

Request For Proposal released by:

**The Oklahoma State Department of Health
Chronic Disease Service
Southern Plains American Indian CEED REACH US**



Oklahoma State Department of Health

**To Reduce Disparities in Diabetes and Cardiovascular Disease
Among American Indians through Increasing Physical Activity,
Nutrition, and Commercial Tobacco Use Prevention and Cessation**

**Deadline:
5:00 pm (Central Daylight Time)**

Friday, October 30, 2009

(Late applications are considered nonresponsive and will not be considered)

Program Overview

Historically, the REACH 2010 coalition consisted of eight funded tribal partners and one urban Indian Health Care Center as well as other community agencies such as:

- Southern Plains Inter-Tribal Epidemiology Center (SPIEC)
- American Heart Association
- Oklahoma Fit Kids Coalition
- The University of Oklahoma

The coalition's success expanded with REACH US to include the following:

- University of Oklahoma Cancer Network Partners (OUCNP)
- Indian Health Service (IHS)
- Legacy Project Year One: Muscogee (Creek) Nation
- Legacy Project Year One: Otoe-Missouria Tribe

The partnerships within the Southern Plains REACH US (SPRUS) Projects are striving to eliminate racial and ethnic health disparities in diabetes and cardiovascular disease related mortality between whites and American Indians in the Southern Plains Region. Based on community needs and resources, REACH US partners implement programs and advocate for policy development and environmental changes related to physical activity, nutrition, and commercial tobacco use prevention and cessation. The SPRUS steering committee meets periodically to plan activities, share training opportunities, discuss funding opportunities, and find solutions if problems should occur. The partnerships of the Southern Plains REACH US Project are designed to increase the capacity of entities that serve American Indian populations and the communities in which they live, work and learn.

SPRUS CEED Purpose

The priority focus of the Southern Plains American Indian CEED REACH US Project (SPRUS) is to provide mentorship, leadership and skill building opportunities to American Indian communities in the Oklahoma, Texas and Kansas region. Together, SPRUS CEED and the SPRUS steering committee work to advance evidence and best practice based programs and culturally based community practices to eliminate racial and ethnic health disparities. Health focus areas include diabetes and cardiovascular disease prevention. Designated community based approaches are directed to increase physical activity, improve nutrition, and promote commercial tobacco use prevention and cessation.

Southern Plains REACH US (SPRUS) CEED Priorities

Activities must be consistent with one of the following Southern Plains American Indian CEED REACH US priorities:

- Increase physical activity among American Indians in the Southern Plains Region
- Increase healthy eating among American Indians in the Southern Plains Region
- Decrease commercial tobacco use through prevention and cessation among American Indians in the Southern Plains Region

Purpose of Legacy

Legacy Projects are funded under the Southern Plains American Indian REACH US Project (SPRUS). All Legacy Projects should be linked to advance the SPRUS overarching goals. Legacy Projects are funded for one 12-month period to conduct activities that may consist of, but are not limited to:

- Conducting a community needs assessment (Clearly defined target population, area served and provide demographics)
- Identifying available community resources
- Conducting health impact assessment (Unique needs of target population)
- Training or enhancement of skills
- Initiating relevant community-based or systems level activities (examples, Farmers Market, Worksite Wellness Policy, After School Programs)
- Starting a community coalition
- Developing or using culturally appropriate assessment instruments or methodologies
- Making efforts toward policy and environmental changes that would enhance opportunities for physical activity in the service area

Key Objectives

- Build capacity (non-traditional partners)
- Developed infrastructure
- Use of evidence based, best practices, promising practices that will impact physical activity, nutrition and/or commercial tobacco use prevention and cessation

Expected outcome is sustainable behavior change.

Organizational Chart

Appendix A

Eligibility Criteria

Applicant must be: a health, social service, tribe/nation, and/or 501(c) 3 non-profit tax-exempt organization such as a faith based, school, or other community-based organization/group located in the Southern Plains Region: Oklahoma, Kansas or Texas that is serving the priority population of American Indians.

Legacy Funding Request

Proposed Legacy Projects can apply for a range of \$25,000-\$50,000 for a one time only contract period. Specify total amount of funding requested. Funded Year 2 Legacy Project(s) proposed timeline is November 1, 2009 to September 30, 2010.

Key Dates

- | | |
|---------------------------|---|
| September 22, 2009 | Request for Proposal released |
| October 2, 2009 | Contact OSDH if interested in applying. Technical assistance, site visit or conference calls available upon applicants' request |
| October 30, 2009 | Deadline 5:00 pm (CST) for receipt of Legacy proposals |
| November 2009 | Notification of awards
Awarded Year 2 Legacy Project:
Proposed funding period November 1, 2009 – September 29, 2010 |

How to Apply

Email one copy of your completed application, including all attachments to:
MaryLM@health.ok.gov

If you are unable to email supporting documentation please fax documents (including a cover memo) to: **Mary L. Massey, Program Manager (405) 271-6315**

Inquiries

Please direct all inquiries to:
Mary L. Massey, MPH, Program Manager
Email: MaryLM@health.ok.gov
Phone: (405) 271-4072 extension 57115

Allowable Funding Categories

Appendix B

Non-Allowable Legacy Expenditures:

- Conducting research
- Promotional items or incentives
- Meals or food (breakfast, lunch or dinner)
- Conducting or supporting fundraiser events
- Advanced payments to outside vendors and/or subcontractors
- Direct medical costs, clinical care or health screenings
- Construction costs or capital improvement
- Items of equipment, property, or other capital purchases (equipment is defined as an article of non-expendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals \$500 or more)

Expectations of Legacy Grantee

- Submit monthly invoices in accordance to contract policy and procedures
- Submit quarterly reports (template to be provided)
- Attend monthly REACH US steering committee meetings
- Attend designated trainings, conferences and/or workshops designed to enhance scope of work
- Site visits (minimum of 2 per contract period)
- Legacy PowerPoint presentation highlighting project accomplishments and activities at the Centers for Disease Control and Prevention (CDC) annual site visit
- Submit all requested documentation at the appointed time

REACH US CEED/Central Coordinating Organization (CCO) Responsibilities

- Mentorship for Legacy
- Notification regarding funding opportunities
- Technical assistance
- Site visit technical consultation
- Conference calls (as needed)
- Training and skill building opportunities
- Provide SPRUS Resource Manual
- Steering committee monthly meetings

Proposal Instructions

To submit a complete Request for Proposal (RFP) application:

1. Thoroughly review the entire Request For Proposal Application process
2. Comply with all instructions in this application
3. Submit responses via e-mail: Interest to apply and RFP Proposal
4. Application proposal must contain your response to the RFP submission requirements and all required supporting documents in typewritten form
5. Maximum of 10 pages

Proposals WILL NOT be considered if any of the following apply:

- Not submitted by the stated deadline
- Does not include the entire proposal application information
- Does not comply with all of the requirements of the RFP

Proposal Outline

1. ORGANIZATIONAL INFORMATION (Required)

Applicant Name/Tribe/Nation/Organization/Name of Entity/School:

FEI Number:

Project Title:

Designated Project Contact Person:

E-mail Address:

Street Address:

Phone Number:

Fax Number:

Fiscal Management Contact Person:

2. PROJECT RATIONALE (20 POINTS)

- a. **Needs Statement (10 points):** Provide a statement of need which presents a complete picture of applicant's service area with data specific to the target population, demographics provided and unique needs of target population described. Provide evidence that the proposed project will impact physical activity, nutrition, and/or commercial tobacco use prevention and cessation.
- b. **Resource Assessment (10 points):** Provide an inventory list and/or comprehensive description of internal and external programs, policies and best practices available to support the goals of the proposed project.

3. PROJECT DESIGN (60 POINTS)

- a. **Work Plan (15 points):** Use the provided template to document a clear, achievable and comprehensive work plan with a physical activity, nutrition and/or commercial tobacco use prevention and cessation focus. Clearly state the project's goals, objectives, activities, measures of effectiveness, data, time-frame for assessing progress and the staff responsible for completing activities.

- b. **Budget Narrative (15 points)**: Include a detailed budget with all proposed expenditures relating to project goals/objectives. Personnel costs (includes salary and fringe benefits) cannot exceed 25% of total proposed budget and items and services to be purchased outlined in direct and indirect costs.
- c. **Sustainability (15 points)**: Describe the impact of this project on your target population and estimated number of individuals impacted by project. Provide a summary statement on how the project's efforts/successes will be sustained beyond the contract period.
- d. **Evaluation Plan (15 points)**: Develop an evaluation design which measures progress toward project objective. List specific evaluation methods such as: survey, pre/post testing, needs assessment, focus groups or interviews.

4. ORGANIZATIONAL CAPACITY (20 POINTS)

- a. **Organization (10 points)**: Provide documentation that your tribe/nation/entity/organization has sufficient staff, resources, technical expertise, and experience to successfully manage this Project. **Include resumes.**
- b. **Support (10 points)**: Include endorsements, references, and letters of support.

Appendix A



Oklahoma State Department of Health

Oklahoma State Department of Health Chronic Disease Service



**Absentee
Shawnee
Tribe**

**Cherokee
Nation**

**Cheyenne and
Arapaho
Tribe**

**Choctaw
Nation**

**Chickasaw
Nation**

**Indian Health
Care Resource
Center of Tulsa**

**Pawnee
Nation**

**Wichita and
Affiliated
Tribes**

**Otoe-Missouria
Tribe**

**Muscogee
(Creek) Nation**

Year 1 Legacy

Year 2 Legacy

Year 3 Legacy

Appendix B

Allowable Costs Funding Categories

To be allowable under federal awards, costs must meet the following general criteria. Costs must be necessary and reasonable for proper and efficient performance and administration for CDC REACH US federal award.

2 CFR Part 225 Cost Principle for State, Local, and Indian Tribal Governments (OMB Circular A-87)

YEAR 2009-2010

COMMUNICATION COSTS:

- Costs incurred for telephone services. Local and long distance telephone calls, postage messenger/meter, electronic or computer transmittal services specific to the funded program/project.
- Cell phone costs deemed necessary and designated for program/project duties (must have a cell phone policy on file)
- Newspaper, radio, TV and/or billboard advertising costs
- Publication and printing costs deemed necessary and reasonable for program/project duties
- Facilities expenditures must be clearly identified in the approved program/project budget and budget justification. The method of calculation for cost of space, utilities and other facility costs must be defined in a cost allocation plan and approved by OSDH.

CONTRACTUAL:

Contractual expenditures may include essential consultation or expert services and/or sessions that cannot be provided by the Contractor. Subcontracts and other contractual agreements must be clearly defined in the approved program/project budget and justification including number of hours/units of service and cost per hour/unit of service. If the Subcontract is for \$2,500 or more, a copy of the Subcontract should be submitted to the Contract Monitor for review and CCO staff approval.

DURABLE GOODS:

Shall consist of assets including, but not limited to furniture and tools that may be used repeatedly having a useful life of one (1) year or more and costing in excess of \$100, but less than \$500 per item.

PERSONNEL:

Salaries:

Actual salaries and wages paid to designated program/project personnel.

Fringe Benefits:

Fringe benefits paid to designated program/project personnel that are reasonable and required by law. Benefits include but are not limited to the costs of leave, employee insurance, pensions, and unemployment benefits in place.

Indirect Cost Rate:

Program/project, Indian tribal government entities, sub-contractors who claim indirect costs for reimbursement must have on file with OSDH an approved indirect cost rate for the current contract period.

SUB-CONTRACTURAL SERVICES:

Subcontractor services may included but not limited to other professionals, experts, consultants, agencies, and/or other entities to provide specific program/project related services. A Memorandum of Understanding must be signed when program/project funds are designated for subcontract services. MOU must include agreed upon duties responsibilities, invoicing/reimbursement, subcontractor' designated timeline for services commencing and termination date.

SUPPLIES:

Supplies and material costs incurred that are consumable and deemed necessary to perform action steps identified in work plan for the contract period. Contractors cannot stockpile supplies and materials for carryover into the next contract period.

Purchasing Food Items: Program supplies may include healthy light refreshments for program-related activities. Meals and various food items not meeting the FDA low-calorie or low fat definition are regarded as **disallowable** (meat, soda, candy, high-fat and sugar food items and snacks).

TIME and EFFORT (T&E):

Time and effort forms must be completed to verify program/ project related costs. (Both the supervisor and the employee must sign time and effort form)
If Sub-contractor's hour(s) are allocated to a specific task, duty and/or work performance on behalf of the REACH US program/Legacy Project must show an allocation of other services/funding sources for a completed 40/hour work week.

TRAVEL/TRAINING:

Travel/Training: In-state and/or out of state:

All travel expenditures must be in compliance with the Contractor's travel policy. The OSDH will not reimburse amounts exceeding those allowed under the Oklahoma State Travel Reimbursement Act.

NOTE: All out-of-state travel must be clearly outlined in a cost allocation plan. Contractor must have prior approval from OSDH CCO to expend out of state TRAVEL funds.

Travel Costs are expenses for transportation, lodging per diem and other related items incurred by the personnel who are in travel status on official business of the REACH US program/Legacy Project:

- Mileage to and from site visits
- Mileage to and from steering committee and/or coalition meetings
- Mileage to and from advisory group meetings
- Mileage to and from public awareness/public education sessions

- Per Diem, lodging, airfare, registration fees, tolls and/or parking fees to attend designated and/or required trainings, meetings, workshops, or conferences
- Commercial Air Fare/Travel - allowable if customary standard commercial airfare using the lowest commercial discount air fare cost

OTHER:

- OSBI or other background checks for the purpose of hiring personnel
- Audit costs required by and performed in accordance to the Circular A-133. Audit costs are allowable if included in a cost allocation plan or indirect cost proposal specifically approved by the awarding agency.
- Liability insurance (amount cost allocated portion to REACH US program only)
- Facility expenditures (cost allocation for space rental for program activities is required)
- Designated office space for program personnel
- Space for meetings, trainings, workshops
- Space for physical activity, nutrition and/or tobacco prevention events
- Space for educational meetings if public is invited

The OSDH Audit Division must approve all requests for depreciation in lieu of use allowance as an expenditure/match budget item in advance. For information regarding specific documentation requirements please contact the Audit Division at (405) 271-5765.

Work Plan Template

Goal:

Objectives	Activities	Measures of Effectiveness	Data	Time-frame for Assessing Progress	Staff Responsible