



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

APPLICATION PACKET

DH-23-0013

Purpose of Sub-Grant: The Arkansas Department of Health (ADH) issues this Request for Application (RFA) Packet on behalf of the Chronic Disease Prevention and Control Branch (CDPCB) Comprehensive Cancer Section to obtain applications for funding to increase breast and cervical cancer screening services to uninsured and underinsured women in Central, Northeast, Southeast, and Southwest Arkansas by implementing key evidenced based strategies to reduce structural barriers to screening within health systems.

APPLICATION SIGNATURE PAGE

Type or Print the following information.

APPLICANT'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	
				<input type="checkbox"/> Intergovernmental
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
Designation*:	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	
APPLICANT CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:		Title:		
Phone:		Alternate Phone:		
Email:				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>solicitation</i> , the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By signing and submitting a response to this Bid Solicitation, a prospective contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.				
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.				
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An official authorized to bind the prospective recipient to a resultant contract shall sign below.

By signing and submitting a response to this Request for Application (RFA), the applicant agrees to comply with all requirements, and that any exception that conflicts with a requirement of this RFA will cause the application to be disqualified.

Authorized Signature: _____ **Title:** _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

RESTRICTION OF BOYCOTT OF ISRAEL CERTIFICATION

Pursuant to Arkansas Code Annotated § 25-1-503, a public entity **shall not** enter into a contract valued at \$1,000 or greater with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel.

By signing below, the Contractor agrees and certifies that they do not boycott Israel and will not boycott Israel during the remaining aggregate term of the contract.

If a company does boycott Israel, see Arkansas Code Annotated § 25-1-503.

Bid Number/Contract Number	<i>DH-23-0013</i>
Description of product or service	Breast and Cervical Cancer Screenings
Contractor name	

Contractor Signature: _____
Signature must be hand written, in ink

Date: _____

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

	Maximum Score Possible
A.1 Organizational Description and Experience Information (Limit: 7 Pages)	
1. Describe the services that the applicant currently provides and any experience the applicant has with serving the target population.	5 Points
2. Describe demographical data (age, race, sex, income – uninsured, Medicaid, Medicare, private, i.e.) of the populations served for 2018 (including the targeted populations).	5 Points
3. Does the applicant provide referrals to other services? If so, what type?	5 Points
4. Describe the applicant's experience providing breast and cervical screenings.	5 Points
5. Explain the strategies or dynamics of the organization that are useful in provide services to the targeted populations.	5 Points
A. 2 Organizational Capacity (Limit: 5 Pages)	
1. Describe the level of expertise and experience of each staff/supervisor that will provide services for this contract.	5 Points
2. Briefly describe the applicant's organizational structure and the number of current employees.	5 Points
3. Describe how the applicant will ensure sound financial management as it relates to a financial reporting, budget controls, and monitoring of allowable costs.	5 Points
4. Describe the type of systems (EMR, i.e.) the applicant utilize to collect and store patient data.	5 Points
5. Describe experience reporting and/or entering breast and cervical data.	5 Points
A. 3 Approach/Methodology (Limit: 4 Page)	
1. Identify the EBI(s) the applicant proposes to implement and describe how the applicant would integrate EBI activities and strategies with current services.	5 Points
2. Describe the applicant's procedures to notify patients about appointments, referrals, and/or test results (breast and cervical).	5 Points
3. Discuss mammography partnerships and the process regarding referrals, follow ups, and/or test results.	5 Points
4. Describe challenges experienced and how they were resolved in providing services to the target population(s).	5 Points
5. Discuss a sustainability plan to maintain services if funding is not available	5 Points

List of Required Documentation

Please include the following information **with** the completed application in the order below.

1. Provide the following information at the beginning of the narrative.

Organization Name
Address
Executive Director Name
Email Address
Contact Number
Federal Tax ID Number

2. The narrative consists of the organizational description, organizational capacity, approach/methodology, and sustainability sections on page 6. Provide a detailed response to each item/question.
 - o Narrative format:
 - State the question first followed by the response.
 - Single space
 - 12 pt. font.
 - 1 inch margins
 - Printed on one side only

ATTACHMENTS

A. Organizational Information

- Organizational Chart
- List the names of the locations (include city/county) that serves the targeted population.
- List all current services and programs with a brief description relevant to the targeted population.

B. Financial Information

- Budget Worksheet (use template provided)
 - o No more than fifty-percent (50%) of the budget allowed for salaries and fringes.
 - o Grant funds may **not** be used for equipment, rental space, out-of-state travel, promotional items, or gift cards. Grant funds may be used for items such as salaries, office and medical supplies, and in-state registration/travel for BreastCare related conferences and/or meetings. Funds cannot be used to purchase food or refreshments.
- A copy of the organization's 501 (c)(3) non-profit designation letter from the IRS.

C. Organizational Information

- Work Plan (use template provided)

Examples:

- ✓ Project Period Goal: By July 2024 screen 125 women (50 Marshallese/75 Hispanic) with 90% of women receiving a mammogram.
 - o Objective 1: Screen 125 women for breast and cervical cancer screenings.
 - Activities: Enroll eligible women into BreastCare program.
 - o Objective 2: By July 2024 educate and distribute breast and cervical cancer materials to 1,000 women.
 - Activities: Participate in community events such as health fairs, women groups, and worship activities.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:		SUBCONTRACTOR NAME:					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
TAXPAYER ID NAME:				IS THIS FOR:	Goods?	Services?	Both?
YOUR LAST NAME:		FIRST NAME:		M.I.:			
ADDRESS:						COUNTRY: UNITED STATES	

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Vendor Contact Person _____ Title _____ Phone No _____

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contract or Grant No. _____