



REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH
Division of Community Health and Equity
Center for Preventive Services
Oral Health Program

Using Community Health Workers in Dental Clinics to Address Health Disparities

RFP#: 2022RIDOH004

*Applications are due by:
Friday, February 11, 2022 at 4pm (EST)*

*Email Request for Proposals to:
Samuel Zwetchkenbaum, DDS, MPH, Dental Director
samuel.zwetchkenbaum@health.ri.gov*

Questions concerning this solicitation must be emailed to Samuel Zwetchkenbaum at the Department of Health at Samuel.Zwetchkenbaum@health.ri.gov no later than January 28, 2022. Questions should be submitted in a *Microsoft Word* attachment. Please reference the “**RFP: Using CHWs in Dental Clinics**” 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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REQUEST FOR PROPOSALS
Rhode Island Department of Health
Division of Community Health & Equity
Center for Preventive Services
ORAL HEALTH PROGRAM

Using Community Health Workers in Dental Clinics to Address Health Disparities

SECTION 1: INTRODUCTION

The Oral Health Program at the Rhode Island Department of Health (RIDOH) is soliciting applications from Rhode Island federally qualified health centers (FQHCs) to use community health workers (CHWs) to implement strategies and activities aimed to reduce oral health disparities. Up to four (4) FQHC awarded, shall employ CHWs with oral health training to perform case management services and use this funding to provide partial salary support. Challenges in treating vulnerable populations include appointment compliance and acceptance of treatment plans and preventive regimens. Vulnerable populations are also disproportionately affected by dental disease related to social determinants of health. The FQHCs will partner with RIDOH to develop implement strategies and interventions using community health workers. The 12-month contract period will be from April 1, 2022 through March 31, 2023. There is one annual option to renew dependent on available funding.

Four awards will be provided. Funding is available to RIDOH through the United States Centers for Disease Control and Prevention (CDC) grant Efforts to Eliminate Health Disparities.

RIDOH is seeking up to four (4) FQHCs that can use CHWs to increase capacity to address oral health needs of vulnerable populations through effective case management. Of greatest significance is the impact of broken appointments. RIDOH is looking for the development and implementation of evidence-based or innovative ways to use CHWs in dental settings.

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 vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.
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 an FQHC who will assume responsibility for all aspects of the work.
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 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 Division of Purchases may release records marked confidential by an 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 Division of Purchases 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 vendors 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 401-222-3090 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 so to do from the Secretary of State. This is a requirement only of the successful vendor(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, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors 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. Vendors 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

150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, 401-574-8670 or via email Dorinda.Keene@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 Vendor may submit in their bid or proposal, “[q]ualified or conditional offers which impose limitations of the Vendor’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 Vendor); 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 Vendor 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 vendors, and/or reject a qualified/conditional proposal as being non-responsive at any time during the review process. The Vendor 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 vendor(s):

General Requirements:

14a) Liability - combined single limit of \$1,000,000 per occurrence, \$1,000,000 general aggregate and \$1,000,000 products/completed operations aggregate.

14b) Workers compensation - \$100,000 each accident, \$100,000 disease or policy limit and \$100,000 each employee.

14c) Automobile liability - \$1,000,000 each occurrence combined single limit.

14d) Crime - \$500,000 per occurrence or 50% of contract amount, whichever is greater.

Professional Services:

14e) Professional liability (“errors and omissions”) - \$2,000,000 per occurrence, \$2,000,000 annual aggregate.

14f) Environmental/Pollution Liability when past, present or future hazard is possible - \$1,000,000 per occurrence and \$2,000,000 aggregate.

14g) Working with Children, Elderly or Disabled Persons – Physical Abuse and Molestation Liability Insurance - \$1 Million per occurrence.

Information Technology and/or Cyber/Privacy:

14h) Technology Errors and Omissions - Combined single limit per occurrence shall not be less than \$5,000,000. Annual aggregate limit shall not be less than \$5,000,000.

14i) Information Technology Cyber/Privacy – minimum limits of \$5,000,000 per occurrence and \$5,000,000 annual aggregate. If Contract Party provides:

a) key back office services Contract Party shall have a minimum limit of \$10,000,000 per occurrence and \$10,000,000 annual aggregate;

b) if Contract Party has access to Protected Health Information as defined in HIPAA and its implementing regulations, Personal Information as defined in in R.I. Gen. Laws § 11-49.3-1, et seq., or as otherwise defined in the Contract (together “Confidential Information”), Contract Party shall have as a minimum the per occurrence, per annual aggregate, the total rounded product of projected number of persons data multiplied by \$25 per person breach response expense per occurrence; but no less than \$5,000,000 per occurrence, per annual aggregate; or,

c) if Contract Party provides or has access to mission critical services, network architecture and/or the totality of confidential data \$20,000,000 per occurrence and in the annual aggregate.

Other: Specify insurance type and minimum coverage required, e.g. builder’s risk insurance, vessel operation (marine or aircraft):

14j) Other - Specify insurance type and minimum coverage required

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.
16. Eligible Entity - In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and

hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

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

Oral health has significant impact on quality of life and systemic health. Populations with lower income and education are at greater risk and the data bears out these disparities. There is lower use of preventive services, higher use of emergency department for dental problems, and greater tooth loss among vulnerable populations.

Accessing providers who participate in the Medicaid program can be challenging due to minimal participation by private practitioners including specialists, and long waits for appointments at FQHCs. The COVID-19 pandemic has accentuated these challenges due to increased costs of care reducing provider participation and staffing challenges decreasing appointment availability. Providers cite broken appointments, lack of care coordination, and other patient compliance challenges as impacting their ability to operate efficiently.

Community health workers (CHWs) have had significant impact in addressing patient challenges and improving success in care settings. They can guide the patient through the health care system that may be unfamiliar and increase likelihood of compliance. In oral health settings around the country, CHWs, often called by other names such as promotores, outreach to people with shared lived experiences to improve oral health literacy, perform motivational interviewing, help coordinate care, and address appointment compliance barriers. This work has been done on a limited scale in a Rhode Island FQHC dental clinic and resulted in a reduction in the rate of broken appointments.

The RIDOH Oral Health Program has conducted two trainings of CHWs in oral health in collaboration with the Community Health Worker Association of Rhode Island (CHWARI) and assembled resources to maximize potential in their use. The goal is to see FQHCs function as a true safety net and help break down barriers in access to care and help guide patients who would otherwise use emergency rooms for access.

CHWs should be certified by the Rhode Island Certification Board or have a plan to become certified within 18 months. In order to bill claims to Medicaid for CHW services, the billing provider needs to be enrolled as a CHW Provider with Medicaid. That means that if a CHW is employed by an FQHC or a non-FQHC billing provider group (e.g., a primary care medical practice or a dental office) and the FQHC or billing provider group intends to bill CHW claims, the FQHC or billing provider group must enroll as a CHW Provider. Alternatively, if a CHW intends to bill claims individually, that CHW must enroll with Medicaid as a CHW Provider.¹

Eligibility:

- 1) Applicants must be a federally qualified health center with a dental clinic located in Rhode Island and serving a Rhode Island community. A community is defined as a city, county, parish, or jurisdiction/sub-jurisdiction.

¹ At the time of this writing, enrollment as a CHW Provider is anticipated but not yet in place. It is not expected that CHWs have completed enrollment.

- 2) The agency/organization must have completed a community health needs assessment within the past five years, or plan to implement and analyze a new community health needs assessment in the first five months of award to inform a strategic action plan and detailed work plan. The community health needs assessment is required to be included with the application if previously conducted.
- 3) The local lead agency must have a demonstrated track record of successfully working with the selected population affected by oral health disparities and demonstrate impact/improvement in at least one social determinants of health.

SECTION 4: SCOPE OF WORK, CONTRACT REQUIREMENTS AND TERMS

The 12-month period is expected to begin approximately April 1, 2022 through March 31, 2023. Required activities for the initial project period is outlined below.

Required Activities – April 1, 2022 to March 31, 2023:

April 1, 2022-May 1, 2022

1. The agency/organization will recruit and hire a CHW or use a CHW already on staff. The CHW will need to be able to dedicate at least 60% of their time to oral health or oral health-related work.
2. Develop a community outreach and education plan around oral health topics to be implemented by the CHW.
3. Develop protocols for how and where the CHW will work, and how they will bill for services.
4. Develop an evaluation plan and what data will be collected to assess benefits of CHW.
5. Attend monthly meetings of RIDOH CHW Oral Health work group, to include representative(s) from RIDOH, FQHC dental staff member, and the CHW. These meetings are for sharing ongoing work, lessons learned, and supporting activities of each agency.

May 1, 2022- October 31, 2022

1. Above activities continue as applicable. FQHC is now using CHW to full capacity to engage patients in critical areas around oral health, including, but not limited to:
 - a. Addressing Appointment Compliance Barriers - Individualized efforts to assist a patient to maintain scheduled appointments by solving transportation challenges or other barriers.

- b. Care Coordination – The deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of health care services.
 - c. Motivational Interviewing - Patient-centered, personalized counseling using methods such as Motivational Interviewing (MI) to identify and modify behaviors interfering with positive oral health outcomes.
 - d. Patient Motivation to Improve Oral Health Literacy - Individualized, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation
2. FQHC employs CHW to engage community outside of the dental clinic in initiatives to improve oral health, including outreach to non-dental providers (hospital emergency rooms for example) and strategies to increase evidence-based preventive practice such as community water fluoridation and dental sealants.
 3. FQHC and CHW collect agreed upon data for evaluation of the program.

November 1, 2022- March 31, 2023

1. Continue all activities above.
2. Develop a sustainability plan for CHWs to continue work in the dental setting.
3. Perform an evaluation based on evaluation plan.

General Description

RIDOH is seeking to provide funding to FQHCs to employ CHWs. The CHWs will use best practices and innovative strategies to guide their work, obtained from both local and national practices. RIDOH is seeking high impact strategies that can be evaluated to show effectiveness and be replicated statewide.

Contract Requirements

Throughout the funding period, all grantees agree to:

1. Submit monthly invoices and appropriate backup documentation by the 10th of each month to RIDOH.
2. Submit written monthly updates and an annual written evaluation report, using RIDOH approved template.
3. Maintain technical (computer and electronic communication) capacity, including email and direct access to the internet.

4. Attend regular collaborative meetings and workgroups.
5. Collaborate with RIDOH on the utilization of community-level data.
6. Attend and present at regular meetings held by RIDOH, as necessary.
7. Work with RIDOH to develop and implement a comprehensive evaluation plan.
8. 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. 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.

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 the organization must sign this cover page.

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 April 1, 2022,

but not to exceed March 31, 2023. The Project Narrative must be submitted according to the following format:

Font: Please use Times New Roman in not less than 12-point font and 1.0 line spacing. For charts, graphs, footnotes and budget tables, applicants may use a different pitch or size font, not less than 10-point font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

Paper Size and Margins: The application must be printed on 8 ½ x 11” white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

Page Numbering: Please number all pages, beginning with the title or cover page as page 1.

Page Limit: Page limit is 10 single-sided pages not including the following appendices; the Cover Sheet, Forms, Budget, Memorandum of Understanding (MOU), Contracts and Agreements, Letters of Commitment

Narrative Specifications: The program must be created specifically around use of CHWs in FQHCs so the narrative should describe how the CHW will be employed.

Section I: Agency Qualifications and Experience (Background, Structure, References)

Briefly Provide a description of your organization and your program’s history, mission and services provided. Include a history of any community health worker engagement your program has participate in experience in providing services, support, and engagement with vulnerable populations.

Section II: Staff Qualifications

Describe who will work oversee the work of the CHW and their experience working in this area.

Section III: Work Plan and Sustainability

Provide a summary of the proposed project and project goals. Discuss plans on how use of community health worker will be sustained after funding ceases. Review other sources of funding (if any)?

Section V: Contract with CHW

Attach a proposed Memorandum of Understanding/Agreement, contract, or letter (as an Appendix) that will be used upon hiring of the CHW.

B. Cost Proposal

Funding allocation for the Federally Qualified Health Center (FQHC) is 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 and state 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 12-month term (4/1/2022 to 3/31/2023). 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 contract would span 12 months (April 2022 through March 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 the 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 staff name if there is currently an eligible CHW in this position, otherwise put as Vacant. 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.

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.

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

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

For example, if the vendor with the lowest cost proposal (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly costs and service fees and the total points available are thirty (30), Vendor 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 Vendors. The ISBE participation rate for non-ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of non-ISBE vendor's total contract price that will be subcontracted to ISBEs by the non-ISBE vendor'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 Vendors. The ISBE participation rate for ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE vendor's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE vendor by the ISBE vendor's total contract price. For example, if the ISBE vendor'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 vendor's ISBE participation rate would be 20%.

b. Points for ISBE Participation Rate:

The vendor with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other vendors shall receive ISBE participation points by applying the following formula:

$$\text{(Vendor's ISBE participation rate} \div \text{Highest ISBE participation rate} \\ \text{X Maximum ISBE participation points)}$$

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Vendor A has the highest ISBE participation rate at 20% and Vendor B's ISBE participation rate is 12%, Vendor A will receive the maximum 6 points and Vendor B will receive $(12\% \div 20\%) \times 6$ which equals 3.6 points.

General Evaluation:

Points shall be assigned based on the vendor's clear demonstration of the ability to provide the requested goods and/or services. Vendors 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 Samuel Zwetchkenbaum at RIDOH at Samuel.Zwetchkenbaum@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:**

Eliminating Oral Health Disparities 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 Vendor’s name on every page, including attachments.

SECTION 9: PROPOSAL SUBMISSION

Interested vendors 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 Samuel Zwetchkenbaum at samuel.zwetchkenbaum@health.ri.gov by Friday, February 11, 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 a vendor 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 VI:	CHW-Oral Health Related Resources
APPENDIX VII:	Proposer ISBE and MBE, WBE, and/or Disability Business Enterprise Participation Plan Form
APPENDIX VIII:	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: 4/1/2022	To: 3/31/2023
<i>Proposed Service Area(s):</i>		

In response to this Request for Proposals (RFP) for funding to support Personal Responsibility Education Program, 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 April 1, 2022-March 31, 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 I

Budget

Agency Name: _____

Title of Agreement: Using Community Health Workers in Dental Clinics to Address Health Disparities

Period of Performance: April 2022-March 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
Sub-Total	\$56,346.00
Total	\$56,346.00

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. The period of performance of the contract would span 12 months (from April 2022-March 2023).
3. Refer to the Budget Justification (allowable expenses) sheet when completing your Budget Narratives (sample below) and Budget Tables. Note: refreshments are not allowable expenses.

Budget Narrative

Agency Name: _____

Title of Agreement: Using Community Health Workers in Dental Clinics to Address Health Disparities

Period of Performance: April 2022-March 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		
TELEPHONE/INTERNET		\$1,200.00
Cell phones for 2 staff associated with this contract at \$50/mo. for 12 months		
\$25 per hour x 160 hours		
	SUB TOTAL	\$56,346
	TOTAL	\$56,346.00

In Kind Contribution \$ 5,634.60

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

Appendix VI: CHW-Oral Health Related Resources

Improving the Quality of Oral Healthcare through Case Management, from MSDA, Medicaid Medicare CHIP Dental Services Association.

<https://www.medicaidental.org/learning%20series-1--10>

CHWARI- Community Health Worker Association of Rhode Island <http://chwari.org/>

RIDOH Healthy Communities and Community Health Workers

<https://health.ri.gov/communities/about/workers/>

Smiles for Life Curriculum for Front Line Health Workers

<https://www.smilesforlifeoralhealth.org/teach-curriculum/course-10-front-line-health-workers/>

Visión y Compromiso's Oral Health Project <https://visionycompromiso.org/oralhealth/>

Oral Health Training Initiatives In Every State <https://chwtraining.org/oral-health-training-initiatives-in-every-state/>

ASTDD Best Practice Report Butler County Dental Care Program – A Dental Case Management Program <https://www.astdd.org/bestpractices/DES38006OHspecialneedscasemanagement.pdf>

Garcia DT, Lawson, JA et al. A scoping review of the roles, training, and impact of community health workers in oral health. Community Dental Health (2021) 38, 198–208.

<https://www.cdjournal.org/issues/38-3-september-2021/1086-a-scoping-review-of-the-roles-training-and-impact-of-community-health-workers-in-oral-health?downloadarticle=download>

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

1. Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.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 105-RICR-90-10-1.9 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 prime contractor/vendor 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 prime contractor/vendor. 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. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. Please complete <u>separate forms</u> for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.</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.				
Prime Contractor/Vendor Signature		Title		Date
Subcontractor/Supplier Signature		Title		Date

Appendix VIII: 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.