



**STATE OF CONNECTICUT  
OFFICE OF THE HEALTHCARE ADVOCATE  
STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE**

**REQUEST FOR APPLICATIONS (RFA) FOR  
COMMUNITY & CLINICAL INTEGRATION PROGRAM  
TRANSFORMATION AWARDS**

<b>Application Due Date:</b>	<b>August 11, 2016</b>
<b>Anticipated Issuance of Notices of Award:</b>	<b>September 8, 2016</b>
<b>Anticipated Period of Performance</b>	<b>January 1, 2017 – March 31, 2018</b>



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## I. Executive Summary

The Community & Clinical Integration Program (CCIP) deploys evidence-based care delivery standards that participants will receive support to achieve over a 15-month performance period. CCIP promotes care delivery transformation across the network to deliver better care that results in better health outcomes at lower costs for Medicare, Medicaid, and commercial plan enrollees. CCIP participating entities will receive free technical assistance, as well as peer support through a Learning Collaborative. CCIP participating entities that elect Track 2 of the Medicaid Quality Improvement & Shared Savings Program (MQISSP) may, through this Request for Applications (RFA), request CCIP Transformation Awards of up to \$500,000 to enable achievement of the standards.

Participating entities in MQISSP are required to participate in CCIP. CCIP Transformation Awards are only available to entities that will participate in MQISSP for the performance period starting on January 1, 2017 and who have met the eligibility requirements to participate in CCIP **Track 2** as outlined in the MQISSP RFA. For more information about MQISSP, please refer to the MQISSP RFP:

[http://www.biznet.ct.gov/SCP\\_Search/BidDetail.aspx?CID=40026](http://www.biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=40026).

Any questions related to this grant program should be directed to:

**Faina Dookh, Project Manager, Connecticut State Innovation Model:** [Faina.Dookh@ct.gov](mailto:Faina.Dookh@ct.gov)

**All applications should be submitted electronically on or before August 11, 2016 at 3pm to**

[Faina.Dookh@ct.gov](mailto:Faina.Dookh@ct.gov)

<b>Funding Opportunity Title</b>	Community and Clinical Integration Program (CCIP) Transformation Awards
<b>Date Issued</b>	June 17, 2016
<b>Letter of Intent Due Date</b>	July 11, 2016
<b>Application Due Date</b>	August 11, 2016
<b>Anticipated Notice of Award</b>	September 9, 2016
<b>Performance Period</b>	January 1, 2017 – March 31, 2018
<b>Estimated Award Amount</b>	Up to \$500,000
<b>Eligible Applicants</b>	Entities that will participate in the Medicaid Quality Improvement and Shared Savings Program (MQISSP) for the performance period starting on January 1, 2017 <u>and</u> who have met the eligibility requirements to participate in CCIP <b>Track 2</b> as outlined in the MQISSP RFA.

## II. Funding Opportunity Description

### II.1 Purpose

This RFA is intended for participating entities in the Medicaid Quality Improvement & Shared Savings Program (MQISSP), beginning on January 1, 2017. Transformation Awards are intended to provide direct funding to CCIP participating entities so that they can make investments to achieve CCIP standards in order to improve the quality of care and reduce costs across their network.<sup>1</sup>

### II.2 Background

CCIP is part of a larger Connecticut State Innovation Model (SIM) initiative funded through a \$45 million dollar grant from the Centers of Medicare & Medicaid Innovation (CMMI) to test innovative payment and care delivery reforms that impact the entire state. SIM supports the achievement of Connecticut's vision to establish a whole-person centered healthcare system that improves community health and eliminates health inequities; ensures superior access, quality, and care experience; empowers individuals to actively participate in their health and healthcare; and improves affordability to reduce health care costs.

More information is available at [www.healthreform.ct.gov/](http://www.healthreform.ct.gov/).

CCIP aims to transform health care delivery in Connecticut by helping participating entities meet evidence-based standards across their network of primary care and specialty practices. Three core required standards focus on:

1. Comprehensive care management
2. Health equity improvement
3. Behavioral health integration

Technical assistance for three additional elective voluntary standards are accessible to participants that are interested in improving in these areas:

4. E-Consults
5. Comprehensive Medication Management (CMM)
6. Oral Health Integration

Each standard is comprised of elements and criteria that detail the expectations associated with the target capabilities. By participating in CCIP, the network and its practices will receive technical assistance and peer-level support that they need to achieve the standards. CCIP transformation vendors will guide CCIP participants through a gap analysis and the development of a transformation plan tailored to the needs of the network. Participants will also participate in structured peer learning through a learning collaborative.

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<sup>1</sup> This project is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Participants will work with the vendor to set clear and measurable aims for each core standard and use quality improvement methods such as plan-do-study-act (PDSA) cycles within and across practices. The vendor will lead learning sessions and bring tools based on their expertise in the field of care management, behavioral health integration, and health equity promotion. These supports will be provided to all CCIP participating entities, whether or not they receive a Transformation Award.

Applicants that are selected as awardees for CCIP Transformation Award contracts will receive direct financial support to make investments in the types of care delivery transformation that will lead to the achievement of CCIP standards and improved care and health outcomes, and reduced cost.

**For a full description of CCIP please refer to the final draft of the CCIP Report:**

**[http://www.healthreform.ct.gov/ohri/lib/ohri/work\\_groups/practice\\_transformation/ccip\\_standards/ccip\\_report\\_4-13-16\\_draft\\_5\\_14.pdf](http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/practice_transformation/ccip_standards/ccip_report_4-13-16_draft_5_14.pdf)**. The standards are located in Appendices A and B of the CCIP Report.

The outcomes of our care delivery strategy, including the outcomes associated with CCIP Transformation Awards, must be aligned with the overall aims of SIM and our theory of change, as outlined in the following Driver Diagram.

**Exhibit: State Innovation Model Driver Diagram**

<i>Aim</i>	<i>Primary Driver</i>	<i>Secondary Driver</i>
<p><b>By 6/30/2020 Connecticut will:</b></p> <p><b>Improve Population Health</b> Reduce statewide rates of diabetes, obesity, and tobacco use</p>	<p>Promote policy, systems, &amp; environmental changes, while addressing <b>socioeconomic factors that impact health</b></p>	<p><b>Engage</b> local and state health, government, and community stakeholders to produce a population health plan</p> <p>Identify <b>reliable &amp; valid measures</b> of community health improvement</p> <p><b>Develop detailed design for Health Enhancement Communities (HECs) and Prevention Service Centers (PSC)s</b> that include financial incentive model to reward communities for health improvement</p> <p><b>Build community structures and capabilities</b> to improve health</p>
<p><b>Improve Health Care Outcomes</b> Improve performance on key quality measures, increase preventative care and consumer experience, and increase the proportion of providers meeting quality scorecard targets</p>	<p><b>Engage consumers</b> in healthy lifestyles, preventive care, chronic illness self-management, and healthcare decisions</p> <p><b>Promote payment models</b> that reward improved quality, care experience, health equity and lower cost</p>	<p>Incentivize healthy choices by engaging employers to spread use of <b>Value-Based Insurance Designs</b></p> <p>Provide transparency on cost and quality by creating a public <b>common scorecard</b> to report provider performance</p> <p><b>Hold public meetings, focus groups, listening tours,</b> and other outreach strategies for healthcare consumers</p> <p>All payers in CT use financial incentives to reward improved quality and reduced cost: launch <b>Medicaid Quality Improvement &amp; Shared Savings Program (MQISSP)</b></p> <p>Engage payers to increase proportion of CT population with a primary care provider responsible for quality and total cost of care</p> <p>Create a statewide multi-payer <b>core quality measure set</b> for use in value-based payment models</p> <p>Develop and deploy <b>measurement solutions</b> to support the use by all payers of EHR-based, outcome, health equity and care experience measures in value-based payment scorecards</p>
<p><b>Promote Health Equity</b> Close the gap between the highest and lowest achieving populations for key quality measures impacted by health inequities</p> <p><b>Reduce Healthcare Costs</b> 1-2% percentage point reduction in annual healthcare spending growth</p>	<p><b>Strengthen capabilities</b> of Advanced Networks and FHQCs to deliver higher quality, better coordinated, community integrated and more efficient care</p>	<p><b>Community &amp; Clinical Integration Program (CCIP):</b> Provide technical assistance &amp; awards to MQISSP participating entities to achieve best-practice standards in: comprehensive care management; health equity improvement; &amp; behavioral health integration</p> <p><b>Promote use of Community Health Workers</b> through developing policy framework, outreach, and toolkit</p> <p>Networks receive <b>timely alerts</b> for hospital related care events even when the hospital is not in their network</p> <p><b>Enhance analytics</b> and efficient health information sharing across the health neighborhood</p> <p><b>Advanced Medical Home (AMH) Program:</b> Provide support to primary care practices, within MQISSP participating entities, that are not medical homes to become AMHs</p>



### **III. Award Information**

#### **III.1 Award Amount and Type**

The Connecticut State Innovation Model Program Management Office (SIM PMO) is making available awards of up to \$500,000 per Applicant for a 15-month period of performance, with an option to extend an additional 6 months. The amount awarded may vary depending on the strength of the application as specified below in **Section V.4, Evaluation and Selection Criteria**. Awardees may not receive the award amount requested and may be asked to revise the work plan and budget to reflect the award.

The SIM PMO will evaluate each awardee's ability to demonstrate progress toward initiative goals and associated milestones along with the Applicant's success in moving the network towards achieving each of the core CCIP standards.

The funding received by successful applicants constitutes a sub-award of the State's SIM Model Test Grant. As such, successful applicants are considered sub-recipients under the terms of the State's Cooperative Agreement with the Center for Medicare and Medicaid Innovation (CMMI) and are subject to special requirements detailed in this [Cooperative Agreement](#) and [subsequent amendments](#).

#### **III.2 Period of Performance**

The anticipated period of performance for the Transformation Awards is **January 1, 2017 through March 31, 2018**.

#### **III.3 Termination of Award**

Continued funding is dependent on satisfactory performance against operational performance measures and a decision that continued funding is in the best interest of the State. The SIM PMO may terminate or modify an award based on our review of an awardee's progress. Proposals will be funded subject to meeting terms and conditions specified in the contract, and awards may be terminated if these terms and conditions are not met.

#### **III.4 What CCIP Transformation Awards May Fund**

The CCIP Transformation Awards will support participants in making up-front investments needed to achieve CCIP standards and transform their care delivery system. Proposed allowable costs for CCIP Transformation Awards include, but are not limited to, the following activities provided such activities are not otherwise provided by the PMO contracted technical assistance vendor(s):

- Business process analysis and requirement system analysis.
- Redesigning internal clinical workflows and staff training to implement new workflows.
- Contractors or staff to facilitate and support meeting model aims including the following:
  - learning and improvement activities based on the CCIP standards (e.g., webinars, meetings, workgroups),



- Providing non-clinical guidance, expertise, and support across practices and the organization with regard to operational, financial and business process redesign, and broad quality improvement; and
- Providing clinical guidance, expertise, and support within the organization and among affiliated practices
- Temporary funding for additional employed or contracted staff needed to meet CCIP standards, including direct service staff such as Community Health Workers.
- Sub-contracts to support new clinical processes (e.g., care coordination, patient navigation, social determinant assessment, community support referral tracking and follow-up).
- Data integration and analytics to support health risk stratification, predictive modeling, and sub-population performance analysis.
- Clinical data, drill down capability to the provider and patient-level data and the ability to compare a provider to aggregate measure outputs.
- Health information technology investments to facilitate or enable collection, analysis, sharing of data for clinical providers and practices across the clinical and community continuum.
- Health information technology investments to enable care management and evidence-based decision support.
- Investments needed to improve quality performance measurement, analysis, and dissemination. For example, clinical quality measures, calculated for providers and presented through a web-based interface with drill down capability to the provider and patient-level data and the ability to compare a provider to aggregate measure outputs. Providing monthly detail and aggregate data to the entities clinical providers/partners.
- Costs associated with reporting of quality data to the State Innovation Model Program Management Office.
- Costs associated with the tracking and analysis of measures outside of the MQISSP measure set.

## **IV. Eligibility Information**

Eligibility to apply is limited to those who have applied for and meet all of the eligibility requirements outlined in the Medicaid Quality Improvement & Shared Savings Program (MQISSP) Request for Proposals, issued on June 7, 2016. Eligibility for an award is limited to successful applicants for participation in MQISSP who have elected to participate in Track 2 of CCIP.

## **V. Application Contents and Requirements**

### **V.1 Application Contents**

Applicants will be expected to provide the following (1-9) in support of their application. If an applicant prefers that some of the information in the application is considered confidential by the State, they should include a redacted version of the application and detailed justification requesting the State consider this information confidential:

1. **Proposal Face Sheet:** See Attachment A
2. **Transmittal Letter:** No more than two (2) pages that addresses:
  - The Applicant access the Assurances and Acceptance (RFA **Section V.14**);
  - Acceptance without qualification, of all [Mandatory Terms and Conditions](#);
  - Brief statement outlining experience and qualifications to undertake this project;
  - A statement that any submitted response and cost shall remain valid for one hundred twenty (120) days after the proposed due date or until the contract is approved, whichever comes first; and
3. **Project Abstract:** A one-page, single spaced abstract should serve as a succinct description of how the funds will be used, the goals of these activities, the total budget, the number of projected clinician participants, and projected quality and cost outcomes. Please use the following table format to detail the total budget:

Budget Category	1/1/2017-3/31/2018
Personnel	
Fringe	
Equipment	
Supplies	
Indirect	
Contracts	
Other	
<b>Total</b>	

4. **Application Narrative:** The Application Narrative should be a maximum of 12 pages double-spaced, 12 point font, with 1-inch margins, paginated in a single sequence. The application narrative is expected to describe the scope of work for which funding is being requested and its relationship to the applicant’s ability to meet the CCIP standards. The narrative must contain the following information:
  - A clear description of the activities for which the applicant is requesting funding;
  - The number of providers and patients to be impacted;
  - Explanation of how proposed activities will directly lead to achievement of specific CCIP standards;
  - Description of the project's potential return-on-investment in terms of cost savings and quality improvement, and plans for measuring both;
  - Description of how these funds will enable an expansion or enhancement of current assets and infrastructure and an assurance that funds will not supplant the applicant’s current or committed funds; and
  - Plan for sustaining grant-based investments, other than one-time investments in development, training, or infrastructure.
5. **Project Management Plan:** A project plan, staffing structure, deliverables description, and timeline for completion of the proposed activities. This includes a project management plan with implementation timelines and milestones.

6. **Budget Narrative.** Budget Narrative guidance is found in Attachments B and C. The Budget Narrative should contain the following:
  - A budget for the proposed proposal, consistent with specified budget formats;
  - A description of any available matching support, whether financial or in-kind.
7. **Appendix A: Response to CCIP related questions included in the MQISSP RFA**
8. **Appendix B: Memorandum of Understanding:** Executed Memorandum of Understanding or other demonstration of support from partner providers, if applicable.
9. **Standard Forms:**
  - [Procurement Agreement Signatory Acceptance](#) (with proposal, see Attachment D)
  - [Consulting Agreement Affidavit](#) (with proposal, OPM Ethics Form 5, see section V.16.3)
  - [Gift and Campaign Contributions](#) (prior to contract, OPM Ethics Form 1, see section V.14.4)
  - [Nondiscrimination Certification Form](#) (prior to contract, see section V.14.5)

Application must be submitted in the electronic-format to [faina.dookh@ct.gov](mailto:faina.dookh@ct.gov) no later than the established deadline date and time as listed in the Executive Summary.

## V.2 Letter of Intent to Apply

Applicants are **required to submit non-binding Letters of Intent to Apply (LOI)**. Letters of Intent to Apply provide information that helps the SIM PMO in determining expertise and personnel necessary to review applications and issue awards.

Submit your Letter of Intent to [faina.dookh@ct.gov](mailto:faina.dookh@ct.gov) no later than the established deadline date and time as listed in the Executive Summary.

## V.3 Respondents' Questions

The PMO encourages applicants to submit questions seeking clarification of the RFA requirements. The PMO will respond to all questions in one or more official addenda that will be posted to the Department of Administrative Services (DAS) website.

Respondents should submit questions to the PMO as they arise. The PMO will accept questions submitted to the PMO until 3:00 PM EST on August 11, 2016. Questions must be submitted to the PMO by e-mail to [faina.dookh@ct.gov](mailto:faina.dookh@ct.gov). The PMO will make every effort to respond to questions within 5 business days of receipt. Respondents are advised to raise questions early in the process so that responses will be received well in advance of the proposal due date.

## V.4 Evaluation and Selection Criteria

It is the intent of the PMO to conduct a comprehensive, fair and impartial evaluation of the Applications received in response to this competitive procurement. Only those submissions found to be responsive to the RFA requirements will be evaluated and scored. A responsive submission must comply with all instructions listed in this RFA, including the general consideration requirements. The evaluation of applications will be based on the following:

- **Application Narrative (40%):** The application narrative sets forth the overall scope of the proposal. The strength of the application narrative will be based on the breadth, impact and feasibility of the proposed scope of activities and the extent to which those activities will further the Applicant’s ability to achieve CCIP related capabilities (whether core or elective).
- **Project Management Plan (20%):** The strength of the project management plan will be based on the adequacy of the staffing resources, the approach to organizing and managing the project, and the project timetable.
- **Budget Narrative (40%):** The strength of the budget narrative will be based on the extent to which the costs seem reasonable and efficient relative to the scope and the adequacy of the justification included in the narrative.

Points will be assigned as follows:

	Project Narrative	Project Management Plan	Budget Narrative
<b>Excellent</b>	4	2	4
<b>Fair</b>	2	1	2
<b>Poor</b>	0	0	0

In order to qualify for funding, the applicant must achieve a score of “Fair” or better in each category. Higher scoring applicants and those with broader clinician/patient impact may be given preference in determining the maximum award.

### V.5 Contract Execution

The contract developed as a result of this RFA is subject to State contracting procedures for executing a contract, which includes approval by the Connecticut Office of the Attorney General. Contracts become executed upon the signature of the Office of the Attorney General and no financial commitments can be made until and unless the contracts have been approved by the Office of the Attorney General. The Office of the Attorney General reviews the contract only after the Program Director and the Contractor have agreed to the provisions.

### V.6 Acceptance of Content

If acquisition action ensues, the contents of this RFA and the Response of the successful Applicant will form the basis of contractual obligations in the final contract.

The resulting contract will be a Personal Service Agreement (PSA) or Purchase of Services (POS) contract between the successful Applicant and the PMO. The Applicant’s submission must include a Statement of Acceptance, embedded here as a hyperlink, [Procurement Agreement Signatory Acceptance](#), without qualification of all terms and conditions within this RFA and the [Mandatory Terms and Conditions](#) for a PSA or POS contract.

Any Response that fails to comply in any way with this requirement may be disqualified as non-responsive. The PMO is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

## V.7 Official Contact

The SIM PMO has designated the individual below as the Official Contact for purposes of this RFA.

Name: Faina Dookh  
Address: P.O. Box 1543  
Hartford, CT 06144  
E-Mail: [faina.dookh@ct.gov](mailto:faina.dookh@ct.gov)

## V.8 Debriefing

The PMO will notify all Applicants of any award issued as a result of this RFA. Unsuccessful Applicants may, within thirty (30) days of the signing of the resultant contract(s), request a debriefing of the procurement process and its submission by contacting the Official Contact in writing at the address previously given. A debriefing may include a request for a copy of the evaluation tool, and a copy of the Applicant's scores including any notes pertaining to the Applicant's submission. Debriefing information that has been properly requested shall be released within five (5) business days of the PMO's receipt of the request.

Applicants may request a debriefing meeting to discuss the procurement process by contacting the Official Contact in writing at the address previously given. Debriefing meetings that have been properly requested shall be scheduled within fifteen (15) days of the PMO's receipt of a request.

A Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

## V.9 Appeals Process

The Applicant may appeal any aspect of the competitive procurement; however, such appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the PMO to determine whether – during any aspect of the competitive procurement – there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the Procurement Document. Appeals must be submitted by the Applicant to Demian Fontanella ([demian.fontanella@ct.gov](mailto:demian.fontanella@ct.gov)).

Applicants may submit an Appeal to the PMO any time after the submission due date, but not later than thirty (30) days after the PMO notifies Applicants about the outcome of a competitive procurement. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days.

Following the review process of the documentation submitted, but not later than thirty (30) days after receipt of any such Appeal, a written decision will be issued and delivered to the Applicant who filed the Appeal and any other interested party. The decision will summarize the PMO's process for the procurement in question; and indicate the Agency Head's finding(s) as to the merits of the Applicant's Appeal.

Any additional information regarding the Debriefing and/or the Appeal processes may be requested from the Official Contact for this RFA.

## V.10 Contest of Solicitation or Award

Pursuant to Section 4e-36 of the Connecticut General Statutes, “Any Applicant or Respondent on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board...” Refer to the State Contracting Standards Board website at [www.ct.gov/scsb](http://www.ct.gov/scsb).

## V.11 Disposition of Responses- Rights Reserved

Upon determination that its best interests would be served, the PMO shall have the right to the following:

1. **Cancellation:** Cancel this procurement at any time prior to contract award.
2. **Amend procurement:** Amend this procurement at any time prior to contract award.
3. **Refuse to accept:** Refuse to accept, or return accepted Responses that do not comply with procurement requirements.
4. **Prior contract default:** Reject the submission of any Applicant in default of any prior contract or for misrepresentation of material presented.
5. **Received after due date:** Reject any Response that is received after the deadline.
6. **Written clarification:** Require Applicants, at their own expense, to submit written clarification of their Response in a manner or format that the PMO may require.
7. **No changes:** Allow no additions or changes to the original Response after the due date specified herein, except as may be authorized by the PMO.
8. **Property of the State:** Own all Responses submitted in response to this procurement upon receipt by the PMO.
9. **Separate service negotiation:** Negotiate separately any service in any manner necessary to serve the best interest of the State.
10. **All or any portion:** Contract for all or any portion of the scope of work or tasks contained within this RFA.
11. **Most advantageous Response:** Consider cost and all factors in determining the most advantageous Response for the PMO when awarding the right to negotiate a contract.
12. **Technical defects:** Waive technical defects, irregularities and omissions, if in its judgment the best interests of the PMO will be served.

13. **Privileged and confidential communication:** Share the contents of any Response with any of its designees for purposes of evaluating the Response to make an award. The contents of all meetings, including the first, second and any subsequent meetings and all communications in the course of negotiating and arriving at the terms of the Contract shall be privileged and confidential.
14. **Best and Final Offers:** Seek Best and Final Offers (BFO) on price from Applicants upon review of the scored criteria. In addition, the PMO reserves the right to set parameters on any BFOs it receives.
15. **Unacceptable Responses:** Reopen the bidding process if the PMO determines that all Responses are unacceptable.

### V.12 Qualification Preparation Expenses

The PMO assumes no liability for payment of expenses incurred by Applicants in preparing and submitting Applications in response to this procurement.

### V.13 Response Date and Time

To be considered for selection a Response must be received by the PMO by the date and time stated in the Executive Summary of this RFA. Applicants should not interpret or otherwise construe receipt of a Response after the closing date and time as acceptance of the Response, since the actual receipt of the document is a clerical function. The PMO suggests the Applicant e-mail the proposal with receipt confirmation. Applicants must address all RFA communications to the PMO.

### V.14 Assurances and Acceptances

1. **Independent Price Determination:** By submission of a Response and through assurances given in its Transmittal Letter, the Applicant certifies that in connection with this procurement the following requirements have been met.
  - a. **Costs:** The costs proposed have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such process with any other organization or with any competitor;
  - b. **Disclosure:** Unless otherwise required by law, the costs quoted have not been knowingly disclosed by the Applicant on a prior basis directly or indirectly to any other organization or to any competitor;
  - c. **Competition:** No attempt has been made or will be made by the Applicant to induce any other person or firm to submit or not to submit a Response for the purpose of restricting competition;

- d. **Prior Knowledge:** The Applicant had no prior knowledge of the RFA contents prior to actual receipt of the RFA and had no part in the RFA development; and
  - e. **Offer of Gratuities:** The Applicant certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this procurement. Any contract arising from this procurement may be terminated by the State if it is determined that gratuities of any kind were either offered to or received by any of the aforementioned officials or employees from the contractor, the contractor's agent or the contractor's employee(s).
2. **Valid and Binding Offer:** Each Response represents a valid and binding offer to the PMO to provide services in accordance with the terms and provisions described in this RFA and any amendments or attachments hereto.
  3. **Press Releases:** The Applicant agrees to obtain prior written consent and approval from the PMO for press releases that relate in any manner to this RFA or any resulting contract.
  4. **Restrictions on Communications with PMO Staff:** The Applicant agrees that from the date of release of this RFA until the PMO makes an award that it shall not communicate with PMO staff on matters relating to this RFA except as provided herein through the PMO. Any other communication concerning this RFA with any of the PMO's staff may, at the discretion of the PMO, result in the disqualification of that Applicant's submission.
  5. **Acceptance of the PMO's Rights Reserved:** The Applicant accepts the rights reserved by the PMO.
  6. **Experience:** The Applicant has sufficient project design and management experience to perform the tasks identified in this RFA. The Applicant also acknowledges and allows the PMO to examine the Applicant's claim with regard to experience by allowing the PMO to review the related contracts or to interview contracting entities for the related contracts.

### V.15 Incurring Costs

The PMO is not liable for any cost incurred by the Applicant prior to the effective date of a contract.

### V.16 Statutory and Regulatory Compliance

By submitting a proposal in response to this RFA, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. Freedom of Information, C.G.S. § 1-210(b). This Contract is subject to C.G.S. § 1-1210(b). The Freedom of Information Act (FOIA) requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-1210(b). The proposer shall indicate if it believes that certain documents or a



portion(s) of documents, as required by this RFP is confidential, proprietary or trade secret by clearly marking such in its response to this RFP. The State will make an independent determination as to the validity under FOIA of the proposer's marking of documents or portions of documents it believes should be exempt from disclosure. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive. CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. Consulting Agreements, C.G.S. § 4a-81. Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (a) Providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (b) Contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (c) Any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)

IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.

4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2). If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)

IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.

5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1). If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with written representation or documentation that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts—regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at [http://www.ct.gov/opm/fin/nondiscrim\\_forms](http://www.ct.gov/opm/fin/nondiscrim_forms)

IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

### V.17 Other

Continued funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services. Applicants should note that any contracts developed as a result of this RFA are subject to the PMO's contracting procedures that include approval by the Office of the Attorney General.

## VI. Compliance and Reporting Requirements

As the accountable steward of federal funding, the State, through the SIM PMO, monitors its sub-recipients utilizing the following monitoring tools:

1. Ensure that sub-recipient is not disbarred/suspended or excluded for any reason
2. Sub-award agreement
3. Sub-recipient meeting and regular contact with sub-recipients
4. Required pre-approval for changes to budget or scope of grant
5. Quarterly financial reports
6. Bi-annual programmatic reports
7. Audit
8. Desk Reviews

In its use of these monitoring tools, the State emphasizes clear communication to ensure a feedback loop that supports sub-recipients in maintaining compliance with federal requirements. The State may at any time elect to conduct additional sub-recipient monitoring. Sub-recipients therefore should maintain grant records accurately in the event that the State exercises this right. The State may also waive its right to perform certain sub-recipient monitoring activities. If, at any time, the State waives its right to certain sub-recipient monitoring

activities, it will note which activities were not completed and the reasons why that activity was not necessary. Each of the monitoring tools and policies regarding their use are described in detail below.

### **VI.1 Sub-recipient Status**

When signing a Transformation Award contract, sub-recipients certify that neither the sub-recipient nor sub-recipient principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs or programs supported in whole or in part by federal funds.

Additionally the SIM PMO will utilize the Excluded Parties List System ([www.epls.gov](http://www.epls.gov)) to confirm that neither the sub-recipient nor its principals are presently disbarred at least once during the SIM PMO's fiscal year. The SIM PMO will print a screen shot of its EPLS search, and place it in the Sub-recipient's files.

### **VI.2 Sub-award Agreement**

A sub-award agreement is provided to each sub-recipient at the beginning of each grant. This sub-award agreement will detail the Catalog of Federal Domestic Assistance (CFDA) program name and number, the award name and number as assigned by the funder, the award period, and the name of the federal awarding agency. This sub-award agreement will also include: definitions, the scope of work to be performed, payment provisions, funder grant provisions, blank financial and programmatic reports, and a copy of this policy. Other information may be included if necessary.

Unless any changes are required, only one sub-award document will be generated for the term of a grant, even if that term spans several years. All sub-recipients must sign the sub-award agreement and any additional documents sent with the agreement, or funding will be terminated.

### **VI.3 Sub-recipient meeting/ sub-recipient contact**

The State may decide, at the beginning of a grant or at any time during a grant, to host a meeting of grant partners in order to review grant goals and/or obligations. A sub-recipient meeting may be held with one individual sub-recipient, or with multiple sub-recipients.

The State will also maintain contact with sub-recipients. Sub-recipients are expected to notify the State if they are having any difficulty carrying out their grant responsibilities or if they need clarification of their grant responsibilities.

Sub-recipient's meeting and sub-recipient contact will be noted on the sub-recipient checklist, with appropriate supporting documentation included in the sub-recipient's folder.

### **VI.4 Required pre-approval for changes to budget or scope of grant**

As stated above, all sub-recipients must seek prior approval from the grants manager at the State to utilize grant funding for any activities not explicitly described in the goals section of the application narrative. Sub-recipients must also seek prior approval before making any changes to their section of the budget.

Notes regarding any prior approval requested by a sub-recipient, or a sub-recipient's failure to comply with this grant term, will be maintained on the sub-recipient checklist.

### **VI.5 Quarterly financial reports**

The Sub-recipient will submit accurate financial reports to the State no later than the tenth of the month following the quarter being reported (January 10th, April 10th, July 10th, and October 10th). A blank copy of the required financial report will be provided with the sub-award agreement. All questions regarding financial reports should be directed to Christine Nguyen-Matos at [Christine.Nguyen-Matos@ct.gov](mailto:Christine.Nguyen-Matos@ct.gov).

Financial reports will be reviewed by the State for accuracy and to ensure that all charges are eligible to be reimbursed by the grant. Sub-recipients are expected to respond promptly to all questions concerning financial reports.

Sub-recipient's submission of quarterly financial reports will be recorded and monitored on the sub-recipient checklist.

### **VI.6 Bi-annual programmatic reports**

The sub-recipient will submit accurate programmatic reports to the State no later than the tenth of the month following the 6-month period being reported (January 10th and July 10th). A blank copy of the required programmatic reports will be provided with the sub-award agreement. All questions regarding programmatic reports should be directed to Faina Dookh at [Faina.Dookh@ct.gov](mailto:Faina.Dookh@ct.gov).

Programmatic reports will be reviewed by the State for accuracy and to ensure that all charges are eligible to be reimbursed by the grant. Sub-recipients are expected to respond promptly to all questions concerning programmatic reports.

### **VI.7 Audit**

Sub-recipients who spent at least \$500,000 in federal funds from all federal sources during their fiscal year must have an audit performed in accordance with OMB Circular A-133. The A-133 compliant audit must be completed within 9 months of the end of the sub-recipient's fiscal year. The sub-recipient shall provide the State with a copy of their completed A-133 compliant audit including:

- The auditor's opinion on the sub-recipient's financial statements;
- The auditor's report on the sub-recipient's internal controls;
- The auditor's report and opinion on compliance with laws and regulations that could have an effect on major programs;
- The schedule of findings and questioned costs;
- And the sub-recipient's corrective action plan (if any).

The State will issue a management decision on audit findings within 6 months after receipt of the sub-recipient's A-133 compliant audit report.

If a sub-recipient's schedule of findings and questioned costs did not disclose audit findings relating to the Federal awards provided by the State and the summary schedule of prior audit findings did not report the status of audit findings relating to Federal awards provided by the State, the sub-recipient may opt not to provide the A-133 compliant audit report to the State. In this case, the State will verify that there were no audit findings utilizing the Federal Audit Clearinghouse database.

Any sub-recipient that, because it does not meet the \$500,000 threshold or because it is a for-profit entity, does not receive an audit performed in accordance with OMB Circular A-133 may at its option and expense have an independent audit performed. The independent audit should be performed to obtain reasonable assurance about whether the sub-recipient's financial statements are free of material misstatement. The independent audit should also take into consideration the sub-recipient's internal control, but does not necessarily have to contain the auditor's opinion on the agency's internal control. If the sub-recipient elects to have an audit report that covers more than the sub-recipient's financial statements, the State requests that the entirety of the auditor's report be provided to the State.

If the sub-recipient chooses not to have an independent audit and the sub-recipient will receive at least \$10,000 during the current fiscal year, they will be subject to on-site monitoring during the award period. Sub-recipients who are individual contractors will not be subject to on-site monitoring based solely on the lack of an independent audit.

## **VI.8 Desk Reviews**

All sub-recipients who are estimated to receive \$10,000 or more during the fiscal year will undergo a desk review at least once during the grant period. If a sub-recipient receives less than \$10,000, the State may at its discretion opt to conduct a desk review. During a desk review, sub-recipients might be expected to provide:

- Adequate source documentation to support financial requests including but not limited to an income statement, payroll ledgers, cancelled checks, receipts ledgers, bank deposit tickets and bank statements, and timesheets.
- If salary is funded under the award and if the staff whose salary is funded under the award is charged to other funding sources, time distribution records to support the amounts charged to federal funding provided by the State.
- A statement verifying that the organization has a system in place for maintaining its records relative to federal funding provided by the State for the amount of time as specified in the sub-award document.
- Adequate documentation to support required match, if any.

## **VI.9 Anticipated Involvement by Awarding Office**

The SIM PMO will continually evaluate each sub-recipient's performance and ability to show demonstrated progress toward initiative goals and associated milestones along with the sub-recipient's success in moving the network towards achieving each of the core CCIP standards as detailed in the CCIP Transformation Services Agreement.

# Attachment A: Proposal Face Sheet

## SIM PROGRAM MANAGEMENT OFFICE

### REQUEST FOR APPLICATIONS (RFA)

### CT SIM CCIP TRANSFORMATION AWARDS

### PROPOSAL FACE SHEET

1	<p><b>RESPONDING AGENCY</b> (Legal name and address of organization as filed with the Secretary of State):</p> <p>Legal Name: _____</p> <p>Street Address: _____</p> <p>Town/City/State/Zip: _____</p> <p>FEIN: _____</p>
2	<p><b>DIRECTOR/CEO</b> (individual with authority to bind the Applicant to sign a contract with the PMO)</p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p>
3	<p><b>PRINCIPAL CONTACT</b> (to receive amendments to the RFA and requests for clarification)</p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p>

## Attachment B: CMMI Funding Restrictions

All funds expended through this grant program must comply with the federal guidelines found in the State Innovation Models FOA found here: <https://innovation.cms.gov/Files/x/StateInnovationRdTwoFOA.pdf>

The cost principles address four tests in determining the allowability of costs. The tests are as follows:

- **Reasonableness (including necessity):** A cost is reasonable if, in its nature or amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. The cost principles elaborate on this concept and address considerations such as whether the cost is of a type generally necessary for the organization's operations or the grant's performance, whether the recipient complied with its established organizational policies in incurring the cost or charge, and whether the individuals responsible for the expenditure acted with due prudence in carrying out their responsibilities to the Federal government and the public at large as well as to the organization.
- **Allocability.** A cost is allocable to a specific grant, function, department, or other component, known as a cost objective, if the goods or services involved are chargeable or assignable to that cost objective in accordance with the relative benefits received or other equitable relationship. A cost is allocable to a grant if it is incurred solely in order to advance work under the grant; it benefits both the grant and other work of the organization, including other grant-supported projects or programs; or it is necessary to the overall operation of the organization and is deemed to be assignable, at least in part, to the grant.
- **Consistency.** Recipients must be consistent in assigning costs to cost objectives. They must be treated consistently for all work of the organization under similar circumstances, regardless of the source of funding, so as to avoid duplicate charges.
- **Conformance.** This test of allowability—conformance with limitations and exclusions contained in the terms and conditions of award, including those in the cost principles—may vary by the type of activity, the type of recipient, and other characteristics of individual awards. "Allowable Costs and Activities" below provides information common to most HHS grants and, where appropriate, specifies some of the distinctions if there is a different treatment based on the type of grant or recipient.

These four tests apply regardless of whether the particular category of costs is one specified in the cost principles or one governed by other terms and conditions of an award. These tests also apply regardless of treatment as a direct cost or an indirect cost. The fact that a proposed cost is awarded as requested by an applicant does not indicate a determination of allowability.

## Direct Costs and Indirect Costs

This is for illustrative purposes. We strongly recommend applicants review all of the federal guidance provided in the FOA found here:

<https://innovation.cms.gov/Files/x/StateInnovationRdTwoFOA.pdf>

Direct costs are costs that can be identified specifically with a particular award, project or program, service, or other organizational activity or that can be directly assigned to such an activity with a high degree of accuracy. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the grant-supported project or program. Indirect costs (also known as “facilities and administrative costs”) are costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity. Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that usually are treated as indirect costs. There is a 10% cap on indirect costs. The organization is responsible for presenting costs consistently and must not include costs associated with its indirect rate as direct costs.

Examples of Unallowable Direct Costs:

- Alcohol
- Alteration and Renovation Costs
- Animals
- Bad Debts
- Bid and Proposal Costs
- Construction or Modernization
- Dues/Membership--Unallowable for Individuals (unless fringe benefit or employee development costs if applied as established organization policy across all funding sources).
- Entertainment
- Fines and Penalties
- Fundraising
- Honoraria-if this cost is for speaker fee that it is allowable as a direct cost.
- Invention, Patent or Licensing Costs-unless specifically authorized in the NOA.
- Land or Building Acquisition
- Lobbying
- Meals (Food)
- Travel



# Attachment C: Budget Narrative Guidance

## INTRODUCTION

This guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by ensuring that the required or needed information is provided. In the budget request, awardees should distinguish between activities that will be funded under this agreement and activities funded with other sources.

### A. Salaries and Wages

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

<i>Position Title and Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
<i>Project Coordinator Susan Taylor</i>	<i>\$45,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$45,000</i>
<i>Finance Administrator John Johnson</i>	<i>\$28,500</i>	<i>50%</i>	<i>12 months</i>	<i>\$14,250</i>
<i>Outreach Supervisor (Vacant*)</i>	<i>\$27,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$27,000</i>

### **Sample Justification**

*The format may vary, but the description of responsibilities should be directly related to specific program objectives.*

#### *Job Description: Project Coordinator - (Name)*

*This position directs the overall operation of the project; responsible for overseeing the implementation of project activities; coordination with other agencies; development of materials, provisions of in service and training; conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.*

**B. Fringe Benefits**

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This can be done for all FTE in one table instead of itemizing per employee.

**Sample**

*Example: Project Coordinator — Salary \$45,000*

<i>Retirement 5% of \$45,000</i>	=	<i>\$2,250</i>
<i>FICA 7.65% of \$45,000</i>	=	<i>3,443</i>
<i>Insurance</i>	=	<i>2,000</i>
<i>Workers' Compensation</i>	=	<i>_____</i>
	<i>Total:</i>	

**C. Consultant Costs**

This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the awardee organization. Hiring a consultant requires submission of the following information:

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services to be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and
6. The Expected Rate of Compensation (travel, per diem, other related expenses)—list a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

**D. Equipment**

Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the "Other" category. All IT equipment should be uniquely identified. As an example, we should not see a single line item for "software." Show the unit cost of each item, number needed, and total amount.

<u>Item Requested</u>	<u>How Many</u>	<u>Unit Cost</u>	<u>Amount</u>
<i>Computer Workstation</i>	<i>2 ea.</i>	<i>\$2,500</i>	<i>\$5,000</i>
<i>Fax Machine</i>	<i>1 ea.</i>	<i>600</i>	<i><u>600</u></i>

**Sample Justification**

Provide complete justification for all requested equipment, including a description of how it will be used in the program. For equipment and tools which are shared among programs, please cost allocate as appropriate.

States should provide a list of hardware, software and IT equipment which will be required to complete this effort. Additionally, they should provide a list of non-IT equipment which will be required to complete this effort.

**E. Supplies**

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

**Sample Budget**

*Supplies*

*General office supplies (pens, pencils, paper, etc.)*

<i>12 months x \$240/year x 10 staff</i>	=	<i>\$2,400</i>
<i>Educational Pamphlets (3,000 copies @) \$1 each</i>	=	<i>\$3,000</i>
<i>Educational Videos (10 copies @ \$150 each)</i>	=	<i>\$1,500</i>
<i>Word Processing Software (@ \$400—specify type)</i>	=	<i>\$ 400</i>

**Sample Justification**

*General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.*

**F. Other**

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

**Sample Justification**

*Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the items are not self-explanatory and/or the cost is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).*

**G. Total Direct Costs \$ \_\_\_\_\_**

Show total direct costs by listing totals of each category.

**H. Indirect Costs \$ \_\_\_\_\_**

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

***Sample Budget***

The rate is \_\_\_\_\_% and is computed on the following direct cost base of \$\_\_\_\_\_.

Personnel \$

Fringe \$

Supplies \$

Other\$ \_\_\_\_\_

Total \$ x \_\_\_\_\_% = Total Indirect Costs

## Attachment D: Procurement and Contractual Agreements Signatory Acceptance

### Statement of Acceptance

The terms and conditions contained in this Request for Applications constitute a basis for this procurement. These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract. The Office of the Healthcare Advocate is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

### Acceptance Statement

On behalf of \_\_\_\_\_

I, \_\_\_\_\_ agree to accept the Mandatory Terms and Conditions and all other terms and conditions as set forth in the CCIP Transformation Awards Request for Applications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date