Oklahoma State
Department of Health

Creating a State of Health

# REQUEST FOR GRANT PROPOSAL PACKAGE

**Budget Period (BP) 5**
**2016-2017**

## HOSPITAL PREPAREDNESS PROGRAM
**FOR**
**EMS NON-HOSPITAL HEALTHCARE ORIGANIZATIONS**

**For:**

_____
Agency Name

_____
Operational Region

**RFGP INSTRUCTIONS**

In order to assure submission of a complete response to this RFGP follow the instructions below:

1. **Prior** to attempting response to the RFGP, applicants should thoroughly review the entire RFGP.

2. Submit a response to the RFGP in the form of a RFGP Package. This package shall contain response and all supporting information, attachments, and documents. All Applicants must complete this RFGP Package in its entirety to be considered responsive.

3. The "RFGP Package" shall include this entire document.
   a) RFGP Package Cover (page 1).
   b) HPP Contact Information Sheet, with three (3) different Points of Contact.
   c) Completed and Originally Signed Non-Collusion Certification.
   d) Completed and Originally Signed Vendor Payee Form (VPF).
   e) Originally Signed Signature of Acknowledgement page.

4. Submit the RFGP Package by date and time designated by Oklahoma State Department of Health (OSDH). All proposals and related documents in response to this RFGP are public record under the Freedom of Information Act and Oklahoma Open Records Act regarding public access to such documents.

5. Submission by FAX or email is not acceptable. Applicant(s) must mail or hand deliver the originally signed RFGP Package to the attention below:

Submit package to:

EMERGENCY PREPAREDNESS AND RESPONSE SERVICE
ATTN: SHARON DELLAVECCHIO
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 NE 10TH STREET
OKLAHOMA CITY, OKLAHOMA 73117-1299

6. **RFGP SUBMISSIONS ARE DUE BY CLOSE OF BUSINESS (5:00 p.m. CST) on Tuesday, Jun 15, 2016**

7. Questions regarding this RFGP should be addressed to the OSDH Contract Monitor and OSDH Medical Response System Coordinator listed below, preferably by email.

Jamie Doepel, Contracts Manager
(405)271-0900
jamiexd@health.ok.gov

8. Proposals will be considered ineligible for submission and will not be reviewed if any of the following conditions occur:
   a) Proposal was not submitted by the stated deadline.
   b) Proposal does not include the entire and completed RFGP Package.
   c) Proposal does not comply with all of the requirements of the RFGP process and solicitation.

# HPP Contact Information Sheet

*In order to be eligible for funding, you must supply contact information for someone under each of these departments within your facility, which can be contacted regarding this funding request at any time.*

*These three (3) contacts must be three (3) different people.*

*Failure to provide three (3) contacts will result in the proposal being considered NON-RESPONSIVE.*

*FACILITY LEGAL NAME:*

*FACILITY ADDRESS:*

*MAILING ADDRESS:*

***# 1** FACILITY SERVICES/PREPAREDNESS/SAFETY OFFICER CONTACT:*

*CONTACT PERSON'S NAME:*

*PHONE NUMBER:*

*EMAIL:*

***# 2** FISCAL/FINANCIAL CONTACT:*

*CONTACT PERSON'S NAME:*

*PHONE NUMBER:*

*EMAIL:*

***#3** CLINICAL/PATIENT CARE CONTACT:*

*CONTACT PERSON'S NAME:*

*PHOHE NUMBER:*

*EMAIL:*

*PERSON COMPLETING RFGP:*

Awardees will be required to input this information into EMResource by the end of the 1st Quarter (October 2016).

**State of Oklahoma**
**Oklahoma State Department of Health**

# Certification for Competitive Bid and/or Contract (Non-Collusion Certification)

*A certification shall be included with any competitive bid and/or contract submitted to the State for goods or services.*

Solicitation or Purchase Order #: (leave blank)

Supplier Legal Name: (legal name of Facility)

**SECTION I [74 O.S. § 85.22]:**

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
   a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
   b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
   c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract.
   d. to any efforts or offers with state agency or political subdivision officials or others to create a sole brand acquisition or sole source acquisition in contradiction to 74 O.S. 85.45j.1.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

**SECTION II [74 O.S. § 85.42]:**

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

☐ the competitive bid attached herewith and contract, if awarded to said supplier;

OR

☒ The contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

SIGN HERE

| | |
|---|---|
| Supplier Authorized Signature | Certified This Date |
| Printed Name | Title |
| Phone Number | Email |
| Fax Number | |

**State of Oklahoma**
**Office of Management and Enterprise Services**
**Vendor Maintenance**

# Vendor/Payee Form

**The State of Oklahoma requires the following information for all new vendors (payees) before any payments can be processed. This information is used to establish you in the State of Oklahoma PeopleSoft vendor file for payment and purchase activities.**

- Use this form if adding or updating information for a State of Oklahoma Vendor Payee requiring a PeopleSoft Vendor Identification Number.
- Do not use this form for Vendors receiving garnishment payments. Please use OMES Form OSF_GARNVEND located at: **http://www.ok.gov/OSF/documents/osf_garnvend.pdf.**
- Do not use this form for State employee reimbursement vendor requests. Please use OMES Form Add/Changes for Employees/Board Members located at: **http://www.ok.gov/OSF/documents/ap_emp_vend.pdf.**
- *Vendors pending contract award to a solicitation released by the Central Purchasing Division or other Oklahoma state agency MUST register online with the state unless exempt per statute. Please refer to Central Purchasing Vendor Registration for additional information located at: **http://www.ok.gov/DCS/Central_Purchasing/Vendor_Registration/index.html.***

**AGENCY SECTION** (To be completed by State Agency Representative): **State Agency should E-mail completed and signed form to vendor.form@omes.ok.gov or Fax to (405) 522-3663.**

**New Vendor** ☒ **Registered: Yes** ☐ **No** ☐ **Exempt** ☐ **Explain:** _____

**Change Address/Location** ☐ **Address #** _____ **Location #** _____

**Change Name** ☐ **Add New Address** ☐

**Change Tax ID #** ☐ **Other** ☐ **Explain:** _____

Agency Name: Oklahoma State Department of Health
Contact Name: Patricia Bagwell Phone #: 405-271-4043 Email: patriciab@health.ok.gov

**1099 Reportable Status**

☐ **Add:**
☐ **Remove:**

**Attention Paying Agency:** Please check the ***Add*** box on the left if payments to this vendor/Payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the ***Remove*** box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:

☐ **1 - Rents** ☐ **2 - Royalties** ☐ **3 - Prizes & Awards**
☐ **6 - Medical & Health Care** ☐ **7 - Non-Employee Compensation** ☐ **10 – Crop Insurance Proceeds**
☐ **14 – Gross Proceeds to an Attorney**

**PeopleSoft (Oracle) 10-digit Vendor #:** _____

**VENDOR/PAYEE SECTION** (To be completed by Vendor/Payee)
*Please print legibly or type this information. Complete and email or fax to requesting State Agency*

Name (IRS Legal Name for Business, Individual, or Government Entity) Phone # Fax #

Name (Doing Business As Name "DBA" if different than above) Phone # Fax #

**Tax Identification Number (TIN) and Type:** _____ ☐ Federal Employer ID (FEIN) ☐ Social Security Number (SSN)

**Business Address:** (To be used for 1099 Reporting)

(PO Box or Street, City, State, **9-Digit Zip Required**)

**EFT Payment Notification E-mail**

**EFT Payment Notification E-mail**

**Optional Addresses** – select address type as applicable:

☐ Mailing ☐ Pricing ☐ Ordering ☐ Invoicing ☐ Remitting ☐ Returning

Phone # Fax #

(PO Box or Street, City, State, **9-Digit Zip Required**)

E-mail Address

Contact Name & Title:

## SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES

**The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the State, or may result in the State having to deduct backup withholding amounts from its remittances to you.**

**U.S. Taxpayer Identification Number (TIN)**

Federal Employer Identification Number (FEIN) _____ If none, but applied for, date applied _____

**OR**

U.S. Social Security Number (SSN) _____ If none, but applied for, date applied _____

**Companies:**

☐ Domestic (U.S.) Sole Proprietor ☐ Domestic (U.S.) Partnership ☐ Domestic (U.S.) Corporation Type: _____

☐ Domestic (U.S.) Other Explain: _____

☐ Foreign (Non-U.S.) Sole Proprietor* ☐ Foreign (Non-U.S.) Partnership* ☐ Foreign (Non-U.S.) Corporation* Type: _____

☐ Foreign (Non-U.S.) Other* Explain: _____

**Individuals:**

☐ Citizen (individual) of the United States ☐ Resident alien (individual) of the United States ☐ Non-resident alien (individual) **

* ***NOTE: FOR FOREIGN VENDORS, ADDITIONAL DOCUMENTATION IS REQUIRED***. Please submit the proper U.S. Internal Revenue Service (IRS) Form W-8, Certificate Of Foreign Status. Select Form below matching entity or individual description. Please refer to IRS for additional instructions (http://www.irs.gov/pub/irs-pdf/iw8.pdf).

- **Form W-8BEN**: *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)*. http://www.irs.gov/pub/irs-pdf/fw8ben.pdf
- **Form W-BEN-E**: *Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)*. http://www.irs.gov/pub/irs-pdf/fw8bene.pdf
- **Form W-8ECI**: *Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States*. http://www.irs.gov/pub/irs-pdf/fw8eci.pdf
- **Form W-8EXP**: *Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting*. http://www.irs.gov/pub/irs-pdf/fw8exp.pdf
- **Form W-8IMY**: *Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting*. http://www.irs.gov/pub/irs-pdf/fw8imy.pdf

**This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.**

## SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

**Under penalties of perjury, I certify that:**

**1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**

**2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**

**3. I am a U.S. citizen or other U.S. person (defined below), and**

**4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

**Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.**

_____ _____
Signature of Vendor Representative or Individual Payee Date

_____
Title of individual signing form for company

_____
Vendor/Payee (Same as Company Name from Page 1)

**Account Codes for 1099 Reporting - By Category** *(TO BE COMPLETED BY AGENCY REPRESENTATIVE)*

☐ **1 - RENTS**

532110 Rent of Office Space
532120 Rent of Land
532130 Rent of Other Building Space
532140 Rent of Equipment and Machinery
532150 Rent of Telecommunications Equip
532160 Rent of Electronic Data Processing Equipment
532170 Rent of Electronic Data Processing Software
532190 Other Rents

☐ **2 - ROYALTIES**

553170 Royalties

☐ **3 - PRIZES AND AWARDS**

552140 Incentive Awards – Monetary & Material
552160 Incentive Payments – Oklahoma Horse Breeders & Owners
552170 Incentive Payments – Oklahoma Film Enhancement Rebate
553220 Indemnities, Restitution & Settlements

☐ **6 - MEDICAL & HEALTH CARE PAYMENTS**

515530 Veterinary Services
515700 Offices of Physicians (except Mental Health Specialists)
515710 Offices of Physicians, Mental Health Specialists
515720 Offices of Dentists
515730 Offices of Chiropractors
515740 Offices of Optometrists
515750 Offices of Mental Health Practitioners (except Physicians)
515760 Offices of Physical, Occupational & Speech Therapists, & Audiologists
515770 Offices of Podiatrists
515780 Offices of all other Miscellaneous Health Practitioners
515790 Family Planning Centers
515800 Outpatient Mental Health & Substance Abuse Centers
515810 Other Outpatient Care Centers
515820 Medical and Diagnostic Laboratories
515830 Home Health Care Services
515840 Ambulance Services
515850 All other Ambulatory Health Care Services
515860 General Medical & Surgical Hospitals
515870 Psychiatric & Substance Abuse Hospitals
515880 Specialty Hospitals (except Psychiatric & Substance Abuse)
515890 Nursing Care Facilities
515900 Residential Mental Retardation Facilities
515910 Residential Mental Health & Substance Abuse Facilities
515920 Community Care Facilities for the Elderly
515930 Other Residential Care Facilities
537210 Laboratory Services & Supplies
551230 Medical Services to Indigent (from agencies other than DHS)
551240 Hospital Services to Indigents (from agencies other than DHS)
551250 Other Health Services to Indigents (from agencies other than DHS)

☐ **7 - NON-EMPLOYEE COMPENSATION**

515010 Office of Lawyers
515020 Offices of Notaries
515030 Other Legal Services
515060 Accounting, Tax Preparation, Bookkeeping & Payroll Services
515210 Payments for Contract Mentor Services
515220 Architectural Services
515230 Landscape Architectural Services
515240 Engineering Services
515250 Drafting Services
515260 Building Inspection Services
515270 Geophysical Surveying & Mapping Services
515280 Surveying and Mapping (except geophysical) Services
515290 Testing Laboratories
515300 Interior Design Services
515310 Industrial Design Services
515320 Graphic Design Services
515330 Other Specialized Design Services
515350 Custom Computer Programming Services
515360 Computer Systems Design Services
515370 Computer Facilities Management Services
515380 Other Computer Related Services
515400 Administrative Management & General Management Consult Services
515410 Human Resources & Executive Search Consulting Services
515420 Marketing Consulting Services
515430 Process, Physical Distribution, & Logistics Consulting Services
515440 Other Management Consulting Services
515450 Environmental Consulting Services
515460 Other Scientific & Technical Consulting Services
515470 Research & Development in the Physical, Engineering, & Life Sciences
515480 Research & Development in the Social Sciences & Humanities
515490 Advertising and Related Services
515500 Marketing Research & Public Opinion Polling
515510 Photographic Services
515520 Translation & Interpretation Services
515540 All other Professional, Scientific and Technical Services
515550 Management of Companies & Enterprises
515560 Office Administrative Services
515570 Employment Placement Services
515580 Business Support Services
515590 Document Preparation Services
515600 Telephone Call Centers
515610 Business Service Centers
515620 Collection Agencies
515630 Credit Bureaus
515640 Other Business Support Services
515650 Investigation & Security Services
515660 Educational Services
515940 Individual & Family Services
515950 Community Food, Housing & Emergency & Other Relief Services
515960 Vocational Rehabilitation Services
515970 Child Day Care Services
515980 Arts, Entertainment and Recreation
515990 Other Services (except Public Administration)
517110 Moving Expense – Employee Transfer
531150 Printing and Binding Contract
531160 Advertising
531170 Informational Services
531190 Exhibitions, Shows and Special Events
531220 Burial Charges
531330 Jury and Witness Fees
531500 Moving Expenses – General
533100 Maintenance & Repair – Other Items
533110 Maintenance & Repair of Buildings & Grounds (outside vendors)
533120 Maintenance & Repair- Equipment (outside vendors)
533130 Maintenance & Repair of Telephone Equipment (outside vendors)
533140 Maintenance & Repair of Data Processing Equipment (outside vendors)
533150 Maintenance & Repair of Data Processing Software (outside vendors)
533190 Maintenance & Repair – Employee Uniforms
545110 Land Improvements
546210 Buildings and Other Structures –Construction and Renovation
546220 Major Maintenance and Repair of Equipment
547110 Highway and Bridge Construction Expense-Contractual
547120 Maintenance and Repairs to Highways and Bridges
547210 Major Maintenance and Renovation –Bridges
552100 Stipends – Other
552120 Teacher Stipends ("Incentive" payments
552130 Oklahoma Police Corps Stipends
553160 Legal Settlements Reportable to the IRS
554190 Voter Registration Services
561140 Pollution Remediation

☐ **14 - GROSS PROCEEDS TO AN ATTORNEY**

553180 Settlements – Paid To/Thru Attorney

# *Signature of Acknowledgement*

Applicant acknowledges, by receipt of this instrument, document or communication that any agreement entered into or executed by the parties is subject to the sole discretion of the Oklahoma State Department of Health.

I have read and agree to the terms and conditions outlined in this contract. I understand my responsibilities to maintain compliance and completion along with the aforementioned statement.

| | |
|---|---|
| ***FEI NUMBER*** | ***DUNS NUMBER*** |
| ***NATIONAL PROVIDER IDENTIFIER (NPI)*** | |
| ***PRINT NAME*** | ***TITLE*** |
| ***SIGNATURE*** | ***DATE*** |

****Upon award, the RFGP documents, the Applicants' response, and the Purchase Order will become a contract between the Applicant and OSDH. ****

* If a 501(c) (3) entity is formed by a federally recognized Indian tribe for the purpose of this proposal, the tribe must be fully compacted and a statement of agreement and consent to serve non-Native American populations must be approved by the full Tribal Council of the proposing tribe. **A copy of signed agreement must be included with your proposal.**