



## REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH  
Division of Preparedness, Response, Infectious Diseases and Emergency Management  
Center for HIV, Hepatitis, STDs, and Tuberculosis Epidemiology

### **Innovative Approaches to Promoting Sexual Health and Health Equity for High Priority Groups: 1) Youth and Young Adults; 2) Men who have Sex with Men; and 3) Communities of Color**

**RFP# 2021RIDOH003**

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*Applications are due by:*  
**3:00 PM (EST) by Friday, May 7, 2021**

***Email Request for Proposals to:***  
***Thomas E. Bertrand, MPH, Center Chief***  
***[Thomas.Bertrand@health.ri.gov](mailto:Thomas.Bertrand@health.ri.gov)***

Questions concerning this solicitation must be e-mailed to Thomas Bertrand at the Rhode Island Department of Health at [Thomas.Bertrand@health.ri.gov](mailto:Thomas.Bertrand@health.ri.gov). They must be received no later than April 14, 2021. Questions should be submitted in a *Microsoft Word* attachment. Please reference "RFP: Promoting Sexual Health and Health Equity" 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

**Innovative Approaches to Promoting Sexual Health and Health Equity for High Priority Groups: 1) Youth and Young Adults; 2) Men who have Sex with Men; and 3) Communities of Color**

**SECTION 1: INTRODUCTION**

The Rhode Island Department of Health (RIDOH) Center for HIV, Hepatitis, STD, and Tuberculosis Epidemiology is soliciting proposals from qualified non-profit community-based organizations to develop and implement sexual health and health equity promotional/educational/outreach activities (with a focus on currently available RIDOH funded services) that target youth and young adults, men who have sex with men (MSM), and communities of color. Current sexual health RIDOH-funded services include condom distribution programs (mailing and community-based), rapid HIV testing (at-home mailing and community-based), STD and HIV clinical screening and treatment, health promotion/education through the Right Time App, and drug user health services (home delivered and community based). Proposals should focus on only one of the three priority groups and the reach of the program should encompass the entire state of Rhode Island, with a focus on communities with the highest rates of HIV and STDs.

Other innovative approaches to improving sexual health among the priority populations are encouraged. Approaches should take into account and include solutions to overcoming barriers to health equity faced by the priority populations, such as lack of understanding of basic sexual health, stigma/shame, accessing free/low-cost services, understanding personal health care rights, trust in health care systems, and privacy/confidentiality concerns, among others.

The initial 12-month award period is expected to begin July 1, 2021 and continue through June 30, 2022. RIDOH reserves the right to renew awards on an annual basis for up to four (4) additional 12-month periods depending upon successful vendor performance and availability of funding, in accordance with the terms of this Request for Proposals (“RFP”) and the State’s General Conditions of Purchase, which may be obtained at the Division of Purchases’ website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

RIDOH seeks to identify three (3) qualified vendors ***who have selected one of the priority groups as the target population for their application***. It is expected that one award per priority group will be awarded. Applicants should submit robust proposals that are statewide and focus on communities that have the highest incidence of HIV and STDs. Partnerships and collaborations are encouraged.

The objective of this Request for Proposals (RFP) is to procure the services of qualified non-profit community-based (non-medical) organizations that have a strong background and history providing direct services to the selected priority group.

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:**

**Instructions and Notifications to Vendors**

Potential vendors 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.

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.

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.

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.

All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.

It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.

Vendors 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 a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that the Division of Purchases may release records marked confidential by a vendor 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.

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.

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 vendors/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.

Vendors 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.

Vendors 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."

Vendors 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. Vendors further agree, where applicable, to complete the "Contract Compliance Report" (<http://odeo.ri.gov/documents/odeo-eeo-contract-compliancereport.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 via e-mail at [odeo.eoo@doa.ri.gov](mailto:odeo.eoo@doa.ri.gov).

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).

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 [www.gcd.ri.gov](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](mailto:Dorinda.Keene@doa.ri.gov)

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.

**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 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 the 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]

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 Vendor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

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:

X Sub-recipient     Contractor

Definitions can be found in Appendix VII.

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

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

STEP 1: Obtain DUNS Number

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

STEP 2: Register with SAM

If you already have a TIN/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://www.sam.gov>. 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 primary purpose of this RFP is to reduce the rates of HIV and sexually transmitted infections (STI's) among three priority groups (e.g., youth and young adults, men who have sex with men (MSM), and communities of color) by actively promoting **existing** sexual health programs and services conducted and/or funded by the Rhode Island Department of Health. Promotional activities should be designed through an assessment of the priority group and can include such initiatives as websites, trainings, educational sessions, outreach, and marketing activities. Unique communication and promotion strategies tailored to the priority group are encouraged. While existing RIDOH funded sexual health programs/services should be emphasized in promotional efforts, other sexual health programs/services can be included as determined by the needs of the target group.

Rhode Island has experienced a significant rise in rates of syphilis, gonorrhea, and chlamydia from 2015 – 2019, while rates of HIV have remained generally stable. When exposed to HIV, the presence of a STI increases HIV infection rates. If left untreated, HIV and STI's can result in serious health outcomes, including death. Epidemiological and surveillance data indicate that rates of HIV and STI's are highest among individuals who are MSM, communities of color, and people generally between the ages of 18 and 35. Pregnant women and women of child-bearing age are a public health priority to prevent mother to child transmission of HIV and STI's.

The information and data in the *RIDOH 2019 HIV, STI, TB, and Hepatitis Surveillance Report* (<https://health.ri.gov/publications/surveillance/2019/HIVSTD.pdf>) provide the foundation of this RFP.

For the purpose of this RFP, the following definitions are being used for the priority groups:

1. Youth and Young Adults: Individuals aged 15 to 24.
2. Men who have Sex with Men (MSM): Adult (18+) males that engage in sexual activity with other males that put them at risk of transmitting HIV and STI's, regardless of how they self-identify in terms of their sexuality.

3. Communities of Color: Adults (18+) who represent racial and ethnic groups that are disproportionately impacted by HIV and STIs, with a focus on Black/African Americans and Hispanics.

The approaches to conducting sexual health promotion should take into account historical and societal barriers to achieving health equity for the selected priority group. Within each of the priority groups, consideration should also be given to the unique needs of people with disabilities, people who inject drugs, members of the LGBTQ+ community, commercial sex workers, and women (who bear the greatest health burdens caused by STI's), as appropriate.

Key Objectives of this RFP Include:

1. Reduce the overall incidence of HIV, chlamydia, gonorrhea, and syphilis.
2. Reduce health disparities in rates of HIV, chlamydia, gonorrhea, and syphilis.
3. Reduce the proportion of youth who are sexually active.
4. Among sexually active youth, increase condom use, reduce number of partners, and encourage annual testing for STI's and HIV.
5. Among sexually active adults, increase condom use, encourage annual testing for STI's and HIV, and obtain PrEP (as appropriate).
6. Reduce the overall statewide rates of unwanted pregnancies and sexual violence.

#### **SECTION 4: SCOPE OF WORK**

Eligible applicants should pick only one of the three priority groups as the focus of their application. If an applicant wants to choose more than one priority group, the applicant must submit a separate application for each group selected.

Eligible applicants are non-profit community-based organizations that have a strong history of providing services to the selected targeted group in community (non-medical) settings. Each application should have one lead agency. Partnerships with other organizations can be supported through sub-contracts.

HIV, STI, and sexual health behavioral data are summarized in the *RIDOH 2019 HIV, STI, TB, and Hepatitis Surveillance Report* (<https://health.ri.gov/publications/surveillance/2019/HIVSTD.pdf>). Within this report, there is disease-specific trend data and special chapters devoted to disease and sexual health behavioral trends for youth, MSM, and communities of color.

While proposals should be inclusive of the entire state of Rhode Island, the focus of activities should be on high-burden city and towns as described and illustrated in the tables and GIS maps found in the *RIDOH 2019 HIV, STI, TB, and Hepatitis Surveillance Report*.

Required elements of the proposal should include:

1. Convening a steering committee to provide guidance, technical assistance, and support of proposed activities.
2. Conducting an assessment of current societal and institutional factors that represent barriers to achieving health equity in general, and sexual health specifically, for the selected group. Knowledge gained from this assessment should be integrated into program activities.
3. Conduct a sexual health assessment of priority group members using existing data (*RIDOH 2019 HIV, STI, TB and Hepatitis Surveillance Report*) and information gained from surveys, focus groups, etc. This assessment should identify gaps in current knowledge of sexual health and available services, as well as preferred ways to obtain information on sexual health and available resources.
4. Using innovative approaches and “out of the box” strategies, develop a plan that promotes the following RIDOH (and RIDOH-funded agencies) sexual health services, as appropriate, to the selected target group:
  - a. Condom by Mail Distribution Program (<https://surveys.health.ri.gov/redcap/surveys/?s=4KC3HJCRJA>)
  - b. Community-based Condom Distribution Program (on hold due to COVID-19)
  - c. Right Time App (<https://www.righttimeapp.com>)
  - d. Community-based Rapid HIV Testing ( )
  - e. Rapid HIV Test Kit Mailing Program (<https://aidsprojectri.org>)
  - f. Title X Family Planning Programs (<https://health.ri.gov/find/services/detail.php?id=25>)
  - g. The Miriam Hospital STD Clinic (<http://www.doitright.org>)
  - h. Testing 1-2-3 STI and HIV Services (Forthcoming)
  - i. ENCORE Syringe Services and Needle Exchange Program (<https://www.aidscaresos.org/Our-Services/Prevention-Center/Needle-Exchange>)

In addition to RIDOH funded programs, applicants are encouraged to identify and promote other sexual health and health equity services that are tailored to the needs of the selected priority population. Applicants are encouraged to collaborate with community partners, as appropriate, such as:

1. High Schools and Institutions of Higher Education
2. Health Equity Zones
3. Social Service Agencies
4. Health Care Providers

5. Community Based Organizations
6. Municipal Governments and Services
7. Religious Institutions
8. Other public and private partners

In addition to RIDOH-funded services, the promotional plan should integrate strategies that relate to reducing barriers to sexual health and improving health equity for the selected priority group. Possible examples of these strategies may include educating individuals on basic information related sexual health and STI/HIV prevention, accessing and linking individuals to trusted health care providers, educating individuals about their health care rights and how to exercise them, addressing issues of confidentiality and sexual health care services, increasing trust with the health care system, fostering conversations between youth and parents/guardians/trusted adults, reducing stigma and shame associated with sexual health, identifying and referring to no or low-cost services, providing referrals to mental health and social services, establishing social support networks, and negotiating sexual relationships and understanding consent, among others.

5. Develop SMART objectives that include process and outcome measures.
6. Launch plan and conduct ongoing program evaluation.

### **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: CONTRACT TERMS**

Funding will be available for the initial project period of 7/1/2021 - 6/30/2022. The Rhode Island Department of Health will renew this project on an annual basis for up to four additional 12-month terms, depending on contractor performance and availability of funding. RIDOH reserves the right, at any time during the term of the resultant award pursuant to this solicitation, to expand the base engagement to include additional follow-up services.

## **SECTION 6: PROPOSAL**

### **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**

The Cover Page must be completed (See Appendix I) and included as a 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 sections titles with page numbers including attachments.

### **PROJECT NARRATIVE**

The information contained in this section constitutes the bulk of the project proposal. Requested supporting documentation must be included as appendices. The Project Narrative must be submitted in accordance with the following format:

### **AGENCY QUALIFICATIONS & EXPERIENCE**

The applicant should briefly describe the degree to which it is qualified and experienced in providing sexual health promotion and education services and conducting outreach. The applicant should include a brief description of similar projects undertaken and data of similar clients served, with tasks similar to those in this RFP.

### **WORK PLAN/PROPOSED APPROACH**

This section should describe the applicant's proposed approach and/or methodology to meet the requirements of this RFP. The work plan should include goals with clearly defined SMART (specific, measurable, achievable, realistic, time-bound) objectives. Projected number of clients served, and services provided should also be included in the work plan. Tasks and activities to address the objectives should be outlined and include monitoring and evaluation.

The applicant should provide detailed information, including targeted work plan objectives and utilization goals as appropriate.

Please provide letters of support from key partners in the appendix.

### **STAFFING PLAN**

This section should describe how the applicant's proposed staffing plan will provide project oversight. The applicant should describe briefly how the proposed project's staffing plan will demonstrate cultural and linguistic competence through clearly defined values, policies, structures, and practices, as well as through the employment of bi-lingual and bicultural staff at all levels of the agency. Please provide resumes of key staff in an appendix.

### **COST PROPOSAL**

Applicants must provide a budget and budget justification (See Appendix V) for the period 7/1/2021 - 6/30/2022. Requirements are described in Section 6: Budget/Budget Justification, no additional narrative

is needed for this section. Please note that applicants must provide a minimum of 10% of the total project costs in non-federal in-kind funds.

### **ALLOCATION OF FUNDS**

Funding 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 OPA.

Utilize Appendix III for Budget submission. In Budget Narrative, include expenses for Year One (12-months). Complete an itemized budget detailing expenses related to each budget category that are consistent with objective and program activities.

### **ALLOWABLE EXPENSES**

- Personnel: Indicate each staff name and position for this project. Show percentage of time allocated to this project, the hourly rate and the total annual salary, the personnel costs being requested under this RFP, and the percentage of time that will be in-kind.
- Fringe Benefits: Include those benefits normally provided by an organization. Percent and detail breakdown of each benefit is required, such as FICA, unemployment, workers compensation, medical, dental, vision, vacation time, personal time, sick leave, etc. Also indicate the fringe benefit rate for the organization.
- Consultants: List each consultant individually, specifying the hourly rate and anticipated annual cost. Only expenses for functions related to this project may be included.
- In-State Travel: Local travel only is allowed. Reimbursement for mileage expenses is not to exceed \$0.56/mile. Reimbursement of travel expenses is allowed for activities related to this project only.
- Printing / Copying: Include the cost of printing or copying any flyers, resource lists, referral forms or other educational material during the contract period.
- Supplies: List office and program supplies allocated to the project. Refreshments are not an allowable expense.
- Telephone/Internet: Include telephone and internet expenses associated with the project.
- Educational/Resource Materials: List books, brochures, curricula, videos, or other written resource materials purchased for program use.
- Postage: Indicate postage expenses allocated to the project.
- Other / Special Initiatives: Incentives, etc.
- 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.

### **ISBE Proposal**

See Appendix 5 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 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.

**SECTION 7: 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. Applicant experience, capacity to provide sexual health promotion services, and the strength and relevance of the proposed program of services will be assessed. The location of the clinic to be funded will be a factor of consideration. The following list outlines the relevant evaluation items and their maximum scores. Each proposal will receive a rating score (maximum 100 points) with a minimum technical score of 60/70 points for consideration.

<b>Criteria</b>	<b>Possible Points</b>
Agency Qualification and Experience	20 Points
Work Plan/Proposed Approach	30 Points
Staffing Plan	20 Points
<b>Total Possible Technical Points</b>	<b>70 Points</b>
Cost Proposal*	30 Points
<b>Total Possible Evaluation Points</b>	<b>100 Points</b>
ISBE Participation**	6 Bonus Points
<b>Total Possible Points</b>	<b>106 Points</b>

The applicants with the highest total score per priority group 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, the Rhode Island Department of Health will begin negotiations with the recommended Sub-Recipients 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:

- a. 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 Section 6 (Proposal) of this RFP.
- b. Proposals will be reviewed by a Technical Review Committee comprised of not less than 3 RIDOH staff.
- c. The Technical Review Committee will meet to review each proposal according to established evaluation criteria and guidelines. Appendix VII: Proposal Evaluation Form lists the relevant evaluation items and maximum scores. Each proposal will be rated based on the Proposal Evaluation Form score (maximum 100 points). A zero rating on any item may exclude the proposal from further consideration. To be eligible for funding under this RFP, the Technical Proposal must receive a minimum of 60 out of a maximum of 70 points (85.7%). Any proposals scoring less than 60 points will not qualify for further consideration.

- d. 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.
- e. The Technical Review Committee will submit the rank-ordered recommendations and overall comments to the Director of Health and/or designee.
- f. 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 upon 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: 6
- c. 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:

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

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 made in the proposal.

The Rhode Island Department of Health 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 8: PROPOSAL CONTENT**

This section contains all of the information and forms necessary to develop and submit the application. Applicants must use a standard 12-point Times Roman font. Margins on all sides should be 1 inch and single line spacing is desirable. The applicant's name must appear on each page. The entire application, including appendices, must be sequentially page numbered. The application sequence should be as follows: Cover Page, Table of Contents, Project Narrative (Parts A through D), and Appendices.

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

### **Cover Page**

The Cover Page must be completed (See Appendix II) and included as a part of the application. The individual authorized to sign on behalf of the organization must sign this cover page. Please indicate the priority group selected within the cover page.

### **Table of Contents**

A Table of Contents must be completed and based on the sections included in the application sequence.

### **Project Narrative**

The information contained in this section constitutes the bulk of the project proposal. Requested supporting documentation must be included as appendices. The Project Narrative must be submitted in accordance with the following format:

#### **Part A - Agency Qualifications & Experience**

The applicant should briefly describe the degree to which it is qualified and experienced in providing sexual health promotion services. The applicant should include a brief description of similar projects undertaken and data of similar clients served, with tasks similar to those in this RFP.

### **Part B – Work Plan/Proposed Approach**

This section should describe the applicant’s proposed approach and/or methodology to carry out the objectives of this RFP. The work plan should include goals with clearly defined SMART (specific, measurable, achievable, realistic, time-bound) objectives. Tasks and activities to address the objectives should be outlined and include monitoring and evaluation. The applicant should prepare a robust statewide plan that has a focus in geographic communities that are disproportionately impacted by HIV and STI’s.

The applicant should provide detailed information, including targeted work plan objectives as appropriate, on how the agency will achieve the following:

1. Convening a steering committee to provide guidance, technical assistance, and support of proposed activities.
2. Conducting an assessment of current social and institutional factors that represent barriers to achieving health equity in general, and sexual health specifically, for the selected priority group. (Knowledge gained from this assessment should be integrated into program activities.)
3. Conducting a sexual health assessment of priority group members using existing data (*RIDOH 2019 HIV, STI, TB and Hepatitis Surveillance Report*) and information gained from surveys, focus groups, etc. This assessment should identify gaps in current knowledge of sexual health and available services, as well as preferred ways to obtain information on sexual health and available resources.
4. Using innovative approaches and “out of the box” strategies, developing a plan that promotes the following RIDOH (and RIDOH-funded agencies) sexual health services, **as appropriate** to the selected target group:
  - b. Condom by Mail Distribution Program
  - c. Right Time App
  - d. Home HIV Testing Program
  - e. Rapid HIV Testing Program
  - f. Title X Family Planning Programs
  - g. The Miriam Hospital STD Clinic
    - i. PrEP Program
    - ii. STI and HIV Testing and Treatment
  - h. Testing 1-2-3 STI and HIV Services (Forthcoming)
  - i. ENCORE Syringe Services and Needle Exchange Program
5. Identifying community partners to support the implementation plan (letters of support should be included in an appendix).
6. Preparing a monitoring and program evaluation plan to track progress, conduct program evaluation.

### **Part C – Staffing Plan**

This section should describe how the applicant’s proposed staffing plan will provide project oversight and daily operations. The applicant should identify at least a 0.5 FTE staff person to provide program management and be a RIDOH liaison on this project.

### **Part D - Budget & Justification**

Applicants must provide a budget and budget justification (See Appendix VI) for the period 7/1/2020 -

6/30/2022. No additional narrative is needed for this section. Please note that applicants must provide a minimum of 10% of the total project costs in non-federal in-kind funds.

- One completed and signed Rhode Island W-9 downloaded from the Division of Purchases website at <http://www.purchasing.ri.gov/rivip/publicdocuments/fw9.pdf> .
- 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 separate 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:
  - Please submit in a PDF Format
  - Typed documents, single-spaced with 1" margins font of 12-point Calibri or 12-point Times New Roman.
  - 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 Thomas Bertrand at [Thomas.Bertrand@health.ri.gov](mailto:Thomas.Bertrand@health.ri.gov) by May 7, 2021 at 3:00 pm.

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

#### **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 ATTACHED**

- Appendix I: Application Cover Page
- Appendix II: Budget
- Appendix III: ISBE Responsibilities & MBE, WBE, and/or Disability Business Enterprise Participation
- Appendix IV: 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>	
<i>Phone:</i>	<i>Email Address:</i>
<i>Chair, Board of Directors:</i>	
<i>Phone:</i>	<i>Email Address:</i>
<i>Finance or Accounting Director:</i>	
<i>Phone:</i>	<i>Email Address:</i>
<i>Medical Director (if applicable):</i>	
<i>Phone:</i>	<i>Email Address:</i>
<i>Project Manager:</i>	
<i>Phone:</i>	<i>Email Address:</i>
<i>Project Period</i>	<b>From: 7/1/2021      To: 6/30/2022</b>
<i>Proposed Service Area(s):</i>	

In response to this Request for Proposals (RFP) for funding to support Innovative Approaches to Sexual Health and Health Equity, 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 July 1, 2021 – June 30, 2022.

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

Authorized Signature    Date

---

Typed/Printed Name    Title

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## APPENDIX II: BUDGET FORMS

Budget  
 Agency Name  
 Title of Agreement  
 Period of Performance

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	
2. Fringe Benefits	
3. Consultants	
4. In-State Travel	
5. Out-of-State Travel	
6. Printing/Copying	
7. Supplies	
8. Telephone/Internet	
9. Education/Resource Materials	
10. Postage	
11. Other (listed separately)	
Refreshments	
Incentives	
12. Equipment	
13. Subcontracts	
<b>Sub-Total</b>	
<b>Indirect Cost/Administrative Cost (10%)</b>	
<b>Total</b>	

Budget Narrative  
 Agency Name  
 Title of Agreement  
 Period of  
 Performance

<b>PERSONNEL</b>		<b>\$6,534.00</b>
<u>Sally Smith, Director</u>	<u>\$2,132.00</u>	
\$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.		
<u>John Jones, Assistant Systems Development</u>	<u>\$2,178.00</u>	
\$33.76 per hour for 64.50 hours		
Mr. Jones will specifically review operating protocols related to systems development, implementation and operation performance.		
<u>John Doe, RN, C. MS, Project Coordinator</u>	<u>\$2,224.00</u>	
\$51.72 per hour for 43 hours		
Mr. Doe will assume responsibility for oversight of the project and all project-reporting requirements.		
<b>FRINGE BENEFITS</b>		<b>\$1,901.00</b>
Fringe is calculated at 29.1% of personnel and includes FICA, Life/Disability, Health, Payroll/ Unemployment Taxes, Pension Expense and Worker’s Compensation Insurance		
<b>CONSULTANTS</b>		<b>\$30,000.00</b>
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		
<b>IN-STATE TRAVEL</b>		<b>\$450.00</b>
Mileage reimbursement for all staff members to be calculated at \$0.535/mile for 842 miles. *Rate is effective through December 31 <sup>st</sup> , 2017		
<b>OUT-OF-STATE TRAVEL</b>		<b>\$1,000.00</b>
2 Staff members to attend annual meeting in Atlanta, GA. All travel related reimbursement must follow State or RI Travel Guidelines for reimbursement		
<b>PRINTING/COPYING</b>		<b>\$700.00</b>
Printing expenses for printing of monthly flyers, brochures, and information sheets		
<b>SUPPLIES</b>		<b>\$800.00</b>
General office supplies to include paper, pens, file folders, etc.		
<b>TELEPHONE/INTERNET</b>		<b>\$1,200.00</b>
Cell phones for 2 staff associated with this contract at \$50/mo. for 12 months		
<b>EDUCATION/RESOURCE MATERIALS</b>		<b>\$1,000.00</b>
Update of books and reference manuals in the school library		
<b>POSTAGE</b>		<b>\$500.00</b>
Postage for flyers and mailings associated with this contract		
<b>OTHER</b>		<b>\$400.00</b>
<u>Refreshments</u>	<u>\$200.00</u>	
All refreshments for the program/event will meet the RIDOH’S Healthy Eating and Events Policy		

Incentives \$200.00  
40 - \$5.00 Gift Cards for participation in after- hours meetings

**EQUIPMENT** **\$3,412.00**  
2 Laptop computers for use by all office staff

**SUBCONTRACTS** **\$4,000.00**  
John Hope Settlement House and the Center for Hispanic Policy & Advocacy will conduct a community assessment on tobacco use.

John Hope Settlement House \$2,000.00  
\$25 per hour x 80 hours

Center for Hispanic Policy & Advocacy \$2,000.00  
\$25 per hour x 80 hours

**SUB-TOTAL** **\$51,897.00**

**ADMINISTRATIVE COST** **\$4,449.00**  
10% of all direct expenses less equipment and subcontracts

**TOTAL** **\$56,346.00**

**In Kind Contribution \$ 5,634.60**  
**Description of In-Kind Contribution:**

**APPENDIX III: 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:**

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 separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.**

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.

<b>Prime Contractor/Vendor Signature</b>	<b>Title</b>	<b>Date</b>
<b>Subcontractor/Supplier Signature</b>	<b>Title</b>	<b>Date</b>

## **APPENDIX IV: 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