



REQUEST FOR BIDS IOWA GET SCREENED: COLORECTAL CANCER PROGRAM

I. INTRODUCTION

The purpose of this Request For Bids (RFB) is to solicit bid proposals which will enable the Iowa Department of Public Health, hereafter known as the Department, to select the most qualified applicant to provide colorectal cancer (CRC) awareness, outreach and colonoscopy screening services to uninsured and underinsured Iowans ages 50 to 64 who are at or below 250% of the federal poverty level, are at average or increased risk for CRC and have not been screened for CRC according to national guidelines, as recommended by the U.S. Preventive Services Task Force (www.ahrq.gov/clinic/uspstf/uspscolo.htm) and as outlined by the Centers for Disease Control and Prevention at:

www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm

The overarching program goal is to increase colorectal cancer screening rates among Iowans 50-64 years of age to 80 percent by 2014.

The Department is responsible for overseeing and monitoring the program screening and performance through the Iowa Get Screened data system, providing CRC education to the public and working with partners to implement policy and systems changes in regards to CRC screening and awareness.

Project Period

The Department anticipates the project period to be from October 1, 2013 through June 29, 2019. The Department expects the initial contract period to be a nine-month period from October 1, 2013 to June 29, 2014. The Department shall have the option to renew the contract for up to five additional one (1) year terms subject to review of the continuation application, applicant performance, compliance with the terms and conditions of the contract, and availability of funds.

Available Funds

Applicants may apply for up to \$10,500 for the initial 9-month contract term. The Department anticipates awarding approximately 5 awards but is not limited to this number. Actual total awards and individual contract funding levels may vary from that listed or funding may be withdrawn completely, depending on availability of funding.

Note: The Department is in the last year of a federal grant and the continuation of funding beyond June 29, 2014 is dependent on a renewal application being released by the federal government; and the Department successfully receiving these funds.

The issuance of this RFB in no way constitutes a commitment by the Department to award a contract.

Eligible Applicants

Eligible applicants must be Federally Qualified Health Centers, Community Health Centers, and free clinics that are licensed and registered in Iowa.

Electronic Communication Requirements

Applicant is required to maintain and provide to IDPH, upon application, a current and valid email account for electronic communications with IDPH.

II. SCOPE OF SERVICES

This section describes the minimum requirements that applicants must complete for the project.

A.) Program Definitions: Definitions for the purpose of this RFB include:

- **Case Management:** Establishing, brokering and sustaining a system of available clinical and essential support services for all individuals enrolled in the program.
- **Colorectal cancer:** Cancer that starts in the colon or the rectum. Sometimes it is called colon cancer, for short. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.
- **Cycle:** A cycle begins at the time of enrollment and is completed once a final diagnosis is made. A cycle is considered closed in the data system once all steps of the case management process are entered into the data system (e.g. enrollment, screening and final diagnosis).
- **Fecal Occult Blood Test (FOBT):** A colorectal cancer screening test that looks for hidden blood in the stool. There are two types of FOBT's: guiac-based (also referred to as gFOBT) and immunochemical-based (also referred to as FIT or iFOBT). The immunochemical-based test checks only for human blood making the preparation for the screening easier.
- **Final Diagnosis:** the process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination and review of laboratory data.
- **Local coordinator:** The individual within a local program who is providing services to a participant.
- **Participant:** The individual who is enrolled and receiving IGS services.
- **Provider agreement:** A signed cooperative agreement between IDPH and another party, for example, a health care provider. This contract allows IDPH to pay the health care provider for providing services to IGS participants. This term is used interchangeably with "cooperative agreement."

B.) Program Background: The Iowa Get Screened: Colorectal Cancer program is a federally funded program with funds provided by the Centers for Disease Control and Prevention. IDPH provides funding to local programs (local public health agencies, community health centers and free clinics) in limited areas across the state. This funding is used to provide recruitment, case management, screening and follow-up services. **Successful applicants will be utilizing the Fecal Immunochemical Test (FIT or iFOBT) as the primary screening method and Colonoscopy as the secondary method.**

In compliance with the minimum program requirements further detailed below; applicants must:

- Ensure patient eligibility.
- Conduct outreach activities to reach eligible patients.
- Enroll eligible patients and ensure consent forms are completed.
- Explain the FIT screening process to patients.
- Coordinate the colonoscopy screening process when needed.
- Provide any and all necessary comprehensive case management and follow-up services.
- Complete all necessary documentation in a timely fashion.
- Input data in the web-based IGS data collection system in a timely manner.
- Input patient information into the IGS third-party billing company, Provider Claim Systems web-based data base at the time of enrollment.
- Submit vouchers for reimbursement of case management services to IDPH on a monthly basis.
- Help secure resources if cancer is found or if a complication arises.

C.) Program Minimum Requirements:

Eligibility Determination

Applicants must:

- Identify lowans in applicant service area who are 50-64 years of age, uninsured or underinsured, have an income at or below 250% of the Federal Poverty Level and are at an average or increased risk for colorectal cancer.
- Determine eligibility for program participation based on a health history assessment.
- Assure consent form is signed by each eligible program participant.
- Provide appropriate and adequate referral resources for individuals who are deemed ineligible due to the following:
 - Individuals with symptoms;
 - Individuals who have had an initial positive screening test performed outside of the program who are seeking diagnostic services who need to be referred for appropriate medical care or evaluation;
 - Individuals suspected of having genetic syndrome Familial Adenomatous Polyposis (FAP) or Hereditary Non-Polyposis Colorectal Cancer (HNPCC).
 - Individuals with a current colorectal cancer diagnosis;
 - Individuals who may not benefit from screening.

Screening and Case Management

Applicants must:

- Develop and implement outreach strategies to recruit the identified Iowa target population.
- Provide comprehensive case management services to eligible patients, identified as lowans 50–64 years of age, uninsured or underinsured, at or below 250% of Federal Poverty Level and at average or increased risk for colorectal cancer.
- Provide comprehensive case management services to eligible IGS participants from the time of eligibility determination through final diagnosis.
- Follow-up with health care providers if necessary, regarding medical history and/or procedure status.
- Maintain any necessary medical records and/or documentation in patient files (e.g.

- previous screening/diagnostic reports).
- Ensure that each participant receives adequate and timely services.
 - Provide participants with test results and appropriate screening follow-up education and guidance.
 - If treatment is needed, refer participants to an American Cancer Society (ACS) Patient Navigator and work with the navigator, physician, and treatment center staff to assure treatment resources are in place. **Please note: the IGS program does not cover treatment or complication related services.**
 - Assist the screened participant in enrolling into a financial assistance program at the nearest cancer treatment center in the case that a cancer diagnosis is made or complications occur.
 - Establish a referral system to assure timely medical treatment for any participant:
 - Diagnosed with colorectal cancer; and/or
 - Who experiences complications due to screening and diagnostic procedures
 - All screening should be completed by April 30, 2014.

Emergency Barrier Funding

- Successful applicants will be eligible for a maximum of \$125 (not to exceed \$25 per participant) per contract year to assist participants in receiving services. Requests for emergency barriers funds may be submitted on a monthly basis as participants report barriers to accessing colorectal cancer screening services (e.g transportation).

Health Care Provider Recruitment

Applicants must:

- Identify and recruit health care providers (e.g. gastroenterologists, laboratory, pathology, pharmacy, etc) to enroll as official IGS providers. All laboratories to be used by the applicant must meet National Clinical Laboratory Improvement Amendment (CLIA) standards.
- Assure all additional providers complete a Cooperative Agreement/Provider Agreement and submit it to the IDPH IGS program.
- Establish with participating providers, a referral process to use for the IDPH IGS program.

IGS Web-Based Data System Entry

Successful applicants are required to:

- Review data system reports and client records on a monthly basis to determine records that need to be completed and/or corrected.
- Assure all data is timely and complete.
 - Assure all patient data, screening and follow-up results for participants screened are entered and completed within 30 days or less.

Quality Assurance

- Applicants must ensure quality assurance procedures are in place to assess the quality of clinical services provided to the screened participants.

Claims Reimbursement

The applicant shall be reimbursed for case management services at a flat fee rate of \$105 per eligible participant screened. This case management rate encompasses outreach, eligibility determination, all case management related services, and data entry. The applicant cannot submit for reimbursement until all necessary information and results have been entered and a final diagnosis has been made and entered into the IGS data system for each participant. The identification number (assigned through the IGS data system) for each participant in which a case management fee is being requested needs to be listed on each expense report. This rate is an all-inclusive cost and the applicant cannot charge additional fees or expenses to the IDPH. In addition, applicants are prohibited from charging participants that are eligible for these screening services. Emergency barrier funding should also be listed on the monthly expense report as requested/needed along with the corresponding client identification number the funding is being requested for.

Participating health care providers will be reimbursed for the approved services in accordance with current Medicare Part B rates by submitting claims to Provider Claim Systems (see description below). Participant information must be documented using the following two steps to assure health care providers are reimbursed for their services and to assure applicant entities are reimbursed the case management rate per participant:

- 1.) Billing through Provider Claim Systems (PCS):** All participants need to be entered into the Provider Claim Systems (IGS third party billing company) web-based database at the time of enrollment. This is a quick process which allows IGS providers to be reimbursed for services provided through the program. PCS database link: <https://pcs.nicao-online.org/>.

The PCS data base and the IGS data system are two separate web-based systems and all participants need to be entered into both systems at the time of enrollment.

- 2.) Expense Reports:** The CONTRACTOR shall accurately prepare a monthly expense report in the Electronic Expenditure Workbook (EEW) located in the SharePoint document library specific for this contract. Upon completing, approving, and submitting the monthly expenditure report in the EEW, the authorized individual shall initiate a Workflow for the EEW. The identification number (assigned through the IGS data system) for each participant in which a case management fee is being requested needs to be listed on each expense report.

Trainings/Site Visits

Successful applicants will be expected to participate in a face-to-face program training (for new programs/if needed), an annual all program coordinator conference call, as well as trainings and/or site visits as needed (e.g. new staff, program challenges, etc)

III. ADMINISTRATIVE MATTERS

The dates set forth below are for informational planning purposes only. The Department reserves the right to change any of these dates:

EVENT	DATE
Post/Submit RFB to potential applicants	July 15, 2013
Written Questions and Responses	
Round 1 Questions Due	July 26, 2013
Interim Responses Posted By:	August 2, 2013
Final Questions Due	August 7, 2013
Final Cumulative Responses Posted By:	August 13, 2013
Bid Proposals due	August 20, 2013
Select Successful Applicant/Post Notice of Intent to Award	September 17, 2013

Bid Submission Requirements and Bid Proposals Due – August 20, 2013

Bid Proposals must be **received** by 4:00 p.m. (local Iowa time) on August 20, 2013 by the IDPH SharePoint Service Contract Application Center in compliance with the following requirements:

- Email Bid Proposal documents as a single zipped file **OR** a single PDF, no larger than 20MB, to **applications@idph.iowa.gov**. The preferred submission is a single zipped file.
- The subject line of the email must read “RFB FY14 IGS CRC”. Do not include anything else in the subject line of the email.
- The single zipped file or single PDF must be named “RFB FY14 IGS CRC (insert your agency name)”.
- Do not include additional information or text in the body of the email as it will not be available to IDPH staff.

Bid Proposals submitted to IDPH in any manner other than through the IDPH SharePoint Service Contract Application Center (e.g. electronic mail to any other address, faxed, hand-delivered, mailed or shipped or courier-service delivered versions) will be rejected, not reviewed by IDPH and a notice will be sent to the applicant. Any information submitted separately from the Proposal will not be considered in the review process.

Bid Proposals will be rejected and not reviewed by IDPH for the following reasons:

- If the Bid Proposal is received by the IDPH SharePoint Service Contract Application Center after the stated due date and time.
- If the Bid Proposal is submitted in any manner other than by email to applications@idph.iowa.gov.
- If the Bid Proposal is not submitted as a single zipped file or a single PDF file.

The due date and time requirements for receipt of the Bid Proposal by the IDPH SharePoint Service Contract Application Center are mandatory requirements and will not be subject to waiver as a minor deficiency.

The Bid Proposal that is attached to the applicant's email is automatically removed from the email upon receipt by the server and is filed in the IDPH SharePoint Service Contract Application Center. The Bid Proposal is date and time stamped upon filing in the IDPH SharePoint Service Contract Application Center. The time that is automatically documented on the submitted and filed Bid Proposal within the IDPH SharePoint Service Contract Application Center is slightly delayed from the time the email is received by the server, and is not the time that the applicant sent the email. Although the delay is minimal, it may be increased when server traffic is high or other uncontrollable internet traffic circumstances, encryption issues, firewall issues, or server issues, etc.

The date and time stamp by the IDPH SharePoint Service Contract Application Center shall serve as the official time of receipt of the Bid Proposal.

It is the applicant's sole responsibility to submit emailed Bid Proposals in sufficient time so the Bid Proposal is received by the IDPH Service Contract Application Center prior to the stated due date and time. Applicants are strongly encouraged to submit emailed Bid Proposals as early as possible to allow sufficient time for any unforeseen issues to be resolved prior to the deadline, if they occur. Bid Proposals received by the IDPH SharePoint Service Contract Application Center after the stated due date and time will be rejected, not reviewed by IDPH and a notice sent to the applicant.

An electronic notification of receipt of the applicant's Bid Proposal within the IDPH SharePoint Service Contract Application Center will be generated automatically and emailed to the sender of the emailed Bid Proposal. If the electronic notification is not received within ten (10) minutes of the applicant's email, please contact the SharePoint Helpdesk at 1-866-520-8987 to confirm delivery (available prior to 4 PM on Weekdays, excluding State Holidays).

If an applicant emails the Bid Proposal multiple times, only the last submission received by the IDPH SharePoint Service Contract Application Center prior to the stated due date and time will be accepted for review.

Written Questions and Responses:

Written questions related to the RFB must be submitted via email to Stacey Hewitt at stacey.hewitt@idph.iowa.gov no later than **the dates specified in the table above.**

Questions must be submitted by electronic mail. If the question or comment pertains to a specific section of the RFB, the section and page must be referenced. Oral questions will not be accepted.

IDPH will prepare written responses to all pertinent and properly submitted questions and post the written questions and responses on the IDPH Web page. IDPH's written responses will be considered part of the RFB. Written responses will be prepared and posted according to the schedule of events table above.

It is the responsibility of the applicant to check the IDPH Web site periodically for written questions and responses to this RFB.

Oral questions will not be accepted. If an applicant or someone acting on an applicant's behalf attempts to discuss this RFB orally or in writing with any members of the evaluation committee,

or any employee or elected official of the State of Iowa, other than Stacey Hewitt, the applicant may be disqualified.

Notice of Intent to Award -- September 17, 2013. A Notice of Intent to Award the contract(s) will be posted on the IDPH Web page www.idph.state.ia.us under *Funding Opportunities* link by 4:30 pm. Applicants are solely responsible for reviewing the Notice of Intent to Award to determine their award status.

Contract Negotiations and Execution of the Contract – Following the posting of the Notice of Intent to Award, the successful applicant(s) will retrieve a contract document through the IDPH SharePoint Service Contract system. The successful applicant has ten (10) working days from date of receipt in which to negotiate and sign a contract with IDPH. If a contract has not been executed within ten (10) working days, IDPH reserves the right to cancel the award and to begin negotiations with the next highest ranked applicant or other entity deemed appropriate by IDPH. IDPH may, at its sole discretion, extend the time period for negotiations of the contract.

Miscellaneous Administrative Matters:

The Department reserves the right to reject any or all bid Proposals, in whole or in part, to advertise for new bid Proposals, to abandon the need for such services, and to cancel this RFB at any time prior to the execution of the written contract.

All information submitted by the Applicant will be treated by the Department as a public record unless the Applicant properly requests that the information be treated as confidential information in accordance with the public records laws of the State of Iowa at the time the proposal is submitted.

By submitting a bid Proposal, the Applicant agrees that the Department may copy the bid Proposal for purposes of facilitating the evaluation of the bid Proposal or to respond to requests for public records and represents that such copying will not violate the rights of any third party.

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IV. BID PROPOSAL REQUIREMENTS

Bid Proposals should include the applicant's plan for accomplishing the work set forth in the Scope of Services and should include sufficient information regarding the Applicant's ability to perform the services sought to enable the Department to make a judgment about the Applicant's ability to perform the work identified in the Scope of Services. This section describes what must be contained in an applicant's bid proposal.

A. Cover Page (Attachment A1): Must be fully complete and signed. Identifies the applicant's legal name, federal identification number, and key contact information for the project.

Applicant must complete required form - **Attachment A1** following these instructions:

- **Applicant** - Provide the legal name of the applicant entity. This must be the entity associated with the Federal Identification (ID) number per the Internal Revenue Service (IRS). If the entity operates under another name as a "d/b/a" (doing business as), please include that in the legal name. Provide the applicants federal identification number. Provide the applicant's address, telephone and FAX number as requested in the first section of Attachment A1.
- **Total Funds Requested** – Indicate by inserting the funding requested and listed in Attachment E. See Section IV (F) for details.
- **Conditions/Signature** – The person authorized to execute legal documents on behalf of the entity must date and insert an electronic signature to certify that the applicant is in agreement with the conditions listed.
 - According to the definition outlined in Iowa Code 554D.103 and U.S. Code (<http://www.gpo.gov/fdsys/pkg/PLAW-106publ229/pdf/PLAW-106publ229.pdf>) defines an electronic signature as "an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record." An applicant may insert an electronically scanned signature, a digital signature, or a typed name, symbol, etc. in compliance with this definition for the electronic signature.
- **Key Personnel for this Proposal (Attachment A2)** – Provide information for agency personnel associated with this proposal. Include the information in the table provided on page 2 of the Cover Page (Attachment A2). Describe the executive, management, technical, and professional staff who would perform duties related to this project. Include the number of staff, their roles, and their expertise and experience in providing these types of services. Provide evidence for any necessary applicable professional licenses required by law by listing the license number associated with the professional personnel.
 - **Executive Director** - Name, email address, experience and license number as applicable – Complete and provide the name of the person who has overall responsibility and authority for administering the program in which the entity is applying for the funds.
 - **Program Coordinator** - Name, email address, experience, license number as applicable – Complete the table by providing the name of the individual who will have direct day-to-day responsibility for this program and the person that the

department can contact concerning the proposal. This person will oversee the details of the contract and assure that all expectations and requirements are met.

- **Back-up Coordinator** - Name, email address, experience, license number as applicable – Complete the table by providing the name of the individual who will assist the program coordinator with service delivery assuring that all expectations and requirements are met. This individual will be the point of contact for the program in the case that the Program Coordinator is not available.
- **Fiscal Director** - Name, email address, experience, license number as applicable – Complete the table by providing the name of the individual with overall responsibility and authority for financial management for this program.

Please note: the duties of each the Program Coordinator and Back-up Coordinator can be tailored to meet the needs of the applicant; however, the roles and responsibilities need to be established and identified prior to project implementation (e.g. outreach, enrollment, data and billing system entry, follow-up, etc.).

B. Minority Impact Statement (Attachment B): Must be fully complete and signed. Identifies the applicant’s potential impact of the project’s proposed programs or policies on minority groups. Applicant must complete required form – **Attachment B** following these instructions:

- Applicants must independently complete the “Minority Impact Statement” form by checking the box that most accurately reflects the proposed project programs or policies impact on minority persons.
- Describe the rationale or evidence for your choice in a brief narrative, as well as identifying the specific minority groups in which there is a positive or negative impact (if applicable) on the checklist.
- Document must be electronically signed by a person authorized by the applicant agency and return it with the proposal.

C. Applicant’s Background/Demonstrated Experience, Community Partnerships and Needs Assessment (Attachment C1). In a narrative format the applicant shall describe each of the items listed below and included in Attachment C1.

1. Background/Demonstrated Experience:

- a. Identify other projects in which the applicant is currently providing or has provided services similar to the services described in this RFB.
- b. Describe other similar contracts or projects currently undertaken by the applicant.
- c. Describe any other screening programs and/or events that have been conducted by the applicant.

2. Health Care Provider Partnerships:

- a. Identify and explain any established health care provider partnerships related to delivering colorectal cancer screenings.

- b. Identify and explain any established community partnerships related to delivering colorectal cancer screenings.

3. Needs Assessment: The applicant will provide the following:

- a. A baseline of current colorectal cancer screening for eligible clients. (Comprehensive data from the last 5 years is preferred.)
- b. A description of how this project will help meet the identified need for colorectal cancer screening in the proposed project area.

D. Action Plan (Attachment C2). Using the form provided (**Attachment C2**), applicants must provide an action plan detailing the items listed below. All minimum program requirements outlined in Section 2 must be addressed. Applicants must complete **Attachment C2**, filling in project objective(s), baseline measure(s), data source(s), activities, timeline(s), and method for monitoring progress including all five (5) items listed below. If additional narrative is needed to fully address these five items and all program requirements, add narrative to the Attachment.

1. A plan for meeting projected screening numbers, including plans for recruitment and a timeline of anticipated completion.
 - a. Please identify the structure will be used to provide screening (e.g. a year-long screening approach, a screening event, etc.). If a year-long approach is being used, a monthly screening goal must be identified.
2. Applicants must identify the number of participants to be screened with a minimum of at least 15 screenings and a maximum of 100.
3. A plan for assuring timely and accurate data entry:
 - a. Into the IGS data system entry from initial enrollment/screening through final diagnosis for each participant.
 - b. Into the Provider Claim Systems data base.
4. A plan for coordinating and delivering colonoscopy services including locations, providers and capacity for screening.
5. A plan for the referral of participants in need of treatment or for whom complications have occurred as a result of the screening process.

Subcontracts: If the applicant intends to use subcontractors in completing work and services of this RFB, refer to Section 1.17 of the RFB and include the requested information from that section here.

In the event of a funded proposal, proposed subcontracted services with a value of \$2,000 or greater must be defined in a legal agreement, submitted to and approved by IDPH prior to signature by either party. (Per Section 5 of the IDPH General Conditions)

E. Office Locations and Services (Attachment D). Identify and specify the location(s) of the applicant's offices or other facilities involved in provision of services under this proposal. Availability of extended office hours is preferred. Complete the Service Delivery Form (**Attachment D**) including all of the agency's offices (including addresses) and the services provided.

F. Budget (Attachment E). The budget for this project consists of a unit cost rate/flat fee reimbursement with a minimum of \$1,575 and not to exceed \$10,500. This is an all-inclusive rate and no additional costs can be claimed. The number of screenings is based on screening at least 15 eligible clients and not to exceed 100 eligible clients.

The applicant must complete the required form (**Attachment E**). The applicant must fill in the amount in the “Budget” column and “Total Number of Case Management Services” column.

If contracted funds are not spent during the designated timeframe, they will revert to the IDPH. In addition, successful applicants will receive reimbursement from a third-party contractor as follows (and as described in section 1.05).

G. W-9 (Attachment F). If applicant is not a current contractor with IDPH, include a completed W-9 form. The applicant can either use the W-9 template provided in Attachment F or submit their own.

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V. EVALUATION CRITERIA

An evaluation committee made of up employees of the Department will review bid proposals. The committee will consider all information provided in the bid proposal when making its recommendation and may consider relevant information from other sources. The Department may also consider geographical distribution, budget information and any other information received pursuant to the procurement process. The evaluation committee will award the contract to the responsible applicant submitting the best bid proposal. The lowest priced bid proposal is not necessarily the best bid proposal. The evaluation committee's selection will be subject to the final approval of the Department.

The bid proposals will be evaluated and a recommendation will be made using the following criteria, which are listed in no particular order:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the RFB objectives.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully complete the project within the proposed schedule. This judgment will be based upon factors such as budget, project management plan and availability of staff.

Points will be assigned for each item listed as follows:

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5	Applicant's proposal or capability is exceptional and exceeds expectation for this criterion.
4	Applicant's proposal or capability is superior and slightly exceeds expectations for this criterion.
3	Applicant's proposal or capability is satisfactory and meets expectations for this criterion.
2	Applicant's proposal or capability is unsatisfactory and contains numerous deficiencies for this criterion.
1	Applicant's proposal or capability is not acceptable or applicable for this criterion.

The maximum points to be awarded for each proposal section are as follows:

<u>Proposal Component</u>	<u>Weight</u>	<u>Potential Maximum Score</u>
Cover Page (Attachment A1)	--	Required
Key Personnel (Attachment A2)	1	5
Minority Impact Statement (Attachment B)	--	Required
Background/ Demonstrated Experience, Needs Assessment (Attachment C1)	8	40
Action Plan (Attachment C2)	10	50
Service Delivery Table (Attachment D)	--	Required
Budget (Attachment E)	--	Required
W-9 Form (Attachment F)	--	Required
Litigation or Investigation Disclosure	--	Required

19 95 points maximum

VI. CONTRACTUAL TERMS

- a. The Contract, which the Department expects to award as a result of this RFB, shall be based upon the Proposal submitted by the successful Applicant and this RFB. The Contract between the Department and the successful Applicant shall be a combination of the scope of services, terms and conditions of the RFB, the Proposal of the Applicant, and all written clarifications or changes made in accordance with the provisions herein. The Department reserves the right to either award a Contract without further negotiation with the successful Applicant or to negotiate Contract terms with the selected Applicant if the best interests of the Department would be served by negotiation.
- b. Any contract awarded by the Department shall include specific contract provisions and the general conditions effective January 1, 2013 Revised 1.10.13 as posted on the department Web site at www.idph.state.ia.us under *Funding Opportunities* link. Contract terms contained in the general conditions are not intended to be a complete listing of all contract terms, but are provided only to enable applicants to better evaluate the costs associated with the RFB and the potential resulting contract.
- c. The Department requires contractors to link with the local board of health when providing services supported by Department funding. In particular, contractors are expected to assist the local board of health in carrying out the three core functions of public health as defined in 641 IAC 77.3 (137): assessment, policy development and assurance. Examples of linking with the board of health include, but are not limited to:
 - Provide environmental and/or health data to the local board of health for the purposes of, and provide assistance in, assessing and analyzing the health status of the community.
 - Submit reports to the local board of health on the effectiveness, accessibility, and quality of services provided.
 - Include the local board of health in establishing policies and plans associated with the services provided. This can be accomplished by establishing a liaison between the Contractor and the board of health or by attending regular meetings of the board of health.
 - Educate the local board of health about the services provided and work with the board to identify target populations in need of the services provided.
 - Be active in the Community Health Needs Assessment and Health Improvement Plan process.
 - Provide the board of health expert input on the services provided and how those services relate to; the health priorities of the community, and health improvement plans to address those priorities.

The contractor is expected to provide documentation of linkage efforts if requested by the Department.

- d. Results of the review process or changes in federal or state law may require additions or changes in final contract conditions requirements.

VII. APPEAL OF REJECTION DECISION

The applicant's receipt of a rejection letter constitutes receipt of notification of the adverse decision per 641Iowa Administrative Code Chapter 176.8(1). Applicants may appeal the adverse decision only for a timely submitted application. The appeal shall be submitted in writing within ten business days of receipt of notification of the adverse decision. Appeals shall be submitted in writing, to Stacey Hewitt, Contract Administrator, Division of Administration and Professional Licensure, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the proposal were not followed. In the event of an appeal, the Department will continue working with the successful applicant pending the outcome of the appeal.

VIII. APPEAL OF THE AWARD DECISION

The posting of the Notice of Intent to Award on the IDPH Web page constitutes receipt of notification of the adverse decision per 641Iowa Administrative Code Chapter 176.8(1). Applicants may appeal the adverse decision only for a timely submitted application. The appeal shall be submitted in writing within ten business days of receipt of notification of the adverse decision. Appeals shall be submitted in writing, return receipt requested, to Stacey Hewitt, Contract Administrator, Division of Administration and Professional Licensure, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the proposal were not followed. In the event of an appeal, the Department will continue working with the successful applicant pending the outcome of the appeal.

IX. ATTACHMENTS

Attachments are posted in a separate zipped file on the IDPH Web page under *Funding Opportunities*: www.idph.state.ia.us. Applicants must download these forms and include them in the bid proposal as outlined in Section IV.