



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Increasing the Utilization of Human Milk from a Milk Bank in Mississippi
Request for Proposal (RFP)**

Office of Health Services

Maternal and Child Health

Mississippi State Department of Health

Project Number: HRSA -B04MC47427-001

Due Date: January 31, 2025

**Mississippi State Department of Health
570 East Woodrow Wilson Avenue
P.O. Box 1700
Jackson, MS 39215**

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1.0 INVITATION

Community-based systems are invited to submit a proposal in response to this Increasing the Utilization of Human Milk from a Milk Bank in Mississippi Project Request for Proposal (RFP). This RFP includes instructions for proposal submission, grant specific guidelines and budget requirements. This is a competitive application process. To submit a proposal, each applicant must comply with the instructions included in this RFP. By submitting a proposal, the applicant agrees to the RFP terms and conditions.

2.0 RFP TIMELINE

Event	Dates
Announcement of Funding Opportunity	January 3, 2025
Applicant Questions Due Address all questions to: <i>Dr. AnnaLyn Whitt, Director, Health Services</i> <i>Annalyn.whitt@msdh.ms.gov</i> <i>601.576.7465</i>	January 15, 2025 @ 5:00 PM (CST)
Proposal Application Submission Deadline	January 31, 2025 @ 5:00 PM (CST)
Notification of Intent to Award	March 1, 2025
Period of Performance	Project activities must begin on July 1, 2025 and conclude by June 30, 2028

3.0 GENERAL INFORMATION & INSTRUCTIONS TO SUBMIT

Completed proposals must be submitted as described in the table below.

3.1	RFP Contact Officer	<p>All communications concerning the RFP must be directed to the contact person listed below. Any oral communications will be considered unofficial and non-binding on the agency.</p> <p><i>Dr. AnnaLyn Whitt, Director, Health Services</i> Annalyn.whitt@msdh.ms.gov 570 E. Woodrow Wilson Jackson, MS 39126 Phone: 601.576.7465</p>
3.2	Applicant Questions	<p>Questions about this RFP, including but not limited to requests for clarification, additional information or any changes to the RFP must be made in writing, citing the RFP page number and section, and submitted to the RFP Contact Officer by the specific date/time.</p> <p>Questions submitted in any manner other than as detailed above or submitted after the deadline will be excluded from review.</p>
3.3	Proposal Presentation	<p>Acceptable proposals will adhere to the following:</p> <p>Page Size: 8.5 x 11</p> <p>Font: Arial, Times New Roman, or Calibri</p> <p>Font Size: 12pt</p> <p>Spacing: Single</p>

		<p>Margins: 1-inch all sides</p> <p>Page Numbers: Required, all pages.</p> <p>Header or Footer: Must include organization's name and page number.</p> <p>Page Limit: 10 (excluding Appendices)</p>
3.4	Proposal Submission	<p>Proposals must be submitted via e-mail with the following in the subject line: MSCYSHCNRF24_(name of Community-Based Entity) Proposal</p> <p>The entire Proposal should be attached in PDF format as a single file and submitted in the same email message to the RFP Contact Officer by the specified date/time. Confirmation of receipt will be issued by email. If the applicant does not receive confirmation of receipt, please email the RFP Contact Officer to verify that the application was received.</p> <p>Submitted applications will not be reviewed until the submission deadline has passed. Proposals submitted in any manner other than as detailed above or submitted after the deadline shall be deemed ineligible and will be excluded from consideration. Once a proposal is submitted and received by e-mail, applicants will not be able to revise the applications or any supporting/required documentation.</p>
3.5	Award Details	<p>Award Floor \$50,000 (minimum for the budget proposal)</p> <p>Award Ceiling \$200,000 (maximum for the budget proposal)</p> <p>Total Number of Awards (Anticipated) 1</p> <p>Funding Source Funding for this RFP is ANTICIPATED under the Title V MCH Block Grant and the Women, Infants, and Children programs. This funding award will be for a period of three (3) state fiscal years.</p>
3.6	Cost Sharing/Matching	Cost sharing or matching funds are not required under this RFP.
3.7	Type of Award: Cost Reimbursed Subgrant	This agreement will be established as a cost reimbursed subgrant. As a cost reimbursed subgrant, costs incurred are reimbursed through the submission of invoices as instructed by Mississippi State Department of Health, Office of Health Services. This requires maintaining ledgers, books, records, documents, and other evidence pertaining to all costs and expenses incurred and ensuring that costs incurred are in accordance with the services set forth in the scope of work.
3.8	Non-Responsive Applications	Incomplete applications (those which do not include all components, or all required attachments) will be determined to be nonresponsive to the RFP. Nonresponsive applications will not be considered for funding through this RFP. The applicant will be notified that the application is nonresponsive and is not eligible to receive funding.

3.9	Notification	<p>After all stages of review are completed, a Notice of (Intent to) Award (NOA) or Notice of Denial (NOD) for funding will be sent to each applicant via email by February 28, 2025.</p> <p>The NOA will be sent via email to the appropriate Point of Contact (POC) listed in the application notifying them of the award amount and other pertinent information, including the date of any mandatory post-award orientation or training events. The subgrant agreement between the State and the subgrantee and all accompanying documentation will be prepared by MSDH and sent through MSDH internal processes for approval. Fully reviewed and approved subgrant agreements will be sent to the awardee via DocuSign for review and signature. A subgrant is not valid until it is signed by both parties</p>
3.10	Post -Award Orientation and Training	<p>Each recipient will be required to have a minimum of two individuals participate in a mandatory Health Services Sub-Grantee Orientation. The project director and the organizational financial point of contact are expected to attend the orientation.</p> <p>Successful applicants will be notified of the location and time for this meeting.</p>
3.11	Reimbursement	<p>Applicants who are selected for an award will need to be registered as a vendor in MAGIC, the system the State of Mississippi uses to account for all vendors, contractors, and suppliers authorized to do business with the State. To determine whether your organization is a registered supplier (converted vendor) in MAGIC, go to the MAGIC Vendor Information page at http://merlin.state.ms.us/merlin/predef.nsf/MAGICVendorInfo?OpenForm</p> <p>Providers can register as a vendor on the Mississippi Suppliers (Vendors) page of the MS Department of Finance and Administration website at http://www.dfa.ms.gov/dfa-offices/mmrs/mississippi-suppliers-vendors/</p> <p>To receive reimbursement, vendors and suppliers must also be registered for Paymode. Paymode is the electronic payment system used by the State of Mississippi to pay vendors, contractors, and suppliers. Registration can be completed at: http://portal.paymode.com/mississippi/</p>

4.0 Program Background and Mission

As the leading public health agency in the state, the Mississippi State Department of Health (MSDH) provides the core public health functions and essential services for more than 2.9 million citizens in the state. MSDH's mission is to protect and advance the health, well-being, and safety of everyone in Mississippi. The Title V/Maternal and Child Health (MCH) Block Grant aligns with the MSDH mission to provide services and programs that promote and improve the health and well-being of Mississippi's mothers, children and youth with and without special health care needs, and their families.

The Health Services Division is responsible for the administration of programs under the Title V/MCH Block Grant which focus on improving the health and well-being of women, infants, children, and adolescents across the state of Mississippi. Health Services oversees the provision of services and programs spanning the life course: (a) Women's Health, including the Maternal & Infant Health Bureau, Healthy Moms/Healthy Babies (HM/HB), Healthy Start, Breast and Cervical Cancer Program (BCCP), and Family Planning/Comprehensive Reproductive Health; (b) Child and Adolescent Health, including Genetics/Newborn Screening (NBS), Early Hearing Detection and Intervention (EHDI), Early Periodic Screening, Diagnosis, and Treatment (EPSDT), Lead Poisoning Prevention and Healthy Homes (LPPHH), Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Adolescent Health, and Children and Youth with Special Health Care Needs (CYSHCN) programs; (c) Early Intervention (EI); (d) Oral Health; (e) the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); (f) MCH Engagement and Coordination; and (g) Financial Management and Operations.

WIC is a special supplemental food program for pregnant, breastfeeding, and post-partum women, infants, and children under five years of age. WIC helps women, infants and children up to age 5 get healthy foods and healthy advice in the first years of life.

A core function of public health is to assure the availability of services and nutrition to infants, specifically those with special health care needs. Food therapy is important to the growth of an infant, as well as the prevention of disease and improvement of immunity. Mother's own milk is widely recognized as the optimal feeding for term infants, but also provides health benefits that are of vital importance for sick and preterm infants in neonatal intensive care units (NICUs), even though the growth and neurodevelopmental needs of very premature infants are best met by appropriate fortification of human milk (HM). When mother's milk is unavailable or in short supply, donor milk (DM) represents the second best alternative and, although some nutritional elements are inactivated by the pasteurization process, it still has documented advantages compared to formula. Occasionally, the concern that the use of DM might decrease breastfeeding is being raised, but reports exist in literature showing that the use of donor HM in the NICU increases breastfeeding rates at discharge for VLBW infants. The demonstrated benefits of HM highlight the importance of educating health care professionals in breastfeeding support (Bertino, E. et. al. *Early Human Development*, V89, Sup2).

Evidence-based interventions aligned with the Title V Block Grant and WIC's implementation models and acceptable for this project include but are not limited to:

- 1) Approach: Increasing Demand

- a. Patient Education (One-on-One and Group)
 - b. Small Media
 - c. Outreach across the state via multiple media outlets
- 2) Approach: Increasing Patient Access
- a. Reducing Structural Barriers
 - b. Increasing hospital participation
- 3) Approach: Supply donor milk to NICU's in MS
- a. Increasing access to human donor milk
 - b. Improving health markers (i.e. length of stay) for infants in a NICU
- 4) Approach: Administration and Modernization
- a. Assuring delivery of safe human milk
 - b. Assuring safety and quality of human milk

Competitive grants will be awarded to selected applicants to support the delivery of community-clinical linkages and outreach and education activities within the targeted communities to increase breast and cervical cancer screening rates and reduce breast and cervical cancer disparities using these evidence-based approaches.

5.0 CONFLICT OF INTEREST (COI)

The Mississippi State Department of Health attempts to avoid circumstances that might introduce into the merit review process any COI, or the appearance of COI, or any prejudices, biases, or predispositions on the part of the reviewer. Applicants must disclose any past, ongoing, or potential COI which the applicant may have as a result of performing the work described in the RFP. An RFP may be flagged as a COI if the applicant has any of the following conflicts:

- A. Financial Conflict of Interest
 - Employee of an applicant organization(s)
 - Under active consideration of employment in an applicant organization
 - In the position to receive financial benefit in any amount from an applicant under review.

- B. Professional Conflicts
 - The reviewer is personally related to an associate of an applicant organization.
 - Reviewer has long-standing relationship with an applicant that may influence the reviewer's judgement.

- C. Personal Conflicts
 - Close family member or friend is an applicant.
 - Reviewer has long-standing relationship with an applicant that may influence the reviewer's judgement.

6.0 EXPECTED SUBGRANTEE ACTIVITIES (STATEMENT OF WORK)

The goals associated with the primary funding sources include but are not limited to the following:

- Increase Breastfeeding, Healthy Nutrition and Healthy Weight
- Increase the percent of women who are enrolled in WIC and initiate breastfeeding

The work of the selected recipient(s) must provide evidence-based interventions that address nutrition and food therapy for infants in Mississippi.

As such, the selected recipient(s) must:

Evidenced Based Intervention	
1)	Must implement evidence-based interventions to increase direct human milk distribution to NICU's in Mississippi.
2)	Must provide outreach and services to the high priority populations that focus on linking individuals with services to address social determinants of health and needs for healthy eating.
3)	Provide outreach and service delivery information and other standard reporting through a mutually agreed upon data submission process pursuant to reporting and deliverable requirements.
4)	Be available to receive training and technical assistance from MSDH on a scheduled and as needed basis.

6.0 MONITORING

MSDH must monitor the subgrantee to ensure the subgrant is used for authorized purposes, achieves performance goals, and follows applicable funding terms and conditions, Federal and state regulations, and MSDH policies and procedures. A thorough description of monitoring activities is included in the *MSDH Subgrant Policies and Procedures Manual*. Monitoring activities will or may include the review of required programmatic/performance reports and financial reports, training and technical assistance on program-related matters, and on-site reviews and/or audits relevant to subgrant activities. The following are monitoring activities subgrantees can expect with additional activities to be determined as needed.

COMMUNITY-BASED PARTNER			
Deliverable	Format	Requirement Details	Due Date(s)
Subgrantee Orientation (Mandatory)	Virtual	A minimum of two individuals must participate. The project director and the organizational financial point of contact are expected to attend the orientation.	Within 30 days of Award
Quarterly Progress Report	Standard Microsoft Form submitted to the MCH Block Grant Coordinator	Must detail the recipient's process and progress in fulfilling work plan activities, meeting performance measures, successes, barriers, lessons learned, and future planning to mitigate barriers and/or maintain service delivery during the quarter. A listing or description of any community outreach activities, including activities accomplished, number of attendees, places, dates, etc.	Within 30 days of the end of the quarter

Monthly Invoice	Example will be provided in Subgrantee Orientation.	Must provide itemized listing of expenses incurred within the quarter and receipts, delivery confirmations, and proofs of payment. Must provide a record of invoices that have been submitted to MS-BCCP and reimbursed, invoices with outstanding payment, and the remaining balance in the subgrant period.	
Subgrantee Risk Assessment Questionnaire	Appendix F	The purpose of the risk assessment is to determine the subgrantee's or subrecipient's risk of non-compliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring pursuant to <i>Uniform Guidance, Subpart D: Post Federal Award Requirements § 200.332(b)</i> . <u>A copy of the organization's most recent financial audit must be provided with the questionnaire.</u>	April 15, 2023 <i>*Do not submit this deliverable before the first quarter of work is completed and all required first quarter reports and invoices have been submitted.</i>

7.0 EXPECTED DETAIL FOR RFP APPLICATION (PROPOSAL) COMPONENTS

Applicants should refer to Section 3.0 when preparing application responses to assure they follow all instructions for deadlines, presentation, page limits, and submission. The following serves as general guidance for what should be included in a responsive proposal.

Cover Page	
All applicants must complete the form in Appendix B as the cover page to the application. <i>Provides name and complete address of the organization, federal ID or EIN number, UEI number, and the name and contact information for the primary contact person.</i>	
Organizational Information	
Background Information	<i>Brief history, mission, services provided, populations served, geography covered, fiscal base, management, and accountability structure.</i>
	<i>Experience in and capacity for providing donor milk education and outreach, and referral linkage services. Identify all key personnel that will be responsible for oversight, management, and implementation of the project.</i>
Collaborative Partners	<i>Describe the organization's ability to engage partners, stakeholders, and local medical providers or health systems to foster collaborative relationships and build sustainable momentum for delivery of services, implementing activities, and impacting outcomes. Provide examples of relevant partnerships.</i>
Project Narrative	
Problem/Need Statement	<i>A description of the problem(s) or need(s) addressed through your organization related to breast and cervical cancer screening referral/linkage and outreach/education that can be supported, mitigated, or impacted by grant funding. To the extent available, the applicant should use its own and local data to demonstrate the problem or need.</i>

Implementation (Proposed Approach and Methods)	<i>Describe how the applicant organization will implement the project and provide services to address the specific needs identified for high priority populations. This must clearly correspond to expected subgrantee activities and align with the stated goals, objectives, and activities in the proposed work plan.</i>
Reporting Plan	<i>Provide a description of how the applicant will measure progress towards the goals/deliverables of the RFP and the proposed work plan. Address how the applicant will assess the impact of its efforts and whether the objectives were administered as planned to address the needs of the targeted population.</i>
Budget Information	
Budget Table	<i>The budget table is a summary of the line-item budget by funding category and amount requested. It provides no detail for how funding will be used to support grant activities. Appendix E provides an example template.</i>
Budget Narrative	<p><i>The budget narrative identifies details for the funding being requested to carry out the proposed project. The budget narrative should explain how the applicant plans to use the funds and the estimated costs by line item in the budget. The narrative should include and clearly state:</i></p> <ul style="list-style-type: none"> <i>• the description of the cost;</i> <i>• how the applicant calculated and arrived at the cost; and</i> <i>• identify the work plan objective(s) and activities the line item(s) are intended to support</i> <p><i>All budgeted line items must be allowable under the federal grant guidelines; and reasonable, necessary, and allocated directly to the proposed project. Appendix E provides an example budget narrative template.</i></p>
Appendix	
<p><i>The appendix should include all supporting documentation, such as:</i></p> <ul style="list-style-type: none"> <i>• An organizational chart for the proposed project. (Required)</i> <i>• A completed Conflict of Interest (Form 1244) – Appendix C (Required)</i> 	

8.0 Budget Narrative Guidance

The budget narrative must address the required budget categories, which must be used to determine correct budget categories for expenses and reimbursements. Federal funds must be used to supplement existing federal, state, local, and other funds for program activities and must not supplant those funds that have been appropriated for the same purpose. Applicants should review the table below to determine allowable vs. not allowable use of funding. Appendix E provides an example budget narrative template.

Categories	Details and Allowable/Not-Allowable Examples	Narrative
Personnel	Must include a line item or listing of each position, general scope of work to be performed, the annual salary and/or hour amount, and number of hours and percentage of time committed to subgrant and an indication of the costs to be paid from the grant or in-kind to the project.	The cost calculation must be proportional to the employee's annual salary rate (or other pay rate such as hourly rates) and the percentage of time devoted to the project.
Fringe Benefits	For grant supported positions only.	The Fringe Benefits budget category consists of the subgrantee's share of applicable fringe benefits, such as social security (F.I.C.A. and Medicare), employee health/life/disability insurance premiums, worker's compensation insurance, unemployment insurance, and pension plan costs. The types and percentages of fringe benefits claimed must be documented in the budget.
Travel Costs	Local mileage, meals, lodging, for in-state travel to allow subgrant-supported staff to travel within the recipient's catchment area to perform grant-related activities.	List each anticipated travel expenditure. Must indicate reasons for travel, anticipated dates, locations, etc. Mileage and per diem rates should not be greater than the rates approved by the Mississippi Department of Finance and Administration on the date travel was performed.
Contractual	Contractual items represent payment for services rendered other than by employees of the subgrantee. This may include allowable items such as training activities, conference registration fees, promotional communications, transportation service, language services, etc.	Explain the need for items, how the estimated costs were determined and how their use will support the purpose and goals of the project.

Commodities	Commodities are materials and supplies that are consumed by the program/project. This may include office supplies, supplies, books/ manual, small media promotional materials, etc. Items required to be listed on the inventory of fixed assets must not be included in the Commodities budget category.	Describe and itemize the materials & supplies requested for purchase, the intended purpose, and how the estimated costs were determined for each item.
Capital Outlay Equipment	Allowable: Equipment modernization for milk safety	Explain the need for items, how the estimated costs were determined and how their use will support the purpose and goals of the project.
	Not-Allowable: Costs to cover equipment, furniture, fixtures (office desks, chairs, computers, telephone systems, etc.) regardless of value and any items which are required to be reported on the fixed asset inventory are not allowable. Costs to cover capital improvements, property losses and expenses, real estate purchases, mortgage payments, and/or construction are not allowable.	
Indirect Cost	If applicant is seeking indirect costs, this should be included in this section. De minimis rate of 10% of modified total direct cost allowed if the subgrantee does not have a federally negotiated rate.	Describe and itemize the indirect costs which will be supported. Provide copy of Federal Negotiated Indirect Cost Rate Agreement if claiming higher than 10%.
Additional Allowable and Not-Allowable Uses of Funding		
<p>Allowable: Outreach and Education Activity Expenses Expenses to support strategic, population, location, or culturally specific public awareness and education activities (including, but not limited to, the development of presentation materials, brochures/small media, local newspaper notices, local public service announcements, grassroots outreach, local radio, sponsored social media, and promotional items, recipient’s related activities, inform the public about the MS-BCCP program, and assist in linking individuals with needed services is allowable. These expenses will generally be directed to Contractual or Commodities.</p>		
<p>Support for Reducing Patient Barriers Expenses that are directly related to reducing patient-specific, identifiable barriers that prevent or create obstacles for accessing donor milk. These expenses will generally be directed to Contractual or Commodities.</p>		

Not-Allowable:

Research

Expenses to cover any research activities are not allowable.

Lobbying

Expenses to cover lobbying or advocacy activities with respect to legislation or to administrative changes to regulations or administrative policy (cf. 18 U.S.C. 1913), whether conducted directly or indirectly are not allowable. This includes lobbying activity to influence or induce members of the public to contact their elected representatives to influence support or opposition to proposed or pending legislation.

Fundraising

Expenses to cover any activities related to fundraising are not allowable.

Additional Subgranting

Funds awarded under this RFP may **not** be further subgranted to other entities by the subrecipient.

9.0 REVIEW AND EVALUATION OF APPLICATIONS

Proposals will be evaluated by an independently selected RFP Evaluation Committee which will consist of MSDH staff and tenured stakeholders to the MS-BCCP. Potential conflicts of interests (COI) as provided in Section 7.0 will be considered in the process of selecting the RFP Evaluation Committee.

Once all proposals have been received, the RFP Contact Officer will perform an initial review of the proposals to assure that administrative and submission requirements are met. Evaluation Committee members will assemble virtually within two business days of the submission deadline to receive proposal packets, review evaluation criteria, and review the scoring/review process. The Evaluation Committee will then have two calendar days for each member to independently review the proposals, assign scores, provide comments, and return signed score/comment sheets to the RFP Contact Officer. A final Evaluation Committee meeting will be held virtually to jointly discuss the merits of each proposal and review scoring/comments. This meeting will be held prior to any Notices of (Intent to) Award (NOA) being issued to any applicants. Final recommendation of an awardee will be determined by the RFP Contact Officer. Final approval of a subgrant agreement is at the discretion of the MSDH State Health Officer after all necessary internal routing has been completed.

Scoring criteria is found in Appendix F.

Selection

Points will be awarded based on the responsiveness and extent to which the applicant addresses all expected detail. Grant awards will be recommended based on total score given by the RFP Evaluation Committee. At its discretion, the Evaluation Committee may recommend an award contingent on revision to the work plan, budget, or submission of additional information for a proposal. During the final review, MSDH will determine if an award is to be made, whether requested funding will be revised, or any special conditions that may be placed upon the recipient. All funding will be awarded on a competitive basis. There is no guarantee that a project will be continued, nor is there a guarantee that requested amounts of funding will be awarded. Applicants receiving less than a score of seventy (70) will not be funded.

APPENDIX A

Definitions

Application	A formal, written response by an individual or organization to a grant solicitation published by MSDH.
Certification/licensure	A professional credential which permits an individual to engage in certain activities under state law.
Community-Based Organization	A corporation, limited liability company, limited partnership, other business, or non-profit entity registered in good standing with the Mississippi Secretary of State Office, including community-based, faith-based, social service, or volunteer service organization, homeless/domestic violence shelter, residential program, substance use treatment program, free medical clinic, housing complex or development, or other non-medical program.
Conflict of Interest	Participation in activities involving state or federal funds in which a person or his/her immediate family, partners, organization has a financial interest or less than an arms-length relationship.
Culturally or Linguistically Appropriate	The provision of respectful quality care and services in a manner which is responsive to diverse cultural beliefs and practices, preferred languages, and other communication needs.
Direct Clinical Services	Activities that respond to the physical needs of patients in a healthcare setting.
Eligible Population	Individuals who fit within the current BCCP program guidelines.
Evidence Based Practice	Practices which integrate the best research evidence and clinical expertise while considering the clients' values and needs.
Grantee/subgrantee/recipient/sub-recipient	The person or entity awarded a grant, subgrant, award or sub-award.
Grant Award/Sub-award	Financial assistance that provides support or stimulation to accomplish a public purpose.
Grant Budget	A budget itemizing one or more specific activities or purposes under the grant and the maximum amounts a Grantee, a grant recipient or grant sub-recipient may be reimbursed.
Health Disparity	A population experiences health disparity if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population as compared to the health status of the general population. (Minority Health and Health Disparities Research and Education Act, United States Public Law 106-525, 2000, p. 2498).
Health Equity	A framework for understanding the differences in health outcomes and the pursuit for the equal distribution of health literacy, health access, health opportunities, health services, health protections, and health outcomes.
Health System	Any organization that is responsible for addressing the healthcare needs of a patient population. This could include a clinic, a hospital, an Accountable Care Organization, or a health insurance company.
Indirect Costs	Indirect costs are those costs incurred for a common or joint purpose benefiting more than one project, that are not readily assignable to a funded activity.

National Stakeholder Strategy for Achieving Health Equity	Guidance toward achieving health equity and impacting health disparities across multiple priority areas. Accessible at: https://minorityhealth.hhs.gov/npa/files/Plans/NSS/completenss.pdf
Non-responsive	Any response to a grant solicitation that fails to conform in all material respects to the grant solicitation's requirements.

Notice of (Intent to) Award	Notification provided to a subgrantee they have received an award, establishing the amount and period of performance.
Prime Grantee	MSDH Title V Block Grant & WIC Nutrition Program
Request for Proposals (RFP)	Also known as solicitation. The advertisement seeking proposals for applications for federal or state grant funding.
Social Determinants of Health	Conditions in the social, physical, and economic environment in which people are born, live, work, and age.
Subgrant Agreement	The agreement entered between MSDH and a successful applicant for funding.
Sustainability	Organizational sustainability occurs when an organization is profitable enough to plan for and develop financial reserves that will help it weather changes in the economic environment and the program without risk to the organization. If an organization is sustainable, it has invested sufficient resources so that it can sustain itself over the years.

**APPENDIX B
APPLICATION COVER PAGE**

Request for Proposal
Mississippi State Department of Health

Name of Organization:
EIN #:
UEI #:
Phone #:
Street Address:
PO Box:
City:
State:
Zip Code:
Contact Person:
Title:
Contact Email:
CFO or equivalent:
Title:
CFO Email:
Authorized Signer:
Title:
Authorized Signer Email:

CONFLICTS OF INTEREST

1. List all other current agreements/contracts with MSDH. **Include** the dollar amount with the agreement/contract beginning and ending dates. If no other funds are received, please mark N/A.

MSDH Program Name	Dollar Amount	Beginning Date	Ending Date

2. Please list each member's name of your organization's Board of Directors or other governing body (i.e., trustees, alderman, partners, owner).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. **Are any members of the governing body or project staff also MSDH employees?**

Yes No

If the answer is YES, please list the name of each employee **and** their position held with MSDH.

_____	_____
_____	_____
_____	_____

4. **Are any members of the governing body or project staff also spouses, parents, or children of MSDH employees?** Yes No

If the answer is YES, please list the name of each employee **and** their position held with MSDH.

_____	_____
_____	_____
_____	_____

The above information is true and correct to the best of my knowledge. Completed by:

_____	_____
Name (Printed)	Title
_____	_____
Signature	Date

APPENDIX D

EXAMPLE BUDGET TABLE AND NARRATIVE TEMPLATE

BUDGET TABLE	
CATEGORY	AMOUNT
Personnel	
Fringe	
Travel	
Commodities	
Contractual	
Equipment	
Subtotal Direct Costs	
Indirect Costs	
Subgrant Total	

BUDGET NARRATIVE	
LINE ITEM COSTS/NARRATIVE	AMOUNT OF SUBGRANT FUNDING REQUESTED
PERSONNEL	
Title or Position Annual Salary (\$ _____) % Time Allocated to Subgrant = _____ % [Avg. _____ hours/week] <i>Identify the specific objective(s) from the work plan this employee will provide leadership for, be directly responsible for executing, or will provide support for.</i> <i>**Each grant-supported staff position must be a separate line item under this category.</i> <i>Add rows if needed.</i>	\$
Personnel Total	\$
FRINGE (@ _____ %)	
Specify what is include in your organization's FY 2022 fringe rate. For example: _____ % Social Security _____ % Medicare _____ % Paid time off (sick leave and vacation) _____ % Health Insurance _____ % _____ _____ % _____	\$
Fringe Total	\$
TRAVEL	
List all anticipated travel expenditures and identify which objective(s) of the work plan is/are supported with this line item funding.	\$
Travel Total	\$

COMMODITIES	
Describe and itemize the materials & supplies requested for purchase, the intended purpose, and how the estimated costs were determined for each item. Identify which objective(s) of the work plan is/are supported with this line item funding.	\$
Commodities Total	\$
CONTRACTUAL	
Explain the need for items or services, how the estimated costs were determined, and how their use will support the purpose and goals. Identify which objective(s) of the work plan is/are supported with this line item funding.	\$
Contractual Total	\$
CAPITAL OUTLAY/EQUIPMENT	
	\$0
Capital Outlay/Equipment Total	\$0
INDIRECT	
Describe and itemize the indirect costs which will be supported. Provide copy of Federal Negotiated Indirect Cost Rate Agreement if claiming higher than 10%.	\$
Indirect Total	\$

APPENDIX E
SUBGRANTEE RISK ASSESSMENT QUESTIONNAIRE

The purpose of this risk assessment is to determine the subgrantee’s or subrecipient’s risk of non-compliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring pursuant to *Uniform Guidance, Subpart D: Post Federal Award Requirements § 200.332(b)*.

Instructions:

This questionnaire should be completed by a representative familiar with the subgrantee organization’s accounting/financial systems, auditing processes, and Federal, State, local, and other regulatory requirements. Check a response for questions 1 through 12. Do not leave any question unanswered. The questionnaire must be signed by the subgrantee’s Chief Executive Officer/Executive Director and Chief Fiscal Officer.

Subgrantee Organization Name:	Subgrant Number:	Period of Performance:

QUESTION	YES	NO	N/A	EXPLANATION:
1. Does the organization use an electronic accounting software system (as opposed to manual) to track income/revenue and expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the accounting system track receipts and disbursements by funding source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the organization maintain documentation to substantiate the value of in-kind contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does your organization have a Financial Director, Financial Manager, Treasurer, or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does your organization regularly monitor budgeted versus actual expenditures to ensure that cost categories are not over-spent or under-spent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does your organization have written procurement procedures indicating which individuals are authorized to initiate a purchase request, the flow of documents, and the requested levels of approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. A. Did your organization expend more than \$750,000 in federal funds during your previous fiscal year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Did your organization have a Single Audit performed in the prior year? If yes , please <u>include the Single Audit Report with submittal of Risk Assessment Questionnaire</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. If there were any findings in the Single Audit Report, has your agency implemented action plans to address all findings? If no , please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the organization have a system to track staff time spent on various grants/projects, for employees whose salaries are allocated to more than one contract/grant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9.	Has your organization recently implemented any system changes including financial management, accounting systems, or any significant executive or management changes? If yes , please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Does your organization have a written Accounting and Financial Reporting Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Does your organization require employees to follow a Personnel Policy with spending guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	What is the maturity of the subgrantee organization that is performing the scope of work?	<2 years old			<input type="checkbox"/>
		2 – 10 years old			<input type="checkbox"/>
		>10 years old			<input type="checkbox"/>

I hereby certify that to the best of my knowledge and belief, the information provided in response to the foregoing questions is true and accurate.

Signature of Chief Executive Officer

Signature of Chief Fiscal Officer

Printed Name

Printed Name

Date

Date

APPENDIX F
APPLICATION CORING CRITERIA

Criteria	Expected Content (Additional Reference/Guidance)	Points
Application Cover Page	Standard form.	Responsive or Non-responsive
Organizational Information	Presents relevant experience managing projects of similar size and scope. References and work samples show capacity and competence to complete project. References collaborative partnerships that will support implementation of proposed activities. Provides organizational structure for managing the project.	30
Project Narrative	<u>Problem/Need Statement</u> Conveys understanding of the purpose and scope of the project. Adequately describes local health status concerns that will be addressed by program. Demonstrates knowledge of issues related to health disparities Identifies the target population and locations or sites where project is to be implemented, providing service delivery output projections.	15
	<u>Implementation (Proposed Approach and Methods)</u> Identifies how the organization will prioritize and provide outreach and educational services to assure a diverse population is reached/served. Identifies the EBI intervention priorities and its plans to implement or improve selected strategies to increase patient demand for cancer screenings and increase patient access to services within its own and in other systems	20

	<p><u>Reporting Plan</u> Outlines how it will measure progress towards the goals/deliverables of the RFP and the proposed work plan. Identifies diverse sources of data to be used in the evaluation process (including Quarterly Linkage Tracking Log).</p>	<p>10</p>
<p>Budget Table and Narrative</p>	<p>Proposed expenses are \geq floor and \leq ceiling of award Provides complete and accurate budget data. Provides reasonable cost for services. Provides breakdown of actual costs (not estimates). Provides Federal Negotiated Indirect Cost Rate Agreement (if applicable)</p>	<p>25</p>