REQUEST FOR APPLICATIONS – FEDERAL FUNDS

The State of Nebraska, Department of Health and Human Services, Division of Public Health (“DHHS”) is issuing this Request for Applications (“RFA”) for the purposes of entering into grant agreement(s) (“subaward” or “subawards”) and awarding federal funds to an eligible and qualified entity to support Nebraska communities to address Children and Youth health priorities. A more detailed description may be found in **Project Description, Section 2.**

Evidence of neighbors helping neighbors is ever present among Nebraskans, especially now as many Nebraska communities are experiencing devastation from major flooding. Community response to a variety of needs is at an all-time high. With that in mind, DHHS recognizes now may not be the ideal time to issue a Request for Applications (RFA). Seeking Applications with an emphasis on community engagement symbolizes confidence in how Nebraska local communities stand ready to come together, or already have, to address the **Priorities in Section 2.2**.

To minimize burden on Applicants and their partners while achieving suitable work plans and line item budgets, the RFA will be conducted in a two-step process referred to as Phase 1-concept paper and Phase 2-consultation on work plan & line item budget. Applicants whose concept paper fits the purpose of this RFA will consult with DHHS on the full development of the work plan and line item budget from the approved concept paper. Applications not approved in Phase 1 will not advance to Phase 2. Approval in Phase 1 ensures an opportunity for Phase 2 but does not guarantee a subaward will result. In Phase 2, agreement must be reached on the work plan and line item budget to result in a subaward. The **Schedule of Events in Section 3.2** provides an overview of RFA Procedure.

|  |  |
| --- | --- |
| RFA #  | RELEASE Date |
|  #1715 | May 10, 2019 |
| APPLICATION DUE DATE  | **POINT OF CONTACT** |
| June 21, 2019 | Rayma Delaney  |

|  |  |
| --- | --- |
| INITIAL period of performance  | total funding available\* |
| AUGUST 1, 2019 – JULY 31, 2020 | $1,200,000 |

The resulting subaward from this RFA is subject to and shall follow federal regulation, as set forth herein. Subrecipients receiving subawards may only be paid up to the actual and allowable costs (as defined herein) of completing the **Project Description, Section 2**. No Subawards resulting from this RFA will be fee-for-service contracts, regardless of the method of payment, and no Subrecipient may keep a profit from its subaward. More detail about the terms of this funding is set forth in **Terms**, **Section 5**, below.

A copy of this RFA may be found online at DHHS’ website at [www.dhhs.ne.gov](http://www.dhhs.ne.gov). Until final Subawards are signed, all other information pertinent to this RFA, including but not limited to any amendments or addenda, will be posted on the DHHS website.

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RFA OVERVIEW

* 1. Background and Purpose

Since passage of the Social Security Act in 1935, the federal government has pledged its continuous support of Title V of the Act, making Title V the longest lasting public health legislation in United States history. Several grants are authorized in Title V, including the Title V Maternal and Child Health (MCH) Services Block Grant, or simply the MCH Block Grant (MCHBG). MCHBG is one of the oldest federal funding sources to ensure the health of our nation’s mothers and children.

The MCHBG program was created by the Omnibus Budget Reconciliation Act (OBRA) of 1981. Under that legislation, a number of categorical grants programs were consolidated into the single MCHBG program. Extensive amendments to the authorizing statute in 1989 increased state programmatic and fiscal accountability under the program.

States and jurisdictions are allocated funds based on a formula. The objective of the grants to states under the MCHBG program is to provide funds for the improvement of the health of all mothers and children consistent with applicable health status goals and national health objectives established under the Social Security Act.

A state’s acceptance of federal MCHBG funds imparts responsibility to assure the health of all mothers and children in the state; to systematically assess health needs and determine health priorities; to develop systems that build capacity across the state to address these priority needs; and to be accountable for programs and services and their outcomes. States must identify their specific health needs of the population through a five-year statewide needs assessment; submit an annual plan for meeting the needs identified by the statewide needs assessment; and report annually on performance measures. States must match three dollars to every four dollars of MCHBG funds, thereby creating a federal-state partnership. Also, states must use at least 30 percent (30%) for preventive and primary care services for Children (defined as a child from 1st birthday through the 21st year), and at least 30 percent (30%) for services for children with special health care needs (CSHCN), and no more than 10 percent for administration. For more information, visit <http://www.ssa.gov/OP_Home/ssact/title05/0500.htm>.

DHHS routinely reconsiders its funding decisions of MCHBG, which include subawards to support community-level activities to address priorities identified in the five-year statewide needs assessment. The State Action Plan is responsive to state-level needs that align to National Performance Measures (NPM) and State Performance Measures (SPM). Subawards, the focus of this RFA, will support communities’ role to help meet our state objectives in four of ten priorities in the State Action Plan. Focusing on Children and Youth health priorities complies with the statutory requirement to use at least thirty percent (30%) of the MCHBG funds for Children (ages 1 – 21).

* 1. Funding Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Federal Agency Name** | **Catalog of Federal Domestic Assistance (CFDA) Name** | **CFDA Number**  | **Federal****Award Date** | **Federal Award Identifier Number (FAIN)** |
| U.S. Department of Health and Human Services; Health Resources and Services Administration (HRSA) - Maternal Child Health Bureau (MCHB) | Title V Maternal and Child Health Services Block Grant to States |  93.994 |  April 11, 2019 | B04MC32555 |

The total anticipated available funds for Subawards under this RFA is $1,200,000. [One Million Two Hundred Thousand 00/100 dollars]. A total award of this amount of funds is not guaranteed, but is subject to the Applications received, to actual money awarded to DHHS from the Federal Awarding Agency, and to DHHS’ discretion. DHHS may establish a cap on total amount of funds that any one Applicant, or Applicants acting jointly, may request. Any cap shall be set forth in the **Application Instructions, Section 4.4**, below. The total funds may be split among multiple Subrecipients in the discretion of DHHS.

Subawards under this RFA shall not replace a service or activity that is supported by other means. Under no circumstances will Applications that would replace existing support from non-federal sources be considered for funding due to federal rules on supplanting.

* 1. Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out the work authorized under this RFA and the resulting Subaward. See the definitions in 2 CFR § 200.77 or 45 CFR § 75.2. The initial Period of Performance for this RFA is from August 1, 2019 – July 31, 2020. This period may be extended by DHHS as allowable by the Federal Funding Agency. If state funds are involved in the award, this may also determine whether DHHS may extend a Period of Performance.

For the initial Period of Performance, all costs must be invoiced to DHHS by September 15, 2020 and liquidated (i.e., spent) by August 31, 2020. These dates are dependent on federal periods of allowability and DHHS’ own ability to timely process payments. They may be subject to change; final dates will be included in the final Subaward between the parties. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by DHHS, may have different obligation and liquidation deadlines.

* 1. Applicable Law

Because the funds to support the activities under this RFA involve federal funds, usage of these funds is subject to federal law, in addition to any applicable state law. The Uniform Grant Guidance, [2 CFR §§ 200 et seq](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl). (“UGG”) applies to subawards funded from the United States Department of Agriculture (USDA), the Department of Housing and Urban Development (HUD), the Department of Labor (DOL), the Environmental Protection Agency (EPA) or other federal agencies. The United States Department of Health and Human Services (HHS) has adopted the UGG, but has implemented and re-codified it at [45 CFR §§ 75 et seq](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=df3c54728d090168d3b2e780a6f6ca7c&ty=HTML&h=L&mc=true&n=pt45.1.75&r=PART). (“HHSGG”); for awards funded by HHS, those regulations apply. Throughout this RFA, both the UGG and the HHSGG will be cited, although they are substantially similar.

The HHSGG shall apply to this RFA if it awards funds from block grants authorized by the Omnibus Budget Reconciliation Act of 1981, unless Nebraska statute or regulation has established provisions for the payment costs and services; in all other respects, as provided herein, those block grant subawards are governed by [45 CFR §§ 96 et seq](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title45/45cfr96_main_02.tpl).

Additional federal and state statutes and regulations may apply to the funding contained herein. These may be included in **Additional Program Requirements, Section 5.7,** below, as well as in the Subaward itself.

Further information about allowable costs and activities may be set forth herein.

* 1. Eligible Entities

Any Applicant for this RFA must be a “non-federal entity,” as set forth in 45 CFR § 75.2 or 2 CFR § 200.69. A “non-federal entity” is limited to local governments, Indian tribes, institutions of higher education, or nonprofit organizations; further definitions in the UGG or the HHSGG may apply. If this RFA involves funds from the United States Department of Labor, the definition of “non-federal entity,” per 2 CFR § 2900.2, includes for-profit entities, as well. Any Application submitted by an Applicant who is ineligible shall be rejected without scoring.

Additional requirements for determining the eligibility of entities may also be included in the Project Description.

* 1. Award of Funding

DHHS will evaluate Applications in the manner set forth herein. An Intent to Subaward will be posted on the DHHS Website with selected Applicants. Funds will be awarded through a written agreement, termed a Subaward, which will incorporate this RFA by reference. No promise for funds is binding on DHHS, and no funds will be paid to any Applicant until a Subaward has been executed by both the Applicant and DHHS.

The initial period of performance is Year 1, with Year 2 anticipated for projects with planning and subsequent implementation of an agreed-upon strategy by the community and for costs allowable for MCHBG funding. Year 2 funding will also be dependent on Year 1 performance as evidenced by progress made in the Work Plan (on time and meeting Performance Measures), and staying within budget. Year 2 funding is also contingent on the anticipated 2020 MCHBG appropriation and award to DHHS.

In the Evaluation of Applications, DHHS shall not discriminate for or against an organization on the basis of the organization's religious character or affiliation, as consistent with 45 CFR §§ 87 et seq.

PROJECT DESCRIPTION

* 1. Target population

The target population for subawards resulting from this RFA are Nebraska Children and Youth (ages 1 – 21 years). All activities, and the related expense, shall be exclusively for Children and Youth to address a community’s needs that align with state priorities discussed in **Section 2.2, Priorities**. The focus on priorities specific to Children and Youth ensures that the state complies with a statutory requirement of Title V. Under Title V, at least thirty percent (30%) of federal MCHBG funds allocated to the State of Nebraska must be used for preventive and primary care services for Children and at least thirty percent (30%) for services for children with special health care needs [(501(a)(1)(D)](https://www.ssa.gov/OP_Home/ssact/title05/0501.htm). Children are inclusive of children with special health care needs (CSHCN), however, the specific priorities for CYSHCN are not the focus of this RFA. The minimum 30% for CSHCN is in addition to the minimum 30% for Children, and is sought through activities outside of this RFA.

It should be noted there are specific health priorities for infants (birth – 12 months). Infants are not considered Children for purposes of Title V MCHBG. Adolescents or youth are within the age range for Children and represented in priorities of this RFA. However, pregnant adolescents are categorized as “pregnant woman”, not Children, for reporting purposes and are not a target population for this RFA.

* 1. Priorities

A community’s needs that align with the priorities in this RFA shall be based a community-level needs assessment completed within the prior five-year period. Applications must address at least one of four priorities (numbered for reference only with the corresponding Priority Need in the State Action Plan):

RFA Priority 1. (State Action Plan Priority 5) Reduce unintentional injuries among Children and Youth, including motor vehicle crashes.

RFA Priority 2. (State Action Plan Priority 9) Increase access to preventive and early intervention mental health services for Children.

RFA Priority 3. (Sate Action Plan Priority 2) Reduce obesity/overweight among Children and Youth, including food insecurity and physical inactivity.

RFA Priority 4. (State Action Plan Priority 8) Reduce sexually transmitted disease among Youth.

The RFA priorities (among other identified priorities) resulted from the comprehensive statewide needs assessment completed in 2015 with the help of a stakeholder group. The State Action Plan was developed to be responsive to state-level needs that align to National Performance Measures (NPM) and State Performance Measures (SPM). Corresponding objectives are listed by bullets within Priority/NPM or SPM. An excerpt of the State Action Plan (below), relevant to the RFA, is provided below to give context to communities’ role to help meet our State objectives.

Priority 5: Reduce unintentional injuries among Children and Youth, including motor vehicle crashes

Performance Measures with State Objectives:

NPM 7: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9

* + - * Increase by 10% booster seat use by parents for children aged 5 - 12 years.
			* Increase by 10% the percentage of Nebraska elementary schools participating in safe motor vehicle education for parents

NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents ages 10 through 19

* + By 2020, increase by 10% the percentage of teen drivers wearing seat belts in the Teens in the Driver Seat school survey.
	+ By 2020, increase by 6 schools per year the number of NE high schools participating in evidence-based safe driver promotion activities

Priority 9: Increase access to preventive and early intervention mental health services for Children

Performance Measures with State Objectives:

SPM 4: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

* By 2020 increase by 10% the utilization of Behavioral Health services using telehealth by Medicaid-enrolled children.
* By 2020, increase by 10% the percentage of children aged 0-5 screened in a medical home practice.

Priority 2: Reduce obesity/overweight among Children and Youth, including food insecurity and physical inactivity

Performance Measures with State Objectives:

NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

* + By 2020, increase community engagement on built environments and school-based physical activity opportunity to support healthy and active living for children and adolescents.

SPM 6: Percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day

* + By 2020, increase community/school supports for healthy and active living for children and adolescents.

Priority 8: Reduce sexually transmitted disease among Youth

Performance Measures and State Objectives:

SPM 5: Number of adolescents, ages 12 through 17, with a preventive medical visit in the past year

* By 2020, increase by 10% the percentage of teens with a past year medical visit through adoption of youth-friendly clinical practices.
* By 2020, increase by 10% the number of youth serving medical practices adopting youth-friendly standards.
	1. Project Stage.

Funding will support short-term, impactful projects, not ongoing programs. Projects must fall in one of three stages: Stage 1: Planning & Development; Stage 2: Implementation; or Stage 3: Expansion (described more fully below). All projects shall be preceded by a community-level assessment completed within the prior five-year period. Regardless of stage, proposed projects must emphasize community involvement in some way. Meaningful, innovative partnerships that bring together persons with diverse backgrounds in education, income, race, ethnicity, family status, etc. is expected. All voices must be heard. Any individual or group with a vested interest in the project is a stakeholder. Dependent on the priority(ies) selected, potential stakeholders include private citizens, especially parents and youth, health/human service providers, teachers and school administrators, medical and behavioral health practitioners, business owners/leaders, and representatives of faith communities and civic organizations. Engagement can only be accomplished with total respect for all persons, valuing their contributions from the beginning of project efforts. If stakeholder engagement occurs through inviting and repurposing an existing coalition convened for other purpose(s), Applicants should carefully consider and describe how the priorities for this funding are a good fit for the existing stakeholder group.

**Stage 1: Planning & Development stage.** For development of new projects that align to at least one item in **2.2. Priorities**, planning shall be centered on a stakeholder engagement model to identify optimal methods to approach the project for that community. The Applicant is strongly encouraged to partner with the local health department (LHD) to identify its ability to support LHD’s role to mobilize community partnerships and action to identify and solve health problems. LHD may transfer that role to a community partner to convene community members for proposed projects in the development stage.

The Place Matters in Public Health Toolkit is available as a resource to use in the development of a project that prioritizes the four environments of place (social, physical, service, and economic). The toolkit provides a framework and specific actions to develop a place based project. The toolkit incorporates the concepts of place, social determinants of health, and health equity into a framework supported by facilitation notes based on the Technology of Participation facilitation methods.  It is currently being piloted in a Nebraska community, and has been revised with feedback from the pilot site.

The essential idea of the project described in the **Concept Paper, Section 2.4.** shall present the overarching content, resulting from a community-based assessment, which aligns with one or more RFA priorities. The action to identify and solve the problem (address the priority) requires stakeholders to help define and develop a plan to propose solutions. Examples include but are not limited to:

* Food insecurity is identified as a priority in your community. A community-engagement planning model that leads to a community-backed plan and strategy is warranted. Planning will need to effectively respond to the complex nature of multiple, overlapping issues contributing to food insecurity. The root causes of food insecurity may include affordable housing, social isolation, education level, unemployment and underemployment. The strategies to address root causes look very different and require stakeholder engagement to arrive at real solutions.
* Physical inactivity among children (and families) is identified as a community priority. A sedentary lifestyle may stem from a variety of causes, including the built environment (the safety and accessibility of sidewalks, parks, trails, and other man-made surroundings, or lack of such surroundings). All causes need to be identified through stakeholder engagement, along with the response that works for your community.

**Stage 2: Implementation stage.** Implementation is the next step beyond the planning & development stage. Show evidence of a community planning process with formal recommendations within the past two years that align to at least one priority in **2.2. Priorities**. Implementation would activate the stakeholder-endorsed plan and recommended strategy(ies), all precipitated by a community-level assessment. The essential idea of the project described in the **Concept Paper, Section 2.4.** shall present the overarching content, resulting from a community-based assessment that aligns with one or more RFA priorities. The action to identify and solve the problem (address the priority) requires stakeholders to help define and develop a plan to propose solutions. The proposed strategy(ies) shall be presented from a literature search showing support that the strategy will effectively address the needs identified in the plan.

**Stage 3: Expansion stage**

If a community project is already underway, an expansion of existing strategy implementation may be proposed. In the essential idea of the project described in the **Concept Paper, Section 2.4.** present the overarching content of the expansion that aligns with one or more RFA priorities described in **2.2. Priorities**. Show evidence that existing activities have been effective to warrant expansion. Effectiveness of existing implementation shall be based on continuous quality improvement, e.g. using a Plan-Do-Study-Act (PDSA) cycle, logic model evaluation, etc. If a subaward results, expansion activities shall involve a stakeholder-engaged group in all future CQI and evaluation.

The initial period of performance is Year 1. Year 2 funding will be for projects planned in Year 1 that are ready for implementation of an agreed-upon strategy by the community and for costs allowable for MCHBG funding. Additionally, Year 2 funding is expected to be available for expansion of project implementation, as warranted, that started in Year 1. The table below summarizes the relationship between project stage in initial Year 1 to an anticipated Year 2.

|  |  |  |
| --- | --- | --- |
| **IDENTIFY PROJECT STAGE** to submit concept paper for Year 1 | Year 1 (this RFA) submit **CONCEPT PAPER** | Year 2 (continuation)**NEXT STAGE** |
| 1. *if* the project is **NEW** based on community assessment (within 5 years), *then🡪* | **planning & development** stage with stakeholder engagement | **implementation** of community-backed plan and strategy |
| 2. *if* the project is **RECENTLY PLANNED** (within 2 years) with stakeholder engagement, *then🡪* | **implementation** stage with the agreed-upon strategy guided by stakeholder engagement | **expansion** with evidence of progress |
| 3. *if* the community-backed **PROJECT IS UNDERWAY**, *then🡪* | **expansion** stage with evidence of progress made as evaluated by stakeholder engagement | **further expansion** (or project completion) |

Year 2 funding will be dependent on several factors, including but not limited to Year 1 performance as evidenced by progress made in the work plan (staying on the timeline and meeting performance measures), managing the budget, allowable costs of MCHBG, and available funding.

* 1. Concept Paper

An Applicant’s response to this RFA shall be presented in the Concept Paper (collectively, Forms 2-5) to capture the “fit” between Application and RFA. Applicant’s organizational and management structure and its experience with federal grants in Form 2 will identify Applicant’s reliability for a Subaward under this RFA. With some variances depending on the **Project Stage, Section 2.3.**, Applicant shall present the essential idea (Form 3) that shows the alignment of community priority(ies)-to-RFA priority(ies), the project stage and Year 1 timeline, and support for the selection of strategy(ies) that demonstrate a proven or promising approach to successfully address the need. A category budget (Form 4) is the framework for later developing a line item budget if the Application advances to Phase 2. Applicant’s qualifications for project work plus an analysis of stakeholder engagement in the project (Form 5) round out the Concept Paper.

The top scoring Applications will advance to Phase 2 where Applicants will be expected to expand and refine the essential idea into a work plan, and accordingly to detail the projected costs in a line item budget. The process that leads to work plan and line item budget will be done by the Applicant in consultation with DHHS. Applicant will be encouraged to include Stakeholders in Phase 2, as feasible in the pre-award period, to more likely be ready to begin work plan implementation if a Subaward results.

* 1. Types of Services

The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) requires that States report MCHBG expense by three types of services. Subawards resulting from this RFA will support activities that fall into two of these HRSA-defined services: 1) Public Health Services & Systems (capacity-building, infrastructure, and/or population-based services); and, 2) Enabling Services (some types of supportive services). These are described more fully below, guided by federal requirements of MCHBG funds.

1) Public Health Services & Systems is defined as the activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. Examples include the development of standards and guidelines, program planning, evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns. 2) Enabling Services, i.e. the non-clinical, supportive services that allow individuals to access health/social services, and reduce an environmental health risk. Examples of the types of enabling services that will be approved in a Subaward resulting from this RFA are: facilitating health literacy through public education, identifying available resources, and outreach to bring people to existing health/social services. Examples of enabling services that will not be approved for a Subaward resulting from this RFA are: case management, care coordination, transportation, and eligibility assistance, as these are typically ongoing program costs, not for short-term, project-based work.

Expense for the third service type (direct services) does not fit in short-term, project-based work resulting from this RFA (and will not be approved). HRSA narrowly defines direct services as preventive, primary, or specialty clinical services where MCHBG funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts.

* 1. Performance Requirements

If awarded, Subrecipients will report on performance through activities and performance measures in the approved work plan. Continuation funding will be dependent on performance as evidenced by progress made in the work plan (on time and meeting performance measures), and maintaining budget and adequate financial management. Subrecipients must ensure continuous quality improvement (CQI), either by utilizing a method(s) used in prior project-based work, or if CQI was not an emphasis, to identify a CQI method suitable to the stakeholder group for the project.

* 1. Reporting Requirements

If awarded, a report on work plan activities and the associated expense will be required quarterly. The 4th Quarter report will also include submitting final data tables to report the numbers of Children and Youth (ages 1 – 21 years) served by enabling services (or impacted by population-based service or capacity building) as those services are described in Section 2.5. Types of Services. The numbers reported for persons who receive an enabling service will be delineated by primary source of coverage as per federal requirements.

RFA PROCEDURE

This RFA seeks Applications to complete activities allowable under the funding source identified in **Section 1.2.** **Funding Information**, above. All Applications must conform to all instructions, conditions, and requirements included in this RFA. Applicants should carefully examine this RFA, as well as the requirements on the state or federal funds involved. Applications that DHHS determines do not conform to the requirements of this RFA, or Applications from ineligible entities, may be considered non-responsive and rejected without scoring.

* 1. RFA Point of Contact (“POC”)

|  |
| --- |
| Rayma DelaneyDHHS Lifespan Health Services301 Centennial Mall SouthPO Box 95026Lincoln NE 68509-5026(402) 471-0197rayma.delaney@nebraska.gov  |

From the date the RFA is issued until the Intent to Subaward is issued, communication from the Applicant or prospective Applicant is limited to the POC listed above (but see exceptions, below). After the Intent to Subaward is issued, the Applicant may communicate with individuals DHHS has designated as responsible for negotiating the Subaward on behalf of DHHS. No member of the state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA in writing. Only the POC has the authority modify the RFA, answer questions, or render opinions on behalf of DHHS. Applicants shall not have any communication with, or attempt to communicate or influence any Evaluator.

The following exceptions to these restrictions are permitted:

1. The email submission of the Application to the designated email address designated in **Submission of Applications, Section 3.5;**
2. Contact made pursuant to pre-existing contracts, subawards, or obligations;
3. Contact required by the schedule of events or an event scheduled later by the RFA POC; and
4. Contact required for negotiation and execution of the final subaward.

DHHS reserves the right to reject an Applicant’s application, withdraw an Intent to Subaward, or terminate a Subaward if DHHS determines there has been a violation of these procedures.

* 1. Schedule of Events

|  |  |
| --- | --- |
| ACTIVITY | DATE/TIME |
| 1. 1
 | Release RFA | May 10, 2019 |
|  | Last day to submit written questions  | May 22, 2019 |
| 1. 1
 | State responds to written questions through RFA “Addendum” and/or “Amendment” to be posted to the Internet at: http://www.dhhs.ne.gov  | May 24, 2019 |
| 1. 1
 | Application Review Period Begins (Application due date) for Phase 1-Concept Paper | June 21, 20192:00 PM Central Time |
| 1. 1
 | Evaluation Period | June 24-July 5, 2019 |
| 1. 1
 | Post Phase 1-Concept Paper approvals to Internet at: http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx | July 9, 2019 |
|  | Phase 2 consultation on work plans & line item budgets | July 9-July 26, 2019 |
|  | Post “Intent to Subaward” | July 29, 2019 |
| 1. 2
 | Period of Performance Start\* | August 1, 2019 |

*\*The Period of Performance start may occur before a Subaward is finalized, agreed to, and executed by the parties. Because this is just the period during which costs are allowable, it does not reflect that any agreement between DHHS and any successful Applicant has gone into effect or is binding in any way. No binding agreement has been made between DHHS and any Applicant until a Subaward is fully executed by both parties.*

* 1. Written Questions and Answers

Questions regarding information needed for an Application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to POC via email and clearly marked “RFA Number 1715; Questions.” The POC is not obligated to respond to questions that are received late, as set forth in the Schedule of Events.

Applicants should present, as questions, any assumptions upon which the Application is or might be developed. Applications will be evaluated without consideration of any known or unknown assumptions of an Applicant. The Subaward will not incorporate any known or unknown assumptions of an Applicant.

Questions must be sent via e-mail to rayma.delaney@nebraska.gov. DHHS recommends that Applicants submit questions using the following format:

|  |  |  |
| --- | --- | --- |
| RFA Section Reference | RFA Page Number | Question |
|  |  |  |

Written answers will be posted at the DHHS Website per the Schedule of Events. Written answers will become part of this RFA.

* 1. Submission of Applications

Applicants must submit a complete Application, including all the parts required herein, in one of three ways:

* + - 1. Electronically via email to DHHS.RFAResponses@nebraska.gov. The subject of the email shall indicate “RFA # (with the appropriate number filled in): Response of [Name of Organization].” The email shall include the Application as a single Portable Document Format (PDF) or multiple PDFs. Failure to provide the Application in the correct format may result in DHHS being unable to read or open the Application and thus rejecting it without Evaluation. The email shall request a read receipt. A read receipt will be supplied to the Applicants upon receipt of the email by DHHS’ Central Procurement Services. Central Procurement Services shall not forward the Applications to the POC until the beginning of the Application Review Period.
			2. Submission directly to the POC via United States Postal Service mail. The Application shall be sent to the POC’s address listed above in **Point of Contact, Section 3.1**. The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.
			3. Hand-delivery to the POC at the address listed above in **Point of Contact, Section 3.1**. The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

Regardless of submission method, Applicants must use the forms supplied by DHHS in this RFA unless specifically otherwise indicated herein. All Applications must be received by the beginning of the Application Review Period, as stated in the **Schedule of Events, Section 3.2**.

* 1. Evaluation Committee

Applications are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of DHHS. All members of the Evaluation Committee will disclose to DHHS any potential conflicts of interest before evaluation. Members with a conflict will be removed from the Evaluation Committee before scoring.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this RFA may result in the rejection of this Application and further administrative actions.

* 1. Evaluation of Applications

All complete Applications that are responsive to the RFA will be evaluated. DHHS reserves the right to evaluate Applicants and award funds in a manner utilizing criteria selected at DHHS’ discretion and in the best interest of meeting the objectives of the funding involved. The Evaluation will be conducted by the following method:

DHHS will initially evaluate all Applications to determine whether the Applicant is an eligible entity; whether the Application meets the minimum requirements of this RFA; and whether the Applicant poses risk of noncompliance with federal statutes, regulations, and the terms and conditions of the Subaward, such that DHHS should not award funding. DHHS will evaluate Applications to identify Phase 1-concept papers that best “fit” the RFA purpose and requirements. Applicants who advance to Phase 2 shall expect to consult with DHHS to develop a work plan and line item budget that flow from Phase 1. The outcome in Phase 2 may lead to Subawards, as DHHS determines and as funding allows. DHHS will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. DHHS will evaluate on the following categories of the concept paper described in **Project Description, Section 2**, with a maximum point potential for each:

* 1. **Applicant’s Organizational Overview (Form 2)**. Applicants will receive high scores if they have a defined and clear organizational structure; organizational experience in federal grants; qualified and capable personnel with experience in federal grants or equivalent credentials or experience; or can otherwise demonstrate that they will be a reliable subrecipient who will use all awarded funds in a manner consistent with law and the requirements of this RFA. **(25 points)**
	2. **Essential Idea (Form 3)**. Applicants will receive high scores if they demonstrate a “fit” between this RFA and the project proposed. The essential idea shall feature the linkage between the formal recommendations from a community needs assessment to one or more RFA priorities in either stage 1 (planning/development), stage 2 (strategic plan ready for implementation), or stage 3 (evidence that existing implementation is ready for expansion). Based on the stage readiness, the essential idea shall present the overarching context of the proposed project with a realistic timeline for Year 1. **(75 points)**
	3. **Applicant’s Category Budget (Form 4)**. Applicants will receive higher scores if the category budget aligns with the “essential idea” on a scale with the extent of the project. Total request for funding itself will not determine score; rather, Applicants will be scored based on whether budget accurately reflects allowable costs of completing the work set forth in the essential idea. **(25 points)**
	4. **Applicant Qualifications to Lead Stakeholder-Engagement Projects (Form 5)**. Applicants will receive higher scores if they demonstrate organizational or individual staff qualifications to convene and meaningfully engage stakeholders, who are representative of the community in all respects, and to lead a community-engagement project. Demonstrate these qualifications by citing specific example(s) of similar project work: a) how stakeholders representative of the community were engaged; b) any challenges addressed; and, c) the resulting outcomes. Applicants will receive high scores if a list of identified stakeholders for the project proposed is analyzed for each of the following considerations: d) the motivation to engage and support the work; e) the anticipated biggest concern; f) what is needed to get their support; g) the next step to engage them; and h) the person(s) responsible for doing so. **(75 points)**

There are 200 total points available for Applications under this RFA.

DHHS may award to a single top Applicant, or may award to multiple top scoring Applicants, in its sole discretion. If all Applicants meet the minimum requirements and are meritorious, DHHS may also elect to award to all Applicants.

* 1. Late Applications

Applications received after the time and date of the Application opening will be considered late Applications. Late Applications will be rejected. All Applications must be electronically or physically received by the date and time of the Application Opening. The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant’s responsibility to ensure Applications are received timely.

* 1. Corrections

An Applicant may correct a mistake in an Application prior to the time of opening by giving written notice to the POC of intent to withdraw the Application for modification, or to withdraw the Application completely. Changes in an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. Whether an error is minor shall be determined by DHHS.

* 1. Grievance and Protest Procedures

All grievances must follow the DHHS Subaward Grievance/Protests Procedures, available on the DHHS website. Grievances must be filed timely.

* 1. DHHS Reservations of Authority During Application and Evaluation Process

After Evaluation of the Applications, or at any point in the RFA process, DHHS may take one or more of the following actions:

* + - 1. Amend the RFA;
			2. Extend the time of or establish a new Application opening time (i.e., allowing additional time to submit Applications);
			3. Waive deviations or errors in the RFA process and in Applications that are not material, do not compromise the RFA process or an Application, and do not improve an Applicant’s position;
			4. Accept or reject a portion of or all of an Application;
			5. Accept or reject all Applications;
			6. Withdraw the RFA; or
			7. Elect to reissue the RFA.

DHHS reserves the right to adjust the Applicant’s budget with successful Applicants after the Intent to Subaward is issued. DHHS also reserves the right to adjust the Work Plan with Applicant to meet the requirements of the grant, Federal Funding Agency, law, or to meet DHHS programmatic needs. DHHS also reserve the right to apply additional conditions based on the successful Application and the result of a pre-award risk assessment. If a scoring method is used to rank applications to determine funding amounts, all adjustments shall have no bearing on rank

If DHHS rejects all Applications, it may enter either reissue an RFA with the same or different specifications and terms, or it may negotiate a single or multiple Subawards with individual Applicants or non-Applicants.

APPLICATION INSTRUCTIONS

* 1. Application Contents

A complete, responsive Application must contain the following completed documents:

Form 1 – Application Form and Cover Sheet;

Form 2 – Organization Overview

Form 3 – Applicant’s Essential Idea;

Form 4 – Applicant Category Budget; and

Form 5 – Applicant Qualifications to Lead Stakeholder-Engagement Projects

Applications that do not contain all of the required sections will be rejected. An editable Microsoft Word-formatted document of the Forms will be posted on the DHHS Website, which Applicants may fill in and submit.

* 1. Applicant’s Organizational Overview

The Applicant’s Organization Overview section shall contain the following information about the Applicant.

1. Organization Information. Applicant’s full legal name, including any other “doing business as” names, or any previous names the organization used. A DUNS number shall be provided. A parent DUNS number shall also be provided, if applicable.
2. Summary of Federal Grants Experience. A description of Applicant’s previous experience with receiving federal funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA.
3. Summary of Programmatic Experience. A description of Applicant’s experience with the type of programming or work contained in the Project Description, or other relevant work.
4. Personnel and Management. Applicant should identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience.
5. Agreements Terminated or Costs Disallowed. Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:
	* Were terminated for cause; or
	* Where Specific Conditions were placed on Applicant (see 2 CFR § 200.207 or 45 CFR § 75.207).

If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

* 1. Applicant’s Work Plan

The Work Plan will result in Phase 2 if Applicant’s Phase 1-concept paper is accepted. It must contain a description of the work activities Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable federal or state funding sources (or both), and, as applicable, descriptions of timelines, outcome/process measures, and program evaluation activities.

* 1. Applicant’s Budget

A category budget using the required Excel workbook (Form 4) shall be submitted in Phase 1, and will be the framework for the line item budget if Application is accepted to advance to Phase 2. Each budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS, unless the POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Subaward is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget, but should be able to perform the program activities consistent with their budget.

If an Applicant has or has prepared a cost allocation plan for this subaward, it may submit it along with the Application.

If Applicants plan to charge indirect costs other than through a cost allocation plan, Applicants thus must provide one of the following along with their budget: 1) A current federally-approved indirect cost rate agreement; 2) A currently approved indirect cost rate agreement with DHHS; or 3) A calculation of *de minimis* indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating *de minimis* indirect costs, upon request;

Indirect costs and cost allocation plans may also be negotiated after the Intent to Subaward. As consistent with law, Applicants may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

There is no established cap on a single Application because the request depends on the comprehensiveness of the proposed project. However, reasonable funding requests for Year 1 for the purpose of the funds are most likely in the range of $40,000 to $100,000. This does not include the match, which is a minimum 20% of total project costs. For example, if the total budget is $100,000, a minimum $20,000 match is required, leaving a remaining request of $80,000 for the Subaward. DHHS may provide a calculator is assist in calculating minimum match, upon request.

TERMS

Applicants must be aware of the following terms when submitting their Applications. These terms will be included in the resulting Subaward between the parties, as well.

* 1. Addenda

The following Addenda will be incorporated into any Subaward with a selected Applicant. They are available online at the DHHS Website:

* Addendum A - DHHS Standard Terms – Subawards

DHHS reserves the right to amend these terms at any time during the RFA; to negotiate the terms with selected Applicants; to amend or change these terms for any subsequent Subaward signed and executed by the parties; or any combination of the above. Terms required by federal or state law will not be negotiated, and if an Applicant cannot agree to these terms, DHHS may withdraw or modify the Intent to Subaward and take any of the actions set forth herein.

* 1. Budget Changes

The final Subaward may contain terms to allow a Subrecipient to modify a budget, with or without approval from DHHS. Applicants should not, however, rely on this when submitting budgets.

* 1. Direct Costs

Under this Subaward, DHHS shall only pay for actual and allowable costs (as defined in this section) incurred during the Period of Performance.

To be allowable, all costs must be:

* Necessary for the performance of the Subaward activities;
* Reasonable, as provided in 2 CFR § 200.404 or 45 CFR § 75.404;
* Allocable to the federal award, as provided in 2 CFR § 200.405 or 45 CFR § 75.405;
* Consistent with all other requirements of the Cost Principles in 2 CFR § 200 Subpart E or 45 CFR § 75 Subpart E; and
* Consistent with all other law, regulation, policy, or other requirements applicable to the state or federal funds involved.

To be actual, all costs must be finalized and spent by the appropriate dates set forth in the Subaward.

Particular Federal Funding Agencies may have additional requirements and stipulations regarding allowable costs under that particular funding.

Applicants should be aware that direct personnel costs must be consistent with 45 CFR § 75.430 or 2 CFR § 200.430, as applicable. These costs must be able to be backed by sufficient documentation, or must be shown to be allocable to the award via an alternative, allowable method, such as a random moment time study.

* 1. Indirect Costs

Federal law defines indirect costs as “costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved.” 2 CFR § 200.56 and 45 CFR § 75.2. All indirect costs may only be paid if they are consistent with the UGG or HHSGG, as applicable.

As provided in 2 CFR § 200.414 and 45 CFR § 75.414, indirect costs may only be paid from a federal grant if paid through a federally-approved rate or a rate negotiated between DHHS and the Applicant. If the Applicant has never had a federally-approved indirect rate, it may charge indirect costs as consistent with the federal rules for *de minimis* indirect costs.

Cost Allocation plans may set forth a direct allocation of all costs under a subaward, or may allocate only a portion of those costs along with an indirect rate. Subrecipients may not, however, charge items as direct costs and also as indirect costs.

* 1. Program Income

Any revenue generated by the Subaward is Program Income (see definition in 2 CFR § 200.80 or 45 CFR § 75.2). Program Income requires an accounting of its use and must be handled in accordance with 2 CFR § 200.307 or 45 CFR § 75.307. As per the Notice of Award for the federal funds involved in this RFA or from other regulation, all program income generated by the Subawards awarded as a result of this RFA must be handled under the matching method, Please see the regulations cited above for more detail.

* 1. **Matching Requirements**

Subawards resulting from this RFA require the successful Applicant to match the funds awarded at a rate of 20% of total program costs. See 2 CFR § 200.306 or 45 CFR § 75.306. Match must be based on the total costs, not the percentage of the federal funds alone. Federal funds from another source may not be used as match.

* 1. Additional Program Requirements

Title V MCHBG Restrictions and Specific Requirements

Compliance with the Title V / Maternal and Child Health (MCH) Services Block Grant

1. The Subrecipient must comply with the laws governing Maternal and Child Health Block Grants, 42 U.S.C. section 701 et seq., 45 CFR Part 96, and to perform fiscal accountability functions in accordance with state and federal regulations.
2. The Subrecipient may not use amounts paid to it for:
3. inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve;
4. cash payments to intended recipients of health services;
5. the purchase or improvement of land, the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment;
6. satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
7. providing funds for research or training to any entity other than a public or nonprofit private entity; or
8. payment for any item or service (other than an emergency item or service) furnished
9. by an individual or entity during the period when such individual or entity is excluded from providing service under the Maternal and Child Health Act or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged or Disabled) of the Social Security Act pursuant to section 42 U.S.C. 1320a-7, 42 U.S.C. 1320a-7a, 42 U.S.C. 1320c-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act; or
10. at the medical direction or on the prescription of a physician during the period when the physician is excluded from providing services in the Maternal and Child Health program or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged and Disabled) of the Social Security Act pursuant to 42 U.S.C. Section 1320a-7, 42 U.S.C. Section 1320a-7a, 42 U.S.C. Section 1320-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).

GLOSSARY OF TERMS

*All terms shall have the meaning as set forth in 2 CFR §§ 200 et seq. or 45 CFR §§ 75 et seq. unless otherwise specifically set forth herein.*

Agent/Representative: A person authorized to act on behalf of another.

Amend: To alter or change by adding, subtracting, or substituting.

Amendment: A written correction or alteration to a document.

Applicant: Non-Federal Entity that has applied for funding under this RFA.

Application: The written proposal submitted by the Applicant applying for funding under this RFA, which is composed of Forms 1 through 5.

Application Due Date: The date the RFA must be submitted to DHHS, and if not submitted by that time, rejected.

Child/Children: An individual(s) from age one (1) through 21 years, who is not a Pregnant Woman, and who is not otherwise included in any other class of individuals.

Children with Special Health Care Needs (CSHCN): CSHCN are those Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by Children generally.

DHHS Website: [www.dhhs.ne.gov](http://www.dhhs.ne.gov).

Evaluation: The process of examining an Applicant after opening to determine the Applicant’s responsibility, responsiveness to requirements, and to ascertain other characteristics of the Application that relate to determination of the successful award.

Evaluation Committee: Committee(s) appointed by DHHS that advises and assists DHHS in the evaluation of Applications.

Evaluator: An individual on the Evaluation Committee who advises and assists in the evaluation of Applications.

HHS Grants Guidance (“HHSGG”): The regulations codified at 45 CFR §§ 75 et seq., a re-codified version of the UGG, which provide the general administrative requirements for grant funding flowing down from the federal Department of Health and Human Services. See also Uniform Grant Guidance.

Infants: individuals in their first year of life (<365 days).

Intent to Subaward: A document noting the results of the RFA evaluation process, and identified any identified Applicant(s) with whom DHHS intends to award federal funds, but not a binding agreement with any promise to award.

Mandatory/Must: Required, compulsory, or obligatory.

May: Discretionary, permitted; used to express possibility.

Must: See Mandatory/Must and Shall/Will/Must.

Non-Responsive: When an Application does not meet the minimum requirements of this RFA.

Point of Contact (“POC”): The person designated to receive communications and to communicate.

Pregnant Woman: a female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus.

Request for Applications (“RFA”): Written solicitation of competitive applications for federal grant funding.

Shall/Will/Must: An order/command; mandatory.

Should: Expected; suggested, but not necessarily mandatory.

Subaward: In addition to the definition in 2 CFR § 200.92 and 45 CFR § 75.2, Subaward means the Grant Agreement executed, pursuant to the terms of the RFA, with the Non-Federal Entity.

Subrecipient: In addition to the definition in 2 CFR § 200.93 and 45 CFR § 75.2, Subrecipient means the Non-Federal Entity that has executed a Subaward with DHHS.

Uniform Grants Guidance (“UGG”): The regulations codified at 2 CFR §§ 200 et seq., which provide the general administrative requirements for grant funding flowing down from the federal government. See also HHS Grants Guidance.

Will: See Shall/Will/Must.

**FORM 1 – APPLICATION COVER SHEET**

**Instructions**: This form must be signed and returned, along with the application materials, before the Application Due Date, to the POC or designated email address, as applicable.

|  |  |
| --- | --- |
| RFA #  | RELEASE Date |
| #1715 | MAY 10, 2019 |
| APPLICATION DUE DATE  | **POINT OF CONTACT** |
| june 21, 2019 | Rayma Delaney |

|  |
| --- |
| **CERTIFICATION AND GUARANTEE OF COMPLIANCE** |
| By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application and certifies that all information contained in this Application is accurate. This Application is submitted pursuant to the terms of the RFA, and if the Applicant is awarded funding, it will be incorporated into the Subaward between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent Subaward, the Subaward and RFA shall govern as set forth in the Subaward.ORGANIZATION\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ORGANIZATION DUNS NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT DUNS (IF APPLICABLE): \_\_\_\_\_\_\_\_\_\_\_\_\_COMPLETE ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONGRESSIONAL DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I CERTIFY THAT THIS ORGANIZATION IS AN “ELIGIBLE ORGANIZATION” AS DEFINED BY THIS RFA.\_\_\_\_\_ I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\**Name must match DUNS Number.*

**FORM 2 – APPLICANT’S ORGANIZATION**

**INSTRUCTIONS:** Use only the fillable form. Type narrative in shaded area. The area expands as text is entered. Please observe a 300 word limit on narrative content in each item.

**Organization Information:**

Applicant’s full legal name, including any other “doing business as” names, or any previous names the organization used:

Applicant’s DUNS #:

U.S. Postal Service address (city/state/zip):

Primary contact name for this Project:

Primary contact phone and email for this Project:

Organizational structure: Using important aspects (e.g. type, purpose, governing body, levels of authority or chain of command, etc.), describe Applicant’s organizational structure. An organization chart may be included, but does not replace a narrative description.

**Summary of Federal Grants Experience:** Describe the Applicant’s previous fiscal and administrative experience with federal grants either as a recipient or subrecipient. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA. State the qualifications of individuals responsible for accounting / financial reporting, adding any training and experience specific to fiscal and administrative oversight of federal grant-funded activities.

**Summary of Programmatic (or Project) Experience:** Describe what key attributes qualify your organization for this specific project proposed. Attributes should focus on topical content, project management, knowledge of the community, specialized training, experience, and/or credentials, and any other key features to ensure project success.

**Personnel and Management:** Identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant who have demonstrated knowledge, training and experience with federal grants and project management.

**Agreements Terminated or Costs Disallowed:** Provide a list of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that: were terminated for cause or where specific conditions were placed on Applicant (see (see 2 CFR § 200.207 or 45 CFR § 75.207).

**FORM 3 – APPLICANT’S ESSENTIAL IDEA**

INSTRUCTIONS: Use only the fillable form. Enter information in the shaded areas for each of the 2 types of responses:

**Response categories.** Type “x” in check-box options.

**Response narrative.** Type narrative in shaded area. The area expands as text is entered. Please observe the limit on narrative content where a word count is indicated.

Tentative Project Title

All projects proposed must be precipitated by a community needs assessment completed within the prior five-year period. Provide some detail about that community needs assessment.

Describe the method used, who was involved, month/year completed, and other pertinent information e.g. Mobilizing for Action through Planning and Partnership (MAPP). An outline format may be used to describe the process in fewer words. Feature an identified need from the community assessment that links to a priority and target population of this RFA. (500 word limit)

The target population for subawards resulting from this RFA is Nebraska Children (age 1 – 21). If the project focus is a subset of “Children”, then please indicate the more specific age range(s), e.g. preschool age, elementary school age, adolescents: .

The community assessment aligns with RFA priority(ies) [*mark “x” as relevant to this project*]:

 RFA Priority 1. Reduce unintentional injuries among Children and Youth, including motor vehicle crashes

 RFA Priority 2. Increase access to preventive and early intervention mental health services for Children

 RFA Priority 3. Reduce obesity/overweight among Children and Youth, including food insecurity and physical inactivity.

 RFA Priority 4. Reduce sexually transmitted disease among Youth.

The proposed project stage is: [*mark “x” as relevant to this project in Year 1*] Add narrative relevant for the stage selected.

 Stage 1: Planning & Development stage.

Describe in about 2 pages (1,000 word limit): how the Applicant will invite, convene, and engage stakeholders; the planning method or model to be used to reach an agreed-upon strategy; and the timetable of key activities in Year 1. The expected outcome of Stage 1 is for the stakeholder-engagement group to formally recommend strategy(ies) to effectively address priority(ies) no later than July 31, 2020.

 Stage 2: Implementation stage.

Describe in about 2 pages (1,000 word limit) all the following information: cite the community planning process with formal recommendations within the past two years that align to at least one RFA priority. Add a descriptive narrative to identify who was involved, the method or model used, the recommended strategies that align with the community priority (and “fits” a RFA priority), and the month/year that the recommendation was issued. As an alternative, if an Executive Summary of the community planning contains that information, indicate that in the fillable space and submit the Executive Summary. Also describe: how the Applicant will bring back together the stakeholders in planning/development, engaging any additional stakeholders that may have been absent from planning who have a stake in implementation; the method or model to be used for continuous quality improvement and process evaluation; and the timetable of key activities in Year 1. The expected outcome of Stage 2 is the stakeholder-engagement group guides implementation, CQI, and process evaluation throughout Year 1, and contributes to the Year 1 performance report identifying whether objectives were met, and if not, why not, for the period ending July 31, 2020.

 Stage 3: Expansion stage.

Proposing a project for this stage necessitates that existing implementation aligns to one or more RFA priorities, the target population, and shows evidence that existing activities have been effective to warrant expansion. Describe in about two pages (1,000 word limit) the overarching content of the current implementation activities, including the work plan goals and objectives and performance report. Include evidence that continuous quality improvement or evaluation support the proposal to expand the implementation.

**FORM 4 – APPLICANT’S BUDGET**

**INSTRUCTIONS:** Use the Budget worksheet of the Excel workbook to prepare a category budget, i.e. broad but with no less accuracy than is given to a detailed line item budget. Typical cost categories for public health projects include: personnel-salary or wage; personnel-fringe benefits; contractual; supplies; travel; equipment; space; and indirect costs. Miscellaneous is an unacceptable cost category as it is vague and does not allow for a determination of the nature of the estimate. Instructions within the workbook are relevant for the Budget Worksheet, pre-award, disregarding the line item descriptions for Phase 1.

**FORM 5 – Applicant Qualifications to Lead Stakeholder-Engagement Projects**

**INSTRUCTIONS:** Use only the fillable form. Type narrative in shaded area. The area expands as text is entered.

Describe the organizational or individual staff qualifications to convene and meaningfully engage stakeholders who are representative of the community in all respects and to lead a community-engagement project. Demonstrate these qualifications by citing specific example(s):

For each prior project, identify:

a) How stakeholders representative of the community were engaged;

b) Any challenges addressed; and,

c) The resulting outcomes.

Please observe a 300 word limit on narrative content for each prior project:

For the project proposed, list identified stakeholders and for each analyze:

d) The motivation to engage and support the work;

e) The anticipated biggest concern;

f) What is needed to get their support?

g) The next step to engage them; and

h) The person(s) responsible for doing so.

For each stakeholder, please observe a 100 word limit to show the analysis to garner their engagement in the project proposed.