



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Alliance for Innovation on Maternal Health (AIM) Participating Facilities

Request for Proposal (RFP)

Competition Type: Non-Competitive, Capacity Building

Maternal and Infant Health Bureau

Mississippi State Department of Health

Project Number: 6 A30MC49995

Due Date: 3/31/2025

Mississippi State Department of Health

570 East Woodrow Wilson Avenue

P.O. Box 1700

Jackson, MS 39215

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Request for Proposal (RFP)

Alliance for Innovation on Maternal Health (AIM) Participating Facilities

1.0 INVITATION

The Mississippi State Department of Health (MSDH) Maternal and Infant Health Bureau invites participating AIM facilities to submit a mini proposal to offset allowable costs associated with implementing and sustaining AIM bundle implementation/adoption. This RFP includes instructions for budget proposal submission, grant-specific guidelines, and an explanation of budget allowables/non-allowables. This IS NOT a competitive application process; however, it is only open to facilities participating in the MSDH’s AIM program. To submit a budget proposal, each facility/applicant must comply with the instructions included in this RFP. By submitting a proposal, the applicant agrees to this RFP’s terms and conditions.

2.0 RFP TIMELINE

Table with 2 columns: Event, Dates. Rows include: Announcement of Funding Opportunity (Jan 22, 2025); RFP Technical Assistance Webinar (Feb 4, 2025 @ 5:00 PM CST) with Zoom link and phone numbers; Proposal Application Submission Deadline (Feb 28, 2025 @ 5:00 PM CST); Notification of Grant Application Approvals (March 31, 2025); Period of Performance (Project activities should begin upon receiving funds and conclude upon exhaustion of funds).

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 and/or questions 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. Vernesia Wilson, AIM State Program Director Mississippi State Department of Health Maternal and Infant Health Bureau 570 E. Woodrow Wilson Jackson, MS 39126 Phone: 601-576-7466 Fax: 601-576-8030 Email: vernesia.wilson@msdh.ms.gov</i></p> | | | | | | | | | | |
| 3.2 | Proposal Presentation and Organization | <p>Each proposal submission should contain the following completed documents in the order outlined below:</p> <p>Application Cover Page (see Appendix A) Conflict of Interest Form (see Appendix B) Budget Narrative Proposal (see example in Appendix C)</p> <p>These documents should be submitted as one document, preferably in pdf format.</p> | | | | | | | | | | |
| 3.3 | Proposal Submission | <p>Proposals should be submitted to Starica Harper via email at Starica.Harper@msdh.ms.gov</p> | | | | | | | | | | |
| 3.4 | Award Details | <table border="0"> <tr> <td>Award Minimum</td> <td>\$2,000 (minimum for the budget proposal)</td> </tr> <tr> <td>Award Maximum</td> <td>\$30,000 (maximum for the budget proposal)</td> </tr> <tr> <td>Total Number of Awards (Anticipated)</td> <td>Open (until all funds have been exhausted)</td> </tr> <tr> <td>Total Amount of Available Funding</td> <td>\$160,000</td> </tr> <tr> <td>Funding Source</td> <td>Funding for this RFP is granted under Assistance listing number 93.110, Health Resources and Services Administration (HRSA), Maternal and Child Health Federal Consolidation Programs. Award #: 6 A30MC49995-02-00.</td> </tr> </table> | Award Minimum | \$2,000 (minimum for the budget proposal) | Award Maximum | \$30,000 (maximum for the budget proposal) | Total Number of Awards (Anticipated) | Open (until all funds have been exhausted) | Total Amount of Available Funding | \$160,000 | Funding Source | Funding for this RFP is granted under Assistance listing number 93.110, Health Resources and Services Administration (HRSA), Maternal and Child Health Federal Consolidation Programs. Award #: 6 A30MC49995-02-00. |
| Award Minimum | \$2,000 (minimum for the budget proposal) | | | | | | | | | | | |
| Award Maximum | \$30,000 (maximum for the budget proposal) | | | | | | | | | | | |
| Total Number of Awards (Anticipated) | Open (until all funds have been exhausted) | | | | | | | | | | | |
| Total Amount of Available Funding | \$160,000 | | | | | | | | | | | |
| Funding Source | Funding for this RFP is granted under Assistance listing number 93.110, Health Resources and Services Administration (HRSA), Maternal and Child Health Federal Consolidation Programs. Award #: 6 A30MC49995-02-00. | | | | | | | | | | | |
| 3.5 | Cost Sharing/Matching | <p>Cost sharing or matching funds are not required under this RFP.</p> | | | | | | | | | | |
| 3.6 | Type of Award: Non-competitive, Capacity Building | <p>This agreement will be established as a fixed amount non-competitive sub-award. 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 submitted budget narrative.</p> | | | | | | | | | | |

| | | |
|-----|---|--|
| 3.7 | Notification | After all stages of review are completed, a Notice of (Intent to) Award (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 post-award events. |
| 3.8 | Post -Award Orientation and Training | Each recipient will be required to have a minimum of two individuals participate in a mandatory grantee orientation. The project director and the organizational financial point of contact are expected to attend the orientation. Successful applicants will be notified of the location and time for this meeting. |
| 3.9 | Award Allocations | <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 state funds, vendors and suppliers (including grant awardees) 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 APPLICANT ELIGIBILITY REQUIREMENTS

Only facilities that are active participants of the state’s AIM program are eligible to apply. To check if your facility is an active participant, send an email to Starica Harper at Starica.Harper@msdh.ms.gov.

1. Compliance with Health Equity Standards and Expectations

The Mississippi State Department of Health is committed to identifying health disparities and eliminating health inequities. The MSDH acknowledges that racial and ethnic minorities and historically marginalized residents experience health inequities and do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the components of the application, applicants are encouraged to:

- Implement the goals of the *National Stakeholder Strategy for Achieving Health Equity* (<https://www.phdmc.org/program-documents/healthy-lifestyles/dche/64-achieving-health-equity/file>) and ensure activities are aligned with the five strategies in the plan: awareness, leadership, health system and life experience, cultural and linguistic competency, and data, research and evaluation.
- Justify the extent to which specific health disparities are priority areas with the focus of the funding program and how addressing these will advance health equity.
- Propose evidence-based solutions to the health disparities identified in the RFP.
- Demonstrate how proposed activities address specific health inequities or identified social

determinants of health connected to the health problem.

- Demonstrate cultural and linguistic competence according to the National CLAS Standards.
- Describe how services or activities provided within this proposal will be delivered in an equitable manner to all populations served and especially those currently underserved, historically marginalized, and ethnically diverse groups.

2. **Compliance with MSDH Information and Security Requirements**

The selected recipient must meet all information security and privacy requirements as set by the Mississippi State Department of Health. All data developed under this funding opportunity must be stored, protected, shared, utilized, retained, returned and/or destroyed in accordance with applicable federal and state law, regulations, and standards including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their corresponding regulations. Recipients may be asked to sign a business associate agreement, data use agreement and/or other legal documentation as a condition of award to ensure proper management and security of confidential data (such as protected health information) developed under this funding opportunity.

3. **Financial Resources**

The grantee will receive the first fixed award upon completion of the orientation. If preferred by the grantee organization, MSDH can reimburse services and activities upon delivery and receipt of quarterly itemized invoices.

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**

AIM facilities may include in their budget proposals any allowable activity related to the implementation and/or maintenance of AIM Patient Safety bundle implementation and/or additional activities related to the overall AIM

program/project. For more comprehensive details about the AIM Patient Safety Bundles, please visit the following website: <https://saferbirth.org/>.

7.0 PERFORMANCE MEASURES/AIM DATA REPORTING

All participating AIM facilities will continue entering monthly and/or quarterly data into the AIM Data Portal located at https://www.maternalsafety.org/users/sign_in. Submitted data measures will continue to be monitored by MSDH AIM program and the American College of Obstetricians and Gynecologists (ACOG). If there are additional users requesting access to the data portal, please send an email to Starica Harpert at Starica.Harper@msdh.ms.gov.

8.0 BUDGET & BUDGET NARRATIVE GUIDANCE

The budget and budget narrative are considered as the grantees’ response/proposal for this RFP. The required budget categories are outlined below, which will be used to determine if submitted budget categories for expenses and reimbursements are in regulation with allowable costs. 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 that should be submitted.

| Categories | Details and Allowable/Not-Allowable Examples | Narrative |
|-----------------|--|---|
| Personnel | Allowable: Costs to cover the expansion of the scope(s) of AIM-related work and/or activities of existing staff or to hire new staff to complete administrative, monitoring, reporting requirements, and oversee quality improvement programming are allowable. | 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. |
| | Not Allowable: Costs to cover salary/fringe of any staff person whose costs are otherwise covered by state, local, or other funds is not allowed. | |
| 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 | Allowable: In-State 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. |
| | Not Allowable: Costs to cover airfare, mileage, meals, lodging, luggage fees, ground transportation, etc. required for out-of-state travel to participate in non-related AIM professional development activities or otherwise is not allowed. | |
| 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. |
| Medical Equipment | Costs to cover equipment related to the implementation, maintenance, or purchase of items related to AIM are allowable. Equipment is defined as those items that cost \$5,000 or more. | Describe and itemize any medical equipment requested for purchase, the intended purpose, and how the estimated costs were determined for each item. |
| | 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 | | |
| 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 to promote AIM-related | | |

activities, inform the public about the AIM program, and assist in linking individuals with needed services is allowable. These expenses will generally be directed to Contractual or Commodities.

Support for Reducing Patient Barriers

Expenses that are directly related to reducing patient-specific, identifiable barriers that prevent or create obstacles for accessing clinical services. Some examples include transportation assistance (i.e., pre-paid gas/fuel cards, bus passes, cab/Uber/Lyft fare) to attend appointments, child or elder care expenses, language interpretation/translation services. These expenses will generally be directed to Contractual or Commodities. Any costs must be evidenced with invoicing, receipts, proofs of payment, etc.

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.

Food and Beverages

Expenses to cover the purchase of food or beverages for any reason are not allowed.

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 SUBMISSION

Each submitted Budget Proposal will be evaluated to ensure requests align with implementation of Patient Safety Bundles and/or other AIM-related activities. Once all proposals from AIM hospitals have been received by the due date, the RFP Contact Officer will perform an initial review of the proposals to assure that administrative and submission requirements are met. A Financial Evaluation Committee will assemble virtually within two business days of the submission deadline to ensure all proposals adhere to state and federal accounting guidelines.

APPENDIX A

APPLICATION COVER PAGE

Request for Proposal
Mississippi AIM Facilities
Mississippi State Department of Health

This form must be submitted as the cover page to your organization's application in response to the RFP.

Applicant Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Project Title: _____

| Tax ID/EIN: | Unique Entity Identifier (UEI): | Mississippi MAGIC Number |
|-------------|---------------------------------|--------------------------|
| | | |

Primary Contact Person for RFP Correspondence:

Name: _____ Title: _____

Phone: _____ Email: _____

Is this applicant registered IN GOOD STANDING with the MS Secretary of State Office as a corporation, limited liability company, limited partnership, other business, or non-profit entity?

_____ YES
_____ NO Explain: _____

Total Amount of Funding Requested: _____

Is the applicant willing to accept less than the requested amount?

_____ YES
_____ NO

Signature – Primary Contact Person Date
Print Name and Title: _____



CONFLICTS OF INTEREST

(Please attach additional pages, as needed, to address each question)

- 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 |
|-------------------|---------------|----------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

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

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- 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.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- 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 C

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 | |
| <p>Title or Position Annual Salary (\$ _____) % Time Allocated to Subgrant = _____% [Avg. _____hours/week] 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>**Each grant-supported staff position must be a separate line item under this category. Add rows if needed.</i></p> | \$ |
| Personnel Total | \$ |
| FRINGE (@ _____%) | |
| <p>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 _____% _____ _____% _____</p> | \$ |
| Fringe Total | \$ |
| TRAVEL | |
| <p>List all anticipated travel expenditures and identify which objective(s) of the work plan is/are supported with this line item funding.</p> | \$ |
| 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 | |
| NOT ALLOWABLE. | \$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 | \$ |