

Iowa Department of Public Health  
Division of Health Promotion & Chronic Disease  
Prevention

Iowa WIC Program  
(Special Supplemental Nutrition Program for Women,  
Infants, and Children)

Fiscal Year 2014 – Request for Application (RFA)  
#58811010-03 and #58811032-03

Contract Period: October 1, 2013 – September 30, 2014

Project Period: October 1, 2011 – September 30, 2017

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# Section 1. General and Administrative Issues

## Introduction

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**In this section** This section of the Request for Application (RFA) contains general and administrative information about the purpose and submission of this application.

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**Contents** This section contains the following topics:

<b>Topic</b>	<b>See Page</b>
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Schedule of Events	6
Application Submission	8

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## 1.01 Overview

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### Purpose

The purpose of this RFA is to provide guidance for current contractors to submit continuation applications for FY2014, the third year of the project period established by the RFP #58811010 and #5881032. Community public health services covered by this application include capacity and provision of quality WIC services to WIC applicants. This RFA serves to:

1. Have the capacity to provide quality WIC services,
  2. Maintain and advance integration of public health activities,
  3. Maintain and advance delivery of essential services and core public health functions, and
  4. Build stronger relationships with community partners.
- 

### Project and contract period

FY2014 is the third year of a six year project period. Continued funding during the defined project period is dependent on approval of the continuation application, contractor performance during FY2013, contractor compliance with general and special conditions of the contract, and availability of project funds. IDPH expects the contract period to be a one-year term from October 1, 2013 to September 30, 2014

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### Eligible applicants

Applicants must meet each of the following eligibility requirements for consideration.

Step	Requirement
1	Only current contractors for the Iowa WIC program are eligible to submit a continuation application for FY2014.
2	Applicant is required to maintain and provide to IDPH, upon application, a current and valid email account for electronic communications with IDPH.

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### Client confidentiality compliance

Agencies and their subcontractors shall comply with IDPH policies and procedures to protect client confidentiality, and assure security of client information, including electronic files. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) does **not** apply to or require compliance by the Iowa WIC Program.

**Reference:** USDA WIC Final Policy Memorandum #2002-2, January 2003.

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## 1.01 Overview, Continued

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**Service delivery area** Refer to the RFP #58811010 and #58811032, for service delivery area parameters. Any changes to the current service delivery area must adhere to these instructions. Any service delivery area changes for this RFA must be agreed to by existing contractors and applicable boards of health, and approved by IDPH. Submit requests to Stacey Hewitt at [stacey.hewitt@idph.iowa.gov](mailto:stacey.hewitt@idph.iowa.gov). Written approval must be obtained prior to submitting a continuation application.

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**Funding** Iowa WIC Program funds are awarded under the authority of the federal regulations found in 7 CFR part 246 from the USDA and 641 Iowa Administrative Code Chapter 73.

Applicants must use the preliminary agency allocations found in Section 2.02 of this RFA.

Actual total awards and individual contract funding levels may vary from that listed or funding may be withdrawn completely, depending on availability of funding.

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## 1.02 Schedule of Events

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**Schedule of important dates**

The table below lists critical dates in the application and contract award process. Contractors are encouraged to review the entire RFA for detailed information about events, dates, times and sites.

<b>Event</b>	<b>Date</b>
RFA Issued	February 6, 2013
Written Questions and Responses	
Round 1 Questions Due	February 20, 2013
Interim Responses Posted by	February 27, 2013
Round 2 Questions Due	March 6, 2013
Interim Responses Posted by	March 13, 2013
Final Questions Due	March 20, 2013
Final Cumulative Responses Posted by	March 29, 2013
Applications Due	April 16, 2013
Post Notice of Intent to Award	May 24, 2013

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**Application and forms availability**

The RFA will be available on the IDPH Web site under *Funding Opportunities* link: [www.idph.state.ia.us](http://www.idph.state.ia.us). IDPH will send a copy of the RFA to any person or entity which requests the RFA. Blank forms (Attachments) will be available separately in a Zip format compatible with Microsoft (MS) Word 7.0. The provided forms must be used to submit the application.

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**Application packet**

Contractors are strongly encouraged to review all materials in the application packet and must follow the instructions regarding application forms and format.

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## 1.02 Schedule of Events, Continued

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### **Administrative inquiries**

Written questions related to the RFA must be submitted via email to Stacey Hewitt at [stacey.hewitt@idph.iowa.gov](mailto: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 RFA, 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 RFA. 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 RFA.

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### **Technical assistance**

Technical assistance is available for developing program-specific components of the application. Contractors are encouraged to contact Jill Lange at 515-281-7095 or Bruce Brown at 515-281-7094 with questions about program issues.

In no case shall verbal communications override written communications. Only written communications are binding on the IDPH. IDPH assumes no responsibility for representations made by its officers or employees prior to the execution of a legal contract, unless representations are specifically incorporated into the RFA.

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## 1.03 Application Submission

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### **Application submission**

Applications must be received by 4:00 p.m. (local Iowa time) on April 16, 2013 by the IDPH SharePoint Service Contract Application Center in compliance with the following requirements:

- Email application documents as a single zipped file OR a single PDF, no larger than 20MB, to [applications@idph.iowa.gov](mailto:applications@idph.iowa.gov). The preferred submission is a single zipped file.
- The subject line of the email must read “WIC FFY14 RFA”.
- The single zipped file or single PDF (your application attachment) must be named “WIC FFY14 RFA (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.

Applications 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 application will not be considered in the review process.

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

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

IDPH will notify the applicant of the rejection.

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## 1.03 Application Submission, Continued

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Application submission  
(continued)

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

The application 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 application 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 application 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 application.**

It is the applicant's sole responsibility to submit emailed applications in sufficient time so the application is received by the IDPH Service Contract Application Center prior to the stated due date and time. Applicants are strongly encouraged to submit emailed applications as early as possible to allow sufficient time for any unforeseen issues to be resolved prior to the deadline, if they occur. Applications 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 application within the IDPH SharePoint Service Contract Application Center will be generated automatically and emailed to the sender of the emailed application. 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 application 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.

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## 1.03 Application Submission, Continued

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**Right to reject applications/  
Cancellation of RFA**

IDPH reserves the right to reject, in whole or in part, any or all applications, to advertise for new Applications, to arrange to receive or itself perform the services herein, to abandon the need for such services, and to cancel this RFA if it is in the best interests of IDPH.

Any application will be rejected outright and not evaluated for the following reason:

1. The applicant fails to submit the application in sufficient time for receipt by IDPH SharePoint Service Contract Application Center prior to the stated due date and time or in the manner stated in section 1.03.
2. The applicant is not an eligible applicant as defined in section 1.01.

Any application may be rejected outright and not evaluated for any of the following reasons:

1. The applicant fails to include required information, or fails to include sufficient information to determine whether an RFA requirement has been satisfied.
2. The applicant fails to follow the application format instructions or presents information requested by this RFA in a format inconsistent with the instructions of the RFA.
3. The applicant provides misleading or inaccurate answers.
4. The applicant states that a mandatory requirement cannot be satisfied.
5. The applicant's response materially changes a mandatory requirement.
6. The applicant's response limits the rights of IDPH.
7. The applicant fails to respond to IDPH's request for information, documents, or references.
8. The applicant fails to include any signature, certification, authorization, or stipulation requested in this RFA.
9. The applicant initiates unauthorized contact regarding the RFA with a state employee.

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## 1.03 Application Submission, Continued

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**Appeal of rejection decision**

The applicant's receipt of a rejection letter constitutes receipt of notification of the adverse decision per 641 Iowa 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.

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**Appeal of 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 641 Iowa Administrative Code Chapter 176.8(1). Applicants may appeal the adverse award decision by filing a written appeal to IDPH within 10 working days of posting of the Notice of Intent to Award in accordance with 641 Iowa Administrative Code 176.8(1). 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 applications were not followed. In the event of an appeal, the Department will continue working with the successful applicant pending the outcome of the appeal.

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## Section 2. Application Components

### Introduction

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**In this section** This section of the RFA describes WIC services including budget and assigned caseload. These instructions prescribe the content of the application.

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**Contents** This section contains the following topics:

<b>Topic</b>	<b>See Page</b>
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WIC Assigned Caseload	16
Application Requirements	18
Budget	32

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## 2.01 Overview

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**Mission** The mission of the Iowa WIC Program is to promote and maintain the health and well-being of nutritionally at-risk women, infants, and young children.

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**Services** The Iowa WIC Program provides nutritious food, nutrition and health education, breastfeeding promotion and support, and access to health care for eligible individuals found to be at nutritional and/or medical risk. Women who are pregnant, breastfeeding and postpartum, and infants and children up to age five who reside in Iowa and meet income guidelines are eligible for WIC services.

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**Scope of work** Each applicant must review the scope of work and responsibilities as outlined in the 641 Iowa Administrative Code Chapter 73, and the Iowa WIC Program Policy and Procedure Manuals. By submitting an application for the Iowa WIC Program, the applicant understands that an acceptance of a contract carries with it the obligation to provide all WIC services and performs all WIC program tasks in accordance with these documents.

Applicants must comply with RFP #58811010 and #58811032 and this RFA.

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## 2.02 WIC Funding

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**Introduction** WIC contract agencies must comply with federal and state regulations and be fiscally responsible with WIC funds.

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**Service delivery** The Iowa WIC Program seeks to achieve an economy of scale encouraging regional service delivery, especially in less densely populated parts of the state. Therefore, available funds are pooled to serve a defined service delivery area. Allocations are determined per county; however the funds are contracted to regional agencies. The applicant may decide where the funds are best spent and is under no obligation to spend the monies allocated per county in the county as long as the required service is available to residents of that county.

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## 2.02 WIC Funding, Continued

**Preliminary  
WIC funding**

WIC applicants should use the following preliminary agency allocations for FFY2014 budget preparation for this application. Final funding and caseload allocations will be forwarded as soon as they are available.

<b>Contractor</b>	<b>Funding</b>
American Home Finding	\$411,211
Broadlawns Medical Center	\$1,436,936
VNA Dubuque	\$258,586
Community Action of Southeast Iowa	\$618,588
Edgerton Women's Health Center	\$623,921
Hawkeye Area Community Action Program	\$711,426
Hillcrest Family Services	\$611,658
Johnson County Public Health	\$443,192
Marion County Public Health	\$361,160
MATURA Action Corporation	\$358,687
Mid-Iowa Community Action	\$923,399
Mid-Sioux Opportunity, Inc.	\$354,424
New Opportunities, Inc.	\$344,249
North Iowa Community Action	\$500,312
Operation Threshold	\$824,316
Pottawattamie County	\$443,823
Siouxland District Health Department	\$617,816
Upper Des Moines Opportunity, Inc.	\$388,633
Webster County Health Department	\$357,915
West Central Community Action	\$409,755

## 2.03 WIC Assigned Caseload

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### Introduction

Assigned caseload is a benchmark used to ensure eligible populations have access to WIC services and available resources are used effectively.

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### Calculation

The FFY2014 assigned caseload allocations for each agency represents 98% of the agencies actual FFY2012 participation. (See table on page 16).

*Note:* The assigned caseload may increase or decrease based on current WIC caseload performance and changes in the availability of funding between the release of this RFA and the completion of the contract negotiation.

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### Assigned and actual caseload trends

The assigned and actual cumulative caseload for the Iowa WIC Program for the past three years appears in the table below.

Year	Assigned Caseload	Actual Caseload
2013	849,504	Estimated at 829,907
2012	895,944	829,907
2011	914,160	851,175

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### Contract performance measure

Performance under the contract will be measured using a nine-month actual cumulative participation compared to the assigned cumulative participation. A monetary incentive may be awarded if actual cumulative participation exceeds assigned cumulative participation by at least three (3) percent.

Failure to meet ninety-seven (97) percent of the assigned caseload for the service delivery area will result in a decrease in funding.

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## 2.03 WIC Assigned Caseload, Continued

**Preliminary  
assigned WIC  
participation**

The assigned WIC participation for FFY2014 for Iowa is 67,777 per month. WIC applicants should use the following agency assigned participation per month for FFY2014 budget preparation for this application. The final caseload allocations will be forwarded as soon as they are available.

<b>Contractor</b>	<b>Caseload</b>
American Home Finding	2,581
Broadlawns Medical Center	9,738
VNA Dubuque	1,464
Community Action of Southeast Iowa	3,780
Edgerton Women's Health Center	4,304
Hawkeye Area Community Action Program	4,561
Hillcrest Family Services	3,706
Johnson County Public Health	2,656
Marion County Public Health	2,034
MATURA Action Corporation	1,922
Mid-Iowa Community Action	5,856
Mid-Sioux Opportunity, Inc.	1,896
New Opportunities, Inc.	1,831
North Iowa Community Action	2,838
Operation Threshold	5,147
Pottawattamie County	2,878
Siouxland District Health Department	4,027
Upper Des Moines Opportunity, Inc.	2,314
Webster County Health Department	2,103
West Central Community Action	2,141

## 2.04 Application Requirements

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**Technical requirements**

Refer to Section 3.03 of the RFA for Technical Requirements.

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**Cover page**

Identifies the applicant’s legal name, federal identification number, and key contact information for the project. Complete required form – **Attachment A** following these instructions:

<b>Part</b>	<b>Function</b>
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. If the entity operates under another as a “d/b/a” (doing business as), please include that in the legal name. Provide the applicants federal identification number. Provide the applicants DUN and DUNS. Provide the applicant’s address, telephone and FAX number as requested in the first section of Attachment A.
Federal Congressional District	Provide the Federal Congressional District for the applicant’s main office (the legal address found on the agency W-9).
Total Funds Requested	Indicate the total amount of funds requested by program, not to exceed the amounts outlined in section 2.02.
Counties Applied for	Indicate the counties to be served by applicant.

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## 2.04 Application Requirements, Continued

Cover page  
(continued)

<b>Part</b>	<b>Function</b>
Conditions/Signature	<p>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 <a href="http://www.gpo.gov/fdsys/pkg/PLAW-106pub1229/pdf/PLAW-106pub1229.pdf">http://www.gpo.gov/fdsys/pkg/PLAW-106pub1229/pdf/PLAW-106pub1229.pdf</a> 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.</p>
Key Personnel for this Application	<p>Provide information for agency personnel associated with this application. Include the information in the table provided on page 2 of the Cover Page (<i>Attachment A</i>). Describe the executive, management 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.</p>

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## 2.04 Application Requirements, Continued

Cover page  
(continued)

<b>Key Personnel</b>	<b>Definition</b>
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 Administrator/WIC Coordinator	Name, email address, experience and license number as applicable – Complete the table by providing the name of the individual with direct day-to-day responsibility for this program and the person that the department can contact concerning the application.
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 of this program.
Lead Clinic Staff	Name, email address, experience, license number as applicable – Complete the table by providing the name of the individual with knowledge and ability to make clinic decisions in the absence of the Program Administrator/WIC Coordinator. Lead staff may be divided up into different discipline areas (support staff, dietitians, and nurses).
Breastfeeding Coordinator	Name, email address, experience, license number as applicable – Complete the table by providing the name of the breastfeeding coordinator. This individual must be a licensed dietitian, registered nurse, nutrition educator, or health educator who coordinates the local agency breastfeeding support services and participates in the development of the local agency nutrition education needs assessment and development of the breastfeeding action plans (policy 310.16).

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## 2.04 Application Requirements, Continued

Cover page  
(continued)

<b>Key Personnel</b>	<b>Definition</b>
Nutrition Coordinator	Name, email address, experience, license number as applicable – Complete the table by providing the name of the nutrition coordinator. This individual must be a licensed dietitian who coordinates direct nutrition services to participants and participates in the development of the local agency nutrition education and breastfeeding promotion action plans.
Data Coordinator	Name, email address, experience, license number as applicable – Complete the table by providing the name of the data coordinator. This individual must be the Program Administrator/WIC Coordinator or a licensed health professional, who maintains, analyzes and interprets agency data and trends; and participates in the development of the agency nutrition education and breastfeeding promotion and support action plans (policy 310.27).
IWIN Contact	Name, email address, experience, license number as applicable – Complete the table by providing the name of the IWIN contact. The IWIN contact must have working knowledge of IWIN and the ability to help problem solve issues.
eWIC Contact	Name, email address, experience, license number as applicable – Complete the table by providing the name of the eWIC contact. The eWIC contact must gain working knowledge of eWIC and have the ability to problem solve issues.
Early ACCESS Contact	Name, email address, experience, license number as applicable – Complete the table by providing the name of the Early ACCESS contact. The Early ACCESS contact must be a licensed health professional who assures WIC representation at regional Early ACCESS Council(s) and acts as a resource to WIC staff regarding regional and Iowa Early ACCESS programs and referral procedures (policy 310.26).

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## 2.04 Application Requirements, Continued

Cover page  
(continued)

Key Personnel	Definition
Vendor Contact	Name, email address, experience, license number as applicable – Complete the table by providing the name of the Vendor Contact. The Vendor Contact must be an individual with the ability to maintain good rapport and work with local stores as required.
Quality Improvement (QI) Contact	Name, email address, experience, license number as applicable – Complete the table by providing the name of the QI contact. The QI contact must be the WIC Coordinator or a licensed health professional.
Outreach Contact	Name, email address, experience, license number as applicable – Complete the table by providing the name of the Outreach Contact. The Outreach Contact must be an individual with the ability to identify populations that may face barriers to service and experience health disparities.

Minority  
Impact  
Statement

Identifies the applicant’s potential impact of the project’s proposed programs or policies on minority groups. Complete the 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.
- A person authorized by the applicant agency must insert an electronic signature and return the completed form with the application.

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## 2.04 Application Requirements, Continued

### WIC management narrative

The following is a list of components required for the WIC management narrative section of the application. Please identify any changes from applicant submissions to RFP #58811010 or #58811032. If no changes have been made, the application should then state “no changes”.

Component	Directions
Key personnel	<p>Describe how:</p> <ul style="list-style-type: none"> <li>• The scope of work, basic program requirements and applicant capacity included in the proposal will be completed; and</li> <li>• Subcontractors will be monitored for compliance with state and federal WIC regulations.</li> <li>• Identify the information management personnel (contracted or agency) who are responsible for local computer network support and maintenance of agency hardware and operating systems.</li> </ul>
Quality improvement process	<p>Describe the quality improvement processes including:</p> <ul style="list-style-type: none"> <li>• Review to monitor WIC services and participant satisfaction;</li> <li>• Strategies to assure that participant services (certification, check issuance, nutrition education and breastfeeding promotion and support) are provided in all locations according to WIC policy; and</li> <li>• Procedures for implementing corrective action.</li> </ul> <p><i>Note:</i> Possible QI projects may include: Staff interactions with participants, food instrument issuance, data quality, and participant records.</p>
Training and development	<p>Describe all leadership development and continuing professional education opportunities for WIC staff. Describe the commitment of your organization to and involvement in staff development.</p>
Contingency plan	<p>The IDPH expects that services described in the applicant’s proposal will be completed. For the Executive Director, WIC Coordinator, Fiscal Director, Lead Clinic Staff and Breastfeeding Coordinator, applicants must identify:</p> <ul style="list-style-type: none"> <li>• The name and title of the individual(s) for each position that would take over the tasks if positions are vacated and would continue to do so until a qualified replacement is hired.</li> </ul> <p><i>Note:</i> Applicants must provide a contingency plan even if there are currently no vacancies.</p>

Continued on next page

## 2.04 Application Requirements, Continued

### WIC management tables

The following is a list of directions for the subcontracts table and the personnel services agreement table found in Section 6; *Attachment C*.

Table title	Directions
Subcontracts	<p>Include all individuals who are paid with WIC funds to provide clinic services and include the following:</p> <ul style="list-style-type: none"> <li>• Full name and address of individual with whom you will have a subcontract or the name and address of the organization with which the subcontract is established;</li> <li>• Qualifications or credentials of that individual;</li> <li>• Brief description of the WIC service to be performed; and</li> <li>• Estimated dollar amount of the subcontract.</li> </ul> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• Submit draft FFY14 subcontract agreements of \$2,000 or more with this application submission. All agreements must be consistent with the IDPH General Conditions.</li> <li>• If an applicant subcontracts WIC services to an agency with multiple employees (funds are exchanged), list each professional.</li> <li>• The list of personnel in the subcontracts table should match the list of personnel in Budget Category B Contracted Providers.</li> </ul>
Personnel services agreement table	<p>List all individuals who provide WIC clinic services in exchange for a service provided by WIC personnel (no funds exchanged). Include the following:</p> <ul style="list-style-type: none"> <li>• Full name and address of the person with whom you will have a subcontract or the name and address of the organization with which the agreement is established;</li> <li>• Qualifications or credentials of the individual; and</li> <li>• Brief description of the WIC services performed by this individual and the reciprocated service.</li> </ul>

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## 2.04 Application Requirements, Continued

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**Service delivery requirements** Applicants shall:

- Provide an opportunity every month to certify all categories of WIC participants in every county of the proposed service delivery area,
- Be able to make WIC appointments during hours that the agency is open for business, and
- Have regular and ongoing communication with participants and community partners about operating hours.

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**Service delivery narrative** Describe any changes from applicant submissions to RFP #58811010 or #58811032 and briefly describe why the change is proposed. If no changes are proposed, the application should then state no changes.

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**Service delivery tables** Complete the following tables:

- WIC Service Delivery Table found in Section 6; **Attachment D** and include:
  - County in which WIC services are provided. If services are provided in more than one location in a county, include that information on a separate line;
  - Clinic location, including the name of the building, street, and city;
  - Telephone number of the actual clinic site;
  - Program services that are provided at that location regardless if provided by the applicant or not;
  - Number of days per month that WIC staff are available at that location;
  - Hours that WIC staff are available at that location;
  - Estimated number of participants that will be certified at this site per day of service;
  - If the site is connected or disconnected to the internet;
  - Approximate number of staff working at the clinic; and
  - Model of service provided – single provider or traditional.

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## 2.04 Application Requirements, Continued

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**Service delivery tables**  
(continued)

- WIC Service Delivery Calendar found in Section 6; **Attachment D** and include:
    - Applicant name and date,
    - Agency operating hours,
    - Clinic type – travel or permanent location,
    - City in which services are provided, and
    - Hours of clinic operation.
- 

**WIC outreach strategies**

- The WIC outreach strategies for FFY2014 shall focus on two options. An agency may describe progress on the FY2013 outreach plans and plans for building upon these plans for FY2014. If an agency does not foresee any expansion opportunities for FY2014, then outreach plans must focus on participants who have left the WIC program. Complete the following steps:
- Describe the outreach plan and include the link between planned efforts and how this will impact caseload;
  - Identify the individual(s) responsible for outreach activities; and
  - Describe the procedures used to monitor and document the impact of these WIC outreach efforts.
  - A mid-year report regarding outreach and progress regarding activities will be due to the state office on March 28, 2014.
- 

**WIC agency Action Plan requirements**

- Applicants shall include the following detail on the 2014 WIC Agency Action Plans. Applicants shall use the required table found in Section 6; **Attachment E** included in the application.
- Two (2) 2014 WIC Agency Action Plans are required for each agency. One must have a breastfeeding focus and one must have a nutrition education focus. Only two (2) action plans will be accepted and evaluated. Each local WIC Agency Focus must correspond to an Iowa WIC program Purpose Area listed on page 26 and 27.
  - The Action Plans must be authored or co-authored by a licensed dietitian.
  - Action Plans submitted with this application must utilize Results Based Accountability.
  - If awarded, the applicant will edit these created action plans for continued growth, development and changes for the applicant community.
- 

*Continued on next page*

## 2.04 Application Requirements, Continued

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**State purpose  
area selected**

The state WIC office has selected two purpose areas that address all children and women being healthy. Agency action plans should be new activities to improve services but may be a similar topic area from previous year plans. The activities should also promote behavior change for WIC participants.

The following are the two allowed State Purpose Areas to be used for the agency action plans.

**1. WIC contractors promote, support and protect breastfeeding.**

- Implementation of one or more of the National WIC Association Six Steps to Achieve Breastfeeding Goals for WIC Clinics.
  - Present exclusive breastfeeding as the norm for all mothers and babies.
  - Provide an appropriate breastfeeding-friendly environment.
  - Ensure access to competently trained breastfeeding staff at each WIC clinic site.
  - Develop procedures to accommodate breastfeeding mothers and babies.
  - Mentor and train ALL staff to become competent breastfeeding advocates and/or counselors.
  - Support exclusive breastfeeding through assessment, evaluation and assistance.

**Note:** Some of these activities may be combined into one action plan.

For further information on steps to achieve these breastfeeding goals visit <http://www.nwica.org/?q=advocacy/positionpapers>.

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## 2.04 Application Requirements, Continued

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State purpose  
area selected  
(continued)

**2. WIC families make healthy nutrition and physical activity choices.**

Implementation of one or more of the USDA core nutrition messages. These messages can be the starting point for presenting creative ways to encourage families to adopt healthier eating practices around the key topics of milk, whole grains, fruits and vegetables, and child feeding practices.

*Note:* Some of these messages may be combined into one action plan.

For further information on the core nutrition messages visit

- <http://www.fns.usda.gov/fns/corenutritionmessages/default.htm>, [http://www.fns.usda.gov/fns/corenutritionmessages/Maximizing\\_new.htm](http://www.fns.usda.gov/fns/corenutritionmessages/Maximizing_new.htm) and
- [http://www.fns.usda.gov/fns/corenutritionmessages/especially\\_for\\_moms\\_page.htm](http://www.fns.usda.gov/fns/corenutritionmessages/especially_for_moms_page.htm).

**OR**

Implementation of a pre-approved topic of choice. Any topic selected for this category must be pre-approved by Jill Lange prior to writing action plans.

For resource ideas go to:

- [www.cdc.gov/obesity/downloads/community\\_strategies\\_guide.pdf](http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf)
- [www.idph.state.ia.us/iowansfitforlife/toolkits.asp](http://www.idph.state.ia.us/iowansfitforlife/toolkits.asp)

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## 2.04 Application Requirements, Continued

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**Local WIC agency focus**

The Local WIC Agency Focus briefly describes the initiative the agency plans to implement to advance the State Purpose Area selected. Describe the Local WIC Agency Focus.

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**Target population**

Describe the target population(s) the Local WIC Agency Focus will be directed toward.

---

**Story behind the local WIC agency focus**

Describe the needs assessment, in detail, directly related to the Local Agency Focus selected. Data and sources must be used. The assessment shall also include a section that details the story behind the focus and why this is a need for the applicant.

One of the authors of the Story Behind the Focus must be a licensed dietitian. The name and credentials of the licensed dietitian must be provided in this section of the narrative.

---

**What works**

List a minimum of five (5) possible activities and one (1) low-cost/no-cost activity that work to improve the data reported on the Focus selected. Activities will include programs and services that have turned the data in a positive direction. Both research-based programs and general subject knowledge may be listed. These activities don't have to be the actual action plan activities. This area is for the applicant to be creative and brainstorm new ideas, partnerships and potential action plan activities.

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**Community linkages table**

Applicants must list all community partnerships planned to participate in activities related to the Agency Focus selected. These partners will be used to implement strategies listed in the action plan. Partners who have a role to plan in the activities may be from the public sector, private sector, or an individual.

**Note:** The "Outcomes of Activities" column will not be completed at the time of the application submission. This column is designed for use in the year-end progress report.

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## 2.04 Application Requirements, Continued

**Focus area strategy table**

The focus area strategy table identifies what the applicant proposes to do to impact the focus area selected. List each strategy planned to implement the Local Agency Focus selected in column one. List the counties included for each strategy in column two. List specific activities planned to accomplish each strategy.

**Notes:**

- Include proposed dates of completion for each activity listed in the “Activities” column (third column).
- The “Completed” column will not be completed at the time of the proposal submission. This column is designed for use as the year-end progress report.

**Evaluation plan table**

Using the Evaluation Plan Table describe the outputs and outcomes measured for the Action Plan.

Quantity	Quality
<ul style="list-style-type: none"> <li>• <u>How much did we do?</u> <ul style="list-style-type: none"> <li>– # clients served</li> <li>– # activities performed (by type of activity)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <u>How well did we do it?</u> <ul style="list-style-type: none"> <li>– % common measures (% of staff fully trained)</li> <li>– % activity – specific measures (% of customers completing activity, % of actions meeting standards, % of actions timely and correct)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• <u>(#) Is anyone better off?</u> <ul style="list-style-type: none"> <li>– #skills/knowledge change</li> <li>– # attitude/opinion change                             <ul style="list-style-type: none"> <li>– # behavior change</li> </ul> </li> <li>– # circumstance change</li> </ul> </li> </ul>	

*Continued on next page*

## 2.04 Application Requirements, Continued

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### **Evaluation plan requirements**

Applicants shall:

- Describe data collection plans for measures listed in the Evaluation Plan Table. Be specific on what data will be gathered and how it will be gathered to evaluate the action plan.
- Include a minimum of one measure per strategy in the Evaluation Plan Table.
- Use quality data that is available on a timely basis as it will be required for year-end reporting.

#### ***Note:***

- The shaded columns will not be completed at the time of the proposal submission. These columns are designed for use as the year-end progress report.
  - If you plan to request a specific report from the state office for evaluation please allow significant time for the report request to be processed and returned.
-

## 2.05 Budget

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### Assurances

Applicants who submit a proposal have reviewed the assurances and are committed to the following criteria:

1. Program activities will be conducted in compliance with federal and state laws, rules and regulations referenced in RFP #58811010 and RFP #58811032.
2. No more than eighty (80) percent of the total grant will be spent on administrative and client services. A minimum of a combined total of twenty (20) percent will be spent on nutrition education and breastfeeding promotion and support activities. A minimum of three (3) percent will be spent on breastfeeding promotion and support activities.
3. All staff shall report their time by functional cost categories using an acceptable time reporting method.
4. Funds will be allocated for staff attendance at required meetings including, but not limited to, registration fees, travel, lodging and meals. Required meetings may include, but not limited to: contractors' meetings, standing committees, employees to attend the New Employee Training in Des Moines, Core Nutrition Training workshops, WIC data system trainings, and WIC EBT trainings. Travel expenses from grant funds are not to exceed usual and customary amounts as determined by the State Accounting Enterprise of the Department of Administrative Services.
5. Assume responsibility for repayment of any unallowable expenses.
6. Materials developed with grant funds will remain in the public domain.

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### Cost categories

To comply with the USDA reporting requirements, applicants are required to allocate grant fund expenses according to these cost categories (see WIC Policy 315.40 and RFP #58811010 and #58811032 for more information).

- Nutrition education,
- Breastfeeding promotion and support,
- Client services, and
- Administration.

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### Categories are exclusive

Each cost category is exclusive of the others. For example, breastfeeding costs are not reported as part of nutrition education; client services are not reported as part of general administration.

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*Continued on next page*

## 2.05 Budget, Continued

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**Cost allocation** All costs shared with other programs in any budget category must be allocated between programs using a consistent and reasonable cost allocation plan based on generally accepted accounting principles including but not limited to salaries, contract cost, or actual square footage. Applicants must provide written verification of cost allocation methodology.

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**Format** The required budget forms are provided in Microsoft Excel workbook. Formulas for computing some totals have been inserted. The total from each budget category line item are linked to the total grant funds column on the WIC budget summary. When completed, the WIC budget summary sheet will automatically compute the column totals and the percentages. **Do not add columns or change the formulas.**

All budget category workbooks can be found in *Attachment F*.

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**Excel workbooks**

Two budget justification workbooks accompany the application.

<b>Excel Workbook</b>	<b>Description</b>
Applicant Budget Justification Forms	A series of Excel worksheets for each budget category to be completed by the applicant.
Contracted Provider Budget Justification Forms	A series of Excel worksheets to be completed by applicants <b><u>who have arranged to contract WIC services with an agency and the cost of the contract is &gt;\$2,000.</u></b> These worksheets must be completed for each contracted agency.

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## 2.05 Budget, Continued

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**Indirect rate or administrative costs**

Applicants may charge an Indirect Rate in accordance with their federally approved Indirect Cost Rate Agreement as applicable. IDPH reserves the right to negotiate the application of the Indirect Rate per individual contract.

If indirect costs are being charged, the applicant must provide a copy of the current federally-approved Indirect Cost Rate Agreement including the signature page, with the application submission.

In the absence of a federally approved Indirect Cost Rate Agreement, the applicant may charge an Administrative Cost not to exceed a maximum rate of 15% of the total contractual amount.

- Administrative costs are those that are incurred for common or joint objectives, and therefore cannot be identified readily and specifically with a sponsored program, but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect costs.
- The applicant shall provide current documentation detailing how administrative costs were determined. Detail must show specific methodology of how administrative costs were determined.

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**Minimum licensed dietitian FTEs**

Applicants must budget a minimum of 0.50 FTE for licensed dietitian per 1,000 assigned WIC caseload (Budget Category A: Employee Salaries & Fringe and Budget Category B: Contracted Providers). This includes the time licensed dietitians spend in certification activities as well as nutrition education.

**Note:** If the program coordinator is also a licensed dietitian, only the time the coordinator is budgeted to work as a licensed dietitian should be included in the nutrition FTE column.

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## 2.06 Budget Category A: Employee Salaries & Fringe

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**Overview** Expenses in this category only include actual salary and benefits of agency staff charged to WIC.

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**Licensed dietitian to participant ratio** All contractors **must complete** the last four fields that include participation and nutrition FTEs in Budget Category B: Contracted Providers spreadsheet **even if no contractors are utilized.**

---

**Instructions** Complete the steps in the following table.

Step	Action
1	Enter the name of the applicant.
2	For each WIC employee, list the name, credentials and position title.
3	For each WIC employee, calculate the total annual salary and fringe benefits paid by the agency. See examples listed on page 33.
4	Based on a 40-hour work week, enter the total FTE for each WIC employee that would be charged to WIC grant funds.
5	Include the nutrition FTEs for each licensed dietitian. <b>This is for licensed dietitians only.</b> These FTEs must be combined with the contracted provider page to complete step 10 on the contracted provider page.
6	For each WIC employee, calculate the total annual salary and fringe benefits charged to the WIC grant.  <i>Note:</i> If WIC employees also work with other programs, salaries must be allocated between programs using a consistent and reasonable cost allocation plan based on generally accepted accounting principles. The total charged to WIC grant funds must not be greater than the total salary and fringe.
7	Verify that the FTE and salary columns have correctly totaled.  <i>Note:</i> The Microsoft Excel spreadsheet will automatically calculate the total FTEs, total annual salary and fringe, and the total annual salary and fringe charged to WIC. The total annual salary and fringe benefits charged to the WIC grant will be automatically linked to the WIC Budget Summary.

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## 2.06 Budget Category A: Employee Salaries & Fringe, Continued

### Examples

**Example A:** If a support staff works 40 hours per week (1.0 FTE) for the agency at an hourly rate of \$10.50 per hour [(40x\$10.50) x 52 weeks/year = \$21,840 + \$1,700 fringe benefits] then total annual salary and fringe benefits charged to WIC grant funds is \$23,540.

**Example B:** If a nurse works 30 hours per week for the agency (20 hours for WIC and 10 hours for Child Health) for 52 weeks/year the total FTE, based on a 40 hour work week, charged to WIC would be 0.50 FTE. If the hourly wage rate including fringe benefits is \$18.10 per hour [(\$18.10 x 30 hours) x 52], the total annual salary and fringe benefits = \$28,236. The total amount charged to WIC grant funds is [(\$18.10 x 20 hours x 52 weeks) = \$18,824].

**Example C:** If a WIC Coordinator works 40 hours per week for the agency (35 hours for WIC and 5 hours for Head Start) for 52 weeks/year, the total FTE charged to WIC would be 0.875 (35 hours per week/40 hours per week = 0.875 FTE). The WIC Coordinator is also a licensed dietitian and works 0.30 FTE providing nutrition services. If the hourly wage is \$22.50 per hour [(\$22.50/hour x 40 hours/week x 52 weeks/year) + \$2,850 fringe benefits, the total annual salary and fringe benefits = \$49,650]. The total amount charged to WIC grant funds is (\$49,650 x 0.875) = \$43,443.75.

### Example

Use the sample budget below as an example for completing Budget Category A according to the examples provided above.

Enter the name, credentials, and position of all staff paid to perform WIC duties		Enter total salary and fringe benefits paid by the agency	Enter total FTEs for staff time charged to WIC grant funds	Include nutrition FTEs for licensed dietitians only	Enter total annual salary and fringe benefits charged to WIC grant funds
Name/Credentials	Example A	\$23,540	1.000	0.00	\$23,540
Position	Support Staff				
Name/Credentials	Example B	\$28,236	0.500	0.00	\$18,824
Position	Nurse				
Name/Credentials	Example C	\$49,650	0.875	0.30	\$43,444
Position	WIC Coordinator Dietitian				

## 2.07 Budget Category B: Contracted Providers

---

### Overview

Applicants are permitted to subcontract WIC clinic services with an individual (i.e., licensed dietitian, nurse) or with an agency (i.e. public health department, community action program, non-profit health organization). The IDPH must approve all subcontracts greater than \$2,000. Subcontract agencies must comply with the same rules, procedures and policies as the contract agency, as specified in the IDPH's General Conditions. The applicant is responsible for ensuring compliance of the subcontractor.

*Note:* The subcontractor is prohibited from any further subcontracting.

---

### Contracts with individuals

If the applicant has a subcontract >\$2,000 arranged with an **individual**, complete the following steps. For subcontracts >\$2,000 arranged with an agency, refer to **page 38**.

Step	Action
1	Enter the name of the applicant.
2	For each contracted provider, list the contracted provider's name, scope of work to be performed and qualifications.
3	If the contract is arranged with an individual, type <b>No</b> in the third column.
4	For each contracted provider, enter the total amount of the contract.
5	Include the total FTE for each contracted position that would be charged to the WIC grant funds.
6	Include the total FTEs for each contracted licensed dietitian. <b>This is for licensed dietitians only.</b>
7	Include draft subcontract agreements >\$2,000 for FFY2014 with this application. The subcontract agreements must contain language that is compliant with the IDPH General Conditions and contain the USDA non-discrimination statement.
8	For each contracted provider, enter the total amount of the contract charged to WIC grant funds.  <i>Note:</i> If contracted providers also work for other programs, salaries must be allocated between programs using a consistent and reasonable cost allocation plan based on generally accepted accounting principles. The total charged to WIC grant funds must not be greater than the total contract amount.

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## 2.07 Budget Category B: Contracted Providers, Continued

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### Contracts with individuals (continued)

Step	Action
9	<p>Verify that the local contract amount and the total cost of the contract charged to WIC grant funds have correctly totaled.</p> <p><i>Note:</i> The Excel spreadsheet will automatically calculate the total cost of the contract charged to WIC columns. The total cost of contracted providers charged to the WIC grant will be automatically linked to the WIC Budget Summary.</p>
10	<p>Enter the 2014 assigned monthly participation for the proposal service delivery area.</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• The minimum required nutrition FTE per assigned monthly participation and the total FTEs from Categories A and B will automatically calculate.</li> <li>• The FFY2014 assigned participation for each agency is found in Section 2.03 of the RFA.</li> </ul>
11	<p>Are the total FTEs for licensed dietitians greater than or equal to the minimum required FTEs per assigned monthly participation?</p> <ul style="list-style-type: none"> <li>• If <b>yes</b>, then enter “yes” in this field.</li> <li>• If <b>no</b>, the applicant is not in compliance and must re-evaluate current staffing patterns and adjust FTEs for licensed dietitians to meet the minimum FTE requirements.</li> </ul>
12	<p>If no contracted providers are arranged, then include a statement to the effect on the form.</p>

### Example

If a licensed dietitian works 16 hours per week for WIC for 52 weeks/year the total FTE charged to WIC would be 0.40 FTE (16 hours per week/40 hours per week = 0.40 FTE). The total amount of the contract is (\$17.50/hour x 16 hours/week) x 52 weeks/year = \$14,560.

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## 2.07 Budget Category B: Contracted Providers, Continued

**Contracts with an agency** If the applicant has a subcontract >\$2,000, arranged with an **agency**, complete the following steps.

Step	Action
1	Enter the name of the applicant.
2	List the contracted agency's name, scope of work to be performed and qualifications.
3	If the contract is arranged with an agency, type <b>Yes</b> in the third column.
4	For each agency subcontract, enter the total amount of the subcontract.
5	Include the total FTEs of the subcontract to be charged to WIC grant funds.
6	Include the total nutrition FTEs for all licensed dietitians covered by the subcontract. This is for licensed dietitians only.
7	For each subcontract, enter the total amount of the subcontract charged to WIC grant funds.
8	<p>For each agency subcontract, complete the <b>Contracted Provider Budget Justification</b> workbook using the budget category instructions in this section of the RFP. The Microsoft Excel file is available as a Zip file and includes:</p> <ul style="list-style-type: none"> <li>• Budget Category A: FFY2014 Employee Salaries/Fringe for Contracted Provider,</li> <li>• Budget Category D: FFY2014 Other for Contracted Provider,</li> <li>• Budget Category E: FFY2014 Indirect Costs of Contracted Provider, and</li> <li>• Contracted Provider Budget Summary.</li> </ul> <p><i>Note:</i> Budget Category B shall not be completed as the subcontractor is prohibited from any further subcontracting. Budget Category C shall not be completed as the subcontract may not purchase equipment.</p>
9	<p>Enter the 2014 assigned monthly participation for the proposed service area.</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• The minimum required nutrition FTE per assigned monthly participation and total FTEs from Categories A and B will automatically calculate.</li> <li>• The FFY2014 assigned participation for each agency is found in Section 2.03 of this RFA.</li> </ul>
10	<p>Are the total FTEs for licensed dietitians greater than or equal to the minimum required FTEs per assigned monthly participation?</p> <ul style="list-style-type: none"> <li>• If <b>yes</b>, then enter "yes" in this field.</li> <li>• If <b>no</b>, the applicant is not in compliance and must re-evaluate current staffing patterns and adjust FTEs for licensed dietitians to meet the minimum FTE requirements.</li> </ul>

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## 2.07 Budget Category B: Contracted Providers, Continued

### Contracts with an agency (continued)

Step	Action
11	If no subcontracts are arranged, then include a statement to that effect on the form.
12	Include draft subcontract agreements >\$2,000 for FFY2014 in this application.

#### Example

A contract arranged with an agency to provide blood work, anthropometrics and health assessments at two WIC clinics a week (18 hours/week). The total contract amount is \$42,675 to cover salaries, benefits and travel costs for three registered nurses for the fiscal year. The total FTEs for staff time charged to WIC grant funds is (18 hours/week divided by 40 hours per week for a full-time equivalent x 3 staff) = 1.35 FTE. The total cost of the contract charged to WIC grant funds is \$42,675. Applicants must complete the Contracted Provider Budget Justification forms for the contracted provider.

#### Example

Use the Example budget below as a guide for completing Budget Category B:

Enter the contracted provider's name, scope of work and qualifications		Is the contract arranged with an agency? Yes/No	Total contract amount	Enter total FTEs for staff time charged to WIC grant funds	Include nutrition FTEs for licensed dietitians only	Total cost of contract charged to WIC grant funds
Contracted provider name	Betsy Kline, RD LD	No	\$14,560	0.40	0.40	\$14,560
Scope of work	To function as a CPA					
Qualifications	Licensed dietitian					
Contracted provider name	Fox Valley County Public Health	Yes	\$42,675	1.35	0.00	\$42,675
Scope of work	Collect health assessments, anthropometrics, and blood work					
Qualifications	Registered nurses (3) Susan Smith, Carol Jones, Jill James					

## 2.08 Budget Category C: Equipment

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**Overview** Equipment is defined as any item with a cost or value of \$5,000 or more and with an anticipated useful life of one year or more. Requests for any items in excess of \$5,000 require prior written approval by IDPH prior to the purchase.

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**Instructions** Complete the following steps:

Step	Action
1	Enter the name of the applicant.
2	For each piece of equipment with a cost or value of \$5,000 or more, list the equipment detail.
3	For each piece of equipment, enter the total cost per item.
4	<p>For each piece of equipment, enter the total cost of the equipment charged to the WIC grant.</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• If equipment is shared with other programs, the cost of the equipment must be allocated between programs using a consistent and reasonable cost allocation plan based on generally accepted accounting principles.</li> <li>• Subcontractors are not allowed to purchase equipment.</li> </ul>
5	<p>Verify that the total cost per item and total cost charged to the WIC grant columns have correctly totaled.</p> <p><i>Note:</i> The Excel spreadsheet will automatically calculate the total cost of the contract charged to WIC columns. The total cost of equipment charged to the WIC grant will be automatically linked to the WIC Budget Summary.</p>
6	If no equipment will be purchased, include a statement to that effect on the form.

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## 2.09 Budget Category D: Other

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**Overview** This budget category includes office management, training and travel budgets and should reflect any major activities in outreach and action plans. Each line item must have a cost whether or not WIC funds are used.

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**Line item expenses** Expenses in this budget category include:

- **Outside Services** – At a minimum this line item must include the cost of auditing and insurance whether or not WIC funds are used. If items such as auditing and insurance are included in the indirect please identify this on the form. Other examples include non-contractual services purchased outside of the agency such as accounting and bookkeeping;
- **Office Supplies** – Educational materials, office supplies, printing, medical supplies, subscriptions, publicity, recruitment, maintenance, purchase of work processing software, and repair of equipment;
- **Communication** – Postage, telephone, and electronic communication services (i.e., modem and high-speed Internet service provider);
- **Rent and Utilities** – Clinic, satellite, office and central office rent, including utilities. If these items are included in the indirect please identify this on the form;
- **Travel** – Leased vehicles, clinic travel, advisory committees, per diem and lodging;
- **Training** – Workshops, conference, registration, lodging, per diem, vehicle expense and airfare.

*Note:* If expenses listed above are incorporated in the federally approved Indirect Cost Rate Agreement or administrative costs as defined on page 33, they cannot be claimed as line item expenses.

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**Meetings and trainings** Meetings and trainings to consider when budgeting for FFY2014 include:

- Required WIC Contractors' meetings (two per year, one day each),
- WIC standing committee meetings,
- WIC new employee training course (required for all new personnel),
- WIC Core Nutrition Workshops (required for personnel functioning as a Competent Professional Authority),
- EBT education, and
- WIC data system training.

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## 2.09 Budget Category D: Other, Continued

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### Travel reimbursement

The IDPH will not reimburse travel amounts in excess of limits established by the State Accounting Enterprise of the Department of Administrative Services.

- In-state maximum allowable amounts for food are \$8.00/breakfast, \$12.00/lunch, and \$23.00/dinner; lodging is a maximum of \$83 plus taxes per night and mileage is a maximum of \$0.39 per mile.
  - Out-of-state maximum allowable amounts for meals are available upon request. There is no restriction on airfare or lodging but the incurred expenditures are to be reasonable.
- 

### Instructions

Complete the following steps:

Step	Action
1	Enter the name of the applicant.
2	Provide a description of the expenses for <b>each</b> budget line item.
3	List the total cost per budget category line item.
4	<p>For each line item, enter the total cost of the line item charged to the WIC grant.</p> <p><i>Note:</i> If line items are shared with other programs, the cost of the line item must be allocated between programs using a consistent and reasonable cost allocation plan based on generally accepted accounting principles.</p> <p>Applicants must provide written verification of the cost allocation methodology.</p>
5	<p>Verify that the total cost per item and the total cost charged to the WIC grant columns have correctly totaled.</p> <p><i>Note:</i> The Excel spreadsheet will automatically calculate the total cost of the contract charged to WIC columns. The total cost of Budget Category D charged to the WIC grant will be automatically linked to the WIC Budget Summary.</p>

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## 2.10 Budget Category E: Indirect and Administrative Costs

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**Instructions**

Complete the following steps:

<b>Step</b>	<b>Action</b>							
1	Enter the name of the applicant.							
2	<table border="1"> <thead> <tr> <th data-bbox="570 506 894 541"><b>If ...</b></th> <th data-bbox="894 506 1390 541"><b>Then ...</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="570 541 894 842">Federally approved indirect costs are being charged</td> <td data-bbox="894 541 1390 842"> <ul style="list-style-type: none"> <li>• Enter the amount in the Indirect Costs category line on the WIC Budget Summary, and</li> <li>• Provide a copy of the current federally approved indirect cost rate agreement, including the signature page with this application.</li> </ul> </td> </tr> <tr> <td data-bbox="570 842 894 1434">Administrative costs are being charged not supported by a federally approved indirect cost rate agreement</td> <td data-bbox="894 842 1390 1434"> <p>Answer the question to determine the next step.</p> <ul style="list-style-type: none"> <li>• Are you charging the costs directly to the appropriate budget category?               <ul style="list-style-type: none"> <li>– If <u>yes</u>, enter a “\$0” in the Indirect Costs category line on the WIC Budget Summary.</li> <li>– If <u>no</u>, enter the amount in the Indirect Costs category line on the WIC Budget Summary <u>and</u> provide current documentation detailing how administrative costs were determined. Detail must show specific methodology of how administrative costs were determined.</li> </ul> </li> </ul> </td> </tr> </tbody> </table>		<b>If ...</b>	<b>Then ...</b>	Federally approved indirect costs are being charged	<ul style="list-style-type: none"> <li>• Enter the amount in the Indirect Costs category line on the WIC Budget Summary, and</li> <li>• Provide a copy of the current federally approved indirect cost rate agreement, including the signature page with this application.</li> </ul>	Administrative costs are being charged not supported by a federally approved indirect cost rate agreement	<p>Answer the question to determine the next step.</p> <ul style="list-style-type: none"> <li>• Are you charging the costs directly to the appropriate budget category?               <ul style="list-style-type: none"> <li>– If <u>yes</u>, enter a “\$0” in the Indirect Costs category line on the WIC Budget Summary.</li> <li>– If <u>no</u>, enter the amount in the Indirect Costs category line on the WIC Budget Summary <u>and</u> provide current documentation detailing how administrative costs were determined. Detail must show specific methodology of how administrative costs were determined.</li> </ul> </li> </ul>
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## 2.11 WIC Budget Summary

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**Overview** To comply with federal reporting categories, WIC applicants must report all expenditures as nutrition education, breastfeeding promotion and support, client services, or administration.

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**Requirement** Applicants must expend a minimum of three percent of the total WIC grant on breastfeeding promotion and support activities and no more than 80 percent on client services and administration expenses.

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**Instructions** Complete the following steps:

Step	Action
1	Enter the name of the applicant.
2	Verify the total costs are charged to WIC grant funds from Budget Categories A, B, C and D have been transferred correctly to the total cost charged to WIC column of the WIC Budget Summary worksheet.
3	Verify that the total cost of Budget Category E has been correctly entered.
4	For each budget category, allocate the requested grant funds for administration, client services, nutrition education and breastfeeding promotion and support cost categories. Use Policy 315.40 for additional guidance on allowable WIC expenses.  <i>Note:</i> The Excel spreadsheet will automatically calculate the total amounts and percentages for each column.
5	Verify that the percentages allocated for breastfeeding promotion and support ( $\geq 3\%$ of total WIC grant) and administration/client services ( $\leq 80\%$ of total WIC grant) meet the minimum requirements.
6	Verify that the total WIC grant amount does not exceed the total amount available for your service delivery area using the WIC funds table in Section 2.02 of this application.

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## Section 3. Evaluation Process and Criteria

### Introduction

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**Overview** This section of the RFA outlines the procedure for reviewing applications and the instructions that prescribe the technical format of this application. Failure to adhere to the technical requirements may result in disqualification of the proposal. Any application will be rejected outright and not evaluated if the application fails to deliver the application by the required date and time.

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**Contents** This section contains the following topics:

<b>Topic</b>	<b>See Page</b>
3.01 Review process	47
3.02 Review tool	48
3.03 Technical requirements	49

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### 3.01 Review Process

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**Review committee**

All applications that meet the technical requirements outlined in Section 3.03 of this RFA will be assigned for review of content and completeness. In this continuing year of the project period, applications will be reviewed without awarding point scores.

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**Final review and award**

The appropriate Bureau Chief(s) and the Division Director will review the evaluation and recommendation.

On May 24, 2013 a Notice of Intent to Award the contract(s) will be posted on the IDPH Web page [www.idph.state.ia.us](http://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.

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 is not executed within ten (10) working days, IDPH reserves the right to request competitive applications, or offer the contract to a contractor in a continuous county/region, or other entity deemed appropriate by IDPH. IDPH may, at its sole discretion, extend the time period for negotiations of the contract.

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### 3.02 Review Tool

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**Review tool** Each application will be reviewed using the review tool included as Appendix II and III to this RFA.

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### 3.03 Technical Requirements

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**Technical requirements**

Application documents must be submitted in one of these formats no larger than 20 MB:

- A single zipped file (**preferred**) containing only one Word document addressing Section 2.04 Application Requirements and one Excel document including all budget forms OR a single PDF file.

These documents must be emailed per instructions outlined Section 1.03.

Shortcuts or links to application documents will not be accepted and shall result in document rejection, which may result in rejection of the application.

Applications must be typewritten and follow the format delineated herein.

<b>Aspect</b>	<b>Requirement</b>
Format	Documents must be created in MS Office Word or Excel. MS Office 97-2003 format is the minimum product accepted.
Length	There is no page limit for the narrative sections.
Font size	Applications must be in a minimum 12 point font. A smaller font may be used for tables, figures or maps.
Pagination	Insert page numbers. All pages are to be sequentially numbered (1, 2, 3,...) inclusive of all documents at the bottom or top of each page, including the cover page, maps, charts, budget pages, tables, and appendices or attachments; and beginning with the cover page as number one.
Signature on coverage page	The cover page (page 1 of Attachment A) must be complete and contain electronic signatures by an individual authorized to obligate the applicant agency.
Minority impact statement	The minority impact statement must be complete and contain an electronic signature by an individual authorized by the applicant agency.
Application content	Failure to adhere to prescribed instructions, technical requirements, format, or application content may result in disqualification (rejection) of the application.

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*Continued on next page*

### 3.03 Technical Requirements, Continued

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**Promotional materials**

Do not submit promotional materials. Promotional materials or items other than required by this RFA will not be considered during the review process.

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**Separate materials**

Any information or materials submitted separately from the application will not be considered in the review process.

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**Misleading or inaccurate information**

All materials submitted are subject to verification. Providing misleading or inaccurate information shall be grounds for rejection of the application.

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## Section 4. Contract

### Overview

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**Introduction** This section of the RFA outlines contract conditions and terms for contracts awarded by the IDPH. A sample draft contract can be found in Appendix I.

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**Contents** This section contains the following topics:

<b>Topic</b>	<b>See Page</b>
4.01 Conditions	52

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## 4.01 Conditions

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### **IDPH General Conditions**

Any contract awarded by the IDPH shall include specific contract provisions and the IDPH General Conditions effective January 1, 2013 Revised 1.10.13 as posted on the IDPH Web page under *Funding Opportunities*: [www.idph.state.ia.us](http://www.idph.state.ia.us). Refer to **Appendix I** for the Draft Contract Template. The Draft Contract Template included is for reference only and is subject to change at the sole discretion of IDPH.

The 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 RFA and the potential resulting contract. Applicants should plan to include such terms in any contract awarded as a result of the RFA. All costs associated with complying with these requirements should be included in the application. If the contract exceeds \$500,000, or if the contract together with other contracts awarded to the Contractor by IDPH exceeds \$500,000 in the aggregate, the Contractor shall be required to comply with the provisions of Iowa Code Chapter 8F.

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### **Local board of health**

IDPH requires contractors to link with the local board of health when providing services supported by IDPH 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 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 related to; the health priorities of the community and health improvement plans to address those priorities.
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*Continued on next page*

## 4.01 Conditions, Continued

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<b>Documentation of efforts</b>	The contractor is expected to provide documentation of linkage efforts if requested by IDPH.
<b>Changes in final requirements</b>	Results of the review process or changes in federal or state law may require additions or changes in final contract conditions requirements.
<b>Incorporation of documents</b>	The RFP, any amendments, and written responses to applicant questions, and the application submitted in response to the RFA form a part of the contract. The parties are obligated to perform all services described in the RFP, RFA, and applications unless the contract specifically directs otherwise.
<b>Contractual payments</b>	The IDPH provides contractual payments on the basis of reimbursement of expenses in accordance with Iowa Code 8A.514. In the event the contractor lacks sufficient working capital to provide the services of the contract, an advance not to exceed one-twelfth (1/12) of the contractual amount may be provided by the IDPH. One-third (1/3) of this advance will be deducted from eligible reimbursement of expenses for the 7 <sup>th</sup> , 8 <sup>th</sup> and 9 <sup>th</sup> months of service.

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## Section 5. Appendices

### Overview

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**Introduction** Appendices are posted in a separate file on the IDPH Web page under *Funding Opportunities*: [www.idph.state.ia.us](http://www.idph.state.ia.us).

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- Appendices**
- Appendix I – Draft Contract Template
  - Appendix II – Draft Technical Review Tool
  - Appendix III – Draft Review Tool
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## Section 6. Attachments

### Overview

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#### Introduction

Attachments are posted in a separate file on the IDPH Web page under *Funding Opportunities*: [www.idph.state.ia.us](http://www.idph.state.ia.us). Applicants must download these forms and include them in the applications as outlined in Section 2 of this RFA.

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#### Attachments

- Attachment A – Cover Page and Key Personnel
  - Attachment B – Minority Impact Statement
  - Attachment C – WIC Management Tables
  - Attachment D – Service Delivery Table and Calendar
  - Attachment E – WIC Action Plans
  - Attachment F – Budget
    - WIC Applicant Budget Justification Form – Category A, B, C, D, E and Budget Summary sheets
    - WIC Applicant Contract Provider Budget Justification Form Category A, B, C, D, E and Budget Summary sheets
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