



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Advancing Maternal and Infant Health Through Health Systems Partners Project

Request for Proposal (RFP)

Maternal and Infant Health Bureau - Healthy Start Enhanced Program
Mississippi State Department of Health
Due Date: March 3, 2025

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

TABLE OF CONTENTS

Section	Content	Page
1.0	Invitation	3
2.0	RFP Timeline	3
3.0	General Information and Submission Instructions	3
3.1	RFP Contact Officer	3
3.2	Proposal Presentation	3
3.3	Proposal Submission	4
3.4	Award Details	4
3.5	Type of Award	4
3.6	Notification	5
3.7	Post-Award Orientation and Training	5
3.8	Reimbursement	5
4.0	Program Background and Mission	6
5.0	Applicant Eligibility Requirements	7
5.1	Eligible Organizations	7
5.2	Organizational Capacity	7
6.0	Conflicts of Interest	8
7.0	Expected Subgrantee Activities (Statement of Work)	9
8.0	Data Reporting Requirements	10
9.0	Monitoring	10
10.0	Performance Measures	11
11.0	Expected Detail for RFP Application (Proposal) Components	12
11.1	Required Components	12
11.2	Budget Narrative Guidance	13
12.0	Review and Evaluation of Applications	17
12.1	Selection	17
12.2	Priority Considerations	17
Appendix		
A	Application Cover Page	
B	Conflict of Interest Form (Form 1244)	
C	Example Budget Narrative Template	



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1.0 INVITATION

Established health systems are invited to submit a proposal in response to Advancing Maternal and Infant Health through Health Systems Partners 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

Table with 2 columns: Event, Dates. Rows include: Announcement of Funding Opportunity (January 22, 2025), Proposal Application Submission Deadline (March 3, 2025 @ 5:00 PM (CST)), Notification of Intent to Award (March 31, 2025), Period of Performance (18 months, April 1, 2025 to September 30, 2026).

3.0 GENERAL INFORMATION & INSTRUCTIONS TO SUBMIT

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

Table with 2 columns: ID, Content. Row 3.1: RFP Contact Officer. Content: All communications concerning this RFP must be directed in writing to the contact person listed below. Any oral communication will be considered unofficial and non-binding on the agency. Dr. Vernesia Wilson, Bureau Director, Mississippi State Department of Health, Maternal and Infant Health Bureau, 570 E. Woodrow Wilson, Jackson, MS 39126, Email: vernesia.wilson@msdh.ms.gov

Table with 2 columns: ID, Content. Row 3.2: Proposal Presentation. Content: Acceptable proposals will adhere to the following: Page Size: 8.5 x 11, Font: Arial, Times New Roman, or Calibri, Font Size: 12pt, Spacing: Single, Margins: 1-inch all sides, Page Numbers: Required on all pages.

		<p>Tables/Charts: Clearly labeled, referenced, and relevant.</p> <p>Header or Footer: Must include organization’s name and page number.</p> <p>Acronyms: Spell out the first time they are used.</p> <p>Page Limit: 10 (including Appendix A and B)</p>
3.3	Proposal Submission	<p>Proposals <u>must be submitted via e-mail to Caroline.Petty@msdh.ms.gov with the following in the subject line:</u></p> <p>MSMIHB RFP_ (name of your Health System) 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 unless requested by the RFP Contact Officer.</p>
3.4	Award Details	<p>Award Floor \$75,000 (minimum for the budget proposal) Award Ceiling \$225,000 (maximum for the budget proposal)</p> <p>Total Number of Awards (Anticipated) 1</p> <p>Total Amount of Available Funding (Anticipated) \$ 250,000</p> <p>Funding Source Funding for this RFP is ANTICIPATED under Federal award number 6 H49MC52119, Healthy Start Initiative-Eliminating Racial/Ethnic Disparities from the Health Services and Resources Administration (HRSA); CDFA 93.926, Statutory Authority: 42 U.S.C. § 254c-8.</p>
3.5	Type of Award: Cost Reimbursed Subgrant	<p>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, Maternal and Infant Health Bureau. 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.</p>

3.6	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 March 31, 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 MIHB 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 sign. A subgrant is not valid until it is signed by both parties.</p>
3.7	Post -Award Orientation and Training	<p>The recipient will be required to have a minimum of two individuals participate in a mandatory MIHB Subgrantee Orientation. The project director or Chief Executive Officer 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.</p>
3.8	Reimbursement	<p>The applicant selected for this 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

The Northeast Mississippi Healthy Start Enhanced program is a federally funded initiative aimed at reducing infant mortality and improving maternal and infant health outcomes in six counties in the Northeast Mississippi region: **Clay, Chickasaw, Lee, Lowndes, Monroe, and Prentiss**. The program is funded through a grant from the Health Resources and Services Administration (HRSA). The purpose of the program is to reduce infant mortality and improve the health outcomes of both mothers and infants in the region through a variety of services and support. Services include prenatal care coordination, maternal education, family support resources, and community outreach efforts to connect families with essential health services. The program accepts referrals from health department clinics, other MCH programs such as WIC, OB/GYNS, pediatricians, community, and self-referrals. In addition, the program works collaboratively with the Northeast MS Healthy Start Consortium using a robust outreach and engagement strategy which includes community events, presentations, and partnerships with local organizations to increase awareness of the program and services offered.

Through this RFP, the Mississippi Department of Health (MSDH) is seeking to identify a health systems

partner to oversee the delivery and administrative responsibility for providing clinical OB/GYN and pediatric services to enrolled Healthy Start participants in the target counties of Mississippi.

These services should include a range of maternal and infant health services, such as:

- Prenatal care, including ultrasounds
- Provision of or referrals to other providers for labor and delivery care and management
- Postpartum care
- Well-baby visits
- Well-woman visits for women of reproductive age
- Preconception and interconception education and counseling
- Pregnancy testing
- Referrals (dental, mental health services, primary care, social services)
- Other services, including insurance enrollment, lab services, STI screening, vaccines, etc.

It is expected that the health systems provider will conduct patient visits at least 3-4 days per week, will be accessible in a brick and mortar setting and/or mobile clinic setting. It is expected that the health systems partner will accept public and private insurance, collecting co-pays and billing those insurances accordingly for patient services, or offer services on a sliding-fee scale or at no charge for patients with no insurance.

5.0 APPLICANT ELIGIBILITY REQUIREMENTS

Applicants should critically evaluate if their organizations are eligible, are able to meet the organizational capacity expectations, can fully commit to carrying out expected activities in the statement of work, and can meet deliverable and reporting expectations before preparing a proposal for funding.

5.1 Eligible Organizations

MSDH anticipates awarding subgrant(s) to subrecipient(s) who meet all of the following criteria:

Health Systems Partner
<ul style="list-style-type: none">• Is an <u>already established provider</u> of maternity care and infant care services with the capacity and ability to provide direct services.• Can provide outreach and/or educational services focused on improving maternal and infant health outcomes of target populations.• Has direct on-staff clinical and/or non-clinical professionals or access to, including but not limited to: Obstetricians (OBs), Gynecologists (GYNs), Certified Nurse Midwives (CMWs), Advanced Practice Registered Nurses (APRNs), Registered Nurses (RNs), Neonatologists, Pediatricians, Family Medicine Practitioners, Community Health Workers (CHWs), and/or Social Workers (SWs) who can provide timely patient navigation and follow-up for patients needing case management for referral and support services.

5.2 Organizational Capacity

All applicants must meet these additional eligibility requirements.

1. **System for Award Management (SAM) Registration:** All applicants are required to register with System for Award Management (SAM) and submit proof of current registration with their subgrant application.
2. **Unique Entity ID:** All applicants must obtain and report a Unique Entity ID
3. **Appropriately trained, licensed, or certified staff.** Any staff providing services or otherwise carrying out grant activities must receive proper training and must possess any applicable professional licensure or certifications required by Title 73 of the Mississippi Code.

4. **Compliance with Regulatory Agencies.** All applicants should ensure that its operations are following any applicable federal, state, or local regulatory provisions, including, but not limited to, zoning and land use regulations, permitting or inspection requirements, criminal history or other background checks, provider exclusion checks, or certification and licensure requirements.

5. **Compliance with MSDH Subgrant Policies and Procedures.** The MSDH Subgrant Policies and Procedures provides guidance to the prime grantee and its subgrantees for the development, execution, and monitoring of subgrants to ensure that funds are used for the purposes for which they are awarded and to safeguard public monies to the greatest extent possible. The policies are adapted from The Office of Management and Budget's (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (commonly called "Uniform Guidance"), and do not include all requirements imposed on MSDH or its subgrantees by prime funders. This information is available for review at:
https://msdh.ms.gov/msdhsite/_static/resources/1624.pdf

6. **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.

7. **Financial Resources**

The organization must have adequate financial resources to meet program deliverables without advance payment from MSDH (MSDH will reimburse for services and activities upon delivery and receipt of quarterly itemized invoices).

8. **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.

6.0 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 any reviewer 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.

7.0 EXPECTED SUBGRANTEE ACTIVITIES (STATEMENT OF WORK)

The selected recipient(s) must:

Health Systems Partner	
1)	Oversee the delivery and administrative responsibility for providing clinical OB/GYN and pediatric services to enrolled Healthy Start participants in Lowndes, Monroe, and Clay counties.
2)	Have direct on-staff clinical and non-clinical professionals or access to, including but not limited to: Obstetricians (OBs), Gynecologists (GYNs), Maternal Fetal Medicine (MFM) Specialists, Certified Nurse Midwives (CMWs), Advanced Practice Registered Nurses (APRNs), Registered Nurses (RNs), Neonatologists, Pediatricians, Family Medicine Practitioners, Community Health Workers (CHWs), and/or Social Workers (SWs) who can provide timely patient direct services, care, navigation and follow-up for patients needing case management for referral, support, and/or specialized services.
3)	Provide these (and/or similar) maternal and infant health services: <ul style="list-style-type: none">• Prenatal care, including ultrasounds• Provision of (or referrals to other providers for) labor and delivery care and management• Postpartum care• Well-baby visits• Well-woman visits for women of reproductive age• Preconception and interconception education and counseling• Pregnancy testing• Referrals (dental, mental health services, primary care, social services)• Other services, including insurance enrollment, lab services, STI screening, vaccines, etc.)
4)	Operate a routine patient schedule, allowing for at least 3-4 days per week wherein maternity and infant health services are accessible in a brick and mortar setting and/or mobile clinic setting.
5)	Accept public and private insurance for maternal and infant health services, collecting co-pays and billing those insurances accordingly for patient services.
6)	Offer maternal and infant health services on a sliding-fee scale or at no charge for patients with no insurance.
7)	Provide patient and system level data reporting through a mutually agreed upon data

- 8) submission process pursuant to reporting and deliverable requirements.
Be available to receive training and technical assistance from MIHB on a schedule and as needed basis.

8.0 DATA REPORTING REQUIREMENTS

Applicants are strongly advised to review the following section and all attachments to ensure these reporting requirements can be met with existing electronic health records, data systems, and other resources. No additional time or flexibility will be allowed for recipients to develop or implement entirely new or untested data collection processes. The proposal must specify the applicant’s ability to meet these reporting demands with existing resources within the reporting timeframes.

The proposal must also specify or describe the organization’s data management policies, procedures, and plans to include: 1) security of networks, servers, clouds, and emails; 2) electronic and physical storage of protected health information; 3) the entity’s retention and destruction plan for electronic and physical data; 4) personnel that will have access to data; 5) reporting data to ensure privacy and anonymity to funder or other covered entities; and 5) protocol for handling breaches including informing the funders of any potential breaches.

9.0 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.

HEALTH SYSTEMS PARTNER			
Deliverable	Format	Requirement Details	Due Date(s)
MIHB 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 Notice of Intent to Award
Quarterly Progress Report	Standard Word template to be provided by MIHB within 30 days of due date.	Must include required health system and patient-level data. 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.	Quarterly, by the 20 th working day of the next month (Ex: April 1 – June 2025 period due July 20, 2025) through the end of the period of performance.
Quarterly Invoice	Example will be provided in Subgrantee	Must provide itemized listing of expenses incurred within the quarter and receipts,	

	Orientation.	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	Example will be provided in Subgrantee Orientation.	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>	<i>TBD. Not before the conclusion of the first quarter of the award.</i>

Final Progress Report	Standard Word template to be provided within 30 days of due date.	Must summarize the recipient's process and progress in fulfilling all work plan activities, meeting performance measures, successes, barriers, and lessons learned across the entire 18-month period of performance. Must detail the recipient's use of data to inform decision-making for activities, changes, and continued quality improvement. Must provide an account of all subgrant funds obligated and unobligated. Will include Subgrantee Inventory Closeout Report.	January 31, 2027
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10.0 PERFORMANCE MEASURES

Collaboratively, the recipient and MIHB will monitor the recipient's success in achieving performance measures. Data submitted on enrollment and follow-up documentation for patients enrolled in the Healthy Start Program receiving clinical services through the health system will be monitored for quality to assure MIHB is able to accurately report on the following measures to HRSA. While recipients are not expected to monitor or report on these measures separate from the above noted reporting expectations, all activities proposed and executed by a recipient should be considered for how they will support achieving the measures outlined below:

Measure Type	HEALTH SYSTEMS PARTNER Performance Measure
Screening Priority Populations	Number of pregnant women and infants enrolled in the Healthy Start program who are referred, screened, and admitted (inpatient or outpatient) via a healthcare facility (ties).
High Risk Population	Number of pregnant women enrolled in the Healthy Start program who are deemed high-risk during and after pregnancy. Number of infants enrolled in the Healthy Start program who have health-related risk

	factors (i.e. mental/physical disabilities, genetic conditions, etc.).
Provided Services	Number of pregnant and post-partum women and infants enrolled in the Healthy Start program who receive services by type of service(s) provided (prescriptions, diagnostics, gynecological, contraception, counseling, labs, well-baby, etc.).
Delivery/Births	Number of pregnant women enrolled in the Healthy Start program who delivered and where they delivered (provide date of delivery and date of discharge)
Demographics	Monthly demographic (name, DOB, age, race, ethnicity, etc.) report on the overall number of Healthy Start patients seen by clinical staff
Referrals	Number of pregnant and postpartum women and infants enrolled in the Healthy Start program who are referred to additional external providers/services.
Well Woman Visits	Number and demographics of women enrolled in the Healthy Start program who had a well woman visit. [include dates for visits]

11.0 EXPECTED DETAIL FOR RFP APPLICATION (PROPOSAL) COMPONENTS

Applicants should refer to Section 3.0 when preparing application responses to ensure 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.

11.1 Required Components

Cover Page	
All applicants must complete the form in Appendix A as the cover page to the application. <i>Provides name and complete address of the organization, federal ID or EIN number, UEI number, NPI 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>
Organizational Capacity	<i>Experience in and capacity for providing clinical OB/GYN and pediatric services, public education and outreach, and patient navigation services. Identify all key personnel that will be responsible for oversight, management, and implementation of the project. Explain how project staff will be supervised and provide job descriptions for all staff funded in this proposal in the appendices. Job descriptions must include job titles, lines of supervision, responsibilities, education, and experience that reflect the appropriate skills and capacity to deliver the program to the community served. Address capacity for meeting expectations for data collection, reporting, and managing project. Address the organization's data management policies, procedures, and plan (Refer to Section 9.0 to assure all information is addressed).</i>
Collaborative Partners	<i>Describe the organization's ability to engage partners, stakeholders, and community leaders 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	
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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 enrolled Healthy Start Enhanced participants. This must clearly correspond to how the applicant will meet the expectations of the statement of work described in Section 8.0</i>
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Budget Information	
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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. See Section 12.2 for additional guidance.</i></p>
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Appendix	
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<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 program. (Required)</i> <i>Job descriptions for any staff funded or supported under the program. (Required)</i> <i>A completed Conflict of Interest (Form 1244) – Appendix C (Required)</i> <i>Federal Negotiated Indirect Cost Rate Agreement (if applicable)</i> 	
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11.2 Budget Narrative Guidance

The budget narrative must address the required budget categories, which must be used to determine the correct budget categories for expenses and reimbursements. Federal funds must be used to supplement existing federal, state, local, and other funds for programming 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	Allowable: Costs to cover the <u>expansion</u> of the scope(s) of work of existing staff or to hire new staff to increase access to maternal and infant health services for Healthy Start Enhanced enrolled participants.	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

	<p>Costs to cover the expansion of the scope(s) of work of existing staff or to hire new staff to complete administrative, monitoring, reporting requirements, and oversee quality improvement programming are allowable.</p> <p>Costs to support extended clinic operating hours (i.e., after hours, weekends) (i.e., staff schedules) when doing so reduces structural barriers for patients to access maternal and infant health services.</p>	<p>and an indication of the costs to be paid from the grant or in-kind to the project.</p> <p>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.</p>
	<p>Not Allowable: Costs to cover salary/fringe of <u>clinical</u> staff proportional to the percentage of time spent providing <u>direct</u> maternal and infant health services to individual patients (i.e., HCSPS procedures) that would otherwise be reimbursed by insurance or self-pay.</p> <p>Costs to cover salary/fringe of any staff person whose costs are otherwise covered by federal, state, local, or other funds.</p>	
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	<p>Allowable: In-State Local mileage, meals, lodging, for in-state travel to allow subgrant-supported staff to travel between clinics/sites within the recipient’s health system and catchment area to perform grant-related activities.</p>	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: Out-of-State Costs to cover airfare, mileage, meals, lodging, luggage fees, ground transportation, etc. required for out-of-state travel to participate in 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 contracts with other providers wherein the provider's services are not otherwise reimbursed by insurance or self-pay, 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, exam room supplies, supplies, books/ manuals, 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	Not-Allowable: Costs to cover equipment, furniture, fixtures (office desks, chairs, computers, telephone systems, exam room equipment, medical equipment, 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.	N/A
Indirect Cost	If applicant is seeking indirect costs, this should be included in this section. De minimis rate of ___% of modified total direct cost allowed if the subgrantee does not have a federally negotiated rate. Indirect cost includes costs which are frequently referred to as overhead expenses. Some examples are rent, utilities, office equipment rental, insurance, and administrative salaries.	Describe and itemize the indirect costs which will be supported. Provide copy of Federal Negotiated Indirect Cost Rate Agreement if claiming higher than ___%.
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 maternal and infant health services, recipient's related activities, inform the public about the Healthy Start Enhanced 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 through Patient Navigation

Expenses that are directly related to reducing patient-specific, identifiable barriers that prevent or create obstacles for accessing maternal and infant health services. Some examples include transportation assistance (i.e., pre-paid gas/fuel cards, bus passes, cab/Uber/Lyft fare) to attend maternal and infant health appointments, child or elder care expenses, language interpretation/translation services. These expenses will generally be directed to Contractual or Commodities. **To be reimbursed, these expenses must be directly related to single, identifiable patients enrolled in the Healthy Start Enhanced Program.** Any costs must be evidenced with invoices, receipts, and proofs of payment. Reimbursement will not be provided for services provided to individuals who are NOT enrolled in Healthy Start Enhanced Program.

Professional Development

Expenses to cover activities aimed at developing and enhancing the skills of direct clinical and non-clinical staff, so that they are better able to offer quality maternal and infant health services, including, but not limited to manuals, books, webinars, trainings, and supplemental resources is allowable. These expenses will generally be directed to Contractual or Commodities.

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.

Patient Incentives

Expenses to incentivize patients, including cash, gift cards, or electronic transfer of funds via Cash App, PayPal, Venmo, etc. for enrollment in Healthy Start Enhanced, appointment compliance, etc. are not allowed.

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.

Mass Media Campaigns

Mass media campaigns typically use fixed messages to reach large and broad audiences using television, social media, radio, billboards, newspapers, and other print media. Narrowing mass media to reach very specific populations is generally challenging.

12.0 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 MIHB.

12.1 Selection

Points will be awarded based on the responsiveness and extent to which the applicant addresses all expected details. Grant awards will be recommended based on the total score given by the RFP Evaluation Committee. At its discretion, the Evaluation Committee may recommend an award contingent on revision of the work plan, budget, or submission of additional information for a proposal. During the final review, MIHB 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 the project will be continued, nor is there a guarantee that the requested amounts of funding will be awarded.

12.2 Priority Consideration

Health systems with two or more clinics/sites submitting a responsive application will be given priority in consideration. For instance, a federally qualified health center (FQHC) is often comprised of many clinic sites across a broad geographic area. Applicants should propose implementing activities in either all or a subset of clinics.

Projects which increase support for underserved and historically marginalized populations, particularly communities of color, in a culturally appropriate manner, with a special emphasis on addressing the African American, Asian/Pacific Islander, Hispanic, tribal, and Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ+) communities, as well as individuals with disabilities and Deaf individuals will be given priority in consideration.

APPENDIX A

APPLICATION COVER PAGE

Request for Proposal

**Advancing Maternal and Infant Health Through Health Systems Partners Project
Maternal and Infant Health Bureau - Healthy Start Enhanced Program
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):	NPI #:

Primary Contact Person for RFP Correspondence:

Name: _____ Title: _____

Phone: _____ Email: _____

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:

APPENDIX B



MISSISSIPPI STATE DEPARTMENT OF HEALTH

CONFLICTS OF INTEREST

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

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

MSDH Program Name	Dollar Amount	Beginning Date	Ending Date

12.2.2 Please list the name of each member of your organization’s Board of Directors or other governing body (i.e., trustee, alderman, partner, owner).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12.2.3 Are any members of the governing body or project staff also MSDH employees, MSDH Board Members, or spouses, parents, or children of MSDH employees? Yes No

If **yes**, please complete the following:

Name	MSDH Board Member/MSDH Employee/Relative	Position held with MSDH

12.2.4 If you answered **yes** to #3, please answer the following:

12.2.4.1 Does the MSDH Board Member, Employee, or Relative receive more than \$2,500.00 per year in income from the business? **Yes** **No**

12.2.4.2 Does the MSDH Board Member, Employee, or Relative own ten (10%) percent or more of the fair market value in the business, either directly or indirectly through another business? **Yes** **No**

12.2.4.3 Does the MSDH Board Member, Employee, or Relative have ownership interest in the business in which the fair market value exceeds \$5,000.00? **Yes** **No**

12.2.4.4 Is the MSDH Board Member, Employee, or Relative a director, officer, or employee of the business? **Yes** **No**

I hereby certify that the information set forth above is true and complete to the best of my knowledge and that no MSDH employee, spouse, parent, or child of an MSDH employee, serves as a member of the governing body, project staff, or has an ownership or pecuniary interest in the agreement/contract or organization. I agree to notify MSDH within thirty (30) days if any of these conditions change during the agreement/contract.

Name

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	
Title or Position Annual Salary (\$_____) % Time Allocated to Subgrant = _____% [Avg. _____hours/week] <i>Identify the specific activities 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 included 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 activities 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 activities 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 activities 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 ____%. Indirect cost includes costs which are frequently referred to as overhead expenses. Some examples are rent, utilities, office equipment rental, insurance, and administrative salaries.	\$
Indirect Total	\$