REQUEST FOR APPLICATIONS STATE FUNDING

The State of Nebraska, Department of Health and Human Services, Division of Public Health ("DHHS") Office of Health Disparities and Health Equity, is issuing this Request for Applications ("RFA") for the purposes of entering into an agreement(s) and awarding state funds to an eligible and qualified entity to provide educational and public health services to Native Americans. A more detailed description may be found in Project Description, Section 2.

<table>
<thead>
<tr>
<th>INITIAL PERIOD OF PERFORMANCE</th>
<th>TOTAL FUNDING AVAILABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOVEMBER 1, 2019 – JUNE 30, 2020</td>
<td>$50,000.00</td>
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</table>

A copy of this RFA may be found online at DHHS’ website at [http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx](http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx).

Until final awards 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.

1. RFA OVERVIEW

The total anticipated available funds for awards under this RFA is $50,000.00 [Fifty thousand dollars]. A total award of this amount of funds is not guaranteed, but is subject to the Applications received, actual money appropriated to DHHS by the Nebraska Legislature, and to DHHS’ discretion. The total funds may be split among multiple recipients, but no more than two, at the discretion of DHHS.

1.1. Funding Information

A total of $50,000.00 is available to eligible organizations providing services in Scotts Bluff, Sheridan, Cherry, Dawes, and Box Butte counties. The funding source is state funding. The Nebraska Department of Health and Human Services, Office of Health Disparities and Health Equity may enter into agreements with up to two organizations.

1.2. Project Period

The project period for this RFA for the funding is November 1, 2019 – June 30, 2020. At DHHS’ discretion, any award may be extended for a period of 12 months in the amount of $50,000 for the period of July 1, 2020 – June 30, 2021.

All costs for this project period must be invoiced to DHHS by August 31, 2020. These dates are dependent on DHHS’ own ability to timely process payments. They may be subject to change; final dates will be included in the final award between the parties. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Future project periods, as allowed by DHHS, may have different obligations and deadlines.
1.2. Eligible Entities

Only the following entities will be deemed eligible to submit applications under this RFA:

- Indian health organizations – An organization physically located in Nebraska that is responsible for providing public health services to Native Americans.
- Other public health organizations that have a substantial Native American clientele – An organization physically located in Nebraska that promotes and improves the health of Native American community members through education, disease prevention, and injury prevention.

Organizations must be registered with the Nebraska Secretary of State.

1.3. Award of Funding

DHHS will evaluate Applications in the manner set forth herein. An Intent to award will be posted at http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx with selected Applicants. Funds will be awarded through a written agreement, 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 an agreement has been executed by both the Applicant and DHHS.

The project period for the funding is November 1, 2019 – June 30, 2020, with the possibility, at DHHS’ discretion, of a 12 month extension in the amount of $50,000 for the period of July 1, 2020 – June 30, 2021.

2. PROJECT DESCRIPTION

2.1. Background and Purpose

DHHS, Division of Public Health is issuing this RFA for the purposes of providing educational and public health services for Native Americans in Box Butte, Cherry, Dawes, Sheridan, and Scottsbluff counties in Nebraska.

Under the Native American Public Health Act (NAPHA), Neb. Rev. Stat. §§ 71-7616 through 71-7622, the Nebraska Legislature has found that “members of Nebraska’s federally recognized Native American tribes are not receiving adequate basic public health services, especially in the areas of education and prevention,” and that “public health infrastructure focusing on health education and preventative health measures for Native Americans must be addressed.” The purpose of this RFA is to meet the goals of the NAPHA.

Project Requirements

Applicants for the NAPHA funding must provide educational and public health services to Native American populations. Priority will be given to applications that meet the following criteria:

1) Impact the well-being of children;
2) Serve the greatest number of people over the longest period of time;
3) Are part of a larger plan for strategic planning and implementation;
4) Have shown demonstrated success in the past or modeled on successful programs;
5) Focus on primary prevention and reduce future health care expenditures.

The following educational and public health services will be considered by the department for awards:

1) Efforts to educate children and adults about the health risks associated with smoking and tobacco use, alcohol abuse, and other substances that threaten health and well-being, and other activities designed to reduce the rate of substance abuse;
(2) Education focusing on proper diet and the importance of physical activity to good health;
(3) Efforts to discourage drinking and driving, and to encourage the use of seat belts;
(4) Efforts to make health care prevention services more affordable or accessible;
(5) Education to prevent and reduce the occurrence of diabetes; and
(6) Other prevention or educational activities or programs that address the health, safety, or self-sufficiency of Native American persons.

2.2. Reporting Requirements

Reporting for each quarter will be required 30 days after last day of the quarter and must include:

1. An invoice that identifies the work completed and the rate per activity approved by the Department.
2. Required verification of completion of activity as determined the Department.
3. Completed reporting forms provided by DHHS by the due dates identified by the Department.

Reporting forms must be provided by the Office of Health Disparities and Health Equity. Reports must be submitted electronically through a portal identified and supported by the Department.

2.3. RFA Point of Contact (“POC”)

Leah Belgarde  
P.O. Box 95026  
Lincoln, NE 68509-5026  
402-471-0152  
Lead.belgarde@nebraska.gov

From the date the RFA is issued until the Intent to award is issued, communication from the Applicant or prospective Applicant is limited to the POC listed above (but see exceptions, below). After the Intent to award is issued, the Applicant may communicate with individuals DHHS has designated as responsible for negotiating the award 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 to 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 2.5;
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 award.

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

2.4. Schedule of Events
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DATE/TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Release RFA</td>
<td>August 26, 2019</td>
</tr>
<tr>
<td>2. Last day to submit written questions</td>
<td>September 6, 2019</td>
</tr>
<tr>
<td>3. State responds to written questions through RFA “Addendum” and/or “Amendment” to be posted to the Internet at: <a href="http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx">http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx</a></td>
<td>September 11, 2019</td>
</tr>
<tr>
<td>4. Application due date (Application Review Period Begins)</td>
<td>September 23, 2019 5:00 PM Central Time</td>
</tr>
<tr>
<td>5. Evaluation Period</td>
<td>September 24-27, 2019</td>
</tr>
<tr>
<td>6. Post “Intent to award” to Internet at: <a href="http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx">http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx</a></td>
<td>October 1, 2019</td>
</tr>
<tr>
<td>7. Award Begins</td>
<td>November 1, 2019</td>
</tr>
</tbody>
</table>

2.5. 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 “2019 NAPHA RFA; 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 award will not incorporate any known or unknown assumptions of an Applicant.

Questions must be sent via e-mail to dhhs.minorityhealth@nebraska.gov Attn: Leah Belgarde. DHHS recommends that Applicants submit questions using the following format:

<table>
<thead>
<tr>
<th>RFA Section Reference</th>
<th>RFA Page Number</th>
<th>Question</th>
</tr>
</thead>
</table>

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

2.6. 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.minorityhealth@nebraska.gov. The subject of the email shall indicate “2019 NAPHA RFA: Response of [Name of Organization].” A complete version of the Application must be submitted, the budget as Microsoft Excel files and the rest as Abode PDF. 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. Applications will not be reviewed 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 2.3. 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 2.3. 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. Editable forms will be posted at http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx, which applicants may fill in and submit or print. All Applications must be received by the Application Due Date (Application Review Period Begins), as stated in the Schedule of Events, Section 2.4.

2.7. Evaluation Committee

Applications will be 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.

2.8. 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 the terms and conditions of the award, such that DHHS should not award funding. DHHS will award to the top scoring Applicant or Applicants, 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. The Applicant’s responses to the Forms will be scored through a point method set forth below. DHHS will evaluate on the following categories with a maximum point potential for each:

1. **Applicant’s Organizational Overview.** 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 grant oversight and reporting or equivalent credentials or experience; or otherwise demonstrate that they will be a reliable recipient who will use all awarded funds in a manner consistent with law and the requirements of this RFA, and demonstrate experience in working with Native American populations. **(40 points)**

2. **Applicant’s Activity Plan.** Applicants will receive higher scores if their work plan responds to the Project Description and meets the objectives of the RFA, as well as evidencing the ability to meet expected outcomes, adhere to reporting deadlines or other deadlines. DHHS exercises sole discretion as to whether the Application adequately addresses the purposes and objectives of the state funding DHHS has received. **(100 points)**

3. **Applicant’s Budget Proposal.** Applicants will receive higher scores if the cost per activity is reasonable and tailored to the planned activities. Total request for funding itself will not determine score; rather, Applicants will be scored based on whether budget accurately reflects costs of completing the work set forth in the activity plan. **(60 points)**

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

DHHS may award funding to a single top Applicant, or may split the total funding among no more than two top scoring Applicants, at its sole discretion.
2.9. 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. DHHS 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.

2.10. 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.

2.11. Grievance and Protest Procedures

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

2.12. 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 costs with successful Applicants after the Intent to award is issued. DHHS also reserves the right to adjust the activities with Applicants to meet the requirements of 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 either reissue an RFA with the same or different specifications and terms, or it may negotiate a single or multiple awards with individual Applicants or non-Applicants.
3. APPLICATION INSTRUCTIONS

3.1. Application Contents

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

1. Form 1 – Application Form and Cover Sheet;
2. Form 2 – Organization Overview
3. Form 3 – Applicant’s Activity Plan; and
4. Form 4 – Applicant Budget Proposal;

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

3.2. Applicant's Organizational Overview

The Applicant’s Organization Overview (Form 2) section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the award.

1. Organization Information. List the Applicant’s full legal name, including any other “doing business as” names, or any previous names the organization used. Describe how the organization is eligible for this RFA. Include the number of Native American clientele the organization provides services to.
2. Summary of Grant Experience. Provide a description of the Applicant’s previous experience with receiving federal and state funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a sub-recipient.
3. Summary of Programmatic Experience. Provide a description of the Applicant’s experience with the type of programming or work contained in the Project Description, or other relevant work. Include experience working with Native American populations. Also include the number of Native American clients served during 2018.
4. Personnel and Management. Identify key staff of the applicant organization who will be responsible for implementation of and reporting on the project, and briefly describe their experience and/or credentials. Please identify if the individual has experience working with Native Americans.
5. Agreements Terminated or Costs Disallowed. Applicant must provide a summary of any agreements executed within the last five (5) years with federal or state awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, sub-awards, or contracts) that were terminated for cause.

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

3.3. Applicant’s Activity Plan

The Activity Plan (Form 3) is included in the forms provided. Responses to all questions must be provided in detail. Applicants must choose at least one activity, but no more than three. The activity plan must contain a description of the activity(ies) the Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the state statute and, as applicable, descriptions of timelines, outcome/process measures.

3.4. Applicant’s Cost Proposal

The Cost Proposal (Form 4) is included in the forms provided. Complete the section in the cost proposal for each activity to be implemented. Include all costs related to the activity in that section of the cost proposal. Costs must align with the 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 award is announced. Applicants
should not rely on budget changes or modifications in submitting their proposed costs, but should be able to perform the program activities consistent with their costs identified.

Funds used to lease/purchase health-related equipment, software, and computers are allowable when the equipment is essential for the activity. However, NAPHA will not support projects that are solely or predominately designed for the purchase of health-related equipment, software, and/or computers.

All costs in the budget proposal must be reasonable and allocable to the NAPHA program, as determined by DHHS. DHHS endorses the use of funds for providing educational and public services to the community over using funds for training/professional development. Any training/professional development costs must be essential for conducting an activity. Any incentives must be reasonable and directly tied to health and wellness, in alignment with the NAPHA. If food or other items are being purchased for health education, the food being purchased must be healthy.

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

If an Applicant plans to charge indirect costs other than through a cost allocation plan, Applicants 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. DHHS may provide a calculator to aid programs in calculating de minimis indirect costs, upon request;

As consistent with law, Applicants may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

4. TERMS

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

4.1 Addenda

The following Addenda will be incorporated into any award with a selected Applicant.
- Addendum A - DHHS General Terms – State Funds Grants
- Addendum B - DHHS Insurance Requirements.

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 award 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 award and take any of the actions set forth herein.

4.1 Budget Changes

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

4.2 Indirect Costs

Administrative costs must be identified and described as Indirect Costs Agreement (IDC) or Cost Allocation. If using an IDC rate, include the approved rate based on a federally approved rate or a rate negotiated between DHHS and the Applicant. If the Applicant has never had a federally rate, it may charge a de minimis rate. A de minimis rate is 10% of the modified direct costs. Applicants may use cost allocation plan if not using an IDC or de minimis rate. If using a cost allocation, define the method used.
Cost Allocation plans may set forth a direct allocation of all costs under an award, 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.

5. GLOSSARY OF TERMS

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.

Award: An Agreement executed, pursuant to the terms of the RFA, with the Non-Federal Entity.

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.

Indirect Cost (IDC): Costs for a common or joint purpose with a non-federal entity that benefit all programs or projects.

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

Mandatory/Must: Required, compulsory, or obligatory.

May: Discretionary, permitted; used to express possibility.

Modified Direct Cost: All direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). The Modified Total Direct Cost excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

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.

Portal: A website or web page providing access to submit reports.
Request for Applications ("RFA"): Written solicitation of competitive applications for funding.

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

Should: Expected; suggested, but not necessarily mandatory.

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.

<table>
<thead>
<tr>
<th>RFA NAME</th>
<th>RELEASE DATE</th>
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<tr>
<th>APPLICATION DUE DATE</th>
<th>POINT OF CONTACT</th>
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</table>

**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 award between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent award, the award and RFA shall govern as set forth in the award.

**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.*
The Applicant’s Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the award.

<table>
<thead>
<tr>
<th>1. Organizational Information: List the Applicant’s full legal name, including any other “doing business as” names, or any previous names the organization used. Describe how the organization is eligible for this RFA. Include the number of Native American clientele the organization provides services to.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Summary of Grant Experience: Provide a description of the Applicant’s previous experience with receiving federal and state funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient.</td>
</tr>
<tr>
<td>3. Summary of Programmatic Experience: Provide a description of the Applicant’s experience with the type of programming or work contained in the Project Description, or other relevant work. Include experience working with Native American populations. Also include the number of Native American clients served during 2018.</td>
</tr>
<tr>
<td>4. Personnel and Management: Identify key staff of the applicant organization who will be responsible for implementation of and reporting on the project, and briefly describe their experience and/or credentials. Please identify if the individual has experience working with Native Americans.</td>
</tr>
<tr>
<td>5. Agreements Terminated or Costs Disallowed: Applicant must provide a summary of any agreements executed within the last five (5) years with federal or state awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that were terminated for cause.</td>
</tr>
</tbody>
</table>
NAPHA FORM 3 – ACTIVITY PLAN

Applicants must choose at least one activity, but no more than three activities. An activity plan must be submitted for each activity the applicant is proposing to complete. Responses to all questions must be provided in detail and should contain an understanding of the activity and requirements of the project under the state statute and, as applicable, descriptions of timelines, outcome/process measures.

Applicant Name: 

Describe public health issue you are addressing (e.g., what are the causes, what are the current stats)?

List the public health services the issue is addressing (See Project Requirements 2.1, Project Requirements in RFA)

If the project meets one of the identified priority criteria, list which one it meets. (See project Description 2.1, Project Requirements in RFA)

What is the title of your activity?

What is the expected duration of this project?

Provide a description of the activity below (what you plan to do). Include timelines that describe what you'll have done by Quarter 1, Quarter 2, etc.:

What Partners will assist with the activity? (Think staff, other organizations, community, etc.)

Please provide evidence supporting this activity: What similar strategies have worked (e.g., national projects, previous NAPHA projects)? How does your activity address the public health issue?
<table>
<thead>
<tr>
<th>Please describe who your activity will benefit below. Include the age, gender, and any additional information that is important to the activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each of the populations described above, please detail the number of individuals you aim to serve:</td>
</tr>
<tr>
<td>List at least a minimum of 2 indicators you will use to measure how much you are going to do (#). (See Attachment A for list of indicators)</td>
</tr>
<tr>
<td>List at least one indicator your project will measure for the quality of your effort (%). (See Attachment A for list of indicators)</td>
</tr>
<tr>
<td>List at least one indicator your project will use to measure how the participants are better off as a result of your activity? (See Attachment A for list of indicators)</td>
</tr>
</tbody>
</table>
NAPHA FORM 4 – COST PROPOSAL

Identify the name of the activity listed in each activity plan submitted and include the total costs for each activity. Costs should include those within the budget line items listed in the form and conditions of this RFA. Include a detailed description for use of funds for all line items in the area beneath each line item. Applicants will not be allowed to change their budget proposal once submitted to DHHS, unless the POC specifically requests, in writing, budget changes. Budget proposals may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to award is announced. Applicants should not rely on budget changes or modifications in submitting their proposed costs, but should be able to perform the program activities consistent with their costs identified.

<table>
<thead>
<tr>
<th>Activity 1</th>
<th>Activity 2</th>
<th>Activity 3</th>
<th>Combined Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$0.00</td>
<td>Personnel</td>
<td>$0.00</td>
</tr>
<tr>
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<tr>
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<td>Indirect Costs/De minimis rate (see section 4.2 Indirect Costs in RFA)</td>
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<tr>
<td>Total</td>
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Attachment A

Helping People Live Better Lives
Native American Public Health Act
Performance Measure List

How Much Did You Do? (Quantity of Effort)

• # of people served
• # of health education sessions
• # of screenings completed
• # of people who receive health education
• # of people who receive referrals to additional services
• # of people in case management for diabetes
• # of people in case management for hypertension
• # of people enrolled in program
• # of visits with case manager/Community Health Worker (CHW)
• # of people who received follow-up from CHW

How Well Did You Do It? (Quality of Effort)

• # of individuals satisfied with health education
• # of individuals satisfied with program services
• # of individuals who complete program
• # of individuals linked to medical homes or other resources
• # of individuals with a self-management plan

Is Anyone Better Off? (Quality & Quantity of Effect)

• # of participants with improved nutrition
• # of participants with increased physical activity
• # of participants who achieve lifestyle change goals
• # of participants who demonstrate knowledge increase as a result of health education
• # of participants who indicate improvements in attitudes resulting from health education
• # of participants who successfully complete a self-management plan
• # of participants with improved blood pressure
• # of participants with reduced weight
• # of participants with reduced BMI