



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

REQUEST FOR PROPOSALS (RFP)

**PREVENTION SERVICE INITIATIVE - CBO LINKAGE MODEL
TECHNICAL ASSISTANCE VENDOR**

The State Innovation Model Program Management Office seeks a contractor to provide technical assistance, resources, and subject matter expertise to community based organizations and Advanced Network/FQHC participating in the SIM Prevention Service Initiative. The successful bidder will be responsible for providing technical assistance to achieve the following:

1. Enhance business competency skills and organizational capabilities of community based organizations and local public health departments (“CBOs”) so that they can enter into at least one contractual relationship for the provision of evidenced-based chronic illness self-management (i.e., “prevention”) services with a healthcare provider that is participating in value-based payment.
2. Enable Advanced Networks and FQHCs to enter into financial contractual arrangements with CBO providers of prevention services; to develop internal processes to identify and refer patients that can benefit from such services; and to assess the impact on quality and return on investment to support a sustained contractual arrangement beyond the period of the test.

In order to achieve these goals, the vendor selected through this Request for Proposals (RFP) will provide 18 months of technical assistance consisting of resources, seminars, subject matter expertise and peer-learning support to an estimated range of five to ten CBOs and a similar number of Advanced Networks and FQHCs. Full scope of work detailed in later section.

This is a competitive procurement. The anticipated award is **\$150,000 - \$390,000**.

<http://das.ct.gov/cr1.aspx?page=12>

Applicable Dates:

RFP Release Date	8/11/17
Letter of Intent to Apply Due Date:	8/25/17 (later entries accepted)
Application Due Date:	9/29/17 3 p.m. Eastern Time
Anticipated Issuance of Notice of Award:	10/13/17
Anticipated Period of Performance:	11/15/17 – 8/31/19

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1 EXECUTIVE SUMMARY

The State of Connecticut is implementing a number of healthcare reform initiatives to promote population health, better healthcare, and reduction of costs as part of the State Innovation Model (SIM) grant funded by the Centers for Medicare and Medicaid Innovation. This Request for Proposals is intended to support a demonstration project of the Prevention Service Initiative model. The Prevention Service Initiative is a component of the SIM Population Health Plan which has longer-term aims that combine innovations in provision of healthcare, payment systems, and population health strategies.

The goals of the Prevention Service Initiative are to:

1. Increase the number of individuals with unmet prevention needs who complete community-placed, evidence-based prevention services and maintain or improve wellness.
2. Improve Advanced Network/FQHC performance on quality measures related to asthma or diabetes and associated ED utilization or admissions/readmissions for an attributed population through use of community-placed, evidence-based prevention services.

The successful bidder will be responsible for providing technical assistance to achieve the following:

3. Enhance business competency skills and organizational capabilities of community based organizations and local public health departments (“CBOs”) so that they can enter into at least one contractual relationship for the provision of evidenced-based chronic illness self-management (i.e., “prevention”) services with a healthcare provider that is participating in value-based payment.
4. Enable Advanced Networks and FQHCs to enter into financial contractual arrangements with CBO providers of prevention services; to develop internal processes to identify and refer patients that can benefit from such services; and to assess the impact on quality and return on investment to support a sustained contractual arrangement beyond the period of the test.

In order to achieve these goals, the vendor selected through this Request for Proposals (RFP) will provide 18 months of technical assistance consisting of resources, seminars, subject matter expertise and peer-learning support to an estimated range of five to ten CBOs and a similar number of Advanced Networks and FQHCs. Full scope of work detailed in later section.

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

Faina Dookh, Project Manager, Connecticut State Innovation Model:
Faina.dookh@ct.gov

Applications must be submitted electronically no later than the date set below to Faina.dookh@ct.gov

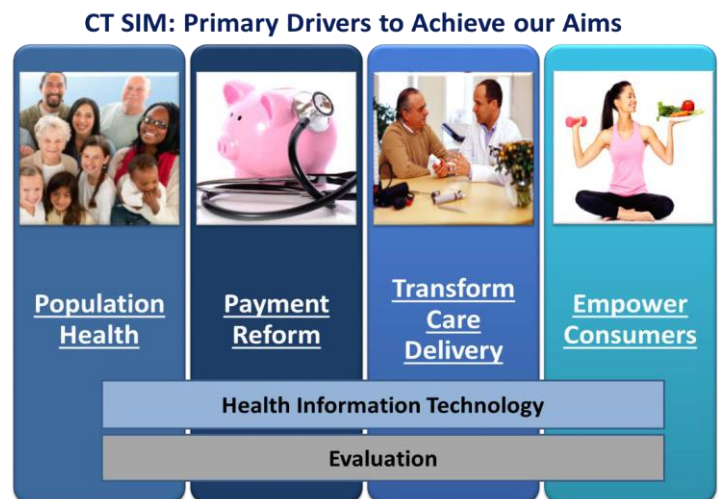
RFP Name	Prevention Service Initiative Technical Assistance Vendor
RFP Release Date	August 11 st , 2017
Electronic Location of Request for Proposals	http://das.ct.gov/cr1.aspx?page=12
Letter of Intent Due Date	August 25 th , 2017
Request for Proposals Application Due Date	September 29th, 2017 at 3pm
Anticipated Notice of Award	October 13 th , 2017
Period of Award	November 15, 2017 –August 31, 2019
Anticipated Total Available Funding	\$150,000 - \$390,000

Anticipated Number of Awards	One award
Eligible Applicants	Vendors that have expertise in clinical-community linkages, CBO business competencies; healthcare provider quality improvement, process re-engineering, and analytics; understanding of CMS health care system transformation, and the community and healthcare sectors.

2 BACKGROUND INFORMATION

2.1 CONNECTICUT’S STATE INNOVATION MODEL

The State Innovation Model (SIM) initiative is a Center for Medicare & Medicaid Innovation (CMMI) effort to support the development and implementation of state-led, multi-payer healthcare payment and service delivery model reforms that will promote healthier people, better care, and smarter spending in participating states. In 2014 Connecticut received a \$45 million State Innovation Model (SIM) grant from CMMI to implement a multi-faceted strategy to improve the health outcomes and healthcare spending trajectory of the state, as well as to improve the sizeable health disparities that continue to persist. Over a four year period (2015-2019) Connecticut’s SIM proposes to improve Connecticut’s healthcare system for the majority of residents in the following ways:

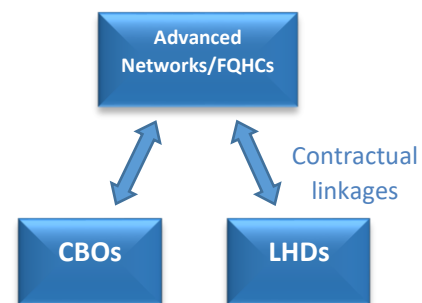


1. Invest in a transition away from paying for volume of healthcare services towards paying based on whether people receive high quality care with lower growth in costs. This includes funding for the design and launch of the state’s first Medicaid Shared Savings Program (“PCMH+”), which rewards healthcare providers for improved quality outcomes and better cost trends.
2. Provide technical assistance and supports to healthcare providers that want to succeed in these new payment models, so that they can connect individuals to community and behavioral supports, deploy community health workers, use data to track and improve their performance, and more. Providers access these resources through our Advanced Medical Home and Community & Clinical Integration Programs.
3. Engage consumers by promoting insurance plans that remove financial barriers to, or introduce rewards for preventive care, medication adherence, chronic disease management, and high-quality provider selection. We promote these “Value-Based Insurance Designs” by convening employers and creating easily adoptable templates and disseminating best-practices.
4. Develop and test components of a Population Health Plan including the **Prevention Service Initiative** and the Health Enhancement Communities project. This longer-term strategy combines innovations in clinical

healthcare delivery, payment reform, and population health strategies to support investments in prevention and community health improvement.

2.2 PREVENTION SERVICE INITIATIVE CBO LINKAGE MODEL

Healthcare providers are increasingly being held accountable for healthcare quality and cost through value-based payment. This creates incentives for clinical providers to demand more effective prevention services offered by community based organizations and public health departments (“CBOs”). CBOs that can provide these services efficiently to Advanced Networks and FQHCs have an opportunity to take advantage of this potential demand and establish mutually-beneficial formal arrangements.



Gaps that the model aims to address:

1. Individuals have unmet prevention needs related to asthma and diabetes that can be met by community-placed prevention services delivered in a community setting.
2. Despite the strong evidence of their effectiveness, community placed prevention services offered by CBOs are currently under-utilized by Advanced Networks and FQHCs.
3. CBOs provide evidence based prevention services, but have limited business competencies in marketing and delivering these services to the healthcare sector.

Selected Services for Model Demonstration:

The model promotes prevention services delivered in community settings (CDC 6|18 initiative¹). The CBO linkage model will be tested with the following community-placed and evidence-informed interventions:

- Asthma self-management and in-home environmental assessment and remediation.
- Diabetes Self-Management Programs.

Model goals:

1. Enhance business competency skills and organizational capabilities of CBOs so that they can enter into at least one contractual relationship with a healthcare provider that is participating in value-based payment.
2. Increase the number of individuals with unmet prevention needs who complete community-placed, evidence-based prevention services and maintain or improve wellness.
3. Improve Advanced Network/FQHC performance on quality measures related to asthma or diabetes and associated Emergency Department utilization or admissions/readmissions for an attributed population through use of community-placed, evidence-based prevention services.

This model focuses on preparing CBOs that can provide effective prevention services to enter into and succeed in formal arrangements with Advanced Networks and FQHCs. Multiple CBOs in three Connecticut regions will receive SIM-funded technical assistance focusing on developing business strategies and financial contractual arrangements with Advanced Networks and FQHCs. This approach has been tested in other parts of the country, where technical assistance that improved CBOs’ competencies related to market success

¹ <https://nam.edu/wp-content/uploads/2016/05/CDCs-618-Initiative-Accelerating-Evidence-into-Action.pdf>

increased the number of formal partnerships and referral pathways between the healthcare and community sectors.²

For more information, please visit the [Population Health Council webpage](#) and the [Steering Committee webpage](#). Also refer to these links:

[PSI description](#)

[PSI Response to Questions](#)

3 REQUIRED SERVICE COMPONENTS AND SCOPE OF WORK

3.1 TECHNICAL ASSISTANCE (TA) To CBOs

TA shall consist of subject-matter expertise, resources and guidance to meet the following objectives and activity requirements:

OBJECTIVE 1: CBOs have a clear sense of their strengths, gaps, and goals as well as their pathways for improvement.

1. Conduct organizational assessment/gap analysis with CBOs.
2. Develop a Technical Assistance Plan customized to CBO's strengths, gaps, and goals.

OBJECTIVE 2: CBOs have improved capabilities and readiness to implement the Prevention Service Initiative Linkage Model with one or more healthcare provider

1. Provide TA that enables CBOs to:
 - a) Conduct a workforce capacity and funding analysis to meet projected healthcare provider demand.
 - b) Develop a strong business case/value proposition for their service(s) that includes data and resonates with healthcare providers (speaks to ANs/FQHCs quality measure goals, shared savings initiatives, etc.).
 - c) Analyze the alignment of sites of service in relation to the geographical distribution of healthcare providers' attributed population.
 - d) Develop financial contractual agreements on solid legal grounds (by providing templates and examples).
 - e) Effectively negotiate by leveraging their expertise in community outreach.
2. Work with the CBO, in consultation with relevant state agencies and partners to develop a CBO-specific Prevention Service Plan. The TA should consider:
 - a) Maximizing service processes building on existing capacity.
 - b) Safeguarding the fidelity of prevention services.
 - c) Positioning CBO's core strengths and opportunities within the market for prevention services.
 - d) Defining the target populations.
 - e) Defining a strategy for effectively addressing associated social determinants of health.

²<https://www.chcs.org/media/Working-Together-Toward-Better-Health-Outcomes.pdf>

- f) Characterizing the effectiveness of the intake and access process.
 - g) Addressing two-way communications, information exchange and reporting issues that may anticipate potential data sharing barriers (e.g. HIPPA, access to EHR tools).
 - h) Including evaluation, data analysis and sharing approaches.
 - i) Discussing whether partnerships with other CBOs are necessary to meet demand.
 - j) Need for service expansion and outreach.
 - k) Infrastructure requirements for implementation.
3. Facilitate peer-to-peer learning activities among CBOs that provide related services or have similar goals/needs.

OBJECTIVE 3: CBOs can deliver effective and financially sound prevention services.

- 1. Provide TA that enables CBOs to develop a business plan that includes:
 - a) Performance targets and goals.
 - b) Program participation and retention projections; strategy/partnership; roles, assigned personnel, tasks and timelines; and marketing approach and materials.
 - c) Budget and rate structure for the model. This should consider forecasted costs; revenue and cash flow impact of assumed pricing; volume; staffing, wages, and expense assumptions; and a pricing strategy that ensures CBO services are not delivered at a loss and meet revenue generation goals. This may include leveraging other funding streams and accessing sufficient capital to meet capacity demands.
 - d) Scan results of the healthcare market and identification of potentially interested healthcare providers then developing a positioning strategy.

OBJECTIVE 4: At least one financial contractual agreement is formalized between each CBO and a healthcare provider.

- 1. Facilitate discussions and joint-activities between CBOs and healthcare providers.
 - a) Determine framework for partnership discussions.
 - b) Schedule and host meetings; prepare meeting materials.
 - c) Determine follow up and communications plan.
- 2. Facilitate a contractual agreement between the CBO and health care provider.
 - a) Develop a contract negotiation strategy.
 - b) Disseminate contract agreement templates and examples.
 - c) Discuss framework for future business planning.

OBJECTIVE 5: CBOs implement and sustain the linkage model

- 1. TA should enable the CBO and healthcare provider to, at a minimum:
 - a) Effectively implement the contracted services/processes.
 - b) Monitor progress towards performance targets and conduct mid-course correction activities.
 - c) Assess gaps in processes or tools for information collection and communication, including the sharing of their performance indicators with healthcare providers.

3.2 TECHNICAL ASSISTANCE (TA) TO HEALTHCARE PROVIDERS

The vendor will provide TA to healthcare organizations participating in the Prevention Service Initiative in close alignment with the TA provided to CBOs. The TA will aim at meeting the following objectives and activities:

OBJECTIVE 1: Healthcare organizations understand their strengths, gaps, and goals related to better patient care by enabling meaningful access to prevention services

1. Conduct organizational assessments of participating ANs/FQHCs regarding opportunities for use of community-based prevention services.

OBJECTIVE 2: Improve accountable healthcare provider's readiness and capabilities to implement the Prevention Service Initiative CBO Linkage Model.

1. Provide TA to accountable healthcare providers that enable them to:
 - a) Identify the target population and methods for identifying members of the population with unmet prevention service needs.
 - b) Design a method for health care providers to identify and recognize financial opportunities for better preventive care that is delivered through community based organizations.
 - c) Develop a formalized referral process and workflow.
 - d) Establish methods for two-way communication and information exchange.
 - e) Select quality and utilization performance measures associated with the intervention, project performance targets and associated return on investment (ROI), track and report progress with feedback to clinical team and CBO partner.

OBJECTIVE 3: Healthcare providers implement and sustain the linkage model

1. TA should include, at a minimum, components that enable the healthcare provider to:
 - a) Monitor progress towards performance targets and conduct mid-course correction activities jointly with the CBO partner.
 - b) Assess quality and reliability of processes or tools for information exchange and communication, including the sharing of performance measures.

3.3 OTHER REQUIREMENTS

1. **CBO solicitation:** Prepare RFA and/or RFP to solicit and select eligible CBOs that will participate in the initiative.
2. **AN/FQHC solicitation:** Participate in the preparation of RFP to solicit and select eligible AN/FQHCs that will participate in the initiative.
3. **Presentations and Information Sharing:** Provide requested information and prepare and conduct presentations to SIM councils as needed about the progress of the technical assistance work.

4. **Coordinate with other initiatives:** SIM encompasses multiple work streams, including those that provide technical assistance to healthcare providers and those that convene collaboratives encompassing clinical and community stakeholders. The vendor is expected to coordinate with these and other initiatives to promote collaboration and streamline efforts.
5. **Reports:** Provide quarterly, annual and final (at the end of the contract period) reporting in a form prescribed by the SIM PMO. These reports will include how funds were used, describe project or model progress, and describe any barriers, delays, and measurable outcomes. A final report must be submitted that summarizes the outcomes of that period and key learnings. Awardees must agree to cooperate with any State and Federal evaluations of the model and performance results and provide requested information in a timely way.

3.4 KEY OUTPUTS AND TIMELINE

The following two tables list high-level outputs associated with the required scope of work. The applicant will also be responsible for the milestones and timelines they submit as part of their proposal.

EXHIBIT 1: PROPOSED KEY OUTPUTS AND TIMELINE GRID – CBO TA

Phases	Key Outputs	Timeline
<i>Pre-linkage activities</i>	Prepare CBO solicitation for release	By 12/01/17
	Target date for CBOs to be selected	2/01/18
	CBO contracts executed and 18 month TA launch	3/01/18
	Organizational assessments complete for each CBO and results synthesized	3/01/18-3/31/18
	Technical Assistance Plan for each CBO complete	4/01/18-4/30/18
	Workforce capacity, Business case/value proposition, and sites of service analysis documented for each CBO	5/01/18-5/30/18
	CBO-specific Prevention Service Business Plans complete	By 6/30/18
	Contract agreement templates and examples disseminated	By 6/30/18
	Framework for partnership discussions complete	By 6/30/18
<i>Linkage activities</i>	Discussions and joint activities held between CBOs and healthcare providers	7/15/18-ongoing
	Contract negotiation strategy complete	By 7/15/18
	Contracts executed between CBOs and healthcare organizations	By 10/01/18
<i>Peer-learning</i>	Peer-to-peer CBO events held	3/1/18-8/31/19
<i>Implementation of linkages</i>	Implementation status reports	10/01/18-ongoing
	Final report due	By 8/31/19

EXHIBIT 2: PROPOSED KEY OUTPUTS AND TIMELINE GRID – AN/FQHC TA

Phases	Key Outputs	Timeline
<i>Pre-Linkage Activities</i>	Develop Technical Assistance Plan for each AN/FQHC	By 3/01/18-4/30/18
	ANs/FQHCs have designed and implemented workflows for patient identification and referral	5/01/18-9/30/18
	ANs/FQHCs have designed and implemented data analytics strategy to support quality and ROI evaluation	5/01/18-9/30/18
	Contract agreement templates and examples disseminated	By 6/30/18
	Framework for partnership discussions complete	By 6/30/18
<i>Linkage Activities</i>	Discussions and joint activities held between CBOs and healthcare providers	7/15/18-ongoing
	Contracts executed between CBOs and healthcare organizations	By 10/01/18
<i>Peer-learning</i>	Peer-to-peer AN/FQHC events held	Ongoing
<i>Implementation of linkages</i>	Implementation status reports	10/01/18-ongoing
	Final report due	By 8/31/19

4 AWARD INFORMATION

4.1 AWARD AMOUNT

The SIM PMO expects to award one respondent the right to negotiate a contract in response to this RFP. The award amount and duration are listed in the **Executive Summary** of this document. The resulting Contract may have a value less than the maximum award amount. The resulting contract will be subject to availability of funds.

Furthermore, the contract may allow for an adjustment of the contract value based on a number of factors such as:

- Number of CBOs and healthcare organizations eligible and selected to participate; and
- Scale of CBOs and healthcare organizations.

4.2 ELIGIBILITY INFORMATION

The PMO seeks a vendor with the experience and expertise to serve as the State's partner in supporting CBOs in improving their competencies in order to successfully execute and implement a contractual arrangement with a healthcare organization. The PMO also seeks a vendor knowledgeable about the healthcare sector and is able to support healthcare organizations in redesigning their workflow and data processes to segment their patient populations for quality improvement purposes, identify and refer to one or more CBOs. The PMO is receptive to applications from individuals and teams, and from local, regional, or national organizations. Examples of those expected to apply include those with expertise in business competencies, community and clinical integration, health care delivery transformation, change management, and quality improvement.

To be eligible, the applicant must be recognized as a single legal entity by the state where it is incorporated, and must have a unique Taxpayer Identification Number (TIN) designated to receive payment. Applications will be screened to determine eligibility for further review using criteria detailed in this RFP and in applicable law.

4.3 PERIOD OF PERFORMANCE

The anticipated Period of Performance is listed in the **Executive Summary** and in **Section 3.4. Key Outputs and Timeline**. The PMO will evaluate the vendor's success in achieving the objectives and milestones contained in the resulting contract. The contractor may have future opportunities for expanded scope and duration of the contract to future Prevention Service Initiative demonstration regions.

4.4 TERMINATION OF AWARD

Continued funding is dependent on satisfactory performance against the scope of work and outputs and a decision that continued funding is in the best interest of the State. Proposals will be funded subject to meeting terms and conditions specified in the resulting Contract. Awards may be terminated if these terms and conditions are not met.

4.5 ISSUING OFFICE AND CONTRACT ADMINISTRATION

The State Innovation Model Program Management Office (“SIM PMO”) is issuing this Request for Proposal (RFP) and is the only contact in the State of Connecticut (State) for this competitive bidding process. The address of the issuing office is as follows:

Name: Mark Schaefer
Address: P.O. Box 1543
Hartford, CT 06144
E-Mail: mark.schaefer@ct.gov

The SIM PMO is located within the Connecticut Office of the Healthcare Advocate and is responsible for administering the Connecticut Healthcare Innovation Plan and the Connecticut State Innovation Model (SIM) Test Grant including managing contracted transformation support, overseeing evaluation efforts, and communicating with stakeholders and state government. The Department of Public Health (DPH), in collaboration with the SIM PMO and the Department of Social Services, is responsible for designing and implementing the Prevention Service Initiative. DPH will be the lead agency with primary responsibility for directing the resulting contract.

4.6 OFFICIAL CONTACT

The SIM PMO has designated the individual below as the Official Contact for purposes of this RFP. All communications with the Official Contact must be in writing.

The Official Contact is the only authorized contact for this procurement and, as such, handles all related communications on behalf of the Department. Respondents, Prospective Respondents, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Respondents or Prospective Respondents who violate this instruction risk disqualification from further consideration.

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

5 APPLICATION DETAILS

5.1 SUBMISSION INSTRUCTIONS

This Request for Proposals serves as the application package and contains all the instructions to enable a potential applicant to apply.

5.1.1 Letter of Intent to Apply

Respondents are required to submit non-binding Letters of Intent to Apply (LOI). Respondents are strongly encouraged to do so by the due date set in the Executive Summary. However, letters received after this date will also be accepted.

Please submit your Letter of Intent by email to:

Faina Dookh, Project Manager, State Innovation Model Program Management Office, Faina.dookh@ct.gov

The LOI should provide a brief description of the organization applying. The LOI must clearly identify the sender, including name, mailing address, telephone number, and email address. There are no format requirements for the LOI.

5.1.2 Respondents' Questions

The SIM PMO encourages Respondents to submit questions by email (to faina.dookh@ct.gov) seeking clarification of the RFP requirements. Questions will be reviewed on an ongoing basis and responses will be posted within 5 business days of receipt. 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 (<http://das.ct.gov/cr1.aspx?page=12>).

5.1.3 Submission Requirements

The proposal must be submitted to faina.dookh@ct.gov no later than the established deadline listed in the Executive Summary. All documents should be submitted as PDFs, with the exception of the budget (Attachment D), which should be submitted as an Excel spreadsheet.

5.1.4 Format Requirements

In order to ensure readability by reviewers, fairness in the review process, and consistency among applications, each application must follow the following specifications to be reviewed:

- Use 8.5" x 11" letter-size pages with 1" margins (top, bottom, and sides).
- All pages of the Response must be paginated in a single sequence.
- Font size must be no smaller than 12-point
- Follow the page limits as detailed in the next section.

5.2 APPLICATION CONTENT

The application should be written primarily as a narrative with detailed specific actions highlighted to emphasize the proposed activity of the applicant. The applicant should organize their response based on the sections detailed below.

I. PROPOSAL FACE SHEET

See **Attachment A**

II. TRANSMITTAL LETTER (No more than 2 pages)

Written statement that addresses:

- That the Respondent accepts without qualification:
 - Assurances and Acceptance (RFP Section 6.2.9);
 - 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;
- Evidence of Qualified Entity: The Respondent shall provide written assurance to the PMO from its legal counsel that it is qualified to conduct business in Connecticut and is not prohibited by its articles of incorporation, bylaws, or the law under which it is incorporated from performing the services required under any resultant contract.
- Sanction – Disclosure: The Respondent shall provide a statement that attests that no sanction, penalty or compliance action has been imposed on the Respondent within three years immediately preceding the date of this RFP. If the Respondent proposes the use of a subcontractor, each proposed subcontractor must provide the same statement.
- Small, Minority or Women's Business Enterprise: Section 32-9e of the Connecticut General Statutes, superseded by Section 4a-60g sets forth the requirements of each executive branch agency relative to the Connecticut Small Business Set-Aside program. Pursuant to that statute, twenty-five (25%) of the average total of all contracts let for each of the three previous fiscal years must be set aside. The PMO requires that the Resultant Contractor make a "good-faith effort" to set aside a portion of this contract for a small, minority or women's business enterprise as a subcontractor. Prospective Respondents may obtain a list of firms certified to participate in the Set-Aside program by contacting the Department of Administrative Services at the DAS website.

III. PROJECT ABSTRACT (1 page, single-spaced)

A succinct description of the proposal, how the funds will be used, and the projected impact.

IV. PROJECT NARRATIVE (4 pages, single-spaced)

The Project Narrative should address how the Respondent will carry out the required service components. The Respondent should organize the narrative in the following bolded sections:

1. Overall project

- a. Describe the Respondent's perspective on the work envisioned in this RFP. What is the Respondent's overall model and approach?
- b. Describe how the work will be organized and managed.

2. Proposed Approach to Technical Assistance

- a. Describe the Respondent's strategy for delivering on each of the objectives outlined in **Section 3. Required Service Components and Scope of Work**.
- b. Describe the activities the Respondent will undertake to complete the scope of work.
- c. Describe the tools, methods, and subject matter expertise that will be leveraged.
- d. How much time will be spent on-site? How much time will be spent using other modes of engagement, e.g., video-conference, webinar, etc.?

3. Impact on Project's Goals

- a. Describe how the Respondent will ensure the goals of the initiative, as detailed in **Section 2.2. Prevention Service Initiative CBO Linkage Model**, are met. What is the impact you hope to achieve through this work, including on the SIM aims?
- b. Describe why the Respondent is a good fit to drive towards these goals.

V. QUALIFICATIONS AND PROJECT MANAGEMENT (4 pages, single-spaced) **(Resumes do not count towards the page limit)**

This section should describe the background and experience of the Respondent necessary to carry out this project. The Respondent should organize the narrative in the following bolded sections:

1. Qualifications and Experience

- a. Describe the Respondent's overall qualifications and background to carry out a project of this nature and scope. Should include its experience with change management, providing technical assistance, facilitating groups, building business competencies, clinical-community linkages, and serving as a subject matter expert.
- b. Describe the Respondent's content level knowledge relevant to the scope of work, including related to business competencies; clinical-community integration and linkages; organizational change management and transformation; CBOs and public health sectors; familiarity with the proposed services outlined in Section 2.2; and expertise in the healthcare sector (including care delivery, quality measurement, value-based payment).
- c. Describe contracts held within the past five years with a scope similar to this one. What did you learn from your successes and failures that you would apply here?

2. References

Provide information for at least three references. Must include brief description of work done, the organization's name, specific contact person name, address, phone number, and e-mail.

3. Organizational and Project Structure

- a. Provide an organizational structure of the company indicating lines of authority and detail how this proposed project structure fits within the larger structure of the organization.
- b. Describe how the project structure will enable effective implementation.

4. Project Management

- a. Explain the staffing and management model of its organization as well as for the specific team who would be working with the PMO.

- b. Detail the names of proposed personnel, their proposed role, expertise, functions and time commitments.
- c. Include the name of a Project Manager who will serve as a single point of contact for the implementation of the project and who will be available to provide status updates and attend all project meetings at the request of the PMO.
- d. Provide assurance of the capacity to deploy the required staff and resources to complete the scope of work, including identifying any other current or planned contractual obligations that might have an influence on the bidder's capacity.
- e. Identify and describe the role of any and all subcontractors and subject matter experts. Provide the following for each proposed subcontractor:
 - Legal Name of Agency, Address, FEIN
 - Contact Person, Title, Phone, Fax, E-mail
 - Services To Be Provided Under Subcontract

Note: The resultant contractor must receive written approval from the PMO for staff changes. These changes must adversely affect the ability of the Contractor to meet any requirement or deliverable set forth in this RFP and/or the resultant contract.

5. Resumes (limit 2 pages per resume)

Provide resumes for each proposed personnel and subcontractor. The resume shall include contract-related experience, credentials, education, training, and work experience.

6. Project Plan and Timeline

Provide a project plan and timeline for completing proposed deliverables. Provide key activities and outputs, beginning and end dates for each, and the accountable person.

7. Work Samples

The Respondent may, but is not required to, provide two work samples related to this project. Work samples do not count towards the page limit.

VI. BUDGET NARRATIVE (4 pages, single-spaced)

(The budget spreadsheet does not count towards the page limit)

The Respondent must provide a budget narrative according to the instructions in **Attachment C**. Costs must be reasonable and consistent with the proposed scope. In addition, the Respondent must complete the budget template in the Excel spreadsheet provided in **Attachment D**.

VII. STANDARD FORMS

The Respondent shall submit the following standard forms:

- [Procurement Agreement Signatory Acceptance](#): Proposal must include a Statement of Acceptance, without qualification of all terms and conditions within this RFP and the [Mandatory Terms and Conditions](#) for a PSA contract (with proposal, see Attachment B)
- [Consulting Agreement Affidavit](#) (with proposal, OPM Ethics Form 5, see section 6.2.11)
- [Affirmation of Receipt of State Ethics Laws Summary](#) (with proposal, OPM Ethics Form 6)
- [Iran Certification](#) (with proposal, OPM Ethics Form 7)
- [Gift and Campaign Contributions](#) (prior to contract, OPM Ethics Form 1, see section 6.2.11)
- [Nondiscrimination Certification Form](#) (prior to contract, see section 6.2.11)

6 EVALUATION AND SELECTION

This section describes the evaluation criteria for this RFP. The review criteria are based on a total of 100 points allocated across the Project Narrative (50 points), Qualifications and Project Management (30 points), and the Budget Narrative (20 points).

APPLICATION PACKAGE	Points
I. Proposal Face Sheet	Required
II. Transmittal Letter	Required
III. Project Abstract	Required
IV. Project Narrative	40
V. Organizational Qualifications and Project Management	30
VI. Budget Narrative	30
VII. Standard Forms	Required
<u>GRAND TOTAL</u>	100

6.1 REVIEW AND SELECTION PROCESS

It is the intent of the PMO to conduct a comprehensive, fair and impartial evaluation of the Responses received to this competitive procurement. Only those submissions found to be responsive to the RFP requirements will be evaluated and scored.

A team consisting of qualified experts will review the applications to assess the degree of responsiveness, and clarity in their plan to meet the project goals and milestones. The review process will include the following:

- To be considered for review, applications will first be screened for completeness and adherence to eligibility.
- The review panel will assess each application to determine the merits of the proposal. The PMO reserves the right to request that Respondents revise or otherwise modify their proposals and budget based on PMO recommendations.
- The PMO may elect to conduct interviews with the finalists prior to awarding the right to negotiate a contract. Any expenses incurred by the Respondent to participate in such interview shall be the responsibility of the Respondent.
- The results of the review of the applications will be used to advise the PMO approving official. Final award decisions will be made by the designated approving official. In making these decisions, the

approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to complete the scope of work and objectives; and the reasonableness of the estimated cost to the government and anticipated results.

- The SIM PMO reserves the right to conduct negotiations with applicants upon receipt of their proposals.

6.2 PROCUREMENT PROCESS

6.2.1 Contract Execution

The contract developed as a result of this RFP 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.

6.2.2 Acceptance of Content

If acquisition action ensues, the contents of this RFP and the Response of the successful Respondent will form the basis of contractual obligations in the final contract. The resulting contract will be a Personal Service Agreement (PSA) contract between the successful Respondent and the PMO. The PMO is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

6.2.3 Debriefing

The PMO will notify all Respondents of any award issued as a result of this RFP. Unsuccessful Respondents 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 Respondent's scores including any notes pertaining to the Respondent'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.

Respondents 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.

6.2.4 Appeal Process

The Respondent 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 Respondent to Ted Doolittle (Ted.Doolittle@ct.gov), with a copy to the Contract Administrator.

Respondents 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 Respondents 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 Respondent 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 Respondent’s Appeal.

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

6.2.5 Contest of Solicitation of Award

Pursuant to Section 4e-36 of the Connecticut General Statutes, “Any Respondent 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.

6.2.6 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. **Incomplete Business Section:** Reject any Response in which the Business Section is incomplete or in which there are significant inconsistencies or inaccuracies. The State reserves the right to reject all Responses.
5. **Prior contract default:** Reject the submission of any Respondent in default of any prior contract or for misrepresentation of material presented.
6. **Received after due date:** Reject any Response that is received after the deadline.
7. **Written clarification:** Require Respondents, at their own expense, to submit written clarification of their Response in a manner or format that the PMO may require.
8. **Oral clarification:** Require Respondents, at their own expense, to make oral presentations at a time selected and in a place provided by the PMO. Invite Respondents, but not necessarily all, to make an oral presentation to assist the PMO in their determination of award. The PMO further reserves the right to limit the number of Respondents invited to make such a presentation. The oral presentation shall only be permitted for clarification purposes and not to allow changes to be made to the submission.
9. **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.
10. **Property of the State:** Own all Responses submitted in response to this procurement upon receipt by the PMO.

11. **Separate service negotiation:** Negotiate separately any service in any manner necessary to serve the best interest of the State.
12. **All or any portion:** Contract for all or any portion of the scope of work or tasks contained within this RFP.
13. **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.
14. **Technical defects:** Waive technical defects, irregularities and omissions, if in its judgment the best interests of the PMO will be served.
15. **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.
16. **Best and Final Offers:** Seek Best and Final Offers (BFO) on price from Respondents upon review of the scored criteria. In addition, the PMO reserves the right to set parameters on any BFOs it receives.
17. **Unacceptable Responses:** Reopen the bidding process if the PMO determines that all Responses are unacceptable.

6.2.7 Qualification Preparation Expenses

The PMO assumes no liability for payment of expenses incurred by Respondents in preparing and submitting Responses to this procurement.

6.2.8 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 RFP. Respondents 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 Respondent e-mail the proposal with receipt confirmation. Respondents must address all RFP communications to the PMO.

6.2.9 Assurances and Acceptances

1. **Independent Price Determination:** By submission of a Response and through assurances given in its Transmittal Letter, the Respondent 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 Respondent 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 Respondent 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 Respondent had no prior knowledge of the RFP contents prior to actual receipt of the RFP and had no part in the RFP development; and
 - e. **Offer of Gratuities:** The Respondent 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 RFP and any amendments or attachments hereto.
 3. **Press Releases:** The Respondent agrees to obtain prior written consent and approval from the PMO for press releases that relate in any manner to this RFP or any resulting contract.
 4. **Restrictions on Communications with PMO Staff:** The Respondent agrees that from the date of release of this RFP until the PMO makes an award that it shall not communicate with PMO staff on matters relating to this RFP except as provided herein through the PMO. Any other communication concerning this RFP with any of the PMO's staff may, at the discretion of the PMO, result in the disqualification of that Respondent's Submission.
 5. **Acceptance of the PMO's Rights Reserved:** The Respondent accepts the rights reserved by the PMO.
 6. **Experience:** The Respondent has sufficient project design and management experience to perform the tasks identified in this RFP. The Respondent also acknowledges and allows the PMO to examine the Respondent's claim with regard to experience by allowing the PMO to review the related contracts or to interview contracting entities for the related contracts.

6.2.10 Incurring Costs

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

6.2.11 Statutory and Regulatory Compliance

By submitting a proposal in response to this RFP, 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
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
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.

6.2.12 Key Personnel

The PMO reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The department also reserves the right to approve replacements for key personnel who have terminated employment. The PMO further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the PMO.

6.2.13 Other

Bidding on and/or being awarded this contract shall not automatically preclude the Respondent from bidding on any future contracts related to the SIM. Continued funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services.

7 DEFINITIONS AND ACRONYMS

DEFINITIONS

Advanced Network: An independent practice association, large medical group, clinically integrated network, or integrated delivery system organization that has entered into a shared savings program (SSP) arrangement with at least one payer.

Prevention Service Initiative Technical Assistance Vendor: The organization that provides, among other services, technical assistance, subject matter expertise, and guidance to CBOs and healthcare organizations that are participating in the Prevention Service Initiative.

Contract: The contract awarded to the successful Respondents pursuant to this RFP.

Contractor: See “Prevention Service Initiative Technical Assistance Vendor.”

Federally Qualified Health Center: An entity that meets the definition of an FQHC in section 1905(l)(2)(B) of the Social Security Act and meets all requirements of the HRSA Health Center Program, including both organizations receiving grants under Section 330 of the Public Health Service Act and also FQHC Look-Alikes, which are organizations that meet all of the requirements of an FQHC but do not receive funding from the HRSA Health Center Program.

Respondent: An organization that has submitted a proposal to the SIM PMO in response to this RFP.

Subcontractor: An individual (other than an employee of the Contractor) or business entity hired by a Contractor to provide a specific service as part of a Contract with the SIM PMO as a result of this RFP.

ACRONYMS

CBO	Community based organization (including local health departments)
CMMI	Center for Medicare & Medicaid Innovations
DPH	Department of Public Health (CT)
FQHC	Federally Qualified Health Center
OPM	Office of Policy and Management
PMO	Program Management Office (SIM)
PSI	Prevention Service Initiative
RFA	Request for Applications
RFP	Request for Proposals
SIM	State Innovation Model
TA	Technical Assistance

ATTACHMENT A: PROPOSAL FACE SHEET

**SIM PROGRAM MANAGEMENT OFFICE
REQUEST FOR PROPOSALS (RFP)
PSI TECHNICAL ASSISTANCE VENDOR
PROPOSAL FACE SHEET**

1	<p>RESPONDING AGENCY (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>DIRECTOR/CEO</p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p>
3	<p>CONTACT PERSON</p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p>

ATTACHMENT B: PROCUREMENT AND CONTRACTUAL AGREEMENTS SIGNATORY ACCEPTANCE

Statement of Acceptance

The terms and conditions contained in this Request for Proposals 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.

On behalf of _____

I, _____ agree to accept the Mandatory Terms and Conditions and all other terms and conditions as set forth in the Prevention Service Initiative Technical Assistance Vendor Request for Proposals.

Signature

Title

Date

ATTACHMENT C: BUDGET NARRATIVE GUIDANCE

BUDGET NARRATIVE

(4 pages, single-spaced)

(The budget spreadsheet does not count towards the page limit)

The Respondent must provide a budget narrative according to the instructions provided here. Costs must be reasonable and consistent with the proposed scope. In addition, the Respondent must complete the budget template in the Excel budget spreadsheet provided in **Attachment D**.

Please note, the SIM grant follows an award year calendar. Costs must be broken down by these years, which run from January 1st to December 31st. The summary table and the budget spreadsheet ask you to break down your costs by these years as well, taking into account the anticipated contract start and end dates.

The resultant Contract shall include a maximum cost for the contract period for the proposed services. Payment shall be based on actual costs incurred not to exceed the Contract maximum for each budget category, and for the Contract overall.

SUMMARY TABLE

(include on first page of Budget Narrative)

Budget Category	11/15/17-12/31/17	1/1/18-12/31/18	1/1/19-8/18/19	Total
A. Personnel				
B. Fringe				
C. Travel				
D. Supplies				
E. Contractual				
F. Total Direct Charges (sum A-E)				
G. Indirect				
H. Total (sum F-G)				

COST BREAK DOWN TABLES AND NARRATIVE JUSTIFICATION

Please include cost break down tables and a narrative justification for the following categories, A- I.

A. Personnel

For each requested position, provide the following information: name of staff member, 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>Total Amount Requested</i>
<i>Project Coordinator Susan Taylor</i>	<i>\$52,500</i>
<i>Finance Administrator John Johnson</i>	<i>\$21,375</i>
<i>Outreach Supervisor</i>	<i>\$40,500</i>

<i>(Vacant*)</i>	
Total Personnel Costs	\$114,375

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.

Note: The “direct salary and institutional base salary” for contracted staff are limited to the Executive Level II of the Federal Executive Pay scale. FY16 Appropriations law increased the Executive Level II salary to \$185,100.

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.

Example: Project Coordinator — Salary \$67,500

<i>Retirement 5% of \$67,500</i>	<i>=</i>	<i>3,375.00</i>
<i>FICA 7.65% of \$67,500</i>	<i>=</i>	<i>5,163.75</i>
<i>Insurance</i>	<i>=</i>	<i>2,000.00</i>
<i>Workers’ Compensation</i>	<i>=</i>	<i>_____</i>
	<i>Total:</i>	

C. Travel

Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the contractual category. Provide a narrative justification describing the travel staff members will perform and justification. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and the amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.

Sample

In-State Travel:

1 trip x 2 people x 500 miles r/t x .27/mile	=	\$270
2 days per diem x \$37/day x 2 people	=	\$148
1 nights lodging x \$67/night x 2 people	=	\$134
25 trips x 1 person x 300 miles avg. x .27/mile	=	<u>\$2,025</u>
Total	=	\$2,577

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend an eligibility conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

D. 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

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

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

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.

E. Contractual 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.

F. Total Direct Costs \$ _____

Show total direct costs by listing totals of each category.

G. 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

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

<i>Personnel</i>	=	\$
<i>Fringe</i>	=	\$
<i>Travel</i>	=	\$
<i>Supplies</i>	=	\$
<i>Other</i> \$ _____		
<i>Total</i> \$	<i>x</i> _____%	<i>= Total Indirect Costs</i>

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

WITHHOLD

The PMO shall withhold a percentage of the total contract value to be paid to the Contractor that shall only be paid to the Contractor upon the Contractor's completion and submission of all deliverables to the PMO and the PMO's acceptance of the same. The amount of the withhold shall be 10% of the total contract value. The contingencies for payment of the withhold shall be agreed to during contract negotiations.

In the Budget Narrative, the Respondent shall acknowledge and agree to a withhold of 10% of the total contract value and to negotiate, in good faith, the terms of the contract including but not limited to the contingencies for release of the withhold.

ATTACHMENT D: BUDGET

The Respondent should complete the spreadsheet accessible through the following link:

[PSI Technical Assistance Vendor RFP Budget Spreadsheet](#)

The budget spreadsheet should be submitted as a separate Excel file to accompany the budget narrative materials. The budget spreadsheet will not be included in the Budget Narrative page count.

The budget spreadsheet is organized as follows:

- A. Personnel
- B. Fringe
- C. Travel
- D. Supplies
- E. Contractual
- F. Total Direct Charges (sum A-E)
- G. Indirect
- H. Totals (sum F-G)