS REVENUES (from Schedule 3)	PRIVATE PAY Col. 1	MEDICARE Col. 2	MEDICAID Col. 3	INSURANCE Col. 4	HMO/PPO Col. 5	OTHER Col. 6	TOTAL Col. 7
1	Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC. and ADCC	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
2	Health Care Clinics	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	Home Medical Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4	Hospice	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5	**TOTAL GROSS REVENUES**	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
	DEDUCTIONS FROM REVENUE							
6	Contractual Adjustments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	Charity Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	Cost of Goods Sold	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9	Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10	**TOTAL DEDUCTIONS FROM REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11	**NET PATIENT SERVICE REVENUE**	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
12	**OTHER OPERATING REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13	**NET OPERATING REVENUE**	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
14	Total Number of Patients/Residents	0	0	6760	0	0	0	6760
15	Total Hours/Visits/Days	0	0	65	0	0	0	65
16	Net Revenue Per Hour/Visit/Day	$ -	$ -	$ 6,760	$ -	$ -	$ -	$ 6,760

Applicant Checklist

✓ Does Line 5, Total Patient Service Revenues reconcile with Schedule 3?

✓ Is the Net Medicare and Medicaid Revenue per Hour/Visit/Day (Line 16, Column 2 and 3) consistent with current reimbursement rates?

SCHEDULE 4.1: HOME HEALTH AGENCY PROJECTED OPERATING REVENUE YEAR 1

This Schedule is only to be completed by Home Health Agencies who will apply for Medicaid and Medicare certification.

Note: Medicare and Medicaid will not reimburse HHA for treatment of Medicaid and Medicare patients prior to certification, this process takes between four and six months and is not guaranteed. This Schedule is designed to show Medicare and Medicaid revenues by month and the reduction to revenues over the certification period. The adjusted net revenue from this schedule will be used on Schedule 6 year one.

Note: In order for an initial applicant to become Medicare and Medicaid certified, the applicant will have to seek accreditation with deemed status from one of three national accreditation organizations. Please provide a written estimate for the cost of accreditation with deemed status from one of the three national accreditation organizations (Community Health Accreditation Organization, The Joint Commission, and Accreditation Commission for Health Care). Also, please include and clearly identify the cost of the accreditation on Schedule 1.

		1	2	3	4	5	6	7	8	9	10	11	12	Total
Medicare														
1	New Episodes													$ -
2	Net Revenue (Sch 4, Col 2, Line 11)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	Certification Period Reduction	$ -	$ -	$ -	$ -	$ -	$ -							$ -
4	Adjusted Net Revenue (Line 2 - Line 3)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medicaid														
5	Number of Patients	0	0	0	0	0	0	0	0	0	0	0	0	$ -
6	Net Revenue (Sch 4, Col 3, Line 11)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	Certification Period Reduction	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	Adjusted Net Revenue (Line 6 - Line 7)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
All Other Payers														
17	Number of Patients	0	0	0	0	0	0	0	0	0	0	0	0	$ -
10	Net Rev. (Sch 4, Line 11, Col 1, 4, 5, & 6)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Adjusted Net Revenue (Line 4+8+10)		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

SCHEDULE 5: BALANCE SHEET

	END OF YEAR ONE		END OF YEAR TWO	
ASSETS				
Current Assets				
Cash		$ 47,519		$ 127,972
Inventory		500		500
Accounts Receivable		1,014		1,099
Notes Receivable				
Other: Prepaid Expense		853		-
		-		
Total Current Assets		**49,886**		**129,571**
Fixed and Other Assets				
Net Land and Buildings				
Equipment	$ 500		$ 500	
Less Acc. Depreciation	100		200	
Net Equipment		400		300
Other:	$ -		$ -	
Total Fixed and Other Assets		**400**		**300**
Total Assets		**$ 50,286**		**$ 129,871**
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts Payable		$ 928		$ 928
Notes Payable				
Current Maturities of L.T. Debt				
Other:		-		-
Total Current Liabilities		**928**		**928**
Long-Term and Other Liabilities				
Mortgage Payable		-		-
Payable to Affiliates				
Other:				
Total Long-Term and Other Liabilities		**928**		**928**
Net Assets				
Common Stock		1,000		1,000
Additional Paid In Capital		79,273		79,273
Net Assets		-		-
Retained Earnings		(30,915)		48,670
Other:				
Total Net Assets		**49,358**		**128,943**
Total Liabilities and Net Assets		**$ 50,286**		**$ 129,871**
		-		0

Applicant Checklist

- ✓ Does the Cash, Inventory, Accounts Receivable, and Accounts Payable Balance reconcile with the Cash Flow Statement (Sch. 7)?
- ✓ Does Depreciation and Retained Earnings reconcile with the income statement?
- ✓ Did the applicant attach notes with the assumptions used for collecting receivables and paying payables?

SCHEDULE 6 - PROJECTED SUMMARY OF REVENUES AND EXPENSES

YEAR 1

	Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
NET OPERATING REVENUE														
1	Net Revenue From Sch 4 and Sch 4.1	2,817	5,633	8,450	11,267	14,083	16,900	19,717	22,533	25,350	28,167	30,983	33,800	219,700
EXPENSES:														
	ADMINISTRATION & OVERHEAD													
2	Salaries and Wages (Sch 2, Row 12)	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	37,440
3	Benefits	62	62	62	62	62	62	62	62	62	62	62	62	749
4	Rent	500	500	500	500	500	500	500	500	500	500	500	500	6,000
5	Utilities and Maintenance	50	50	50	50	50	50	50	50	50	50	50	50	600
6	License	71	71	71	71	71	71	71	71	71	71	71	71	853
7	Federal, State, & Local Taxes	858	858	858	858	858	858	858	858	858	858	858	858	10,302
8	Insurance, Liability & Other	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	34,400
9	Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-
10	Professional Fees	2,100	300	300	300	300	300	300	300	300	300	300	300	5,400
11	Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
12	Repair & Maintenance	500	500	500	500	500	500	500	500	500	500	500	500	6,000
13	Bad Debts	-	-	-	-	-	-	-	-	-	-	-	-	-
14	Depreciation & Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
15	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
16	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
17	**TOTAL ADMIN. AND OVERHEAD**	$ 10,137	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 101,843
	SALARIES & WAGES (Sch 2 & 2.1)													
18	General Personnel (Sch 2, Row 18)	-	-	-	-	-	-	-	-	-	-	-	-	-
19	Health Care (Sch 2, Row 31)	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	93,600
20	Benefits	156	156	156	156	156	156	156	156	156	156	156	156	1,872
21	Mileage	-	-	-	-	-	-	-	-	-	-	-	-	-
22	Contract Gen. Per. (Sch 2.1, Row 6)	-	-	-	-	-	-	-	-	-	-	-	-	-
23	Cont. Health Care (Sch 2.1, Row 23)	542	542	542	542	542	542	542	542	542	542	542	542	6,500
24	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
25	**TOTAL SALARIES & WAGES**	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 101,972
	OTHER OPERATING EXPENSES													
26	Housekeeping	-	-	-	-	-	-	-	-	-	-	-	-	-
27	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	-
28	Dietary	600	1,200	1,800	2,400	3,000	3,600	4,200	4,800	5,400	6,000	6,600	7,200	46,800
29	Other Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-
30	Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
31	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
32	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
33	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
34	**TOTAL OTHER OPERATING**	$ 600	$ 1,200	$ 1,800	$ 2,400	$ 3,000	$ 3,600	$ 4,200	$ 4,800	$ 5,400	$ 6,000	$ 6,600	$ 7,200	$ 46,800
35	**TOTAL OPERATING COSTS**	$ 19,235	$ 18,035	$ 18,635	$ 19,235	$ 19,835	$ 20,435	$ 21,035	$ 21,635	$ 22,235	$ 22,835	$ 23,435	$ 24,035	$ 250,615
36	**NET OPERATING INCOME (LOSS)**	$ (16,418)	$ (12,401)	$ (10,185)	$ (7,968)	$ (5,751)	$ (3,535)	$ (1,318)	$ 899	$ 3,115	$ 5,332	$ 7,549	$ 9,765	$ (30,915)
37	**OPERATING MARGIN%**	-582.88%	-220.14%	-120.53%	-70.72%	-40.84%	-20.91%	-6.68%	3.99%	12.29%	18.93%	24.36%	28.89%	-14.07%
38	**NON OPERATING REVENUES (NET)**	-	-	-	-	-	-	-	-	-	-	-	-	-
39	**INCOME OR (LOSS)**	$ (16,418)	$ (12,401)	$ (10,185)	$ (7,968)	$ (5,751)	$ (3,535)	$ (1,318)	$ 899	$ 3,115	$ 5,332	$ 7,549	$ 9,765	$ (30,915)

SCHEDULE 6 - PROJECTED SUMMARY OF REVENUES AND EXPENSES

YEAR 2

	Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
NET OPERATING REVENUE														
1	Net Revenue From Sch 4	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	439,400
EXPENSES:														
	ADMINISTRATION & OVERHEAD													
2	Salaries and Wages (Sch 2, Row 12)	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	37,440
3	Benefits	62	62	62	62	62	62	62	62	62	62	62	62	749
4	Rent	500	500	500	500	500	500	500	500	500	500	500	500	6,000
5	Utilities and Maintenance	50	50	50	50	50	50	50	50	50	50	50	50	600
6	License	71	71	71	71	71	71	71	71	71	71	71	71	853
7	Federal, State, & Local Taxes	858	858	858	858	858	858	858	858	858	858	858	858	10,302
8	Insurance, Liability & Other	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	34,400
9	Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-
10	Professional Fees	2,100	300	300	300	300	300	300	300	300	300	300	300	5,400
11	Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
12	Repair & Maintenance	500	500	500	500	500	500	500	500	500	500	500	500	6,000
13	Bad Debts	-	-	-	-	-	-	-	-	-	-	-	-	-
14	Depreciation & Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
15	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
16	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
17	**TOTAL ADMIN. AND OVERHEAD**	$ 10,137	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 101,843
	SALARIES & WAGES (Sch 2 & 2.1)													
18	General Personnel (Sch 2, Row 18)	-	-	-	-	-	-	-	-	-	-	-	-	-
19	Health Care (Sch 2, Row 31)	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	156,000
20	Benefits	156	156	156	156	156	156	156	156	156	156	156	156	1,872
21	Mileage													-
22	Contract Gen. Per. (Sch 2.1, Row 6)	-	-	-	-	-	-	-	-	-	-	-	-	-
23	Cont. Health Care (Sch 2.1, Row 23)	542	542	542	542	542	542	542	542	542	542	542	542	6,500
24	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
25	**TOTAL SALARIES & WAGES**	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 164,372
	OTHER OPERATING EXPENSES													
26	Housekeeping	-	-	-	-	-	-	-	-	-	-	-	-	-
27	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	-
28	Dietary	-	-	-	-	-	-	-	-	-	-	-	-	-
29	Other Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-
30	Medical Supplies	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	93,600
31	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
32	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
33	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
34	**TOTAL OTHER OPERATING**	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 93,600
35	**TOTAL OPERATING COSTS**	$ 31,635	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 359,815
36	**NET OPERATING INCOME (LOSS)**	$ 4,982	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 79,585
37	**OPERATING MARGIN%**	13.61%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.11%
38	**NON OPERATING REVENUES (NET)**	-	-	-	-	-	-	-	-	-	-	-	-	-
39	**INCOME OR (LOSS)**	$ 4,982	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 79,585

Schedule 7 PROJECTED CASH FLOW STATEMENT for year one ending

	Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
1	**Net Operating Income (Sch. 6, Line 39)**	$ (16,417.92)	$ (12,401.26)	$ (10,184.59)	$ (7,967.92)	$ (5,751.26)	$ (3,534.59)	$ (1,317.92)	$ 898.74	$ 3,115.41	$ 5,332.08	$ 7,548.75	$ 9,765.41	$ (30,915.06)
	ADD: items that decrease income but do not decrease cash:													
2	Depreciation/Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
3	Increase in Accounts Payable	928	928	928	928	928	928	928	928	928	928	928	928	11,138
4	Decrease in Accounts Receivable	-	-	7,183	254	338	423	507	592	676	761	845	930	12,506
5	Other: Prepaid Expenses	71	71	71	71	71	71	71	71	71	71	71	71	853
6	Other: Expenses included line 14	1,800												1,800
7	**TOTAL ADDITIONS (lines 2-6)**	$ 2,807.58	$ 1,007.58	$ 8,190.08	$ 1,261.08	$ 1,345.58	$ 1,430.08	$ 1,514.58	$ 1,599.08	$ 1,683.58	$ 1,768.08	$ 1,852.58	$ 1,937.08	$ 26,396.90
	DEDUCT: items that increase income but do not increase cash:													
8	Increase in Accounts Receivable	2,394	4,788	254	338	423	507	592	676	761	845	930	1,014	13,520
9	Decrease in Accounts Payable	-	928	928	928	928	928	928	928	928	928	928	928	10,210
10	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
12	**TOTAL DEDUCTIONS (lines 8-11)**	$ 2,394.17	$ 5,716.53	$ 1,181.70	$ 1,266.20	$ 1,350.70	$ 1,435.20	$ 1,519.70	$ 1,604.20	$ 1,688.70	$ 1,773.20	$ 1,857.70	$ 1,942.20	$ 23,730.20
13	**Cash Flows from Operations (lines 1 plus 7 less 12)**	$ (16,004.51)	$ (17,110.21)	$ (3,176.21)	$ (7,973.05)	$ (5,756.38)	$ (3,539.71)	$ (1,323.05)	$ 893.62	$ 3,110.29	$ 5,326.95	$ 7,543.62	$ 9,760.29	$ (28,248.36)
	Other Uses of Cash													
14	Pre-Opening Cost (Sch1 line 14)	$ 4,505.00												4,505
15	Purchase of Equipment	-												-
16	Change in Inventory	-												-
17	Repayment of Principle on Loan	-	-	-										-
18	Other Non-Operating Uses	-												-
19	**Total Other Uses of Cash (14-18)**	$ 4,505.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,505.00
20	**Total Cash Needs (19 minus 13)**	$ 20,509.51	$ 17,110.21	$ 3,176.21	$ 7,973.05	$ 5,756.38	$ 3,539.71	$ 1,323.05	$ (893.62)	$ (3,110.29)	$ (5,326.95)	$ (7,543.62)	$ (9,760.29)	$ 32,753.36
21	**Cumulative Cash Needs (Line 20 this month plus line 21 last month)**	$ 20,509.51	$ 37,619.73	$ 40,795.94	$ 48,768.99	$ 54,525.37	$ 58,065.08	$ 59,388.13	$ 58,494.51	$ 55,384.22	$ 50,057.27	$ 42,513.65	$ 32,753.36	
22	**Beginning Cash on Hand (ending cash last month line 28)**	$ 80,272.72	$ 59,763.20	$ 42,652.99	$ 39,476.78	$ 31,503.73	$ 25,747.35	$ 22,207.64	$ 20,884.59	$ 21,778.21	$ 24,888.50	$ 30,215.45	$ 37,759.07	$ 80,272.72
	OTHER SOURCES OF CASH													
23	Cash from Non-Related Loans	$ -												-
24	Cash from Owners/Investors													-
25	From Parent or Affiliated Entities													-
26	Other non-operating sources													-
27	**Total Other Sources of Cash (23-26)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
28	**CASH AVAILABLE AT END OF MONTH (line 27 plus 22 minus 20)**	$ 59,763.20	$ 42,652.99	$ 39,476.78	$ 31,503.73	$ 25,747.35	$ 22,207.64	$ 20,884.59	$ 21,778.21	$ 24,888.50	$ 30,215.45	$ 37,759.07	$ 47,519.36	$ 47,519.36

Schedule 7 PROJECTED CASH FLOW STATEMENT for year two ending

	Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
1	**Net Operating Income (Sch. 6, Line 39)**	$ 4,982.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 79,584.94
	ADD: items that decrease income but do not decrease cash:													
2	Depreciation/Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
3	Increase in Accounts Payable	928	928	928	928	928	928	928	928	928	928	928	928	11,138
4	Decrease in Accounts Receivable	1,014	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	13,098
5	Other Prepaid Expenses	71	71	71	71	71	71	71	71	71	71	71	71	853
6	Other _____													-
7	**TOTAL ADDITIONS (lines 2-6)**	$ 2,021.58	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 25,188.40
	DEDUCT: items that increase income but do not increase cash:													
8	Increase in Accounts Receivable	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	13,182
9	Decrease in Accounts Payable	928	928	928	928	928	928	928	928	928	928	928	928	11,138
10	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
12	**TOTAL DEDUCTIONS (lines 8-11)**	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 24,320.40
13	**Cash Flows from Operations (lines 1 plus 7 less 12)**	$ 4,976.95	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 80,452.94
	Other Uses of Cash													
14	Pre-Opening Cost (Sch1 line 14)	-												-
15	Purchase of Equipment	-												-
16	Change in Inventory	-												-
17	Repayment of Principle on Loan													-
18	Other Non-Operating Uses	-												-
19	**Total Other Uses of Cash (14-18)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
20	**Total Cash Needs (19 minus 13)**	$ (4,976.95)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (80,452.94)
21	**Cumulative Cash Needs (Line 20 this month plus line 21 last month)**	$ 27,776.41	$ 20,914.95	$ 14,053.50	$ 7,192.05	$ 330.59	$ (6,530.86)	$ (13,392.31)	$ (20,253.77)	$ (27,115.22)	$ (33,976.67)	$ (40,838.13)	$ (47,699.58)	
22	**Beginning Cash on Hand (ending cash last month line 28)**	$ 47,519.36	$ 52,496.31	$ 59,357.76	$ 66,219.22	$ 73,080.67	$ 79,942.12	$ 86,803.58	$ 93,665.03	$ 100,526.48	$ 107,387.94	$ 114,249.39	$ 121,110.84	$ 47,519.36
	OTHER SOURCES OF CASH													
23	Cash from Non-Related Loans													-
24	Cash from Owners/Investors													-
25	From Parent or Affiliated Entities													-
26	Other non-operating sources													-
27	**Total Other Sources of Cash (23-26)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
28	**CASH AVAILABLE AT END OF MONTH (line 27 plus 22 minus 20)**	$ 52,496.31	$ 59,357.76	$ 66,219.22	$ 73,080.67	$ 79,942.12	$ 86,803.58	$ 93,665.03	$ 100,526.48	$ 107,387.94	$ 114,249.39	$ 121,110.84	$ 127,972.30	$ 127,972.30

THERAPEUTIC ASSISTED LIVING CORP.
SUMMARY OF SIGNIFICANT PROJECTION ASSUMPTIONS
August 2026 through 2028

NOTE 1 BUSINESS DESCRIPTION AND BASIS OF PRESENTATION

Business Description

Therapeutic Assisted Living Corp. (the "Home Health Business", the “Applicant”, or the “Company”, or the "Business"), a Florida Limited Liability Company, is acquiting an Adult Day Care.

Basis of Presentation

The financial projection (the “Projection”) presents, to the best of the knowledge and belief of management (“Management”) of the Applicant, the expected results of operations and cash flows for the initial application period and the years ending: **August 2026 through 2028** (the “Projection Period”).

The Projection has been prepared for purposes of obtaining licensure and is not intended to be a complete presentation of legal entity, its assets and liabilities, nor of its revenues and expenses.

The presentation using AHCA prescribed form # 3100-0009, July 2009 as designed and prescribed by AHCA to meet its needs, and there is a presumption that the required information is sufficient to provide information for the anticipated provider’s revenue and expenditures, the basis for financing anticipated cash-flow requirements of the provider, and an applicant’s access to contingency financing to be presented with AHCA. Accordingly, this projection may not be useful for other purposes.

A projection although similar to a forecast, is a presentation of prospective financial information that is subject to one or more hypothetical assumptions. Management has included several assumptions that are considered to be hypothetical assumptions.

Management’s hypothetical assumptions (the “Hypothetical Assumptions”) are as follows:

The Applicant is able to obtain all regulatory approvals; the Applicant is able to achieve the occupancy, payer mix, and average rates; the Applicant is able to maintain its projected operating structure and limit the additional expenses associated with operating the facility.

Accordingly, the Projection reflects Management’s judgement as of the date of the Projection, of the expected conditions and its expected course of action assuming the Hypothetical Assumptions. The assumptions disclosed herein, while not all-inclusive, are the assumptions which Management believes are significant to the Projection. The prospective results may not be achieved. Furthermore, even if the Hypothetical Assumptions were to occur, there will usually be differences between the projected and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Company maintains its accounting and financial records according to the accrual basis of accounting.

Use of Estimates

Estimates are used for, but not limited to, revenue, goodwill and asset impairments, self-insurance reserves, performance-based compensation, the allowance for credit losses, depreciation and amortization, leasing transactions, income taxes, and other contingencies. Although these estimates are based on management's best knowledge of current events and actions that the Company may undertake in the future, actual results may differ from the original estimates.

Cash and Cash Equivalents

The Company considers all short-term debt securities purchased with an original maturity of three months or less to be cash or cash equivalents.

Property, Plant and Equipment and Leasehold Intangibles, Net:

Property, plant and equipment and leasehold intangibles, net is recorded at cost. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the assets.

Expenditures for ordinary maintenance and repairs are expensed to operations as incurred. Renovations and improvements, which improve and/or extend the useful life of the asset, are capitalized, and depreciated over the estimated useful life of the renovations or improvements.

All tangible property with a useful life of more than one year and a unit acquisition cost of $2,500 or more will be capitalized and depreciated over its useful life using the straight-line method of depreciation. The company will expense the full acquisition cost of tangible property below these thresholds in the year of purchase.

Revenues Patient Fees:

Fees revenue is reported at the amount that reflects the consideration the Company expects to receive in exchange for the services provided. These amounts are due from patients or third-party payors and include variable consideration for retroactive adjustments from estimated reimbursements, if any, under reimbursement programs. Performance obligations are determined based on the nature of the services provided. Patients fee revenue is recognized as performance obligations are satisfied.

Gain (Loss) on Sale of Assets

The Company recognizes gain or loss from the sale of equity method investments when the transfer of control is complete, and the Company has no continuing involvement with the transferred financial assets.

Accounts Receivable:

Revenues are recorded at established rates in the period during which services are rendered. When there is a timing difference between revenues earned or incurred and collected, this timing difference is accounted for by recording receivables Accounts receivable are reported net of an allowance for credit losses to represent the Company's estimate of inherent losses at the balance sheet date.

Accounts Payable:

Expenses are recorded in the period in which is accrued and/or an invoice from the vendor is received. When there is a timing difference between expenses accrued or incurred and paid, this timing difference is accounted for by recording an Account Payable or a similar Payable Account.

Income Taxes:

Therapeutic Assisted Living Corp is a Florida Corporation, treated as an S-Corp for tax purposes. Under the provisions of the Internal Revenue Code and comparable state income tax law. As such, the Company is generally not subject to income taxes and the Company's net income, or loss is reported on the individual tax return of the members of the Company. Therefore, no provision or liability for income taxes is reflected in the financial statements.

Projected Pre-Opening Costs Assumptions:

The rented real estate property is in compliance with the codes and requirements of the county and the agency to operate as a Adult Day Care.

Fixtures, office/business equipment, furniture, appliances, inventory, merchandise, supplies, and any other asset of value that is intrinsic and extrinsic to said business will remain in the premises and used for business purposes.

NOTE 3 MANAGEMENT'S BASIS FOR PROJECTION OF REVENUES AND EXPENSES

Projected Charges Per Month Per Patient

Projected revenue consists of revenue from operating the Business. Future years were projected utilizing assumptions of average cost of care. The Facility will rely on Referral Agencies, Doctor's offices, Rehabilitation Centers, and Hospitals to acquire patients.

Employees

Personnel may allocate time to different roles and responsibilities. A full time equivalent employee ("FTE") is assumed to represent 2,080 hours of time paid annually. Employees will be hired using online recruiting services and/or agencies.

Rents and Leases:

The Company will lease the real estate from Flager County.

No Purchase Price: $0.00

The Adult Day Care is currently being operated by the Flager County and is will be transferred through a bidding process to the most competitive bidder.

THERAPEUTIC ASSISTED LIVING CORP.
AHCA PROOF OF FINANCIAL ABILITY TO OPERATE
Cash Needs & Source of Funds: Presentation of Proof of Fundings

The agency might require supporting documents, including but not limited to:

Proof of Funding Documents to Provide	**Amount (Min.)**
Minimum Cash Needs: Bank statements, letters of commitment, Invoices and Payment Confirmations, Other.	$ 80,273

THERAPEUTIC ASSISTED LIVING CORP.

AHCA PROOF OF FINANCIAL ABILITY TO OPERATE

For Health Care Licensing Application

THERAPEUTIC ASSISTED LIVING CORP.
AHCA PROOF OF FINANCIAL ABILITY TO OPERATE
TABLE OF CONTENTS

Accountant's Disclaimer	I
Prescribed Form "Proof of Financial Ability to Operate"	1
Summary of Significant Assumptions and Selected Supplementary Information	19

REG & ADVISORS, CPA, PA

Tax | Accounting | Advisory

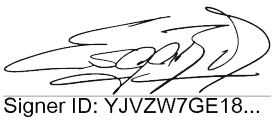
ACCOUNTANT'S DISCLAIMER

To Management

THERAPEUTIC ASSISTED LIVING CORP.

The accompanying projected financial statements (presented on prescribed form "Proof of Financial Ability to Operate") of **Therapeutic Assisted Living Corp.** and selected notes, were not subjected to an audit, review, or compilation engagement by us and we do not express an opinion, a conclusion, nor provide any assurance on them.

The prescribed form is designed by the Agency for Health Care Administration (AHCA) to meet its needs, and there is a presumption that the required information is sufficient to demonstrate the anticipated provider's revenue and expenditures, the basis for financing anticipated cash-flow requirements of the provider, and an applicant's access to contingency financing to be presented with AHCA. Accordingly, this projection may not be useful for other purposes.


Signer ID: YJVZW7GE18...

REG & Advisors, CPA, PA
Miami, Florida
August 23, 2026

Health Care Licensing Application
PROOF OF FINANCIAL ABILITY TO OPERATE
INSTRUCTIONS

Authority: The following Schedules are designed to meet the specific requirements of 408.810(8), 408.8065(1), and 400.471, Florida Statutes which require the applicant to show anticipated provider revenue and expenditures, the basis for financing anticipated cash-flow requirements of the provider, and an applicant's access to contingency financing. All schedules must be prepared in accordance with generally accepted accounting principles (GAAP). A Certified Public Accountant must compile, examine, or apply agreed-upon procedures to prospective financial statements, including summaries of significant assumptions and accounting policies. An applicant will have demonstrated financial ability to operate by completing proof of financial ability to operate schedules 1-7 in conformity with the below instructions and GAAP, all relevant rules and statutes, and projections that show assets, credit, and projected revenues meet or exceed projected liabilities and expenses and Independent evidence of sufficient funds for start up, working capital & contingencies.

These forms must accompany any ***initial or change of ownership (CHOW) application*** for the following health care provider types:

Adult Day Care Centers (ADCC)	Health Care Clinics
Assisted Living Facilities (ALF)	Home Health Agencies
Intermediate Care Facilities for the Developmentally Disabled (ICFDD)	Hospice
Prescribed Pediatric Extended Care Center (PPEC)	Home Medical Equipment
	Skilled Nursing Facilities

General Instructions – As an all inclusive set of schedules, some of the individual detailed items in these forms may not apply to all provider types listed above. For example, Schedule 3 has an item for Room & Board revenue. This line would be appropriate for residential facilities like skilled nursing or ALF but would not apply to agencies such as home health. In the schedule where the option for hours or visits or days is presented, the applicant may use the metric that is appropriate for the agency. For example, hours are appropriate for home health; visits is appropriate for health care clinics; and days is appropriate for skilled nursing facilities. Several of the schedules include check lists to assist the preparer in completing these forms.

Assumptions Used – Schedules 1-7 reflect the anticipated results of future operations. Since these schedules are forward looking, the applicant will have to make certain assumptions about future patients, revenues, and expenses. The assumptions an applicant uses are essential in developing a projected set of financial schedules. The applicant, at a minimum, must provide assumptions about the number and types of patients it will provide services to, how it plans on acquiring those patients, the staffing required to provide service to those patients, how it plans on recruiting the necessary staffing, and its method of estimating accounts receivable and payable as discussed in the instructions for Schedule 5. All assumptions used in the projections must be contained in accompanying notes to the projections and all assumptions must be consistent with existing rules and statutes governing minimum staffing requirements and any other requirements that would have a financial impact on the applicant. **Home Health Agencies Only** - Section 400.471(2)(d), Florida Statutes, requires a business plan, signed by the applicant, which details the home health agency's methods to obtain patients and its plan to recruit and maintain staff. At a minimum the plan should include a description of the business, services to be provided, the existing market, the level of competition in the market, the applicant's strategy to enter the market (obtain patients), a time-line of major events (for example, expected date of licensure, certification, etc.), the applicant's strategy to recruit and maintain personnel, and a description of the applicant's admission policy.

Schedule 1: Estimated Provider Costs and Source of Funds - The purpose of this Schedule is to disclose ALL costs needed to begin operations (or resume operations in the case of a CHOW) including all pre-opening costs prior to beginning operations, funding for contingencies, and the funds necessary to sustain the operations until it reaches a positive cash flow. The sources of the funding must be listed and independent, certifiable documentation of the existence and availability of those funds must be provided. All funding must be supported by evidence that the entity owns or will have access to funds as needed. Examples of documents that support funding includes copies of bank statements for accounts owned by the proposed entity, a letter of commitment from a bank or other independent lending sources, a copy of a line of credit agreement established for the proposed entity (including the available balance), and any other liquid assets. Liquid assets are defined as assets that can easily and quickly be converted to cash. Funding provided by the corporate parent of a proposed entity must be supported with a letter from the parent indicating that such funds are available to the applicant and independent, certifiable documentation of the existence and availability of those funds as defined above. The most recent Audited Financial Statements of the parent will be considered proof of the parent's ability to fund the applicant unless the parent's Audited Financial Statements indicate that current liabilities are greater than current assets and/or long-term debt exceeds net assets, and/or the audit contains a going concern issue. In the case of the purchase price associated with a change of ownership, the executed bill of sale is acceptable proof of funding the purchase price. The proof of funding for contingencies must include a signed statement from the applicant which identifies the source of contingency funding and guarantying that the contingency funding will be made available to handle extraordinary occurrences that would have a financial impact such as major repairs, purchase of capital equipment, a decrease in patient days, etc. All proof of funding documentation must be dated no later than ten (10) days prior to the date the application is received by AHCA. Attach any other supplementary documentation and/or explanations as needed. For additional instruction follow the checklist at the bottom of Schedule 1.

Schedule 2 and 2.1: Staffing Requirements - The purpose of Schedule 2 is to present the total number of Full Time Equivalent employees (FTEs) projected to staff the operation and convert these FTEs to the total annual salary cost. An employee working only 20 hours a week would be shown as .5 FTE. A full-time employee not hired until the last 3 months of the year would be shown as .25 FTE. The last column for each year is the product of the number of FTEs times the average annual salary per FTE. Schedule 2 is for direct employees only (employees that have payroll taxes withheld from their pay). Schedule 2.1 is for contracted employees. The staffing presented should be consistent with the respective authoritative rules and statutes regarding minimum staffing required. The combined staffing hours on Schedule 2 and 2.1 must be equal to or in excess of the hours needed to provide the services billed on Schedule 3. In addition, the applicant must provide documentation supporting the salary levels for each position. Documentation supporting salary levels may include, labor market studies, industry published averages, signed statements from individuals agreeing to the projected salary, etc. For additional instructions refer to the checklist provided at the bottom of the page on the Schedule 2 and 2.1.

Schedule 3: Hours and Charges - The purpose of this Schedule is to disclose the estimated number of service hours, visits, or days (as appropriate for the provider type) along with the amount charged per hour, visit, or day for the first and second year of operations. Revenue on this schedule must reconcile with Total Gross Revenues on Schedule 4 Line 5, Column 7. Because the method and type of reimbursement varies among different providers, the following subsections were developed to better reconcile with the provider type:

Part A: Must be completed by Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC, and ADCC Only. Home Health applicants must also complete Schedule 4.1 if applying for Medicare and Medicaid Certification.

Part B: Must be completed by Health Care Clinic Applicants only.

Part C: Must be completed by Hospice Applicants only.

All revenue methods will not easily relate to this form, however, please make your best estimates. Attach notes of explanation as needed.

Schedule 3HME: - The purpose of this schedule is the same as the purpose for Schedule 3; however, it has been specifically designed for home medical equipment applicants. This Schedule must be completed by Home Medical Equipment Applicants.

Schedule 4: Projected Operating Revenue - The purpose of this form is to present revenues by payer category. The Total Gross Revenues (Line 5, Column 7) must reconcile with Schedule 3 and 3HME. Often times Medicare, Medicaid, and HMOs may reimburse the agency at a different rate than the charges listed on Schedule 3. The difference must be accounted for as a contractual adjustment on Line 6. HME providers and any other providers selling medical equipment must record cost of goods sold on Line 8.

Use either hours, visits or days as appropriate for the provider type. Medicare and Medicaid net revenues must be consistent with the most recently approved reimbursement methodologies. The hours, visits, or days section of this schedule does not apply to HME applicants.

Schedule 4.1: Supplementary Home Health Agency Schedule - If a Home Health applicant indicates in the application that it is applying for Medicare and/or Medicaid certification and/or the applicant includes Medicare and/or Medicaid revenue on Schedule 4, then the Home Health Agency applicant must complete this schedule. The purpose of this schedule is to address the certification process for Medicare and Medicaid. Home Health Agencies are required to be operational and have at least 10 skilled patients prior to being surveyed by Medicare and Medicaid. Approval is not guaranteed and takes approximately six months to complete. The applicant will not receive reimbursement from Medicare or Medicaid for treatment of Medicare and Medicaid patients prior to certification. In order for an initial applicant to become Medicare and Medicaid certified, the applicant will have to seek accreditation with deemed status from one of three national accreditation organizations. You must provide a written estimate for the cost of accreditation with deemed status from one of the three national accreditation organizations (Community Health Accreditation Organization, The Joint Commission, and Accreditation Commission for Health Care) and include and clearly identify the cost of the accreditation in the projected financial schedules. If the applicant is projecting Medicare and Medicaid revenues prior to anticipated certification, an adjustment must be made on this schedule to remove the Medicare and Medicaid revenues prior to certification (Certification Period Reduction). The Total Net Adjusted Revenue from this schedule must be used on Schedule 6, Line 1, year one instead of the Schedule 4 Net Revenue (Col. 7, Line 13).

Schedule 5: Balance Sheet – The balance sheet is ultimately the results of the projections on Schedule 6 (Income Statement) and Schedule 7 (Cash Flow Statement) and must reconcile with those schedules. The applicant must provide notes with an explanation of the assumptions used for collection of revenues and the paying of expenses. Particularly, the assumptions for payment of rent which typically is paid at the beginning of a month; the payment of salaries, which may be weekly, bi-weekly, or monthly; all of which impact payables differently. The assumptions presented for receivables and payables have a direct impact on the cash flow statement and must be consistently applied when completing the cash flow statement.

Schedule 6: Projected Summary of Revenues and Expenses – The Schedule is designed to show the projected profitability of the applicant. The revenues on this schedule must reconcile with Schedule 4 and 4.1. Administrative, direct, and contracted salaries expense on this schedule must reconcile with Schedule 2 and 2.1. This schedule must included taxes and benefits for direct employees and interest expense on funds borrowed (as indicated on Schedule 1). The monthly salary allocations must be sufficient to meet all minimum staffing requirements including the staffing required to generate the monthly revenue allocated. This schedules must included allocations for utilities (phone, electric, etc), supplies (office and medical), and all other costs expected to be incurred in the normal course of business. If costs are to be shared with an affiliate or parent company, then this schedule should include the applicant's share of those costs. If this is a new entity, the revenue projections must reflect the applicant’s assumptions on the growth of patients/ residents expected. Simply dividing year end revenues by 12-months will not be considered a reasonable assumption for a new entity. Existing entities applying for a CHOW may be expected to have a more stable month to month revenue stream. Fixed costs such as rent and administrative overhead must be relatively consistent from month to month while variable cost such as patient care must be proportional to the revenue earned in any one month (matching principle).

The applicant must provide documentation in the form of leases and insurance quotes in support of the rent and insurance expenses projected. **For initial applicants only, financial projections that project a year one operating margin (Schedule 6, Line 36 divided by Schedule 6, Line 1) or any monthly operating margin in year one of 15 percent or greater will be deemed unreasonable and the applicant will be found to have not met its proof of financial ability to operate.**

Schedule 7: Projected Cash Flow Statement – This schedule is designed to determine the working capital needs of the applicant. Line 1 must equal Schedule 6, Line 39. Lines 2 through 12 must reconcile with the income statement and balance sheet and must be consistent with the applicant's assumptions. Line 13 must equal (Line 1 plus Line 7 less Line 12). In year one month one, Line 14 must equal Total Pre-Opening Cost from Schedule 1 Line 14. If the applicant is projecting any capital additions, then the cost of those additions must be included on this schedule. If the applicant is projecting repaying loan principle, then principle repayments must be included on this schedule.

Total Cash Needs - Line 20, Total Cash Needs, is the total of Line 19 - Total Other Uses of Cash, plus Cash Flows from Operations, Line 13. A positive cash flow on Line 13 is subtracted from Line 19. If the positive cash flow is greater than the other uses, the net positive cash needs will be shown as a negative on line 20.

Cumulative Cash Need - Line 21, Cumulative Cash needs, is the running total of last month's cumulative cash needs (Line 21 from last month plus the Total Cash Needs from Line 20 for the current month). If the Total Cash Needs this month is a negative amount meaning a positive cash contribution, it would be subtracted from the cumulative cash amount from last month. The highest monthly amount on Line 21 (considering both year one and year two) will be entered on Schedule 1 as Working Capital. Year 2, month 1 uses year 1, month 12 for its cumulative beginning.

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Health Care Licensing Application
PROOF OF FINANCIAL ABILITY TO OPERATE

Authority: Pursuant to subsection 408.810(8) and 400.471, Florida Statutes, upon application for initial licensure or change of ownership licensure, the applicant shall furnish satisfactory proof of the applicant's financial ability to operate in accordance with the requirements of this part, authorizing statutes and applicable rules.

The following provider types are **required** to submit this form: Assisted Living Facilities, Adult Day Care Centers, Hospice, Intermediate Care Facilities for the Developmentally Disabled, Prescribed Pediatric Extended Care Centers, Health Care Clinics, Home Health Agencies, Home Medical Equipment providers, Nurse Registries and Skilled Nursing Facilities.

Provider/Facility Type:			
License # (for change of ownership applications):			
Provider Name: Therapeutic Assisted Living Corp.		Telephone Number: 386-586-2324	
Street Address: 1000 Belle Terre blvd		Fax Number: 844-769-0772	
City: Palm Coast	County: Flagler	State: FL	Zip: 32164
E-mail Address: ☐ No			
Mailing Address: ☑ Same as Above			
City:		State:	Zip:

The attached schedules (1 through 7) must be completed for an initial or change of ownership application. All required documents must be prepared in accordance with generally accepted accounting principles. A Certified Public Accountant must compile, examine, or apply agreed-upon procedures to prospective financial statements, including summaries of significant assumptions and accounting policies. A financial forecast consists of prospective financial statements that present, to the best of the applicant's knowledge and belief, an entity's expected financial position, results of operations, and cash flows.

Name of Certified Public Accountant:			
Company Name (if applicable): REG & Advisors, CPA, PA		Telephone Number: 786-706-5900	
Street Address: 1395 Brickell Ave, Suite 800		Fax Number: 786-706-5901	
City: Miami	County: Dade	State: FL	Zip: 33131
E-mail Address: ☐ No ronnie@regadvisorscpa.com			
Mailing Address: ☑ Same as Above			
City:		State:	Zip:



Signer ID: YJVZW7GE18

AC55135

Signature of Certified Public Accountant and License #

08/23/2026

Date

SCHEDULE 1: ESTIMATED PROVIDER COSTS AND SOURCE OF FUNDS

	Pre-Opening Costs (total funds needed)		
1	Advertising	$	-
2	Equipment Purchases	$	500.00
3	Legal Costs/Consulting	$	1,800.00
4	Beginning Inventory	$	500.00
5	Insurance	$	-
6	License Fee	$	1,705.00
7	Accreditation Survey and/or Medicare & Medicaid Certification	$	-
	Deposits		
8	Building	$	-
9	Utility	$	-
10	Other	$	-
	Staffing		
11	Recruitment	$	-
12	Training	$	-
13	Other	$	-
14	**Total Pre-Opening Costs (Sum of Lines 1-13)**	**$**	**4,505.00**
15	Purchase Price (Change of Ownership Only)	$	-
16	Working Capital (Includes Pre-Opening Cost, See Checklist Below)	**$**	**59,388.13**
17	Contingency Funding (See Checklist Below)	**$**	**20,884.59**
18	**Total Working Capital, Contingency Funding, and Purchase Price**	**$**	**80,272.72**

	Source of Funds (Please Attach Documentation Supporting the Source of Funding Listed Below: REQUIRED)		
19	Cash on Hand	$	80,272.72
20	Non-related Financing	$	-
21	Owners/Investors	$	-
22	Parent or Affiliated Entities	$	-
23	Other (describe):	$	-
24	**Total Source of Funds**	**$**	**80,272.72**

Applicant Checklist

✓ **Working Capital** - is the amount needed to pay operating cost until a positive cash flow is reached. Working Capital should equal the largest cumulative cash need from Schedule 7 Line 21. Since Schedule 7 includes pre-opening cost, the largest cumulative cash need from Schedule 7 Line 21 will also include pre-opening cost.

✓ **Contingency Funding** - should equal one month's average operating expense from year one and represents funding available for extraordinary occurrences that are not anticipated in the financial projections. Contingency Funding should equal Year One Schedule 6 Line 35 divided by 12.

✓ **Proof of Funding** - Has the applicant provided proof of funding as described in the instructions?
If so, does the proof of funding equal or exceed the value on Line 18?
For **Health Care Clinics, Home Health, and Home Medical Equipment Agencies**: Total proof of funding can not be less than three(3) times the amount on line 17 per 408.8065(1)(c), Florida Statutes

SCHEDULE 2: STAFFING REQUIREMENTS

		YEAR ONE			YEAR TWO		
	Note: 1.0 FTE = 40 hour week	FTE's	AVERAGE ANNUAL SALARY per FTE	TOTAL ANNUAL COST	FTE's	AVERAGE ANNUAL SALARY per FTE	TOTAL ANNUAL COST
	ADMINISTRATION	Col. 1	Col. 2	Col.1 x Col.2	Col. 1	Col. 2	Col.1 x Col.2
1	Administrator/General Manager	0.80	$ 31,200.00	$ 24,960.00	0.80	$ 31,200.00	$ 24,960.00
2	Alternate Administrator	0.20	$ 31,200.00	$ 6,240.00	0.20	$ 31,200.00	$ 6,240.00
3	Director of Nursing/Medical Director	0.00	$ -	$ -	0.00	$ -	$ -
4	Alternate Director of Nursing	0.00	$ -	$ -	0.00	$ -	$ -
5	Financial Officer	0.20	$ 31,200.00	$ 6,240.00	0.20	$ 31,200.00	$ 6,240.00
6	Admissions Director	0.00	$ -	$ -	0.00	$ -	$ -
7	Bookkeeper	0.00	$ -	$ -	0.00	$ -	$ -
8	Secretary	0.00	$ -	$ -	0.00	$ -	$ -
9	Personnel/Complaint Records	0.00	$ -	$ -	0.00	$ -	$ -
10	Medical Records Clerk	0.00	$ -	$ -	0.00	$ -	$ -
11	Other:	0.00	$ -	$ -	0.00	$ -	$ -
12	**TOTAL ADMINISTRATION**	**1.20**		**$ 37,440.00**	**1.20**		**$ 37,440.00**
	GENERAL PERSONNEL (DIRECT EMPLOYEES ONLY)						
13	Delivery	0	$ -	$ -	0	$ -	$ -
14	Intake	0	$ -	$ -	0	$ -	$ -
15	Maintenance/Repair	0	$ -	$ -	0	$ -	$ -
16	Inventory	0	$ -	$ -	0	$ -	$ -
17	Other:	0	$ -	$ -	0	$ -	$ -
18	**TOTAL GENERAL**	**0**		**$ -**	**0**		**$ -**
	HEALTH CARE PROFESSIONALS (DIRECT EMPLOYEES ONLY) - Nurse Registries Complete Schedule 2.1						
19	R.N.s	0.00	$ -	$ -	0.00	$ -	$ -
20	L.P.N.s	0.00	$ -	$ -	0.00	$ -	$ -
21	Home Health Aides	0.00	$ -	$ -	0.00	$ -	$ -
22	Physical Therapy	0.00	$ -	$ -	0.00	$ -	$ -
23	Occupational Therapy	0.00	$ -	$ -	0.00	$ -	$ -
24	Speech Therapy	0.00	$ -	$ -	0.00	$ -	$ -
25	Respiratory Therapy	0.00	$ -	$ -	0.00	$ -	$ -
26	Social Services	0.00	$ -	$ -	0.00	$ -	$ -
27	Homemaker Services	0.00	$ -	$ -	0.00	$ -	$ -
28	Dietary Guidance	0.00	$ -	$ -	0.00	$ -	$ -
29	Home Health Aides	0.00	$ -	$ -	0.00	$ -	$ -
30	Other: Caregivers	3.00	$ 31,200.00	$ 93,600.00	5.00	$ 31,200.00	$ 156,000.00
31	**TOTAL HEALTH CARE**	**3.00**		**$ 93,600.00**	**5.00**		**$ 156,000.00**
	GRAND TOTAL	**4.20**		**$ 131,040.00**	**6.20**		**$ 193,440.00**

Applicant Checklist

✓ **Required Staffing** - has the applicant included salaries and FTEs to meet the minimum administrative staffing required under AHCA licensing rules and statutes?

✓ **Comparison to Hours Billed** - Has the applicant allocated enough salaries and FTEs on Schedule 2 including contracted personnel on Schedule 2.1 to provide services to the number of patients on Schedule 3?

SCHEDULE 2.1: CONTRACT SERVICES

		YEAR ONE			YEAR TWO		
		Hours	Cost Per Hour	Total Cost	Hours	Cost Per Hour	Total Cost
	GENERAL PERSONNEL	Col. 1	Col. 2	Col.1 x Col.2	Col. 1	Col. 2	Col.1 x Col.2
1	Delivery	0	$ -	$ -	0	$ -	$ -
2	Intake	0	$ -	$ -	0	$ -	$ -
3	Maintenance/Repair	0	$ -	$ -	0	$ -	$ -
4	Inventory	0	$ -	$ -	0	$ -	$ -
5	Other:		$ -	$ -	0	$ -	$ -
6	**TOTAL**	**0**		**$ -**	0		**$ -**
	HEALTH CARE PROFESSIONALS						
7	R.N.s		$ -	$ -		$ -	$ -
8	L.P.N.s	260	$ 25.00	$ 6,500.00	260	$ 25.00	$ 6,500.00
9	Home Health Aides		$ -	$ -		$ -	$ -
10	Physical Therapy		$ -	$ -		$ -	$ -
11	Occupational Therapy		$ -	$ -		$ -	$ -
12	Speech Therapy		$ -	$ -		$ -	$ -
13	Respiratory Therapy		$ -	$ -		$ -	$ -
14	Social Services		$ -	$ -		$ -	$ -
15	Homemaker Services		$ -	$ -		$ -	$ -
16	Dietary Guidance		$ -	$ -		$ -	$ -
17	Home Health Aides		$ -	$ -		$ -	$ -
18	Other:		$ -	$ -		$ -	$ -
19	Other:		$ -	$ -		$ -	$ -
20	Other:		$ -	$ -		$ -	$ -
21	Other:		$ -	$ -		$ -	$ -
22	Other:		$ -	$ -		$ -	$ -
23	**TOTAL**	**260**		**$ 6,500.00**	**260**		**$ 6,500.00**

Applicant Checklist

✓ **Comparison to Hours Billed** - Has the applicant allocated enough salaries and FTEs on Schedule 2 including contracted personnel on Schedule 2.1 to provide services to the number of patients on Schedule 3?

___ **Nurse Registry** - If the applicant is applying for a nurse registry license, Schedule 2.1 must be completed. If the applicant is applying for a license other than nurse registry this schedule should only be completed to reflect the appropriate number of non-direct employee hours anticipated by the applicant, if any.

SCHEDULE 3: HOURS, VISITS, AND CHARGES

Part A: For Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC. and ADCC Only

	FIRST YEAR			SECOND YEAR		
	Total Number of Hours/Days	Average Charge Per Hour/Day	Total Gross Revenue	Total Number of Hours/Days	Average Charge Per Hour/Day	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Room & Board	0	$ -	$ -	0	$ -	$ -
Skilled Nursing	0	$ -	$ -	0	$ -	$ -
Ancillary						
Physical Therapy	0	$ -	$ -	0	$ -	$ -
Occupational Therapy	0	$ -	$ -	0	$ -	$ -
Speech Therapy	0	$ -	$ -	0	$ -	$ -
Medical Social Services	0	$ -	$ -	0	$ -	$ -
Respiratory Therapy	0	$ -	$ -	0	$ -	$ -
IV Therapy	0	$ -	$ -	0	$ -	$ -
Home Health Aides or CNA	0	$ -	$ -	0	$ -	$ -
Homemaker/Companion	0	$ -	$ -	0	$ -	$ -
Nutritional Guidance	0	$ -	$ -	0	$ -	$ -
Home Health Aides or CNA	0	$ -	$ -	0	$ -	$ -
PPEC & ADCC						
Daily Patient	3,380	$ 65.00	$ 219,700.00	6760	$ 65.00	$ 439,400.00
Hourly Patient	0	$ -	$ -	0	$ -	$ -
TOTAL	**3,380**		**$ 219,700.00**	**6,760**		**$ 439,400.00**

Part B: Health Care Clinics Applicants Only

List the Type of Visits	FIRST YEAR			SECOND YEAR		
	Total Number of Visits	Average Charge Per Visits	Total Gross Revenue	Total Number of Visits	Average Charge Per Visits	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

Part C:Hospices Only

	FIRST YEAR			SECOND YEAR		
	Total Number of Visits/Days	Average Charge Per Visit/Day	Total Gross Revenue	Total Number of Visits/Days	Average Charge Per Visit/Day	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Routine Home Care	0	$ -	$ -	0	$ -	$ -
Continuous Home Care	0	$ -	$ -	0	$ -	$ -
Inpatient Respite	0	$ -	$ -	0	$ -	$ -
General Inpatient	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

SCHEDULE 3HME: CHARGES (HME APPLICANTS ONLY)

List the Type of Equipment to be Sold	FIRST YEAR			SECOND YEAR		
	Total Number of Units	Average Charge Per Unit	Total Gross Revenue	Total Number of Units	Average Charge Per Unit	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Respiratory Modalities						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Ambulation Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Mobility Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Sickroom Setup						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Disposable Supplies						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

List the Type of Equipment to be Rented	FIRST YEAR			SECOND YEAR		
	Total Number of Units	Average Charge Per Unit	Total Gross Revenue	Total Number of Units	Average Charge Per Unit	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Respiratory Modalities						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Ambulation Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Mobility Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Sickroom Setup						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Disposable Supplies						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

SCHEDULE 4: PROJECTED OPERATING REVENUE YEAR 1

Page 1 of 2 pages

	GROSS REVENUES (from Schedule 3)	PRIVATE PAY Col. 1	MEDICARE Col. 2	MEDICAID Col. 3	INSURANCE Col. 4	HMO/PPO Col. 5	OTHER Col. 6	TOTAL Col. 7
1	Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC. and ADCC	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
2	Health Care Clinics	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	Home Medical Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4	Hospice	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5	**TOTAL GROSS REVENUES**	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
	DEDUCTIONS FROM REVENUE							
6	Contractual Adjustments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	Charity Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	Cost of Goods Sold	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9	Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10	**TOTAL DEDUCTIONS FROM REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11	**NET PATIENT SERVICE REVENUE**	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
12	**OTHER OPERATING REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13	**NET OPERATING REVENUE**	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
14	Total Number of Patients/Residents	507	0	2873	0	0	0	3380
15	Total Hours/Visits/Days	10	0	55	0	0	0	65
16	Net Revenue Per Hour/Visit/Day	$ 3,380	$ -	$ 3,380	$ -	$ -	$ -	$ 3,380

If you are applying for Medicare and/or Medicaid certification enter the number of months you anticipate operating prior to receiving certification. **2 mos.**

Applicant Checklist

✓ Does Line 5, Total Patient Service Revenues, reconcile with Schedule 3 and 3HME?

✓ Is the Net Medicare and Medicaid Revenue per Hour/Visit/Day (Line 16, Column 2 and 3) consistent with current reimbursement rates?

___ Home Health Agencies that are applying for Medicaid and/or Medicare must complete Schedule 4.1.

SCHEDULE 4: PROJECTED OPERATING REVENUE YEAR 2

Page 2 of 2 pages

	GROSS REVENUES (from Schedule 3)	PRIVATE PAY Col. 1	MEDICARE Col. 2	MEDICAID Col. 3	INSURANCE Col. 4	HMO/PPO Col. 5	OTHER Col. 6	TOTAL Col. 7
1	Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC. and ADCC	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
2	Health Care Clinics	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	Home Medical Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4	Hospice	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5	**TOTAL GROSS REVENUES**	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
	DEDUCTIONS FROM REVENUE							
6	Contractual Adjustments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	Charity Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	Cost of Goods Sold	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9	Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10	**TOTAL DEDUCTIONS FROM REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11	**NET PATIENT SERVICE REVENUE**	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
12	**OTHER OPERATING REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13	**NET OPERATING REVENUE**	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
14	Total Number of Patients/Residents	0	0	6760	0	0	0	6760
15	Total Hours/Visits/Days	0	0	65	0	0	0	65
16	Net Revenue Per Hour/Visit/Day	$ -	$ -	$ 6,760	$ -	$ -	$ -	$ 6,760

Applicant Checklist

- ✓ Does Line 5, Total Patient Service Revenues reconcile with Schedule 3?
- ✓ Is the Net Medicare and Medicaid Revenue per Hour/Visit/Day (Line 16, Column 2 and 3) consistent with current reimbursement rates?

SCHEDULE 4.1: HOME HEALTH AGENCY PROJECTED OPERATING REVENUE YEAR 1

This Schedule is only to be completed by Home Health Agencies who will apply for Medicaid and Medicare certification.

Note: Medicare and Medicaid will not reimburse HHA for treatment of Medicaid and Medicare patients prior to certification, this process takes between four and six months and is not guaranteed. This Schedule is designed to show Medicare and Medicaid revenues by month and the reduction to revenues over the certification period. The adjusted net revenue from this schedule will be used on Schedule 6 year one.

Note: In order for an initial applicant to become Medicare and Medicaid certified, the applicant will have to seek accreditation with deemed status from one of three national accreditation organizations. Please provide a written estimate for the cost of accreditation with deemed status from one of the three national accreditation organizations (Community Health Accreditation Organization, The Joint Commission, and Accreditation Commission for Health Care). Also, please include and clearly identify the cost of the accreditation on Schedule 1.

		1	2	3	4	5	6	7	8	9	10	11	12	Total
Medicare														
1	New Episodes													$ -
2	Net Revenue (Sch 4, Col 2, Line 11)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	Certification Period Reduction	$ -	$ -	$ -	$ -	$ -	$ -							$ -
4	Adjusted Net Revenue (Line 2 - Line 3)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medicaid														
5	Number of Patients	0	0	0	0	0	0	0	0	0	0	0	0	$ -
6	Net Revenue (Sch 4, Col 3, Line 11)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	Certification Period Reduction	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	Adjusted Net Revenue (Line 6 - Line 7)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
All Other Payers														
17	Number of Patients	0	0	0	0	0	0	0	0	0	0	0	0	$ -
10	Net Rev. (Sch 4, Line 11, Col 1, 4, 5, & 6)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Adjusted Net Revenue (Line 4+8+10)		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

SCHEDULE 5: BALANCE SHEET

	END OF YEAR ONE		END OF YEAR TWO	
ASSETS				
Current Assets				
Cash		$ 47,519		$ 127,972
Inventory		500		500
Accounts Receivable		1,014		1,099
Notes Receivable				
Other: Prepaid Expense		853		-
		-		
Total Current Assets		**49,886**		**129,571**
Fixed and Other Assets				
Net Land and Buildings				
Equipment	$ 500		$ 500	
Less Acc. Depreciation	100		200	
Net Equipment		400		300
Other:	$ -		$ -	
Total Fixed and Other Assets		**400**		**300**
Total Assets		**$ 50,286**		**$ 129,871**
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts Payable		$ 928		$ 928
Notes Payable				
Current Maturities of L.T. Debt				
Other:		-		-
Total Current Liabilities		**928**		**928**
Long-Term and Other Liabilities				
Mortgage Payable		-		-
Payable to Affiliates				
Other:				
Total Long-Term and Other Liabilities		**928**		**928**
Net Assets				
Common Stock		1,000		1,000
Additional Paid In Capital		79,273		79,273
Net Assets		-		-
Retained Earnings		(30,915)		48,670
Other:				
Total Net Assets		**49,358**		**128,943**
Total Liabilities and Net Assets		**$ 50,286**		**$ 129,871**
		-		0

Applicant Checklist

- ✓ Does the Cash, Inventory, Accounts Receivable, and Accounts Payable Balance reconcile with the Cash Flow Statement (Sch. 7)?
- ✓ Does Depreciation and Retained Earnings reconcile with the income statement?
- ✓ Did the applicant attach notes with the assumptions used for collecting receivables and paying payables?

SCHEDULE 6 - PROJECTED SUMMARY OF REVENUES AND EXPENSES

YEAR 1

		Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
NET OPERATING REVENUE															
1	Net Revenue From Sch 4 and Sch 4.1		2,817	5,633	8,450	11,267	14,083	16,900	19,717	22,533	25,350	28,167	30,983	33,800	219,700
EXPENSES:															
	ADMINISTRATION & OVERHEAD														
2		Salaries and Wages (Sch 2, Row 12)	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	37,440
3		Benefits	62	62	62	62	62	62	62	62	62	62	62	62	749
4		Rent	500	500	500	500	500	500	500	500	500	500	500	500	6,000
5		Utilities and Maintenance	50	50	50	50	50	50	50	50	50	50	50	50	600
6		License	71	71	71	71	71	71	71	71	71	71	71	71	853
7		Federal, State, & Local Taxes	858	858	858	858	858	858	858	858	858	858	858	858	10,302
8		Insurance, Liability & Other	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	34,400
9		Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-
10		Professional Fees	2,100	300	300	300	300	300	300	300	300	300	300	300	5,400
11		Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
12		Repair & Maintenance	500	500	500	500	500	500	500	500	500	500	500	500	6,000
13		Bad Debts	-	-	-	-	-	-	-	-	-	-	-	-	-
14		Depreciation & Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
15		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
16		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
17	**TOTAL ADMIN. AND OVERHEAD**		$ 10,137	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 101,843
	SALARIES & WAGES (Sch 2 & 2.1)														
18		General Personnel (Sch 2, Row 18)	-	-	-	-	-	-	-	-	-	-	-	-	-
19		Health Care (Sch 2, Row 31)	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	93,600
20		Benefits	156	156	156	156	156	156	156	156	156	156	156	156	1,872
21		Mileage	-	-	-	-	-	-	-	-	-	-	-	-	-
22		Contract Gen. Per. (Sch 2.1, Row 6)	-	-	-	-	-	-	-	-	-	-	-	-	-
23		Cont. Health Care (Sch 2.1, Row 23)	542	542	542	542	542	542	542	542	542	542	542	542	6,500
24		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
25	**TOTAL SALARIES & WAGES**		$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 101,972
	OTHER OPERATING EXPENSES														
26		Housekeeping	-	-	-	-	-	-	-	-	-	-	-	-	-
27		Laundry	-	-	-	-	-	-	-	-	-	-	-	-	-
28		Dietary	600	1,200	1,800	2,400	3,000	3,600	4,200	4,800	5,400	6,000	6,600	7,200	46,800
29		Other Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-
30		Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
31		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
32		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
33		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
34	**TOTAL OTHER OPERATING**		$ 600	$ 1,200	$ 1,800	$ 2,400	$ 3,000	$ 3,600	$ 4,200	$ 4,800	$ 5,400	$ 6,000	$ 6,600	$ 7,200	$ 46,800
35	**TOTAL OPERATING COSTS**		$ 19,235	$ 18,035	$ 18,635	$ 19,235	$ 19,835	$ 20,435	$ 21,035	$ 21,635	$ 22,235	$ 22,835	$ 23,435	$ 24,035	$ 250,615
36	**NET OPERATING INCOME (LOSS)**		$ (16,418)	$ (12,401)	$ (10,185)	$ (7,968)	$ (5,751)	$ (3,535)	$ (1,318)	$ 899	$ 3,115	$ 5,332	$ 7,549	$ 9,765	$ (30,915)
37	**OPERATING MARGIN%**		-582.88%	-220.14%	-120.53%	-70.72%	-40.84%	-20.91%	-6.68%	3.99%	12.29%	18.93%	24.36%	28.89%	-14.07%
38	**NON OPERATING REVENUES (NET)**		-	-	-	-	-	-	-	-	-	-	-	-	-
39	**INCOME OR (LOSS)**		$ (16,418)	$ (12,401)	$ (10,185)	$ (7,968)	$ (5,751)	$ (3,535)	$ (1,318)	$ 899	$ 3,115	$ 5,332	$ 7,549	$ 9,765	$ (30,915)

SCHEDULE 6 - PROJECTED SUMMARY OF REVENUES AND EXPENSES

YEAR 2

		Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
NET OPERATING REVENUE															
1		Net Revenue From Sch 4	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	439,400
EXPENSES:															
		ADMINISTRATION & OVERHEAD													
2		Salaries and Wages (Sch 2, Row 12)	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	37,440
3		Benefits	62	62	62	62	62	62	62	62	62	62	62	62	749
4		Rent	500	500	500	500	500	500	500	500	500	500	500	500	6,000
5		Utilities and Maintenance	50	50	50	50	50	50	50	50	50	50	50	50	600
6		License	71	71	71	71	71	71	71	71	71	71	71	71	853
7		Federal, State, & Local Taxes	858	858	858	858	858	858	858	858	858	858	858	858	10,302
8		Insurance, Liability & Other	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	34,400
9		Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-
10		Professional Fees	2,100	300	300	300	300	300	300	300	300	300	300	300	5,400
11		Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
12		Repair & Maintenance	500	500	500	500	500	500	500	500	500	500	500	500	6,000
13		Bad Debts	-	-	-	-	-	-	-	-	-	-	-	-	-
14		Depreciation & Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
15		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
16		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
17		**TOTAL ADMIN. AND OVERHEAD**	$ 10,137	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 101,843
		SALARIES & WAGES (Sch 2 & 2.1)													
18		General Personnel (Sch 2, Row 18)	-	-	-	-	-	-	-	-	-	-	-	-	-
19		Health Care (Sch 2, Row 31)	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	156,000
20		Benefits	156	156	156	156	156	156	156	156	156	156	156	156	1,872
21		Mileage													-
22		Contract Gen. Per. (Sch 2.1, Row 6)	-	-	-	-	-	-	-	-	-	-	-	-	-
23		Cont. Health Care (Sch 2.1, Row 23)	542	542	542	542	542	542	542	542	542	542	542	542	6,500
24		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
25		**TOTAL SALARIES & WAGES**	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 164,372
		OTHER OPERATING EXPENSES													
26		Housekeeping	-	-	-	-	-	-	-	-	-	-	-	-	-
27		Laundry	-	-	-	-	-	-	-	-	-	-	-	-	-
28		Dietary	-	-	-	-	-	-	-	-	-	-	-	-	-
29		Other Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-
30		Medical Supplies	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	93,600
31		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
32		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
33		Other	-	-	-	-	-	-	-	-	-	-	-	-	-
34		**TOTAL OTHER OPERATING**	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 93,600
35		**TOTAL OPERATING COSTS**	$ 31,635	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 359,815
36		**NET OPERATING INCOME (LOSS)**	$ 4,982	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 79,585
37		**OPERATING MARGIN%**	13.61%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.11%
38		**NON OPERATING REVENUES (NET)**	-	-	-	-	-	-	-	-	-	-	-	-	-
39		**INCOME OR (LOSS)**	$ 4,982	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 79,585

Schedule 7 PROJECTED CASH FLOW STATEMENT for year one ending

	Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
1	**Net Operating Income (Sch. 6, Line 39)**	$ (16,417.92)	$ (12,401.26)	$ (10,184.59)	$ (7,967.92)	$ (5,751.26)	$ (3,534.59)	$ (1,317.92)	$ 898.74	$ 3,115.41	$ 5,332.08	$ 7,548.75	$ 9,765.41	$ (30,915.06)
	ADD: items that decrease income but do not decrease cash:													
2	Depreciation/Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
3	Increase in Accounts Payable	928	928	928	928	928	928	928	928	928	928	928	928	11,138
4	Decrease in Accounts Receivable	-	-	7,183	254	338	423	507	592	676	761	845	930	12,506
5	Other: Prepaid Expenses	71	71	71	71	71	71	71	71	71	71	71	71	853
6	Other: Expenses included line 14	1,800												1,800
7	**TOTAL ADDITIONS (lines 2-6)**	$ 2,807.58	$ 1,007.58	$ 8,190.08	$ 1,261.08	$ 1,345.58	$ 1,430.08	$ 1,514.58	$ 1,599.08	$ 1,683.58	$ 1,768.08	$ 1,852.58	$ 1,937.08	$ 26,396.90
	DEDUCT: items that increase income but do not increase cash:													
8	Increase in Accounts Receivable	2,394	4,788	254	338	423	507	592	676	761	845	930	1,014	13,520
9	Decrease in Accounts Payable	-	928	928	928	928	928	928	928	928	928	928	928	10,210
10	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
12	**TOTAL DEDUCTIONS (lines 8-11)**	$ 2,394.17	$ 5,716.53	$ 1,181.70	$ 1,266.20	$ 1,350.70	$ 1,435.20	$ 1,519.70	$ 1,604.20	$ 1,688.70	$ 1,773.20	$ 1,857.70	$ 1,942.20	$ 23,730.20
13	**Cash Flows from Operations (lines 1 plus 7 less 12)**	$ (16,004.51)	$ (17,110.21)	$ (3,176.21)	$ (7,973.05)	$ (5,756.38)	$ (3,539.71)	$ (1,323.05)	$ 893.62	$ 3,110.29	$ 5,326.95	$ 7,543.62	$ 9,760.29	$ (28,248.36)
	Other Uses of Cash													
14	Pre-Opening Cost (Sch1 line 14)	$ 4,505.00												4,505
15	Purchase of Equipment	-												-
16	Change in Inventory	-												-
17	Repayment of Principle on Loan	-	-	-										-
18	Other Non-Operating Uses	-												-
19	**Total Other Uses of Cash (14-18)**	$ 4,505.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,505.00
20	**Total Cash Needs (19 minus 13)**	$ 20,509.51	$ 17,110.21	$ 3,176.21	$ 7,973.05	$ 5,756.38	$ 3,539.71	$ 1,323.05	$ (893.62)	$ (3,110.29)	$ (5,326.95)	$ (7,543.62)	$ (9,760.29)	$ 32,753.36
21	**Cumulative Cash Needs (Line 20 this month plus line 21 last month)**	$ 20,509.51	$ 37,619.73	$ 40,795.94	$ 48,768.99	$ 54,525.37	$ 58,065.08	$ 59,388.13	$ 58,494.51	$ 55,384.22	$ 50,057.27	$ 42,513.65	$ 32,753.36	
22	**Beginning Cash on Hand (ending cash last month line 28)**	$ 80,272.72	$ 59,763.20	$ 42,652.99	$ 39,476.78	$ 31,503.73	$ 25,747.35	$ 22,207.64	$ 20,884.59	$ 21,778.21	$ 24,888.50	$ 30,215.45	$ 37,759.07	$ 80,272.72
	OTHER SOURCES OF CASH													
23	Cash from Non-Related Loans	$ -												-
24	Cash from Owners/Investors													-
25	From Parent or Affiliated Entities													-
26	Other non-operating sources													-
27	**Total Other Sources of Cash (23-26)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
28	**CASH AVAILABLE AT END OF MONTH (line 27 plus 22 minus 20)**	$ 59,763.20	$ 42,652.99	$ 39,476.78	$ 31,503.73	$ 25,747.35	$ 22,207.64	$ 20,884.59	$ 21,778.21	$ 24,888.50	$ 30,215.45	$ 37,759.07	$ 47,519.36	$ 47,519.36

Schedule 7 PROJECTED CASH FLOW STATEMENT for year two ending

	Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
1	**Net Operating Income (Sch. 6, Line 39)**	$ 4,982.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 79,584.94
	ADD: items that decrease income but do not decrease cash:													
2	Depreciation/Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
3	Increase in Accounts Payable	928	928	928	928	928	928	928	928	928	928	928	928	11,138
4	Decrease in Accounts Receivable	1,014	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	13,098
5	Other Prepaid Expenses	71	71	71	71	71	71	71	71	71	71	71	71	853
6	Other _____													-
7	**TOTAL ADDITIONS (lines 2-6)**	$ 2,021.58	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 25,188.40
	DEDUCT: items that increase income but do not increase cash:													
8	Increase in Accounts Receivable	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	13,182
9	Decrease in Accounts Payable	928	928	928	928	928	928	928	928	928	928	928	928	11,138
10	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
12	**TOTAL DEDUCTIONS (lines 8-11)**	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 24,320.40
13	**Cash Flows from Operations (lines 1 plus 7 less 12)**	$ 4,976.95	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 80,452.94
	Other Uses of Cash													
14	Pre-Opening Cost (Sch1 line 14)	-												-
15	Purchase of Equipment	-												-
16	Change in Inventory	-												-
17	Repayment of Principle on Loan													-
18	Other Non-Operating Uses	-												-
19	**Total Other Uses of Cash (14-18)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
20	**Total Cash Needs (19 minus 13)**	$ (4,976.95)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (80,452.94)
21	**Cumulative Cash Needs (Line 20 this month plus line 21 last month)**	$ 27,776.41	$ 20,914.95	$ 14,053.50	$ 7,192.05	$ 330.59	$ (6,530.86)	$ (13,392.31)	$ (20,253.77)	$ (27,115.22)	$ (33,976.67)	$ (40,838.13)	$ (47,699.58)	
22	**Beginning Cash on Hand (ending cash last month line 28)**	$ 47,519.36	$ 52,496.31	$ 59,357.76	$ 66,219.22	$ 73,080.67	$ 79,942.12	$ 86,803.58	$ 93,665.03	$ 100,526.48	$ 107,387.94	$ 114,249.39	$ 121,110.84	$ 47,519.36
	OTHER SOURCES OF CASH													
23	Cash from Non-Related Loans													-
24	Cash from Owners/Investors													-
25	From Parent or Affiliated Entities													-
26	Other non-operating sources													-
27	**Total Other Sources of Cash (23-26)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
28	**CASH AVAILABLE AT END OF MONTH (line 27 plus 22 minus 20)**	$ 52,496.31	$ 59,357.76	$ 66,219.22	$ 73,080.67	$ 79,942.12	$ 86,803.58	$ 93,665.03	$ 100,526.48	$ 107,387.94	$ 114,249.39	$ 121,110.84	$ 127,972.30	$ 127,972.30

THERAPEUTIC ASSISTED LIVING CORP.
SUMMARY OF SIGNIFICANT PROJECTION ASSUMPTIONS
August 2026 through 2028

NOTE 1 BUSINESS DESCRIPTION AND BASIS OF PRESENTATION

Business Description

Therapeutic Assisted Living Corp. (the "Home Health Business", the “Applicant”, or the “Company”, or the "Business"), a Florida Limited Liability Company, is acquiting an Adult Day Care.

Basis of Presentation

The financial projection (the “Projection”) presents, to the best of the knowledge and belief of management (“Management”) of the Applicant, the expected results of operations and cash flows for the initial application period and the years ending: **August 2026 through 2028** (the “Projection Period”).

The Projection has been prepared for purposes of obtaining licensure and is not intended to be a complete presentation of legal entity, its assets and liabilities, nor of its revenues and expenses.

The presentation using AHCA prescribed form # 3100-0009, July 2009 as designed and prescribed by AHCA to meet its needs, and there is a presumption that the required information is sufficient to provide information for the anticipated provider’s revenue and expenditures, the basis for financing anticipated cash-flow requirements of the provider, and an applicant’s access to contingency financing to be presented with AHCA. Accordingly, this projection may not be useful for other purposes.

A projection although similar to a forecast, is a presentation of prospective financial information that is subject to one or more hypothetical assumptions. Management has included several assumptions that are considered to be hypothetical assumptions.

Management’s hypothetical assumptions (the “Hypothetical Assumptions”) are as follows:

The Applicant is able to obtain all regulatory approvals; the Applicant is able to achieve the occupancy, payer mix, and average rates; the Applicant is able to maintain its projected operating structure and limit the additional expenses associated with operating the facility.

Accordingly, the Projection reflects Management’s judgement as of the date of the Projection, of the expected conditions and its expected course of action assuming the Hypothetical Assumptions. The assumptions disclosed herein, while not all-inclusive, are the assumptions which Management believes are significant to the Projection. The prospective results may not be achieved. Furthermore, even if the Hypothetical Assumptions were to occur, there will usually be differences between the projected and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Company maintains its accounting and financial records according to the accrual basis of accounting.

Use of Estimates

Estimates are used for, but not limited to, revenue, goodwill and asset impairments, self-insurance reserves, performance-based compensation, the allowance for credit losses, depreciation and amortization, leasing transactions, income taxes, and other contingencies. Although these estimates are based on management's best knowledge of current events and actions that the Company may undertake in the future, actual results may differ from the original estimates.

Cash and Cash Equivalents

The Company considers all short-term debt securities purchased with an original maturity of three months or less to be cash or cash equivalents.

Property, Plant and Equipment and Leasehold Intangibles, Net:

Property, plant and equipment and leasehold intangibles, net is recorded at cost. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the assets.

Expenditures for ordinary maintenance and repairs are expensed to operations as incurred. Renovations and improvements, which improve and/or extend the useful life of the asset, are capitalized, and depreciated over the estimated useful life of the renovations or improvements.

All tangible property with a useful life of more than one year and a unit acquisition cost of $2,500 or more will be capitalized and depreciated over its useful life using the straight-line method of depreciation. The company will expense the full acquisition cost of tangible property below these thresholds in the year of purchase.

Revenues Patient Fees:

Fees revenue is reported at the amount that reflects the consideration the Company expects to receive in exchange for the services provided. These amounts are due from patients or third-party payors and include variable consideration for retroactive adjustments from estimated reimbursements, if any, under reimbursement programs. Performance obligations are determined based on the nature of the services provided. Patients fee revenue is recognized as performance obligations are satisfied.

Gain (Loss) on Sale of Assets

The Company recognizes gain or loss from the sale of equity method investments when the transfer of control is complete, and the Company has no continuing involvement with the transferred financial assets.

Accounts Receivable:

Revenues are recorded at established rates in the period during which services are rendered. When there is a timing difference between revenues earned or incurred and collected, this timing difference is accounted for by recording receivables Accounts receivable are reported net of an allowance for credit losses to represent the Company's estimate of inherent losses at the balance sheet date.

Accounts Payable:

Expenses are recorded in the period in which is accrued and/or an invoice from the vendor is received. When there is a timing difference between expenses accrued or incurred and paid, this timing difference is accounted for by recording an Account Payable or a similar Payable Account.

Income Taxes:

Therapeutic Assisted Living Corp is a Florida Corporation, treated as an S-Corp for tax purposes. Under the provisions of the Internal Revenue Code and comparable state income tax law. As such, the Company is generally not subject to income taxes and the Company's net income, or loss is reported on the individual tax return of the members of the Company. Therefore, no provision or liability for income taxes is reflected in the financial statements.

Projected Pre-Opening Costs Assumptions:

The rented real estate property is in compliance with the codes and requirements of the county and the agency to operate as a Adult Day Care.

Fixtures, office/business equipment, furniture, appliances, inventory, merchandise, supplies, and any other asset of value that is intrinsic and extrinsic to said business will remain in the premises and used for business purposes.

NOTE 3 MANAGEMENT'S BASIS FOR PROJECTION OF REVENUES AND EXPENSES

Projected Charges Per Month Per Patient

Projected revenue consists of revenue from operating the Business. Future years were projected utilizing assumptions of average cost of care. The Facility will rely on Referral Agencies, Doctor's offices, Rehabilitation Centers, and Hospitals to acquire patients.

Employees

Personnel may allocate time to different roles and responsibilities. A full time equivalent employee ("FTE") is assumed to represent 2,080 hours of time paid annually. Employees will be hired using online recruiting services and/or agencies.

Rents and Leases:

The Company will lease the real estate from Flager County.

No Purchase Price: $0.00

The Adult Day Care is currently being operated by the Flager County and is will be transferred through a bidding process to the most competitive bidder.

THERAPEUTIC ASSISTED LIVING CORP.
AHCA PROOF OF FINANCIAL ABILITY TO OPERATE
Cash Needs & Source of Funds: Presentation of Proof of Fundings

The agency might require supporting documents, including but not limited to:

Proof of Funding Documents to Provide	**Amount (Min.)**
Minimum Cash Needs: Bank statements, letters of commitment, Invoices and Payment Confirmations, Other.	$ 80,273

County of Flagler

26-RFP-022

OPERATION AND PROGRAM ADMINISTRATION OF THE FLAGLER COUNTY ADULT DAY CARE AT THE DAVID I. SIEGEL CENTER

This Contract, entered into this September 14, 2026, by and between the Flagler County Board of County Commissioners, a political subdivision of the State of Florida, whose address is 1769 East Moody Blvd., Building 2, Bunnell, FL 32110, hereinafter called the **COUNTY**, and Therapeutic Assisted Living Corp, a Florida profit corporation whose address is 25 Lyndenhurst Lane, Palm Coast, FL 32137 hereinafter called the **CONTRACTOR**.

WITNESSETH: That the **COUNTY** agrees with the **CONTRACTOR**, as follows:

A. The Contract shall consist of the following, all of which are hereby made a part hereof:

    1. 26-RFP-022 Bid Documents
    2. **CONTRACTOR'S** 26-RFP-022 Bid Submission
    3. **CONTRACTOR'S** Insurance Certificate(s)

B. The **CONTRACTOR** agrees to furnish all labor, equipment, material and the skill necessary for the complete work as set forth in the component parts of the Contract described herein and to the satisfaction of the **COUNTY** or its duly authorized representative.

C. The **CONTRACTOR** agrees to commence the work to be done under this Contract, beginning after the award date.

D. The **COUNTY** agrees to pay the **CONTRACTOR** for the services rendered, in accordance with the pricing structure set forth in the Bid Submission.

[SIGNATURE PAGES TO FOLLOW]

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed by their respective officials thereunto duly authorized, effective the day and year above written.

Attest:

Tom Bexley, Clerk of the Circuit Court and Comptroller

FLAGLER COUNTY BOARD OF COUNTY COMMISSIONERS

Leann Pennington, Chair

APPROVED-AS-TO-FORM

Sean S. Moylan Digitally signed by Sean S. Moylan Date: 2026.09.03 17:01:44 -04'00'

Sean S. Moylan, Deputy County Attorney

As authorized for execution by the Board of Flagler County Board of County Commissioners at its September 14, 2026, regular meeting.

[THIS SPACE INTENTIONALLY LEFT BLANK]

ATTEST:

_____
Signature

_____
Print Name, Title

Therapeutic Assisted Living Corp

_____
Signature

_____
Print Name, Title

_____
Date

County of Flagler

REQUEST FOR PROPOSAL

26-RFP-022

OPERATION AND PROGRAM ADMINISTRATION OF THE FLAGLER COUNTY ADULT DAY CARE AT THE DAVID I. SIEGEL CENTER

RELEASE DATE: August 3, 2026
RESPONSE DEADLINE: August 24, 2026, 2:00 pm
Please refer to the project timeline in this document for all important deadlines.

Table Of Contents

1. Introduction
2. General Terms and Conditions
3. Special Terms and Conditions
4. Insurance Requirements
5. Scope of Work
6. Proposal Submittal Requirements
7. Evaluation Phases
8. Vendor Questionnaire
9. Definitions
10. Attachments/Exhibits

Attachments:

A - PO Standard Terms and Conditions

1. Introduction

1.1. Summary

Flagler County is seeking competitive proposals from qualified, experienced, and licensed providers to assume full operational, programmatic, and financial responsibility for the County-owned Adult Day Care Center facility located in Flagler County, Florida. The David I. Siegel Center is located at 1000 Belle Terre Blvd., Palm Coast FL, operating as a state-licensed Adult Day Care facility for 20 years.

1.2. Contact Information

Jessica Martin
Senior Procurement Analyst
1769 E. Moody Blvd
Building 2
Bunnell, FL 32110
Email: jmartin@flaglercounty.gov
Phone: (386) 313-4063

Department:
Health & Human Services

Department Head:
Joe Hegedus
Director

1.3. Timeline

Release Project Date	August 3, 2026
Pre-Proposal Meeting (Mandatory)	August 12, 2026, 10:00am David I. Siegel Adult Day Care Center 1000 Belle Terre Blvd Palm Coast, FL 32164
Question Submission Deadline	August 14, 2026, 12:00pm

Proposal Submission Deadline and Bid Opening	August 24, 2026, 2:00pm 3rd Floor Financial Services Conference Room 1769 East Moody Blvd Bldg. 2 Bunnell, FL 32110 Microsoft Teams meeting Join on your computer, mobile app or room device https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting Meeting ID: 295 599 647 592 082 Passcode: rC2yD2uD
Evaluation Committee Meeting (Non-Mandatory)	September 2, 2026, 2:00pm 3rd Floor Financial Services Conference Room 1769 East Moody Blvd Bldg. 2 Bunnell, FL 32110 Microsoft Teams meeting Join on your computer, mobile app or room device https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting Meeting ID: 253 471 036 474 966 Passcode: rV2MY6uR

2. General Terms and Conditions

2.1. Submission of Offers

The Flagler County Board of County Commissioners ("Flagler County" or "County") are requesting proposals for the service and/or product(s) detailed within this solicitation. If your company is interested in submitting a proposal to provide this service and/or product(s), please provide the requested information in this solicitation, complete the included forms, and submit these documents with your response through OpenGov Procurement, at https://procurement.opengov.com/portal/flaglercounty by the date and time posted. The submission of responses prior to the specified date and time is solely and strictly the responsibility of the Proposer. Responses received after the posted date and time will not be considered. Additional information may be submitted with the response. No offer may be modified after acceptance. Terms and conditions differing from those in this solicitation may be cause for disqualification of the Response. Failure to provide the required information may result in the Response not being considered.

Do not submit confidential information, proprietary information and/or trade secrets.

2.2. Purchase Order/Master Agreement Terms and Conditions

The County's general terms and conditions for Purchase Orders or Master Contracts included as an exhibit with this Request for Proposal (RFP) shall apply unless otherwise noted.

2.3. Compliance with Ordinances, Regulations, and Laws

The County reserves the right to require proof that the Proposer is an established business and is abiding by all applicable local, State, and Federal ordinances, regulations, and laws. This may include, but is not limited to, business tax receipts, business licenses, Florida sales tax registration, Federal Employers Identification Number, and/or registration with the Florida Department of State, Division of Corporations' Sunbiz website at www.sunbiz.org.

2.4. Agreement Cancellation

1. The County reserves the right to cancel any Agreement resulting from this Request for Proposal (RFP) without cause with a minimum thirty (30) day written notice to the Contractor.
2. The Contractor may cancel the Agreement resulting from this Request for Proposal (RFP) without cause with a minimum thirty (30) days written notice to the County.

2.5. Proposer's Responsibility

The Proposer, by submitting a Response, represents that:

1. The Proposer has read and understands the Solicitation in its entirety and that the Response is made in accordance therewith;

2. The Proposer possesses the capabilities, resources, and personnel necessary to provide efficient and successful service to the County;
3. The Proposer has made all investigations and examinations necessary to ascertain site and/or local conditions and requirements affecting the full performance of the contract and to verify any representations made by Flagler County, Florida, upon which the Proposer will rely. If the Proposer receives an award because of its Response, failure to have made such investigations and examinations will in no way relieve the Proposer from its obligations to comply in every detail with all provisions and requirements of the contract, nor will a plea of ignorance of such conditions and requirements be accepted as a basis for any claim by the Proposer for additional compensation or relief; and,
4. The Proposer will be held responsible for any and all discrepancies, errors, etc., in discounts or rebates which are discovered during the Agreement term or up to and including three (3) fiscal years following the County's annual audit.

2.6. Execution of Offer

Offer shall contain a signature in the space(s) provided of a representative authorized to legally bind the Proposer to the provisions therein. All spaces requesting information from the Proposer or asking a question of the Proposer shall be completed.

2.7. Opening

Pursuant to Section 119.071, Florida Statutes, responses and the completed tabulation will be available for inspection within thirty (30) days of Solicitation opening. Contact the Office of Procurement and Contracts during regular business hours to inspect responses and the completed tabulation or go to the County's ePROCUREMENT PORTAL for inspection of the completed tabulation. The foregoing notwithstanding, if, prior to the County making responses available for inspection, the County rejects all responses and concurrently provides notice of the County's intent to reissue the solicitation, then the County may avail itself of the exemption for rejected responses set forth in Section 119.071, Florida Statutes, to the extent such Section may apply.

Solicitation openings and public meetings may be attended either in person or remotely. Solicitation openings may be accessed remotely as described in the introduction timeline section of this Solicitation.

In accordance with the American Disabilities Act and Section 286.26, Florida Statutes, persons with disabilities needing a special accommodation to participate in the proceedings, or an interpreter to participate in any proceedings, should contact the Office of Procurement and Contracts at (386) 313-4008 two (2) business days before any meeting date.

2.8. Public Records Law

Pursuant to section 119.0701(2)(a), Florida Statutes, the County is required to provide Contractor with this statement and establish the following requirements as contractual obligations pursuant to the Contract:

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 386-313-4001, PUBLICRECORDS@FLAGLERCOUNTY.GOV, BY MAIL, FLAGLER COUNTY BOARD OF COUNTY COMMISSIONERS, OFFICE OF PROCUREMENT AND CONTRACTS , ATTN: ADMINISTRATION, 1769 E. MOODY BLVD, BLDG. 2, BUNNELL, FL 32110.

By entering into this Contract, Contractor acknowledges and agrees that any records maintained, generated, received, or kept in connection with, or related to the performance of services provided under, this Contract are public records subject to the public records disclosure requirements of section 119.07(1), Florida Statutes, and Article I, section 24 of the Florida Constitution. Pursuant to section 119.0701, Florida Statutes, any Contractor entering into a contract for services with the County is required to:

1. Keep and maintain public records required by the County to perform the services and work provided pursuant to this Contract.
2. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.
3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Contract term and following completion or termination of the Contract if the Contractor does not transfer the records to the County.
4. Upon completion or termination of the Contract, transfer, at no cost, to the County all public records in the possession of the Contractor or keep and maintain public records required by the County to perform the service. If the Contractor transfers all public records to the County upon completion or termination of the Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion or termination of the Contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the County, upon request from the County's custodian of public records , in a format that is compatible with the information technology systems of the County.

Requests to inspect or copy public records relating to the County's Contract for services must be made directly to the County. If Contractor receives any such request, Contractor shall instruct the requestor to contact the County. If the County does not possess the records requested, the County shall immediately notify the

Contractor of such request, and the Contractor must provide the records to the County or otherwise allow the records to be inspected or copied within a reasonable time.

Contractor acknowledges that failure to provide the public records to the County within a reasonable time may be subject to penalties under section 119.10, Florida Statutes. Contractor further agrees not to release any records that are statutorily confidential or otherwise exempt from disclosure without first receiving prior written authorization from the County. Contractor shall indemnify, defend, and hold the County harmless for and against any and all claims, damage awards, and causes of action arising from the Contractor's failure to comply with the public records disclosure requirements of section 119.07(1), Florida Statutes, or by Contractor's failure to maintain public records that are exempt or confidential and exempt from the public records disclosure requirements, including, but not limited to, any third party claims or awards for attorney's fees and costs arising therefrom. Contractor authorizes County to seek declaratory, injunctive, or other appropriate relief against Contractor from a Circuit Court in Flagler County on an expedited basis to enforce the requirements of this section.

2.9. Confidential Information and Infringement

A. Confidential Information and/or Trade Secret do not include the following:

   1. Information already known or independently developed the party in possession; or
   2. Information in the public domain through no wrongful act of the party in possession; or
   3. Information received by the party in possession from a third party who was free to disclose it; or
   4. Information regularly disclosed to third parties without restriction on disclosure; or
   5. Information required to be disclosed by law or an order of a court of competent jurisdiction.

B. Confidential Information and Infringement. If Contractor is licensing or developing software (including derivative works) for use by the County, Contractor grants County a perpetual, fully paid, non-assignable, non-exclusive, royalty-free license to use Contractor's software deliverables developed or licensed under a Contract. Said license includes software owned by Contractor, which is furnished under a Contract, for County's internal use with such use to include the right to modify such deliverable(s) and to create derivative works for such internal use including, without limitation, the right to use such deliverable(s).

C. If Contractor is licensing, providing, or developing software including derivative works for use by the County, Contractor agrees to protect and indemnify and hold harmless the County, its agents, elected officials and employees of the County from and against any and all claims, demands, actions, and causes of action which may arise asserting that all or any part of the Contractor licensed applications provided under any software owned by Contractor and licensed to County or provided by Contractor for use thereof by the County, infringes or misappropriates any third party's United States patent, copyright or any trade secret protected under United States law.

1. In addition to the foregoing indemnification provision, Contractor shall also take the following steps to assure that County can continually use the software which Contractor has directly licensed to County or provided for use thereof by the County in substantially the same manner delivered or subsequently enhanced or modified by:

    a. Promptly replacing the allegedly infringing or misappropriated item or items with compatible, functionally equivalent items which are not alleged to be infringing or misappropriated; or

    b. Promptly modifying the alleged infringing or misappropriated item or items to eliminate the alleged infringement or misappropriation without impairing County's intended use of the Licensed Applications and/or Sublicensed Applications in any manner; or

    c. Promptly procuring the right for the County to continue to use the Licensed Applications and/or Sublicensed Applications without modification; and

    d. Unless otherwise agreed by the parties, promptly shall mean for the purposes of this Section that the events described herein shall occur in no less than sixty (60) days from the date that notice of the claim is received by Contractor unless otherwise agreed by the Parties.

D. In the event that Contractor does not enable the County to use that which Contractor has delivered through accomplishing one or more of the alternatives set forth in above within aforementioned time period set forth herein during the term of the contract, Contractor shall be in material default of said contract and subject to Termination.

E. If Contractor is granting a license or develops software for the County under this contract, it hereby warrants and represents that:

1. Contractor is the sole owner of all right, title, and interest in and to the Contractor licensed software, user manuals and documentation, including all patents, copyrights, copyright rights, trade secrets, trademarks, trade names and all proprietary and intellectual rights and confidential information contained therein, and that it is authorized to enter into a Contract and grant County a perpetual license; and

2. No portion of any licenses or right granted to the County to use Contractor's software pursuant to the terms of the applicable software license contract of Contractor for any work performed under a Contract violates or is protected by right, title, interest or similar right of any third person or entity.

2.10. Clarification, Correction of Entry, Minor Irregularities

The Flagler County Board of County Commissioners reserves the right to allow for the clarification of questionable entries and the correction of obvious mistakes. The County reserves the right to waive minor irregularities in Submittals, providing such action is in the best interest of the County. Minor irregularities are

defined as those that have no adverse effect on the County's best interests and will not affect the outcome of the selection process by giving the Proposer an advantage or benefit not enjoyed by other Proposers.

2.11. Revisions, Addenda, Questions & Answers

1. It is incumbent upon each Proposer to carefully examine the specifications, scope of work/service, terms, and conditions of this Solicitation. The posting of answers through the County's ePROCUREMENT PORTAL is the only official method by which interpretation, clarification, or additional information can be given. Questions and exceptions concerning any Section of this Solicitation shall be directed through the question-and-answer section of the County's ePROCUREMENT PORTAL.
2. If it becomes necessary for the County to revise or clarify any part of this Solicitation it will be updated on the County's ePROCUREMENT PORTAL by the posting of answers to questions received and/or the revision of solicitation language/documentation. It is each Proposer's responsibility to check the County's ePROCUREMENT PORTAL for any posted answers, and/or solicitation changes. Each Proposer shall ensure that they have reviewed all questions & answers and/or changes to this Solicitation before submitting their Response. By submitting a response, Proposers acknowledge that they have reviewed all posted answers, and/or solicitation changes prior to the posted closing date and time.
3. Each answer issued by the County shall become a material part of this Solicitation. Answers posted by the County and/or changes made to the Solicitation are authoritative and shall be considered an addendum to the Solicitation.
4. All information in this Solicitation, including information provided through the Question & Answer feature, are incorporated into the Solicitation and/or any Contract resulting from this Solicitation.
5. Questions and exceptions shall be submitted before12:00 pm on Friday, August 14, 2026 . Thereafter, no further questions or exceptions will be accepted or reviewed by the County and Proposer's right to submit questions or exceptions will terminate and any questions or exceptions not previously made shall be deemed waived. Oral representations will not be binding on the County.

2.12. Incurred Expenses

The County has no obligation to make an award as a result of this Solicitation, nor shall the County be responsible for any cost or expense which may be incurred by any Proposer in preparing and submitting a Response, or any cost or expense incurred by any Proposer prior to the execution of a Purchase Order or Contract.

2.13. Disadvantaged Businesses

The Flagler County Board of County Commissioners has adopted policies which assure and encourage the full participation of Minority Business Enterprises (MBE), Women-owned Business Enterprises (WBE), and Veteran-owned Business Enterprises (VBE) in the provision of goods and services. The County encourages joint ventures with these businesses.

2.14. Local Preference

It is the policy of the Board that Flagler County vendors are given preference in the procurement process, unless otherwise prohibited or waived by the County Administrator.

The term Flagler County Vendor means any business: having a physical location within the boundaries of Flagler County for at least twelve (12) months immediately prior to the issuance of the request for Quotes, Bids or Proposals by the County; holding any business licenses required by the County, and/or, the municipalities, if applicable; and employing at least one (1) full time employee, or two (2) part-time employees whose primary residence is in Flagler County, or, if the business has no employees, the business shall be at least fifty (50) percent owned by one (1) or more persons whose primary residence is in Flagler County.

It is the vendor's responsibility to request Local Preference by submitting a completed Local Preference Affidavit with its sealed proposal.

2.15. Pricing

Unless otherwise specified, prices offered shall:

- remain firm for a period of at least one hundred and twenty (120) days from the date of Solicitation opening, prior to award being made;
- include all expenses necessary to provide the service at the location specified (for services).

2.16. FOB Destination

The FOB point for this contract and for all purchases made under it shall be at the project site in Flagler County, Florida. Delivery will not be complete until the using department has accepted each item. Delivery to a common carrier shall not constitute delivery to the ordering agency. All disputes arising out of shipping prior to acceptance by Flagler County shall be between the Contractor and the carrier.

2.17. Payment Terms

Unless otherwise stated in the Special Terms and Conditions, the County will remit full payment on all undisputed invoices within forty five (45) days from receipt by the appropriate person(s) (to be designated at time of contract) or receipt of all products or services ordered in accordance with the Local Government Prompt Payment Act, Part Vii, Chapter 218, Florida Statutes.

2.18. Unusual Costs

The Contractor may petition the County at any time for an additional rate adjustment on the basis of extraordinary and unusual changes in the costs of operation that could not reasonably be foreseen by a prudent operator and which, by all reasonable expectations, will continue for at least one (1) year. If the Contractor petitions for such an increase, the Contractor shall also petition for a rate reduction on the basis of extraordinary and unusual changes in the costs of operation that could not reasonably be foreseen by a prudent operator and which, by all reasonable expectations, will continue for at least one (1) year; failure to make such petition may be grounds for contract termination.

The Contractor's request shall contain substantial proof and justification to support the need for the rate adjustment. The County may request from the Contractor, and the Contractor shall provide further information as may be reasonably necessary in making its determination. The County shall approve or deny the request, in its sole discretion, in whole or in part, within sixty (60) days of receipt of the request and all other additional information required by the County. Any price redetermination shall be solely based upon the documentation provided and the County reserves the right to rescind any price relief granted should the circumstances change, and prices go down.

2.19. Additional Terms & Conditions

The Flagler County Board of County Commissioners reserves the right to reject offers containing terms or conditions contradictory to those requested in this Solicitation.

2.20. Taxes

County is exempt from Manufacturers' Federal Excise Tax (Exemption# 59-78-0089K) and Florida sales tax (Exemption# 85-8013245979C-5). Certificates are available and can be obtained by emailing purchasing@flaglercounty.gov.

2.21. Discounts

All discounts except those for prompt payment shall be considered in determining the lowest net cost for evaluation purposes. All discounts shall remain firm for the term of the contract.

2.22. Meets/Minimum Specifications

The specifications listed in the Scope of Work are the minimum required performance specifications for this Solicitation; they are not intended to limit competition nor specify any particular Proposer, but to ensure that the County receives quality services. The Proposer represents that all offers to this Solicitation shall meet or exceed the minimum requirements specified.

2.23. Samples

When required, samples of products shall be furnished with Response to the County at no charge. Samples may be tested and will not be returned to the Proposer. The result of any and all testing shall be made available upon written request.

2.24. Silence of Specifications

The apparent silence of these specifications or any supplemental specifications as to details or the omission from same of any detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail and that only materials of first quality and correct type, size, and design are to be used. All workmanship shall be first quality. All interpretations of specifications shall be made upon the basis of this statement.

2.25. Change in Scope of Work/Service

1. The County may order changes in the work/service consisting of additions, deletions, or other revisions within the general scope of the contract. No claims may be made by the Contractor that the scope of the project or of the Contractor's services has been changed, requiring changes to the amount of compensation to the Contractor or other adjustments to the contract, unless such changes or adjustments have been made by written amendment or change order to the contract signed by the County and the Contractor.
2. If the Contractor believes that any particular work/service is not within the scope of work/service of the contract, is a material change, or will otherwise require more compensation to the Contractor, the Contractor must immediately notify the County's designated representative in writing of this belief. The Contractor and County shall negotiate modifications to the contract in good faith and agree upon equitable adjustment for any changes in services or other obligations required of the Contractor due to such modifications. The Contractor must assert its right to an adjustment under this clause within thirty (30) days from the date of receipt of the written order.
3. The County reserves the right to negotiate with the awarded Contractor(s) without completing the competitive bidding process for materials, products, and/or services similar in nature to those specified within this solicitation for which requirements were not known when the Solicitation was released.

2.26. Governing Laws/Venue

This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida without giving effect to any choice of law principles. Jurisdiction over, and venue for, any controversies or legal issues arising out of this contract shall, if in state court, be exclusively in the 7th Judicial Circuit in and for Flagler County, Florida. By entering into this contract, Contractor and County hereby expressly waive any rights either party may have to a trial by jury of any civil litigation related to the contract, and, unless otherwise expressly provided herein, each agrees to bear its own costs and attorney's fees relating to any dispute arising under the contract.

2.27. Assignment

Contractor may not assign or otherwise convey Contractor's rights and/or obligations under the contract without obtaining County's prior written consent, which consent County may withhold, limit and/or condition in County's sole discretion, including, but not limited to, requiring the Contractor or his/her proposed successor in interest to post a performance bond. Any consent by the County under this Section shall be by written amendment to the contract in a form and substance specified by the County in its sole discretion. If Contractor desires to assign or otherwise convey its rights and/or obligations under the contract, Contractor shall, no less than thirty (30) days prior to the assignment's proposed effective date, provide County with a written request for County's consent. Failure to provide such notice may result in the County assessing a processing fee of Five Hundred Dollars (US $500.00); however, payment of such fee shall not entitle the Contractor to the County's acceptance or approval of its request for assignment.

Nothing herein shall preclude the right of the County to waive its rights under this Section, but no waiver shall be granted by the County without a written and duly executed amendment to the contract.

2.28. Content of Solicitation/Response

The contents of this Solicitation, all terms, conditions, specifications, and requirements included herein and the accepted and awarded response thereto shall be incorporated into a contract to purchase and become legally binding. Any terms, conditions, specifications, and/or requirements specific to the item or service requested in this Solicitation shall supersede the requirements as specified in the *General Terms and Conditions* and/or *Special Terms and Conditions* section(s) of this Solicitation.

2.29. Contract

The contents of this Solicitation and all provisions of the successful proposal deemed pertinent by the County shall be incorporated into a contract and become legally binding on the selected Proposer and County. The content of the contract may contain changes as a result of the Solicitation process and the content of the submittal received. The contract shall, at minimum, include the substantive terms and conditions as outlined in the Solicitation and be subject to review by the County Attorney or designee prior to approval and execution for determination of legal form and substantive sufficiency, and shall contain an order of precedence and may contain those additional terms and conditions that the County deems in its best interest.

The County shall be responsible for only those orders placed by the County pursuant to the contract or on an authorized signed Purchase Order. The County shall not be responsible for any order, change substitution or any other discrepancy from the Purchase Order or Master Agreement. If there is any question about the authenticity of a Purchase Order, contract, or change order, the Proposer should promptly contact the Office of Procurement and Contracts at (386) 313- 4008.

2.30. Disclosure of Response Content

All material submitted becomes the property of the County and may be returned only at the County's option. The County has the right to use any or all ideas presented in any reply to this Solicitation. Selection or rejection of any Response does not affect this right. Flagler County, Florida, is governed by the Public Record Law, Chapter 119, Florida Statutes (F.S.).

2.31. Limitation of Liability/Indemnification

The Contractor shall indemnify, defend, and hold harmless the County including its districts, authorities, separate units of government established by law, ordinance or resolution, partners, elected and non-elected officials, employees, agents, volunteers, and the State of Florida, including its officers and employees, from and against all liabilities, damages, losses and costs, including, but not limited to, reasonable attorney's fees, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of the Contractor or its subcontractors, agents, employees, or any persons employed or utilized by the Contractor in the performance of the Contractor's obligations or services under this contract. Such obligations or services shall not be construed to negate, abridge, or reduce other rights or obligations of indemnity which would otherwise exhaust as to a party or person describe in this contract.

In all claims against the County, Contractor's indemnification obligation shall not be limited in any way by any limitation on the amount or type of damages, compensation or any benefits payable by or for Contractor, or its employees, agents, contractors, or subcontractors pursuant to Contractor's insurance. The Contractor's indemnification obligation shall survive the expiration or termination of the contract.

2.32. Payment of Subcontractors

Contractor shall save and hold the County harmless from any and all claims or actions by Contractor's subcontractor(s) for payment of monies such subcontractor claims to be owed by Contractor for Work performed under the contract. Nothing in the contract shall create any obligation on the part of the County to pay directly to any Subcontractors any monies due for Work performed under the contract.

2.33. Infringement Claim

For all licensed software or derivate works of the licensed software used by County under the resulting contract, Contractor agrees to protect, defend, indemnify, and hold harmless the County, its agents, elected officials and employees from and against any and all claims, demands, actions, and causes or action which may arise asserting that all or any part of Contractor's licensed software or applications that are owned and licensed by Contractor to County for use thereof by County, infringes or misappropriates any third party's valid state patent, copyright, trademark, or any trade secret protected under United States law. In the event of an infringement claim, Contractor shall have the option: (i) to procure for County the right to continue using any product or service found to be infringing; (ii) to replace any such infringing product or service with a non-infringing product or service; or (iii) to modify such infringing product or service to make it non-infringing. Contractor shall have no obligation under this Section if the Infringement Claim is based upon the use of the system in combination with other hardware or software applications not furnished by Contractor, or if such a claim arises from County's modification of the system without the authorization of Contractor.

2.34. Sovereign Immunity

County expressly retains all rights, benefits and immunities of sovereign immunity in accordance with Section 768.28, Florida Statutes (as amended). Notwithstanding anything set forth in any section of this contract to the contrary, nothing in this contract shall be deemed as a waiver of immunity or limits of liability of the County beyond any statutory limited waiver of immunity or limits of liability which may have been or may be adopted by the Florida Legislature and the cap on the amount and liability of the County for damages, regardless of the number or nature of claims in tort, equity, or contract, shall not exceed the dollar amount set by the legislature for tort. Nothing in this contract shall inure to the benefit of any third party for the purpose of allowing any claim against the County, which claim would otherwise be barred under the doctrine of sovereign immunity or by operation of law.

2.35. Compliance with Federal E-Verify Regulations

Contractor covenants and agrees to the following provisions, as required by law:

1. If and to the extent the contract meets the criteria set forth at 48 C.F.R. § 52.222-54(e), the criteria of 48 C.F.R. § 52.222-54 are hereby incorporated by reference into this contract as if fully set forth herein.

2. Contractor and any of Contractor's Subcontractors shall register with and utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility and work authorization status of all new employees hired by Contractor (or Contractor's Subcontractors) on or after the effective date of this contract and thereafter during the remaining term of the contract.

3. In the event Contractor enters into a subcontract, Contractor shall require, via written contract, the Subcontractor agree to: (i) register with and utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired on or after the effective date of the subcontract and thereafter during the remaining term of the subcontract; and (ii) provide Contractor with an affidavit stating that the Subcontractor does not employ, contract with, or subcontract with an unauthorized alien. Contractor shall maintain a copy of such affidavit for the duration of this contract or the subcontract, whichever is longer. Contractor shall provide a copy of such affidavit to the County before the Subcontractor begins any work associated with the contract. If the County has a good faith belief that a subcontractor knowingly violated the requirements set forth in this Section or Sections 448.09(1) or 448.095 of the Florida Statutes, but also has a good faith belief Contractor otherwise complied with this Section and applicable law, the County shall promptly notify Contractor and order Contractor to immediately terminate its contract with the Subcontractor. Failure to comply with said order shall constitute a material breach of this contract.

4. If the County has a good faith belief Contractor has knowingly violated, or if Contractor is found to have violated, this Section; Section 448.09(1), Florida Statutes; Section 448.095, Florida Statutes; or

the Presidential Executive Order and subsequent Federal Acquisition Regulation (FAR) rule requiring federal contractors to use E-Verify, if applicable, then the following shall be true: (i) such violation shall be a material breach of this contract by Contractor; (ii) Contractor shall indemnify, defend, and hold harmless the County from any resulting costs or expenses, including fines or penalties levied by a government agency and the County's loss or repayment of grant funds by breaching the requirements of this section; (iii) the County may terminate this contract immediately and without penalty and such termination shall not be or be considered a breach of this contract; and (iv) Contractor shall be liable for any additional costs incurred by the County as a result of the termination of the contract. Contractor acknowledges and understands that if the County terminates this contract in accordance with this Section, Contractor shall be ineligible for award of a public contract for at least one (1) year after the date on which the Agreement was terminated.

2.36. Public Entity Crimes

Pursuant to paragraph 287.133(2)(a), Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, Florida Statutes, for CATEGORY TWO for a period of thirty-six (36) months following the date of being placed on the convicted vendor list.

By entering into this contract, the Contractor represents and warrants that it is not on the convicted vendor list and not under investigation for violation of any state or federal law relating to public entity crimes. The Contractor further represents and warrants that its subcontractors and implementer, if any, are not on the convicted vendor list and not under investigation for violation of any state or federal law relating to public entity crimes.

2.37. Use of County Logo

The County owns and retains all proprietary rights in its logos, trademarks, trade names, and copyrighted images (Intellectual Property). As such, nothing in this Solicitation permits or shall be construed as authorizing Proposer to use or display County's Intellectual Property on Proposer's submittal documents or proposal (including any exhibits attached thereto) submitted to County by or on behalf of Proposer in response to this solicitation. The County has the right to redact the County Logo displayed on any Response.

2.38. Training

Unless otherwise specified suppliers/providers may be required at the convenience of, and at no expense to, the County to provide training to County personnel in the operation and maintenance of any item purchased as a result of this Solicitation.

2.39. Acceptance

Products purchased as a result of this Solicitation may be tested for compliance with specifications. Items delivered not conforming to specifications may be rejected and returned at Contractor's expense. Those items and items not delivered by the delivery date specified in accepted offer and/or purchase order may be purchased on the open market. Any increase in cost may be charged against the Contractor.

2.40. Safety Warranty

Any awarded Contractor including dealers, distributors, and/or manufacturers shall be responsible for having complied with all Federal, State, and local standards, regulations, and laws concerning the product or service specified, and the use thereof, applicable and effective on the date of manufacture or use or date in service including safety and environmental standards as apply to both private industry and governmental agencies.

2.41. Safety

The Contractor shall take the necessary precautions and bear the sole responsibility for the safety of the methods employed by the Contractor in performing the work. The Contractor shall, at all times, comply with the regulations set forth by federal, state, and local laws, rules, and regulations concerning "OSHA" and all applicable state labor laws, regulations, and standards. The Contractor shall indemnify and hold harmless the County from and against all liabilities, suits, damages, costs, and expenses (including attorney's fees and court costs) which may be imposed on the County because of the Contractor, Subcontractor, or supplier's failure to comply with the regulations.

2.42. Warranty

The Proposer agrees that, unless otherwise specified, the product and/or service furnished as a result of this Solicitation and award thereto shall be covered by the most favorable commercial warranty the Proposer gives to any customer for comparable quantities of such products and/or services and that the right and remedies provided herein are in addition to and do not limit any rights afforded to the Flagler County Board of County Commissioners by any other provision of the Solicitation/offer.

2.43. Award of RFP

The County reserves the right to award the Agreement to the Proposer(s) that the County deems to offer the best overall Proposal or solution, as defined in the solicitation section, Special Conditions - Evaluation Criteria. The County is therefore not bound to accept a proposal based only on lowest price. In addition, the County has the sole discretion and reserves the right to cancel this RFP, to reject any/all proposals, to waive any/all informalities and/or irregularities, or to re advertise with either the identical or revised specifications if it is deemed to be in the best interest of the County to do so. Nothing prohibits the County from rejecting and re soliciting when responses exceed budget, and the County must change the solicitation to lower costs. The

County also reserves the right to make multiple awards based on experience and/or qualifications of Proposers and to award only a portion of the items and/or services specified, if deemed to be in the County's best interest.

2.44. Other Agencies

All Contractors awarded contracts from this Solicitation may, upon mutual agreement, permit any municipality or other governmental agency to participate in an agreement under the same prices, terms, and conditions, if agreed to by both parties. It is understood that at no time will any city, municipality, or other agency be obligated for placing an order for any other city, municipality, or agency; nor will any city, municipality, or agency be obligated for any bills incurred by any other city, municipality, or agency. Further, it is understood that each agency will issue its own purchase order to the awarded Contractor(s).

2.45. County Facilities

County facilities are administrative facilities that provide services to the Flagler County public and any agencies that it serves. As such, activities in all buildings are critical to the provisioning of services to the public and shall not be interrupted by the Contractor's work activities.

2.46. Licenses, Certificates, and Permits

1. The County reserves the right to require proof that the Proposer is an established business and is abiding by the ordinances, regulations, and laws of their community and the state of Florida, such as but not limited to: Business Tax Receipts, business licenses, Florida sales tax registration, Federal Employers Identification Number, Registration with the Florida Department of State, and the Division of Corporations' Sunbiz at www.sunbiz.org.
2. The Proposer must be registered with the Florida Department of State Division of Corporations at www.sunbiz.org in order to provide services under the resulting contract.
3. If a license is required, the Proposer shall be licensed to perform the required work in accordance with the laws of the State of Florida and local ordinances. Proposer shall also verify that his/her subcontractors are licensed to perform the work in accordance with the laws of the State of Florida and local ordinances.
4. If applicable, the Proposer shall have a current professional registration certificate from the appropriate governing board. The Proposer must be properly registered at the time of its submittal to practice their profession in the State of Florida.
5. At time of Solicitation submittal, Proposer shall hold the required licensure to be the prime Contractor for all work to be performed under the resulting contract. If Proposer proposes to use a Subcontractor or sub-consultant to perform any work under the resulting contract such subcontractor and/or sub-consultant shall, at the time of Solicitation submittal, hold the required

licensure for all work to be performed under the resulting contract as a subcontractor and shall maintain such license(s) in full force and effect during the term of the resulting contract. All licenses and permits required to perform Contractor's duties under the resulting contract whether such license or permit is required by the federal government, State of Florida, Flagler County, or any municipality, shall be at Proposer's sole cost and expense, and shall not be a cost of the County. All required licenses and permits shall be maintained in full force and effect during the term of the resulting contract.

2.47. Records & Right to Audit

County shall have the right to audit the books, records, and accounts of Contractor and its Subcontractors that are related to the resulting contract. Contractor and its Subcontractors shall keep such books, records, and accounts as may be necessary in order to record complete and correct entries related to the resulting contract. Contractor shall preserve and make available, at reasonable times for examination and audit by the County, all financial records, supporting documents, statistical records, and any other documents pertinent to this contract for a retention period of five (5) years after completion or termination of the contract, and any renewals, as required by Item 65, General Records Schedule GS1-SL for State and Local Government Agencies, effective February 19, 2015 and the Florida Public Records Act (Chapter 119, Florida Statutes). Contractor shall, by written Contract, require its Subcontractors to agree to the requirements and obligations of this Section. Audits will be subject to applicable privacy and confidentiality laws and regulations and Contractor's privacy and confidentiality policies and procedures.

2.48. Claim Notice

The Contractor shall immediately report in writing to the County's designated representative or agent any incident that might reasonably be expected to result in any claim under any of the coverage mentioned herein. The Contractor agrees to cooperate with the County in promptly releasing reasonable information periodically as to the disposition of any claims, including a résumé of claims experience relating to all Contractor operations at the County project site. The designated representative for the County shall be:

Flagler County Board of County Commissioners

Human Resources/Risk Management Division

Address: 1769 E. Moody Blvd., Bldg. 2

Bunnell, Florida 32110

Telephone: 386-313-4035

Fax: 386-313-4107

2.49. Waiver and Limitation of Claims

Once the contract expires, or final payment has been requested and made, the awarded Contractor shall have no more than thirty (30) calendar days to present or file any claims against the County concerning the contract. After that period, any right to claims against the County by the Contractor concerning the contract are waived.

2.50. Compliance with Laws and Regulations

The Contractor shall be responsible to know and to apply all applicable federal and state laws, all local laws, ordinances, rules, regulations (including but not limited to the following statutes: Americans with Disabilities Act (ADA),Titles I, II and III of the ADA; Federal Immigration Reform and Control Act of 1986 (as amended); and Title VII of the Civil Rights Act of 1964 (as amended), and all orders and decrees of bodies or tribunals having jurisdiction or authority which in any manner affect the work, or which in any way affect the conduct of the work. Contractor shall observe and comply with all such laws, ordinances, rules, regulations, orders, and decrees for all work or services performed under the contract. The Contractor shall indemnify, defend and hold harmless the County and all its officers, agents, servants, and employees against any liability or claim made against the County arising from, or based on, the violation of any such law, ordinance, rule, regulation, order, or decree caused or committed by Contractor, its representatives, Subcontractors, sub-consultants, professional associates, agents, servants, or employees.
Pursuant to Section 287.05701, Florida Statutes, proposers are hereby notified that:

- The County shall not request documentation of or consider a vendors social, political or ideological interests when determining if the vendor is a responsible vendor: and
- The County may not give preference to a vendor based on the vendors social, political or ideological interests.

2.51. For Internet/Web Services

For the purposes of this paragraph, any services or products offered to public via the internet or online must comply with WCAG 2.0 AA in order to be deemed ADA compliant. The County will provide Contractor with prompt written notice with respect to any ADA deficiencies of which the County is aware and Contractor will promptly correct such deficiencies. If the County, the Department of Justice, or other governmental entity tasked with the enforcement of the ADA (“Enforcement Agency”) notes any deficiency in the facilities, practices, services, or operations of the Contractor furnished or provided in connection with this contract, Contractor shall, at no additional charge or cost to the County, immediately cure any such deficiencies without delay to the satisfaction of such Enforcement Agency. Contractor further agrees that it shall, to the extent permitted by law, indemnify, defend, and hold harmless the County against any and all claims, sanctions, or penalties assessed against the County, which claims, sanctions, or penalties arise or otherwise result from Contractor’s failure to comply with the ADA or WCAG 2.0 AA, for online or internet Services or products.

2.52. Scrutinized Companies-FL Statute Section 287.135 and 215.473

Contractor must certify that the company is not participating in a boycott of Israel. For contracts for goods or services of one million dollars or more, Contractor must also certify that Contractor is not on the Scrutinized

Companies that Boycott Israel List, not on the Scrutinized Companies with Activities in Sudan List, and not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or has not been engaged in business operations in Cuba or Syria. The County will not contract for the provision of goods or services with (i) any company participating in a boycott of Israel, and (ii) for Contracts for goods or services of one million dollars or more, any other scrutinized company as described above. Submitting a false certification shall be deemed a material breach of contract. The County shall provide notice, in writing, to the Contractor of the County's determination concerning the false certification. The Contractor shall have five (5) calendar days from receipt of notice to refute the false certification allegation. If such false certification is discovered during the active contract term, the Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the County's determination of false certification was made in error then the County shall have the right to terminate the contract and seek civil remedies pursuant to Section 287.135, Florida Statutes, as amended from time to time.

2.53. Human Trafficking Attestation Pursuant to Section 787.06, Florida Statutes

A duly authorized officer or representative of the Proposer (non-governmental entity) shall complete the included Flagler Human Trafficking Attestation Form in compliance with Section 787.06(13), Florida Statutes, (2024).

2.54. Modifications Due to Public Welfare or Change in Law

The County shall have the power to make changes in the contract as the result of changes in law and/or ordinances of Flagler County to impose new rules and regulations on the Contractor under the contract relative to the scope and methods of providing services as shall, from time to time, be necessary and desirable for the public welfare. The County shall give the Contractor notice of any proposed change and an opportunity to be heard concerning those matters. The scope and method of providing services as referenced herein shall also be liberally construed to include, but is not limited to, the manner, procedures, operations and obligations, financial or otherwise, of the Contractor. In the event any future change in Federal, State or County law or the ordinances of Flagler County materially alters the obligations of the Contractor, or the benefits to the County, then the contract shall be amended consistent therewith. Should these amendments materially alter the obligations of the Contractor, then the Contractor or the County shall be entitled to an adjustment in the rates and charges established under the contract. Nothing contained in the contract shall require any party to perform any act or function contrary to law. The County and Contractor agree to enter into good faith negotiations regarding modifications to the contract, which may be required in order to implement changes in the interest of the public welfare or due to change in law. When such modifications are made to the Agreement, the County and the Contractor shall negotiate in good faith, a reasonable and appropriate adjustment for any changes in services or other obligations required of the Contractor directly and demonstrably due to any modification in the contract under this clause.

2.55. Right to Require Performance

The failure of the County or Contractor at any time to require performance by the other of any provision hereof shall in no way affect the right of the County or Contractor thereafter to enforce same, nor shall waiver by the County of any breach of any provision hereof be taken or held to be a waiver of any succeeding breach of such provision or as a waiver of any provision itself.

In the event of failure of the Contractor to deliver services in accordance with the contract terms and conditions, the County, after due written notice, may procure the services from other sources and hold the Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies that the County may have.

2.56. Force Majeure

Neither party shall be liable for any failure or delay in the performance of its obligations under the contract to the extent such failure or delay necessarily results from the occurrence of a Force Majeure Event beyond the control or reasonable anticipation of either party, including, but not limited to, compliance with any unanticipated government law or regulation not otherwise in effect at the time of execution of this contract, acts of God, acts of domestic or international terrorism, any virus, bacterium, or other microorganism capable of inducing physical distress, illness, or disease, whether due to a pandemic or otherwise, unforeseeable governmental acts or omissions, fires, strikes, natural disasters, wars, riots, transportation problems, and/or any other unforeseeable cause whatsoever beyond the reasonable control of the parties (and such cause being referred to as a "Force Majeure Event"). Accordingly, the parties further agree that:

1. Upon the occurrence of Force Majeure Event, the non-performing party shall be excused from any further performance of those obligations under this contract that are affected by the Force Majeure Event for as long as (a) the Force Majeure Event continues; and (b) the non-performing party continues to use commercially reasonable efforts to recommence performance whenever and to whatever extent possible without delay.
2. Upon the occurrence of a Force Majeure Event, the non-performing party shall notify the other party of the occurrence of such event and describe in reasonable detail the effect(s) of such event upon the party's performance of its obligations and duties pursuant to this contract. Such notice shall be delivered or otherwise communicated to the other party within three (3) business days following the failure or delay caused by the Force Majeure Event, or as soon as possible after such failure or delay if the Force Majeure Event precludes the non-performing party from providing notice within such time period.
3. In the event of a Force Majeure Event, the time for performance by the parties under the applicable statement of work shall be extended for a period of time equal to the time lost by reason of such cause through execution of a Change Order pursuant to the terms of the contract.

2.57. Contractor's Personnel

1. The Contractor shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, handicap, or national origin, except when such condition is a bona fide occupational qualification reasonably necessary for the normal operations of the Contractor. The Contractor agrees to post in conspicuous places, visible to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
2. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, shall state that such Contractor is an Equal Opportunity Employer.
3. The Contractor shall be responsible for ensuring that its employees, agents, and subcontractors comply with all applicable laws and regulations and meet federal, state, and local requirements related to their employment and position.
4. The Contractor certifies that it does not and will not during the performance of the contract employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986, as amended.
5. Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
6. The Contractor shall include the provisions of the foregoing paragraphs 3.59A.-E. above, in every subcontract or purchase order so that the provisions will be binding upon each Contractor.
7. The Contractor and any Subcontractor shall pay all employees working on this contract not less than minimum wage specified in the Fair Labor Standards Act (29 CFR 510-794) as amended.
8. The Contractor shall not disclose any information concerning the County, its products, services, personnel, policies, or any other aspect of its business learned by the Contractor or personnel furnished by the Contractor in the course of providing services pursuant to the contract which are not otherwise known to the general public.
9. Both Contractor and Subcontractors awarded a contract as a result of Local Preference, shall register all open positions related to this contract with the Center for Business Excellence (CBE), and submit appropriate affidavit showing compliance.

2.58. County/Contractor Relationship

1. Any awarded contractor shall provide the services required herein strictly under a contractual relationship with the County and is not, nor shall be, construed to be an agent or employee of the County. As an independent contractor, the awarded Contractor shall pay any and all applicable taxes required by law; shall comply with all pertinent Federal, State, and local statutes including, but not limited to, the Fair Labor Standards Act, the Americans with Disabilities Act, the Federal Civil Rights Act, and any and all relevant employment laws. The Contractor shall be responsible for

all income tax, FICA, and any other withholdings from its employees' or Subcontractor's wages or salaries. Benefits for same shall be the responsibility of the Contractor including, but not limited to, health and life insurance, mandatory Social Security, retirement, liability/risk coverage, and workers' and unemployment compensation.

2. The Contractor shall hire, compensate, supervise, and terminate members of its work force; shall direct and control the manner in which work is performed including conditions under which individuals will be assigned duties, how individuals will report, and the hours individuals will perform.

3. The Contractor shall not be provided special space, facilities, or equipment by the County to perform any of the duties required by the contract, nor shall the County pay for any business, travel, or training expenses or any other contract performance expenses not explicitly set forth in the specifications.

4. The Contractor, except as expressly set forth herein, shall not be exclusively bound to the County and may provide professional services to other private and public entities as long as it is not in direct conflict and does not provide a conflict of interest with the services to be performed for the County.

2.59. Disqualification of Proposers

1. Only one (1) Response from an individual firm, partnership or corporation under the same or under a different name will be considered. If a Proposer submitted more than one (1) Response for the work involved, all Responses submitted from such Proposer will be rejected.

2. Collusion among Proposers: If it is believed that collusion exists among the Proposers, the Responses of all participants in such collusion shall be rejected and no participants in such collusion will be considered in future proposals for the same work.

2.60. Debarment: Purpose and Intent

The County endeavors to solicit offers from, award contracts to, and consent to subcontracts with responsible vendors and contractors only. To further this policy, the County asserts its authority to debar certain vendors and contractors from participating in solicitations pursuant to the policies and procedures herein. The serious nature of debarment requires that this sanction be imposed only when it is in the public interest for the County's protection and not for purposes of punishment. Debarment is intended as a remedy in addition to, and not in substitution of, the evaluation of the responsibility of County vendors and contractors, and this policy and the procedures provided for herein shall not supplant or supersede County's authority to reject or otherwise terminate vendors or contractors based on findings of non-responsibility on a case-by-case basis.

2.61. Unit Prices and Interpretation

For the purpose of this Solicitation and evaluation of responses hereto the following shall apply:

Unit prices shall prevail over extended prices; written matter shall prevail over typed matter; numbers spelled in word form shall prevail over Arabic numerals ("one" over "1"). When not inconsistent with context words used in the present tense include the future, words in the plural number include the singular number, and words in the singular number include the plural number. The word "shall" is always mandatory and not merely directory.

2.62. Dispute Resolution

1. Good Faith Efforts to Resolve. The parties to this contract shall exercise their best efforts to negotiate and settle promptly any dispute that may arise with respect to this contract in accordance with the provisions set forth herein. The Contractor and County Project Manager shall use reasonable efforts to arrange personal meetings and/or telephone conferences as needed, at mutually convenient times and places, to address and work toward resolution of issues that arise in performance of this contract. Issues shall be escalated to successive management levels as needed.

2. Informal Dispute Resolution. If a dispute develops between the parties concerning any provision of this contract, or the interpretation thereof, or any conduct by the other party under these contracts, and the parties are unable to resolve such dispute within five (5) business days, that party, known as the Invoking Party, through its applicable Project Manager, shall promptly bring the disputed matter to the attention of the non-Invoking Party's Project Manager or designated representative, as the case may be, of the other party in writing ("Dispute Notice") in order to resolve such dispute.

3. Discovery and Negotiation / Recommended Procedures. Upon issuance of a Dispute Notice, the Project Managers or designated representative shall furnish to each other all non-privileged information with respect to the dispute believed by them to be appropriate and germane. The Project Managers or designees shall negotiate in an effort to resolve the dispute without the necessity of any formal proceeding. If such dispute is not resolved by the Project Managers or designees within five (5) County Work Days of issuance of the Dispute Notice, or such other time as may be mutually allowed by the Project Managers or designees as being necessary given the scope and complexity of the dispute, the Project Managers or designees may, depending upon the nature, scope, and severity of the dispute, escalate the dispute as indicated in Figure 1 below.

4. Formal Dispute Resolution. At any point after issuance of a Dispute Notice under this section, either party may request and initiate formal non-binding mediation before a single mediator, which mediation shall be completed within thirty (30) days of initiation or such longer time as may be agreed upon by both parties as being necessary for the mutual selection of a mediator and scheduling of such mediation. Any such mediation shall be convened and conducted in accordance with the rules of practice and procedure adopted by the Supreme Court of Florida for court-

ordered mediation, Rule 1.700 et seq. of the Florida Rules of Civil Procedure, and Chapter 44, Florida Statutes. If the dispute remains unresolved after conducting such mediation, then either party may proceed to finalize any pending termination remedies and commence litigation in a court of competent jurisdiction. Each party shall bear its own costs and attorney's fees for mediation of an issue arising under this contract.

5. Right to Terminate Reserved. Regardless of the dispute resolution procedures provided for in this Section, Dispute Resolution, nothing herein shall affect, delay, or otherwise preclude a party from terminating this contract in accordance with the provisions of Special Conditions, Termination, it being understood that these dispute resolution procedures are intended as a means of resolving disputes both during the term of this contract and after termination or expiration thereof.

Figure 1:

County Workdays	Contractor's Representative	County Representative
10	Contractor's Project Manager	County's Project Manager
10	Contractor's Sr. Vice President of Sales	Contract Compliance Officer
20	Contractor's COO or President	County Administrator

2.63. Authorized Signatory

Proposer acknowledges that the name and title of the signatory (the "Authorized Signatory"), as completed, is authorized to execute contracts/agreements with Flagler County, and that submitting a Response via the County's ePROCUREMENT PORTAL shall be the act of and attributable to the Authorized Signatory to bind the company. By submitting this Response electronically, the Authorized Signatory does thereby adopt the electronic or conformed submittal as authorized firm commitment and for use as an official record by Flagler County.

2.64. Revisions, Addenda, Questions & Answers

All answers to questions of substance will be publicly published via the County's ePROCUREMENT PORTAL, Question & Answer feature.

Participants are required to review all revisions and answers to questions published. Revisions within the Solicitation as well as responses posted through the Question & Answer feature are authoritative and shall be considered an addendum to the Solicitation. All information in this Solicitation, including information provided through the Question & Answer feature are incorporated into the Solicitation or any Contract resulting from this Solicitation.

2.65. Acknowledgement of Solicitation Tabulation

All responses accepted by Flagler County are subject to the County's Terms and Conditions. Any and all additional Terms and Conditions submitted by Proposer(s) are rejected and shall have no force and effect. Responses from the Proposer(s) listed on the tabulation are the only responses received timely as of the closing date and time. All other responses submitted in response to the solicitation, if any, are rejected as late.

2.66. Availability of Personnel

Personnel described in the proposal shall be available to perform the services as described. All personnel shall be the employees, or agents of the Proposer, and not employees or agents of Flagler County.

2.67. Assignment of Contract

The selected Proposer may not make any assignments of their obligations resulting from this RFP without the prior written authorization of Flagler County.

2.68. Gratuities and Kickbacks

It is prohibited for the Contractor or any agent acting at the behest of the Contractor to offer, give, or agree to give any Flagler County employee or former Flagler County employee, or for any Flagler County employee or former Flagler County employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, or preparation of any part of a program requirement or a purchase request, or to influence the content of any specification or procurement standard, render advice, investigate, audit, or act in any other advisory capacity to the County.

It shall be unethical for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier sub-contractor or any person associated therewith, as an inducement for the award of a subcontract or order.

2.69. Drug-Free Workplace Certification

By submitting a proposal in response to this RFP, Contractor certifies that Contractor’s company is a drug-free workplace in accordance with Florida Statute 287.087.

2.70. Proprietary/Restrictive Specifications

Prospective Proposers, who feel the specifications contained herein are proprietary or restrictive in nature, thus potentially resulting in reduced competition, must contact the Purchasing Division upon receipt of this Request for Proposals and prior to proposal opening. Specifications which are unrelated to performance will be considered for deletion via addendum to this Request for Proposals.

2.71. Certification of Independent Price Determination

By submission of this proposal, the Proposer certifies, and in the case of a joint proposal each party thereto certifies as to its own organization, that in connection with this procurement:

A. The prices in this proposal have been arrived at independently, without consultation, collusion, communication, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other proposer or with any competitor.

B. Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening, directly or indirectly to any other Proposer or to any competitor; and,

C. No attempt has been made or will be made by the proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

2.72. Employment of Former Flagler County Employees By Any Person, Business, Or Organization Contracting With Flagler County

It shall be a violation for any person, business or organization contracting with Flagler County to employ in any capacity, any former Flagler County employee or member of Flagler County employee's immediate family within one year of that employee's separation from employment with the County, unless the employer or the former County employee files with the County Clerk, the County’s Employment Disclosure Statement . The penalty for this violation may include disqualification of the proposal submission.

3. Special Terms and Conditions

3.1. Closing Date and Mandatory Pre-Bid Conference

A. Request for Proposal (RFP): Closing Date
Response must be received through the County's eProcurement Portal before 2:00 pm on Monday, August 24, 2026. Responses received after this time will not be considered.

B. Pre-Bid Conference

1. A mandatory pre-bid conference will be held in the David I. Siegel Adult Day Care Center 1000 Belle Terre Blvd Palm Coast, FL 32164, at 10:00 am on Wednesday, August 12, 2026.

2. Flagler County does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of County's functions including one's access to participation, employment, or treatment in its programs or activities. In accordance with the American Disabilities Act and Section 286.26, Florida Statutes, persons with disabilities needing a special accommodation to participate in the proceedings, or an interpreter to participate in any proceedings, should contact the Office of Procurement and Contracts at (386) 313-4008 two (2) business days before any meeting date.

3.2. Authorized Official

The Request for Proposal (RFP) response and all required forms must be submitted/signed by an official authorized to legally bind the Respondent to all Request for Proposal (RFP) provisions. A Memorandum of Authority may be submitted to document that the individual is authorized to commit the firm to a contract.

3.3. Definition of Responsive and Responsible for this Solicitation

Each Response shall be evaluated for conformance as responsive and responsible using the following criteria:

A. Proper submittal of ALL documentation as required by this Request for Proposal (RFP). (Responsive)

B. The greatest benefits to Flagler County as it pertains to: (Responsible)

1. Total Cost;

2. Delivery;

3. Past Performance. In order to evaluate past performance, all Respondents are required to submit a list of three (3) references / relevant projects completed within the last three (3) years that are the same or similar in magnitude to this Solicitation. Flagler County shall not be listed as a reference;

4. All technical specifications associated with this Request for Proposal (RFP);

5. **Any other criteria that may be specific to your Request for Proposal (RFP), not necessarily everything specified here.**

Financial Stability: All Respondents shall be prepared to supply a financial statement upon request, preferably a certified audit of the last available fiscal year.

Respondents are reminded that award may not necessarily be made to the lowest Response. Rather, award will be made to the most/lowest responsive, responsible, Respondent whose Response represents the best overall value to the County when considering all evaluation factors.

3.4. Local Preference Availability

This project is funded by monies that prohibit the local preference provision and local preference does not apply per the General Terms and Conditions section Local Preference.

3.5. Payment Terms

1. The County will remit full payment on all undisputed invoices within forty five (45) days from receipt by the appropriate person(s) (to be designated at time of Agreement) of the invoice(s) or receipt of all products or services ordered.
2. Pursuant to Chapter 218.74, Florida Statutes, the County will pay interest not to exceed one percent (1%) per month on all undisputed invoices not paid within forty-five (45) days after the due date.

By submitting a Response to Flagler County, the Respondent expressly agrees that, if awarded an Agreement, the County may withhold from any payment monies owed by the Respondent to the County for any legal obligation between the Respondent and the County, including, but not limited to, real property taxes, personal property taxes, fees, and commissions.

3.6. Award Term

The County is looking to promote partnership relationships within the policies and procedures of public procurement. Pursuant toward that end, the successful Respondent shall be awarded an Agreement for an initial three (3) year term with the option for two (2) subsequent one (1) year renewals. All renewals will be contingent upon mutual written agreement and, when applicable, approval of the Board of County Commissioners.

3.7. Termination

A. County may terminate this Agreement upon written notice to the Contractor at least thirty (30) days prior to desired termination date.

B. Awarded Respondent may terminate this Agreement upon written notice to the County at least ninety (90) days prior to desired termination date.

C. Upon receipt of notice of termination by the County from awarded Respondent or upon delivery of notice of termination from the County to Contractor, awarded Respondent shall:

1. Stop work under the Agreement on the date and to the extent specified in County's Notice of Termination;

2. Inform County of the extent to which performance is completed;

3. Place no further orders or subcontracts for materials, services or facilities except as may be necessary for completion of such portion of the Work/Services under the Agreement as is not terminated and with the prior approval of the County; and,

4. Assign to the County, in the manner, at the times, and to the extent directed by the County, all of the rights, title, and interest of the awarded Respondent under the orders and subcontracts so terminated.

D. For all undisputed outstanding invoices submitted to the County prior to the effective date of the termination and subject to Section Award Term, Section Payment Terms and this Section, Termination, the County shall cause payments to be made to awarded Respondent within forty-five (45) days of receipt of invoice. Awarded Respondent shall invoice the County for any sums awarded Respondent claims to be owed by County under this Agreement for work performed from the last invoice to the effective date of termination. County shall review such invoice for payment and County shall pay any undisputed amount within forty-five (45) days.

E. With the approval of the County and to the extent required by the County, the awarded Respondent shall, upon termination, settle all outstanding liabilities and all claims arising out of such termination. County's approval of such settlements shall be final for all the purposes of a termination under this Section, Termination. In addition, awarded Respondent shall transfer title and deliver to the County, in the manner, at the times, and to the extent, if any, directed by the County, Deliverables, work-in-progress, reports, models, studies, and other materials produced as a part of, or acquired in connection with the performance of the Work/Services terminated.

F. If awarded Respondent fails to cure a breach within ten (10) calendar days after receipt of notice from the County of said breach, the County may take over the Work/Services and complete the Work/Services, and the awarded Respondent shall be liable to the County for any increased cost of the Project reasonably incurred by the County to complete the awarded Respondent's unfinished Work/Services. As such, the County may apply unpaid Compensation due and owing to the awarded Respondent prior to the default as a set off against the costs incurred by the County for taking over such Work/Services.

G. The right of termination provided to the County and the awarded Respondent herein shall be cumulative of all other remedies available at law.

H. All provisions of this Agreement which impose or contemplate continuing obligations on a party will survive the expiration or termination of this Agreement.

3.8. Damages

Due to the nature of the services to be provided and the potential impact to the County for loss, the awarded Respondent cannot disclaim consequential or special damages related to the performance of this Agreement. The awarded Respondent shall be responsible and accountable for any and all damages, directly or indirectly, caused by the actions or inaction of its employees, staff, or Subcontractors. There are no limitations to this liability.

3.9. Evaluation Method

The County will appoint a committee consisting of department staff to evaluate the proposals and to make recommendation to the Board of County Commissioners. The County will be the sole judge of its own best interests, the proposals, and the resulting Contract, if any. The County's decisions will be final. Award will be made to the proposal which presents the best value to the County based on the entire evaluation process and all the information gathered.

Note: Respondents are prohibited from contacting any of the committee members, other than the appropriate Procurement Coordinator prior to the recommendation of award from the committee.

3.10. Presentations by Respondents

1. Flagler County, at its sole discretion, may ask individual Respondents to make oral presentations and/or demonstrations without charge to the County.
2. The County reserves the right to require any Respondent to demonstrate to the satisfaction of the County that the Respondent has the fiscal and managerial abilities to properly furnish the services proposed and required to fulfill the requirements of the Request for Proposal (RFP). The demonstration must satisfy the County, and the County shall be the sole judge of compliance.
3. Respondents are cautioned not to assume that presentations will be required and should include all pertinent and required information in their original proposal package.

3.11. Proposal Acceptance/Rejection

The County reserves the right to accept or reject any or all proposals received as a result of this Solicitation, or to negotiate separately with competing Respondents, and to waive any informalities, defects, or irregularities in any proposal, or to accept that proposal or proposals, which in the judgment of the proper officials, is in the best interest of the County.

3.12. Proposal Acceptance Period

Any Proposal in response to this Request for Proposal (RFP) shall be valid through December 31, 2026. At the end of this time the proposal may be withdrawn at the written request of the Respondent if no award has been made. If the Proposal is not withdrawn at that time it remains in effect until an award is made or the solicitation is canceled regardless of the status of the proposal bond. The County reserves the right to request an extension of the proposals if a Contract has not been executed by December 31, 2026.

4. Insurance Requirements

4.1. Required Types of Insurance.

The Contractor shall purchase and maintain at its own expense, during the term of the Agreement, the types and amounts of insurance with limits no less than those shown in the Required Types and Limits of Insurance Chart associated with this solicitation, in the form and from companies satisfactory to the County. The Required Types and Limits of Insurance Chart is a listing and general summary of insurance policies required and is not intended to be comprehensive as to the requirements of each specific policy. Contractors shall review the additional requirements in this section and ensure that the insurance policies comply with the specific terms and conditions therein.

For the purposes of indemnification of the County or an endorsement or insurance coverage under this Agreement/Contract under which the County is a “named insured”, “additional named insured”, or “additional insured”, the term “County” includes Flagler County (a body corporate and politic and a subdivision of the State of Florida), including its districts, authorities, separate units of government established by law, ordinance or resolution, partners, elected and non-elected officials, employees, agents, volunteers, and any party with whom the County has agreed by contract to provide additional insured status.

The policy limits for all required policies in the Required Types and Limits of Insurance Chart shall apply separately from one another and shall not be shared with any other coverage line or reduce the aggregate limit of any other insurance coverage form required.

Regardless of anything submitted as proof of insurance, Contractor shall comply with all requirements as stated in the Solicitation and/or Contract documents.

4.2. Subcontractors and Independent Contractors.

All subcontractors & independent contractors utilized by Contractor to provide services to County and its employees under this Agreement/Contract shall be required to maintain all insurance policies with the same terms, conditions, and requirements required of the Contractor in the Required Types and Limits of Insurance Chart and described in this Solicitation.

4.3. Claims Made Basis Insurance Policies.

All insurance policies written on a Claims Made Form shall maintain a retroactive date prior to or equal to the effective date of the Agreement. The Contractor shall purchase a Supplemental Extended Reporting Period (“SERP”) with a minimum reporting period of not less than three (3) years in the event the policy is canceled, not renewed, switched to occurrence form, or any other event which requires the purchase of a SERP to cover a gap in insurance for claims which may arise under or related to the Agreement. The Contractor’s purchase of the SERP shall not relieve the Contractor of the obligation to provide replacement coverage. In addition, the Contractor shall require the carrier immediately inform the Contractor, the County Risk Manager, and the Office of Procurement and Contracts of any contractual obligations that may alter its professional liability coverage under the Agreement.

4.4. Risk Retention Groups and Pools.

Contractor shall not obtain an insurance policy required under this Agreement from a Risk Retention Group or Pool.

4.5. Minimum Required Policies and Limits.

Minimum underlying policies, coverages, and limits shall include all policies listed in the Required Types and Limits of Insurance Chart.

4.6. Additional Insured, Policies, Coverages, Limits, Primary and Non-Contributory Basis.

Under all insurance policies where the County is required to be an additional insured, the coverage and limits provided to the County under Contractor's insurance policies shall be that listed in the Required Types and Limits of Insurance Chart or the Contractor's actual limits, whichever is higher. All coverage provided to the County as an additional insured by said policies shall be primary and shall not be additional to or contributing with any other insurance or self-insurance maintained by the County or any other insurance contractually available for the benefit of the County. Contractors performing construction projects shall utilize ISO Forms CG 20 38 and CG 20 37, or their equivalents to provide additional insured status to the County and any party to whom the County is contractually bound to provide additional insured status under a commercial general liability policy.

4.7. Disposal of Materials.

If the services provided require the disposal of any hazardous or non-hazardous materials off the job site, the disposal site operator must furnish a certificate of insurance for Pollution Legal Liability with coverage for bodily injury and property damage for losses that arise from the facility that is accepting the waste under the Agreement.

4.8. Workers' Compensation.

Workers' Compensation insurance is required for all employees of the Contractor, employed or hired to perform or provide work or services under the Agreement or that is in any way connected with work or services performed under the Agreement, without exclusion for any class of employee, and shall comply fully with the Florida Workers' Compensation Law (Chapter 440, Florida Statutes, Workers' Compensation Insurance) and include Employers' Liability Insurance with limits no less than the statutory amount. Policy shall be endorsed with NCCI form WC 00 03 13 providing a waiver of subrogation in favor of the County. If Contractor is using a "leased employee" or an employee obtained through a professional employer organization ("PEO"), Contractor is required to have such employees covered by worker's compensation insurance in accordance with Florida Worker's Compensation law. The PEO shall endorse its workers compensation policy with NCCI form WC 00 03 13 providing a waiver of subrogation in favor of the County, its employees and insurers.

(1) Contractor and its Subcontractors, or any associated or subsidiary company doing work on County property or under the Agreement must be named in the Workers' Compensation coverage or provide proof of their own

Workers' Compensation coverage, without exclusion of any class of employee, and with a minimum of the statutory limits per occurrence for Employer's liability coverage. Further, if the Contractor's Subcontractors fail to obtain Workers' Compensation insurance and a claim is made against the County by the uncovered employee of said Subcontractor of the Contractor, the Contractor shall indemnify, defend, and hold harmless the County from all claims for all costs including attorney's fees and costs arising under said employee(s) Workers' Compensation insurance claim(s).

4.9. Commercial General Liability Insurance.

The Contractor shall obtain and maintain Commercial General Liability insurance, with limits of not less than the amounts shown in the Required Types and Limits of Insurance Chart. Contractor shall not obtain an insurance policy wherein the policy limits are reduced by defense and claim expenses. Such insurance shall be issued on an occurrence basis and include coverage for the Contractor's operations, independent contractors, and Subcontractors protecting itself, its employees, agents, Contractors or subsidiaries, and their employees or agents for claims for damages caused by bodily injury, property damage, or personal or advertising injury, and products liability/completed operations including what is commonly known as Coverages A and B. Such policies shall include coverage for claims by any person as a result of actions directly or indirectly related to the employment of such person or entity by the Contractor or by any of its Subcontractors arising from work or services performed under the Agreement. Policy shall include either contractual insurance or a designated contract contractual liability coverage endorsement, indicating expressly the Contractor's Agreement to indemnify, defend and hold harmless the County as provided in the Agreement. The commercial general liability policy shall provide coverage to County when it is required to be named as an additional insured either by endorsement or pursuant to a blanket additional insured endorsement, for those sources of liability which would be covered by the latest edition of the standard Commercial General Liability Coverage Form (ISO Form CG 00 01), as filed for use in the State of Florida by the Insurance Services Office, without the attachment of any endorsements excluding or limiting coverage for Bodily Injury, Property Damage, Products/Completed Operations, Independent Contractors, Property of County in Contractor's Care, Custody or Control or Property of County on which contracted operations are being performed, Explosion, Collapse or Underground hazards (XCU Coverage, Contractual Liability or Separation of Insureds.

For construction related projects, County shall be added as additional insured to Contractor's policy by both ISO Endorsements CG 20 38 (Premises & Operations) and CG 20 37 (Products & Completed Operations) or their equivalents. If County has agreed by separate contract to require Contractor to name another party as an additional insured, Contractor shall add said party as an additional insured to the commercial general liability policy by ISO Endorsement CG 20 38 and CG 20 37, or their equivalents.

For non-construction projects, Contractor shall add County as additional insured by both ISO Endorsements CG 20 10 (Premises & Operations) and CG 20 37 (Products & Completed Operations) or their equivalent. If County has agreed by separate contract to require Contractor to name another party as an additional insured, Contractor shall add said party as an additional insured to the commercial general liability policy by both ISO Endorsement CG 20 10 and CG 20 37 or their equivalents.

All commercial general liability policies shall be endorsed to provide a waiver of subrogation in favor of the County and any other party required by this Agreement to be named as an additional insured.

4.10. Motor Vehicle Liability.

The Contractor shall secure and maintain during the term of the Agreement a motor vehicle liability policy with a combined single limit of no less than the amounts shown in the Required Types and Limits of Insurance Chart for bodily injury and property damage arising from the ownership, maintenance, or use of a motor vehicle. Policy shall be written with Coverage Symbol 1 (Any Auto), providing coverage for all autos operated regardless of ownership, or with Coverage Symbols 7, 8, & 9 (Scheduled, Hired, & Non-Owned vehicles). The County shall be an additional insured under this policy when required in the Required Types and Limits of Insurance Chart. If Motor Vehicle Liability is by endorsement to another policy required in the Required Types and Limits of Insurance Chart, then the limits for Motor Vehicle Liability shall be separate (they shall not be shared) and in addition to the underlying policy limits. If endorsed to another policy required in the Required Types and Limits of Insurance Chart, Motor Vehicle Policy Limits shall apply on a per occurrence basis and shall not have an aggregate limit.

4.11. Professional Liability.

The Contractor shall ensure that it secures and maintains, during the term of the Agreement, Professional Liability insurance with limits of no less than the amount shown in the Required Types and Limits of Insurance Chart in respect only to the project(s) contemplated by the Agreement. Such policy shall cover all the Contractor's or its Subcontractor's professional liabilities whether occasioned by the Contractor or its Subcontractors, or its agents or employees. For Contractors providing Architectural and Engineering related services, policy shall be broad enough to include errors and omissions specific to Contractor's professional liability for direct and contingent design errors and Architect's/Engineers professional liability with no exclusions for design-build work.

If the Contractor fails to secure and maintain the professional liability insurance coverage required herein, the Contractor shall be liable to the County and agrees to indemnify, defend, and hold harmless the County against all claims, actions, losses or damages that would have been covered by such insurance. The County shall be an additional insured under this policy when required in the Required Types and Limits of Insurance Chart.

4.12. Primary and Excess Coverage.

Any insurance required may be provided by primary and excess insurance policies.

4.13. General Insurance Requirements.

A. All insurance policies shall be issued by insurers licensed and/or duly authorized under Florida Law to do business in the State of Florida and all insuring companies are required to have a minimum rating of A- and a Financial category size of VIII or greater in the "Best Key Rating Guide" published by A.M. Best & Company, Inc.

B. Approval by County of any policy of insurance shall not relieve Contractor from its responsibility to maintain the insurance coverage required herein for the performance of work or services by the Contractor or its Subcontractors for the entire term of the Agreement and for such longer periods of time as may be required under other clauses of the Agreement.

C. **Waiver of Subrogation**. The Contractor hereby waives all rights against the County and its Subcontractors for damages by reason of any claim, demand, suit or settlement (including workers' compensation) for any claim for injuries or illness of anyone, or perils arising out of the Agreement. The Contractor shall require similar waivers from all its Subcontractors. Contractor's insurance policies shall include a waiver of subrogation in favor of the County. This provision applies to all policies of insurance required under the Agreement (including Workers' Compensation, and general liability).

D. **County Not Liable for Paying Deductibles**. For all insurance required by Contractor, the County shall not be responsible or liable for paying deductibles for any claim arising out of or related to the Contractor's business or any Subcontractor performing work or services on behalf of the Contractor or for the Contractor's benefit under the Agreement.

E. **Cancellation Notices**. During the term of the Agreement, Contractor shall be responsible for promptly advising and providing the County Risk Manager and the Office of Procurement and Contracts with copies of notices of cancellation or any other changes in the terms and conditions of the original insurance policies approved by the County under the Agreement within two (2) business days of receipt of such notice or change.

F. **Deductibles and Self-Insured Retentions**.

1. Contractors that maintain and administer a self-insured retention or a large deductible formal program exceeding the insurance requirements listed in the Required Types and Limits of Insurance Chart to fund either program may submit an exception request in accordance with the solicitation section detailing Revisions, Addenda, Questions & Answers to be considered for this solicitation. The request must include a summary of the program's design and funding method to manage fund deductibles or self-insured retentions. If additional information is necessary, the County will request more specific information, which must be provided by the Contractor. The County Risk Manager will review the information submitted and determine whether the program is acceptable to the County.

2. Contractors with no formal risk management program in place to manage and fund deductibles or self-insured retentions may not be considered.

3. Subject to County approval, Contractor may obtain a letter of credit in the amount equivalent to the deductible, which shall remain in effect during the term of the Agreement at no additional cost to the County.

G. Contractor's obligations or services shall not be construed to negate, abridge, or reduce other rights or obligations of indemnity or insurance defense of additional or named insureds which would otherwise exhaust or be unavailable as to a party or person described in this Contract.

4.14. Proof of Insurance.

A. The Contractor shall be required to furnish evidence of all required insurance in the form of certificates of insurance, which shall clearly outline all hazards covered as itemized herein, the amounts of insurance applicable to each hazard and the expiration dates.

B. The Contractor shall furnish proof of insurance acceptable to the County prior to or at the time of execution of the Agreement and the Contractor shall not commence work or provide any service until the Contractor has obtained all the insurance required under the Agreement and such insurance has been filed with and approved by the County. Upon request from the County, the Contractor shall furnish copies of all required policies and any changes, endorsements, or amendments thereto, immediately, to the County, the County Risk Manager, and Purchasing and Contracts Divisions, prior to and any time after the commencement of any contractual obligations. The Agreement may be terminated by the County, without penalty or expense to County, if at any time during the term of the Agreement proof of any insurance or copies of any insurance policies required hereunder are not provided to the County upon request.

C. All certificates of insurance shall clearly indicate that the Contractor has obtained insurance of the type, amount and classification required by this Section. No work or services by Contractor or its Subcontractors shall be commenced until County has approved these policies or certificates of insurance. Further, the Contractor agrees that the County shall make no payments pursuant to the terms of the Agreement until all required proof or evidence of insurance has been provided to the County. The Agreement may be terminated by the County, without penalty or expense, if proof of any insurance required hereunder is not provided to the County.

D. The Contractor shall file replacement certificates with the County at the time of expiration or termination of the required insurance occurring during the term of the Agreement. In the event such insurance lapses, the County expressly reserves the right to renew the insurance policies at the Contractor's expense or terminate the Agreement but County has no obligation to renew any policies.

E. The provisions of these sections, Required Types of Insurance; Insurance Requirements; and Proof of Insurance, shall survive the cancellation or termination of the Agreement.

4.15. Provide Proof of Insurance.

Provide Proof of Insurance - evidence of required insurance coverage or proof of insurability in the amounts indicated. If available, a properly completed ACORD Form is preferable. Upon award, final forms must contain the correct solicitation and/or project number and Flagler County contact person.

Firms that have owner/operators that have filed a "Notice of Election to be Exempt" shall submit a copy of the notice with the response.

4.16. Insurance Requirement

Before execution of the Agreement by the County and commencement of the operations and/or services to be provided, and during the duration of the Agreement, the Contractor shall file with the County current certificates of all required insurance on forms acceptable to the County, which shall include the following provisions:

A. All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida and acceptable to the County.

B. The Certificates shall clearly indicate that the Contractor has obtained insurance of the type, amount and classification as required for strict compliance with this insurance section.

C. No material change or cancellation of the insurance shall be effective without thirty (30) days prior written notice to the County.

The Contractor shall require and ensure that each of its subcontractors providing services here under (if any) procures and maintains, until the completion of the services, insurance of the types and to the limits specified herein.

Coverage Required – Unless otherwise specified, the Contractor shall, at its sole expense, maintain in effect at all times during the performance of the services insurance coverage with limits not less than those set forth below and with insurers and under forms of policies satisfactory to County.

Coverage

Minimum Amounts and Limits

- Worker's Compensation
  - Statutory requirements at location of Work
- Employer's Liability
  - $ 1,000,000 each occurrence
  - $ 1,000,000 disease, aggregate
  - $ 1,000,000 disease, each employee
- Commercial General Liability
  - $ 2,000,000 General Aggregate
  - $ 2,000,000 Products-Comp. Ops Aggerate

- $ 1,000,000 Each Occurrence
- $ 500,000 Fire Damage
- $ 0 Medical Expense

- Automobile Liability
  - $ 1,000,000 Combined Single Limit (owned, hired and non-owned)
  - Option of Split Limits:
    - Bodily Injury
      - $ 1,000,000 per Person
      - $ 1,000,000 per Accident
    - Property Damage
      - $ 1,000,000

- Professional Liability
  - $ 1,000,000 per claim
  - $ 1,000,000 annual aggregate (when applicable)

Insurance carrier(s) must have a minimum financial rating of A-.

Coverage shall apply to the indemnity provided to Flagler County and shall include Flagler County its officers and employees, as additional insureds, as regards to liability arising out of the Contractor's performance of the work or the work performed by others on behalf of the Contractor under this Agreement. The insurance afforded to the County shall state that it is primary insurance and shall provide for a severability of interest or cross-liability clause. Prior to entering into the Agreement with the County, the Contractor shall furnish County with Certificates of Insurance (identifying on the face thereof the Project name and Agreement number) as evidence of the above required insurance and such Certificates shall include the following language: Flagler County BOCC as additional insured and an endorsement for which has been issued, subject to a requirement for recurring certificate of insurance every fifteen (15) days from the contract award date until, all obligations under the Contract/Agreement are completed.

Alternatively, in lieu of recurring certificates, the Contractor or Contractor may provide a certificate of insurance that contains a provision that coverage afforded under the policies will not be cancelled until at least thirty (30) days prior written notice has been given to the County, except that in the event of cancellation for nonpayment of premium the County shall receive notice as prescribed by state law (10 days). The cancellation clause should read as follows: “Should any of the described policies be canceled or material modified before the expiration date thereof, the issuing company will mail 30 day prior written notice to the

certificate holder named below, except that in event of cancellation for nonpayment of premium, the notice shall be 10 days unless a longer time is prescribed by Florida Statute."

The County will not maintain any insurance on behalf of the Contractor covering loss or damage to the work or to any other property of the Contractor.

None of the requirements contained herein as to types, limits and approval of insurance coverage to be maintained by the Contractor are intended to and shall not in any manner limit or qualify the liabilities or obligations assumed by the Contractor under the Agreement.

The Contractor shall deliver the original Certificate of Insurance and one copy to the agent of the County.

Notices, in original and one copy, of cancellation, termination and alteration of such policies shall also be provided to the agent of the County.

5. Scope of Work

5.1. Scope of Work

PROJECT BACKGROUND & OPERATIONAL FRAMEWORK

Core Objective

The selected vendor shall operate a community-based adult day care program designed to provide a structured, protective environment for eligible adults (e.g., individuals aged 60+ or adults living with cognitive or physical disabilities). The program's goal is to maximize participant autonomy, offer vital social and therapeutic engagement, prevent unnecessary institutionalization, and provide essential respite for primary family caregivers.

Facility Capacity Allocation

The physical facility has an established maximum legal occupancy constraint.

Maximum Permitted Capacity: 30 participants daily.

All operational layouts, physical configurations, dining schedules, and emergency exit routes must be optimized for this maximum capacity threshold.

County-Provided Infrastructure

To facilitate a sustainable local service pipeline, Flagler County provides structural support to the selected vendor:

Low-Cost Lease: The County offers access to the licensed day care space at a heavily reduced, below-market rental rate. Current rental rate is projected to be $500/mo., or $6000/yr, and may be waved for the first year of operations.

Structural Maintenance: The County maintains responsibility for major structural building systems (e.g., roof integrity, exterior walls, landscaping, and central HVAC system replacements). The applicant will be responsible for day-to-day internal upkeep of the facility, cleanliness, decorations, program supplies and the like.

Operational Self-Sufficiency Constraints

No Direct County Funding: No operational subsidies, baseline grants, financial draws, or direct service fee reimbursements will be provided by Flagler County. Referrals from interested and eligible Older Americans Act and State General Revenue grants (ADI, CCE, HCE) will be provided as available and applicable.

Independent Business Unit: The selected applicant must operate purely as a self-sustaining business entity. The operator is solely responsible for generating all revenue via third-party billings, private fees, and alternative grant funding to cover all operational overhead, labor, utilities, and programmatic costs.

REGULATORY TRANSITION & CONTINUITY MINIMUMS

The selected applicant must maintain seamless continuity of care for active program participants and legally assume operational control of the facility license without experiencing service disruptions or temporary closures.

A. AHCA Change of Ownership (CHOW) Requirements

The selected vendor must navigate and execute the license transition through the Florida Agency for Health Care Administration (AHCA) under Chapter 429, Part III, Florida Statutes, and Chapter 59A-16, Florida Administrative Code (F.A.C.):

- Application Timeline: Submit a comprehensive, complete Change of Ownership (CHOW) application via the AHCA Online Licensing System Portal at least 60 days prior to the anticipated operational transfer date.
- Financial Competency Verification: Complete and submit ACHA Form 31-00-0009 (Proof of Financial Ability to Operate). The applicant must verify sufficient liquid assets to cover all projected facility operating expenses (including utilities, vendor accounts, and staff payroll) for the initial 90 days of operation without relying on immediate accounts receivable or collections.
- Legal Transfers: Provide fully executed Asset Purchase Agreements, Bills of Sale, or Lease-Transfer Documents establishing a clear line-of-ownership transfer between the outgoing operator and the applicant.
- Liability & Corrections: Assume immediate operational responsibility for and submit an approved Plan of Correction (PoC) to AHCA for any outstanding compliance citations or deficiencies left by the preceding license holder. No citations or deficiencies exist at the time of this RFP.
- Background Clearances: Ensure all executive officers, program directors, board members, and financial stakeholders holding a 5% or greater interest have passed a Level 2 background screening via the AHCA Care Provider Background Screening Clearinghouse prior to contract signing.

B. Florida Medicaid MLTC Provider Continuity

Because the core target population relies heavily on home and community-based waiver services, the selected provider must satisfy the following Medicaid criteria:

- Active Enrollment: Establish and/or maintain active status on the AHCA Provider Master List (PML) with a valid Florida Medicaid Provider ID.
- SMMC Region B Credentialing: Secure, transfer, or maintain active provider network contracts with the authorized Statewide Medicaid Managed Care (SMMC) 3.0 Long-Term Care (LTC) managed care organizations serving Region B (Flagler County) through the 2030 contract cycle:

- Sunshine Health
- Simply Healthcare
- Humana
- Florida Community Care (FCC)
- UnitedHealthcare Community Plan

- Continuity of Care Mitigation: Detail an explicit risk-mitigation strategy to safely navigate participant billing during the standard regional 90-day "Continuity of Care" window if an existing client shifts from the incumbent operator to their organization while insurance credentials are being finalized.
- HCBS Settings Rule Adherence: Comply with federal Centers for Medicare & Medicaid Services (CMS) Home and Community-Based Services (HCBS) regulations. The program structure must optimize participant autonomy, independence, privacy, and integration into the broader local community.

STAFFING CONFIGURATIONS & MATRICES

The selected vendor must maintain staffing configurations that comply strictly with Rule 59A-16.005, F.A.C. Based on a maximum permitted daily census of 30 clients, the proposal must fulfill the following structured staffing matrix:

SUGGESTED DAILY STAFFING LAYOUT (MAX 30 CAPACITY)	
1. Core Center Director	1 Full-Time Equivalent (FTE)
2. Direct Care Staff (1:6)	5 FTE Awake, Direct-Care Personnel
Specialized Memory (1:5)	1 FTE of 5 if serving Alzheimer's/Dementia
3. Licensed Healthcare (RN/LPN)	1 PRN, but ideally dedicated Shift position

A. General Direct Care Staff Ratio (1:6 Ratio)

- Minimum Metric: A minimum ratio of one (1) staff member who provides direct services for every six (6) participants must be present at the facility at all times.
- Full Capacity Requirement: For a maximum census of 30 clients, the applicant must schedule a minimum of five (5) awake, direct-care personnel on-site daily during operating hours.

B. Specialized Alzheimer’s/Dementia Care Ratio (1:5 Ratio)

- Minimum Metric: For any sub-population of participants diagnosed with Alzheimer's disease or related forms of dementia, the facility must increase staffing to one (1) direct service staff member for every five (5) memory care participants.
- Capacity Impact: If the applicant intends to dedicate a portion of the 30-client slot allotment to specialized dementia care, the staffing layout would adjust upward. Example: An active daily census of 20 general clients (4 staff) and 10 memory-care clients (2 staff) will require 6 direct care staff members.

C. Mandated Core Roles (Non-Delegable)

- Center Director (1 FTE): Responsible for daily administration. The director cannot be dual-counted as primary direct-care staff if the active census regularly exceeds 12 participants.
- Licensed Healthcare Personnel: The applicant must secure a Registered Nurse (RN) or Licensed Practical Nurse (LPN) to manage medication administration, perform health screenings, and coordinate care plans under Florida AHCA rules.

DETAILED SCOPE OF WORK (SOW) OPERATIONS

The selected vendor shall perform all duties, services, and responsibilities detailed below. Proposals shall address all of the following aspects of the scope of work.

A. Core Operating Schedule

- Mandatory Operational Hours: The facility shall remain open to participants from 9:00 AM to 4:30 PM, Monday through Friday, excluding County-designated holidays.
- Service Availability: The vendor must ensure staff are on-site at least 30 minutes prior to opening (8:30 AM) and remain until all participants are safely discharged or boarded onto transit vehicles at the end of the day.

B. Participant Intake, Assessment, and Care Planning

- Eligibility and Intake Screening: Conduct comprehensive pre-admission screenings to ensure applicants meet adult day care criteria. Participants must not require 24-hour continuous bed confinement or pose a physical threat to themselves or others.
- Individualized Plan of Care (POC): Develop a written POC for each participant within 30 days of admission. The POC must be co-signed by the participant’s primary physician or managed care case manager. It must document specific goals, physical limitations, behavioral interventions, and required assistance levels.

- Mandatory Reassessments: Conduct formal reviews and updates of each participant's POC every six (6) months, or immediately following any significant change in the individual's physical or mental health status.

C. Clinical, Health, and Medication Management

- Nursing Oversight: Provide on-site or contracted nursing coverage (RN or LPN) to perform daily health monitoring, including vital sign checks, blood sugar monitoring, and weight tracking as specified by individual care plans.
- Medication Administration: Securely store and administer medications in strict compliance with Rule 59A-16.005(4), F.A.C. All administrations must be executed by licensed medical professionals or properly certified staff under RN oversight.
- Medication Administration Records (MAR): Maintain a flawless, real-time MAR for each participant. Document the drug name, dosage, route, exact time of administration, and the signature of the administering staff member.
- Medical Emergency Response: Establishing and maintaining an active contract with a medical director or regional emergency response system is highly encouraged, at minimum ensuring all staff hold active CPR and First Aid certifications at all times.

D. Activities of Daily Living (ADLs) & Personal Care Assistance

- Direct Care Support: Provide respectful, hands-on assistance with basic Activities of Daily Living (ADLs). This includes ambulation, transfers, eating, grooming, and specialized toileting or incontinence care. Use of restraining techniques (hands on) and/or assistive mechanisms is not sought, but if it is part of an applicant proposal, all aspects of this practice and related regulatory compliance must be adequately addressed in the proposal
- Restorative Care Maintenance: Implement simple, routine range-of-motion exercises, scheduled walking regimens, and hydration tracking to prevent physical decline and maintain participant independence.

E. Therapeutic, Social, and Memory Care Programming

- Daily Structured Activities: Design and execute a minimum of three (3) hours of scheduled therapeutic activities per day. Activities must cater to varying cognitive and physical functional levels, including arts, music, gentle physical fitness, and socialization.
- Specialized Dementia Programming: Provide distinct, physically segregated cognitive stimulation programs for participants diagnosed with Alzheimer's or related dementias. These programs must focus on validation therapy, memory orientation, and wandering mitigation within a secure perimeter.

F. Nutritional and Dietary Services

- Meal Requirements: Provide a minimum of one (1) hot, nutritionally balanced meal and two (2) healthy snacks during the designated operational day. Meals must fulfill at least one-third (1/3) of the Recommended Dietary Allowances (RDA) for adults.
- Therapeutic and Modified Diets: Accommodate medically prescribed modified diets, including mechanical soft, pureed, low-sodium, and diabetic menus.
- Sanitation Standards: Ensure all food storage, preparation, and kitchen operations comply fully with Florida Department of Health (DOH) Chapter 64E-11 guidelines. Keep valid DOH food service permits posted at all times.

G. Facility Operations, Maintenance, and Security

- Utility Financial Responsibility: Pay all facility utility costs—including electricity, water, sewer, internet, and telephone service—directly to providers. Maintain separate utility tracking distinct from corporate overhead.
- Internal Maintenance and Janitorial Services: Provide daily interior janitorial care, deep cleaning, and waste removal. Keep the building clean, odor-free, and fully sanitized. Maintain all internal program-specific equipment (such as lift chairs, medical carts, and kitchen appliances) at the vendor's expense.
- Physical Security: Secure all exterior exit points with delayed-egress magnetic locks or keypad security systems. This ensures a safe environment and prevents elopement of memory-care participants, in full compliance with local fire codes.
- Assume and ensure all regulatory compliance, oversight and respective liability in the day to day operations, licensing, and administration of Adul Day Care, per pertinent state statute and regulations.

H. Safe Transportation Services

- Transit Coordination: Coordinate with Flagler County Transportation, family/caregivers and other appropriate parties to ensure portal-to-portal transportation for participants traveling between their residences in Flagler County and the adult day care center. Coordination with Senior Services Division is also encouraged and available.
- Vehicle Compliance: Ensure all transit vehicles used are ADA-accessible, equipped with functional wheelchair lifts/tie-downs, climate-controlled, and regularly maintained.

I. Emergency Activation & Disaster Assistance Response

- Hurricane and Evacuation Shelter Support: In the event of local hurricane activations, severe weather emergencies, or mandatory county evacuations ordered by Flagler County Emergency Management, the County may request the vendor to assist in emergency shelter operations.

- Feasibility-Based Care Coordination: As feasible and safe given regional conditions, the vendor may be asked to coordinate the safe transfer, tracking, and temporary continuity-of-care support for active adult day care participants placed within designated County medical-needs or public emergency shelters.
- Disaster Plan Submission: The vendor must submit an updated, comprehensive Emergency Preparedness Plan annually to the Flagler County Emergency Management Division for review and local approval.

FINANCIAL REPORTING & ACCOUNTABILITY

Because the County provides the physical infrastructure, the vendor must maintain transparent fiscal practices to prove long-term viability:

- Segregated Accounting Systems: Maintain distinct, auditable financial records specifically for this facility location, applying standard Generally Accepted Accounting Principles (GAAP).
- Annual Audited Financial Statements: Submit an annual financial audit compiled by an independent Certified Public Accountant (CPA) to the County Contract Manager within 120 days of the fiscal year-end.
- Monthly Facility Utility Cost Validation: Provide timely proof of payment for all building utilities, which must be tracked independently from corporate administrative overhead.

6. Proposal Submittal Requirements

6.1. Provider's Qualifications and Experience

Provider’s qualifications, experience and past Provider performance related to providing the type of services requested in this solicitation.

The Provider will be required to demonstrate a comprehensive set of qualifications to ensure they are capable of delivering high-quality Adult Day Care Program.

The Contractor must have a minimum of 5 years’ experience in providing services to individuals diagnosed, showcasing a strong background in therapeutic care and health supervision.
Specifically, the Provider must provide evidence of a well-established track record in operating adult day care programs or similar services.

This includes a history of successfully designing and managing therapeutic programs that address the cognitive, physical, and emotional needs of individuals.

The Provider must also demonstrate expertise in developing individualized care plans that cater to the unique needs of each participant, ensuring that all activities are tailored to enhance their quality of life and well-being.

Provider must show evidence of its organizational capacity to manage the program effectively, including a clear administrative structure and support system to ensure smooth operations.

The Provider should also provide proof of their ability to manage legal and financial responsibilities, particularly in terms of making site improvements to meet required codes for health, safety, and accessibility.

The applicant will also need to demonstrate strong communication skills, including the ability to collaborate effectively with the City, caregivers, family members, and community partners.

The Provider must be committed to providing regular updates on program progress, participant outcomes, and any challenges encountered, ensuring transparency and accountability throughout the project.

6.2. Organizational Profile and Project Team Qualifications

Provider's approach to providing the requested scope of services.

Provider must provide a qualified team of professionals with relevant certifications, such as Registered Nurses (RNs), Licensed Practical Nurses (LPNs), or Certified Nursing Assistants (CNAs), and staff members trained in Alzheimer’s disease or related dementia care. These professionals should have experience in supervising participants, administering medication, assisting with activities of daily living, and addressing the medical and behavioral needs of individuals with Alzheimer’s disease or related dementia.

The operational staff provided by the applicant will play a critical role in ensuring the effective and safe operation of the Adult Day Care Program at the David I. Siegel Center. The staff must be qualified and capable

of delivering high-quality care to individuals, as well as providing support to their caregivers. The staff will consist of a variety of professionals, including an administrator, nursing staff, direct care workers, and support staff, each of whom must meet specific educational and licensing requirements to comply with state and local regulations.

The following areas must be addressed:
1. Identify the staff involved in the project, including identification of the bidder's project manager. The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement.
2. Summarize their qualifications related to specific requirements of this project.
3. Resumes of professional staff must be included. 4. Job descriptions for all project staff must be included. Descriptions must include the hours the staff person works each week and the number of hours assigned to this program each week.
5. A Program Organizational Chart must be included. If you operate more than one program, also include an Agency Organizational Chart showing the line of authority.
6. The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. The qualifications of these individuals shall be presented (in resumes or other formats).

If conducting this project will require hiring of one or more individuals who are not currently employed by the bidding organization, applications shall provide detailed job descriptions, including required qualifications and experience.

If subcontractors are to be used, the proposal shall also contain similar information regarding each subcontractor

6.3. Approach and Methodology

Professional experience and qualifications of key personnel that will be assigned to this project.

The Provider must provide a comprehensive description of their organization's expertise in the area of adult day care services.
This includes detailed information on the organization's experience in operating similar projects, demonstrating a proven track record in designing and implementing therapeutic care programs that address the unique needs of individuals to include individuals with Alzheimer's disease or related dementia.

The Provider must outline their capacity to provide high-quality, person-centered care in a structured, supportive environment that promotes cognitive, emotional, and physical well-being. A key requirement is the inclusion of a summary of similar current and completed projects, to include any projects that focus on dementia or Alzheimer's care. The Provider should highlight any ongoing or past adult day care programs, therapeutic services for individuals with cognitive impairments, or similar health and wellness programs aimed at improving quality of life for elderly or vulnerable populations.

For each project, the applicant should provide the following: project name, client or organization served, scope of services, the number of participants, and any measurable outcomes or successes achieved. This will

help demonstrate the organization's ability to effectively manage and deliver services on a similar scale and complexity to the Adult Day Care Program at David I. Siegel Center.

The Provider should also provide evidence of its capacity to manage both the operational and regulatory requirements of such programs, including compliance with state and local adult day care regulations. Examples of successful projects, particularly those that involved improvements to facilities, adherence to health and safety standards, or the integration of community-based care strategies, will strengthen the Provider's qualifications.

The Provider should also demonstrate their ability to handle the financial and administrative aspects of the program, ensuring sustainability and efficient management. The organization's experience in overseeing program staffing, including qualified professionals trained in dementia care, as well as their approach to caregiver support, will be important factors in evaluating their qualifications. The County seeks a Provider that can leverage this experience to create a program that meets both the immediate and long-term needs of participants, while collaborating effectively with County staff, caregivers, and other community stakeholders. Past performance references, along with detailed descriptions of similar projects, will be critical in assessing the Provider's qualifications and suitability for this important role.

6.4. Past Performances and References

Provide at least three references, preferably from government entities, for projects with similar scope of services.

Applicants must provide evidence of their past performance and include references to demonstrate their ability to successfully deliver high-quality adult day care services, to include services for individuals with dementia or Alzheimer's disease. Submissions should highlight the applicant's demonstrated success in managing similar programs, including specific examples of services provided, populations served, and outcomes achieved.

Applicants should provide data or testimonials that showcase their expertise in developing and implementing therapeutic activities, managing health supervision, and supporting participants with progressive cognitive impairments. Emphasis should be placed on their ability to deliver person-centered care and achieve positive impacts on both participants and their caregivers.

To support their track record, Applicants must include references from previous clients who can speak to the Provider's quality of service, professionalism, and overall performance. References should include contact information, a description of the services provided, and details about the scope of the project. These references will play a critical role in validating the applicant's capability to fulfill the requirements of the Adult Day Care Program.

Applicants are also encouraged to provide evidence of positive feedback from participants, caregivers, and stakeholders from prior projects. This could include client satisfaction surveys, letters of recommendation, or case studies illustrating successful outcomes.

Additionally, any relevant certifications, awards, or recognition for excellence in adult day care services or dementia care should be highlighted to further establish credibility and expertise. Evidence of strong past performance and satisfied clients will be essential in evaluating the applicant's suitability for this program.

Given the regulatory requirements that directly impact both the construction and operation of an Adult Day Care facility, applicants are strongly encouraged to demonstrate knowledge of, and experience with, Florida's Agency for Health Care Administration (AHCA) regulations. In Florida, Adult Day Care Centers must obtain both a license and a certificate of sanitation prior to beginning operations. Accordingly, applicants should provide evidence of past compliance with AHCA standards, including licensure experience and familiarity with applicable facility and programmatic requirements.

6.5. Financial Stability

Providers must demonstrate financial stability and the capacity to manage all operational and site improvement costs associated with the scope of services.

Applicants must provide clear and compelling evidence of financial stability to demonstrate their ability to successfully develop, implement, and sustain the Adult Day Care Program at the David I. Siegel Center.

Submissions should include detailed financial documentation that illustrates the applicant's capacity to manage operational expenses, fund necessary site improvements, and meet all regulatory and licensing requirements without financial constraints.

Applicants are required to submit audited financial statements for the past three years, including balance sheets, income statements, and cash flow statements, to provide a comprehensive view of their financial health. If audited statements are unavailable, independently reviewed or compiled statements may be submitted, accompanied by an explanation of their validity.

Applicants should provide a summary of their current financial position, highlighting key metrics such as liquidity, solvency, and debt-to-equity ratio. Evidence of access to sufficient working capital or credit lines to cover project costs, including unforeseen expenses or delays, must also be included. Applicants are encouraged to submit letters of credit or other guarantees from financial institutions as further evidence of their ability to finance the project.

The submission should outline the applicant's financial management practices, such as budgeting, cost controls, and risk mitigation strategies, to demonstrate their ability to effectively allocate resources and maintain fiscal responsibility. If applicable, applicants should include a record of successfully managing similar projects, with examples of how they ensured financial sustainability.

Applicants must also provide details on their ability to meet the long-term financial demands of operating the program including staff salaries, facility maintenance, and program resources. Submissions should reflect the applicant's understanding of the financial commitments required to maintain compliance with state and local regulations and to deliver high-quality services to participants. Evidence of financial stability will be a critical evaluation criterion, as it ensures the selected Provider can uphold its contractual obligations and deliver a sustainable and impactful program for Flagler County.

6.6. Cost

1. Participant Rate Structure

Propose the daily unit rates to be charged to participants or third-party insurers.

Service Category	Unit Measure	Proposed Base Rate
General Adult Day Care	Per Participant, Per Day	
Specialized Memory Care (Dementia)	Per Participant, Per Day	

2. Pro Forma Break-Even Matrix

Confirm the operational milestones necessary to reach self-sufficiency within the facility space.

- Minimum average daily census required to break even:_____ participants per day.
- Projected timeline to hit break-even census from contract start date: _____calendar days.

This scoring is to be done by Admin at time of evaluation scoring meeting.

7. Evaluation Phases

Each Proposal submittal shall be evaluated for conformance as responsive and responsible using the following criteria:

1. That all proposal documentation was submitted timely and in conformance with all requirements of the RFP.

2. That the following elements of Contractor's proposal meet or exceed the requirements of this RFP and cumulatively provide the service and benefits to the County deemed to be in the best interest of the public

3. Scoring (0-5) shall be assigned as follows. Each criteria will have a weight assigned to calculate total points awarded.

- 0= Did not submit
- 1 = Poor - Proposal is lacking or inadequate in most basic requirements, specifications, or provisions for the specific criteria.
- 2 = Below Average - Proposal meets many of the basic requirements, specifications or provisions of the specific item, but is lacking in some essential aspects for the specific criteria.
- 3 = Average - Proposal adequately meets the minimum requirements, specifications, or provisions of the specific item, and is generally capable of meeting the County's needs for the specific criteria.
- 4 = Above Average - Proposal more than adequately meets the minimum requirements, specifications, or provisions of the specific criteria, and exceeds those requirements in some aspects for the specific criteria.
- 5 = Excellent - Proposal exceeds minimum requirements, specifications, provisions in most aspects for the specific criteria.

4. Pricing elements shall be scored with lowest price/highest revenue receiving 5 points and calculating down from there based on percentage.

No.	Evaluation Criteria	Scoring Method	Weight (Points)

1.	**Provider's Qualifications and Experience** Provider's qualifications, experience and past Provider performance related to providing the type of services requested in this solicitation. The Provider will be required to demonstrate a comprehensive set of qualifications to ensure they are capable of delivering high-quality Adult Day Care Program. The Contractor must have a minimum of 5 years' experience in providing services to individuals diagnosed, showcasing a strong background in therapeutic care and health supervision. Specifically, the Provider must provide evidence of a well-established track record in operating adult day care programs or similar services. This includes a history of successfully designing and managing therapeutic programs that address the cognitive, physical, and emotional needs of individuals. The Provider must also demonstrate expertise in developing individualized care plans that cater to the unique needs of each participant, ensuring that all activities are tailored to enhance their quality of life and well-being. Provider must show evidence of its organizational capacity to manage the program effectively, including a clear administrative structure and support system to ensure smooth operations. The Provider should also provide proof of their ability to manage legal and financial responsibilities, particularly in terms of making site improvements to meet required codes for health, safety, and accessibility. The applicant will also need to demonstrate strong communication skills, including the ability to collaborate effectively with the City, caregivers, family members, and community partners. The Provider must be committed to providing regular updates on program progress, participant outcomes, and any challenges encountered, ensuring transparency and accountability throughout the project.	0-5 Points	20 *(20% of Total)*

2.	**Organizational Profile and Project Team Qualifications** Provider's approach to providing the requested scope of services. Provider must provide a qualified team of professionals with relevant certifications, such as Registered Nurses (RNs), Licensed Practical Nurses (LPNs), or Certified Nursing Assistants (CNAs), and staff members trained in Alzheimer's disease or related dementia care. These professionals should have experience in supervising participants, administering medication, assisting with activities of daily living, and addressing the medical and behavioral needs of individuals with Alzheimer's disease or related dementia. The operational staff provided by the applicant will play a critical role in ensuring the effective and safe operation of the Adult Day Care Program at the David I. Siegel Center. The staff must be qualified and capable of delivering high-quality care to individuals, as well as providing support to their caregivers. The staff will consist of a variety of professionals, including an administrator, nursing staff, direct care workers, and support staff, each of whom must meet specific educational and licensing requirements to comply with state and local regulations. The following areas must be addressed: 1. Identify the staff involved in the project, including identification of the bidder's project manager. The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. 2. Summarize their qualifications related to specific requirements of this project. 3. Resumes of professional staff must be included. 4. Job descriptions for all project staff must be included. Descriptions must include the hours the staff person works each week and the number of hours assigned to this program each week. 5. A Program Organizational Chart must be included. If you operate more than one program, also include an Agency Organizational Chart showing the line of authority. 6. The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. The qualifications of these individuals shall be presented (in resumes or other formats). If conducting this project will require hiring of one or more individuals who are not currently employed by the bidding	0-5 Points	20 *(20% of Total)*

	organization, applications shall provide detailed job descriptions, including required qualifications and experience. If subcontractors are to be used, the proposal shall also contain similar information regarding each subcontractor.		

3.	**Approach and Methodology** Professional experience and qualifications of key personnel that will be assigned to this project. The Provider must provide a comprehensive description of their organization's expertise in the area of adult day care services. This includes detailed information on the organization's experience in operating similar projects, demonstrating a proven track record in designing and implementing therapeutic care programs that address the unique needs of individuals to include individuals with Alzheimer's disease or related dementia. The Provider must outline their capacity to provide high-quality, person-centered care in a structured, supportive environment that promotes cognitive, emotional, and physical well-being. A key requirement is the inclusion of a summary of similar current and completed projects, to include any projects that focus on dementia or Alzheimer's care. The Provider should highlight any ongoing or past adult day care programs, therapeutic services for individuals with cognitive impairments, or similar health and wellness programs aimed at improving quality of life for elderly or vulnerable populations. For each project, the applicant should provide the following: project name, client or organization served, scope of services, the number of participants, and any measurable outcomes or successes achieved. This will help demonstrate the organization's ability to effectively manage and deliver services on a similar scale and complexity to the Adult Day Care Program at David I. Siegel Center. The Provider should also provide evidence of its capacity to manage both the operational and regulatory requirements of such programs, including compliance with state and local adult day care regulations. Examples of successful projects, particularly those that involved improvements to facilities, adherence to health and safety standards, or the integration of community-based care strategies, will strengthen the Provider's qualifications. The Provider should also demonstrate their ability to handle the financial and administrative aspects of the program, ensuring sustainability and efficient management. The organization's experience in overseeing program staffing, including qualified professionals trained in dementia care, as well as their approach to	0-5 Points	20 *(20% of Total)*

	caregiver support, will be important factors in evaluating their qualifications. The County seeks a Provider that can leverage this experience to create a program that meets both the immediate and long-term needs of participants, while collaborating effectively with County staff, caregivers, and other community stakeholders. Past performance references, along with detailed descriptions of similar projects, will be critical in assessing the Provider's qualifications and suitability for this important role.		

4.	**Past Performances and References** Provide at least three references, preferably from government entities, for projects with similar scope of services. Applicants must provide evidence of their past performance and include references to demonstrate their ability to successfully deliver high-quality adult day care services, to include services for individuals with dementia or Alzheimer's disease. Submissions should highlight the applicant's demonstrated success in managing similar programs, including specific examples of services provided, populations served, and outcomes achieved. Applicants should provide data or testimonials that showcase their expertise in developing and implementing therapeutic activities, managing health supervision, and supporting participants with progressive cognitive impairments. Emphasis should be placed on their ability to deliver person-centered care and achieve positive impacts on both participants and their caregivers. To support their track record, Applicants must include references from previous clients who can speak to the Provider's quality of service, professionalism, and overall performance. References should include contact information, a description of the services provided, and details about the scope of the project. These references will play a critical role in validating the applicant's capability to fulfill the requirements of the Adult Day Care Program. Applicants are also encouraged to provide evidence of positive feedback from participants, caregivers, and stakeholders from prior projects. This could include client satisfaction surveys, letters of recommendation, or case studies illustrating successful outcomes. Additionally, any relevant certifications, awards, or recognition for excellence in adult day care services or dementia care should be highlighted to further establish credibility and expertise. Evidence of strong past performance and satisfied clients will be essential in evaluating the applicant's suitability for this program. Given the regulatory requirements that directly impact both the construction and operation of an Adult Day Care facility, applicants are strongly encouraged to demonstrate knowledge of, and experience with, Florida's Agency for Health Care Administration (AHCA) regulations. In Florida, Adult Day Care Centers must obtain both a license and a certificate of sanitation prior to beginning	0-5 Points	10 *(10% of Total)*

	operations. Accordingly, applicants should provide evidence of past compliance with AHCA standards, including licensure experience and familiarity with applicable facility and programmatic requirements.		

5.	**Financial Stability** Providers must demonstrate financial stability and the capacity to manage all operational and site improvement costs associated with the scope of services. Applicants must provide clear and compelling evidence of financial stability to demonstrate their ability to successfully develop, implement, and sustain the Adult Day Care Program at the David I. Siegel Center. Submissions should include detailed financial documentation that illustrates the applicant's capacity to manage operational expenses, fund necessary site improvements, and meet all regulatory and licensing requirements without financial constraints. Applicants are required to submit audited financial statements for the past three years, including balance sheets, income statements, and cash flow statements, to provide a comprehensive view of their financial health. If audited statements are unavailable, independently reviewed or compiled statements may be submitted, accompanied by an explanation of their validity. Applicants should provide a summary of their current financial position, highlighting key metrics such as liquidity, solvency, and debt-to-equity ratio. Evidence of access to sufficient working capital or credit lines to cover project costs, including unforeseen expenses or delays, must also be included. Applicants are encouraged to submit letters of credit or other guarantees from financial institutions as further evidence of their ability to finance the project. The submission should outline the applicant's financial management practices, such as budgeting, cost controls, and risk mitigation strategies, to demonstrate their ability to effectively allocate resources and maintain fiscal responsibility. If applicable, applicants should include a record of successfully managing similar projects, with examples of how they ensured financial sustainability. Applicants must also provide details on their ability to meet the long-term financial demands of operating the program including staff salaries, facility maintenance, and program resources. Submissions should reflect the applicant's understanding of the financial commitments required to maintain compliance with state and local regulations and to deliver high-quality services to participants. Evidence of financial stability will be a critical evaluation criterion, as	0-5 Points	20 *(20% of Total)*

<table>
<tr><td></td><td>it ensures the selected Provider can uphold its contractual obligations and deliver a sustainable and impactful program for Flagler County.</td><td></td><td></td></tr>
<tr><td>6.</td><td>Cost

1. Participant Rate Structure

Propose the daily unit rates to be charged to participants or third-party insurers.

<table><tr><th>Service Category</th><th>Unit Measure</th><th>Proposed Base Rate</th></tr><tr><td>General Adult Day Care</td><td>Per Participant, Per Day</td><td></td></tr><tr><td>Specialized Memory Care (Dementia)</td><td>Per Participant, Per Day</td><td></td></tr></table>
2. Pro Forma Break-Even Matrix

Confirm the operational milestones necessary to reach self-sufficiency within the facility space.

• Minimum average daily census required to break even:_____ participants per day.
• Projected timeline to hit break-even census from contract start date: _____calendar days.

This scoring is to be done by Admin at time of evaluation scoring meeting.</td><td>0-5 Points</td><td>10
(10% of Total)</td></tr>
</table>

8. Vendor Questionnaire

1. Acknowledgements

*1.1. Acknowledgment**

By checking yes, the Respondent acknowledges the following:

- Information provided in the response is true and correct and that the submission of a response is final.
- The Respondent agrees to all terms and conditions contained in this solicitation and related exhibits.
- Respondent further agrees and acknowledges that no proprietary or confidential information has been submitted. By submitting this proposal or entering into this contract, Contractor/Respondent acknowledges that all documents submitted are public records and agrees that any records maintained, generated, received, or kept in connection with, or related to the performance of services or delivery of products provided under this proposal or contract are public records subject to the public records disclosure requirements of Florida Statutes sec. 119 et seq., and Article I, section 24 of the Florida Constitution.
- Responses may be withdrawn by the Respondent prior to the closing/offer date. Following the closing date, Respondent understands that a response may not be withdrawn.

☐ Yes
☐ No

*Response required

*1.2. Scope of Services Acknowledgement**

By checking yes, vendor acknowledges the above and/or included Scope of Services and will furnish said product and/or services according to the specifications or scope of services detailed within this Solicitation if awarded.

☐ Yes
☐ No

*Response required

*1.3. By checking yes, the vendor agrees to comply with the E-Verify requirements as described in this section.**

Compliance with E-Verify Federal Requirements

The Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor / Consultant on or after the effective date of this Agreement and thereafter during the remaining term of the Agreement, including Subcontractors. Any subcontract entered into by Contractor with any Subcontractor performing work under this contract shall

include the following language: “The Subcontractor shall utilize the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all new employees hired by the Contractor on or after the effective date of this Agreement and thereafter during the remaining term of the Agreement.” The Contractor covenants and agrees that if it is found in violation of this section or the Executive Order, such violation shall be a material breach of this Agreement and Contractor shall indemnify, defend and hold harmless the County from any fines or penalties levied by a government agency, including the loss or repayment of grant funds by the County.

☐ Yes
☐ No

*Response required

*1.4. Registration on Sam.gov**

For any federally funded project, respondent agrees to register on SAM.gov if awarded a contract under this solicitation.

☐ Yes
☐ No

*Response required

When equals "Yes"

*1.4.1. Please provide your UEI#**

*Response required

*1.5. Registration on Sunbiz.org**

☐ Yes
☐ No

*Response required

When equals "Yes"

*1.5.1. Please provide your Sunbiz.org Document Number**

*Response required

When equals "Yes"

*1.5.2. Please upload your Sunbiz.org certificate.**

*Response required

*1.6. Insurance Acknowledgement**

By checking yes, Respondent agrees to the insurance requirements as detailed in the Required Types and Limits of Insurance Chart and the Required Types of Insurance; Insurance Requirements; and Proof of Insurance sub-sections in "General Terms and Conditions".

☐ Yes
☐ No

*Response required

*1.7. Drug-Free Workplace**

Please download the below documents, complete, and upload.

- DRUG_FREE_WORKPLACE.pdf

*Response required

*1.8. Name and Title of Authorized Agent of the Respondent**

Respondent acknowledges that the name and title of the signatory (the "Authorized Signatory"), as completed below, is authorized to execute contracts/agreements with Flagler County, and any affixed electronic or conformed signature of the Authorized Signatory shall be the act of and attributable to the Authorized Signatory. By signing this Agreement electronically, the Authorized Signatory does thereby adopt the electronic or conformed signature as his or her own and designates a copy of same for use as an official record by Flagler County.

If the below-named individual is not an authorized agent of the firm, as listed with the Florida Division of Corporations (Sunbiz), a Memorandum of Authority shall be uploaded giving that individual authorization to commit the firm to a contract.

Please provide the Complete Name and Title which shall indicate acknowledgment.

*Response required

*1.9. Conflict of Interest**

The award of this Solicitation is subject to Chapter 112, Florida Statutes. All respondents must disclose with their response the name of any officer, director, or agent who is also an employee of Flagler County. Further, all respondents must disclose the name of any Flagler County employee who owns, directly or indirectly, an interest of the Respondent's/Supplier's firm or any of its subsidiaries associated with this project. I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

Respondent shall select 'No' if a conflict of interest as defined in this question does NOT exist. Please select 'Yes' if a conflict of interest as defined in this question DOES exist and shall be further described in the explanation below.

☐ Yes
☐ No

*Response required

When equals "Yes"

*1.9.1. Enter explanation of the conflict of interest as indicated above. **

*Response required

*1.10. Do you or any owner(s), principal(s), or officer(s) of your firm currently serve on any Flagler County board(s) or committee(s)?**

Please indicate response.

☐ Yes
☐ No

*Response required

When equals "Yes"

*1.10.1. If you indicated YES to Flagler County board/committee question above...**

Please list the individual's full name(s) and the board(s) and/or committee(s) on which they serve.

*Response required

2. Revisions, Addenda, Questions & Answers

All answers to questions of substance will be publicly published using the Question & Answer feature.

Participants are required to review all revisions and answers to questions published. Revisions within the Solicitation as well as responses posted through the 'Question & Answer' feature are authoritative and shall be considered an addendum to the Solicitation. All information in this Solicitation, including information provided through the 'Question & Answer' feature are incorporated into the Solicitation or any Contract resulting from this Solicitation.

*2.1. Addenda/Questions Acknowledgement**

By selecting YES below, participants are confirming that they have reviewed revisions and all answers to questions published and any addenda up until the Solicitation closing date and have given consideration to all information in preparing the response to this Solicitation. Selecting YES will serve as confirmation of acknowledgement.

☐ Yes
☐ No

*Response required

3. Public Entity Crime

*3.1. Public Entity Crime Acknowledgement**

Public Entity Crimes - Pursuant to Section 287.133(12)(a) of the Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Submittal Package (Bid Response) on a contract to provide any goods or services to a public entity, may not

submit a bond on a contract with a public entity for the construction or repair of a public building or public work, may not submit Submittal Package (Bid Response) on leases of real property to a public entity may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for Category Two ($25,000) for a period of 36 months from the date of being placed on the convicted vendor list. Respondent should read carefully all provisions of 287.133 and 287.134, Florida Statutes (2005).

By selecting 'Yes', the Respondent represents and warrants that the submission of its response/proposal does not violate Section 287.133, Florida Statutes (2005), nor Section 287.134, Florida Statutes (2005) or their successor. In addition to the foregoing, the Respondent represents and warrants that Respondent, Respondent's subcontractors and Respondent's implementer, if any, is not under investigation for violation of such statutes.

☐ Yes
☐ No

*Response required

4. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

*4.1. Acknowledgment Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**

By selecting 'Yes' below, the Respondent certifies to the best of its knowledge and belief, that the firm and any subcontractor/supplier in accordance with a response to this solicitation:

- are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency
- have not within a three-year period preceding this bid proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the previous paragraph of this certification.
- have not within a three (3) year period preceding this bid proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

☐ Yes
☐ No

*Response required

When equals "No"

4.1.1. Enter explanation of the 'No' response to the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion.

5. Scrutinized Companies Certification

Per State of Florida Statute s. 287.135(5) Suppliers (companies) must acknowledge and agree to the 'Certification Regarding Prohibition Against Contracting with Scrutinized Companies' paragraph listed below. Respondents shall agree by marking the option below. Respondents neglecting to respond may be disqualified from consideration of award and deemed non-responsive.

I hereby certify that neither the responding entity, nor any of its wholly owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit have been placed on the Scrutinized Companies That Boycott Israel List created pursuant to s. 215.4725 of the Florida Statutes, or are engaged in a boycott of Israel.

In addition, if this Solicitation is for a contract for goods or services where the total contract value is one million dollars ($1,000,000) or more, I hereby certify that neither the responding entity, nor any of its wholly owned subsidiaries, majority- owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit are on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473 of the Florida Statutes, or are engaged in business operations in Cuba or Syria as defined in said statute.

I understand and agree that the County may immediately terminate any contract resulting from this Solicitation upon written notice if the responding entity (or any of those related entities of respondent as defined above by Florida law) are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars ($1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

*5.1. By selecting 'Yes', the respondent acknowledges and agrees to the 'Certification Regarding Prohibition Against Contracting with Scrutinized Companies.' **

☐ Yes

☐ No

*Response required

6. Forms/Documentation

*6.1. Proposal Form**

Please download the attached form, complete, and upload the completed form.

- Proposal_Form_11.18.24.pdf

*Response required

6.2. Memorandum of Authority

If the Authorized Signatory identified in Section 1.11 above is not an authorized agent of the firm, as listed with the Florida Division of Corporations (Sunbiz), a memorandum of authority, signed by an authorized agent, shall be uploaded in this section giving that individual (Authorized Signatory) the authority to commit the firm to a contract.

*6.3. W-9 **

Please attach current W-9 Form

*Response required

*6.4. Proof of Insurance **

Please provide Proof of Insurance - evidence of required insurance coverage or proof of insurability in the amounts indicated. If available, a properly completed ACORD Form is preferable. Upon award, final forms must contain the correct solicitation and/or project number and Flagler County contact person.

Firms that have owner/operators that have filed a "Notice of Election to be Exempt" shall submit a copy with the response

*Response required

6.5. Hold Harmless Agreement

Please download the below document, complete, and upload.

Only upload if applicable in accordance with Florida Law.

- Flagler_Hold_Harmless_Agree...

*6.6. Professional Certification/Licenses**

Respondent and their Subconsultants/Subcontractors shall have a current professional license from the appropriate governing board to practice in the State of Florida at the time of its submittal. Respondent and their Subconsultants/Subcontractors shall submit with their submittal, copies of their professional license.

Licenses shall remain current for the entire term of the Contract resulting from this solicitation.

*Response required

*6.7. Prohibition Against Contingent Fees**

Respondent shall properly complete, notarize and upload the attached disclosure statement certifying that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the respondent to solicit or secure this contract and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the respondent any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award or making of this contract.

- Prohibition_Against_Contige...

*Response required

*6.8. Human Trafficking Attestation Pursuant to Section 787.06, Florida Statutes**

A duly authorized officer or representative of the Respondent (non-governmental entity) shall complete the included Flagler Human Trafficking Attestation Form in compliance with Section 787.06(13), Florida Statutes, (2024).

Download the attached form, complete, and upload completed form.

- Flagler_Human_Trafficking_A...

*Response required

*6.9. Financial Statement **

All Respondents shall be prepared to supply a financial statement upon request, preferably a certified audit of the last available fiscal year.

☐ Please confirm

*Response required

7. Proposal Information

Proposals shall be clear, concise, indexed by subject and properly submitted per the requirements. Documents shall be uploaded by the Respondent to the appropriate section.

Failure to provide the required information may result in the proposal not being considered.

*7.1. Documentation Submittal**

Only provide documentation for the required item being asked under each section. Posting the whole proposal under each requirement will have you marked as non responsive and your bid will not be considered.

☐ Yes
☐ No

*Response required

*7.2. Submittal Letter / Firm Profile **

Submittal Letter signed by an authorized agent of the firm.

A brief profile of the firm, including:

A. A brief history of the business;

B. Organizational structure of business;

C. Designation of the legal entity by which the business operates (i.e., sole proprietorship, partnership, limited liability partnership, corporation, limited liability corporation, etc.) including documentation from the appropriate state's agency confirming firm's legal entity type. For non-Florida businesses, submit documentation from the state in which the business was formed and documentation from the State of Florida providing authorization to perform business in the state of Florida;

D. A Florida Department of State, Division of Corporations' Sunbiz report available at www.sunbiz.org; If firm is not currently registered to do business within the State of Florida (Sunbiz), proof of registration shall be submitted prior to award.

E. Ownership interests;

F. Active business venues (counties, states, etc.);

G. Present status and projected direction of business;

H. The overall qualifications of the business to provide the services requested;

I. The qualifications of the firm's employees who will work on the Contract;

J. Respondent shall also list any lawsuits in which their team (firm & sub consultants) has been involved in relative to company contracts or other company business over the last five (5) years. The respondent shall also list any work their team failed to complete in accordance with any contract in the last five (5) years and describe details regarding the non-performance, including listing any officer or partner of their team who in the last five (5) years failed to complete a contract handled in his/her name.

*Response required

*7.3. Firm/Employee Qualifications **

Qualifications of the firm and the employees that will be assigned to the County.

Key personnel inclusive of resumes, licenses, business venues, etc.

*Response required

*7.4. Similar Projects and References **

The information provided in this section, must be current and the County must be able to contact references for verification as part of the evaluation process.

Unless specifically asked by the County, Flagler County shall not be listed as a reference. The respondent shall provide examples of similar projects which best illustrates the Respondent's qualification for the scope of services.

The Respondent shall provide examples of similar projects which best illustrates the proposed team's qualification for the scope of services. Respondent shall state the project title; location; owner name, address, and telephone number; years completed; project cost; brief description of project and relevance to this RSQ.

Provide a client reference for each of the representative projects including project name, client name, address, contact name and phone number and E-mail address. It is the firm's responsibility to ensure E-mail addresses provided are current and accurate. Use the attached Reference Form.

Please download the below document, complete, and upload.

- References_Form_11.18.24.pdf

*Response required

*7.5. Project Approach**

Overall project methodology/approach to support the needs and objectives of the project; including method for quality control.

*Response required

*7.6. Price Proposal Form**

Please download the below documents, complete, and upload.

- PRICE_PROPOSAL_FORM.pdf

*Response required

*7.7. ACHA Form 31-00-0009**

Please download the below documents, complete, and upload.

- ACHA_Form_31-00-0009.xls

*Response required

9. Definitions

As used in this Solicitation, the following terms shall have the meanings set forth below:

- **Construction Services**: Means all labor, services, and materials provided in connection with the construction, alteration, repair, demolition, reconstruction, or any other improvements to real property. The term "construction services" does not include Contracts or work performed for the Department of Transportation.
- **Consultant**: The person with education and/or experience which uniquely qualifies him or her to perform a specialized service for the County.
- **Consultant's Services**: Those services within the scope of work of this solicitation that are in an advisory nature to support policy development, decision-making, administration, or management of the government; normally provided by persons and/or organizations considered to have prerequisite knowledge or special abilities not generally available in the government.
- **Contract**: The document resulting from this solicitation between the County and the awarded Respondent, including this RFP, and the awarded Respondent's response along with any written addenda and other written documents, which are expressly incorporated by reference.
- **Contractor**: That person or entity, including employees, servants, partners, principals, agents and assignees of the person or entity that has submitted a Bid or proposal for the purpose of obtaining business with the County to provide the product and/or services set forth herein.
- **Contract Administrator**: The Procurement and Contract Services Manager or designee shall serve as Contract Administrator. The Contract Administrator shall be responsible for addressing any concerns within the scope of the Contract. Any changes to the resulting Contract shall be done in writing and authorized by the Procurement and Contract Services Manager.
- **County**: Shall mean the Flagler County Board of County Commissioners (a body corporate and politic and a subdivision of the State of Florida).
- **County's Project Manager(s)**: The Project Manager(s) have responsibility for the day-to-day administration of the resulting Agreement for the County and will be designated prior to award of the resulting Master Agreement or Purchase Order.
- **Day**: The word "day" means each calendar day or accumulation of calendar days.
- **Director**: The Procurement and Contract Services Manager for Flagler County Board of County Commissioners, Florida.

- **Person or Persons**: An individual, firm, partnership, corporation, association, executor, administrator, trustee, or other legal entity, whether singular or plural, masculine or feminine, as the context may require.
- **Proposal**: The document submitted by the Consultant in response to a formal solicitation used to determine if the Consultant is highly qualified.
- **Proposer**: See Respondent.
- **Protest**: See process at Resources Flagler County under Procurement Manual.
- **Respondent**: That person or entity, including employees, servants, partners, principals, agents and assignees of the person or entity that submits a proposal for the purpose of obtaining a Contract with the County for the provision of the services requested in the RFP.
- **Respondent's Project Manager**: The Project Manager has responsibility for administering this Contract for the Respondent and will be designated prior to execution of the Contract.
- **Task Assignment**: Specific, detailed services or work placed against an awarded and established continuing services Contract memorialized as an Amendment to this Contract by the parties prior to the commencement of such Work or Services by the Consultant.

County of Flagler
Financial Services
E. John Brower MBA, CGFO, CPM, Director
1769 East Moody Boulevard | Building 2, Bunnell, FL 32110

[THERAPEUTIC ASSISTED LIVING CORP] RESPONSE DOCUMENT REPORT

RFP No. 26-RFP-022

Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center

RESPONSE DEADLINE: August 24, 2026 at 2:00 pm

Report Generated: Tuesday, August 25, 2026

Therapeutic Assisted Living Corp Response

CONTACT INFORMATION

Company:
Therapeutic Assisted Living Corp

Email:
therapeuticalf@gmail.com

Contact:
Latasha Rowell

Address:
25 Lyndenhurst Ln
Palm Coast, FL 32137-9521

Phone:
(904) 501-8991

Website:
www.therapeuticassistedliving.org

Submission Date:
Aug 24, 2026 12:10 PM (Eastern Time - New York)

ADDENDA CONFIRMATION

Addendum #1
Confirmed Aug 19, 2026 6:42 AM by Latasha Rowell

Addendum #2
Confirmed Aug 19, 2026 6:42 AM by Latasha Rowell

QUESTIONNAIRE

1. Acknowledgements

ACKNOWLEDGMENT*
By checking yes, the Respondent acknowledges the following:

- Information provided in the response is true and correct and that the submission of a response is final.
- The Respondent agrees to all terms and conditions contained in this solicitation and related exhibits.
- Respondent further agrees and acknowledges that no proprietary or confidential information has been submitted. By submitting this proposal or entering into this contract, Contractor/Respondent acknowledges that all documents submitted are public records and agrees that any records maintained, generated, received, or kept in connection with, or related to the performance of services or delivery of products provided under this proposal or contract are public records subject to the public records disclosure requirements of Florida Statutes sec. 119 et seq., and Article I, section 24 of the Florida Constitution.
- Responses may be withdrawn by the Respondent prior to the closing/offer date. Following the closing date, Respondent understands that a response may not be withdrawn.

Yes

SCOPE OF SERVICES ACKNOWLEDGEMENT*

By checking yes, vendor acknowledges the above and/or included Scope of Services and will furnish said product and/or services according to the specifications or scope of services detailed within this Solicitation if awarded.

Yes

BY CHECKING YES, THE VENDOR AGREES TO COMPLY WITH THE E-VERIFY REQUIREMENTS AS DESCRIBED IN THIS SECTION.*
Compliance with E-Verify Federal Requirements

The Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor / Consultant on or after the effective date of this Agreement and thereafter during the remaining term of the Agreement, including Subcontractors. Any subcontract entered into by Contractor with any Subcontractor performing work under this contract shall include the following language: "The Subcontractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor on or after the effective date of this Agreement and thereafter during the remaining term of the Agreement." The Contractor covenants and agrees that if it is found in violation of this section or the Executive Order, such violation shall be a material breach of this Agreement and Contractor shall indemnify, defend and hold harmless the County from any fines or penalties levied by a government agency, including the loss or repayment of grant funds by the County.

Yes

REGISTRATION ON SAM.GOV*
For any federally funded project, respondent agrees to register on SAM.gov if awarded a contract under this solicitation.

Yes

PLEASE PROVIDE YOUR UEI#*
S9X8KGANC2H4

REGISTRATION ON SUNBIZ.ORG*
Yes

PLEASE PROVIDE YOUR SUNBIZ.ORG DOCUMENT NUMBER*
P19000090814

PLEASE UPLOAD YOUR SUNBIZ.ORG CERTIFICATE.*
SUNBIZ_DEP_OF_CORP_.pdf

2026_ANNUAL_REPORT_SUNBIZ.pdf

INSURANCE ACKNOWLEDGEMENT*
By checking yes, Respondent agrees to the insurance requirements as detailed in the Required Types and Limits of Insurance Chart and the Required Types of Insurance; Insurance Requirements; and Proof of Insurance sub-sections in "General Terms and Conditions".

Yes

DRUG-FREE WORKPLACE*
Please download the below documents, complete, and upload.

- DRUG_FREE_WORKPLACE.pdf

Drug_free_workplace.pdf

NAME AND TITLE OF AUTHORIZED AGENT OF THE RESPONDENT*
Respondent acknowledges that the name and title of the signatory (the “Authorized Signatory”), as completed below, is authorized to execute contracts/agreements with Flagler County, and any affixed electronic or conformed signature of the Authorized Signatory shall be the act of and attributable to the Authorized Signatory. By signing this Agreement electronically, the Authorized Signatory does thereby adopt the electronic or conformed signature as his or her own and designates a copy of same for use as an official record by Flagler County.

If the below-named individual is not an authorized agent of the firm, as listed with the Florida Division of Corporations (Sunbiz), a Memorandum of Authority shall be uploaded giving that individual authorization to commit the firm to a contract.

Please provide the Complete Name and Title which shall indicate acknowledgment.

Latasha Rowell/President

CONFLICT OF INTEREST*
The award of this Solicitation is subject to Chapter 112, Florida Statutes. All respondents must disclose with their response the name of any officer, director, or agent who is also an employee of Flagler County. Further, all respondents must disclose the name of any Flagler County employee who owns, directly or indirectly, an interest of the Respondent's/Supplier's firm or any of its subsidiaries associated with this project. I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

Respondent shall select 'No' if a conflict of interest as defined in this question does NOT exist. Please select 'Yes' if a conflict of interest as defined in this question DOES exist and shall be further described in the explanation below.

No

DO YOU OR ANY OWNER(S), PRINCIPAL(S), OR OFFICER(S) OF YOUR FIRM CURRENTLY SERVE ON ANY FLAGLER COUNTY BOARD(S) OR COMMITTEE(S)?*
Please indicate response.

No

2. Revisions, Addenda, Questions & Answers

All answers to questions of substance will be publicly published using the Question & Answer feature.

Participants are required to review all revisions and answers to questions published. Revisions within the Solicitation as well as responses posted through the 'Question & Answer' feature are authoritative and shall be considered an addendum to the Solicitation.

All information in this Solicitation, including information provided through the 'Question & Answer' feature are incorporated into the Solicitation or any Contract resulting from this Solicitation.

ADDENDA/QUESTIONS ACKNOWLEDGEMENT*
By selecting YES below, participants are confirming that they have reviewed revisions and all answers to questions published and any addenda up until the Solicitation closing date and have given consideration to all information in preparing the response to this Solicitation. Selecting YES will serve as confirmation of acknowledgement.

Yes

3. Public Entity Crime

PUBLIC ENTITY CRIME ACKNOWLEDGEMENT*
Public Entity Crimes - Pursuant to Section 287.133(12)(a) of the Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Submittal Package (Bid Response) on a contract to provide any goods or services to a public entity, may not submit a bond on a contract with a public entity for the construction or repair of a public building or public work, may not submit Submittal Package (Bid Response) on leases of real property to a public entity may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for Category Two ($25,000) for a period of 36 months from the date of being placed on the convicted vendor list. Respondent should read carefully all provisions of 287.133 and 287.134, Florida Statutes (2005).

By selecting 'Yes', the Respondent represents and warrants that the submission of its response/proposal does not violate Section 287.133, Florida Statutes (2005), nor Section 287.134, Florida Statutes (2005) or their successor. In addition to the foregoing, the Respondent represents and warrants that Respondent, Respondent’s subcontractors and Respondent’s implementer, if any, is not under investigation for violation of such statutes.

Yes

4. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

ACKNOWLEDGMENT REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION*
By selecting 'Yes' below, the Respondent certifies to the best of its knowledge and belief, that the firm and any subcontractor/supplier in accordance with a response to this solicitation:

- are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency
- have not within a three-year period preceding this bid proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the previous paragraph of this certification.
- have not within a three (3) year period preceding this bid proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Yes

5. Scrutinized Companies Certification

Per State of Florida Statute s. 287.135(5) Suppliers (companies) must acknowledge and agree to the 'Certification Regarding Prohibition Against Contracting with Scrutinized Companies' paragraph listed below. Respondents shall agree by marking the option below. Respondents neglecting to respond may be disqualified from consideration of award and deemed non-responsive.

I hereby certify that neither the responding entity, nor any of its wholly owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit have been placed on the Scrutinized Companies That Boycott Israel List created pursuant to s. 215.4725 of the Florida Statutes, or are engaged in a boycott of Israel.

In addition, if this Solicitation is for a contract for goods or services where the total contract value is one million dollars ($1,000,000) or more, I hereby certify that neither the responding entity, nor any of its wholly owned subsidiaries, majority- owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit are on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473 of the Florida Statutes, or are engaged in business operations in Cuba or Syria as defined in said statute.

I understand and agree that the County may immediately terminate any contract resulting from this Solicitation upon written notice if the responding entity (or any of those related entities of respondent as defined above by Florida law) are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars ($1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

BY SELECTING 'YES', THE RESPONDENT ACKNOWLEDGES AND AGREES TO THE 'CERTIFICATION REGARDING PROHIBITION AGAINST CONTRACTING WITH SCRUTINIZED COMPANIES.' *
Yes

6. Forms/Documentation

PROPOSAL FORM*
Please download the attached form, complete, and upload the completed form.

- Proposal_Form_11.18.24.pdf

Proposal_form_2.pdf

MEMORANDUM OF AUTHORITY

If the Authorized Signatory identified in Section 1.11 above is not an authorized agent of the firm, as listed with the Florida Division of Corporations (Sunbiz), a memorandum of authority, signed by an authorized agent, shall be uploaded in this section giving that individual (Authorized Signatory) the authority to commit the firm to a contract.

No response submitted

W-9 *
Please attach current W-9 Form

Therapeutic_ALF_W9.pdf

PROOF OF INSURANCE *
Please provide Proof of Insurance - evidence of required insurance coverage or proof of insurability in the amounts indicated. If available, a properly completed ACORD Form is preferable. Upon award, final forms must contain the correct solicitation and/or project number and Flagler County contact person.

Firms that have owner/operators that have filed a "Notice of Election to be Exempt" shall submit a copy with the response

Insurance_Plastridge_Annual_.pdf

HOLD HARMLESS AGREEMENT
Please download the below document, complete, and upload.

Only upload if applicable in accordance with Florida Law.

- Flagler_Hold_Harmless_Agree...

Hold_Harmless_Agreement_.pdf

PROFESSIONAL CERTIFICATION/LICENSES*
Respondent and their Subconsultants/Subcontractors shall have a current professional license from the appropriate governing board to practice in the State of Florida at the time of its submittal. Respondent and their Subconsultants/Subcontractors shall submit with their submittal, copies of their professional license.

Licenses shall remain current for the entire term of the Contract resulting from this solicitation.

Therapeutic_Assisted_Living_Corp_-_11969778_-_LIC_LTR_-_9.pdf
Latasha_Rowell_Administrative_Cert_2.pdf
Latasha_Rowell's_Physical_Therapist_Assisted_License_.png

PROHIBITION AGAINST CONTINGENT FEES*
Respondent shall properly complete, notarize and upload the attached disclosure statement certifying that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the respondent to solicit or secure this contract and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the respondent any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award or making of this contract.

- Prohibition_Against_Contige...

Prohibition_against_contingent_fees.pdf

HUMAN TRAFFICKING ATTESTATION PURSUANT TO SECTION 787.06, FLORIDA STATUTES*
A duly authorized officer or representative of the Respondent (non-governmental entity) shall complete the included Flagler Human Trafficking Attestation Form in compliance with Section 787.06(13), Florida Statutes, (2024).

Download the attached form, complete, and upload completed form.

- Flagler_Human_Trafficking_A...

Human_Trafficing_2.pdf

FINANCIAL STATEMENT *
All Respondents shall be prepared to supply a financial statement upon request, preferably a certified audit of the last available fiscal year.

Confirmed

7. Proposal Information

Proposals shall be clear, concise, indexed by subject and properly submitted per the requirements. Documents shall be uploaded by the Respondent to the appropriate section.

Failure to provide the required information may result in the proposal not being considered.

DOCUMENTATION SUBMITTAL*

Only provide documentation for the required item being asked under each section. Posting the whole proposal under each requirement will have you marked as non responsive and your bid will not be considered.

Yes

SUBMITTAL LETTER / FIRM PROFILE *

Submittal Letter signed by an authorized agent of the firm.

A brief profile of the firm, including:

A. A brief history of the business;

B. Organizational structure of business;

C. Designation of the legal entity by which the business operates (i.e., sole proprietorship, partnership, limited liability partnership, corporation, limited liability corporation, etc.) including documentation from the appropriate state's agency confirming firm's legal entity type. For non-Florida businesses, submit documentation from the state in which the business was formed and documentation from the State of Florida providing authorization to perform business in the state of Florida;

D. A Florida Department of State, Division of Corporations' Sunbiz report available at www.sunbiz.org; If firm is not currently registered to do business within the State of Florida (Sunbiz), proof of registration shall be submitted prior to award.

E. Ownership interests;

F. Active business venues (counties, states, etc.);

G. Present status and projected direction of business;

H. The overall qualifications of the business to provide the services requested;

I. The qualifications of the firm's employees who will work on the Contract;

J. Respondent shall also list any lawsuits in which their team (firm & sub consultants) has been involved in relative to company contracts or other company business over the last five (5) years. The respondent shall also list any work their team failed to complete in accordance with any contract in the last five (5) years and describe details regarding the non-performance, including listing any officer or partner of their team who in the last five (5) years failed to complete a contract handled in his/her name.

T.A.L_MEDICAID_AGREEMENT.jpg
T.A.L_AWARDS_RECOGNITION_LETTERS_.pdf
SUNBIZ_DEP_OF_CORP_.pdf
Best_Business_Rate_2026.jpg
AHCA's_deficiency_free_surveys_2.pdf
T.A.L_Submittal_letter_.pdf
Therapeutic_Assisted_Living_Corp_Career_Source_Status_(1).eml

FIRM/EMPLOYEE QUALIFICATIONS *
Qualifications of the firm and the employees that will be assigned to the County.

Key personnel inclusive of resumes, licenses, business venues, etc.

LatashaRowell_WBE_&_MBE_Professional_Resume_Recognition_Updated.pdf
Treyvian_William's_resume_.pdf
Treyvian_Williams_administrative_cert.pdf
Rowell_Resume_2.pdf
Donald_Rowell_administrative_cert.pdf
DEON_NELSON'S_ACTIVE_CNA_.htm
Treyvian_Williams_Active_CNA_.htm
Latasha_Rowell's_Physical_Therapist_Assisted_License__(3).png
Latasha_Rowell_Administrative_Cert_2_(3).pdf

DEON_NELSON_Resume_.docx

SIMILAR PROJECTS AND REFERENCES *
The information provided in this section, must be current and the County must be able to contact references for verification as part of the evaluation process.

Unless specifically asked by the County, Flagler County shall not be listed as a reference. The respondent shall provide examples of similar projects which best illustrates the Respondent's qualification for the scope of services.

The Respondent shall provide examples of similar projects which best illustrates the proposed team's qualification for the scope of services. Respondent shall state the project title; location; owner name, address, and telephone number; years completed; project cost; brief description of project and relevance to this RSQ.

Provide a client reference for each of the representative projects including project name, client name, address, contact name and phone number and E-mail address. It is the firm's responsibility to ensure E-mail addresses provided are current and accurate. Use the attached Reference Form.

Please download the below document, complete, and upload.

- References_Form_11.18.24.pdf

One_Pharmacy_Letter_of_Support_Dr._Shoyoye.pdf
Representative_Project_No._1.pdf
Gentiva_recommendation.pdf
References_.pdf
Family_Recommendation_Debra_.pdf
Aviata_Recommendation_2.pdf
Excellence_Health_letter_of_recommendation_2.pdf

PROJECT APPROACH*
Overall project methodology/approach to support the needs and objectives of the project; including method for quality control.

7.5_Project_Approach.pdf
Local_Presents_Workforce_.pdf

PRICE PROPOSAL FORM*
Please download the below documents, complete, and upload.

- PRICE_PROPOSAL_FORM.pdf

Pricing information has not been unsealed yet

ACHA FORM 31-00-0009*
Please download the below documents, complete, and upload.

- ACHA_Form_31-00-0009.xls

PROOF_OF_FINANCIAL_ABILITY_REG_&_ASS.pdf

State of Florida
Department of State

I certify from the records of this office that THERAPEUTIC ASSISTED LIVING CORP is a corporation organized under the laws of the State of Florida, filed on November 26, 2019, effective November 19, 2019.

The document number of this corporation is P19000090814.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on March 17, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventeenth day of March, 2025

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 2730115038CC

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

2026 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000090814

Entity Name: THERAPEUTIC ASSISTED LIVING CORP

Current Principal Place of Business:

25 LYNDENHURST LN
PALM COAST, FL 32137

Current Mailing Address:

25 LYNDENHURST LN,
PALM COAST, FL 32137

FEI Number: 84-3805381

Name and Address of Current Registered Agent:

ROWELL, LATASHA D
25 LYNDENHURST LN
PALM COAST,, FL 32137 US

FILED
Feb 12, 2026
Secretary of State

6597845393CC

Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LATASHA ROWELL 02/12/2026
Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	ROWELL, LATASHA D
Address	25 LYNDENHURST LN
City-State-Zip:	PALM COAST FL 32137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LATASHA ROWELL PRESIDENT 02/12/2026
Electronic Signature of Signing Officer/Director Detail — Date

DRUG FREE WORKPLACE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, (print/type name of firm):

LaTasha Rowell

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, please or guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the workplace, no later than five (5) days after such conviction, and requires employees to sign copies of such written statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the Drug Free Workplace program.
- "As a person authorized to sign this statement, I certify that the above-named business, firm or corporation complies fully with the requirements set forth herein".

LaTasha Rowell
Authorized Signature

8-19-2026
(Date)

LaTasha Rowell
(Print Name)

STATE OF FLORIDA, COUNTY OF Flagler

The foregoing instrument was acknowledged before me this 19 day of August, 2026 by LATASHA Rowell, who is personally known to me or who has produced ___ Florida Driver License as identification and who did take an oath.

My Commission Expires: 12-03-2029

Notary Public

COLETTE ROBINSON
Commission # HH 746154
Expires December 3, 2029

8/19/2026
Date

PROPOSAL FORM

The undersigned hereby declare(s) that [firm name] Therapeutic Assisted Living Corp. has carefully examined the specifications to furnish the products and/or services detailed in the technical specifications or scope of work and will furnish said product or services according to the specifications or scope of work detailed within this RFP.

I hereby certify that I have read and understand the requirements of this Request for Proposals and that I, as the proposer, will comply with all requirements, and that I am duly authorized to execute this proposal/offer document and any contract(s) and/or other transactions required by award of this RFP.

Vendor hereby acknowledges that the submittal has been approved by an authorized signatory with the firm who is authorized to execute contracts/agreements with Flagler County Board of County Commissioners. Vendor further agrees that by submitting the proposal electronically, the authorized signatory does thereby accept and acknowledge use as an official record with Flagler County.

Further, as attested to by below signature, I will provide the required insurance, per the *Required Types* of *Insurance*, upon notification of recommendation of award.

The County reserves the right to negotiate with the award vendor(s) for additional items similar in nature not known at time of closing.

The vendor acknowledges that information provided in this proposal is true and correct:

× LaTasha Rowell
Signature / Authorized Signatory

LaTasha Rowell
Printed Name

Administrator / Owner / President — 8/19/2026
Title — Date

Therapeutic Assisted Living Corp
Company Name

25 Lyndenhurst lane Palm Coast FL. 32137
Full Address

904-501-8991 — 844-769-0772 — therapeuticalf@gmail.com
Telephone — Fax — E-mail Address

090326504 — 84-3805381
Dun & Bradstreet # — Federal I.D. #

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
LaTasha Dion Rowell

Business name/disregarded entity name, if different from above
Therapeutic Assisted Living Corp.

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ S-Corp.

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
25 Lyndenhurst Lane

Requester's name and address (optional)

City, state, and ZIP code
Palm Coast FL. 32137

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
5 9 0 - 0 7 - 7 5 5 0

Employer identification number
8 4 - 3 8 0 5 3 8 1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ LaTasha Rowell Date ▶ 8/8/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Plastridge INSURANCE SINCE 1919

08/21/2026

RE: RFP 26-RFP-022 – Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center, located at 1000 Belle Terre Blvd., Palm Coast, Florida/Therapeutic Assisted Living Corp.

To Flagler County,

This letter serves as confirmation that Therapeutic Assisted Living Corp is actively working with our agency to secure all necessary insurance coverages required by RFP 26-RFP-022 for Adult Day Care Services. These coverages will include:

- General Liability Insurance $1m/$2m Estimated Annual Premium $10k
- Professional Liability Insurance $1m/$1m Estimated Annual Premium Included with General Liability
- Worker's Compensation Insurance Statutory Limits Estimated Annual Premium $1,100
- Employers Liability $1m Estimated Annual Premium included in Workers Compensation Premium
- Auto Liability Insurance $1m Symbol 7,8,9 Estimated Annual Premium symbol 7 $6k and 7,8,9 $20k
- Pollution Liability Estimated Annual Premium $500
- AM Best "A-" rated or better
- The required policies and endorsements will be issued in compliance with Flagler County's additional insured, primary and non-contributory, and waiver of subrogation requirements as applicable under RFP 26-RFP-022
- Any additional insurance as required by the final contract terms

We confirm that our agency is prepared to issue these coverages immediately upon contract award and prior to the commencement of services. Should any additional documentation be required during the evaluation process, we will be pleased to provide it.

Sincerely,

Shelagh Grubb

Shelagh Grubb, CPCU, CIC

O: 800 290 1143 **D:** 561 819 1559 | **F:** 561 819 1656 I **C**: 407 235 5389

Plastridge Insurance Agency | Plastridge.com

Plastridge INSURANCE SINCE 1919
HEALTHCARE DIVISION

HOLD HARMLESS AGREEMENT

I, LaTasha Rowell, (*print owner's name*), am the owner of Therapeutic Assisted Living Corp. (*print company name*), an incorporated/unincorporated business operating in the State of Florida. As such, I am bound by all laws of the state of Florida, including but not limited to those regarding the workers' compensation law.

I hereby affirm that I or [the above-named business] employs fewer than four employees, all of whom are listed below, including myself, and therefore, the business is exempt from the statutory requirement for workers' compensation insurance for its employees. I certify that I will provide Flagler County Board of County Commissioners with the name of each new employee together with all required waivers and releases for each prior to any employee being allowed to work to provide services under the Contract set forth below. If any such employee is allowed to work without a signed waiver and release, such action will be a material breach of this Agreement. All signed waivers and releases shall be furnished before the commencement of any work by an employee or the undersigned to the County Project Manager or designated county representative.

On_____, 20_, Flagler County Board of County Commissioners and I or (*the above-named business)* entered into a Contract for_____(*please insert name of Contract*) (hereinafter "Agreement") which is incorporated by reference herein.

On behalf of myself, my business, and the employees listed below, I and they hereby agree to waive and release any and all workers' compensation claims or liens under Chapter 440, Florida Statutes, against Flagler County Board of County Commissioners and its agents, officials and employees, arising from any work or services provided under the Agreement whether or not it shall be alleged or determined that the act was caused by intention, or through negligence or omission of Flagler County Board of County Commissioners or its agents, officials and employees or subcontractors.

In the event that a workers' compensation claim or lien is made against Flagler County Board of County Commissioners and/or its agents, officials or employees by myself or my employees or agents as a result of any work or services performed under the Agreement, I agree to indemnify, keep and hold harmless Flagler County Board of County Commissioners, its agents, officials and employees, against all injuries, deaths, losses, damages, claims, liabilities, judgments, costs and expenses, direct, indirect or consequential (including, but not limited to, fees and charges of attorneys and other professionals) arising out of the Agreement with Flagler County Board of County Commissioners, whether or not it shall be alleged or determined that the act was caused by intention or through negligence or omission of Flagler County Board of County Commissioners or its employees, agents, or subcontractors. I or the above-named business shall pay all charges of attorneys, and all costs and other expenses incurred in connection with the indemnity provided herein, and if any judgment shall be rendered against Flagler County Board of County Commissioners in any action indemnified hereby, I or the above-named business shall, at my or its own expense, satisfy and discharge the same. The foregoing is not intended, nor should it be construed as, a waiver of sovereign immunity of Flagler County Board of County Commissioners under Section 768.28, Florida Statutes.

Owner: LaTasha Rowell (print name) LaTasha Rowell
(signature)

Employee 1: Treyvon Williams (print name) Treyvian Williams
(signature)

Employee 2: Deon Nelson (print name) Deon Nelson
(signature)

Employee 3: [signature] (print name) Donald Rowell
(signature)

STATE OF Florida
COUNTY OF Flagler

Sworn to and subscribed before me this 19 day of August, 2026 by LATASHA ROWELL, who is/are personally known to me or who has/have produced Florida Driver License as identification.

[signature]
NOTARY PUBLIC – STATE OF Florida

Type or print name:
Colette Robinson

Commission No.: HH 746154

Commission Expires: 12-03-2029

Seal: COLETTE ROBINSON
Commission # HH 746154
Expires December 3, 2029

View current license information at: Floridahealthfinder.gov

LICENSE #: 13526
CERTIFICATE #: 72589

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

ASSISTED LIVING FACILITY

LICENSED with LIMITED MENTAL HEALTH

This is to confirm that THERAPEUTIC ASSISTED LIVING CORP has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, as authorized by Chapter 429, Part I, Florida Statutes and 59A-36, Florida Administrative Code, and is authorized to operate the following:

THERAPEUTIC ASSISTED LIVING CORP
25 Lyndenhurst Lane
Palm Coast, FL 32137

Total Capacity: 6
Optional State Supplementation Residents: 0
Private Pay Residents: 6

EFFECTIVE DATE: 10/21/2024

EXPIRATION DATE: 10/20/2026

Shevaun L. Harris, Secretary

RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
SECRETARY

July 11, 2025

Email: latashagilyard@gmail.com

Latasha Dion Rowell, Administrator
Therapeutic Assisted Living Corp
25 Lyndenhurst Lane
Palm Coast, FL 32137

File Number: 11969778
License Number: 13526
Provider Type: Assisted Living Facility

RE: Facility located at 25 Lyndenhurst Lane, Palm Coast

Dear Administrator:

The enclosed Assisted Living Facility license with license number 13526 and certificate number 72589 is issued for the above provider effective October 21, 2024 through October 20, 2026. The license is being issued for approval of the renewal application.

The Agency no longer mails hard copies of licenses. Per Section 408.804(2), Florida Statutes, providers are required to print the license and post it in a conspicuous place readily visible to clients at the entrance of your facility.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Assisted Living Unit.

Please take a short customer satisfaction survey on our website at ahca.myflorida.com/survey/ to let us know how we can serve you better. Additional licensure information can be found at http://ahca.myflorida.com/assistedliving.

If we may be of further assistance, please contact the unit at (850) 412-4304 or me directly at 850-412-4329 or by email at Pearlie.Austin@ahca.myflorida.com.

Sincerely,

Pearlie Austin

Pearlie Austin
Medical Health Care Program Analyst
Assisted Living Unit
Division of Health Quality Assurance

CERTIFICATE of ACHIEVEMENT

Conferred to:

Latasha D. Gilyard

For obtaining a passing score on the

ASSISTED LIVING FACILITY CORE COMPETENCY TEST

Certification #: ***171241826***

Presented by

The MacDonald Research Institute Testing Office
28953 SR 54, Wesley Chapel, FL 33543

TMRI

The MacDonald Research Institute

Mary C. Mayhew, Secretary
Agency for Health Care Administration

December 14, 2019

Date

MQA Online Services

Logged in as ***Rowell, Latasha Dion***

Update Account | Logoff | Contact Us

My Dashboard

Don't Delay, Get Screened today!

Effective July 1, 2025, HB 975 requires that all health care practitioners undergo a fingerprint-based background screening as a requirement for obtaining licensure. If you are renewing your license with the Department, you must have a screening completed for your renewal application to be processed. For detailed information, including frequently asked questions, visit https://flhealthsource.gov/backgroundscreening/. Exceptions to this requirement: Emergency Medical Technician, Paramedic, Radiological Technician, Pharmacy Interns, and Registered Pharmacy Technicians.

Important information about your dashboard:

- To download a copy of your e-License, please navigate to the **"Licensure Documents"** menu located within the **"Additional Activities"** section below.
- When your profession opens for renewal a **"Renew My License"** option will become available no later than 90 days prior to your license expiration date. If you do not see the **"Renew My License"** option, please check back later.
- If you are trying to **reactivate from an inactive or a retired status**, this cannot be completed online unless you are eligible to reactivate your inactive license during a public health emergency pursuant to s. 381.00315(1)(c)3., Florida Statutes. Please contact your board office for more information.
- If your profession is not in renewal and you need a duplicate license, to request a name change or perform any other license maintenance activity, please choose your option under **"Manage My License"**.
- If you have not yet added your license to your account, you can do this by selecting the **"Add My License or Previous Application"** option under the **"Additional Activities"** section below.

To begin, choose an option then hit the **"Select"** button. You will return to this dashboard after you have finished.

License Information Hide Details

License Number:	**#26036**
License Type:	**Physical Therapist Assistant**
License Status:	**Clear**
License Expiry:	**11/30/2027**
Address:	**25 LYNDENHURST LN PALM COAST FL 32137**
Phone:	**904-501-8991**

Manage My License

Physical Therapist Assistant #26036 | Choose an Application | Select

My Application

To start a new application or resume a previously saved application.

PROHIBITION AGAINST CONTINGENT FEES:

In accordance with Florida Statute 287.055(6)(a), the following statement, duly signed and notarized, must be included in each proposal:

The firm, Therapeutic Assistant Living Corp., warrants that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the respondent to solicit or secure this agreement and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the respondent any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award or making of this agreement.

By LaTasha Rowell Date 8/19/2026
(Signature)

By LaTasha Rowell, President, Administrator
Corporate Officer Name & Title

STATE OF Florida
COUNTY OF Flagler

Sworn to/affirmed and subscribed before me this 19 *day of* August, 2026, *by* LaTasha Rowell, *who is personally known to me or who has produced* Florida Driver License *as identification.*

NOTARY PUBLIC – STATE OF Florida
Type or print name: Colette Robinson
Commission No.: HH 746154
Commission Expires: 12-03-2029

(Seal)

COLETTE ROBINSON
Commission # HH 746154
Expires December 3, 2029

Contractor Name: LaTasha Rowell
Solicitation Number: 26-RFP-022

HUMAN TRAFFICKING ATTESTATION PURSUANT TO SECTION 787.06, FLORIDA STATUTES

Name of Entity/Contractor: Therapeutic Assisted Living Corp ("Nongovernmental Entity")

This form has been completed by a duly authorized officer or representative of the Nongovernmental Entity in conjunction with the execution, renewal, or extension of a contract with Flagler County Board of County Commissioners, a governmental entity and political subdivision of the State of Florida, ("Governmental Entity") in compliance with Section 787.06(13), Florida Statutes, (2024).

The Nongovernmental Entity acknowledges that Section 787.06(13), Florida Statutes, provides that when a contract is executed, renewed, or extended between a nongovernmental entity and a governmental entity, the nongovernmental entity must provide the governmental entity with an affidavit signed by an officer or a representative of the nongovernmental entity under penalty of perjury attesting that the nongovernmental entity does not use coercion for labor or services. For purposes of this requirement, "labor" means work of economic or financial value and "services" means any act committed at the behest of, under the supervision of, or for the benefit of another. The term, "services" includes, but is not limited to, forced marriage, servitude, or the removal of organs.

Pursuant to Section 787.06, Florida Statutes, when a contract is executed, renewed, or extended between you, a nongovernmental entity, and Flagler County Board of County Commissioners, a governmental entity in the State of Florida, you are hereby providing this affidavit under penalties of perjury that you do not use ***coercion to* employ any person for *labor* or *services,*** Coercion includes, without limitation, using or threatening to use physical force against any person; restraining, isolating, or confining or threatening to restrain, isolate, or confine any person without lawful authority and against her or his will; using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined; destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person; causing or threatening to cause financial harm to any person; enticing or luring any person by fraud or deceit; or providing a controlled substance as outlined in Schedule I or Schedule II of Section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

This signed attestation is provided to the Governmental Entity to comply with the statutory requirement. if, at any time in the future, the Nongovernmental Entity does use coercion for labor or services, the Nongovernmental Entity will immediately notify the Governmental Entity and no contracts may be executed, renewed, or extended between the parties.

This attestation is made for the benefit of, and reliance by, the Governmental Entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Printed Name: LaTasha Rowell Title: Administrator, President

Signature: LaTasha Rowell Date: 8/19/2024

RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
SECRETARY

0332073790

PRV-9006-D/XX/0332073790/1
THERAPEUTIC ASSISTED LIVING CORP
25 LYNDENHURST LN
PALM COAST FL 32137-9521

August 13, 2026

Re: **Florida Medicaid Provider ID: 1084689**

Dear Provider:

Welcome to the Florida Medicaid program.

The Agency for Health Care Administration (Agency) has approved the Florida Medicaid provider renewal application for the provider listed above, and has elected to enter into an agreement between the Agency and the provider for purposes of the provider's participation in the Florida Medicaid program.

No agency signature is required to make this agreement valid and enforceable.

The agreement will remain in effect until **10/21/2029**, unless otherwise terminated.

The agreement is renewable only by mutual consent of the two parties and may be terminated without cause upon thirty (30) days written notice by either party.

The agreement becomes null and void upon transfer of assets, change of ownership, or upon discovery by the agency of the submission of a materially incomplete, misleading or false provider application unless subsequently ratified or approved by the agency.

For questions related to this letter, or any other provider enrollment or maintenance topic, please contact the Provider Enrollment Call Center at 1-800-289-7799, option 4.

Sincerely,

Florida Medicaid
Agency for Health Care Administration

cc:Provider File

PRV9006D 08/14b

BUSINESS RATE
2375 E CAMELBACK RD STE 600
PHOENIX AZ 85016-3493

BusinessRate

★ ★ ★ ★ ★

RECOGNIZING TOP PERFORMERS.
EMPOWERING BUSINESS EXCELLENCE.

078484 5 228 259 **********AUTO**SCF 328
THERAPEUTIC ASSISTED LIVING
25 LYNDENHURST LN
PALM COAST FL 32137-9521

July 24, 2026

Dear Therapeutic Assisted Living Team,

It is with great pleasure that we recognize your organization for its outstanding achievement as a **Top Assisted Living Facility in Palm Coast, 32137 for 2026, based on Google reviews.** This distinction reflects a level of excellence that has earned the confidence, respect, and praise of the customers you serve each day.

Therapeutic Assisted Living has distinguished itself among the highest-rated businesses in your category and market. This recognition is based on verified customer feedback and publicly available review data, drawn from more than 26 million businesses and 1.7 billion reviews compiled over 18 years, reflecting the voice of the people you serve.

Your complete ranking report is now available to view. It details the businesses you ranked ahead of, your percentile within your category, and your BusinessRate scores; a fuller picture of where you stand among top performers in Palm Coast, 32137. Many recognized businesses also choose to commemorate this achievement and share it with their community; options for displaying your recognition at your location, on your website, and with your customers are included alongside your report.

On behalf of BusinessRate, we extend our sincere congratulations on this well-earned recognition. We wish you continued success in the years ahead and thank you for your contribution to the economic vitality and service excellence of the Palm Coast, 32137 community.

Respectfully,

Kyle Pittman
Founder & President
BusinessRate

VIEW YOUR AWARD OPTIONS

Go to **businessrate.com/awards**

Enter code: **R9YRGY**

Powered by Google Reviews

Scan to view your award options

078484

★ ★ ★ ★ ★

BUSINESSRATE.COM | RECOGNIZING TOP PERFORMERS. EMPOWERING BUSINESS EXCELLENCE.

August 4, 2026

Dear Latasha Gilyard,

You have been selected for inclusion as a **2026 Top Health Executive** in Global Who's Who Online, a recognition reserved for leaders who play a critical role in today's healthcare landscape. In your position as Alf Administrator of Therapeutic Assisted Living Corp., you oversee essential functions that support both clinical and operational excellence. This acknowledgment reflects the impact of your leadership and sets the stage for recognizing the vital contributions your organization provides to the community.

In addition, Therapeutic Assisted Living Corp. has been identified as a **2026 Top Health Service Organization**, representing Palm Coast, FL for the essential role it plays within the continuum of care. The continued growth and stability of Therapeutic Assisted Living Corp. reflect exceptional leadership, resilience, and a clear commitment to serving the healthcare needs of your community. Whether supporting patients directly or complementing the work of physicians and other providers, your organization contributes meaningfully to the strength and reliability of the healthcare system.

For more than two decades, Global Who's Who Online has served as a credible platform for recognizing top healthcare executives, distinguished professionals, and leading health service organizations. Our registry is widely referenced by patients, peers, and industry researchers seeking verifiable information. The platform incorporates adaptive A.I. that responds to key terms and medical aggravators tied to your profile, helping enhance online visibility and ensuring accurate representation in search results.

To activate your listing, please complete and return the response form below. There is no charge for inclusion. Upon receipt, you will receive your welcome email and log in credentials. You can respond by faxing the form to **888-460-8601**, or by scanning and email to **lindal@theglobalwhoswho.com**.

Sincerely,

Nancy Preston

First Name	M.I.	Last Name	Title	Signature
Latasha	D	Rowell	Administrator	Latasha Rowell

Current Organization/Company: Therapeutic Assisted Living Corp
E-Mail / Web Address: therapeuticalf@gmail.com

Street Address: 25 Lyndenhurst lane
City: Palm Coast
State: FL
Zip: 32137

Business Phone (Published by request): (904) 501-8991
Cell Phone (Not for publication): secondary # (386) 597-2167
Home Phone (Not for publication):

Product/Services:
Type of Organization: Assisted Living Services.

If you wish to be removed from future faxes, call 1(516)814-7876
Recipients of this fax have a prior existing business relationship or have opted to receive offers through a third-party provider.
4250 Veterans Memorial Highway, Suite 2050, Holbrook, New York 11741
©Copyright 2025 All Rights Reserved.
Telephone (631)588-8600 Fax 1-888-460-8601

State of Florida
Department of State

I certify from the records of this office that THERAPEUTIC ASSISTED LIVING CORP is a corporation organized under the laws of the State of Florida, filed on November 26, 2019, effective November 19, 2019.

The document number of this corporation is P19000090814.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on March 17, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventeenth day of March, 2025

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 2730115038CC

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication


TOP 3
2026
AWARD WINNER
BusinessRate
Therapeutic Assisted Living
Assisted Living Facility
Palm Coast, FL
32137
Powered by Google Reviews
BENCHMARK

RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
SECRETARY

April 25, 2025

Latasha Rowell
Therapeutic Assisted Living Corp
25 Lyndenhurst Ln
Palm Coast, FL 32137

Dear Ms. Rowell:

This letter reports findings of a state licensure survey that was conducted on April 25, 2025 by a representative of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

Thank you for the assistance provided. Should you have any questions please call the office at (904) 798-4201.

Sincerely,

for Amanda Wisehart
Health Facility Evaluator Supervisor

AW/gm
Enclosure

1GGN

Jacksonville Field Office
621 N. Davis St., Bldg. A, Suite 116
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6064
AHCA.MyFlorida.com

Facebook.com/AHCAAFlorida
X.com/AHCA_FL/HCA_FL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969778	A. BUILDING: _____ B. WING _____	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERAPEUTIC ASSISTED LIVING CORP	25 LYNDENHURST LN PALM COAST, FL 32137

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An abbreviated relicensure survey with limited mental health monitoring was conducted at Therapeutic Assisted Living Corp on 04/25/2025. Deficient practice was not identified at the time of the survey.	A 000		

RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

November 13, 2023

Latasha Rowell
Therapeutic Assisted Living Corp
25 Lyndenhurst Ln
Palm Coast, FL 32137

Dear Ms. Rowell:

This letter reports findings of a state licensure survey that was conducted on November 8-13, 2023 by representatives of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call the office at (904) 798-4201.

Sincerely,

Amanda Wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor

AW/rb
Enclosure

1GGN

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

PRINTED: 11/13/2023
FORM APPROVED

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
[redacted]	A. BUILDING _____ B. WING _____	11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
[redacted] ASSISTED LIVING CORP	26 LIVINGSTON LN PALM COAST, FL 32137

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A [redacted]	Initial Comments A [redacted] survey with Limited Mental Health monitoring was conducted at Threepeside Assisted Living Corp from 11/6/2023 to 11/7/2023. This facility had no deficiencies at the time of this investigation.	A 000		

RON DESANTIS
GOVERNOR

October 15, 2020

Latasha Gilyard
Therapeutic Assisted Living Corp
25 Lyndenhurst Lane
Palm Coast, FL 32137

Dear Latasha Gilyard:

This letter reports the findings of an initial Licensure survey conducted on October 8, 2020 by a representative of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

amanda wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/AW/sm
Enclosure

34IJ

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

SUBMITTAL LETTER / FIRM PROFILE

RFP 26-RFP-022
Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center

Submitted by: Therapeutic Assisted Living Corp.
Authorized Representative: LaTasha Rowell, Owner/Administrator
Business Address: 25 Lyndenhurst Lane, Palm Coast, Florida 32137
Date: August 22, 2026

Flagler County Board of County Commissioners
Office of Procurement and Contracts
1769 E. Moody Blvd., Building 2
Bunnell, Florida 32110

Re: RFP 26-RFP-022 – Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center

Therapeutic Assisted Living Corp. respectfully submits this Submittal Letter and Firm Profile in response to RFP 26-RFP-022. Our organization is a locally established senior-care provider based in Palm Coast, Florida, with experience in licensed residential assisted living, therapeutic support, direct care, regulatory compliance, care coordination, family communication, and administration of services for older adults and other vulnerable populations. We understand that Flagler County is seeking a qualified provider to assume full operational, programmatic, and financial responsibility for the David I. Siegel Adult Day Care Center and to operate the program as a sustainable community-based service.

Therapeutic Assisted Living Corp. is prepared to bring a person-centered, therapeutic, community-focused model to the Center, with emphasis on participant safety, meaningful engagement, caregiver support, dementia-informed services, regulatory compliance, local workforce development, and long-term fiscal sustainability. The following firm profile is organized to address Items A through J required under Section 7.2 of the solicitation.

A. Brief History of the Business

Therapeutic Assisted Living Corp. is a Palm Coast-based senior-care organization established to provide compassionate, structured, person-centered support in a home-like environment. The organization has been operated and administered by LaTasha Rowell and has provided licensed assisted living services in Flagler County since 2020. Since opening, Therapeutic Assisted Living Corp. has maintained a deficiency-free survey record through the present, reflecting Management's commitment to regulatory compliance, quality assurance, resident safety, documentation, and consistent operational oversight. Its operating model emphasizes individualized care, therapeutic engagement, nutrition, activities of daily living support, medication-related assistance within licensed scope, family communication, and coordination with outside healthcare providers. Management brings more than 20 years of healthcare experience spanning direct patient care, rehabilitation, home health, and senior-care operations. The organization has developed its services with a focus on dignity, safety, accountability, and strong relationships with residents, families, healthcare partners, and the local community.

B. Organizational Structure of the Business

Therapeutic Assisted Living Corp. operates with a direct management structure designed for clear accountability and responsive decision-making. LaTasha Rowell serves as President and Owner/Administrator of Therapeutic Assisted Living Corp. and provides executive oversight, regulatory coordination, financial management, personnel supervision, quality assurance, and community relations. Program operations are supported by credentialed direct-care personnel and administrative support. For the David I. Siegel Adult Day Care Center, the proposed structure includes an Administrator/Center Director, direct-care staff, licensed nursing coverage through RN/LPN personnel as required, activity/program support, and additional support positions as census and program needs expand. The organization will maintain clear lines of authority, documented job descriptions, staff training records, and an organizational chart for the program.

C. Legal Entity

Therapeutic Assisted Living Corp. is an established Florida corporation and operates under an S corporation tax election. The firm is registered with the Florida Department of State, Division of Corporations. Documentation confirming the corporation's legal entity status and active Florida registration is included with the proposal materials. Therapeutic Assisted Living Corp. will be the contracting entity responsible for performance of services under any resulting agreement.

D. Florida Department of State / Sunbiz Registration

Therapeutic Assisted Living Corp. is registered with the Florida Department of State, Division of Corporations, and maintains an active Sunbiz record. A current Sunbiz report/certificate is included in the proposal submission as supporting documentation.

E. Ownership Interests

Therapeutic Assisted Living Corp. is locally owned and managed. LaTasha Rowell serves as Owner/Administrator and is the principal responsible for the organization's strategic direction, operations, compliance, staffing, and

financial oversight. Any ownership information required for licensing, background screening, contracting, or disclosure purposes will be provided to Flagler County and the appropriate regulatory agencies.

F. Active Business Venues

Therapeutic Assisted Living Corp. currently conducts business in Palm Coast and Flagler County, Florida. Its present operations are centered on senior-care services and community-based healthcare support within the local area. The proposed David I. Siegel Adult Day Care Center operation would expand the firm's service platform within Flagler County while preserving a local focus and strengthening access to adult day care, caregiver respite, therapeutic programming, and dementia-informed services for area residents.

G. Present Status and Projected Direction of the Business

Therapeutic Assisted Living Corp. is an active senior-care organization positioned for measured growth. The firm's present direction is to expand from its existing residential assisted living experience into broader community-based senior services through operation of the David I. Siegel Adult Day Care Center. The organization is also an active Florida Medicaid provider and currently maintains managed-care relationships with Sunshine Health, Florida Community Care, UnitedHealthcare, and Humana, providing an established foundation for payer-network continuity and third-party reimbursement development for the proposed program. The projected direction includes development of a sustainable adult day care program supported by private-pay revenue, Medicaid and other third-party reimbursement, applicable public program referrals, community partnerships, and disciplined cost management. Therapeutic Assisted Living Corp. has executed a workforce-development agreement with CareerSource Brevard Flagler Volusia and is actively participating in CareerSource workforce-development programs. These workforce resources include On-the-Job Training (OJT), Employ Florida recruitment, NextGen/Young Adult internship opportunities, and veteran-focused employment opportunities available through CareerSource. Therapeutic Assisted Living Corp. intends to use these established workforce resources to create additional local job opportunities, recruit and train Flagler County residents, support veterans seeking employment, develop healthcare career pathways, and contribute to continued community and economic development in Flagler County.

H. Overall Qualifications of the Business

Therapeutic Assisted Living Corp. offers a combination of local presence, licensed senior-care operations, healthcare experience, compliance knowledge, therapeutic programming experience, and hands-on administration that is directly relevant to the scope of this RFP. The organization has experience with activities of daily living support, medication-related services within licensed scope, nutrition and meal service, dementia and Alzheimer's-related care, family and provider communication, staffing oversight, emergency preparedness, documentation, quality assurance, and AHCA compliance. Therapeutic Assisted Living Corp. has maintained a deficiency-free ALF survey record from opening through the present, providing a demonstrated record of consistent regulatory performance. Therapeutic Assisted Living Corp. also holds a Limited Mental Health (LMH) specialty license for its assisted living operation. This specialty licensure requires additional mental-health-related training and compliance responsibilities and strengthens the organization's experience supporting individuals with mental health needs within the permitted scope of Florida assisted living services. The LMH specialty complements the organization's dementia-informed, person-centered approach and demonstrates additional regulatory and staff-training capacity relevant to vulnerable adult populations. Therapeutic Assisted Living Corp. has also earned five-star Google reviews from residents, families, and community stakeholders, reflecting positive experiences with the organization's quality of care, cleanliness, communication, compassion, and home-like environment. Supporting five-star Google review documentation and letters of recommendation are provided in the Past Performance / References section of the response. Therapeutic Assisted Living Corp. is also an active Florida Medicaid provider and currently has contractual relationships with Sunshine Health, Florida Community Care, UnitedHealthcare, and Humana. These payer relationships are directly relevant to the County's Medicaid managed-care continuity requirements and strengthen the firm's readiness to support credentialing, billing, and reimbursement processes for eligible adult day care participants. Management is familiar with Florida healthcare licensing expectations and the importance of maintaining accurate records, trained personnel, safe operations, and person-centered plans of care. The organization's small, locally managed structure supports responsive oversight and direct accountability. The firm also has access to documented working capital, financing capacity, insurance support, and workforce-development resources to support transition and operations. The firm's identified project personnel are Flagler County residents, and Therapeutic Assisted Living Corp.'s executed CareerSource workforce-development agreement further strengthens its ability to recruit, train, and retain local workers as program census grows. Therapeutic Assisted Living Corp. is prepared to operate the Center as a self-sustaining business unit and understands that Flagler County will not provide direct operating subsidies.

I. Qualifications of Employees Assigned to the Contract

The proposed team combines administration, healthcare, direct-care, marketing, community outreach, and support experience. All personnel identified in this proposal are local Flagler County residents, reinforcing Therapeutic Assisted Living Corp.'s commitment to maintaining employment, healthcare expertise, and economic participation within the community it serves. LaTasha Rowell will provide executive and administrative oversight and brings extensive healthcare experience, assisted living administration, rehabilitation and direct-care background, regulatory knowledge, staff supervision, quality assurance, and community relationship management. She also currently holds an active Physical Therapist Assistant license, adding clinical knowledge of functional mobility, therapeutic activity, rehabilitation principles, safety, and support for maintaining independence. This credential strengthens the proposed team's therapeutic perspective without representing that physical therapy services will be furnished outside the applicable scope, referral, or supervision requirements. Treyvian Williams currently holds a full-time position with Therapeutic Assisted Living Corp. and brings administrative and Certified Nursing Assistant credentials to the proposed team. Deon Nelson is included as direct-care staff and holds Certified Nursing Assistant credentials, CPR certification, and experience supporting residents with daily care, activities, meals, housekeeping, safety, and family communication. Deon is also currently enrolled in nursing studies at Daytona State College, demonstrating continued professional development within the healthcare workforce. Donald Rowell is included in the proposal team with administrative credentials and current healthcare marketing experience. He currently

provides marketing and community-outreach support for Grand Oaks and for an Aviata healthcare facility in the Daytona, Florida area. His experience includes relationship development, referral-source outreach, healthcare marketing, and community visibility, which will support participant census development and community engagement for the David I. Siegel Adult Day Care Center. Additional licensed nursing personnel, including RN/LPN coverage, will be utilized in accordance with the RFP, AHCA requirements, participant needs, and census. Resumes, licenses, and applicable certifications for proposed personnel are included in the Firm/Employee Qualifications section of the proposal. Any newly hired positions required for the project will be recruited based on documented job descriptions and required qualifications, with an emphasis on local Flagler County recruitment through Therapeutic Assisted Living Corp.'s active CareerSource workforce-development partnership.

J. Lawsuits, Contract Non-Performance, and Failure to Complete Work

Therapeutic Assisted Living Corp., its officers, proposed team members, and subconsultants have not been involved in any lawsuits related to company contracts or other company business during the preceding five (5) years. In addition, Therapeutic Assisted Living Corp., its officers, proposed team members, and subconsultants have not failed to complete any contract during the preceding five (5) years, and no officer or partner of the proposed team has failed to complete a contract handled in his or her name during that period.

Closing Statement

Therapeutic Assisted Living Corp. appreciates the opportunity to submit its qualifications to Flagler County. The firm is committed to maintaining continuity of care at the David I. Siegel Adult Day Care Center, creating local employment opportunities, supporting caregivers and participants, and operating the program with the professionalism, fiscal accountability, regulatory discipline, and community-centered service required for long-term sustainability. We welcome the opportunity to serve Flagler County through this important community resource.

Respectfully submitted,

LaTasha Rowell, Administrator 8/22/2026.

LaTasha Rowell
Owner/Administrator
Therapeutic Assisted Living Corp.

LATASHA ROWELL

Owner & Administrator | Assisted Living Operations | Physical Therapist Assistant | Healthcare & Rehabilitation

Palm Coast, Florida 32137 | 904-501-8991 | latashagilyard@gmail.com

PROFESSIONAL SUMMARY

Experienced healthcare professional, Assisted Living Facility Administrator, business owner, and Physical Therapist Assistant with more than 20 years of progressive experience spanning direct patient care, rehabilitation, home health, clinical coordination, assisted living administration, and healthcare business operations. Owner and Administrator of Therapeutic Assisted Living Corp. since 2020, with documented training in Alzheimer's disease and related disorders, assisted living administration, Extended Congregate Care, Limited Mental Health, rehabilitation, resident safety, and person-centered support. Combines hands-on clinical experience with healthcare administration and business leadership to promote individualized care, therapeutic engagement, dignity, independence, safety, and whole-person well-being.

CORE COMPETENCIES

- Assisted Living Administration
- Healthcare Operations Management
- Resident-Centered Care
- Alzheimer's & Dementia Care
- Physical Therapy & Rehabilitation
- Therapeutic Exercise & Activities
- Activities of Daily Living
- Patient & Caregiver Education
- Staff Leadership & Supervision
- Regulatory Compliance
- AHCA/F.A.C. Compliance
- Quality Assurance
- Resident Advocacy
- Family & Community Relations
- Interdisciplinary Collaboration
- Medication Assistance Oversight
- Documentation & Record Management
- Emergency & Disaster Preparedness
- Infection Prevention & Safety
- Behavioral & Psychosocial Support
- Business Development
- Marketing & Networking
- Billing & Payroll
- Vendor Coordination
- Community Partnerships
- Government & Community Engagement

PROFESSIONAL EXPERIENCE

THERAPEUTIC ASSISTED LIVING CORP. — Palm Coast, Florida

OWNER, LIAISON & ADMINISTRATOR | 2020 – Present

- Provide executive leadership and operational oversight for a Florida-licensed assisted living organization focused on therapeutic engagement, compassionate care, resident dignity, safety, and whole-person well-being.
- Direct daily operations including resident services, staffing, scheduling, workflow, supplies, inventory, billing, payroll entry, accounts, appointments, documentation, customer service, and vendor coordination.
- Develop and implement policies, procedures, forms, training systems, emergency preparedness processes, visitation procedures, medication-assistance documentation, and quality-assurance practices.
- Maintain working knowledge of Florida assisted living regulations and Agency for Health Care Administration requirements, including specialized Extended Congregate Care and Limited Mental Health policies and procedures.
- Lead individualized resident-centered care and advocate for safety, dignity, independence, functional ability, and quality of life.

- Coordinate with physicians, nurses, therapists, hospice providers, families, caregivers, pharmacies, and other third-party service providers.
- Apply rehabilitation knowledge to mobility, positioning, functional independence, fall prevention, activities of daily living, and safe care practices.
- Recruit, orient, train, supervise, schedule, coach, and support staff while promoting accountability, professionalism, compassion, and teamwork.
- Develop marketing and networking strategies to maintain and increase census; build relationships with families, healthcare professionals, community organizations, and service providers.
- Represent Therapeutic Assisted Living in community and governmental discussions regarding senior care, adult day services, and community-based programs.
- Maintain professional involvement with the Florida Assisted Living Association.

PALM GARDEN REHABILITATION OF GAINESVILLE — Gainesville, Florida

PHYSICAL THERAPIST ASSISTANT | 2017 – 2021

- Provided physical therapy services across outpatient rehabilitation, inpatient rehabilitation, and home health settings under the direction of the supervising Physical Therapist.
- Performed therapeutic exercise, therapeutic activities, functional training, physical agents, modalities, mobility interventions, and patient/caregiver education.
- Monitored patient response to treatment and communicated favorable or unfavorable reactions to the supervising therapist.
- Supervised rehabilitation assistants and supported effective clinical workflow.
- Maintained accurate and timely documentation using Casamba and Rehab Optima; participated in weekly case conferences.
- Maintained equipment sanitation, patient safety, productivity, and ethical/legal standards.

TERRACE HEALTH & REHABILITATION — Gainesville, Florida

PHYSICAL THERAPIST ASSISTANT | 2015 – 2017

- Provided physical therapy treatments under the direction of the supervising Physical Therapist.
- Performed therapeutic exercises, therapeutic activities, functional mobility interventions, patient education, and safety training.
- Monitored patient response, communicated changes, supervised rehabilitation assistants, maintained documentation, and participated in case conferences.
- Maintained equipment sanitation, productivity, and professional standards.

SELECT REHAB — Palatka, Florida

PHYSICAL THERAPIST ASSISTANT — PRN | 2015 – Present

- Provide therapy services under the direction of the supervising Physical Therapist, including therapeutic exercise, functional activities, mobility training, and patient education.
- Monitor patient response, support rehabilitation team coordination, maintain documentation, participate in case conferences, and maintain safety and sanitation standards.
- Licensure status: Currently non-active.

SELF-EMPLOYED — Palatka, Florida

HOME HEALTH AIDE / CAREGIVER | 2013 – 2015

- Provided individualized private-duty care in home settings, including ADLs, personal hygiene, dressing, wheelchair and bed mobility, transfers, positioning, passive range of motion, vital-sign monitoring, skin-integrity checks, and caregiver education.
- Assisted with self-administered medications within the appropriate scope and promoted safety, comfort, dignity, and independence.

COMMUNITY HOME HEALTH — St. Augustine, Florida

CLINICAL INTAKE COORDINATOR* | *2010 – 2013

- Coordinated intake activities for new home-health admissions; verified insurance and assembled medical records.
- Performed accurate data entry, managed office and medical supplies, responded to multi-line telephone needs, and participated in clinician case conferences.
- Used Microsoft Word, Excel, PowerPoint, email, Internet, and office technology.

COMMUNITY HOME HEALTH — St. Augustine, Florida

CLINICAL TEAM ASSISTANT* | *2008 – 2010

- Supported the clinical team under the clinical nurse supervisor; maintained patient tracking logs and organized physician orders.
- Performed accurate payroll entry, maintained filing systems and documentation, and supported daily clinical workflow.

CERTIFIED NURSING ASSISTANT / PRIVATE DUTY CAREGIVER

1999 – 2015

- Provided direct patient care including bathing, toileting, dressing, transfers, mobility, personal care, vital-sign monitoring, and daily skin checks.
- Reported changes in condition and promoted dignity, safety, comfort, and independence.

EDUCATION

KEISER UNIVERSITY — Jacksonville, Florida

Associate Degree — Physical Therapist Assistant* | *2015

MY ALF TRAINING

Assisted Living & Long-Term Care Training; Marketing Consulting Training* | *2019

FIRST COAST TECHNICAL COLLEGE — Palatka, Florida

Certificate — Medical Administrative Assistant* | *2006

ST. JOHNS COMMUNITY COLLEGE — Palatka, Florida

Certificate — Certified Nursing Assistant* | *1999

PROFESSIONAL CERTIFICATIONS & SPECIALIZED TRAINING

- Assisted Living Facility Administrator Certification
- Assisted Living Core Competency Certification
- Alzheimer's Disease & Related Disorders Training — FL 3-Hour Initial Training, Part 1 | 3 Credit Hours | Completed November 21, 2023 | Department of Elder Affairs approved
- Alzheimer's Disease Level 1 | 4 Credit Hours | Completed March 24, 2025 | Department of Elder Affairs approved
- Extended Congregate Care (ECC) Specialty Training
- Limited Mental Health (LMH) Specialty Training
- Certified Nursing Assistant (CNA)
- Physical Therapist Assistant — Clinical & Professional Training
- CPR
- HIPAA
- OSHA Bloodborne Pathogens
- HIV Training
- Assisted Living & Long-Term Care Training

- Alzheimer's/dementia subject matter: behavior management and challenging behaviors; promoting independence with ADLs; dressing, grooming, eating, bathing and toileting; family support and involvement; resident activities; appropriate physical environment; security and safety; routines and schedules; ethics, autonomy, and person-centered care.
- Additional continuing education in resident safety, infection prevention, documentation, communication, caregiver education, functional mobility, fall prevention, therapeutic engagement, and quality care practices.

BUSINESS RECOGNITION & COMMUNITY DISTINCTIONS

- 2024 - Best Business Rated, Palm Coast, Florida - Therapeutic Assisted Living Corp.
- 2026 - Top 3 Business Rated, Palm Coast, Florida - Therapeutic Assisted Living Corp.
- 2026 - Selected for inclusion as a Top Health Executive by Global Who's Who Online, recognizing Latasha Rowell in her role as ALF Administrator of Therapeutic Assisted Living Corp.
- 2026 - Therapeutic Assisted Living Corp. identified for inclusion as a Top Health Service Organization representing Palm Coast, Florida by Global Who's Who Online.
- Maintains strong five-star resident, family, and customer feedback reflecting a commitment to compassionate service, quality care, and positive community relationships.

PROFESSIONAL & COMMUNITY LEADERSHIP

- Florida Assisted Living Association — Active membership and professional participation.

PROFESSIONAL VALUE PROPOSITION

Latasha Rowell brings an uncommon combination of clinical care experience, rehabilitation expertise, healthcare administration, business ownership, and community leadership. Her progression from Certified Nursing Assistant to medical administration, home health, Physical Therapist Assistant, and ultimately Owner/Administrator demonstrates both front-line healthcare knowledge and executive operational leadership. This combination supports strong oversight of regulated healthcare services, staff, resident and family relations, quality assurance, compliance, community partnerships, and government/community programs.

REFERENCES

Available upon request.

Treyvian Artrez Williams

Palm Coast, Florida
386-264-3716 • Trey21154@gmail.com

PROFESSIONAL SUMMARY

Dedicated Assisted Living Facility Administrator with hands-on experience managing daily operations, supervising staff, and providing compassionate resident-centered care in a therapeutic assisted living environment. Skilled in resident care coordination, medication management oversight, staff leadership, and maintaining compliance with Florida assisted living regulations. Strong background in elderly care with years of experience working within assisted living facilities and supporting residents' health, safety, and quality of life.

LICENSES & CERTIFICATIONS

- Florida Assisted Living Facility Administrator License
- Certified Nursing Assistant (CNA) License
- Medication Technician (Med Tech) License

PROFESSIONAL EXPERIENCE

Administrator — Therapeutic Assisted Living

Palm Coast, Florida | 2022 – Present

- Manage daily operations of a therapeutic assisted living facility serving 6 residents
- Supervise and lead a team of 4 employees to ensure quality resident care
- Coordinate resident care plans, medication assistance oversight, and daily living support
- Maintain resident documentation, incident reports, and operational records
- Ensure compliance with Florida assisted living regulations and facility standards

- Communicate with residents' families, healthcare providers, pharmacies, and hospice staff
- Assist with staffing schedules, daily operations, and resident safety procedures
- Foster a compassionate and supportive environment focused on resident well-being and dignity

---

CORE SKILLS

- Assisted Living Administration
- Resident Care Coordination
- Staff Supervision & Leadership
- Medication Assistance Oversight
- Dementia & Elderly Care
- Florida ALF Compliance
- Resident Documentation
- Team Management
- Scheduling & Operations
- Family & Healthcare Communication
- Safety & Emergency Procedures
- Compassionate Patient Care

EDUCATION

High School Diploma

ADDITIONAL EXPERIENCE

Extensive background working in assisted living environments with experience supporting elderly residents, assisting with activities of daily living, and maintaining compassionate, high-quality care standards.

CERTIFICATE of ACHIEVEMENT

Conferred to:

Treyvian A. Williams

For obtaining a passing score on the

ASSISTED LIVING FACILITY CORE COMPETENCY TEST

Certification #: 171246268

Presented by

The MacDonald Research Institute Testing Office
10441 Quality Drive, Suite 206, Spring Hill, FL 34609

Kimberly Smoak

Kimberly Smoak, Deputy Secretary
for Health Quality Assurance
Agency for Health Care Administration

TMRI

The MacDonald Research Institute

December 5, 2025

Date

DON ROWELL

Palm Coast, FL | (386) 631-2282 | donrow007@icloud.com

PROFESSIONAL SUMMARY

Business development and relationship management leader with a demonstrated track record of driving census growth, executing facility turnarounds, and managing multi-site skilled nursing operations. Experienced in improving occupancy stability, expanding referral networks, and optimizing payer mix within post-acute healthcare environments.

Delivered measurable performance gains including increasing census from sub-60% to full occupancy, contributing to multi-million-dollar annualized facility revenue impact, and establishing sustainable referral pipelines across hospitals, physicians, case managers, and post-acute partners. Background in enterprise financial services account management and luxury automotive sales, reinforcing strengths in consultative selling, executive relationship development, and revenue generation.

CORE COMPETENCIES

- Regional Business Development Strategy
- Skilled Nursing Census Growth & Turnaround
- Healthcare Referral Network Development
- Revenue Growth & Payer Mix Optimization
- Multi-Site Operations & Performance Management
- Hospital & Post-Acute Relationship Management
- Consultative & Solution-Based Selling
- Contract Negotiation & Account Retention
- Executive & C-Suite Relationship Management
- Financial Services & Enterprise Account Growth

PROFESSIONAL EXPERIENCE

Aviata Health Group

Healthcare Liaison / Business Development | 2023 – Present

Drive census growth strategy and business development across two skilled nursing facilities totaling 180 beds, with direct responsibility for occupancy performance, referral development, and revenue stabilization.

- Led full census turnaround in a 120-bed facility, increasing occupancy from **58% to 100% within 4 months** through aggressive referral development and market expansion initiatives.
- Contributed to **$26M+ annualized facility revenue impact (estimated based on census performance and payer mix optimization)** through sustained occupancy growth and admissions strategy execution.
- Stabilized census across multi-site operations, improving occupancy consistency and long-term financial predictability.
- Expanded referral pipeline through strategic relationships with hospitals, physicians, case managers, discharge planners, and assisted living communities.
- Strengthened Medicare and Managed Medicare skilled mix to improve reimbursement quality and overall payer performance.
- Served as primary liaison between referral sources, families, clinical teams, and admissions departments to ensure appropriate placement and smooth transitions of care.
- Executed targeted market outreach, presentations, and partnership development initiatives to increase facility visibility and admissions flow.
- Partnered with clinical leadership to align patient flow, level-of-care decisions, and admission appropriateness criteria.

Mercedes-Benz of Daytona Beach

Luxury Automotive Sales Consultant | 2017– 2023

Delivered high-volume, consultative luxury vehicle sales in a performance-driven dealership environment focused on customer experience, retention, and revenue growth.

- Averaged **17 vehicle sales per month**, consistently ranking among top-performing sales consultants.
- Recognized as **Salesperson of the Month** for performance excellence and customer satisfaction.
- Managed full-cycle luxury sales process from prospecting and qualification through negotiation and closing.
- Built a strong referral-based pipeline through long-term client relationships and repeat business development.
- Partnered with finance and management teams to ensure seamless transaction execution and customer experience delivery.

First Data Corporation (now Fiserv)

Mid-Market Relationship Manager | 2010–2016

Managed a portfolio of mid-market business clients providing payment processing and financial technology solutions, focusing on retention, expansion revenue, and strategic account growth.

- Managed **150+ mid-market client portfolio generating $55M+ annual recurring revenue**.
- Increased portfolio revenue by **18% year-over-year** through strategic account planning and solution expansion.
- Maintained **90%+ client retention rate** through proactive relationship management and issue resolution.
- Served as trusted advisor to business owners and C-suite executives on payment infrastructure optimization and operational efficiency.
- Conducted quarterly business reviews to identify growth opportunities, cost savings, and system enhancements.
- Recognized as a top regional performer for revenue growth and client satisfaction metrics.

CAREER HIGHLIGHTS

- Increased skilled nursing occupancy from **58% → 100% in 4 months**
- Managed **180-bed multi-site healthcare operations portfolio**
- Generated **$26M+ annualized facility revenue impact (estimated)**
- Oversaw **$55M+ annual recurring revenue portfolio (Fiserv)**
- Consistently delivered **17+ luxury vehicle sales/month average**
- Achieved **18% YoY revenue growth in financial services portfolio**

Military Service

- **U.S. Army Sergeant (E-5) – Honorably Discharged**
- **Tactical Microwave/Satellite Systems Operator**
- **Personnel Administrative Specialist**

AGENCY FOR HEALTH CARE ADMINISTRATION

ASSISTED LIVING FACILITY
CORE TRAINING PROGRAM CERTIFICATION

Donald Rowell

Certification #: 171244476 Issued: July 15, 2023

The person named herein has successfully completed the Assisted Living Facility Core Training Program and has met the requirement of Florida Statute 429.52(3).

TMRI
The MacDonald Research Institute

MQA Online Services

Logged in as ***Rowell, Latasha Dion***

Update Account | Logoff | Contact Us

My Dashboard

Don't Delay, Get Screened today!

Effective July 1, 2025, HB 975 requires that all health care practitioners undergo a fingerprint-based background screening as a requirement for obtaining licensure. If you are renewing your license with the Department, you must have a screening completed for your renewal application to be processed. For detailed information, including frequently asked questions, visit https://flhealthsource.gov/backgroundscreening/. Exceptions to this requirement: Emergency Medical Technician, Paramedic, Radiological Technician, Pharmacy Interns, and Registered Pharmacy Technicians.

Important information about your dashboard:

- To download a copy of your e-License, please navigate to the **"Licensure Documents"** menu located within the **"Additional Activities"** section below.
- When your profession opens for renewal a **"Renew My License"** option will become available no later than 90 days prior to your license expiration date. If you do not see the **"Renew My License"** option, please check back later.
- If you are trying to **reactivate from an inactive or a retired status**, this cannot be completed online unless you are eligible to reactivate your inactive license during a public health emergency pursuant to s. 381.00315(1)(c)3., Florida Statutes. Please contact your board office for more information.
- If your profession is not in renewal and you need a duplicate license, to request a name change or perform any other license maintenance activity, please choose your option under **"Manage My License"**.
- If you have not yet added your license to your account, you can do this by selecting the **"Add My License or Previous Application"** option under the **"Additional Activities"** section below.

To begin, choose an option then hit the **"Select"** button. You will return to this dashboard after you have finished.

License Information Hide Details

License Number:	**#26036**
License Type:	**Physical Therapist Assistant**
License Status:	**Clear**
License Expiry:	**11/30/2027**
Address:	**25 LYNDENHURST LN PALM COAST FL 32137**
Phone:	**904-501-8991**

Manage My License

Physical Therapist Assistant #26036 | Choose an Application | Select

My Application

To start a new application or resume a previously saved application.

CERTIFICATE of ACHIEVEMENT

Conferred to:

Latasha D. Gilyard

For obtaining a passing score on the

ASSISTED LIVING FACILITY CORE COMPETENCY TEST

Certification #: ***171241826***

Presented by

The MacDonald Research Institute Testing Office
28953 SR 54, Wesley Chapel, FL 33543

TMRI

The MacDonald Research Institute

Mary C. Mayhew, Secretary
Agency for Health Care Administration

December 14, 2019

Date

DEON NELSON

Palm Coast, FL 32164

deonnelson386@gmail.com | (386) 882-7543

PROFESSIONAL SUMMARY

Dedicated and compassionate Certified Nursing Assistant (CNA) and CPR-certified professional with hands-on experience in assisted living and healthcare support settings. Skilled in providing direct patient care, assisting with activities of daily living, monitoring resident conditions, and supporting clinical care teams. Strong commitment to patient safety, dignity, comfort, and quality care. Dependable team member with effective communication skills and the ability to work in fast-paced healthcare environments. Trained in dementia and Alzheimer's care support, with a focus on patient-centered communication and behavioral understanding.

PROFESSIONAL EXPERIENCE

Certified Nursing Assistant

Therapeutic Assisted Living Corp. — Palm Coast, FL

November 2024 – Present

- Provide direct patient care to residents, including assistance with activities of daily living (ADLs) such as bathing, dressing, grooming, toileting, and mobility support.
- Support residents with dementia and Alzheimer's disease, using calm communication techniques, redirection strategies, and patient-centered care approaches.
- Monitor and support resident health status by observing and reporting changes in condition, behavior, or vital signs to appropriate clinical staff.

- Assist with patient safety measures, including fall prevention, proper transfers, and maintaining a safe care environment.
- Support individualized care plans while ensuring resident dignity, comfort, and emotional well-being.
- Assist with feeding and hydration support while following dietary needs and care instructions.
- Maintain infection control standards, sanitation procedures, and proper use of personal protective equipment (PPE).
- Communicate effectively with nurses, healthcare staff, residents, and families regarding patient needs and care updates.
- Document and report care activities in accordance with facility policies and healthcare guidelines.
- Contribute to a collaborative care team focused on delivering consistent, high-quality patient care.

Pharmacy Staff

One Pharmacy — Palm Coast, FL

August 2024 – Present

- Support healthcare operations in a pharmacy setting by assisting staff with daily workflow and patient service needs.
- Provide professional and respectful communication with patients regarding service-related inquiries.
- Maintain strict confidentiality and compliance with healthcare privacy standards (HIPAA).
- Assist with organizing medications, supplies, and maintaining an efficient clinical workspace.
- Support accurate handling of healthcare-related information under supervision.

- Contribute to a clean, organized, and safety-focused healthcare environment.
- Demonstrate attention to detail, reliability, and professionalism in a clinical support role.

Crew Member

Willie & Cathy's Mobile Detailing — Palatka, FL

June 2021 – August 2023

- Performed detailed cleaning and sanitation of vehicles and recreational units.
- Assisted with maintaining organized and safe work environments.
- Supported team operations to meet service quality and efficiency standards.
- Provided customer service and ensured client satisfaction during service completion.

EDUCATION

Daytona State College Nursing Student

Palm Coast, FL

Perquisites College Coursework

High School Diploma / GED

CERTIFICATIONS & LICENSES

- Certified Nursing Assistant (CNA)
- CPR Certified
- Valid Driver’s License

  Medication Technician

CORE SKILLS

- Direct Patient Care (ADLs)
- Dementia & Alzheimer’s Care Support
- Resident Safety & Monitoring
- Behavioral Redirection & De-escalation Techniques
- Vital Signs Observation & Reporting
- Infection Control & PPE Use
- Care Plan Support
- Mobility & Transfer Assistance
- Compassionate Patient Care
- Healthcare Communication
- HIPAA Compliance & Confidentiality
- Team-Based Clinical Support
- Time Management & Reliability
- Attention to Detail
- Pharmacy & Healthcare Environment Support
- Customer & Patient Interaction

85 Cypress Point Parkway, Unit B | Palm Coast, Florida 32164
Tel: 386-447-8944 | joseph@one-pharmacy.com

June 19, 2026

Flagler County Board of Commissioners

Flagler County Administration

Bunnell, Florida 32110

RE: Letter of Support — Latasha Rowell, Administrator, Therapeutic Assisted Living Corp.

To Whom It May Concern:

It is without reservation and with the highest degree of professional confidence that I submit this letter in full support of Mrs. Latasha Rowell, Administrator of Therapeutic Assisted Living Corp., in her application for the Adult Day Care Center through the Flagler County public private partnership initiative. My recommendation reflects direct, firsthand experience earned through our collaborative work serving the senior population of Palm Coast and the surrounding community.

As the pharmacist and owner of One Pharmacy, I have had the privilege of working closely with Mrs. Rowell and her team at Therapeutic Assisted Living over an extended period. Our partnership has centered on one core value service with care: ensuring that every resident under her care receives safe, appropriate, and timely medication management. In my role, I have observed Mrs. Rowell not simply as an administrator, but as a genuine patient advocate who holds herself and her staff to the highest standards of care.

What sets Mrs. Rowell apart is not only her operational excellence, but the culture she has built within her homes. Her facilities are impeccably maintained ,among the most well kept I have encountered in my professional career. Residents medication management is well above CMS standards and compliance rates, an outcome that is not easy to achieve. It reflects Mrs. Rowell's consistent responsiveness, organization hierarchy, and proactive communication with our pharmacy team are the qualities that are essential for companies within this space.

Beyond the operational, Mrs. Rowell is a pillar of this community. She is known for her integrity, her warmth, and her genuine commitment to the quality of life and care of the seniors within her homes.

The working relationship we have built is founded on trust, and in healthcare, trust must be earned. Mrs. Rowell has earned it fully.

It is my firm belief that the attributes that have made Therapeutic Assisted Living a model facility will translate directly into the Adult Day Care Center. Her experience in programming for seniors, her understanding of regulatory requirements, and her track record of community partnership make her exceptionally qualified for this opportunity. The Palm Coast community would benefit enormously from the care and intentionality she will bring to this venture.

On behalf of the practitioner community we represent, I offer Mrs. Latasha Rowell the strongest possible recommendation. I am confident she will serve Flagler County with the same distinction she has demonstrated in every aspect of her work to date.

Please do not hesitate to contact me directly at 386-447-8944 or joseph@one-pharmacy.com should you require any additional information or wish to speak further about my experience with Mrs. Rowell.

Respectfully,

Dr. Joseph Shoyoye, PharmD
CEO & Pharmacy Owner
One Pharmacy
85 Cypress Point Parkway, Unit B
Palm Coast, Florida 32164
Tel: 386-447-8944
joseph@one-pharmacy.com

Representative Project No. 1

Project Title: Therapeutic Assisted Living Corp. – Senior Care Operations Including Adult Day Services
Location: Palm Coast, Florida
Owner/Operator: Therapeutic Assisted Living Corp.
Address: 25 Lyndenhurst Lane, Palm Coast, Florida 32137
Years Performed: 2020 – Present
Status: Ongoing
Project Cost: Privately funded ongoing senior-care operation

Brief Description

Therapeutic Assisted Living Corp. has continuously operated a licensed senior-care facility in Palm Coast, Florida since 2020. TAL is responsible for administration, staffing, supervision, therapeutic and recreational programming, meals and nutrition, medication assistance and coordination, family communication, healthcare-provider collaboration, emergency preparedness, regulatory compliance, quality assurance, and overall facility operations.

In addition to residential assisted living services, TAL has **direct experience providing adult day services to a nonresident participant within its licensed assisted living setting**. The participant attended during daytime hours and received supervision, meals, socialization, therapeutic and recreational activities, individualized support, family communication, and health-and-safety oversight alongside TAL's long-term residents.

Due to the size and capacity of TAL's residential operation, adult day participation was intentionally limited based upon available space, staffing, and the needs of existing residents.

Relevance to the David I. Siegel Adult Day Care Center

This project is directly relevant because TAL has practical experience providing both residential senior care and daytime services to a nonresident adult.

The experience required TAL to address many of the same fundamental responsibilities involved in dedicated adult day care operations, including:

- Participant supervision and safety;
- Daytime programming;
- Social and therapeutic engagement;
- Dementia and mental-health-related support;
- Nutrition and meal services;
- Family caregiver communication;
- Individualized assistance;
- Health monitoring;
- Staffing and scheduling;

- Documentation;
- Healthcare-provider coordination; and
- Continuity of care.

TAL does not represent that it has previously operated a separately licensed stand-alone adult day care center. The David I. Siegel Adult Day Care Center would represent an expansion of TAL's existing senior-care and adult day-services experience into a dedicated adult day care environment with greater participant capacity and community reach.

TAL will operate the Center in accordance with all licensing, staffing, programmatic, physical plant, safety, and regulatory requirements applicable to the facility.

gentiva
HOSPICE

06/17/2026

To Whom It May Concern,

I am pleased to provide this letter of recommendation for Therapeutic Assisted Living. It has been my privilege to collaborate professionally with the leadership and care team at this facility, and I have consistently been impressed by their commitment to excellence, compassion, and resident-centered care.

Throughout our professional collaboration, the staff at Therapeutic Assisted Living have demonstrated exceptional dedication to maintaining a safe, supportive, and welcoming environment for residents. Their approach emphasizes dignity, respect, and individualized care, ensuring that each resident's physical, emotional, and social needs are addressed with professionalism and sensitivity.

In addition to providing high-quality care, the facility has proven to be an outstanding collaborative partner. Communication between staff, healthcare providers, families, and community organizations is consistently clear, timely, and effective. Their willingness to work cooperatively, share information appropriately, and coordinate services contributes significantly to positive outcomes for residents and their families.

The leadership team fosters a culture of accountability, continuous improvement, and teamwork. During our professional interactions, I have found them to be responsive, knowledgeable, and committed to maintaining the highest standards of care and ethical practice. Their collaborative spirit makes them a trusted and valued partner within the healthcare and senior services community.

I confidently recommend Therapeutic Assisted Living to families seeking quality assisted living services and to organizations seeking a professional, reliable, and collaborative partner. I am confident that they will continue to provide exceptional care and maintain the strong professional relationships that have earned them an excellent reputation.

Sincerely,

Colleen Marino
Executive Director
Gentiva Hospice
386-597-6306
Colleen.Marino@gentivahs.com

REFERENCES

Agency #1	Gentiva Hospice
Address	145 City Pl Unit 200A
City, State, ZIP	Palm Coast FL. 32164
Contact Person	Colleen Marino
E-mail	Colleen.Marino@gentivahs.com Phone: 386-597-6306
Date(s) of Service	2020 – Currently serving Gentiva's patients.
Type of Service	Interdisciplinary senior-care coordination, hospice collaboration, family communication, and continuity of care.
Comments:	Professional healthcare partner familiar with T.A.L.'s senior-care operations, staff communication, quality standards, family coordination and collaborative care practices.
Agency #2	One Pharmacy.
Address	88 Cypress Point Parkway, Unit B
City, State, ZIP	Palm Coast, FL 32164
Contact Person	Dr. Joseph Shoyoye, PharmD, Owner
E-mail	joseph@onepharmacy.com Phone: 386-447-9844
Date(s) of Service	2021 – current
Type of Service	Pharmacy services, medication-management coordination, and healthcare collaboration
Comments:	Professional pharmacy partner familiar with T.A.L.'s medication management practices, communication, resident-care standards, compliance awareness, and overall professionalism.
Agency #3	Aviata at Grand Oaks
Address	3001 Palm Coast pkwy SE
City, State, ZIP	Palm Coast FL. 32137
Contact Person	Christofer McNair, AII
E-mail	cmcnair@aviatang.com Phone: (386)442-6060
Date(s) of Service	2020 – Present
Type of Service	Senior-care collaboration, rehabilitation partner familiar with T.A.L.'s collaborative approach, communication, resident advocacy, professionalism, and continuity of care practices.
Comments:	collaboration with rehabilitation and transitions of care.

8/14/2026

To whom it may concern

My family has had the pleasure of working with Therapeutic Assisted Living regarding the care of our mother Susanne Clark. Our mother has been residing at Therapeutic Assisted Living for the past 5 1/2 months.

My mother's journey began 3 years ago with numerous falls that resulted in her breaking her arm 3 times requiring the placement of hardware with three surgeries and a fourth surgery because of developing cellulitis . She went from independent living and walking 4 miles a day to needing care with her activities of daily living,mobility and decision-making . She could no longer live at her home alone .

After numerous stays in a rehab facility to strengthen her arm and regain some mobility with assistance, she transferred to a large assisted living facility . As you can imagine, she became angry with her situation and was not happy with her living arrangements.

She continued to fall requiring hospitalization and ER visits for head lacerations, arm lacerations and concussions. During these many hospital visits and rehab stays my mother experienced episodes of humiliation and lack of empathy from caregivers who should know better. I've been a nurse for 25 years and I've never treated people the way I've seen my mother treated. Our elder population should be treated with dignity and respect.

As a family we tried to never leave my mother for any extended period of time over 24 hours. A simple task of cutting up her food and making sure she had clean and dry clothes seemed to be out of reach for some caregivers. We were constantly worried about her safety.She did not make good decisions and would try to do things for herself, which were not in her best interest and resulted in her falling and injuring herself.

This brings me to the present time. For the past 5 1/2 months that my mother has been living at Therapeutic Assisted Living she has been living her best life since her first fall .She is treated with respect and dignity. She has supervised activities that have helped her regain her strength and limited mobility. Mom actually enjoys the activities,she would not participate in any of them at the large assisted living. The small setting and encouragement she receives on a daily basis has made a world of difference.

Mom does suffer from dementia and sundowners has been a real issue with her. I have seen her change from being angry at the sundowner time to actually being more relaxed and engaging with the staff and other residents during her hardest times. It is a big change for her. The staff gives so much support during the difficult times they know how to redirect and my mother's angry episodes have not been in evidence for the past couple of months.

We are now able to have conversations again with mom she is not falling and suffering from concussions.She has not fallen in the 5 1/2 months that she has been in the care of Therapeutic Assisted Living.

The supervision she receives the guidance and loving care from the staff has changed her attitude from an angry,humiliated woman back to the mother that we always knew.
Mom actually participates with the other residents with exercises and games that help to maintain her physical strength and abilities.
Mom now has nutritious meals and snacks throughout the day with her food prepared and served in portions that she can eat and maintain good nutrition.The family style meals and sitting at a table with 4 to 5 other residents has increased her socialization and has actually instilled pride in the fact that she can encourage others to eat. When my mother was living at the large assisted living facility, she insisted on eating alone, so this is such a huge improvement.
We never have to worry as a family that mom has not received good hygiene, clean clothes and that her overall health and safety needs are not being met.
This summer has been the first summer in three years that we have been able to leave mom for a couple weeks and enjoy a vacation. We know that she is in the best care possible while we have been away. The staff at Therapeutic Assisted Living consistently updates us with her overall health reports and pictures of mom enjoying life participating in exercises or just relaxing. This is a huge change from us going home after visiting mom at rehab and the large assisted living facility and sitting in front of a blank TV screen and saying "what are we going to do". ?
We as a family recommend Therapeutic Assisted Living to our friends in Palm Coast, so that they are aware of the loving and respectful care that is given at Therapeutic Assisted Living in case it is needed for their family member.
We are so thankful for all of the staff at Therapeutic Assisted Living,residents and family members are so totally embraced and made to feel at home. It is such a loving and caring environment that I wish every person in need of care could reside at Therapeutic Assisted Living.

Debra Foster (daughter of Susanne Penny Clark)
315-560-8234
8644 SW. 59th Ln., Road
Ocala, FL 34481

Debra Foster

AVIATA HEALTH GROUP

6/15/2026

To Whom It May Concern:

It is with great pleasure and sincere appreciation that I write this letter of recommendation for Mrs. LaTasha Rowell, Administrator of Therapeutic Assisted Living.

Over the course of our professional collaboration between Aviata at Grand Oaks, Skilled Nursing Facility and Therapeutic Assisted Living, I have had the opportunity to work directly with Mrs. Rowell and witness firsthand her unwavering commitment to excellence in resident care. Our organizations have maintained a strong and collaborative relationship centered on ensuring continuity of care and achieving the best possible outcomes for the individuals we serve.

Mrs. Rowell consistently demonstrates the highest standards of professionalism, compassion, and leadership. The level of service provided by Therapeutic Assisted Living reflects a culture of excellence that begins with her administration and extends throughout the organization. Her dedication to the well-being, dignity, and quality of life of each resident is evident in every interaction.

When residents from Therapeutic Assisted Living are admitted to Aviata at Grand Oaks for rehabilitation services, Ms. Rowell remains actively engaged in their care. She works closely with our interdisciplinary team, advocating tirelessly on behalf of her residents to ensure their needs are met and that care transitions are seamless. Her hands-on approach, strong communication skills, and resident-centered philosophy embody the true meaning of servitude and compassionate care.

Ms. Rowell possesses an exceptional bedside manner and leads with both empathy and integrity. She consistently places the interests of her residents first, demonstrating a level of advocacy that is both admirable and impactful. Her collaborative spirit fosters strong partnerships with healthcare providers and contributes significantly to positive resident outcomes.

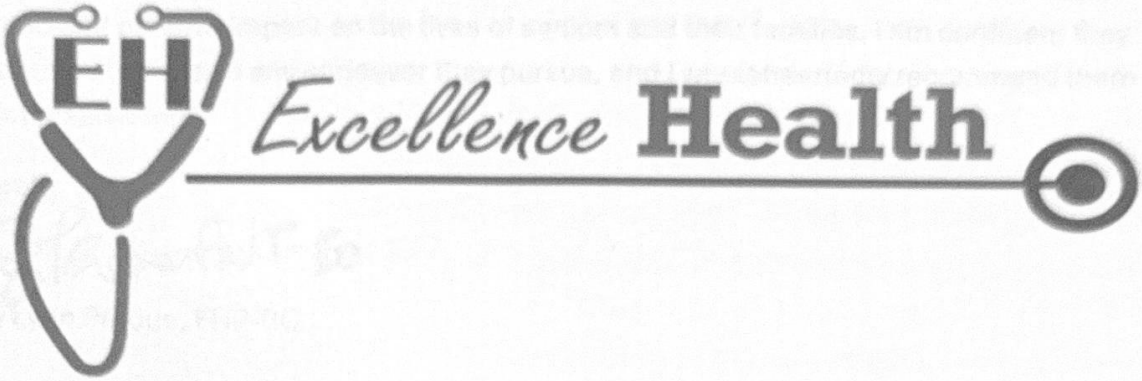
Without reservation, I highly recommend Ms. LaTasha Rowell and Therapeutic Assisted Living. The professionalism, excellence, and dedication she brings to the healthcare community make her an invaluable leader and trusted partner in resident care.

Should you require any additional information, please do not hesitate to contact me.

Sincerely,

C. McNair

Christofer McNair, AIT
Aviata at Grand Oaks
386-446-6060
cmcnair@aviatahg.com



Cindy Perdue, FNP-NP

Excellence Health

1630 Mason Ave, Daytona Beach, FL 32117

8/21/26

To Whom It May Concern,

It is with great enthusiasm that I extend my recommendation for Therapeutic Assisted Living in favor of operation and management of an adult daycare facility. In my time working alongside them, I have witnessed their unwavering professionalism, exceptional leadership, and deep commitment to the well-being of our senior community.

Therapeutic Assisted Living consistently demonstrates excellence in every aspect of their role. They maintain strong, collaborative working relationships with Excellence Health and other healthcare partners, ensuring seamless continuity of care for each resident. Their dedication to advocating for seniors is evident in the personalized attention, respect, and dignity they extend to every individual under their care.

Their expertise in working with residents living with dementia and Alzheimer's disease is particularly commendable. They approach each situation with patience, empathy, and skill, creating an environment where residents feel safe, valued, and understood. This compassionate approach not only enhances quality of life but also fosters trust with families and caregivers.

In addition to their clinical and interpersonal strengths, Therapeutic Assisted Living upholds the highest standards of cleanliness, safety, and organization within the facility. Their attention to detail ensures that the environment remains welcoming, hygienic, and compliant with all safety regulations.

In summary Latasha Rowell is a dedicated, highly capable professional whose work has a profound and positive impact on the lives of seniors and their families. I am confident they will continue to excel in any endeavor they pursue, and I wholeheartedly recommend them without reservation.

Sincerely,

Cindy Lynn Perdue, FNP-BC

7.5 Project Approach

Overall Project Methodology

Therapeutic Assisted Living Corp. ("TAL") proposes a structured, participant-centered approach to the operation of the David I. Siegel Adult Day Care Center that prioritizes **continuity of care, safety, regulatory compliance, quality programming, family support, workforce development, community partnerships, census development, and long-term operational sustainability**.

TAL's approach is based upon its experience operating a regulated senior-care environment in Palm Coast and providing individualized services to older adults, including individuals living with Alzheimer's disease, dementia, mental-health conditions, physical limitations, and other age-related needs.

The objective is not simply to maintain the existing Adult Day Care Center. TAL intends to build upon its established role in the community and develop the Center into a dependable, welcoming, well-managed and highly visible resource for Flagler County seniors and the families who care for them.

TAL will implement the project through the following coordinated approach.

1. Organized Transition and Continuity of Services

Upon award, TAL will work collaboratively with Flagler County to establish an orderly transition plan designed to minimize disruption to existing participants, families, staff, service providers, and community partners.

Initial transition activities will include:

- Coordination with designated County representatives;
- Review of existing Center operations, policies, schedules, participant needs, and available records that may lawfully be transferred;
- Confirmation of all licensing and regulatory requirements applicable to operations;
- Facility and equipment assessment;
- Review of emergency preparedness and life-safety requirements;
- Development of staffing schedules and assignments;
- Confirmation of vendors and essential service providers;
- Participant and family communication;
- Development of enrollment and intake procedures;
- Implementation of required operational policies and documentation systems; and
- Establishment of quality-control benchmarks before full operation.

TAL will seek to preserve continuity wherever doing so remains appropriate while introducing improvements gradually and deliberately.

Participants and families should experience the transition as organized, respectful, and dependable.

2. Person-Centered Participant Care

TAL will operate the Center using a person-centered model that recognizes each participant as an individual with unique physical, cognitive, emotional, social, cultural, and functional needs.

Participant services will be based upon appropriate assessments, enrollment information, healthcare information, family input, physician or provider information when applicable, and ongoing observation.

Services may include, as appropriate:

- Supervision and safety monitoring;
- Assistance with permitted activities of daily living;
- Socialization and companionship;
- Cognitive stimulation;
- Therapeutic and recreational activities;
- Exercise and mobility-related activities appropriate to participant abilities;
- Meals, snacks, hydration, and nutritional monitoring;
- Rest periods;
- Medication assistance within applicable regulatory scope;
- Behavioral observation and redirection;
- Family communication;
- Healthcare-provider coordination; and
- Individualized accommodations based upon participant needs.

TAL's philosophy emphasizes maintaining independence and existing abilities rather than unnecessarily doing for participants what they remain capable of doing safely for themselves.

3. Alzheimer's Disease, Dementia, and Mental-Health Support

TAL recognizes that adult day care programs frequently serve individuals experiencing cognitive impairment, dementia-related behaviors, depression, anxiety, isolation, and other behavioral or mental-health needs.

TAL's existing senior-care experience includes working with individuals with Alzheimer's disease and related dementias and operating under a Limited Mental Health specialty license that requires additional training and competency within the licensed assisted living setting.

This background will inform the Center's approach to:

- Structured daily routines;
- Cognitive and sensory activities;
- Consistent redirection;
- Behavioral observation;
- Reduction of unnecessary environmental stressors;
- Elopement and wandering awareness;
- Fall-risk awareness;

- Individualized communication techniques;
- Meaningful social engagement;
- Family communication;
- Recognition of changes in condition; and
- Coordination with appropriate healthcare and behavioral-health professionals.

The Center will maintain clear boundaries regarding the services that may legally and safely be provided within the adult day care setting and will coordinate higher levels of care when participant needs exceed the program's authorized scope.

4. Meaningful Daily Programming and Engagement

TAL will establish a structured daily program designed to make attendance meaningful rather than merely supervisory.

Programming will balance activity, socialization, therapeutic engagement, nutrition, relaxation, and individual choice.

Activities may include:

- Cognitive exercises and memory activities;
- Arts and crafts;
- Music and music-based engagement;
- Group games;
- Light exercise and range-of-motion activities;
- Gardening and nature-based activities;
- Holiday and cultural programs;
- Educational presentations;
- Community guest programs;
- Reminiscence activities;
- Intergenerational opportunities when appropriate;
- Faith-based or spiritual opportunities for participants who voluntarily choose to participate;
- Individual activities for participants who prefer smaller settings; and
- Special events involving families and community organizations.

Programming will be adapted to participant interests and functional abilities rather than relying upon a one-size-fits-all schedule.

5. Family and Caregiver Partnership

TAL views adult day care as a service to both the participant **and the family caregiver**.

Families and responsible parties will receive clear information regarding Center operations, participant needs, significant observations, program expectations, and available community resources.

TAL will promote regular communication with families and encourage their involvement in participant planning.

Adult day care can provide critical respite to individuals caring for aging relatives at home. TAL will therefore seek to make the Center a trusted extension of the family's care system—not simply a location where a participant spends several hours.

Where appropriate, TAL will also connect families with community resources, healthcare providers, social-service programs, caregiver education, and other available support.

6. Staffing and Local Workforce Development

TAL will maintain staffing appropriate to participant census, acuity, services provided, regulatory requirements, and operational needs.

The staffing structure will include qualified administrative and direct-care personnel with nursing resources incorporated as required by participant needs, program design, and applicable regulations.

TAL will emphasize:

- Appropriate screening and hiring;
- Required background screening;
- Orientation before independent assignment;
- CPR and first-aid preparedness;
- Alzheimer's and dementia-related training;
- Medication-assistance training;
- Emergency preparedness;
- Infection prevention;
- Participant rights;
- Abuse, neglect, and exploitation prevention and reporting;
- Confidentiality;
- Incident reporting;
- Competency validation;
- Ongoing in-service education; and
- Performance monitoring.

TAL will also utilize its relationship with **CareerSource Brevard Flagler Volusia** to support local recruitment and workforce development.

TAL has access to recruitment through Employ Florida and has entered into an On-the-Job Training arrangement supporting the development of qualified local employees. This strategy supports TAL's goal of creating employment opportunities for Flagler County residents while strengthening the Center's long-term workforce pipeline.

Whenever practical, TAL will recruit locally and develop employees who can grow with the Adult Day Care program.

7. Healthcare, Business, and Community Coordination

TAL will utilize its existing relationships within the local healthcare community to support continuity of care, referrals, participant resources, and responsible program growth.

TAL has established professional relationships with pharmacies, hospice organizations, physicians and healthcare practitioners, skilled nursing and rehabilitation providers, and other senior-care resources.

These relationships will support:

- Healthcare communication;
- Medication coordination;
- Referrals;
- Participant transitions;
- Family resources;
- Community education;
- Professional outreach; and
- Development of a broader referral network for the Center.

TAL will also pursue and strengthen relationships with senior programs, veterans' resources, caregiver organizations, churches, nonprofit organizations, community groups, local employers, and other organizations serving Flagler County residents.

Flagler County Chamber of Commerce Participation

TAL intends to actively participate in the **Flagler County Chamber of Commerce and the broader Flagler County business community** as part of the Center’s community-engagement and census-development strategy.

Chamber participation will provide an additional avenue for TAL to establish relationships with local businesses, healthcare providers, employers, nonprofit organizations, community leaders, and service organizations whose employees, customers, patients, or families may benefit from adult day care and caregiver respite services.

TAL will utilize Chamber networking opportunities, community events, educational opportunities, and business relationships to:

- Increase community awareness of the Adult Day Care Center;
- Develop professional and community referral relationships;
- Educate local employers about adult day care as a resource for employees caring for aging family members;
- Identify opportunities for community partnerships and sponsorships;
- Promote local senior and caregiver resources;
- Strengthen the Center’s integration into the Flagler County community; and
- Support long-term census development.

TAL views participation in the local business community as an important component of making the David I. Siegel Adult Day Care Center a recognized and accessible community resource.

8. Community Relaunch, Grand Opening, Enrollment, and Census Development

Long-term operational sustainability requires a strong and consistent participant census. TAL will therefore implement an active enrollment and outreach strategy rather than relying solely upon passive referrals.

Community Relaunch and Grand Opening

Following the transition of operations and once the Center is prepared to receive participants, TAL intends to conduct a **community relaunch and Grand Opening of the David I. Siegel Adult Day Care Center**.

The purpose of the relaunch will be to reintroduce the Center to the Flagler County community, create renewed awareness of its services, establish confidence in the transition of operations, strengthen professional referral relationships, and generate participant inquiries and enrollment.

TAL intends to invite:

- Seniors and family caregivers;
- Existing and prospective participants;
- Healthcare providers;
- Physicians and medical practices;
- Pharmacies;
- Home-health and hospice organizations;
- Rehabilitation and skilled nursing providers;
- Case managers and social-service professionals;
- Alzheimer’s and dementia organizations;
- Local businesses and employers;
- Chamber and community representatives;
- Veterans' organizations;
- Faith-based organizations;
- Senior-service organizations; and
- Other community stakeholders.

The Grand Opening may include:

- Guided tours of the Center;
- Introduction of TAL leadership and staff;
- Explanation of adult day care services;
- Enrollment information;
- Caregiver-respite education;
- Alzheimer's and dementia resource information;
- Participant activity demonstrations;
- Introductions to community and healthcare partners;

- Opportunities for families to ask questions;
- Individual enrollment consultations; and
- Opportunities to schedule follow-up tours or assessments.

TAL will use the Grand Opening as the beginning of a sustained census-development campaign rather than as a one-time promotional event.

Ongoing Outreach and Enrollment Strategy

Following the relaunch, TAL will maintain active year-round outreach.

Outreach will include:

- Healthcare-provider relationships;
- Hospital and rehabilitation discharge resources;
- Home-health and hospice relationships;
- Physician practices;
- Pharmacies;
- Senior-living and skilled nursing communities;
- Case managers and social-service professionals;
- Alzheimer’s and dementia caregiver networks;
- Flagler County Chamber of Commerce participation;
- Local businesses and employers;
- Veterans' resources;
- Community and nonprofit organizations;
- Local churches and faith communities;
- Health fairs and community events;
- Caregiver-resource programs;
- Educational presentations;
- Digital and social-media outreach;
- Family referrals;
- Professional networking; and
- Direct outreach to caregivers who may benefit from respite services.

TAL will also explore opportunities to host periodic **open houses, caregiver education programs, health and wellness presentations, dementia and memory-care education, community-resource events, and family-engagement activities** at the Center.

These initiatives are intended to keep the Center visible and engaged with the community after the initial relaunch.

Measurement of Census-Building Activities

TAL will monitor:

- Number of inquiries;
- Scheduled tours;
- Completed tours;

- Applications;
- New enrollments;
- Average daily attendance;
- Participant retention;
- Referral sources;
- Community outreach activities;
- Professional referral relationships;
- Inquiry-to-enrollment conversion; and
- Reasons prospective participants elect not to enroll.

Referral sources will be tracked so TAL can identify which healthcare providers, community organizations, Chamber relationships, events, digital outreach efforts, and professional partnerships are producing meaningful results.

This information will allow management to direct resources toward the strategies producing the strongest enrollment results.

The goal is to establish the David I. Siegel Adult Day Care Center as a **visible, trusted, and recognized Flagler County resource for seniors and caregivers while steadily increasing census toward long-term operational sustainability.**

9. Nutrition and Meal Services

TAL recognizes nutrition and hydration as essential components of senior health and quality of life.

Meals and snacks will be provided in accordance with applicable program requirements and participant needs.

TAL will monitor:

- Meal quality;
- Food safety;
- Portion appropriateness;
- Special dietary instructions when properly ordered and within program capability;
- Hydration;
- Participant food preferences;
- Allergies and documented dietary concerns; and
- Participant response to meals.

Meals will also serve as an opportunity for social interaction and community-building within the Center.

10. Safety, Emergency Preparedness, and Risk Management

Participant safety will be incorporated throughout Center operations.

TAL will maintain policies and procedures addressing areas including:

- Emergency preparedness;
- Fire and evacuation procedures;
- Severe weather and disaster response;
- Elopement and missing-participant response;
- Falls;
- Medical emergencies;
- Medication-related incidents;
- Infection prevention;
- Abuse, neglect, and exploitation;
- Incident documentation and reporting;
- Facility hazards;
- Participant transportation, if provided;
- Food safety;
- Confidentiality; and
- Continuity of operations.

Staff will receive appropriate emergency training and participate in required drills and competency reviews.

Incidents and near misses will be evaluated not simply as isolated events but as opportunities to identify and correct underlying risks.

Quality Control Methodology

Quality control will be an ongoing management function rather than an activity performed only when an inspection or complaint occurs.

TAL will implement a **Plan – Monitor – Review – Correct – Improve** quality-management process.

11. Daily Operational Quality Control

Management will monitor key operational areas each day, including:

- Participant attendance;
- Staffing coverage;
- Participant supervision;
- Significant changes in participant condition or behavior;
- Medication-related responsibilities;
- Meals and hydration;
- Activities;
- Facility cleanliness and safety;
- Family concerns;
- Incidents;
- Documentation; and
- Unresolved operational issues.

Issues requiring immediate intervention will be addressed promptly rather than deferred to a later review.

12. Documentation and Compliance Audits

TAL will conduct routine internal reviews of participant and operational records.

Reviews may include:

- Participant files;
- Assessments and required health information;
- Attendance documentation;
- Medication-related records;
- Staff personnel files;
- Background screening documentation;
- Training records;
- Certifications;
- Emergency documentation;
- Incident reports;
- Meal and activity documentation;
- Required postings; and
- Other regulatory records.

Deficiencies identified internally will be assigned corrective action and followed through to completion.

13. Staff Performance and Competency Monitoring

Employees will receive ongoing supervision and performance feedback.

Quality monitoring will evaluate:

- Attendance and dependability;
- Participant interaction;
- Professional conduct;
- Compliance with policies;
- Documentation;
- Communication;
- Safety practices;
- Training completion;
- Demonstrated competencies; and
- Responsiveness to participants and families.

Additional education, coaching, competency validation, corrective action, or other intervention will be implemented when performance does not meet expectations.

14. Participant and Family Feedback

Participant and family experience will be an important quality indicator.

TAL will obtain feedback through regular communication, informal check-ins, concerns and grievance processes, and periodic satisfaction reviews.

Complaints or concerns will be documented, investigated as appropriate, addressed promptly, and reviewed for recurring patterns.

TAL will use feedback to improve programming, communication, meals, scheduling, activities, and overall participant experience.

15. Incident Review and Corrective Action

Incidents, accidents, complaints, medication concerns, falls, near misses, injuries, safety concerns, and other significant events will be reviewed to determine:

1. What occurred;
2. Whether immediate action was taken;
3. Whether required notifications or reports were completed;
4. Whether policies and procedures were followed;
5. Whether additional staff education is necessary;
6. Whether environmental or operational changes are required; and
7. What action can reduce the likelihood of recurrence.

Corrective actions will be documented and monitored for effectiveness.

16. Performance Measures

TAL will monitor measurable indicators to evaluate operational performance and program growth.

Key measures may include:

- Participant census;
- Average daily attendance;
- Enrollment growth;
- Participant retention;
- Inquiry-to-enrollment conversion;
- Referral sources;
- Staff turnover;
- Staff training compliance;
- Incidents and falls;
- Medication-related events;
- Participant/family complaints;
- Resolution of complaints;

- Participant and family satisfaction;
- Program activity participation;
- Regulatory compliance;
- Operating revenues and expenses; and
- Progress toward financial sustainability.

Management will use these indicators to identify trends and make data-informed operational decisions.

17. Continuous Quality Improvement

TAL's quality-control system will emphasize prevention and continuous improvement.

When an opportunity for improvement is identified, TAL will:

Identify the issue → determine the cause → establish corrective action → assign responsibility → establish a completion timeframe → verify completion → evaluate whether the correction was effective.

This process will apply to clinical, operational, staffing, financial, safety, service, and customer-experience concerns.

18. Financial and Operational Sustainability

TAL recognizes that successful operation of the David I. Siegel Adult Day Care Center requires both high-quality services and sound financial management.

Management will routinely evaluate:

- Census;
- Revenue;
- Payroll;
- Staffing utilization;
- Food costs;
- Supplies;
- Insurance;
- Utilities and facility-related expenses;
- Vendor expenses;
- Marketing effectiveness;
- Accounts receivable;
- Program utilization; and
- Overall operating performance.

Staffing and other variable costs will be managed responsibly as enrollment changes while maintaining required service quality and regulatory compliance.

TAL's goal is to establish a financially sustainable program capable of serving Flagler County families over the long term without sacrificing participant care.

Project Outcome

Through this approach, Therapeutic Assisted Living Corp. intends to provide Flagler County with more than an operator for the David I. Siegel Adult Day Care Center.

TAL seeks to establish a **locally managed, accountable, participant-centered senior resource** that provides meaningful daytime services for older adults, dependable respite for caregivers, employment opportunities for local residents, collaboration with healthcare and community partners, and responsible stewardship of the County-owned facility.

The proposed community relaunch, ongoing Chamber and business-community participation, healthcare referral development, caregiver outreach, and measurable census-development strategy are intended to restore and expand awareness of the Center while establishing a sustainable base of participants.

TAL will measure success by the quality and safety of services provided, participant and family satisfaction, regulatory compliance, workforce stability, community utilization, census growth, and the Center’s progress toward sustainable long-term operations.

THERAPEUTIC ASSISTED LIVING CORP.

LOCAL PRESENCE AND WORKFORCE COMMITMENT STATEMENT

David I. Siegel Adult Day Care Center - Flagler County, Florida

---

Therapeutic Assisted Living Corp. ("TAL") respectfully submits this Local Presence and Workforce Commitment Statement in support of its proposal to operate the David I. Siegel Adult Day Care Center. TAL is an established Palm Coast senior-care provider with direct experience serving older adults and families in the local community. As a locally based organization, TAL's approach is centered on keeping services, employment opportunities, professional relationships, and economic activity connected to Flagler County whenever practical.

TAL's local presence provides an operational advantage for the proposed project. The organization already understands the needs of area seniors and caregivers, maintains relationships with healthcare and community providers, and has experience coordinating services within the local senior-care network. This existing community foundation will support continuity, responsiveness, participant outreach, family communication, and the development of trusted referral relationships for the Adult Day Care Center.

Commitment to Local Employment and Workforce Development

TAL is committed to recruiting and developing qualified local personnel for the Adult Day Care Center whenever practical and consistent with applicable licensing, background-screening, training, and competency requirements. TAL is approved to recruit local talent through Employ Florida and has an active relationship with CareerSource Brevard Flagler Volusia. TAL has also entered into an On-the-Job Training arrangement that can support the development of eligible local employees. These resources strengthen TAL's ability to build a sustainable workforce pipeline while creating employment opportunities for residents of Flagler County and the surrounding service area.

Commitment to Community and Business Engagement

TAL intends to participate actively in the Flagler County Chamber of Commerce and the broader local business community as part of its outreach, partnership, and census-development strategy. Chamber participation will help TAL build relationships with local employers, healthcare providers, nonprofit organizations, community leaders, and service organizations that may encounter families in need of adult day care or caregiver respite services.

Commitment to Center Relaunch and Community Awareness

Following transition and operational readiness, TAL intends to conduct a community relaunch and Grand Opening for the David I. Siegel Adult Day Care Center. The relaunch will be designed to increase awareness of the Center, reconnect the facility with seniors and caregivers, engage healthcare and referral partners, and support participant enrollment and census growth. TAL anticipates inviting families, healthcare providers, community organizations, local businesses, faith-based organizations, senior-service professionals, and other stakeholders to tour the Center and learn about available services.

Commitment to Local Partnerships and Economic Participation

Whenever practical and fiscally responsible, TAL will seek opportunities to engage local vendors, service providers, healthcare partners, workforce resources, and community organizations. TAL's goal is to operate the Center not as an isolated program, but as a connected Flagler County resource that contributes to the local senior-care continuum, creates employment opportunities, supports area families, and maintains strong community relationships.

Statement of Commitment

TAL's local presence, existing healthcare relationships, workforce-development resources, and commitment to community engagement will be used to support a stable transition and long-term operation of the David I. Siegel Adult Day Care Center. TAL is committed to being an accountable local operator and a long-term partner in serving Flagler County seniors, caregivers, families, and the surrounding community.

Submitted by:	Latasha Rowell
Title:	Owner / Administrator
Organization:	Therapeutic Assisted Living Corp.
Date:	8/23/26

THERAPEUTIC ASSISTED LIVING CORP.

AHCA PROOF OF FINANCIAL ABILITY TO OPERATE

For Health Care Licensing Application

THERAPEUTIC ASSISTED LIVING CORP.

AHCA PROOF OF FINANCIAL ABILITY TO OPERATE

TABLE OF CONTENTS

Accountant's Disclaimer	I
Prescribed Form "Proof of Financial Ability to Operate"	1
Summary of Significant Assumptions and Selected Supplementary Information	19

REG & ADVISORS, CPA, PA

Tax | Accounting | Advisory

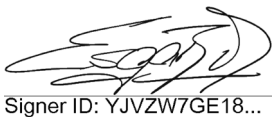
ACCOUNTANT'S DISCLAIMER

To Management

THERAPEUTIC ASSISTED LIVING CORP.

The accompanying projected financial statements (presented on prescribed form "Proof of Financial Ability to Operate") of **Therapeutic Assisted Living Corp.** and selected notes, were not subjected to an audit, review, or compilation engagement by us and we do not express an opinion, a conclusion, nor provide any assurance on them.

The prescribed form is designed by the Agency for Health Care Administration (AHCA) to meet its needs, and there is a presumption that the required information is sufficient to demonstrate the anticipated provider's revenue and expenditures, the basis for financing anticipated cash-flow requirements of the provider, and an applicant's access to contingency financing to be presented with AHCA. Accordingly, this projection may not be useful for other purposes.



REG & Advisors, CPA, PA
Miami, Florida
August 23, 2026

Health Care Licensing Application
PROOF OF FINANCIAL ABILITY TO OPERATE
INSTRUCTIONS

Authority: The following Schedules are designed to meet the specific requirements of 408.810(8), 408.8065(1), and 400.471, Florida Statutes which require the applicant to show anticipated provider revenue and expenditures, the basis for financing anticipated cash-flow requirements of the provider, and an applicant's access to contingency financing. All schedules must be prepared in accordance with generally accepted accounting principles (GAAP). A Certified Public Accountant must compile, examine, or apply agreed-upon procedures to prospective financial statements, including summaries of significant assumptions and accounting policies. An applicant will have demonstrated financial ability to operate by completing proof of financial ability to operate schedules 1-7 in conformity with the below instructions and GAAP, all relevant rules and statutes, and projections that show assets, credit, and projected revenues meet or exceed projected liabilities and expenses and Independent evidence of sufficient funds for start up, working capital & contingencies.

These forms must accompany any ***initial or change of ownership (CHOW) application*** for the following health care provider types:

Adult Day Care Centers (ADCC)	Health Care Clinics
Assisted Living Facilities (ALF)	Home Health Agencies
Intermediate Care Facilities for the Developmentally Disabled (ICFDD)	Hospice
	Home Medical Equipment
Prescribed Pediatric Extended Care Center (PPEC)	Skilled Nursing Facilities

General Instructions – As an all inclusive set of schedules, some of the individual detailed items in these forms may not apply to all provider types listed above. For example, Schedule 3 has an item for Room & Board revenue. This line would be appropriate for residential facilities like skilled nursing or ALF but would not apply to agencies such as home health. In the schedule where the option for hours or visits or days is presented, the applicant may use the metric that is appropriate for the agency. For example, hours are appropriate for home health; visits is appropriate for health care clinics; and days is appropriate for skilled nursing facilities. Several of the schedules include check lists to assist the preparer in completing these forms.

Assumptions Used – Schedules 1-7 reflect the anticipated results of future operations. Since these schedules are forward looking, the applicant will have to make certain assumptions about future patients, revenues, and expenses. The assumptions an applicant uses are essential in developing a projected set of financial schedules. The applicant, at a minimum, must provide assumptions about the number and types of patients it will provide services to, how it plans on acquiring those patients, the staffing required to provide service to those patients, how it plans on recruiting the necessary staffing, and its method of estimating accounts receivable and payable as discussed in the instructions for Schedule 5. All assumptions used in the projections must be contained in accompanying notes to the projections and all assumptions must be consistent with existing rules and statutes governing minimum staffing requirements and any other requirements that would have a financial impact on the applicant. **Home Health Agencies Only** - Section 400.471(2)(d), Florida Statutes, requires a business plan, signed by the applicant, which details the home health agency's methods to obtain patients and its plan to recruit and maintain staff. At a minimum the plan should include a description of the business, services to be provided, the existing market, the level of competition in the market, the applicant's strategy to enter the market (obtain patients), a time-line of major events (for example, expected date of licensure, certification, etc.), the applicant's strategy to recruit and maintain personnel, and a description of the applicant's admission policy.

Schedule 1: Estimated Provider Costs and Source of Funds - The purpose of this Schedule is to disclose ALL costs needed to begin operations (or resume operations in the case of a CHOW) including all pre-opening costs prior to beginning operations, funding for contingencies, and the funds necessary to sustain the operations until it reaches a positive cash flow. The sources of the funding must be listed and independent, certifiable documentation of the existence and availability of those funds must be provided. All funding must be supported by evidence that the entity owns or will have access to funds as needed. Examples of documents that support funding includes copies of bank statements for accounts owned by the proposed entity, a letter of commitment from a bank or other independent lending sources, a copy of a line of credit agreement established for the proposed entity (including the available balance), and any other liquid assets. Liquid assets are defined as assets that can easily and quickly be converted to cash. Funding provided by the corporate parent of a proposed entity must be supported with a letter from the parent indicating that such funds are available to the applicant and independent, certifiable documentation of the existence and availability of those funds as defined above. The most recent Audited Financial Statements of the parent will be considered proof of the parent's ability to fund the applicant unless the parent's Audited Financial Statements indicate that current liabilities are greater than current assets and/or long-term debt exceeds net assets, and/or the audit contains a going concern issue. In the case of the purchase price associated with a change of ownership, the executed bill of sale is acceptable proof of funding the purchase price. The proof of funding for contingencies must include a signed statement from the applicant which identifies the source of contingency funding and guarantying that the contingency funding will be made available to handle extraordinary occurrences that would have a financial impact such as major repairs, purchase of capital equipment, a decrease in patient days, etc. All proof of funding documentation must be dated no later than ten (10) days prior to the date the application is received by AHCA. Attach any other supplementary documentation and/or explanations as needed. For additional instruction follow the checklist at the bottom of Schedule 1.

Schedule 2 and 2.1: Staffing Requirements - The purpose of Schedule 2 is to present the total number of Full Time Equivalent employees (FTEs) projected to staff the operation and convert these FTEs to the total annual salary cost. An employee working only 20 hours a week would be shown as .5 FTE. A full-time employee not hired until the last 3 months of the year would be shown as .25 FTE. The last column for each year is the product of the number of FTEs times the average annual salary per FTE. Schedule 2 is for direct employees only (employees that have payroll taxes withheld from their pay). Schedule 2.1 is for contracted employees. The staffing presented should be consistent with the respective authoritative rules and statutes regarding minimum staffing required. The combined staffing hours on Schedule 2 and 2.1 must be equal to or in excess of the hours needed to provide the services billed on Schedule 3. In addition, the applicant must provide documentation supporting the salary levels for each position. Documentation supporting salary levels may include, labor market studies, industry published averages, signed statements from individuals agreeing to the projected salary, etc. For additional instructions refer to the checklist provided at the bottom of the page on the Schedule 2 and 2.1.

Schedule 3: Hours and Charges - The purpose of this Schedule is to disclose the estimated number of service hours, visits, or days (as appropriate for the provider type) along with the amount charged per hour, visit, or day for the first and second year of operations. Revenue on this schedule must reconcile with Total Gross Revenues on Schedule 4 Line 5, Column 7. Because the method and type of reimbursement varies among different providers, the following subsections were developed to better reconcile with the provider type:

Part A: Must be completed by Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC, and ADCC Only. Home Health applicants must also complete Schedule 4.1 if applying for Medicare and Medicaid Certification.

Part B: Must be completed by Health Care Clinic Applicants only.

Part C: Must be completed by Hospice Applicants only.

All revenue methods will not easily relate to this form, however, please make your best estimates. Attach notes of explanation as needed.

Schedule 3HME: - The purpose of this schedule is the same as the purpose for Schedule 3; however, it has been specifically designed for home medical equipment applicants. This Schedule must be completed by Home Medical Equipment Applicants.

Schedule 4: Projected Operating Revenue - The purpose of this form is to present revenues by payer category. The Total Gross Revenues (Line 5, Column 7) must reconcile with Schedule 3 and 3HME. Often times Medicare, Medicaid, and HMOs may reimburse the agency at a different rate than the charges listed on Schedule 3. The difference must be accounted for as a contractual adjustment on Line 6. HME providers and any other providers selling medical equipment must record cost of goods sold on Line 8.

Use either hours, visits or days as appropriate for the provider type. Medicare and Medicaid net revenues must be consistent with the most recently approved reimbursement methodologies. The hours, visits, or days section of this schedule does not apply to HME applicants.

Schedule 4.1: Supplementary Home Health Agency Schedule - If a Home Health applicant indicates in the application that it is applying for Medicare and/or Medicaid certification and/or the applicant includes Medicare and/or Medicaid revenue on Schedule 4, then the Home Health Agency applicant must complete this schedule. The purpose of this schedule is to address the certification process for Medicare and Medicaid. Home Health Agencies are required to be operational and have at least 10 skilled patients prior to being surveyed by Medicare and Medicaid. Approval is not guaranteed and takes approximately six months to complete. The applicant will not receive reimbursement from Medicare or Medicaid for treatment of Medicare and Medicaid patients prior to certification. In order for an initial applicant to become Medicare and Medicaid certified, the applicant will have to seek accreditation with deemed status from one of three national accreditation organizations. You must provide a written estimate for the cost of accreditation with deemed status from one of the three national accreditation organizations (Community Health Accreditation Organization, The Joint Commission, and Accreditation Commission for Health Care) and include and clearly identify the cost of the accreditation in the projected financial schedules. If the applicant is projecting Medicare and Medicaid revenues prior to anticipated certification, an adjustment must be made on this schedule to remove the Medicare and Medicaid revenues prior to certification (Certification Period Reduction). The Total Net Adjusted Revenue from this schedule must be used on Schedule 6, Line 1, year one instead of the Schedule 4 Net Revenue (Col. 7, Line 13).

Schedule 5: Balance Sheet – The balance sheet is ultimately the results of the projections on Schedule 6 (Income Statement) and Schedule 7 (Cash Flow Statement) and must reconcile with those schedules. The applicant must provide notes with an explanation of the assumptions used for collection of revenues and the paying of expenses. Particularly, the assumptions for payment of rent which typically is paid at the beginning of a month; the payment of salaries, which may be weekly, bi-weekly, or monthly; all of which impact payables differently. The assumptions presented for receivables and payables have a direct impact on the cash flow statement and must be consistently applied when completing the cash flow statement.

Schedule 6: Projected Summary of Revenues and Expenses – The Schedule is designed to show the projected profitability of the applicant. The revenues on this schedule must reconcile with Schedule 4 and 4.1. Administrative, direct, and contracted salaries expense on this schedule must reconcile with Schedule 2 and 2.1. This schedule must included taxes and benefits for direct employees and interest expense on funds borrowed (as indicated on Schedule 1). The monthly salary allocations must be sufficient to meet all minimum staffing requirements including the staffing required to generate the monthly revenue allocated. This schedules must included allocations for utilities (phone, electric, etc), supplies (office and medical), and all other costs expected to be incurred in the normal course of business. If costs are to be shared with an affiliate or parent company, then this schedule should include the applicant's share of those costs. If this is a new entity, the revenue projections must reflect the applicant's assumptions on the growth of patients/ residents expected. Simply dividing year end revenues by 12-months will not be considered a reasonable assumption for a new entity. Existing entities applying for a CHOW may be expected to have a more stable month to month revenue stream. Fixed costs such as rent and administrative overhead must be relatively consistent from month to month while variable cost such as patient care must be proportional to the revenue earned in any one month (matching principle).

The applicant must provide documentation in the form of leases and insurance quotes in support of the rent and insurance expenses projected. **For initial applicants only, financial projections that project a year one operating margin (Schedule 6, Line 36 divided by Schedule 6, Line 1) or any monthly operating margin in year one of 15 percent or greater will be deemed unreasonable and the applicant will be found to have not met its proof of financial ability to operate.**

Schedule 7: Projected Cash Flow Statement – This schedule is designed to determine the working capital needs of the applicant. Line 1 must equal Schedule 6, Line 39. Lines 2 through 12 must reconcile with the income statement and balance sheet and must be consistent with the applicant's assumptions. Line 13 must equal (Line 1 plus Line 7 less Line 12). In year one month one, Line 14 must equal Total Pre-Opening Cost from Schedule 1 Line 14. If the applicant is projecting any capital additions, then the cost of those additions must be included on this schedule. If the applicant is projecting repaying loan principle, then principle repayments must be included on this schedule.

Total Cash Needs - Line 20, Total Cash Needs, is the total of Line 19 - Total Other Uses of Cash, plus Cash Flows from Operations, Line 13. A positive cash flow on Line 13 is subtracted from Line 19. If the positive cash flow is greater than the other uses, the net positive cash needs will be shown as a negative on line 20.

Cumulative Cash Need - Line 21, Cumulative Cash needs, is the running total of last month's cumulative cash needs (Line 21 from last month plus the Total Cash Needs from Line 20 for the current month). If the Total Cash Needs this month is a negative amount meaning a positive cash contribution, it would be subtracted from the cumulative cash amount from last month. The highest monthly amount on Line 21 (considering both year one and year two) will be entered on Schedule 1 as Working Capital. Year 2, month 1 uses year 1, month 12 for its cumulative beginning.

Health Care Licensing Application
PROOF OF FINANCIAL ABILITY TO OPERATE

Authority: Pursuant to subsection 408.810(8) and 400.471, Florida Statutes, upon application for initial licensure or change of ownership licensure, the applicant shall furnish satisfactory proof of the applicant's financial ability to operate in accordance with the requirements of this part, authorizing statutes and applicable rules.

The following provider types are **required** to submit this form: Assisted Living Facilities, Adult Day Care Centers, Hospice, Intermediate Care Facilities for the Developmentally Disabled, Prescribed Pediatric Extended Care Centers, Health Care Clinics, Home Health Agencies, Home Medical Equipment providers, Nurse Registries and Skilled Nursing Facilities.

Provider/Facility Type:			
License # (for change of ownership applications):			
Provider Name: Therapeutic Assisted Living Corp.		Telephone Number: 386-586-2324	
Street Address: 1000 Belle Terre blvd		Fax Number: 844-769-0772	
City: Palm Coast	County: Flagler	State: FL	Zip: 32164
E-mail Address: ☐ No			
Mailing Address: ☑ Same as Above			
City:		State:	Zip:

The attached schedules (1 through 7) must be completed for an initial or change of ownership application. All required documents must be prepared in accordance with generally accepted accounting principles. A Certified Public Accountant must compile, examine, or apply agreed-upon procedures to prospective financial statements, including summaries of significant assumptions and accounting policies. A financial forecast consists of prospective financial statements that present, to the best of the applicant's knowledge and belief, an entity's expected financial position, results of operations, and cash flows.

Name of Certified Public Accountant:			
Company Name (if applicable): REG & Advisors, CPA, PA		Telephone Number: 786-706-5900	
Street Address: 1395 Brickell Ave, Suite 800		Fax Number: 786-706-5901	
City: Miami	County: Dade	State: FL	Zip: 33131
E-mail Address: ☐ No ronnie@regadvisorscpa.com			
Mailing Address: ☑ Same as Above			
City:		State:	Zip:

Signer ID: YJVZWZGE18

AC55135

Signature of Certified Public Accountant and License #

08/23/2026

Date

SCHEDULE 1: ESTIMATED PROVIDER COSTS AND SOURCE OF FUNDS

	Pre-Opening Costs (total funds needed)		
1	Advertising	$	-
2	Equipment Purchases	$	500.00
3	Legal Costs/Consulting	$	1,800.00
4	Beginning Inventory	$	500.00
5	Insurance	$	-
6	License Fee	$	1,705.00
7	Accreditation Survey and/or Medicare & Medicaid Certification	$	-
	Deposits		
8	Building	$	-
9	Utility	$	-
10	Other	$	-
	Staffing		
11	Recruitment	$	-
12	Training	$	-
13	Other	$	-
14	**Total Pre-Opening Costs (Sum of Lines 1-13)**	**$**	**4,505.00**
15	Purchase Price (Change of Ownership Only)	$	-
16	Working Capital (Includes Pre-Opening Cost, See Checklist Below)	**$**	**59,388.13**
17	Contingency Funding (See Checklist Below)	**$**	**20,884.59**
18	**Total Working Capital, Contingency Funding, and Purchase Price**	**$**	**80,272.72**

	Source of Funds (Please Attach Documentation Supporting the Source of Funding Listed Below: REQUIRED)		
19	Cash on Hand	$	80,272.72
20	Non-related Financing	$	-
21	Owners/Investors	$	-
22	Parent or Affiliated Entities	$	-
23	Other (describe):	$	-
24	**Total Source of Funds**	**$**	**80,272.72**

Applicant Checklist

✓ **Working Capital** - is the amount needed to pay operating cost until a positive cash flow is reached. Working Capital should equal the largest cumulative cash need from Schedule 7 Line 21. Since Schedule 7 includes pre-opening cost, the largest cumulative cash need from Schedule 7 Line 21 will also include pre-opening cost.

✓ **Contingency Funding** - should equal one month's average operating expense from year one and represents funding available for extraordinary occurrences that are not anticipated in the financial projections. Contingency Funding should equal Year One Schedule 6 Line 35 divided by 12.

✓ **Proof of Funding** - Has the applicant provided proof of funding as described in the instructions?
If so, does the proof of funding equal or exceed the value on Line 18?
For **Health Care Clinics, Home Health, and Home Medical Equipment Agencies**: Total proof of funding can not be less than three(3) times the amount on line 17 per 408.8065(1)(c), Florida Statutes

SCHEDULE 2: STAFFING REQUIREMENTS

		YEAR ONE			YEAR TWO		
	Note: 1.0 FTE = 40 hour week	FTE's	AVERAGE ANNUAL SALARY per FTE	TOTAL ANNUAL COST	FTE's	AVERAGE ANNUAL SALARY per FTE	TOTAL ANNUAL COST
	ADMINISTRATION	Col. 1	Col. 2	Col.1 x Col.2	Col. 1	Col. 2	Col.1 x Col.2
1	Administrator/General Manager	0.80	$ 31,200.00	$ 24,960.00	0.80	$ 31,200.00	$ 24,960.00
2	Alternate Administrator	0.20	$ 31,200.00	$ 6,240.00	0.20	$ 31,200.00	$ 6,240.00
3	Director of Nursing/Medical Director	0.00	$ -	$ -	0.00	$ -	$ -
4	Alternate Director of Nursing	0.00	$ -	$ -	0.00	$ -	$ -
5	Financial Officer	0.20	$ 31,200.00	$ 6,240.00	0.20	$ 31,200.00	$ 6,240.00
6	Admissions Director	0.00	$ -	$ -	0.00	$ -	$ -
7	Bookkeeper	0.00	$ -	$ -	0.00	$ -	$ -
8	Secretary	0.00	$ -	$ -	0.00	$ -	$ -
9	Personnel/Complaint Records	0.00	$ -	$ -	0.00	$ -	$ -
10	Medical Records Clerk	0.00	$ -	$ -	0.00	$ -	$ -
11	Other:	0.00	$ -	$ -	0.00	$ -	$ -
12	**TOTAL ADMINISTRATION**	**1.20**		**$ 37,440.00**	**1.20**		**$ 37,440.00**
	GENERAL PERSONNEL (DIRECT EMPLOYEES ONLY)						
13	Delivery	0	$ -	$ -	0	$ -	$ -
14	Intake	0	$ -	$ -	0	$ -	$ -
15	Maintenance/Repair	0	$ -	$ -	0	$ -	$ -
16	Inventory	0	$ -	$ -	0	$ -	$ -
17	Other:	0	$ -	$ -	0	$ -	$ -
18	**TOTAL GENERAL**	**0**		**$ -**	**0**		**$ -**
	HEALTH CARE PROFESSIONALS (DIRECT EMPLOYEES ONLY) - Nurse Registries Complete Schedule 2.1						
19	R.N.s	0.00	$ -	$ -	0.00	$ -	$ -
20	L.P.N.s	0.00	$ -	$ -	0.00	$ -	$ -
21	Home Health Aides	0.00	$ -	$ -	0.00	$ -	$ -
22	Physical Therapy	0.00	$ -	$ -	0.00	$ -	$ -
23	Occupational Therapy	0.00	$ -	$ -	0.00	$ -	$ -
24	Speech Therapy	0.00	$ -	$ -	0.00	$ -	$ -
25	Respiratory Therapy	0.00	$ -	$ -	0.00	$ -	$ -
26	Social Services	0.00	$ -	$ -	0.00	$ -	$ -
27	Homemaker Services	0.00	$ -	$ -	0.00	$ -	$ -
28	Dietary Guidance	0.00	$ -	$ -	0.00	$ -	$ -
29	Home Health Aides	0.00	$ -	$ -	0.00	$ -	$ -
30	Other: Caregivers	3.00	$ 31,200.00	$ 93,600.00	5.00	$ 31,200.00	$ 156,000.00
31	**TOTAL HEALTH CARE**	**3.00**		**$ 93,600.00**	**5.00**		**$ 156,000.00**
	GRAND TOTAL	**4.20**		**$ 131,040.00**	**6.20**		**$ 193,440.00**

Applicant Checklist

✓ **Required Staffing** - has the applicant included salaries and FTEs to meet the minimum administrative staffing required under AHCA licensing rules and statutes?

✓ **Comparison to Hours Billed** - Has the applicant allocated enough salaries and FTEs on Schedule 2 including contracted personnel on Schedule 2.1 to provide services to the number of patients on Schedule 3?

SCHEDULE 2.1: CONTRACT SERVICES

		YEAR ONE			YEAR TWO		
		Hours	Cost Per Hour	Total Cost	Hours	Cost Per Hour	Total Cost
	GENERAL PERSONNEL	Col. 1	Col. 2	Col.1 x Col.2	Col. 1	Col. 2	Col.1 x Col.2
1	Delivery	0	$ -	$ -	0	$ -	$ -
2	Intake	0	$ -	$ -	0	$ -	$ -
3	Maintenance/Repair	0	$ -	$ -	0	$ -	$ -
4	Inventory	0	$ -	$ -	0	$ -	$ -
5	Other:		$ -	$ -	0	$ -	$ -
6	**TOTAL**	**0**		**$ -**	0		**$ -**
	HEALTH CARE PROFESSIONALS						
7	R.N.s		$ -	$ -		$ -	$ -
8	L.P.N.s	260	$ 25.00	$ 6,500.00	260	$ 25.00	$ 6,500.00
9	Home Health Aides		$ -	$ -		$ -	$ -
10	Physical Therapy		$ -	$ -		$ -	$ -
11	Occupational Therapy		$ -	$ -		$ -	$ -
12	Speech Therapy		$ -	$ -		$ -	$ -
13	Respiratory Therapy		$ -	$ -		$ -	$ -
14	Social Services		$ -	$ -		$ -	$ -
15	Homemaker Services		$ -	$ -		$ -	$ -
16	Dietary Guidance		$ -	$ -		$ -	$ -
17	Home Health Aides		$ -	$ -		$ -	$ -
18	Other:		$ -	$ -		$ -	$ -
19	Other:		$ -	$ -		$ -	$ -
20	Other:		$ -	$ -		$ -	$ -
21	Other:		$ -	$ -		$ -	$ -
22	Other:		$ -	$ -		$ -	$ -
23	**TOTAL**	**260**		**$ 6,500.00**	**260**		**$ 6,500.00**

Applicant Checklist

✓ **Comparison to Hours Billed** - Has the applicant allocated enough salaries and FTEs on Schedule 2 including contracted personnel on Schedule 2.1 to provide services to the number of patients on Schedule 3?

___ **Nurse Registry** - If the applicant is applying for a nurse registry license, Schedule 2.1 must be completed. If the applicant is applying for a license other than nurse registry this schedule should only be completed to reflect the appropriate number of non-direct employee hours anticipated by the applicant, if any.

SCHEDULE 3: HOURS, VISITS, AND CHARGES

Part A: For Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC. and ADCC Only

	FIRST YEAR			SECOND YEAR		
	Total Number of Hours/Days	Average Charge Per Hour/Day	Total Gross Revenue	Total Number of Hours/Days	Average Charge Per Hour/Day	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Room & Board	0	$ -	$ -	0	$ -	$ -
Skilled Nursing	0	$ -	$ -	0	$ -	$ -
Ancillary						
Physical Therapy	0	$ -	$ -	0	$ -	$ -
Occupational Therapy	0	$ -	$ -	0	$ -	$ -
Speech Therapy	0	$ -	$ -	0	$ -	$ -
Medical Social Services	0	$ -	$ -	0	$ -	$ -
Respiratory Therapy	0	$ -	$ -	0	$ -	$ -
IV Therapy	0	$ -	$ -	0	$ -	$ -
Home Health Aides or CNA	0	$ -	$ -	0	$ -	$ -
Homemaker/Companion	0	$ -	$ -	0	$ -	$ -
Nutritional Guidance	0	$ -	$ -	0	$ -	$ -
Home Health Aides or CNA	0	$ -	$ -	0	$ -	$ -
PPEC & ADCC						
Daily Patient	3,380	$ 65.00	$ 219,700.00	6760	$ 65.00	$ 439,400.00
Hourly Patient	0	$ -	$ -	0	$ -	$ -
TOTAL	**3,380**		**$ 219,700.00**	**6,760**		**$ 439,400.00**

Part B: Health Care Clinics Applicants Only

List the Type of Visits	FIRST YEAR			SECOND YEAR		
	Total Number of Visits	Average Charge Per Visits	Total Gross Revenue	Total Number of Visits	Average Charge Per Visits	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

Part C:Hospices Only

	FIRST YEAR			SECOND YEAR		
	Total Number of Visits/Days	Average Charge Per Visit/Day	Total Gross Revenue	Total Number of Visits/Days	Average Charge Per Visit/Day	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Routine Home Care	0	$ -	$ -	0	$ -	$ -
Continuous Home Care	0	$ -	$ -	0	$ -	$ -
Inpatient Respite	0	$ -	$ -	0	$ -	$ -
General Inpatient	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

SCHEDULE 3HME: CHARGES (HME APPLICANTS ONLY)

List the Type of Equipment to be Sold	FIRST YEAR			SECOND YEAR		
	Total Number of Units	Average Charge Per Unit	Total Gross Revenue	Total Number of Units	Average Charge Per Unit	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Respiratory Modalities						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Ambulation Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Mobility Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Sickroom Setup						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Disposable Supplies						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

List the Type of Equipment to be Rented	FIRST YEAR			SECOND YEAR		
	Total Number of Units	Average Charge Per Unit	Total Gross Revenue	Total Number of Units	Average Charge Per Unit	Total Gross Revenue
	Col. 1	Col. 2	Col. 1 x Col. 2	Col. 1	Col. 2	Col. 1 x Col. 2
Respiratory Modalities						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Ambulation Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Mobility Aids						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Sickroom Setup						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
Disposable Supplies						
	0	$ -	$ -	0	$ -	$ -
	0	$ -	$ -	0	$ -	$ -
TOTAL	**0**		**$ -**	**0**		**$ -**

SCHEDULE 4: PROJECTED OPERATING REVENUE YEAR 1

Page 1 of 2 pages

	GROSS REVENUES (from Schedule 3)	PRIVATE PAY Col. 1	MEDICARE Col. 2	MEDICAID Col. 3	INSURANCE Col. 4	HMO/PPO Col. 5	OTHER Col. 6	TOTAL Col. 7
1	Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC. and ADCC	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
2	Health Care Clinics	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	Home Medical Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4	Hospice	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5	**TOTAL GROSS REVENUES**	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
	DEDUCTIONS FROM REVENUE							
6	Contractual Adjustments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	Charity Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	Cost of Goods Sold	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9	Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10	**TOTAL DEDUCTIONS FROM REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11	**NET PATIENT SERVICE REVENUE**	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
12	**OTHER OPERATING REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13	**NET OPERATING REVENUE**	$ 32,955	$ -	$ 186,745	$ -	$ -	$ -	$ 219,700
14	Total Number of Patients/Residents	507	0	2873	0	0	0	3380
15	Total Hours/Visits/Days	10	0	55	0	0	0	65
16	Net Revenue Per Hour/Visit/Day	$ 3,380	$ -	$ 3,380	$ -	$ -	$ -	$ 3,380

If you are applying for Medicare and/or Medicaid certification enter the number of months you anticipate operating prior to receiving certification. **2 mos.**

Applicant Checklist

✓ Does Line 5, Total Patient Service Revenues, reconcile with Schedule 3 and 3HME?

✓ Is the Net Medicare and Medicaid Revenue per Hour/Visit/Day (Line 16, Column 2 and 3) consistent with current reimbursement rates?

___ Home Health Agencies that are applying for Medicaid and/or Medicare must complete Schedule 4.1.

SCHEDULE 4: PROJECTED OPERATING REVENUE YEAR 2

Page 2 of 2 pages

	GROSS REVENUES (from Schedule 3)	PRIVATE PAY Col. 1	MEDICARE Col. 2	MEDICAID Col. 3	INSURANCE Col. 4	HMO/PPO Col. 5	OTHER Col. 6	TOTAL Col. 7
1	Home Health, Nurse Registry, Skilled Nursing, ALF, ICFDD, PPEC. and ADCC	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
2	Health Care Clinics	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	Home Medical Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4	Hospice	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5	**TOTAL GROSS REVENUES**	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
	DEDUCTIONS FROM REVENUE							
6	Contractual Adjustments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	Charity Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	Cost of Goods Sold	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9	Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10	**TOTAL DEDUCTIONS FROM REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11	**NET PATIENT SERVICE REVENUE**	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
12	**OTHER OPERATING REVENUE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13	**NET OPERATING REVENUE**	$ -	$ -	$ 439,400	$ -	$ -	$ -	$ 439,400
14	Total Number of Patients/Residents	0	0	6760	0	0	0	6760
15	Total Hours/Visits/Days	0	0	65	0	0	0	65
16	Net Revenue Per Hour/Visit/Day	$ -	$ -	$ 6,760	$ -	$ -	$ -	$ 6,760

Applicant Checklist

✓ Does Line 5, Total Patient Service Revenues reconcile with Schedule 3?

✓ Is the Net Medicare and Medicaid Revenue per Hour/Visit/Day (Line 16, Column 2 and 3) consistent with current reimbursement rates?

SCHEDULE 4.1: HOME HEALTH AGENCY PROJECTED OPERATING REVENUE YEAR 1

This Schedule is only to be completed by Home Health Agencies who will apply for Medicaid and Medicare certification.

Note: Medicare and Medicaid will not reimburse HHA for treatment of Medicaid and Medicare patients prior to certification, this process takes between four and six months and is not guaranteed. This Schedule is designed to show Medicare and Medicaid revenues by month and the reduction to revenues over the certification period. The adjusted net revenue from this schedule will be used on Schedule 6 year one.

Note: In order for an initial applicant to become Medicare and Medicaid certified, the applicant will have to seek accreditation with deemed status from one of three national accreditation organizations. Please provide a written estimate for the cost of accreditation with deemed status from one of the three national accreditation organizations (Community Health Accreditation Organization, The Joint Commission, and Accreditation Commission for Health Care). Also, please include and clearly identify the cost of the accreditation on Schedule 1.

		1	2	3	4	5	6	7	8	9	10	11	12	Total
Medicare														
1	New Episodes													$ -
2	Net Revenue (Sch 4, Col 2, Line 11)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	Certification Period Reduction	$ -	$ -	$ -	$ -	$ -	$ -							$ -
4	Adjusted Net Revenue (Line 2 - Line 3)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medicaid														
5	Number of Patients	0	0	0	0	0	0	0	0	0	0	0	0	$ -
6	Net Revenue (Sch 4, Col 3, Line 11)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	Certification Period Reduction	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	Adjusted Net Revenue (Line 6 - Line 7)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
All Other Payers														
17	Number of Patients	0	0	0	0	0	0	0	0	0	0	0	0	$ -
10	Net Rev. (Sch 4, Line 11, Col 1, 4, 5, & 6)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Adjusted Net Revenue (Line 4+8+10)		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

SCHEDULE 5: BALANCE SHEET

	END OF YEAR ONE		END OF YEAR TWO	
ASSETS				
Current Assets				
Cash		$ 47,519		$ 127,972
Inventory		500		500
Accounts Receivable		1,014		1,099
Notes Receivable				
Other: Prepaid Expense		853		-
		-		
Total Current Assets		**49,886**		**129,571**
Fixed and Other Assets				
Net Land and Buildings				
Equipment	$ 500		$ 500	
Less Acc. Depreciation	100		200	
Net Equipment		400		300
Other:	$ -		$ -	
Total Fixed and Other Assets		**400**		**300**
Total Assets		**$ 50,286**		**$ 129,871**
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts Payable		$ 928		$ 928
Notes Payable				
Current Maturities of L.T. Debt				
Other:		-		-
Total Current Liabilities		**928**		**928**
Long-Term and Other Liabilities				
Mortgage Payable		-		-
Payable to Affiliates				
Other:				
Total Long-Term and Other Liabilities		**928**		**928**
Net Assets				
Common Stock		1,000		1,000
Additional Paid In Capital		79,273		79,273
Net Assets		-		-
Retained Earnings		(30,915)		48,670
Other:				
Total Net Assets		**49,358**		**128,943**
Total Liabilities and Net Assets		**$ 50,286**		**$ 129,871**
		-		0

Applicant Checklist

- ✓ Does the Cash, Inventory, Accounts Receivable, and Accounts Payable Balance reconcile with the Cash Flow Statement (Sch. 7)?
- ✓ Does Depreciation and Retained Earnings reconcile with the income statement?
- ✓ Did the applicant attach notes with the assumptions used for collecting receivables and paying payables?

SCHEDULE 6 - PROJECTED SUMMARY OF REVENUES AND EXPENSES

YEAR 1

	Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
NET OPERATING REVENUE														
1	Net Revenue From Sch 4 and Sch 4.1	2,817	5,633	8,450	11,267	14,083	16,900	19,717	22,533	25,350	28,167	30,983	33,800	219,700
EXPENSES:														
	ADMINISTRATION & OVERHEAD													
2	Salaries and Wages (Sch 2, Row 12)	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	37,440
3	Benefits	62	62	62	62	62	62	62	62	62	62	62	62	749
4	Rent	500	500	500	500	500	500	500	500	500	500	500	500	6,000
5	Utilities and Maintenance	50	50	50	50	50	50	50	50	50	50	50	50	600
6	License	71	71	71	71	71	71	71	71	71	71	71	71	853
7	Federal, State, & Local Taxes	858	858	858	858	858	858	858	858	858	858	858	858	10,302
8	Insurance, Liability & Other	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	34,400
9	Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-
10	Professional Fees	2,100	300	300	300	300	300	300	300	300	300	300	300	5,400
11	Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
12	Repair & Maintenance	500	500	500	500	500	500	500	500	500	500	500	500	6,000
13	Bad Debts	-	-	-	-	-	-	-	-	-	-	-	-	-
14	Depreciation & Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
15	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
16	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
17	**TOTAL ADMIN. AND OVERHEAD**	$ 10,137	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 101,843
	SALARIES & WAGES (Sch 2 & 2.1)													
18	General Personnel (Sch 2, Row 18)	-	-	-	-	-	-	-	-	-	-	-	-	-
19	Health Care (Sch 2, Row 31)	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	93,600
20	Benefits	156	156	156	156	156	156	156	156	156	156	156	156	1,872
21	Mileage	-	-	-	-	-	-	-	-	-	-	-	-	-
22	Contract Gen. Per. (Sch 2.1, Row 6)	-	-	-	-	-	-	-	-	-	-	-	-	-
23	Cont. Health Care (Sch 2.1, Row 23)	542	542	542	542	542	542	542	542	542	542	542	542	6,500
24	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
25	**TOTAL SALARIES & WAGES**	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 8,498	$ 101,972
	OTHER OPERATING EXPENSES													
26	Housekeeping	-	-	-	-	-	-	-	-	-	-	-	-	-
27	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	-
28	Dietary	600	1,200	1,800	2,400	3,000	3,600	4,200	4,800	5,400	6,000	6,600	7,200	46,800
29	Other Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-
30	Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
31	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
32	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
33	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
34	**TOTAL OTHER OPERATING**	$ 600	$ 1,200	$ 1,800	$ 2,400	$ 3,000	$ 3,600	$ 4,200	$ 4,800	$ 5,400	$ 6,000	$ 6,600	$ 7,200	$ 46,800
35	**TOTAL OPERATING COSTS**	$ 19,235	$ 18,035	$ 18,635	$ 19,235	$ 19,835	$ 20,435	$ 21,035	$ 21,635	$ 22,235	$ 22,835	$ 23,435	$ 24,035	$ 250,615
36	**NET OPERATING INCOME (LOSS)**	$ (16,418)	$ (12,401)	$ (10,185)	$ (7,968)	$ (5,751)	$ (3,535)	$ (1,318)	$ 899	$ 3,115	$ 5,332	$ 7,549	$ 9,765	$ (30,915)
37	**OPERATING MARGIN%**	-582.88%	-220.14%	-120.53%	-70.72%	-40.84%	-20.91%	-6.68%	3.99%	12.29%	18.93%	24.36%	28.89%	-14.07%
38	**NON OPERATING REVENUES (NET)**	-	-	-	-	-	-	-	-	-	-	-	-	-
39	**INCOME OR (LOSS)**	$ (16,418)	$ (12,401)	$ (10,185)	$ (7,968)	$ (5,751)	$ (3,535)	$ (1,318)	$ 899	$ 3,115	$ 5,332	$ 7,549	$ 9,765	$ (30,915)

SCHEDULE 6 - PROJECTED SUMMARY OF REVENUES AND EXPENSES

YEAR 2

	Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
NET OPERATING REVENUE														
1	Net Revenue From Sch 4	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	36,617	439,400
EXPENSES:														
	ADMINISTRATION & OVERHEAD													
2	Salaries and Wages (Sch 2, Row 12)	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	3,120	37,440
3	Benefits	62	62	62	62	62	62	62	62	62	62	62	62	749
4	Rent	500	500	500	500	500	500	500	500	500	500	500	500	6,000
5	Utilities and Maintenance	50	50	50	50	50	50	50	50	50	50	50	50	600
6	License	71	71	71	71	71	71	71	71	71	71	71	71	853
7	Federal, State, & Local Taxes	858	858	858	858	858	858	858	858	858	858	858	858	10,302
8	Insurance, Liability & Other	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	2,867	34,400
9	Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-
10	Professional Fees	2,100	300	300	300	300	300	300	300	300	300	300	300	5,400
11	Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
12	Repair & Maintenance	500	500	500	500	500	500	500	500	500	500	500	500	6,000
13	Bad Debts	-	-	-	-	-	-	-	-	-	-	-	-	-
14	Depreciation & Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
15	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
16	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
17	**TOTAL ADMIN. AND OVERHEAD**	$ 10,137	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 8,337	$ 101,843
	SALARIES & WAGES (Sch 2 & 2.1)													
18	General Personnel (Sch 2, Row 18)	-	-	-	-	-	-	-	-	-	-	-	-	-
19	Health Care (Sch 2, Row 31)	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	156,000
20	Benefits	156	156	156	156	156	156	156	156	156	156	156	156	1,872
21	Mileage													-
22	Contract Gen. Per. (Sch 2.1, Row 6)	-	-	-	-	-	-	-	-	-	-	-	-	-
23	Cont. Health Care (Sch 2.1, Row 23)	542	542	542	542	542	542	542	542	542	542	542	542	6,500
24	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
25	**TOTAL SALARIES & WAGES**	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 13,698	$ 164,372
	OTHER OPERATING EXPENSES													
26	Housekeeping	-	-	-	-	-	-	-	-	-	-	-	-	-
27	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	-
28	Dietary	-	-	-	-	-	-	-	-	-	-	-	-	-
29	Other Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-
30	Medical Supplies	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	93,600
31	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
32	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
33	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
34	**TOTAL OTHER OPERATING**	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 7,800	$ 93,600
35	**TOTAL OPERATING COSTS**	$ 31,635	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 29,835	$ 359,815
36	**NET OPERATING INCOME (LOSS)**	$ 4,982	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 79,585
37	**OPERATING MARGIN%**	13.61%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.52%	18.11%
38	**NON OPERATING REVENUES (NET)**	-	-	-	-	-	-	-	-	-	-	-	-	-
39	**INCOME OR (LOSS)**	$ 4,982	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 6,782	$ 79,585

Schedule 7 PROJECTED CASH FLOW STATEMENT for year one ending

	Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
1	**Net Operating Income (Sch. 6, Line 39)**	$ (16,417.92)	$ (12,401.26)	$ (10,184.59)	$ (7,967.92)	$ (5,751.26)	$ (3,534.59)	$ (1,317.92)	$ 898.74	$ 3,115.41	$ 5,332.08	$ 7,548.75	$ 9,765.41	$ (30,915.06)
	ADD: items that decrease income but do not decrease cash:													
2	Depreciation/Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
3	Increase in Accounts Payable	928	928	928	928	928	928	928	928	928	928	928	928	11,138
4	Decrease in Accounts Receivable	-	-	7,183	254	338	423	507	592	676	761	845	930	12,506
5	Other: Prepaid Expenses	71	71	71	71	71	71	71	71	71	71	71	71	853
6	Other: Expenses included line 14	1,800												1,800
7	**TOTAL ADDITIONS (lines 2-6)**	$ 2,807.58	$ 1,007.58	$ 8,190.08	$ 1,261.08	$ 1,345.58	$ 1,430.08	$ 1,514.58	$ 1,599.08	$ 1,683.58	$ 1,768.08	$ 1,852.58	$ 1,937.08	$ 26,396.90
	DEDUCT: items that increase income but do not increase cash:													
8	Increase in Accounts Receivable	2,394	4,788	254	338	423	507	592	676	761	845	930	1,014	13,520
9	Decrease in Accounts Payable	-	928	928	928	928	928	928	928	928	928	928	928	10,210
10	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
12	**TOTAL DEDUCTIONS (lines 8-11)**	$ 2,394.17	$ 5,716.53	$ 1,181.70	$ 1,266.20	$ 1,350.70	$ 1,435.20	$ 1,519.70	$ 1,604.20	$ 1,688.70	$ 1,773.20	$ 1,857.70	$ 1,942.20	$ 23,730.20
13	**Cash Flows from Operations (lines 1 plus 7 less 12)**	$ (16,004.51)	$ (17,110.21)	$ (3,176.21)	$ (7,973.05)	$ (5,756.38)	$ (3,539.71)	$ (1,323.05)	$ 893.62	$ 3,110.29	$ 5,326.95	$ 7,543.62	$ 9,760.29	$ (28,248.36)
	Other Uses of Cash													
14	Pre-Opening Cost (Sch1 line 14)	$ 4,505.00												4,505
15	Purchase of Equipment	-												-
16	Change in Inventory	-												-
17	Repayment of Principle on Loan	-	-	-										-
18	Other Non-Operating Uses	-												-
19	**Total Other Uses of Cash (14-18)**	$ 4,505.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,505.00
20	**Total Cash Needs (19 minus 13)**	$ 20,509.51	$ 17,110.21	$ 3,176.21	$ 7,973.05	$ 5,756.38	$ 3,539.71	$ 1,323.05	$ (893.62)	$ (3,110.29)	$ (5,326.95)	$ (7,543.62)	$ (9,760.29)	$ 32,753.36
21	**Cumulative Cash Needs (Line 20 this month plus line 21 last month)**	$ 20,509.51	$ 37,619.73	$ 40,795.94	$ 48,768.99	$ 54,525.37	$ 58,065.08	$ 59,388.13	$ 58,494.51	$ 55,384.22	$ 50,057.27	$ 42,513.65	$ 32,753.36	
22	**Beginning Cash on Hand (ending cash last month line 28)**	$ 80,272.72	$ 59,763.20	$ 42,652.99	$ 39,476.78	$ 31,503.73	$ 25,747.35	$ 22,207.64	$ 20,884.59	$ 21,778.21	$ 24,888.50	$ 30,215.45	$ 37,759.07	$ 80,272.72
	OTHER SOURCES OF CASH													
23	Cash from Non-Related Loans	$ -												-
24	Cash from Owners/Investors													-
25	From Parent or Affiliated Entities													-
26	Other non-operating sources													-
27	**Total Other Sources of Cash (23-26)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
28	**CASH AVAILABLE AT END OF MONTH (line 27 plus 22 minus 20)**	$ 59,763.20	$ 42,652.99	$ 39,476.78	$ 31,503.73	$ 25,747.35	$ 22,207.64	$ 20,884.59	$ 21,778.21	$ 24,888.50	$ 30,215.45	$ 37,759.07	$ 47,519.36	$ 47,519.36

Schedule 7 PROJECTED CASH FLOW STATEMENT for year two ending

	Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTALS
1	**Net Operating Income (Sch. 6, Line 39)**	$ 4,982.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 6,782.08	$ 79,584.94
	ADD: items that decrease income but do not decrease cash:													
2	Depreciation/Amortization	8	8	8	8	8	8	8	8	8	8	8	8	100
3	Increase in Accounts Payable	928	928	928	928	928	928	928	928	928	928	928	928	11,138
4	Decrease in Accounts Receivable	1,014	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	13,098
5	Other Prepaid Expenses	71	71	71	71	71	71	71	71	71	71	71	71	853
6	Other _____													-
7	**TOTAL ADDITIONS (lines 2-6)**	$ 2,021.58	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 2,106.08	$ 25,188.40
	DEDUCT: items that increase income but do not increase cash:													
8	Increase in Accounts Receivable	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	13,182
9	Decrease in Accounts Payable	928	928	928	928	928	928	928	928	928	928	928	928	11,138
10	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Other _____	-	-	-	-	-	-	-	-	-	-	-	-	-
12	**TOTAL DEDUCTIONS (lines 8-11)**	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 2,026.70	$ 24,320.40
13	**Cash Flows from Operations (lines 1 plus 7 less 12)**	$ 4,976.95	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 6,861.45	$ 80,452.94
	Other Uses of Cash													
14	Pre-Opening Cost (Sch1 line 14)	-												-
15	Purchase of Equipment	-												-
16	Change in Inventory	-												-
17	Repayment of Principle on Loan													-
18	Other Non-Operating Uses	-												-
19	**Total Other Uses of Cash (14-18)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
20	**Total Cash Needs (19 minus 13)**	$ (4,976.95)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (6,861.45)	$ (80,452.94)
21	**Cumulative Cash Needs (Line 20 this month plus line 21 last month)**	$ 27,776.41	$ 20,914.95	$ 14,053.50	$ 7,192.05	$ 330.59	$ (6,530.86)	$ (13,392.31)	$ (20,253.77)	$ (27,115.22)	$ (33,976.67)	$ (40,838.13)	$ (47,699.58)	
22	**Beginning Cash on Hand (ending cash last month line 28)**	$ 47,519.36	$ 52,496.31	$ 59,357.76	$ 66,219.22	$ 73,080.67	$ 79,942.12	$ 86,803.58	$ 93,665.03	$ 100,526.48	$ 107,387.94	$ 114,249.39	$ 121,110.84	$ 47,519.36
	OTHER SOURCES OF CASH													
23	Cash from Non-Related Loans													-
24	Cash from Owners/Investors													-
25	From Parent or Affiliated Entities													-
26	Other non-operating sources													-
27	**Total Other Sources of Cash (23-26)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
28	**CASH AVAILABLE AT END OF MONTH (line 27 plus 22 minus 20)**	$ 52,496.31	$ 59,357.76	$ 66,219.22	$ 73,080.67	$ 79,942.12	$ 86,803.58	$ 93,665.03	$ 100,526.48	$ 107,387.94	$ 114,249.39	$ 121,110.84	$ 127,972.30	$ 127,972.30

THERAPEUTIC ASSISTED LIVING CORP.
SUMMARY OF SIGNIFICANT PROJECTION ASSUMPTIONS
August 2026 through 2028

NOTE 1 BUSINESS DESCRIPTION AND BASIS OF PRESENTATION

Business Description

Therapeutic Assisted Living Corp. (the "Home Health Business", the “Applicant”, or the “Company”, or the "Business"), a Florida Limited Liability Company, is acquiting an Adult Day Care.

Basis of Presentation

The financial projection (the “Projection”) presents, to the best of the knowledge and belief of management (“Management”) of the Applicant, the expected results of operations and cash flows for the initial application period and the years ending: **August 2026 through 2028** (the “Projection Period”).

The Projection has been prepared for purposes of obtaining licensure and is not intended to be a complete presentation of legal entity, its assets and liabilities, nor of its revenues and expenses.

The presentation using AHCA prescribed form # 3100-0009, July 2009 as designed and prescribed by AHCA to meet its needs, and there is a presumption that the required information is sufficient to provide information for the anticipated provider’s revenue and expenditures, the basis for financing anticipated cash-flow requirements of the provider, and an applicant’s access to contingency financing to be presented with AHCA. Accordingly, this projection may not be useful for other purposes.

A projection although similar to a forecast, is a presentation of prospective financial information that is subject to one or more hypothetical assumptions. Management has included several assumptions that are considered to be hypothetical assumptions.

Management’s hypothetical assumptions (the “Hypothetical Assumptions”) are as follows:

The Applicant is able to obtain all regulatory approvals; the Applicant is able to achieve the occupancy, payer mix, and average rates; the Applicant is able to maintain its projected operating structure and limit the additional expenses associated with operating the facility.

Accordingly, the Projection reflects Management’s judgement as of the date of the Projection, of the expected conditions and its expected course of action assuming the Hypothetical Assumptions. The assumptions disclosed herein, while not all-inclusive, are the assumptions which Management believes are significant to the Projection. The prospective results may not be achieved. Furthermore, even if the Hypothetical Assumptions were to occur, there will usually be differences between the projected and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Company maintains its accounting and financial records according to the accrual basis of accounting.

Use of Estimates

Estimates are used for, but not limited to, revenue, goodwill and asset impairments, self-insurance reserves, performance-based compensation, the allowance for credit losses, depreciation and amortization, leasing transactions, income taxes, and other contingencies. Although these estimates are based on management's best knowledge of current events and actions that the Company may undertake in the future, actual results may differ from the original estimates.

Cash and Cash Equivalents

The Company considers all short-term debt securities purchased with an original maturity of three months or less to be cash or cash equivalents.

Property, Plant and Equipment and Leasehold Intangibles, Net:

Property, plant and equipment and leasehold intangibles, net is recorded at cost. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the assets.

Expenditures for ordinary maintenance and repairs are expensed to operations as incurred. Renovations and improvements, which improve and/or extend the useful life of the asset, are capitalized, and depreciated over the estimated useful life of the renovations or improvements.

All tangible property with a useful life of more than one year and a unit acquisition cost of $2,500 or more will be capitalized and depreciated over its useful life using the straight-line method of depreciation. The company will expense the full acquisition cost of tangible property below these thresholds in the year of purchase.

Revenues Patient Fees:

Fees revenue is reported at the amount that reflects the consideration the Company expects to receive in exchange for the services provided. These amounts are due from patients or third-party payors and include variable consideration for retroactive adjustments from estimated reimbursements, if any, under reimbursement programs. Performance obligations are determined based on the nature of the services provided. Patients fee revenue is recognized as performance obligations are satisfied.

Gain (Loss) on Sale of Assets

The Company recognizes gain or loss from the sale of equity method investments when the transfer of control is complete, and the Company has no continuing involvement with the transferred financial assets.

Accounts Receivable:

Revenues are recorded at established rates in the period during which services are rendered. When there is a timing difference between revenues earned or incurred and collected, this timing difference is accounted for by recording receivables Accounts receivable are reported net of an allowance for credit losses to represent the Company's estimate of inherent losses at the balance sheet date.

Accounts Payable:

Expenses are recorded in the period in which is accrued and/or an invoice from the vendor is received. When there is a timing difference between expenses accrued or incurred and paid, this timing difference is accounted for by recording an Account Payable or a similar Payable Account.

Income Taxes:

Therapeutic Assisted Living Corp is a Florida Corporation, treated as an S-Corp for tax purposes. Under the provisions of the Internal Revenue Code and comparable state income tax law. As such, the Company is generally not subject to income taxes and the Company's net income, or loss is reported on the individual tax return of the members of the Company. Therefore, no provision or liability for income taxes is reflected in the financial statements.

Projected Pre-Opening Costs Assumptions:

The rented real estate property is in compliance with the codes and requirements of the county and the agency to operate as a Adult Day Care.

Fixtures, office/business equipment, furniture, appliances, inventory, merchandise, supplies, and any other asset of value that is intrinsic and extrinsic to said business will remain in the premises and used for business purposes.

NOTE 3 MANAGEMENT'S BASIS FOR PROJECTION OF REVENUES AND EXPENSES

Projected Charges Per Month Per Patient

Projected revenue consists of revenue from operating the Business. Future years were projected utilizing assumptions of average cost of care. The Facility will rely on Referral Agencies, Doctor's offices, Rehabilitation Centers, and Hospitals to acquire patients.

Employees

Personnel may allocate time to different roles and responsibilities. A full time equivalent employee ("FTE") is assumed to represent 2,080 hours of time paid annually. Employees will be hired using online recruiting services and/or agencies.

Rents and Leases:

The Company will lease the real estate from Flager County.

No Purchase Price: $0.00

The Adult Day Care is currently being operated by the Flager County and is will be transferred through a bidding process to the most competitive bidder.

THERAPEUTIC ASSISTED LIVING CORP.
AHCA PROOF OF FINANCIAL ABILITY TO OPERATE
Cash Needs & Source of Funds: Presentation of Proof of Fundings

The agency might require supporting documents, including but not limited to:

Proof of Funding Documents to Provide	**Amount (Min.)**
Minimum Cash Needs: Bank statements, letters of commitment, Invoices and Payment Confirmations, Other.	$ 80,273

Plastridge INSURANCE SINCE 1919

08/21/2026

RE: RFP 26-RFP-022 – Operation and Program Administration of the Flagler County Adult Day Care at the David I. Siegel Center, located at 1000 Belle Terre Blvd., Palm Coast, Florida/Therapeutic Assisted Living Corp.

To Flagler County,

This letter serves as confirmation that Therapeutic Assisted Living Corp is actively working with our agency to secure all necessary insurance coverages required by RFP 26-RFP-022 for Adult Day Care Services. These coverages will include:

- General Liability Insurance $1m/$2m Estimated Annual Premium $10k
- Professional Liability Insurance $1m/$1m Estimated Annual Premium Included with General Liability
- Worker's Compensation Insurance Statutory Limits Estimated Annual Premium $1,100
- Employers Liability $1m Estimated Annual Premium included in Workers Compensation Premium
- Auto Liability Insurance $1m Symbol 7,8,9 Estimated Annual Premium symbol 7 $6k and 7,8,9 $20k
- Pollution Liability Estimated Annual Premium $500
- AM Best "A-" rated or better
- The required policies and endorsements will be issued in compliance with Flagler County's additional insured, primary and non-contributory, and waiver of subrogation requirements as applicable under RFP 26-RFP-022
- Any additional insurance as required by the final contract terms

We confirm that our agency is prepared to issue these coverages immediately upon contract award and prior to the commencement of services. Should any additional documentation be required during the evaluation process, we will be pleased to provide it.

Sincerely,

Shelagh Grubb

Shelagh Grubb, CPCU, CIC

O: 800 290 1143 **D:** 561 819 1559 | **F:** 561 819 1656 I **C**: 407 235 5389

Plastridge Insurance Agency | Plastridge.com

Plastridge INSURANCE SINCE 1919
HEALTHCARE DIVISION