



REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH
Division of Community Health and Equity
Associate Director's Office
Community Health Workers

Community Health Workers for COVID Response and Resilient Communities

RFP#: 2022RIDOH005

*Applications are due by:
Friday, April 14, 2022 at 4pm (EST)*

***Email Request for Proposals to:
Randi Belhumeur, Health Systems Transformation Administrator, Policy Liaison
randi.belhumeur@health.ri.gov***

Questions concerning this solicitation must be emailed to Randi Belhumeur at the Department of Health at randi.belhumeur@health.ri.gov no later than March 31, 2022. Questions should be submitted in a *Microsoft Word* attachment. Please reference the “**RFP: Community Health Workers for COVID Response and Resilient Communities**” on all correspondence. Questions received, if any, will be posted on the RIDOH website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

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

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Associate Director's Office
COMMUNITY HEALTH WORKERS

Community Health Workers for COVID Response and Resilient Communities

SECTION 1: INTRODUCTION

The Associate Director's Office within the Division of Community, Health and Equity at the Rhode Island Department of Health (RIDOH) is soliciting applications from Rhode Island agencies/organizations to implement strategies and activities aimed to *TRAIN*, *DEPLOY* and *ENGAGE* Community Health Workers (CHWs) towards COVID-19 response and recovery efforts and towards building and strengthening community resilience to fight COVID-19 through addressing existing health disparities. Up to fifteen (15) Rhode Island agencies / organizations awarded, henceforth referred to as Organizations (ORGS), shall commit to the CDC overarching strategies of *TRAINING*, *DEPLOYING* and *ENGAGING* CHWs in and for Rhode Island's most vulnerable citizens. The initial 16-month contract period will be from May 1, 2022 through August 30, 2023. RIDOH reserves the right to renew awards on an annual basis for up to four (4) additional 12-month periods at the exclusive option of the State, based upon successful agency performance and the availability of funding.

RIDOH is seeking up to fifteen (15) ORGS that can commit to *training*, *deploying* and *engaging* at least one CHW within the ORG and will also commit to appropriate supervision of the CHW(s) in order to support CHW professional growth and development. Priority will be given to those ORGS who do not have an already established CHW workforce and are looking to build a CHW workforce into their existing organizational vision, mission and infrastructure.

The Rhode Island Department of Health (RIDOH) has recently been awarded a 3-year grant from the Centers for Disease Control and Prevention (CDC) to support the growth, sustainability, and innovation of the CHW workforce in Rhode Island. *Community Health Workers for COVID Response and Resilient Communities (DP21-2109)* is built upon CDC's vision that focused investments are needed to ameliorate health disparities of underserved communities who are disproportionately impacted by COVID-19. This grant has two Components which were awarded to RIDOH's Division of Community, Health and Equity. Component B focuses on expanding deployment of CHWs in states with approximately three years of experience in utilizing CHWs. Component C focuses on policy, system or environmental change, is innovative and is committed to strengthening the role of CHWs in further addressing health disparities and social inequities exacerbated by COVID-19. CHWs are well-positioned to reach those communities disproportionately impacted by COVID-19. CHW interventions can improve uptake and access to health care services, improve communication between community members and health care providers, reduce the need for emergency and specialty care services and improve adherence to health recommendations. While CHW administered interventions have a demonstrated impact, barriers to increased intervention implementation exist, for example, lack of funding/reimbursement; insufficient community-clinical links. CHWs can improve access to

COVID-19 related services and management of other underlying socio-economic and/or health conditions that increase risk of severe COVID-19 illness.

The overarching strategies underpinning Components B and C are:

- 1) *TRAIN* CHWs to ensure comprehensive acquisition and reinforcement of relevant knowledge, roles, and skills to support COVID-19 public health response and to manage outbreaks and community spread;
- 2) *DEPLOY* CHWs to support the COVID-19 public health response to manage outbreaks and spread of COVID-19 among priority populations within communities;
- 3) *ENGAGE* CHWs to help build and strengthen community resilience to mitigate the impact of COVID-19 by improving the overall health of priority populations within communities.

This Request for Proposals (RFP) focuses on Component B of the CDC grant.

This is a Request for Proposals, not a Request for Quotes. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to cost; there will be no public opening and reading of responses.

Instructions and Notification to applicant entity:

1. Potential applicants are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the applicant. The State assumes no responsibility for these costs even if the RFP is cancelled or discontinued.
4. Proposals are considered to be irrevocable for a period of not less than 180 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.
6. It is intended that an award pursuant to this RFP will be made to a Rhode Island agency / organization, who will assume responsibility for all aspects of the work. Subcontracts are permitted, provided that their use is clearly indicated in the applicant's proposal and the subcontractor(s) to be used is identified in the proposal.
7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.

8. Applicants are advised that all materials submitted to the Department of Health and/or the Division of Purchases for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, et seq. and may be released for inspection upon request once an award has been made.

Any information submitted in response to this RFP that an applicant believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The applicant should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Applicants are advised that the Department of Health and/or the Division of Purchases may release records marked confidential by a applicant upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

9. Interested parties are instructed to peruse the Department of Health website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
10. By submission of proposals in response to this RFP applicants agree to comply with R. I. General Laws § 28-5.1-10 which mandates that contractors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.

Applicants are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability. Applicants and subcontractors who do more than \$10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an “Affirmative Action Policy Statement.”

Applicants with 50 or more employees and \$50,000 or more in government contracts must prepare a written “Affirmative Action Plan” prior to issuance of a purchase order.

- a. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.
- b. Applicants further agree, where applicable, to complete the “Contract Compliance Report” <http://odeo.ri.gov/documents/odeo-eeo-contract-compliance-report.pdf> as well as the “Certificate of Compliance” <http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf> and submit both documents, along with their Affirmative Action Plan or an Affirmative Action Policy Statement, prior to issuance of a purchase order.

For further information, contact the Rhode Island Equal Employment Opportunity Office, at 401-222-1452 or via e-mail at odeo.eeo@doa.ri.gov.

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority to do so from the Secretary of State. This is a requirement only of the successful applicant(s). For further information, contact the Secretary of State at 401-222-3040.
12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”) (collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, applicants will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 220-RICR-80-10-2, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award applicants shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Applicants shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at <http://www.gcd.ri.gov/>.

For further information, visit the Office of Diversity, Equity & Opportunity’s website, at <http://odeo.ri.gov/> and see R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 220-RICR-80-10-2. The Office of Diversity, Equity & Opportunity may be contacted at 401-574-8253 or via email Elvys.Ruiz@doa.ri.gov.

13. In the RIVIP Vendor Certification Cover Form, Section 4, Question 11, bidders shall certify agreement to the State’s contract terms. However, in accordance with Section 220-RICR-30-00-13.3(C)(3) of the General Conditions, the Applicant may submit in their bid or proposal, “[q]ualified or conditional offers which impose limitations of the Applicant’s liability or modify the requirements of the solicitation, offers for alternate specifications, or offers which are made subject to different terms and conditions, including form contracts, other than those specified by the State.” However, qualified or conditional offers “may be, at the sole discretion of the State Purchasing Agent:
Rejected as being non-responsive; or,
Set aside in favor of the requirements set forth in the solicitation (with the consent of the Applicant); or,
Accepted, if the State Purchasing Agent determines in writing that such acceptance is in the best interest of the State.”
By submitting a conditional or qualified offer, the Applicant bears the risk of their bid or proposal being considered non-responsive. In the event the State receives a conditional or qualified offer, the State reserves the right to adjust evaluation points in an RFP procurement, conduct a best and final offer process offering the same terms to all applicants, and/or reject a qualified/conditional proposal as being non-responsive at any time during the review

process. The Applicant should not assume that any further negotiation will occur upon selection.

14. Insurance Requirements – In accordance with this solicitation, or as outlined in Section 13.19 of the General Conditions of Purchase, found at <https://rules.sos.ri.gov/regulations/part/220-30-00-13> and General Conditions - Addendum A found at <https://www.ridop.ri.gov/documents/general-conditions-addendum-a.pdf> the following insurance coverage shall be required of the awarded applicant(s):

Commercial General Liability of \$1 million per occurrence and \$1 million aggregate, and product liability insurance coverage of \$1 million per occurrence and \$1 million aggregate, with a maximum deductible of \$5,000 per occurrence. The State should be an additional insured on a primary and non-contributory basis with a waiver of subrogation in favor of the State.

Auto Liability of \$1 million per occurrence. The State should be an additional insured on a primary and non-contributory basis with a waiver of subrogation in favor of the State.

Workers Compensation. \$100,000 each accident, \$100,000 disease or policy limit and \$100,000 each employee. – There is to be a waiver of subrogation in favor of the State.

Professional Liability. \$2 million per occurrence and \$2 million in an annual aggregate. A waiver of subrogation in favor of the State to the extent that coverage to the Contract Party is not impaired.

Tech Errors and Omissions with Cyber Privacy/Data Breach. Due to the nature of the service and that there will be access to HIPAA and/or PII information, there should be coverage in the amount of \$20 million per occurrence and \$20 million in the annual aggregate.

15. HIPAA - Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement.

SECTION 2: CONTRACTOR AND SUBRECIPIENT DETERMINATION AND REQUIREMENTS

The term applicant entity is indicated throughout the RFP as a general term to cover sub-recipients and contractors. RIDOH has determined that the nature of the relationship in which RIDOH will enter in as a result of the RFP is a:

Sub-recipient Contractor

Definitions can be found in Appendix VIII.

For sub-recipient relationships, the following items are required to be submitted or acknowledged as part of a responsive proposal:

- DUNS Number**
- Active registration in the federal System for Award Management (SAM)**

A hard copy of your organizational SAM registration must be included in your proposal.

If an agency has more than one DUNS number, please use the DUNS number associated where the primary place of performance will take place.

Instructions to print out your organizational DUNS registration:

1. Go to the SAM web site at <https://sam.gov/content/home>
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 <https://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/EIN, your SAM registration will take **3-5 business days** to process. If you are applying for a TIN/EIN, please allow up to 2 weeks. Ensure that your organization is registered with the System for Award Management (SAM) at <https://sam.gov/content/home>. If your organization is not registered, 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 3: BACKGROUND AND PURPOSE

The Rhode Island Department of Health (RIDOH) has been an ambassador of community health work since 2015 under the leadership of former RIDOH Director Dr. Nicole Alexander-Scott. Community Health Workers (CHW) are one of two signature strategies (second strategy is the Health Equity Zones) to achieve RIDOH's three leading priorities: 1) addressing the socioeconomic and environmental determinants of health 2) eliminating disparities of health and promoting health equity 3) ensuring access to quality health services for all Rhode Islanders, including RI's most vulnerable populations. RI's burden of socioeconomic variability and distress underscores the urgency around RIDOH's three leading priorities. Although a small state, RI experiences extremes of

socioeconomic variability that are common in much larger geographies. Of its five counties, four rank low on the CDC's Social Vulnerability Index¹.

Challenges posed by minority status and multilingual status of many residents, as well as housing type and density and lack of transit access, create particular vulnerabilities for many Rhode Islanders.

Many RI communities have been heavily impacted by COVID-19 due to these socioeconomic conditions that create higher risks for exposure and transmission. Significant health disparities arising from social determinants of health like housing density, food security, access to safe recreational spaces, and work environments were already known to impact residents in RI's high-density communities. Providence County, for example, ranks higher than both state and national averages on a range of health indicators, including poor physical and poor mental health days². Notably, whereas the national average of diabetes burden was 9.1%, 9.8% of the 2018 population of Providence County had diabetes, one of the key risk factors for COVID-19³. Unsurprisingly, the burden of COVID-19 has been higher in these places too. When outbreaks occur, trusted members of the community, such as CHWs have been critical to ensuring that the state's response is culturally appropriate. In the words of one health care provider who oversees a free clinic in Providence's West End, "We knew it was important years ago, but never imagined how crucial CHWs would be during the pandemic! They literally help to save lives."

Through the Coronavirus Aid, Relief and Economic Security (CARES) Act of 2020, funds were allocated to the Centers for Disease Control and Prevention (CDC) for states to achieve the goal of CARES Act in ameliorating COVID-19 and protecting Americans from related public health impacts. *CHWs for COVID Response and Resilient Communities* supports this work through training and deployment of CHWs to response efforts and by building and strengthening community resilience to fight COVID-19 through addressing existing health disparities. Program strategies include integrating CHWs into organizations and strengthening relevant CHW knowledge, roles and skills to prepare them to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations. CDC defines priority populations as those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions and economic strata. Examples include: BIPOC communities, individuals who are economically disadvantaged, justice-involved, experiencing homelessness or have certain underlying medical conditions that increase COVID-19 risk.

Eligibility:

- 1) Applicants must be an agency/organization located in Rhode Island and serving a Rhode Island community. Applicants can also be an agency/organization located in Rhode Island that serves a subpopulation across the entire state.

¹ Centers for Disease Control (2021). CDC Social Vulnerability Index. Accessed 5/20/21 at <https://svi.cdc.gov/map.html>. Agency for Toxic Substances and Disease Registry. U.S Department of Health and Human Services.

² University of Wisconsin Population health Institute (2021). 2021 County Health Rankings and Roadmaps: Providence County, Rhode Island. Accessed 5/20/21 at <https://www.countyhealthrankings.org/app/rhode-island/2021/rankings/providence/county/outcomes/overall/snapshot>.

³ Centers for Disease Control and Prevention (2021). Diabetes Atlas. Diabetes Data and Statistics. Accessed 5/20/21 at <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html#>.

- 2) The ORG must have a demonstrated track record of successfully working with the selected population affected by COVID-19 related disparities and/or additional health disparities; and demonstrate impact/improvement in at least one social determinants of health.
- 3) Priority will be given to those ORGS who do not have an already established CHW workforce and are looking to build a CHW workforce into their existing organizational vision, mission and infrastructure.

SECTION 4: SCOPE OF WORK, CONTRACT REQUIREMENTS AND TERMS

The initial 16-month period is expected to begin approximately May 1, 2022 through August 30, 2023. Required activities for the initial project period is outlined below. RIDOH is soliciting proposals from Rhode Island agencies / organizations to serve as community partners with RIDOH in the implementation of strategies and activities aimed to *TRAIN*, *DEPLOY*, and *ENGAGE* Community Health Workers (CHWs) towards COVID-19 response and recovery efforts and towards building and strengthening community resilience to fight COVID-19 through addressing existing health disparities. A maximum of 15 organizations will be funded. The initial project period will begin May 1, 2022 – August 30, 2023 for 16 months. Budgets should reflect this initial 16-month period. Any funding in subsequent years will be for 12-month periods. The project may be renewed for four additional 12-month periods at the exclusive option of the state, based upon agency performance and the availability of funding. Proposals will be evaluated based on the relative merits of the proposal and an appropriate, realistic budget

Required Activities – May 1, 2022 to August 30, 2023:

The selected ORGS will design, implement and evaluate the three overarching CDC strategies of *TRAIN*, *DEPLOY* and *ENGAGE*. The key deliverables are the following:

1. ***TRAIN***

i. **Required Activities:**

1. As stated in the Introduction, an overarching CDC strategy is *TRAIN*. The selected ORGS will ensure that their CHW(s) who are not trained and certified in CORE CHW Certification, will mentor their CHW(s) to become trained and fully certified. Funding for training and certification will *not* be the responsibility of the ORGS; Time frame for training attendance will be decided between ORGS, RIDOH and the Community Health Worker Association of RI (CHWARI);
2. For the ORG’S CHW(s) who is/are currently a certified CHW or working towards certification: Attend the new public health training for CHWs (to be developed by RIDOH and CHWARI); Time frame for training attendance will be decided between ORGS, RIDOH and CHWARI;
3. For the ORG’S CHW(s) who is currently a certified in CORE: Attend at least one of four specialty trainings and certifications for cross training of a CHW in order to expand CHW scope of practice:
 - a. Older Adults Training and full certification
 - b. HIV Training and full certification
 - c. Cardiovascular Disease/Diabetes Training and full

certification

d. Oral Health Training.

Time frame for training attendance will be decided between ORGS, RIDOH and CHWARI;

ii. Encouraged Activities:

1. Training 1-2 ORG'S CHW(s) in RIDOH's Chronic Pain Self-Management Program. Funding for training and certification will *not* be the responsibility of the ORG;
2. ORG'S CHW(s) will be required to teach two Chronic Pain Self-Management Program classes within one year of certification;
3. CHW(s) attendance at monthly networking meetings convened by CHWARI; Because the work of CHWs is emotionally challenging, RIDOH encourages CHW participation for support, to collectively problem solve and to share resources;
4. CHW (s) participation in the CHWARI Racism and Social Justice training, which is focused on health care workers. CHW(s) will have the opportunity to support health care participants by serving in the role of mentor, teacher and community advocate;
5. Offer CHW(s) the opportunity to participate in ORG'S leadership meetings in order or CHW (s) to lend their professional and life experiences to the work that the ORGS perform;
6. Engagement in the UniteRI "e" referral platform. UniteRI is a widely adopted electronic "e" referral platform that can support CHWs in both making and documenting social needs referrals and referral status. This platform can also help CHWs keep track of case notes and their progress towards meeting client needs. The platform can also provide aggregate data to inform on social needs within a geographic area. Additionally, there are several existing social needs screening tools built into the platform;
7. CHW(s) participation in the CHWARI Supervisory training which will train CHWs in best practices around supervising CHW staff;
8. Sign up for CHWARI's newsletter to stay up to date on CHW resources, trainings, and events;
9. As of state fiscal year 2022, CHW services are billable to Medicaid. As trainings for becoming a Medicaid provider open, consider attending to learn how ORGS can start billing for your CHW services.

2. DEPLOY

i. Required Activities:

1. Utilizing equitable hiring practices, recruit, hire and onboard 1-2 CHWs who are representative of the population that the ORGS serves in addition to having the lived experience of the population whom the ORGS serve; CHW to support the population towards COVID-19 response and recovery; also addressing the social and health care needs of ORG'S population;
2. Work towards CHW representation in COVID response and recovery planning tables, such as within local government in order to build

confidence around public health measures to mitigate the spread of COVID-19 and its variants;

3. Partner with RIDOH to coordinate deployment of ORGS CHW to places where vaccine outreach is happening such as: schools, colleges, child care centers, faith-based organizations, employer settings, etc. to build vaccine and public health confidence.

3. **ENGAGE**

i. **Required Activities:**

1. As RIDOH's Center for Public Health Communications (CPHC) continues to refine public health messaging for vaccine acceptance and chronic disease awareness, the ORGS along with its CHW(s) will partner with the CPHC on strategy and delivery of messaging, as needed;
2. Ensure CHW(s) can regularly share community trends, important quantitative and qualitative data from their daily work to help inform the work;
3. Support community COVID-19 response as necessary including support with vaccine registration, quarantine and isolation supports amongst your target population.

ii. **Encouraged Activities:**

1. ORGS will have CHW(s) participate in training in the use of UniteRI in order to use UniteRI to track client referrals to social/health needs services;
2. Where one doesn't exist, develop a mechanism for client referrals including *from who* ORG'S CHW will receive referrals (i.e. self-referrals, referrals from RIDOH COVID-19 unit, referrals from hospital, etc.) and *through what* (i.e. UniteRI);
3. Collect information on client needs, services provided, referrals made, referral status through SDOH screening tool and tracking method of your choice (i.e. UniteRI).

General Description

RIDOH is seeking to partner with ORGS to *TRAIN*, *DEPLOY* and *ENGAGE* CHWs towards the ongoing COVID-19 response and recovery efforts and also by building and strengthening community resilience through addressing existing health disparities. This is approximately a two- and one-half-year project period with future years of funding subject to the approval of CDC and funds availability. RIDOH is seeking high impact strategies and activities that can be evaluated to show effectiveness to continue to build the business case for community health work across multiple settings throughout Rhode Island.

The ORGS will also work closely with the RIDOH CHW Evaluator to evaluate the effectiveness of each selected strategy (*TRAIN*, *DEPLOY*, *ENGAGE*).

- a. Engage, as applicable, with the CHW Coalition, "CHW Strategy Team" and its members;
- b. Participate in other networking opportunities, as applicable;

- c. Develop a work plan that is informed by the requirements within this RFP; RIDOH available for technical assistance and subject matter expertise once ORGS are awarded and will approve the work plan prior to implementation; Inclusive of SMART objectives (specific, measurable, attainable, relevant and timely).

Evaluation

- a. Conduct qualitative and quantitative data collection and analysis, including the creation of success stories;
- b. Participate in evaluation activities alongside the National Grantee for the CDC-2110 evaluation grant;
- c. Integrate evaluation strategies that can inform best practices for community health work;
- d. Work closely with the RIDOH CHW Evaluator to develop and implement a comprehensive evaluation plan and tracking of the initiatives over the course of the project period.

E. Sustainability

- a. Work with the CHW Strategy Team and other key partners, as needed, to develop a sustainability plan that will ensure grant initiatives are institutionalized and replicated.

Contract Requirements

Throughout the funding period, all ORGS agree to:

- a. Submit monthly invoices and appropriate backup documentation by the 10th of each month to RIDOH;
- b. Submit monthly reports and an annual evaluation report, using RIDOH approved template;
- c. Maintain technical (computer and electronic communication) capacity, including email and direct access to the internet;
- d. Participate with check-in meetings with RIDOH, as requested;
- e. Collaborate with RIDOH on the utilization of community-level data;
- f. Attend and present at regular meetings held by RIDOH, as necessary;
 1. Updates/check-ins/site visits;
 2. Evaluation technical assistance sessions;
 3. CHW Strategy Team meetings;
- g. Work with RIDOH to develop and implement a comprehensive evaluation plan;
- h. Work with RIDOH and partners to develop a sustainability plan.

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 Sub-Recipients who contract with RIDOH must perform the following tasks and provide documentation of such tasks upon request of a RIDOH employee:

1. The supports and services provided by Sub-Recipient 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. Sub-Recipient shall have an education, training and staff development plan for assuring culturally and linguistically appropriate service delivery.
2. Applicant 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. Applicant 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. Applicant 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*. Applicant 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.

National Standards for Culturally and Linguistically Appropriate Services in Health Care Culturally Competent Care (Standards 1-3)

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Standards 4-7)

Standard 4*

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5*

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6*

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7*

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence (Standards 8-14)**Standard 8**

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

* ***Mandates 11-28-11***

SECTION 5: PROPOSAL

A. Technical Proposal

The following sections must be completed in response to the RFP. Each section should be submitted using the format presented herein.

Cover page

A Cover Page must be completed and included as part of the application. The individual authorized to sign on behalf of ORGS must sign this cover page. Cover page template is included on page 26.

Table of Contents

A Table of Contents must be completed and list all section titles with page numbers including attachments.

Project Narrative (10-page maximum)

The information contained in this section should constitute the bulk of the project proposal. The requested information should address the entire contract period beginning May 1, 2022, but not to exceed August 30, 2023. The Project Narrative must be submitted according to the following format:

Part 1: Population to be Served and Problem Statement (1-page maximum)

This section must include:

- A general description of the community, geographic location and population to be served including the demographic characteristics of the population;
- A general description of the identified need and impact of disparities in the target community and population.

Part 2: Organizational Readiness (2-page maximum)

Part 2a: Purpose: Applicant must describe in 2-3 sentences specifically how their application will address the problem as described in **Part 1** of their application.

Part 2b: Coordinating Agency/ORGS

This section must include:

- A description of how this project will fit within the mission and work of the organization;
- A description of the agency/organization's understanding of the community health worker workforce and an understanding of community-clinical linkages; that description should be followed by an explanation of how community health work and community-clinical linkages is important to the work of the organization and its constituents, and how it will build on the ORG'S mission and infrastructure;

- Documentation of demonstrated ability to collaborate with organizations that also serve the ORG’S population and/or with organizations that are committed to addressing health disparities and promoting health equity; These collaborations are essential for implementing the *TRAIN* and *DEPLOY* strategies noted above;
- Demonstration of the ORG’S evaluation capacity and experience;
- Documentation of demonstrated track record of success working with individuals from the community and demonstrated impact/improvement in at least one or more social determinants of health. Examples include the following:
 - Access to health care services
 - Access to social support services
 - Safe housing
 - Access to healthy food options
 - Access to transportation
 - Job opportunities
 - Active living opportunities
 - Public safety
 - Other examples
- Documentation of the ORG’S sustainability plan of how the ORGS plan to sustain CHWs after the funding period has ended (see *TRAIN* ii 9 noted on page 12 under “encouraged activities” for one example of sustainability).

Part 3: Proposed Activities (5-page maximum)

This section must describe the specific strategies that will be used to *TRAIN*, *DEPLOY*, and *ENGAGE* CHWs towards the continued COVID response, recovery and the building of resilient communities. Please refer to the required and encouraged activities noted on pages 11-13, in addition to other innovative activities that apply to the intent of this RFP.

- Develop a SMART work plan that is responsive to identified needs, gaps, and emerging trends. The work plan should reflect the required and/or encouraged activities noted on pages 11-13;
- Implement and evaluate initiatives that are responsive to the work plan;
- Create a plan for sustainability;
- Attach a work plan that spans the first project period of the contract (of 16 months from May 1, 2022 through August 30, 2023) consistent with the required and encouraged activities noted on pages 11-13.

Part 4: Project Administration and Staffing Plan (2-page maximum)

This section should describe the supervision and management of the proposed project.

1. Indicate all staff who will be funded through this award and the percentage of time that each staff member will allocate to the project activities. As noted on page 11, the ORGS are expected to hire 1-2 full-time CHWs to work on the activities in the ORG’S developed work plan. The specific work responsibilities of each staff member, including the CHWs should be fully described with emphasis on the duties each staff member will assume to support the activities funded through this award, in addition to the CHWs ability to support the mission of the ORGS. Please include experience in the field of contract oversight, evaluation, and fiscal management. One staff person from the ORGS

should be designated as the Project Director and as such should assume responsibility for oversight of all project activities and reporting requirements. This should also be clearly described in this section of the proposal. Job descriptions (with clearly defined duties) and resumes (when available) for project staff must be included in the appendices of the proposal. It is also expected that the CHWs hired to conduct the activities noted in the work plan will have the appropriate supervision to support their need for appropriate mentorship and professional development. Please state the staff member who will supervise the CHWs and also describe the approach to supervision.

2. Also include project contributions such as space and equipment, funds, and in-kind assistance (the relationship between RIDOH and the ORGS, under Delegated Authority require a financial commitment of at least a 10% verifiable match). Describe how organizations selected for the project are representative of the target population and community served. Please include Letters of Commitment and/or memorandums of agreement from key partners whom the ORGS sees as key to implementing the activities of this proposal.

PART B: Cost Proposal

Funding allocations for the ORGS are estimated based on grant funding and total applicants. All allocations and subsequent awards within the project period are estimated. Actual total awards and individual contract funding levels may vary from that listed, or funding may be withdrawn completely, depending on availability of federal funding, and as directed by the Centers for Disease Control and Prevention (CDC). Please note that applicants must provide a minimum of 10% of the total project costs in non-federal in-kind funds.

The applicant must prepare a Cost Proposal for a 16-month term (5/1/2022 to 8/30/2023). Applicants must provide a justification for all expenses included. Line items are to be accurate and budget and budget narrative descriptive and complete. Submitted budget and supporting documentation must appropriately reflect agency's financial capacity to implement the project in a timely manner.

Project Budget

The project cost proposal describes in detail the expenses of the program and consists of two parts—a **Budget Table** and a **Budget Narrative** (see Appendix II and III). The first year of the contract would span 16 months (May 1, 2022 through August 30, 2023), and this performance period should be reflected in the project budget. The components of each are described below.

Budget Table: The budget table is a listing of all project expenses. Please use the Budget Worksheet included in Appendix II to prepare your budget. Note: refreshments are not allowable expenses.

Budget Narrative: The budget narrative should include a justification of all project expenses. The budget narrative must clearly explain the purpose of each item listed in the financial budget.

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.
2. Fringe Benefits: Include those benefits normally provided by an organization. Percent and detailed breakdown of each benefit are required, such as FICA, unemployment, worker's compensation, medical, dental, vision, vacation time, personal time, sick leave, etc. Also indicate the fringe benefit rate for the organization.
3. Consultants: List each consultant individually, specifying the hourly rate and number of hours. 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 \$0.585/mile or the current rate effective for Rhode Island 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 period. 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. Refreshments are not an allowable expense. Laptop computers and/or cellular phones are included for CHWs whose work will be field-based.
7. Telephone/Internet: Include telephone expenses associated with the project at a cost per month.
8. Educational/Resource Materials: List books, curricula, videos, or other resource materials to be 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 because of this project (e.g., rental of program space).
11. Other/Special Initiatives: List additional expenses (incentives, etc.) that are not included in another budget category.
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. A memorandum of agreement must be provided for each subcontract.
13. Administrative Cost: May be up to 10% of total direct costs or based upon organization's federally negotiated indirect cost rate.

Funds may not be used for capital expenses.

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

DUPLICATION OF SERVICES/COST AVOIDANCE

Applicants must be certain to assure RIDOH that the funds to be utilized associated with this scope of work are not duplicated in other areas of the agency. These funds are specific to the agreed upon scope of work via this contract and therefore should be utilized to service populations in need as specified in the RFP.

PART C: ISBE Proposal

See Appendix VII for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms with their overall proposal. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

SECTION 6: EVALUATION AND SELECTION

Applications will first be reviewed administratively for completeness, responsiveness, and eligibility. A proposal will be disqualified at this point if it does not meet the basic requirements set forth in the RFP. Qualified proposals will be evaluated by a Technical Review Committee, which will be comprised of state government staff as required by state procurement policies.

Applications will be evaluated competitively by the Technical Review Committee for adherence to the RFP and other federal and state requirements. Applicant experience, capacity to provide services, and the strength and relevance of the proposed program of services will be assessed. The following list outlines the relevant evaluation items and their maximum scores. Each proposal will receive a rating score (maximum 106 points) with a minimum score of 55 points for Technical and 60 points total (technical and cost) for consideration.

Criteria	Possible Points
Project Narrative: Technical Proposal (Parts A-E)	20 Points
Approach and Quality of Project Work Plan	35 Points
Evaluation Plan	5 Points
Project Staff and Organization	10 Points
Total Possible Technical Points	70 Points
Cost Proposal	30 Points
Total Possible Evaluation Points	100 Points
ISBE Participation*	6 Bonus Points
Total Possible Points	106 Points

The applicants with the highest total score will be considered first for possible funding. Based on the Technical Review Committee's evaluation and assigned scores, a recommendation for tentative awards will be made. Once approved, RIDOH will begin negotiations with the recommended Sub-Recipient to finalize the contractual agreements.

Applications which are incomplete in any material respect will be deemed non-responsive and will not be considered.

The review process consists of the following steps:

1. All proposals will undergo a preliminary review by RIDOH to determine that minimum proposal submission requirements are met. A proposal may be disqualified at this point if it does not meet the basic requirements set forth in this RFP by not submitting the components as listed in this RFP.
2. Proposals will be reviewed by a Technical Review Committee comprised of not less than 3 RIDOH staff.
3. The Technical Review Committee will meet to review each proposal according to established evaluation criteria and guidelines. Each proposal will be rated based on the Proposal Evaluation Form score (maximum 106 points). An applicant must obtain a minimum Technical Score of 55 out of a maximum 70 points (78.57%) to move on to the Cost Proposal Section. To be eligible for funding under this RFP, the Technical and Cost Proposals together must receive a minimum of 60 out of a maximum of 100 points (60%). Any proposals scoring less than 60 points will not qualify for further consideration.
4. Points will be assigned based on the applicant's clear demonstration of the agency's abilities to complete the work, apply appropriate strategies to complete the work, create innovative solutions and quality of past performance in similar projects.
5. Based upon the individual ratings assigned to each proposal by the Technical Review Committee, the proposals will be ranked in order of priority for funding by the entire team. The applicants with the highest total scores will be considered first for possible funding.
6. The Technical Review Committee will submit the rank-ordered recommendations and overall comments to the Director of RIDOH and/or designee.
7. Only one proposal will be accepted from each applicant. All costs of preparing the proposal are the sole responsibility of the applicant. RIDOH is not responsible for any costs incurred by the applicant that are related to the preparation or submission of the proposal or any other activities undertaken by the applicant related in any way to this RFP.

***Cost Proposal Evaluation:**

The applicant with the lowest cost proposal shall receive one hundred percent (100%) of the available points for cost. All other applicants shall be awarded cost points based on the following formula:

$$(\text{lowest cost proposal}/\text{applicant's cost proposal}) \times \text{available points}$$

For example, if the applicant with the lowest cost proposal (Applicant A) bids \$65,000 and Applicant B bids \$100,000 for monthly costs and service fees and the total points available are thirty (30), Applicant B's cost points are calculated as follows:

$$\$65,000/\$100,000 \times 30 = 19.5$$

***ISBE Participation Evaluation:**

a. Calculation of ISBE Participation Rate

1. ISBE Participation Rate for Non-ISBE Applicants. The ISBE participation rate for non-ISBE applicants shall be expressed as a percentage and shall be calculated by dividing the amount of non-ISBE applicant's total contract price that will be subcontracted to ISBEs by the non-ISBE applicant's total contract price. For example, if the non-ISBE's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.
2. ISBE Participation Rate for ISBE Applicants. The ISBE participation rate for ISBE applicants shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE applicant's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE applicant by the ISBE applicant's total contract price.

For example, if the ISBE applicant's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs and will perform a total of \$8,000.00 of the work itself, the ISBE applicant's ISBE participation rate would be 20%.

b. Points for ISBE Participation Rate:

The applicant with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other applicants shall receive ISBE participation points by applying the following formula: (Applicant's ISBE participation rate ÷ Highest ISBE participation rate X Maximum ISBE participation points) For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Applicant A has the highest ISBE participation rate at 20% and Applicant B's ISBE participation rate is 12%, Applicant A will receive the maximum 6 points and Applicant B will receive (12% ÷ 20%) x 6 which equals 3.6 points.

General Evaluation:

Points shall be assigned based on the applicant's clear demonstration of the ability to provide the requested goods and/or services. Applicants may be required to submit additional written information or be asked to make an oral presentation before the TEC to clarify statements in the proposal.

RIDOH reserves the exclusive right to:

- select the organizations 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);
- award a contract with or without further discussions of the proposals submitted;
- request additional written information or ask applicant to make an oral presentation before the technical review committee to clarify statements made in their proposal;
- establish a later effective date in the contract if circumstances are such that it is in the State's best interest to delay it, or if funding availability is undetermined;
- verify the contents of a proposal submitted by an applicant. Misleading or inaccurate responses shall result in rejection of the proposal;
- to obtain and consider information from other sources concerning an applicant, including the applicant's product or services, personnel, and the applicant's capability and performance under other RIDOH contracts, other state contracts, and contracts with private entities. RIDOH may use any of this information in evaluating an applicant's proposal.

SECTION 7: QUESTIONS

Questions concerning this solicitation must be e-mailed to Randi Belhumeur at RIDOH at randi.belhumeur@health.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFP: Community Health Workers for COVID Response and Resilient Communities** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the RIDOH website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SECTION 8: PROPOSAL CONTENT

Proposals shall include the following:

- One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at:
<http://www.purchasing.ri.gov/rivip/publicdocuments/fw9.pdf>
- Original signed version of MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.
- Technical Proposal - Respond to all information as required and described in the Technical Proposal section of this solicitation. Follow all page limits listed in Technical Proposal section.
- Cost Proposal - A signed cost proposal responding to all the information as required and described in Cost Proposal of this solicitation. The cost proposal shall be submitted using the templates provided in this solicitation.

Formatting of proposal should consist of the following:

- Typed documents that are single-spaced with 1” margins on white 8.5”x 11” paper using a black font of 12-point Times New Roman or 12-point Calibri.
- Pages that are sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents), including all forms and attachments.
- The Applicant’s name on every page, including attachments.

SECTION 9: PROPOSAL SUBMISSION

Interested applicants must submit proposals to provide the goods and/or services covered by this RFP on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time shall not be accepted.

Email proposal to Randi Belhumeur at randi.belhumeur@health.ri.gov by Friday, April 14, 2022 at 4pm.

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 RIDOH or the State of Rhode Island based on the terms or conditions of the RFP or the procurement process.

SECTION 10: 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 applicant entities clearly in consideration for award.

If an applicant is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

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://rules.sos.ri.gov/regulations/part/220-30-00-13>

SECTION 11: APPENDICES

APPENDIX I:	Application Cover Sheet
APPENDIX II:	Sample Budget Table
APPENDIX III:	Sample Budget Narrative
APPENDIX IV:	CHW Related Resources
APPENDIX V:	Proposer ISBE and MBE, WBE, and/or Disability Business Enterprise Participation Plan Form
APPENDIX VI:	Definitions



Appendix I: Application Cover Sheet

<i>Agency Name:</i>		
<i>Address:</i>		
<i>FEIN:</i>		
<i>Type of Organization:</i>		
<i>Priority Population Selected:</i>		
<i>Executive Director:</i>		
Phone:	Email Address:	
<i>Chair, Board of Directors:</i>		
Phone:	Email Address:	
<i>Finance or Accounting Director:</i>		
Phone:	Email Address:	
<i>Medical Director (if applicable):</i>		
Phone:	Email Address:	
<i>Project Manager:</i>		
Phone:	Email Address:	
<i>Project Period</i>	From: 5/1/2022	To: 8/30/2023
<i>Proposed Service Area(s):</i>		

In response to this Request for Proposals (RFP) for funding to support Community Health Workers for COVID Response and Resilient Communities, please accept the accompanying application. I hereby certify that, to the best of my knowledge, the program and budgetary information supplied in support of this application is accurate, complete, and current for the award period of 5/1/2022 through 8/30/2023.

I additionally certify that I am duly authorized to submit this application on behalf of the governing body of (organization name).

Authorized Signature

Date

Appendix II: Sample Budget Table

ADDENDUM II

Budget

Agency Name: _____

Community Health Workers for COVID Response and Resilient Communities

Period of Performance: May 1, 2022 – August 30, 2023

The Contractor estimates that the budget for allowable expenses for work to be performed under this Agreement is as follows:

Expense Category	Approved Budget Time Period
1. Personnel	\$6,534.00
2. Fringe Benefits	\$1,901.00
3. Consultants	\$30,000.00
4. In-State Travel	\$450.00
5. Printing/Copying	\$700.00
6. Supplies	\$800.00
7. Telephone/Internet	\$1,200.00
8. Education/Resource Materials	\$1,000.00
9. Postage	\$500.00
10. Facilities/Rental Expense	\$1,000.00
11. Other (listed separately)	
Incentives	\$200.00
12. Subcontracts	\$4,000.00
Sub-Total	\$48,285.00
Administrative Cost (10%)	\$4,429.00
Total	\$52,714.00

It is understood and agreed that the amounts indicated above for the several line items are estimates of expenditures to be incurred by the Contractor on behalf of this Agreement and to be claimed by the Contractor for reimbursement under this Agreement. It is further understood and agreed that actual variations shall not in themselves be cause for disallowance of reimbursement by RIDOH; provided, however, that the Contractor shall notify and obtain the approval of the contract officer, in writing, if expenditures to be claimed for reimbursement in any line item above shall begin to vary significantly from the estimate given above; and provided further, that unless permission of the contract officer shall have been obtained in advance, no expenditure shall be claimed by the Contractor for reimbursement by RIDOH under this Agreement if such expenditure shall have been incurred in a line item category not listed above. All transfer of funds between budget line items require prior written approval by RIDOH.

Appendix III: Sample Budget Narrative

Guidelines for submitting Budgets & Budget Narratives

1. Budget must be submitted in Word Format New Times Roman 10 pt.
2. Refer to the Budget Justification (allowable expenses) sheet when completing your Budget Narratives (sample below) and Budget Tables.
3. Note that refreshments are not an allowable expense.

ADDENDUM IIa

Budget Narrative

Agency Name

Community Health Workers for COVID Response and Resilient Communities

Period of Performance: May 1, 2022 – August 30, 2023

PERSONNEL

\$6,534.00

Sally Smith, Director

\$2,132.00

\$24.79 per hour for 86 hours

Ms. Smith will work with community partners to achieve the goals and objectives of this proposal.

She will attend monthly trainings/meetings as required by the RFP.

John Jones, Assistant Systems Development

\$2,178.00

\$33.76 per hour for 64.50 hours

Mr. Jones will specifically review operating protocols related to systems development, implementation and operation performance.

John Doe, RN, C. MS, Project Coordinator

\$2,224.00

\$51.72 per hour for 43 hours

Mr. Doe will assume responsibility for oversight of the project and all project-reporting requirements.

FRINGE BENEFITS

\$1,901.00

Fringe is calculated at 29.1% of personnel and includes FICA, Life/Disability, Health, Payroll/Unemployment Taxes, Pension Expense and Worker's Compensation Insurance

CONSULTANTS

\$30,000.00

Sue Smith, PhD, Psychologist for RI Hospital

\$150.00 per hour for 200 hours

Dr. Smith will provide technical assistance with reports, data collection and infrastructure of the ABC Home

IN-STATE TRAVEL

\$450.00

Mileage reimbursement for all staff members to be calculated at \$0.585/mile for 769 miles. *Rate is effective through December 31st, 2022.

PRINTING/COPYING

\$700.00

Printing expenses for printing of monthly flyers, brochures, and information sheets

SUPPLIES

\$800.00

General office supplies to include paper, pens, file folders, etc.

TELEPHONE/INTERNET

\$1,200.00

Cell phones for 2 staff associated with this contract at \$50/mo. for 12 months

EDUCATION/RESOURCE MATERIALS

\$1,000.00

Update of books and reference manuals in the school library

POSTAGE

\$500.00

Postage for flyers and mailings associated with this contract

FACILITIES/RENTAL EXPENSE		\$1,000.00
OTHER		\$200.00
<u>Incentives</u>	<u>\$200.00</u>	
40 - \$5.00 Gift Cards for participation in after- hours meetings		
SUBCONTRACTS		\$4,000.00
XX Organization and XX Organization will do xxx tasks.		
<u>XX Organization</u>	<u>\$2,000.00</u>	
\$25 per hour x 80 hours		
<u>XX Organization</u>	<u>\$2,000.00</u>	
\$25 per hour x 80 hours		
	SUB-TOTAL	\$48,285.00
	ADMINISTRATIVE COST	\$4,429.00
10% of all direct expenses less subcontracts		
	TOTAL	\$52,714.00

In Kind Contribution \$ 5,271.40

Description of In-Kind Contribution: This could include space, refreshments, additional time/effort for personnel, indirect/administrative cost, etc.

Appendix IV: CHW Related Resources

Below are links to some helpful CHW resources that can assist you as you are crafting your proposal and your work plan.

1. RIDOH CHW web page:
<https://health.ri.gov/communities/about/workers/#:~:text=Community%20Health%20Workers%20help%20to%20improve%20access%20to%2C,begins%20where%20we%20live%2C%20learn%2C%20work%2C%20and%20play.>
2. CHW Association of Rhode Island: <http://chwari.org/>
3. RI Certification Board: <https://www.ricertboard.org/certifications>
4. 2021 CHW Assessment Report:
<https://health.ri.gov/publications/assessments/2021Community-Health-Worker-Assessment.pdf>
5. 2021 CHW Employer Report:
<https://health.ri.gov/publications/reports/2021CommunityHealthWorkersInRhodeIsland.pdf>
6. CDC CHW Toolkit: <https://www.cdc.gov/dhds/pubs/toolkits/chw-toolkit.htm>
7. CDC CHW Resources: <https://www.cdc.gov/publichealthgateway/chw/index.html>
8. CHW Core Consensus Project: <https://www.c3project.org/>
9. CDC Playbook for grant recipients: <https://nachw.org/wp-content/uploads/2021/01/CBWA-Advancing-CHW-Engagement-in-COVID-Updated-2021.pdf>
10. Compensating for System Failures in CHW/PRS Workforce Development:
<https://youtu.be/8WV5Qx2tYZo>

Appendix V: Proposer ISBE Responsibilities and MBE, WBE, and/or Disability Business Enterprise Participation Form

1. Proposer's ISBE Responsibilities (from 220-RICR-80-10-2.7.E)

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 220-RICR-80-10-2.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond with each proposed subcontract.
2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.
3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.
4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.
5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

2. MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:

Attached is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Bidders are required to complete, sign and submit with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND
02908

MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN			
Bidder's Name:			
Bidder's Address:			
Point of Contact:			
Telephone:			
Email:			
Solicitation No.:			
Project Name:			
<p>This form is intended to capture commitments between the Applicant and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the Applicant. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Applicants may count 60% of expenditures for materials and supplies obtained from an MBE.</p>			
Name of Subcontractor/Supplier:			
Type of RI Certification:		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Disability Business Enterprise	
Address:			
Point of Contact:			
Telephone:			
Email:			
Detailed Description of Work To Be Performed by Subcontractor or Materials to be Supplied by Supplier:			
Total Contract Value (\$):		Subcontract Value (\$):	ISBE Participation Rate
Anticipated Date of Performance:			
I certify under penalty of perjury that the forgoing statements are true and correct.			
Applicant Signature		Title	Date
Subcontractor/Supplier Signature		Title	Date

Appendix VI: Definitions

Sub-recipient - a non-Federal entity (i.e. applicant entity) that receives a sub-award from a pass-through entity (RIDOH) to carry out part of a Federal program.

Contractor – a non-Federal entity that receives a contract, typically known as a vendor.

Pass-through entity for purposes of this RFP is the State of Rhode Island, Department of Health which carries out a Federal award as a recipient.

Sub-award - an award provided by a pass-through entity (i.e. RIDOH) to a sub-recipient (i.e. applicant entity) for the sub-recipient to carry out part of a Federal award received by the pass-through entity. A sub-award may be provided as a contract agreement.