



REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH
Division of Community, Family Health and Equity

HEALTH EQUITY ZONES

Letters of Intent are due by:

3:00 p.m. (EST) on Wednesday, November 19, 2014

Request for Proposals (if Letter of Intent is approved) are due by:

3:00 p.m. (EST) on Friday, January 9, 2015

Send Letters of Intent / Request for Proposals to:

*Rhode Island Department of Health
Attention: Ana P. Novais, Executive Director of Health
Division of Community, Family Health and Equity
3 Capitol Hill, Room 408
Providence, RI 02908*

Please note:

All applicants submitting a Letter of Intent are encouraged to attend one of two Informational/Technical Assistance Workshops to be held on

***Monday, October 27, 2014 at 1:00 p.m. (Workshop 1) or
Wednesday, October 29, 2014 at 9:00 a.m. (Workshop 2)***

at

Rhode Island Department of Health - Auditorium, Lower Level

No other communication with State parties regarding this RFP will be permitted

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Request for Proposal

HEALTH EQUITY ZONES

SECTION 1: INTRODUCTION

The Rhode Island Department of Health (HEALTH), Division of Community, Family Health and Equity (CFHE), welcomes applications to improve the health of communities with high rates of illness, injury, chronic disease or other adverse health outcomes. Applicants will engage community organizations and residents to confront the social and environmental (SE) factors that make some Rhode Island communities unhealthy. HEALTH recognizes these communities as potential **Health Equity Zones (HEZs)**.

Approximately \$2,000,000 will be distributed (awards will range from \$20,000 to \$400,000 per year) to fund this proposal. First year funding will begin approximately March 1, 2015 with the option of renewing for three 12 month periods pending availability of funds and vendor's performance. Funding will be renewable contingent upon successful completion of contract deliverables, available funding and maintaining designation as a Health Equity Zone (HEZ). Funding provider contract dates may vary based on the funding awarded for up to four components: a) build, expand, or maintain a HEZ Collaborative; b) conduct a baseline assessment within the HEZ; c) develop a plan of action; and d) implement the plan of action.

Applicants must submit a Letter of Intent and be approved to proceed to the Request for Proposal portion of this application.

All applicants submitting a proposal under this Request-for-Proposals (RFP) are strongly encouraged to attend one of two Informational/Technical Assistance Workshops to be held on October 27, 2014 at 1:00 p.m. and October 29, 2014 at 9:00 a.m. at the Department of Health, 3 Capitol Hill, Providence, RI, Auditorium, Lower Level.

SECTION 2: BACKGROUND AND PURPOSE

Background

The Division of Community, Family Health, and Equity (CFHE) aims to achieve health equity for all populations, through eliminating health disparities, assuring healthy child development, preventing and controlling disease and disability, and working to make the environment healthy. For the past decade, HEALTH has made strides in achieving Rhode Island goals for Healthy People 2010. However, disparities still persist and for the first time in modern years, the next generation has a lower life expectancy. Not only does the poorer health status experienced by vulnerable populations (e.g. racial and ethnic minorities, people with disabilities and people with low socio-economic status), include higher mortality and poorer overall health (as measured by incidences of chronic and infectious diseases, maternal and child health indicators, and behavioral risk factors), but disparities in access to medical and other health care resources continue to be experienced as a part of everyday life. More important, HEALTH recognizes that key to improving RI's population health outcomes, is investing in our local communities, in order to improve the social and environmental (SE) conditions that will continue to negatively impact health if left unaddressed.

Achieving and maintaining good health is more likely when people are part of communities, schools, worksites, childcare providers, healthcare systems, and environments that promote health and healthy choices. Creating healthier, equitable places, must be done by multiple organizations and community members working together. HEALTH seeks to fund place-based initiatives that bring multiple partners together to develop a shared vision and goals for their community.

Purpose

The goal of this RFP is to continue efforts to address health disparities and improve population health in underserved communities by supporting the establishment of Health Equity Zones (HEZs). The HEZs are contiguous geographic areas that are small enough for the program to have a significant impact on improving health outcomes, reducing health disparities and improving the social and environmental (SE) conditions of the neighborhood yet large enough to impact a significant number of people. HEZs can be defined by political boundaries (e.g., cities, wards) or by less defined boundaries (e.g., neighborhoods).

SECTION 3: SCOPE OF WORK

General Description

Successful projects are expected to proceed through a series of steps that begin with **coalition /community collaborative building**. The coalition/community collaborative must participate in and be informed by a **baseline assessment** of the health and needs of the residents of the HEZ. This assessment provides the coalition/community collaborative with the information it needs to develop a **plan of action**, with **implementation** of this plan in the final phase of the project.

A. Build, Expand, or Maintain a HEZ Collaborative

Applications are required to include a HEZ Collaborative to achieve project goals. This Collaborative may include elected officials, community health workers, educators, HEZ residents, local agency leadership, community planners, health care delivery system representatives, EMS staff, pharmacies, business community, faith-based leaders, WIC centers, etc. Communities where CFHE has funded a Maternal, Infant and Early Childhood Home Visiting Program (see Appendix 4 – MIECHV Local Implementation Teams) will be required to engage and align with the Local Implementation Teams in their respective community.

Where no coalition exists, applicants should dedicate the first 6 months of Year 1 activities to the building of this collaborative. Applicants building on mature, existing community collaborative are encouraged to take action to expand, maintain and further develop this collaborative to achieve HEZ program goals. Each Community Collaborative should use a collective impact and community engagement process within the HEZ.

- **Collective Impact**, to establish partnerships with community and public organizations to leverage each other's strengths and resources; to develop and agree on shared goals and outcomes for the community and not for individual agencies; to foster close ties with grassroots organizations, schools, and government agencies forged to initiate and organize programs that will benefit the place/community; to ensure the work of all partners is mutually reinforcing – each partner should do the work they excel at in a way that supports and is coordinated with the work of the other partners and works towards the community's shared vision.
- **Community Engagement**, to actively engage residents in the geographic area, and assure that racial and ethnic groups, individuals with disabilities, youth and elderly residents have a meaningful participation in the Collaborative.

B. Conduct a Baseline Assessment Within the HEZ

Applicants are expected to conduct an assessment of the health status of the residents of the HEZ, and describe the HEALTH inequities of interest and importance to the community. For some health outcomes and communities, existing data provides the information needed for these assessments. In other cases, applicants must collect the data they need, e.g., through surveys, to have information to develop a plan of action.

For proposals which begin with developing a Collaborative, conducting the baseline assessment is expected to be delayed until the last half of Year 1.

Some applicants working with an existing Collaborative may already have a detailed assessment of their HEZ.

These projects do not need to recreate what has already been accomplished, and can proceed directly to development of a plan of action.

C. Develop a Plan of Action

Only applications from existing, mature collaborative are expected to include the development of a plan of action in their Year 1 proposal. Plans must be informed by an existing baseline assessment of the HEZ.

Applicants are encouraged to consider the following in developing their plan:

- Addressing health outcomes/health risks identified through their assessments of the HEZ.
- Select strategies that reflect the community assets and strengths as well as the gaps identified in the community assessment and promote a healthy environment. Strategies should be selected from the matrix in Appendix 5 (Matrix of HEZ Strategies).
- Emphasize complementary activities that integrate and build on each other to optimize health improvements. Applicants are encouraged to propose strategies across multiple sectors (e.g., changes in the childcare environment are aligned with changes in the school environment, which are reinforced by changes in the community and in the health care system) and at multiple levels of the Healthy Impact Pyramid in Appendix 1 (Equity Framework: Priorities Health Equity Pyramid) (e.g., a change to a municipal food service policy could be reinforced with pricing and item placement strategies to make healthier foods more attractive, education and nutrition programs for staff, and a campaign to promote healthier foods.)
- Target intensive strategies towards “hot spots” or areas of greatest need.
- Pay particular attention to the cultural values, norms, traditions, beliefs, and lifestyles of community members that will affect their views on health, illness, and wellness.
- Promote healthy environments: tobacco-free policies; improving indoor air quality; improving access to affordable housing; improving housing conditions and compliance with housing code requirements; addressing mold problems; reducing exposure to pesticides and lead; improving pedestrian safety, promoting crime prevention, and increasing the availability of healthy affordable foods.

Local awareness and support of the plan of action is critical to successful implementation of the plan. The plan of action needs to include the measures the Collaborative will use to ensure that the plan is effectively communicated to HEZ residents and supported by a broad sector of residents and community organizations.

D. Implement the Plan of Action

The identification and selection of interventions should be done in response to a data-driven community assessment and plan of action. Interventions should address health improvements that can be achieved through population-based as well as individual actions, social and environmental change, health-service delivery, community-clinical linkages and policy interventions. CFHE encourages applicants to implement evidence-based strategies.

Prior to implementing programs, applicants are encouraged to review the following documents to learn more about best practices and recommendations on specific health issues:

1. *A Healthier Rhode Island by 2020: A Plan for Action*
 - a. *RI Health Assessment and Improvement Plan*
<http://www.health.ri.gov/publications/healthassessments/RI2014.pdf>
 - b. *Strategic Plan 2012-2017*
<http://www.health.ri.gov/publications/strategicplans/2012-2017RhodeIsland.pdf>
2. *A Healthier Rhode Island by 2010: Mid-Course Review*
<http://www.health.ri.gov/publications/progressreports/HealthyPeople2010MidCourseReview.pdf>

3. *Health Disparities and People with Disabilities: Mid-Course Review*
<http://www.health.ri.gov/publications/progressreports/HealthDisparitiesAndPeopleWithDisabilitiesMidCourseReview.pdf>
4. *Division of Community Family Health and Equity Booklet, FY2013-2014 Healthy Housing Plan Databook*
<http://www.health.ri.gov/publications/databooks/2012HealthyHousing.pdf>
5. *Coordinated Chronic Disease Prevention and Health Promotion State Plan, 2012-2017*
<http://health.ri.gov/publications/stateplans/2012-2017CoordinatedChronicDiseaseAndHealthPromotion.pdf>
6. *Disabilities and Health 5 year Strategic Plan* <http://www.health.ri.gov/publications/strategicplans/2013-2018SpecialNeedsDisabilitiesAndChronicConditions.pdf>
7. *Maternal and Child Health Strategic Plan*
<http://health.ri.gov/publications/grantreports/2013TitleVOverview.pdf>
8. *Adolescent Health Plan*
 - a. Program report 2012 <http://health.ri.gov/publications/programreports/AdolescentHealth.pdf>
 - b. Adolescent Health webpage <http://health.ri.gov/programs/adolescenthealth>
9. *Maps*
 - a. Asthma : <http://health.ri.gov/materialbyothers/maps/Children2To17WithAsthma.pdf>
 - b. Lead: <http://health.ri.gov/materialbyothers/maps/ChildrenWithLead.pdf>
 - c. Housing: <http://health.ri.gov/materialbyothers/maps/Pre50Housing.pdf>
 - d. Income: <http://health.ri.gov/materialbyothers/maps/MedianFamilyIncome.pdf>
 - e. Child Composite Exposure with Public Schools:
<http://www.health.ri.gov/materialbyothers/maps/ChildrenExposurePublicSchools.pdf>
 - f. Lead Incidence: <http://health.ri.gov/materialbyothers/maps/ChildhoodLeadExposureIncidence.pdf>
 - g. Lead Incidence with High Exposure :
<http://health.ri.gov/materialbyothers/maps/ChildhoodLeadExposureIncidenceWithHighAreas.pdf>
10. *US Surgeon General National Prevention Strategy*
<http://www.surgeongeneral.gov/initiatives/prevention/strategy/>

CLAS Language

Cultural Competence

Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes. Competence in cross-cultural functioning means learning new patterns of behavior and effectively applying them in appropriate settings.

Limited English Proficiency

Under the authority of Title VI of the Civil Rights Act of 1964, Presidential Executive Order No. 13166 requires that recipients of federal financial assistance ensure meaningful access by persons with limited English proficiency (LEP) to their programs and activities. A 2002 report from the U.S. Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, provides guidance on uniform policies for all federal agencies to implement Executive Order No. 13166. Further, the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) issued by the Federal Office of Minority Health in 2004 outline mandates, guidelines, and a recommendation for the provision of language access services, culturally competent care, and organizational supports for cultural competence in health care settings. CLAS Standards 4-7 (see below) are mandates and address language access services that should be provided by every organization that receives federal funding, whether directly or indirectly.

Effective immediately, all vendors who contract with HEALTH must perform the following tasks and provide documentation of such tasks upon request of a HEALTH employee:

1. The supports and services provided by vendor shall demonstrate a commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area or target population. Such commitment includes acceptance and respect for cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services. Vendor shall have an education, training and staff development plan for assuring culturally and linguistically appropriate service delivery.
2. Vendor shall have a comprehensive cultural competency plan that addresses the following: 1) the identification and assessment of the cultural needs of potential and active clients served, 2) sufficient policies and procedures to reflect the agency's value and practice expectations, 3) a method of service assessment and monitoring, and 4) ongoing training to assure that staff are aware of and able to effectively implement policies.
3. Vendor shall have a plan to recruit, retain and promote a diverse staff and leadership team, including Board members, representative of the demographic characteristics of the populations served.
4. Vendor shall assure equal access for people with diverse cultural backgrounds and/or limited English proficiency, as outlined by the Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*. Vendor shall provide language assistance services (i.e. interpretation and translation) and interpreters for the deaf and hard of hearing at no cost to the client.

Importance of CLAS standards to the goal of a Healthier Rhode Island

A. The Principle Standard:

1. The Principal Standard: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

B. Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promoted CLAS and Health equity through policy, practice, and allocated resources
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educated and trains governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis

C. Communication and language assistance:

5. Offer Language Assistance to individuals who have limited English proficiency and/or offer communication needs, at no cost to them, to facilitate timely access to all health care services
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minor as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by populations in the service area.

D. Engagement, Continuous Improvement, and Accountability:

9. Establish cultural and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
14. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

REQUIRED ELEMENTS

Required elements of the Proposal(s) are the same for all components. In addition to the above scope of services, all applicants will be required to adhere to the following grant requirements and tasks:

1. Attend bi-monthly update meetings at the discretion of HEALTH.
2. Submit monthly invoices and client demographics utilizing CFHE's approved reporting and billing forms by the 15th of each month following delivery of services. Invoices must be accompanied by appropriate documentation of expenses and documentation of the 10% in-kind match.
3. Quarterly progress reports will be required as a condition of funding. Dates for report submission will be provided to successful applicants at the first orientation meeting.
4. Develop and track measures of program utilization and effectiveness in accordance with approved Evaluation Plan to be completed with assistance from HEALTH.
5. Participate in two annual site visits by CFHE to review overall contract performance and to ensure the timely completion of all program deliverables.
6. Must be able to communicate electronically via the Internet.
7. Provide appropriate credit to the Department of Health's Division of Community, Family Health and Equity as the source of funding for the HEZ activities.
8. Must comply or be working to come into compliance with the Enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).
9. Must adhere to HEALTH's Healthy Eating at Events Policy (see Appendix 6).
10. Actively engage in CFHE's Healthy Places Learning Community and Collaborative for Health Equity.
11. Commit to CFHE's Health Equity Framework for implementation of public health activities (see Appendix 1 Equity Framework: Priorities Health Equity Pyramid).
12. Assist in building support for State priorities.
13. Complete a sustainability plan with assistance from HEALTH.

SECTION 4: BUDGET AND BUDGET NARRATIVE

Project Budget: The project budget describes in detail the expenses of the program and consists of two parts—a **Financial Budget** and a **Budget Narrative**. Budgets in the range of \$20,000 to \$400,000 will be considered for Year 1 of the grant. Funding provider contract dates may vary based on the funding awarded for up to four components: a) build, expand, or maintain a HEZ Collaborative; b) conduct a baseline assessment within the HEZ; c) develop a plan of action; and d) implement the plan of action. The funding request should represent the resources needed to accomplish the proposed activities within the proposals. The lower end of the funding range may be appropriate for modest proposals to build a collaborative and define a HEZ. The higher end of the funding range may be appropriate for an existing, mature Collaborative which has already

conducted a community assessment and strategic plan, and requests funds to expand upon this work and begin program implementation.

If approved for continuation funding in subsequent years, funded organizations (Coordinating Agency) will be required to submit a budget for year two up-through year four. In order to be funded, all applicants are required to include a verifiable ten percent (10%) in-kind match by the applicant organization and/or members of the collaborative. The components of both the financial budget and the budget narrative are described below.

Financial Budget: The financial budget is a listing of all project expenses. Please use the Budget Worksheet included in Appendix 7 (Application Packet) to prepare the Financial Budget. Indirect costs are not an allowable expense for proposals submitted in response to this RFP. Indirect costs are expenses that cannot be clearly tracked and are not included in the allowable expense categories listed below. Please include a verifiable ten-percent in-kind match (required contribution) by the collaborative on the Budget Summary Form. The following is a description of allowable expenses:

ALLOWABLE EXPENSES

1. Personnel: Indicate each staff name and position for this project. Show percentage of time allocated to this project, the total annual salary and hourly rate, the personnel costs being requested under this RFP, and the percentage of time that will be in-kind, if any.
2. Fringe Benefits: Include those benefits normally provided by an organization. Percent and detailed breakdown of each benefit is required, such as FICA, unemployment, worker's comp., medical, dental, vision, vacation time, personal time, sick leave, etc. Also indicate the fringe benefit rate for the organization.
3. Consultants/Speakers: List each consultant/speaker individually, specifying the hourly rate. Only expenses for functions related to this project may be included.
4. Travel: Local travel only is allowed. Reimbursement for mileage expenses is not to exceed \$0.56/mile or the current rate effective for RI State employees. Reimbursement of travel expenses is allowed for activities related to this project only.
5. Printing/Copying: Include the cost of duplicating educational materials to be distributed during the contract year. The duplication or printing of flyers, brochures, booklets, information sheets, and other educational materials related to the project should be included.
6. Supplies: List office and program supplies allocated to the project. If purchasing refreshments for any community meetings, Applicant is required to follow HEALTH's "Healthy Eating at Events Policy" (see Appendix 6).
7. Telephone/Internet: Include telephone expenses associated with the project.
8. Educational/Resource Materials: List books, curricula, videos, or other resource materials purchased for program use.
9. Postage: Indicate postage expenses allocated to the project.
10. Facilities/Rental Expense: Indicate the cost of office space (rental) and other facility expenses incurred as a result of this project (e.g., rental of program space).
11. Capital Expenses/Equipment: Funds used for capital expenses or equipment are not to exceed one thousand five hundred dollars (\$1,500.00) per contract period. Organizations requesting funds for capital expenses or equipment must prepare a statement justifying the need and receive prior approval.
12. Subcontracts with Other Organizations: Payments to not-for-profit community-based organizations and private for-profit entities that provide services to the applicant organizations in support of funded project activities are allowable. Subcontracts with not-for-profit entities may not exceed 25% of the total project budget. Subcontracts with for-profit entities may not exceed 10% of the total project budget. A memorandum of agreement must be provided for each subcontract.

Budget Narrative: The budget narrative should include the following components:

- **Justification of Project Expenses:** The budget narrative must clearly explain the purpose of each item listed in the Financial Budget. Evidence of the financial health of the organization as documented by a copy of the

organization's most recent financial audit is required as an appendix. If the financial audit is not available, a copy of the organization's most recent financial statement must be provided.

- **Use of One Half of Project Funds:** The Budget Narrative must reflect how one half of funds will be spent by the midpoint of Year 1. CFHE reserves the right to renegotiate budgets with organizations that utilize less than one half of awarded funds by the midpoint. This renegotiation may include assigning unutilized funds to other funded organizations or to agencies that were approved but not funded.
- **Other HEALTH Funding Sources:** Please complete the matrix of other HEALTH funding sources and attach it to your Budget Narrative. CFHE will review this matrix in conjunction with your funding proposal to ensure that funds awarded by CFHE are not being utilized to duplicate existing services.

Applicants are advised that HEALTH is not responsible for any expenses incurred by the Applicant prior to the contract award.

Resources Leveraged/Sustainability

- Describe how other funding will be leveraged to strengthen, expand, and continue the work of this project. Specifically, describe how you plan to continue this work when the funding from this grant ends.
- Describe how this project links with other national, state, local, private and/or foundation activities and funding streams. Provide evidence that this project builds on and leverages existing efforts. These efforts could include those that are State-funded or those funded by federal programs such as the US Department of Health and Human Services (HHS), and programs supported by other agencies such as the Corporation for National and Community Service, Environmental Protection Agency, US Department of Agriculture, US Department of Education, US Department of Housing and Urban Development, US Department of Transportation, and the US Park Service.
- Identify future resources to support key components of this project from diverse sources such as other governmental funding streams, foundations, public financing schemes built into proposed policy, environmental, programmatic, infrastructure plans, or foundation and private sector partners, and hospital community benefit investments.

SECTION 5: ELIGIBILITY CRITERIA

Community Eligibility

HEZs must meet each of the following four criteria:

1. Be a geographically-defined community
2. Target a population of at least 5,000 people or include a justification for how a selected smaller community will meet program goals
3. Demonstrate economic disadvantage
4. Demonstrate poor health outcomes

Who can apply?

Municipalities, public and not-for-profit community-based organizations are eligible to apply.

HEALTH believes that the changes required to improve health equity within a HEZ can only be accomplished by a collaborative effort. Applications can be submitted by:

- An existing or new collaborative;
- A single organization acting on behalf of a collaborative; or
- A single entity interested in developing a collaborative within a HEZ.

Letter of Intent

All applicants must submit a letter of intent that describes how they will engage community residents and organizations in transforming the place that they live into a community that supports good health for all residents.

Letters of intent must conform to the requirements described in Section 7: Proposal Submission “Instructions for Submission and Preparation of a “Letter of Intent”.

SECTION 6: ADMINISTRATIVE INFORMATION

All applicants applying for funds through this RFP are strongly encouraged to attend one of two Informational/ Technical Assistance Workshops. The workshops will provide an overview of the RFP requirements and will provide an opportunity for questions and answers.

The workshops will be held on Monday, October 27, 2014 at 1:00 p.m. and Wednesday, October 29, 2014 at 9:00 a.m. at the Rhode Island Department of Health, 3 Capitol Hill, Providence, RI in the Health Auditorium (lower level). Questions and answers presented at these meetings will be posted on the HEALTH Website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. No other communication with State employees regarding this RFP will be permitted.

Applicants must refer to the HEALTH website (www.health.ri.gov/rfp) for notification of any changes to the workshop dates.

Division of Community, Family Health and Equity (CFHE) Schedule

CFHE has established the following timetable for awarding Health Equity Zones contracts for Fiscal Year 2015-16:

Technical Assistance Workshop 1	October 27, 2014 at 1 p.m.
Technical Assistance Workshop 2	October 29, 2014 at 9 a.m.
Letter of Intent to apply (LOI) (Required)	November 19, 2014 by 3:00 p.m.
Notification of approval to submit full application	November 28, 2014
Full Application	January 9 , 2015 by 3:00 p.m.
Notification of Award	January 23, 2015
Project start date (approximate)	March 1, 2015

SECTION 7: PROPOSAL SUBMISSION

Interested applicants may submit **Letters of Intent (by November 19, 2014 @ 3:00 p.m.)** and **full proposals if invited to apply (by January 9, 2015 @ 3:00 p.m.)** to provide the services covered by this Request for Proposals.

Responses (an original plus five (5) copies) should be mailed or hand-delivered in a sealed envelope marked “Health Equity Zones” to:

*Rhode Island Department of Health
Attention: Ana P. Novais, Executive Director of Health
Division of Community, Family Health and Equity
3 Capitol Hill, Room 408
Providence, RI 02908-5097*

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Rhode Island Department of Health by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed or emailed to HEALTH will not be considered.

An applicant’s submission of a proposal constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting a proposal, an applicant agrees that it will not bring any claim or have any cause of action against Health or the State of Rhode Island based on the terms or conditions of the RFP or the procurement process.

INSTRUCTIONS FOR SUBMISSION AND PREPARATION OF A “LETTER OF INTENT”

Schedule: All applicants must submit a Letter of Intent by November 19, 2014 @ 3:00 p.m.

Format: Letters of Intent shall not exceed 5 pages, double-spaced, no smaller than 1 inch margins, and 10 point font or larger.

Content: Letters of intent shall include a brief description of:

- The applicant
- The community/neighborhood that encompasses the HEZ
- The collaborative, including its members, history, and vision/goals for a healthier community. For applications in which collaborative do not yet exist, describe potential members and goals.
- The scope of work, including how the project would complement/align with related projects already completed or currently underway in the target community/place

INSTRUCTIONS FOR SUBMISSION AND PREPARATION OF A “FULL PROPOSAL”

Schedule: For those invited to submit a full proposal, applicants must submit their Request for Proposal by January 9, 2015 @ 3:00 p.m.

Format: The applications must be typed, double-spaced, and paginated with 1-inch margins. Applications are not to exceed 25 pages excluding the Project Checklist, Title Page, Cover Letter, Abstract, Budget, Budget Narrative, and Appendices. The proposal must be submitted in the following sequence:

Proposal Checklist

Submit a completed Proposal Checklist included in Appendix 7 (Application Packet).

Title Page

Submit a completed Title Page included in Appendix 7 (Application Packet).

Cover Letter

The applicant must include a signed cover letter on official organization letterhead from an agent who is authorized to sign contracts on behalf of the applicant. Please use the Sample Cover Letter included in Appendix 7 (Application Packet) as a guide.

Project Abstract

Submit a completed Project Abstract as a one-page general summary of the project. Please use the Project Abstract Form included in Appendix 7 (Application Packet) as a guide.

Applicant Description

Submit an applicant description included in Appendix 7 (Application Packet).

Agency Demographic Information

Complete Agency Demographic Information Form included in Appendix 7 (Application Packet).

Project Narrative (up to 25 pages)

The information contained in this section should constitute the bulk of the project proposal. The requested information should address the entire contract period beginning March 1, 2015 but not to exceed December 31, 2018. A sample of the Project Narrative is provided in Appendix 7 (Application Packet) and must be submitted according to the following format:

Part A – Problem Statement/Needs Assessment and Population to be served

This section must describe community assessment efforts, how community residents were involved, the issues,

challenges, assets identified and the extent to which specific gaps in environmental and system policies, service delivery or need for service improvements have been identified and how they will be addressed by the proposal. Include a description of the community/neighborhood (geographic location/place) impacted by the proposal including the demographic characteristics of residents. Please include a **Map** in the appendix with the borders of the area(s) you will address. Finally, the Collaborative's access and/or proposed outreach strategies to the target sectors must be described. Any reports from community forums, key informant interviews, health risk assessments, or community scans and plans the Collaborative has conducted should be provided in the attachments.

In this section, applicants should also describe what preparatory work has already been done to position them for success with the project, e.g.; do they have the partners, the commitments, prior assessments, political buy-in, a good climate? How do they plan to overcome barriers to this project? How will they engage partners, get buy-in, make this an important issue in the community, hire staff, make this a part of their institution, etc.?

Please describe:

- Assessment tools used
- The assessment process
- How the public was involved
- How priorities were identified
- Key results

Part B – Community Readiness

Part B1: Lead Applicant/Coordinating Agency - Provide a detailed description of the applicant/lead organization (backbone organization), which will serve as the backbone and fiduciary agent for the grant. This description should include details associated with the organization as follows: type (e.g. public/not-for-profit); governing structure (e.g. Boards, Advisory Committees, etc.); history (date established, major accomplishments etc.); mission and vision; staffing; current activities and services; track record in serving vulnerable populations such as racial and ethnic minority populations, low-income population, special needs population; and prior experience with CFHE, if any; and current partners. In this section, the applicant should explain why their organization is an appropriate choice for Coordinating Agency for this project. Include a statement regarding the agency's understanding of the social determinants of health; policy, systems, and environmental change; and health equity. Describe how these key concepts fit with the mission and work of the organization. Discuss any efforts the lead applicant (backbone organization) has been involved in to mobilize the community. Indicate if the lead applicant (backbone organization) has experience facilitating or leading groups, coalitions or collaboratives. Discuss how the lead applicant (backbone organization) has involved the public and stakeholders in making decisions about the community.

Part B2: Community Collaborative Description

- **Local Collaborative for Health Equity** - Provide a description of the Collaborative on behalf of which the lead applicant (backbone organization) is applying, its membership, engagement process and statement of purpose. Describe the role of each Collaborative member and what resources (staff, expertise, physical space and equipment, connections with residents, funds) each member will contribute. Include Letters of Commitment from each partner named. Letters should outline partners' roles and the benefits they receive from participating. A completed Collaborative Member Demographic Form must be included in this section.
- **Community Action Team** - Describe your "community action team" – key partners that will be **funded by the backbone organization as sub-contractors** with clearly-defined work specifications in carrying out this project. Include Letters of Commitment in the appendix that describe their involvement in this project and outline the time and resources committed.
- **Additional Partners** - Identify additional partners you anticipate will be needed for this initiative and how you plan to engage them. Partners could include local leaders, city planners and transportation officials, law enforcement, neighborhood groups, community development corporations, businesses, parks and

recreation, faith-based groups, advocacy organizations, schools, residents, among others. If you are proposing a project that will require city/town approval, you must provide a Letter of Support from your city/town government stating that they approve the project

Describe any previous work in the community that this project will leverage.

Describe the political and economic climate in the community and how that may positively or negatively affect this project. Discuss how you will overcome or navigate around obstacles.

Part C –Goal(s) Statement, Objectives and Activities/Strategies:

In this section, applicants are required to prepare goal statements, objectives, and associated activities. All goals, objectives, and activities must be specific, measurable, attainable, realistic, and time-specific (SMART).

Objectives and cost proposals must be written for Year 1 plus up to three additional 12 month periods (Year 1 may vary depending on the number of components).

- a. Focuses on activities/events that the Applicant and the collaborative will undertake to produce program outcomes during the program year.
- b. Focuses on policy, systems and environmental changes (e.g. appropriate use of community services, crime reduction in the community).
- c. Focuses on changes in knowledge, attitudes, behaviors, beliefs, health status, and client satisfaction, (e.g., reduced prevalence of high blood pressure and diabetes, engagement in fewer risky behaviors, maintenance of healthy weight, etc.) and/or policy, systems and environmental changes.

Applicants should also describe goals and objectives around how they are going to build their Community Action Team and implement their **Work Plan**. Applicants must make the connection between assessment results, public input, and the final selection of goals, objectives, and activities. Applicants are required to submit a draft **Work Plan** (see Application Packet “**Work Plan: Goals, Objectives, Activities/Strategies & Timeline**) including project goals, objectives, and activities/strategies for the three years of funding as an attachment. Grantees will work with CFHE to finalize the **Work Plan** within 30 days of award.

Part D – Project Timeline: A sample **Project Timeline** Form is provided in the Application Packet to document the proposed time frame for achieving your project’s objectives. The project timeline can also be included in the **work plan**. Applicants are required to submit an **Annual Project Timeline** for Year 1 and up to three additional years of funding.

Part E – Project Administration and Staffing Plan: This section should describe the supervision and management of the proposed project. Specifically, it should address the following:

1. Delineate the organization’s ability to fully implement upon notification of the grant award and describe how the proposed project will be integrated into the existing organizational structure and previously established programs.
2. Describe the role of each committed partner/member of the Collaborative in the implementation of project initiatives (letters of commitment specifying roles and resources brought to the Collaborative are required).
3. Describe the management, oversight and decision-making process for the implementation of the project activities, role of the backbone/fiduciary Coordinating Agency vis a vis the Collaborative.
4. Describe how the demographic composition of the target population will be given consideration in the recruitment and selection of administrative and service delivery staff.
5. Indicate all staff that will be funded through this proposal and the percentage of time that each staff member will allocate to the project activities. The specific work responsibilities of each staff member should be fully described with emphasis on the duties each staff member will assume to support the projects funded through this grant. One staff person from the applicant lead Coordinating Agency should be designated as the **Project Director** and as such should assume responsibility for all project reporting

requirements. Job descriptions and resumes (when available) for project staff must be included in the appendices of the grant proposal.

6. Detail the role of all subcontractors (Community Action Team) in relation to the role of the applicant Coordinating Agency. It is important to identify who has the lead responsibility for the continuum of all proposed services. The specific expertise of each subcontractor and how this expertise will contribute to successful program implementation must also be discussed. Please attach copies of all applicable subcontract agreements.

Part F – Community Support and Linkages: This section, with an attachment piece (*up to 15 pages*), should describe community support and service linkages as it relates to carrying out the stated goals of the project. This section should be used to identify community-based organizations, health care providers, and other partners who are committed partners in implementing one or more of the project activities. Please document community linkages by providing Letters of Support or Memoranda of Agreement as appendices to the application. Letters of Commitment should clearly indicate the role of each partner, what resources they will dedicate, and how this work fits with their mission.

Part G – Evaluation Plan: All Applicants must submit an **Evaluation Plan** that includes each of the components listed below. Please a Sample Evaluation Plan included in Appendix 7 (Application Packet) as guidance.

- Describe how you will measure your success;
- Describe how you will demonstrate the impact of your programs on your program participants;
- Indicate who will perform the evaluation and how the evaluation data will be applied;
- Indicate the project’s process and outcome objectives;
- Include the indicators (measures of program activity) that will be used to document achievement of project objectives;
- Indicate the types of evaluation data that will be collected and the corresponding data sources; and
- Discuss how the evaluation results will be disseminated.

SECTION 8: SELECTION PROCESS

Letters of Intent will be reviewed by a Technical Review Committee, comprised of staff from state agencies that have experience working with community-based programs, in accordance with the **Eligibility Criteria** as described in [Section 5: Eligibility Criteria](#) and the **Content** as described in [Section 7: Proposal Submission “Instructions for Submission and Preparation of a Letter of Intent”](#). The Committee will inform all applicants of the status of their proposals by November 28, 2014 and will invite all applicants of promising Letters of Intent to submit a full proposal.

The process for selecting projects for funding (for those projects invited to submit full proposals, based on their brief proposal submissions) consists of the following steps:

- Step 1:** The Technical Review Committee will conduct a preliminary review of each proposal to ensure it conforms to RFP requirements.
- Step 2:** The Technical Review Committee will review qualified proposals using the criteria in [Section 9: Evaluation and Selection](#)
- Step 3:** The proposals will be ranked by the scores of the Technical Review Committee. Awards will be made based on the availability of funds. If an Applicant is approved for funding but is unable to accept a contract, the contract will be offered to the Applicant with the next highest ranking.

Proposals will be reviewed and evaluated according to CFHE’s priorities and project standards established in this RFP.

SECTION 9: EVALUATION AND SELECTION

HEALTH will award the contracts to the applicants whose proposal demonstrates conformity to this RFP's specifications with respect to the scope of services and the project cost. Applicants must demonstrate that they possess the fiscal resources required to implement the proposed project.

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies that have experience working with community-based programs. The maximum possible score is 200 points and applications scoring below 150 points in the technical review will be dropped from further consideration.

Proposals will be reviewed and scored based upon the Proposal Evaluation Form included in Appendix 7 (Application Packet).

Technical assistance from HEALTH

HEALTH will provide technical assistance in leadership and capacity-training for residents and stakeholders to develop the confidence and skills necessary to lead their own groups, and subsequently, serve as mentors to other communities. The model should motivate and enable residents, community leaders, and Community-Based Organizations (CBOs) to sustain the program beyond the funding period.

The Department of Health reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 10: REQUIRED ATTACHMENTS

1. Evidence of Non Profit Status (copy of 501c3)
2. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at <http://www.purchasing.ri.gov/bidinfo/geninfo/standard.aspx>
3. Staff resumes and job descriptions
4. Letters of agreement or memoranda of agreement
5. Letters of support
6. Most recent financial audit
7. DUNS number and an active registration in the federal System for Award Management (SAM)

All federal grant subawardees must have an organizational DUNS number and an active registration in the federal System for Award Management (SAM). A hard copy of your organizational SAM registration must be included in your proposal.

Instructions to print out your organizational DUNS registration:

1. Go to the SAM web site at <https://www.sam.gov>
2. Select Search Records
3. Enter your DUNS number in the DUNS Number Search box, and select Search
4. On the search results, click the View Details box for your entity
5. On the left menu, select Entity Record
6. Select the Print button on the right to make a hard copy of the record

If your organization does not currently have a DUNS number, please follow the instructions below to obtain a DUNS number and register your organization in SAM prior to submitting your proposal.

STEP 1: Obtain DUNS Number

If requested by phone (1-866-705-5711), DUNS is provided immediately. If your organization does not have one, you will need to go to the Dun & Bradstreet website at <http://fedgov.dnb.com/webform> to obtain the number. DUNS number Webform requests take 1-2 business days.

STEP 2: Register with SAM

If you already have a TIN, your SAM registration will take 3-5 business days to process. If you are applying for an EIN, please allow up to 2 weeks. Ensure that your organization is registered with the System for Award Management (SAM) at <https://www.sam.gov>. If your organization is not, an authorizing official of your organization must register. SAM registration takes three to five business days or up to two weeks. When your registration is complete, follow the instructions above to print your registration record and include it in your proposal.

SECTION 11: APPENDICES

APPENDIX 1: Equity Framework: Priorities Health Equity Pyramid

APPENDIX 2: Health Equity Pyramid Definitions

APPENDIX 3: Centers for Health Equity and Wellness

APPENDIX 4: MIECHV Local Implementation Teams

APPENDIX 5: Matrix of HEZ Strategies

APPENDIX 6: Rhode Island Department of Health Healthy Eating at Events Policy

APPENDIX 7: Application Packet

SECTION 12: CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further. The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

APPENDIX 1

EQUITY FRAMEWORK: PRIORITIES

Health Equity Pyramid

APPENDIX 2

Health Equity Pyramid Definitions

APPENDIX 3

Centers for Health Equity & Wellness

APPENDIX 4

MIECHV Local Implementation Teams

Local Implementation Teams (LITs) were created in communities in which MIECHV home visiting services are provided. LITs have been implemented to coordinate community activities and identify the unmet needs of families from a local perspective. LITs are composed of a wide array of community based organizations.

Pawtucket/Central Falls LIT

Members include representatives from mental health, housing, school departments (both Central Falls and Pawtucket), community action & youth development organizations and home visiting providers.

Woonsocket LIT

Members include representatives from primary care, community action and community-based organizations, mental health and substance abuse programs, Head Start, the School Department, child and family service organizations and home visiting providers.

Providence LIT

Members include representatives from child and family service organizations, community-based organizations, the school department, primary care and home visiting providers.

West Warwick LIT

Group has not been established as of yet. Discussions are currently taking place at the community level.

Newport LIT

Members include representatives from mental health, the community action program, community-based organizations, the school department, the community hospital, and home visiting.

APPENDIX 5

Matrix of HEZ Strategies

Type of Initiative:	Education and Programming Strategies <i>*Must show how the partners involved will move to make the education/programming sustainable through organizational policy change</i>	Clinical Intervention Strategies	Policy, Systems, Environmental Change Strategies
Maternal and Child Health	<p>Parent Education (Incredible Years, Video Intervention for Positive Parenting).</p> <p>Positive Youth Development Approaches, Mentoring Programs, Signs of Suicide (SOS) and Question Persuade Refer (QPR) gatekeeper training programs;</p> <p><i>Reproductive and Sexual Health:</i> informational and educational tools for both men and women to promote respectful, non-violent relationships.</p>	<p>Medical Healthcare Transition Programs;</p> <p><i>Reproductive and Sexual Health:</i> prevention of infant mortality (e.g. nutrition, stress reduction, postpartum and newborn care)</p>	<p>Integrate mental health screening in school/community based settings.</p> <p><i>Reproductive and Sexual Health:</i> Address barriers to care to improve access (e.g. transportation, literacy)</p>
Lifestyle/Self-Management Programs	<ol style="list-style-type: none"> 1. Diabetes Prevention Program (DPP) 2. Chronic Disease Self-Management 3. Program Tomando Control de Salud (Spanish) 4. Diabetes Self-Management Program 5. Tomando Control de su Diabetes (Spanish) 6. Chronic Pain Self-Management Program 7. Diabetes Prevention Program 8. Enhanced Fitness 9. Controlling Asthma in Schools Effectively (CASE) 		

Type of Initiative:	Education and Programming Strategies <i>*Must show how the partners involved will move to make the education/programming sustainable through organizational policy change</i>	Clinical Intervention Strategies	Policy, Systems, Environmental Change Strategies
Focus Area			
Blood Pressure		<p>Blood pressure screening, education, and referrals provided by barbers</p> <p>Blood pressure screening, education and referrals provided by Fire station EMS employees.</p>	
Food Access & Nutrition			<p>Implement a nutrition policy for all foods purchased, served, and sold on municipal properties (1422)</p> <p>Revise/Update municipal comprehensive plans through a process that engages residents to align with the access to healthy foods policies in the Healthy Communities Plan</p>
Food Access & Nutrition			<p>Ensure farmers markets that accept WIC and SNAP are accessible to underserved populations_or increase redemption of WIC and SNAP at Farmer's Markets</p> <p>Implement systems changes that increase access to healthy foods and address placement, pricing, and promotion in retail settings and community venues (food pantries, concessions, community centers) where options are lacking</p>

Type of Initiative:	Education and Programming Strategies <i>(OPTIONAL)</i>	Clinical Intervention Strategies	Policy, Systems, Environmental Change Strategies
Focus Area	<p><i>*Must show how the partners involved will move to make the education/programming sustainable through organizational policy change</i></p>		
Food Access & Nutrition			<p>Implement nutrition policies for foods purchased, served, and sold at worksites and/or healthcare facilities</p> <p>Provide only foods that meet or exceed CACFP guidelines in childcare centers</p>
Physical Activity	<p>Implement social supports (walking clubs, walking school busses, fitness classes) that build off local policy/environmental change efforts (complete streets, safe routes to school)</p>		<p>Implement a complete streets policy or other policy that improves conditions for non-motorized transit</p> <p>Revise/Update municipal comprehensive plans through a process that engages residents to align with the access to physical activity policies in the Healthy Communities Plan (1422)</p>
Physical Activity	<p>Implement social supports (walking clubs, walking school busses, fitness classes) that build off local policy/environmental change efforts (complete streets, safe routes to school)</p> <p>Increase participation in the Great Outdoors Pursuit</p>		<p>Implement environmental projects that improve conditions for non-motorized transit</p> <p>Develop, improve, or implement a community plan for non-motorized transit (bicycles, pedestrians, vulnerable users)</p> <p>Implement shared-use agreements to increase public access to recreation and fitness resources</p>

Type of Initiative:	Education and Programming Strategies <i>(OPTIONAL)</i>	Clinical Intervention Strategies	Policy, Systems, Environmental Change Strategies
Focus Area	<p><i>*Must show how the partners involved will move to make the education/programming sustainable through organizational policy change</i></p>		
Physical Activity	Implement social supports (walking clubs, walking school busses, fitness classes) that build off local policy/environmental change efforts (complete streets, safe routes to school)		<p>Implement physical activity policies in childcare centers that align with licensing regulations</p> <p>Implement a Comprehensive School Physical Activity Program (CSPAP)</p> <p>Build support for improved state- level school physical activity practices</p> <p>Implement policy changes in worksites to encourage physical activity (flextime, fitness reimbursement benefits, walking meetings, on-site facilities)</p>
Tobacco Control: Prevent youth initiation of tobacco use and reduce exposure to second hand smoke	<p>Organize advocacy events for 3 national tobacco control days of action: Great American Smoke Out, Kick Butts Day, World No Tobacco Day</p> <p>Implement local best-practice media advocacy campaign designed to dissuade tobacco initiation and promote tobacco cessation among youth</p>	<p>Increase access and remove barriers to existing evidence-based cessation services in community</p> <p>Increase utilization of state Smokers' Helpline within disparate populations in community</p>	<p>Implement a policy that promotes a tobacco-free community by addressing tobacco access, point of purchase, promotion, density and/or price.</p> <p>Increase the number of smoke free public spaces (i.e. parks, recreation areas, beaches, outdoor dining, etc.)</p>
Injury and Violence Free Living	Build public awareness about preventing falls, promote fall preventions in home and community settings, educate older adults on how to prevent falls	Implement programs to assist juveniles and adults who are re-entering their communities following incarceration that support their returning to school	Securing employment and leading healthy lifestyles

APPENDIX 6

Rhode Island Department of Health Healthy Eating at Events Policy

APPENDIX 7

Application Packet

(Pages 29 -50)

PROPOSAL CHECKLIST

Name of Applicant Organization: _____

- Proposal is written according to RFP specifications.**
- Proposal is typed, 12 CPI or an equivalent font, English, double spaced, paginated, 1-inch margins, one side of the page and submitted in the proper sequence adhering to the following outline:**
 - Proposal Checklist
 - Title Page
 - Cover Letter
 - Project Abstract
 - Applicant Description
 - Agency Demographic Information Form
- Project Narrative**
 - a. Statement of Need and Target Populations
 - b. Project Goal Statement, Objectives and Strategies
 - c. Project Timeline
 - d. Project Administration
 - e. Community Support
 - f. Evaluation Plan
- Project Budget**
- Required Attachments**
 - Attachment 1: Evidence of Non Profit Status (copy of 501c3)
 - Attachment 2: Completed and signed W-9
 - Attachment 3: Job Descriptions/ Resumes
 - Attachment 4: Letters of Agreement
 - Attachment 5: Letters of Support
 - Attachment 6: Most recent Financial Audit or current financial statements (submit only one copy)
 - Attachment 7: DUNS Number and Active Registration in the federal SAM

TITLE PAGE

AGENCY INFORMATION:

NAME OF APPLICANT AGENCY _____

ADDRESS OF APPLICANT AGENCY _____

TELEPHONE # _____

FAX # _____

E-MAIL ADDRESS _____

F.E.I.N. # _____

PROJECT TITLE _____

CONTACT INFORMATION:

CONTACT PERSON NAME / TITLE

(Must be able to answer questions regarding the RFP)

TELEPHONE # _____

E-MAIL ADDRESS _____

Person completing this application

NAME

TITLE

SIGNATURE

AMOUNT of AWARD REQUEST: \$ _____

Sample Cover Letter

Date

Ana P. Novais
Executive Director of Health
Rhode Island Department of Health
Division of Community, Family Health and Equity
Three Capitol Hill, Room 407
Providence, RI 02908

Dear Ms. Novais:

On behalf of the XX Collaborative, the Board of Directors of XX (insert name of organization), is pleased to submit a grant request in the amount of \$ _____ to the Division of Community, Family Health and Equity for the **Health Equity Zones** proposal that includes the following strategies:

As the applicant for this funding, we understand and agree to the following:

1. Any requirement of the RFP that we cannot perform shall be clearly identified and stated as exceptions;
2. We understand and agree that the proposal will become a part of the Division of Community, Family Health and Equity's files without obligation; and
3. We understand and agree that the proposal, if selected, will become a part of the resulting contract.

The following individual(s) are authorized to sign contracts on behalf of (name of organization)

Name, Address, Title, Phone #, Fax #

The person who will be responsible for the day to day coordination of this project is:

Name, Title, Address, Phone #, Fax #

Finally, the person to be contacted regarding the disposition of this proposal, and related questions is:

Name, Title, Address, Phone #, Fax #

Thank you for your consideration of our grant proposal.

Sincerely,

Project Abstract Form

PROJECT TITLE: _____

AGENCY: _____

CONTACT PERSON FOR THIS PROPOSAL: _____

PROJECT COORDINATOR: _____

PROJECT SUMMARY

Applicant Description

Agency Demographic Information Form

<i>Demographics</i>	<i>Agency Board</i>		<i>Agency Staff</i>		<i>Project Staff</i>		<i>Project Constituency</i>	
	<i>#</i>	<i>%</i>	<i>#</i>	<i>%</i>	<i>#</i>	<i>%</i>	<i>#</i>	<i>%</i>
<i>Race & Ethnicity</i>								
White								
Black/ African American								
Asian								
Native Hawaiian or other Pacific Islanders								
More than one Race								
Unknown								
Hispanic / Latino								
<i>Gender</i>								
Female								
Male								
Unknown								
<i>Age Group</i>								
0 - 18								
19 - 24								
25 - 44								
45 - 64								
65 - 74								
75 years and older								
<i>Education</i>								
Less than High School								
High School Graduate / GED								
Some College								
College graduate or more								
<i>Socio-Economics</i>								
Less than \$25,000								
\$25,000 - \$34,999								
\$35,000 - \$49,999								
\$50,000 - \$74,999								
More than \$75,000								
Unknown / Refused								
<i>Language Spoken</i>								
English								
Spanish								
Portuguese								
SEA Language								
Other								
More than one Language								

Please, briefly describe the neighborhood/community served by the organization and project:

Project Narrative

Part A – Problem Statement/Needs Assessment and Population to be Served

Project Narrative

Part B – Community Readiness

Part B1: Lead Applicant/Coordinating Agency

Project Narrative

Part B2: Community Collaborative Description

Project Narrative

Part C –Goal(s) Statement, Objectives and Activities/Strategies:

Project Narrative

Part E – Project Administration and Staffing Plan

Project Narrative

Part F – Community Support and Linkages

Project Narrative
Part G - Evaluation Plan

Please use the space below to provide the following information relevant to your program evaluation plan.

- a. Questions to be answered through the evaluation
- b. Discuss who will benefit from the evaluation results
- c. Include the indicators that will be used to document attainment of project objectives
- d. Indicate the types of evaluation data that will be collected and the tools that will be used for data collection

Budget Worksheet

Agency: _____

Date: _____

Address: _____

FEIN#: _____

The description of each category below is explained in Section 9: Budget and Budget Narrative

<i>Expense Category</i>	<i>HEZ Grant Request</i>	<i>Organization 10% In-Kind</i>	<i>Paid by Other Sources of Funds</i>
Personnel			
Fringe Benefits			
Consultants/Speakers			
Travel (local)			
Printing/Copying			
Supplies			
Telephone/Internet			
Educational/Resource Materials			
Postage			
Facilities/Rental Expense			
Capital Expenses/Equipment			
Subcontracts			
Other (please indicate)			
TOTAL REQUEST			

DETAIL OF PERSONNEL

<i>Name</i>	<i>Position Title</i>	<i>Total Annual Salary/Hourly Rate</i>	<i>% of Time / # of hours devoted to HEZ Project</i>	<i>Amount charged to HEZ Grant</i>

DETAIL OF CONSULTANT

<i>Name</i>	<i>Position Title</i>	<i>Hourly rate</i>	<i>% of Time / # of hours devoted to HEZ Project</i>	<i>Amount charged to HEZ Grant</i>

BUDGET NARRATIVE

PROPOSAL EVALUATION FORM

APPLICANT NAME _____

REVIEWER # _____

Community Eligibility Criteria	
<ul style="list-style-type: none"> <input type="checkbox"/> Geographically-defined community (map included) <input type="checkbox"/> Target population >5,000 (or strong justification if not) <input type="checkbox"/> Demonstrated economic disadvantage <input type="checkbox"/> Demonstrated poor health outcomes 	All four criteria must be met to proceed with scoring
<ul style="list-style-type: none"> <input type="checkbox"/> Letter of Intent meets the Eligibility Criteria and the Content <p>Recommend for Proposal Submission: Yes ___ No ___</p>	
FULL PROPOSAL SCORING CRITERIA	SCORE
<p>1. Problem Statement, Needs Assessment and Population to be Served</p> <p>___ The organization adequately identifies the community assets, challenges, and the specific gaps in environmental and system policies, service delivery or need for service improvements (5 points)</p> <p>___ The organization adequately describes the community/neighborhood (geographic location/place) impacted by the proposal including demographics of residents and specific target population (5 points)</p> <p>___ The project's relationship to national/state priorities is adequately explained (3 points)</p> <p>___ Appropriate access to and an acceptable outreach strategy to the target population is included (5 points)</p> <p>___ Assessment process and tools used are clearly described and included (2points)</p>	<p>___ 0-20 Points</p>
<p>2. Lead Applicant/Partnership Description</p> <p>___ A detailed description of the organization is provided (2 points)</p> <p>___ The organization has documented prior experience in serving racial and ethnic minority populations and other underserved communities (2 points)</p> <p>___ The racial/ethnic composition of organization's board, staff and served constituencies is appropriately documented through proper completion of the diversity form (1 points)</p> <p>___ Organization prior experience with social determinants of health; policy, systems, and environmental change; and health equity (5 points)</p> <p>___ Description of how partnership was developed and engagement process (5 points)</p> <p>___ Partnership description with clear identification of partners roles and responsibilities, description of previous work in the community to be leveraged by the proposal is included, political and economic climate and how it may influence the project is included (10 points)</p>	<p>___ 0-25 Points</p>
<p>3. Project Goals, Objectives and Activities/Strategies</p> <p>___ The project goal statement indicates what improvements, changes will occur as a result of addressing issues/needs identified, and states in broad terms the anticipated end result of the program (5 points)</p> <p>___ Objectives are Specific, Measurable, Achievable, Realistic, and Time-limited (5 points)</p> <p>___ Project activities are specific and adequately relate to project objectives (20 points total/4 points each):</p> <ul style="list-style-type: none"> ___ Build, Expand, or Maintain a Community Action Team ___ Description of collective impact framework ___ Build Support for Change at the Local and State Levels ___ Share Experiences with Other Communities ___ Plan for Future Sustainability <p>___ There is a Community Plan of Action that describes how priorities were identified and key results expected. (5 points)</p>	<p>___ 0-35 Points</p>

<p>4. Project timeline</p> <p><input type="checkbox"/> The project timeline is realistic and achievable (5 points)</p> <p><input type="checkbox"/> The project timeline is inclusive of all stated project objectives (5 points)</p>	<p>___ 0-10 Points</p>
<p>5. Project Administration</p> <p><input type="checkbox"/> Describes how proposed project will be incorporated into already established activities (3 points)</p> <p><input type="checkbox"/> Organization's ability to fully implement the project is documented (2 points)</p> <p><input type="checkbox"/> The organization describes how the racial/ethnic composition of the target population will be given consideration in the selection and recruitment of administrative and service delivery staff (3 points)</p> <p><input type="checkbox"/> The number of staff and the role of each staff member is adequately explained and staff is appropriately qualified and experienced in working with the population to be served (2 points)</p>	<p>___ 0-10 Points</p>
<p>6. Community Support and Linkages</p> <p><input type="checkbox"/> Community support and linkages are appropriate to carrying out the stated goals of the program and appropriately described (5 points)</p> <p><input type="checkbox"/> Letters of agreement to document community support and linkages as necessary to carrying out the stated goals of the project are included (5 points)</p>	<p>___ 0-10 Points</p>
<p>7. Evaluation Plan</p> <p><input type="checkbox"/> Questions that will be answered through the evaluation are included (5 points)</p> <p><input type="checkbox"/> The plan includes structural, process and outcome objectives (5 points)</p> <p><input type="checkbox"/> Indicators that will be used to document achievement of project objectives are included (5 points)</p> <p><input type="checkbox"/> Evaluation data to be collected and the tools that will be used to collect the data are included (5 points)</p>	<p>___ 0-20 Points</p>
<p>8. Budget</p> <p><input type="checkbox"/> The financial budget lists all project expenses and is appropriate for the project (20 points)</p> <p><input type="checkbox"/> The budget narrative clearly explains and justifies all project expenses (20 points)</p> <p><input type="checkbox"/> Possible future sources of funding are clearly identified (10 points)</p> <p><input type="checkbox"/> The matrix of other HEALTH funding sources is attached (10 points)</p>	<p>___ 0-60 Points</p>
<p>9. Overall Merit of Project</p> <p><input type="checkbox"/> The Project is innovative and creative (3 points)</p> <p><input type="checkbox"/> The project is replicable (3 points)</p> <p><input type="checkbox"/> There's a plan for sustainability (4 points) _____</p>	<p>___ 0-10 Points</p>
<p>Comments</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

200 Points Total

Reviewer Total: _____

Recommend for Funding: Yes ___ No ___

Sample Evaluation Plan

AGENCY: _____

Project Title: _____

Structural, Process and Outcome Objectives	Indicators that will be used to document achievement of project objectives	Data Collection Tools and Techniques	Frequency of Data Collection
<p style="text-align: center;"><u>Structural Objectives</u></p> <p><u>Objective 1:</u> By the end of xxx the center will hire xx# of staff . <u>Objective 2</u></p> <p style="text-align: center;"><u>Process Objectives</u></p> <p><u>Objective 1:</u> By the end of the first quarter, we will implement a community empowerment program that will educate community members to: a) b) and c) <u>Objective 2</u> <u>Objective 3</u></p> <p style="text-align: center;"><u>Outcome Objectives</u></p> <p><u>Objective 1:</u> By the end of our program year, 75% of individuals participating in our health education programs will report changes in attitudes, beliefs and behaviors regarding tobacco use, as measured by client interviews and focus groups. <u>Objective 2</u></p>	<p style="text-align: center;"><u>Structural Indicators</u></p> <p># of staff hired</p> <p style="text-align: center;"><u>Process Indicators</u></p> <p>Schedule of empowerment activities</p> <p style="text-align: center;"><u>Outcome Indicators</u></p> <p>% of people reporting changes in health attitudes, beliefs and behaviors</p>	<p style="text-align: center;"><u>Structural Data</u></p> <p>-Employment records</p> <p style="text-align: center;"><u>Process Data</u></p> <p>-Activity logs, reports</p> <p style="text-align: center;"><u>Outcome Data</u></p> <p>Pre and post surveys</p>	<p>As needed</p> <p>Monthly</p> <p>End of Program Monthly</p>
Activities/Tasks	Project Deliverables	Responsible Staff	Delivery Date
<p style="text-align: center;"><u>Structural Objectives</u></p> <p><u>Objective 1:</u> By the end of xxx the center will hire xx# of staff . <u>Objective 2</u></p> <p style="text-align: center;"><u>Process Objectives</u></p> <p><u>Objective 1:</u> By the end of the first quarter, we will implement a community empowerment program that will educate community members to: a) b) and c) <u>Objective 2</u> <u>Objective 3</u></p> <p style="text-align: center;"><u>Outcome Objectives</u></p> <p><u>Objective 1:</u> By the end of our program year, 75% of individuals participating in our health education programs will report changes in attitudes, beliefs and behaviors regarding tobacco use, as measured by client interviews and focus groups. <u>Objective 2</u></p>	<p>Job descriptions/Assignments</p> <p style="text-align: center;">Curriculum List of materials to be disseminated</p> <p style="text-align: center;">Copy of training plan</p>	<p>Program administrator/coordinator</p> <p>Program coordinator/ Outreach worker</p> <p>Program coordinator</p>	<p>By the end of first quarter</p> <p>By the end of first quarter</p> <p>By the end of the program</p>

HEALTH EQUITY ZONES (HEZ)
SCHEDULE OF OTHER DEPARTMENT OF HEALTH FUNDING SOURCES

<i>Office/Program Providing Funding</i>	<i>Purpose of Funding</i>	<i>Population Served</i>	<i>Funding Period</i>	<i>Amount of Funding</i>

Work Plan (alternative to Projective Narrative Parts B and C): Goal(s), Objectives, Activities/Strategies & Timeline

Goal:

Objectives	Activities/Strategies	Responsible Staff	Delivery Date