



REQUEST FOR APPLICATIONS (RFA)

2021 SHARE INITIATIVE

Date of Issue : 23 March 2021

**Closing Date and Time : 29 April 2021
At 4:00 PM PST**

Single Point of Contact

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SECTION 1. GENERAL INFORMATION

1.1 Introduction

The Oregon Health Authority (OHA) developed the *Supporting Health for All through Reinvestment*, or *SHARE Initiative*, to implement the legislative requirement of House Bill 4018 (Oregon Legislature, 2018) which aims to address Social Determinants of Health (SDOH). The *SHARE Initiative* begins in 2021. The primary goals are to: (1) Safeguard public dollars by requiring that a portion of Coordinated Care Organization's (CCO's) profits are reinvested in their respective communities; and, (2) Improve Member and community health by requiring reinvestments go toward upstream factors that impact health.

Advanced Health, a CCO providing Medicaid services to Members residing in Coos and Curry Counties of Oregon, requests Applications from qualified Applicants pursuant to the *SHARE Initiative*. Successful Applicants will be awarded Cooperative Agreements and will become *SHARE Initiative* Awardees.

1.2 Schedule

Event	Date
RFA Released http://advancedhealth.com/community-focus/SHARE/	23 March 2021
Questions/Requests for Clarification Due SHARE@advancedhealth.com	30 March 2021
Answers to Questions/Requests for Clarification Posted to Advanced Health Web Site http://advancedhealth.com/community-focus/SHARE/	03 April 2021
Applications Due by 4:00 PM, Pacific Standard Time SHARE@advancedhealth.com	29 April 2021
Funding Decision Made by Advanced Health's Board of Directors	19 May 2021
Cooperative Agreements Negotiated with Successful Awardees	09 June 2021
<i>SHARE Initiative Spending Plan</i> Submitted to OHA for Approval	30 June 2021
Estimated Date for OHA Approval, Modification, or Rejection of Advanced Health's <i>SHARE Spending Plan</i>	01 September 2021
Estimated Date for Notices to Proceed to be Issued to Successful Awardees following OHA Approval	10 September 2021
Year One Performance Period	10 September 2021 – 31 August 2022
Year Two Performance Period	01 September 2022 – 31 August 2023

1.3 Single Point of Contact

The Single Point of Contact (SPOC) for this Request for Applications (RFA) is Ms. Anna Warner, Advanced Health's Executive Program Director. Applicants shall direct all communications related to any provision of this RFA only to the SPOC, whether about the requirements of the RFA, conditions and requirements of resulting Cooperative Agreements, the RFA process, or any other provision. Questions and/or requests for clarification regarding this RFA may be only be submitted electronically to SHARE@advancedhealth.com, and must be received by 5:00 PM on 30 March 2021. Responses will be posted to Advanced Health's web site <http://advancedhealth.com/community-focus/SHARE/> by 5:00 PM on 3 April 2021. In fairness to all Applicants, a silent period will occur between 30 March and 19 May, during which time no additional questions or requests for clarification will be accorded with responses. Any Applicant who attempts to make inquiries or influence the application scoring and selection process after the date of 30 March 2021 may be disqualified.

SECTION 2. DEFINITIONS

ACES: *Adverse Childhood Experiences*

Applicant: *The Applicant is the single agency or entity that concurrently serves as the backbone organization for the Collective Impact Consortium and as the managing partner and fiscal agent for the proposed project. The roles of backbone organization, managing partner, and fiscal agent may not be separated, but must be directly performed by the Applicant organization. If the Applicant is successful, the Applicant will become an Awardee.*

Application: *The Application is the completed and compliant three-part document that is submitted to Advanced Health for review and evaluation; its component parts include a Program Narrative, Detailed Line-Item Project Budget, and Institutional File.*

Awardee: *An Awardee is a successful Applicant that has entered into a written and binding Cooperative Agreement with Advanced Health.*

Collective Impact Consortium: *The Collective Impact Consortium is the wide array of community partners who have come together and who agree to work collaboratively and share resources to address a complex problem. Members of the Collective Impact Consortium select the backbone organization which will serve as the Applicant. The Coos and Curry Community Advisory Councils have formed working committees on housing and homeless, and nutrition. It is anticipated that at least some of the entities currently participating in the Coos Housing CHIP and Curry Housing CHIP will be represented as members of the Collective Impact Consortium for any Housing and Homelessness Application for their respective communities. Similarly, it is anticipated that at least some of the entities currently participating in the Curry Nutrition CHIP and Coos Nutrition CHIP will be represented as members of the Collective Impact Consortium for any Nutrition Application for their respective communities.*

Collective Impact Model: *Collective Impact describes an intentional way of working together and sharing information and resources for the purpose of solving a complex problem.*

Cooperative Agreement: *A Cooperative Agreement is distinguished from a grant in that it provides for substantial involvement among the awarding party (i.e., Advanced Health) and the Awardee and Sub-Awardees in carrying out the activities contemplated by the award. It is best to think of a Cooperative Agreement as an agreement under which the parties work side-by-side to identify and resolve barriers, modify program elements to attain the best possible outcomes, undertake changes in scope, or mutually engage in the re-budgeting of resources.*

Direct Costs *are the expenses that directly go into providing the services or constructing the housing that are contemplated in this RFA. Examples of direct costs include direct labor, fringe benefits for direct labor, program-specific travel; program-specific professional development; program materials; and capital purchases, construction, or renovation.*

Evidence-Based Best Practices means well-defined practices that are based directly on scientific evidence and that have been demonstrated to be effective through peer-reviewed research studies

Health Disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged, rurally isolated, or minority populations

Indirect Costs are expenses that apply to more than one program within an organizational operating budget and are not specifically attributable to the direct costs of providing the services or constructing the housing that are contemplated in this RFA. Indirect costs may include, but are not limited to: administrative overhead including executive personnel; essential facilities; support personnel; utilities; rents; depreciation; liability insurance premiums; general office supplies; accountancy services; and information technology services and supports. Consistent with Advanced Health's contractual agreement with the Oregon Health Authority, indirect costs are strictly limited to eight percent (8%) of total program costs. For the Awardee, the calculation of indirect costs is based on all program costs, less the value of Sub-Awardee costs, to permit Sub-Awardees to also claim their share of indirect cost reimbursements.

Institutional File is a component of the Application that includes elements of the desk-level Readiness Review, certifications, assurances, and organizational documents

Permanent Supportive Housing combines lease-based, affordable housing with tenancy supports and other voluntary services to more effectively serve the most vulnerable populations. This includes people who are homeless or at risk of becoming homeless, and people who are institutionalized or at risk of institutionalization. Permanent Supportive Housing generally refers to a specific building or site dedicated to providing deeply affordable housing paired with housing supports.

Readiness Review means a determination by Advanced Health that an Applicant is qualified to hold a Cooperative Agreement

SHARE Initiative: The Oregon Health Authority (OHA) developed the "Supporting Health for All through Reinvestment", or "SHARE Initiative," to implement the legislative requirement of House Bill 4018 (Oregon Legislature, 2018) which aims to address Social Determinants of Health (SDOH). The primary goals are to: (1) Safeguard public dollars by requiring that a portion of Coordinated Care Organization's (CCO's) profits are reinvested in their respective communities; and, (2) Improve member and community health by requiring reinvestments go toward upstream factors that impact health.

Social Determinants of Health and Health Equity (SDOH+E) means the social, economic, political, and environmental conditions in which people are born, grow, work, live, and age. These conditions significantly impact length and quality of life and contribute to health inequities. Social Determinants of Health include, but are not limited to: poverty; education; employment; food

insecurity; diaper insecurity; housing; access to quality child care; environmental conditions; trauma/adverse childhood experiences; and transportation. SDOH+E means the systemic or structural factors that shape the unfair distribution of the social determinants of health in communities. Institutional racism is one example. Together, SDOH+E is the combined factors of the Social Determinants of Health and the Social Determinants of Health Equity.

Sub-Applicant *means any member of the Collective Impact Consortium that has agreed to be included as a participant in the Application and the Application's activities. If the Application is successful, certain identified Sub-Applicants will become Sub-Awardees.*

Sub-Awardee *means any member of the Collective Impact Consortium that has entered into a formal written agreement (i.e., Letter of Engagement; Memorandum of Understanding) with the Awardee for any portion of the work that is to be performed under the Cooperative Agreement issued by Advanced Health.*

Supported Housing *is permanent housing with tenancy rights and support services that enables people to attain and maintain integrated affordable housing. Support services offered to people living in Supported Housing are flexible and are available as needed and desired, but are not mandated as a condition of obtaining tenancy. Tenants have a private and secure place to make their home, just like other members of the community, with the same rights and responsibilities. Supported Housing enables individuals with disabilities to interact with individuals without disabilities to the fullest extent possible. Supported Housing is scattered-site, with no more than twenty percent (20%) of the units in any building to be occupied by individuals with known disabilities. Supported Housing has no more than two people in a given apartment or house, with a private bedroom for each person. If two people are living together in an apartment or house, the individuals must be able to select their own roommates. Supported Housing providers cannot reject individuals for placement due to medical needs or substance abuse history.*

Trauma-Informed *means a program, organization, practice, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization*

SECTION 3. SCOPE OF PROJECTS

3.1 Overview

Each CCO is legislatively required to select three SDOH+E domains in which funding will be awarded, one of which must be consistent with the statewide housing priority. Health Equity occurs when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, or other socially determined circumstances. SDOH+E domains selected by the CCO must align with priorities from the *Community Health Improvement Plans*.

Advanced Health's Curry County Community Advisory Council, and Coos County Community Advisory Council, in collaboration with Advanced Health Members and community stakeholders, each undertook a *Community Health Assessment*, and based on those assessments, developed *Community Health Improvement Plans*. [These documents are available on Advanced Health's web site.] Advanced Health's Program Committee reviewed the *Community Health Assessments* and *Community Health Improvement Plans*, and in concert with twenty-five (25) independent key informants who were not affiliated with community-based organizations, sought to identify gaps in services as well as causal relationships among SDOH factors and those Health Disparities which evidence the greatest presence in the community. Drawing from this knowledge, the Program Committee identified three categories of potential SDOH+E priorities and submitted these recommended categories to the Coos and Curry County Community Advisory Councils for consideration. The consolidated recommendations of the Program Committee, Curry County Community Advisory Council, and Coos County Community Advisory Committee for the *SHARE Initiative* were submitted to Advanced Health's board of directors and approved at their meeting of 17 March 2021. To this end, this RFA solicits Applications in the following categories:

- Housing and Homelessness;
- Nutrition; and,
- Trauma-Informed Child Care (for Ages 0 to 5) that Supports Workforce Development and Employment.

3.2 Application of the Collective Impact Model

Applicants are required to apply a *Collective Impact* model. *Collective Impact* describes an intentional way of working together and sharing information and resources for the purpose of solving a complex problem. Proponents of Collective Impact believe that the approach is more likely to solve complex problems than if a single non-profit undertaking were to approach the same problem on its own, or independent of other efforts. While Collective Impact seems very similar to plain old "collaboration," there are certain characteristics that distinguish Collective Impact initiatives – and make them successful.

In a Collective Impact initiative, the participants are often a combination of individuals, organizations, grant-makers, and even representatives from the business community, government, equity coalitions, and consumer advocates. The following are elements that are required in every Collective Impact framework:

- The participants, or members of the Collective Impact Consortium, share a vision of change and a commitment to solve a problem by coordinating and integrating their work; that is, they agree on shared goals and shared outcome measures.
- Members of the Collective Impact Consortium agree to measure or monitor many of the same things, so that they can learn across the initiative and hold each other accountable.
- To be most effective, the activities of all members of the Collective Impact Consortium are coordinated by a “backbone organization.” [For the purposes of Advanced Health’s *SHARE Initiative*, the “backbone organization” will also serve as the Applicant, and if successful, as the Awardee.] The backbone is often most responsible for building public will and making sure that the initiative stays focused and moves forward. The backbone also focuses on building a culture that encourages information sharing and candor, and doesn’t shirk from resolving conflicts so that trusted relationships emerge among the members of the Consortium. Typically, the backbone plays an administrative role, such as convening meetings, coordinating data collection, connecting participants with each other, gathering and monitoring outcome data, and facilitating and managing the activities of the initiative, and the relationships, so that, working together, the Collective Impact Consortium is able to remove barriers and become efficient and productive. The backbone also facilitates or attracts financial resources on behalf of the Collective Impact initiative, and appropriately shares these resources with Consortium members.
- Activities of the Collective Impact Consortium are mutually reinforcing because they are designed to remind all Consortium members that they depend on each other to move the initiative forward. Mutually reinforcing activities ensure that the activities of the entire Consortium are aligned, directed toward shared measurement, and are making progress toward common goals and objectives.
- Finally, a successful Collective Impact initiative depends on shared resources and consistent and open communication among all Consortium members, so that everyone is informed and remains motivated and committed over time.

Additional information regarding the Collective Impact model is available at the *Stanford Social Innovation Review*: www.ssir.org/articles/entry/collective/impact

Applicants have considerable flexibility to design integrated and coordinated systems within the Collective Impact model. Applicants should propose Evidence-Based strategies, but may augment those with innovative strategies to ensure adequate flexibility in addressing *SHARE Initiative* priorities. In the section that follows, Advanced Health has provided broad-brush

overviews for each *SHARE Initiative* priority, along with targeted populations and suggestions regarding desired outcomes. Advanced Health believes that Collective Impact Consortia will comprise and aggregate the community's expertise in each priority category, and are best situated to bring forth exciting concepts and models for consideration. To this end, Advanced Health wishes to receive and review the best that the community has to offer, rather than to be prescriptive.

3.3 Housing and Homelessness Program in Coos County

Overview: In Coos County, Advanced Health solicits Applications that will apply Evidence-Based strategies and a Collective Impact model that leverages a multidisciplinary array of community partners (i.e., homeless advocates; social service agencies; housing advocates; housing providers) to: (1) Work at the individual level to, as rapidly as possible, develop temporary housing (i.e., RV community; sanitary tent city; tiny home community; pallet home community) and provide related supports; **and** (2) Work at the community level to contribute funds to efforts to create (i.e., purchase, acquire, construct, or renovate) affordable, leasehold, Permanent Supported Housing. In the interim time, while temporary housing is being developed, limited resources may be used for emergency room and board. Of the total funds available, at least fifty percent (50%) must be devoted to the community level activity.

Target Population(s): The target population for individual level activities is comprised of persons who are unstably housed and who have Health Disparities, or who are at risk of developing Health Disparities. The target population for community level activities is comprised of persons who are currently housed in temporary or transitional housing and who have sufficient means to timely pay affordable rents.

Desired Outcomes: For individual level activities, within nine months of occupancy in temporary housing, program participants will either: establish a new disability claim; enter, complete or maintain behavioral health treatment, if indicated; secure employment; demonstrate work-like or work-preparatory behavior through meaningful volunteer activities that create community attachment; or secure permanent housing. For community level activities: (1) By not later than 30 June 2022, the Awardee will secure 100 percent matching funds; and, (2) By not later than 1 October 2023, the Awardee will produce a certificate of occupancy for at least one structure that is capable of providing Permanent Supportive Housing to at least two households.

3.4 Housing and Homeless Program in Curry County

Overview: In Curry County, Advanced Health solicits Applications that will apply Evidence-Based strategies and a Collective Impact model that leverages a multidisciplinary array of community partners (i.e., homeless advocates; social service agencies; housing advocates; housing providers) to **either**: (1) Work at the individual level to, as rapidly as possible, develop temporary housing (i.e., RV community; sanitary tent city; tiny home community; pallet home community) and provide related supports; **or** (2) Work at the community level to contribute funds to efforts to

create (i.e., purchase, acquire, construct, or renovate) affordable, leasehold, Permanent Supported Housing. In the interim time, while temporary housing is being developed, limited resources may be used for emergency room and board. Of the total funds available, at least fifty percent (50%) must be devoted to the community level activity.

Target Population(s): The target population for individual level activities, if selected as a focus, is comprised of persons who are unstably housed and who have Health Disparities, or who are at risk of developing Health Disparities. The target population for community level activities, if selected as a focus, is comprised of persons who are currently housed in temporary or transitional housing and who have sufficient means to timely pay affordable rents.

Desired Outcomes: For individual level activities, within nine months of occupancy in temporary housing, program participants will either: establish a new disability claim; enter, complete or maintain behavioral health treatment, if indicated; secure employment; demonstrate work-like or work-preparatory behavior through meaningful volunteer activities that create community attachment; or secure permanent housing. For community level activities: (1) By not later than 30 June 2022, the Awardee will secure 100 percent matching funds; and, (2) By not later than 1 October 2023, the Awardee will produce a certificate of occupancy for at least one structure that is capable of providing Permanent Supportive Housing to at least two households.

3.5 Nutrition Program in Coos County, Curry County, or a Combination of Both Counties

Overview: In both Coos and Curry Counties, Advanced Health solicits Applications that will decrease food insecurity while increasing the sustainable availability of healthy and nutritious food for all ages. Advanced Health seeks proposals that will apply Evidence-Based strategies and a Collective Impact model that leverages a multidisciplinary array of community partners (e.g., community gardens; registered dietitians; nutrition educators; nutrition programs; Master Gardener volunteers; Master Food Preparer volunteers; agricultural producers including 4-H and FFA members; Farmer's Market vendors; commercial fisheries; and other resources) to both: (1) Increase the sustainable availability of health and nutritious foods at food banks, food pantries, senior center congregate meal sites, home-delivered meal services, and other settings; and, (2) Improve general nutrition among the project's end-users.

Target Population: The target population is any member of the community who is food insecure and who has a Health Disparity or is at risk of developing a Health Disparity for reasons of improper or poor nutrition.

Desired Outcomes: The successful Applicant will propose time-framed outcomes that measure the increased availability of nutritious foods, the project's capacity to develop sustainable nutritious food supplies beyond the performance period of the Cooperative Agreement, and improved nutrition among program participants.

3.6 Trauma-Informed Child Care Program for Ages 0 to 5, in Coos County, Curry County, or a Combination of Both Counties

Overview: In both Coos and Curry Counties, Advanced Health solicits Applications that will support workforce development and employment programs by providing quality, subsidized, Trauma-Informed child care services that permit parents to enter or re-enter the workforce or to seek and attain education leading to employability. Advanced Health seeks proposals that will apply Evidence-Based strategies and a Collective Impact model that leverages a multidisciplinary cohort of community partners (e.g., parenting educators, early childhood development specialists, family mentors, home visiting programs, certified and registered child care providers, certified and registered pre-school providers, parent-with-child programs, crisis and respite providers, trauma specialists, educators for child care providers, and others) to: (1) Provide child care subsidies to Trauma-Informed and registered or certified child care providers that permit parents with children aged 0 to 5 to enter or re-enter the workforce, or gain additional education that is expected to lead to employability; and (2) Increase the availability, geographic distribution, and quality of Trauma-Informed child care and pre-school providers who are compensated at wage levels of at least \$15 per hour. A portion of the grant resources may be used to train existing child care workers, and new child care providers who are entering the workforce, in ACES, Trauma-Informed practices, how to prevent re-traumatization, and how to make appropriate referrals for children and families who require clinical intervention.

Target Population: The primary target population is comprised of low- and moderate-income adults who have Health Disparities, or are at risk of developing Health Disparities, and for whom quality, subsidized child day care, evening care, or pre-school would make a difference in access to employment or employability. A secondary target population, not to exceed twenty percent (20%) of all program participants, may be comprised of parents who evidence elevated ACES score and their children, aged zero to five, or children who have been exposed to trauma, and for whom participating in an enriching and Trauma-Informed day care or pre-school program is expected to produce gains in resiliency factors.

Desired Outcomes: The successful Applicant will propose a range of time-framed outcomes that measure proportion of parents able to enter or re-enter the workforce as the result of affordable access to child care, age-appropriate measures of child development and resiliency for children participating in child care or pre-school, increases in the available supply and geographical distribution of Trauma-Informed child day care and/or pre-school providers, increases in family wage earnings among participating child day care and/or pre-school providers, sustainment measures, or other measures selected by the Applicant.

SECTION 4. FUNDS AVAILABLE

4.1 Funds Available

The following table summarizes the funds available under this solicitation for the first budget period, circa 10 September 2021 through 31 August 2022:

Program Category	Coos County	Curry County	Total
Housing and Homelessness: Individual Level	\$100,000		\$100,000
Housing and Homelessness: Community Level	100,000		100,000
Housing and Homelessness: Individual or Community Level		60,000	60,000
Nutrition Program	80,000	20,000	100,000
Trauma-Informed Childcare to Promote Employment	80,000	20,000	100,000
Total Funds Available	\$360,000	\$100,000	\$460,000

Subject to the approval of OHA, Advanced Health’s board of directors, and the availability of funds, it is projected that an identical amount of funds will be available for the second budget period, 1 September 2022 through 31 August 2023. To this end, Applicants are directed to submit proposed budgets for each of two project years (or performance periods). OHA’s *SHARE Initiative* expires on 31 December 2024 and for that reason, funding beyond the two-year range solicited by this RFA may become available

4.2 Method of Distribution

Separate Applications are required in the Housing and Homelessness category for each of Coos and Curry Counties. If an Applicant wishes to apply in the Housing and Homelessness category for both Coos and Curry Counties, separate Applications must be submitted.

Separate Applications are required in the Nutrition and the Trauma-Informed Child Care categories. That is, an Applicant may not propose to provide both nutrition and child care in a single Application. In the Nutrition and Trauma-Informed Childcare categories, a single Applicant may propose to serve Coos County alone, or Curry County alone, or a combination of Coos and Curry Counties. If an Applicant proposes to serve both Coos and Curry Counties, separate budgets and objectives must be provided for each county.

4.3 Matching Funds

No matching funds are required. However, Advanced Health is contractually required to strictly limit administrative overhead, essential facility and supports, and Indirect Costs to a maximum of eight percent (8%). Therefore, if the Applicant organization evidences administrative and Indirect Costs that exceed eight percent (8%) of the amount awarded, these administrative and

Indirect Costs shall be deemed to be matching funds pledged to the project by the Applicant organization.

4.4 Caveats

Because OHA reserves the absolute right to approve all projects funded under the *SHARE Initiative*, Advanced Health reserves the right to award a single, multiple, or no Cooperative Agreements in each category.

SECTION 5. PROCUREMENT REQUIREMENTS

5.1 Eligible Applicants

Advanced Health is contractually obligated to distribute *SHARE Initiative* resources to non-clinical public and private community-based organization. Any entity that submits Medicaid claims, either directly or indirectly, to Advanced Health, or that receives capitation or other forms of Medicaid reimbursement from Advanced Health or its delegates (e.g., ADAPT, Advantage Dental, Coos County Health and Wellness) is ineligible to apply as an Applicant or to participate in the program as a Sub-Awardee. A single exception is made, and that is that a Local Public Health Agency is an eligible Sub-Awardee for program elements that are not Medicaid-billable.

Eligible Applicants and Sub-Applicants include:

- Private non-profit social, human services, or housing organizations;
- Culturally specific organizations;
- Local public health authorities (in a Sub-Awardee position);
- Local units of government (i.e., cities and counties) and their subsidiaries (i.e., departments)
- Government-associated entities (i.e., housing authorities, libraries, juvenile justice);
- Special districts (i.e., school districts, community college districts, fire districts, extension services or agricultural extension tax districts);
- Tribal governments; and,
- Early learning hubs.

Private non-profit entities serving in the role of the Applicant organization must hold tax-exempt status pursuant to IRS 501(c)(3), or have an application for tax-exempt status pending with the IRS as of the date of Application submission that is anticipated to be awarded or determined by the IRS on or before 10 September 2021. IRS determination of tax-exempt status is not required for local units of government, special districts, government-associated entities, or Tribal governments. Non-profit entities serving in the role of Sub-Applicant are not required to have or hold IRS tax-exempt status.

With the exception of Extension Services and Tribal Governments, all Applicants must be domiciled in Coos or Curry Counties. That is, the official registered address on file with Oregon's Secretary of State for the Applicant organization must show a physical address for the corporate headquarters that is located within Coos or Curry Counties. Entities that have corporate headquarters that are not located in Coos or Curry County may participate as Sub-Applicants and Sub-Awardees, but may not serve as the Applicant organization.

Under the Collective Impact model, the organization that is selected by the Collective Impact Consortium, must serve as the Applicant organization, and as the managing partner and fiscal agent for the project. The Applicant organization is ultimately responsible for the success of the

program and may not assign overall program management or fiscal agency to another member of the consortium.

If the Applicant is a private non-profit organization, culturally specific organization, or early learning hub, it must have a governing body that is comprised of at least five unrelated persons, and the governing body must approve the Applicant's submission.

5.2 Minimum Submission Requirements

To be considered for evaluation, the Application Package must contain each of the following elements, and adhere to the guidance provided in this RFA:

- Application Narrative;
- Program Budget; and,
- Institutional File.

The Application Narrative must be electronically submitted in Word, Rich Text, or PDF format by not later than 4:00 PM on 29 April 2021 as an email attachment to SHARE@advancedhealth.com. The electronically submitted document should be captioned as "SHARENarrative-Name or Acronym of Applicant."

The Program Budget must be electronically submitted in Excel, Word, or PDF format by not later than 4:00 PM on 29 April 2021 as an email attachment to SHARE@advancedhealth.com. The electronically submitted document should be captioned as "SHAREBudget-Name or Acronym of Applicant."

The Institutional File is to be completed, printed, signed and dated in blue ink, and mailed in a single copy via United States Postal Service to Ms. Anna Warner, SHARE Initiative, Advanced Health, 289 LaClair St., Coos Bay, OR 97420, such that it arrives at Advanced Health's offices by no later than 10 May 2021.

The Applicant is responsible for assuring that all electronic submissions are actually received and are free of viruses and all other electronic security risks. Applicants should request, from within their own electronic systems, proof of delivery in the form of an email receipt, and should print and save a copy of the electronic receipt for their own records.

5.3 Application Format and Quantity

Applications must use 8 1/2" x 11" page format, using 11- or 12-point font size, unreduced, single-spaced, with double spacing between paragraphs, and one-inch margins. Tables and charts may be presented in 10-point font. Calibri, Veranda, and Arial are preferred fonts. Times New Roman and other serif fonts may be used but are not preferred. Reduced fonts, such as Arial Narrow, are not permitted. Each page of the Application Narrative and Budget must bear the Applicant's name and, beginning with the Table of Contents, be consecutively numbered.

The Application should follow the formatting conventions of this RFA. Major headings should appear centered, at the top of a new page, in bold print. Sub-headings should be numbered to correspond with the Table of Contents, justified left, in bold print.

Applications will be evaluated on overall quality of content and responsiveness to the specifications of this RFA. Only those Applicants that include complete information as required by this RFA will be considered for evaluation.

Applicants are required to observe the following page limitations:

Application Component	Referenced in This RFA as:	Page Limitation
Cover Page	9.1	1
Program Abstract	9.2	1
Table of Contents	9.3	1
Introduction of the Applicant Organization	9.4	2
Need for the Program	9.5	1
Methodology, Sections 9.6.1 to 9.6.5	9.6.1 – 9.6.5	8
Methodology, Sub-Section 9.6.6	9.6.6	Varies
Sustainable Program Elements	9.7	2
Specific Objectives	9.8	2
Resolution of Challenges	9.9	1
Evaluation Plan	9.10	2
Budget Narrative	9.11	3

5.4 Application Requirements

The Program Narrative consists of the following elements, in the following order:

Cover Sheet

Abstract or Executive Summary

Table of Contents

Introduction of the Applicant Organization

Need for the Program or Project

Methodology

Activity Selection, Target Population(s), and Equity Considerations

Evidence Base

Staffing Pattern

Project Logic Model

Project Work Plan

Identification of Sub-Applicants, Their Contributions, and Sub-Award Amounts

Sustainable Program Elements

Specific Objectives

Separate Objectives, by Year, for Coos and Curry Counties, if Applying for Both Counties

Resolution of Challenges**Evaluation Plan**

Internal Evaluation Plan

Agreement to Cooperate with External Evaluator

Description of Electronic Data Systems and Capacity

Budget Narrative

Narrative Budget Defense, Rationale, and Unusual Features

Discussion of Cost-to-Benefit Ratios or Return-on-Investment

The Program Budget consists of a detailed, line-item budget for each of two performance periods (years). If an Applicant is applying for both Coos and Curry Counties, separate budgets must be submitted for each county. [Refer to Section 14]

The Institutional File consists of a Readiness Review questionnaire, attestations, assurances, certifications, and organizational documents. The Institutional File must be completed, printed, originally signed and dated in blue ink, and mailed to Advanced Health for receipt by no later than 10 May 2021.

SECTION 6. SOLICITATION PROCESS

6.1 Public Notice

This RFA is published at Advanced Health's web site. <http://advancedhealth.com/community-focus/SHARE/> Information regarding this RFA will be widely disseminated through email notifications to Coos County CAC members, Curry County CAC members, community stakeholders who participated in the development of the Coos and Curry County *Community Health Assessments* and *Community Health Improvement Plans*, and to the membership rosters of *Social Services Connect*, the Coos Housing Action Team, and other known consortia as may be identified. RFA documents will not be mailed to prospective Applicants.

Modifications, if any, to this RFA will be made by written addenda published at Advanced Health's web site. <http://advancedhealth.com/community-focus/SHARE/> Prospective Applicants are solely responsible for checking Advanced Health's web site to determine whether or not any addenda have been issued. No addenda will be posted to Advanced Health's web site after 3 April 2021. Addenda are incorporated into this RFA by this reference.

6.2 Questions/Requests for Clarification

In this COVID environment, no pre-application or bidders' conference is contemplated. Instead, prospective Applicants may submit written questions or requests for clarification to the SPOC at SHARE@advancedhealth.com. Responses to all questions received by 5:00 PM on 30 March 2021 will receive responses, posted to Advanced Health's web site, by 5:00 PM on 3 April 2021. <http://advancedhealth.com/community-focus/SHARE/> The identities of prospective Applicants who pose questions or requests for clarification will not be disclosed in the process of responding to those questions or requests. No questions or requests for clarification received after 5:00 PM on 30 March 2021 will receive responses. All questions or requests for clarification should refer to the specific location within the RFA that has caused the question (i.e., page and section number).

6.3 Protests to RFA

No protests to this RFA will be considered.

6.4 Application Modification or Withdrawal

If an Applicant wishes to make modifications to its submitted Application, it must withdraw its originally submitted Application, and submit a new and modified Application by the announced due date. If an Applicant wishes to withdraw its submitted Application, it must submit a written notice signed by an authorized official of its intent to withdraw to the SPOC via email.

6.5 Application Rejection

Advanced Health may reject an Application for any of the following reasons:

- Applicant fails to meet eligibility requirements or minimum qualifications.
- Applicant substantially fails to comply with all prescribed RFA procedures and requirements.
- Applicant has liquidated and delinquent debt owed to the State of Oregon.
- Applicant makes any contact regarding this RFA with a State representative, State employee, or Advanced Health officer or employee other than the SPOC, or any inappropriate contact with the SPOC.
- Applicant attempts to influence a person who Advanced Health has designated as an evaluator of applications received.
- Application is conditioned on any terms, conditions, or rights to negotiate alternative terms and conditions that are not reasonably related to those expressly authorized for negotiation in the RFA or addenda.

6.6 Revised Applications

Advanced Health may request a Revised Application from any Applicant if additional information is required to make a final decision. Applicant may be contacted by Advanced Health's SPOC asking that it submit a Revised Application, which must include any and all discussed and all negotiated changes.

6.7 Absence of Qualified Application(s)

If Advanced Health does not receive a qualified Application in any of the categories, or for a specific county, Advanced Health may seek to directly identify an organization to provide the geographically proximal services that are contemplated under this RFA, and to engage that organization in direct negotiations leading to a Cooperative Agreement Award.

6.8 Evaluation Criteria

Applications must be complete at the time of submission. Advanced Health will verify that the Applications received meet the minimum qualifications and requirements. Those meeting these qualifications and requirements will then be evaluated by Evaluators selected by Advanced Health. The Evaluators will be comprised of Advanced Health's Program Committee, any content experts identified by the Program Committee, and at least one representative from each of the Community Advisory Councils. Evaluators may ask the SPOC to request further clarification from an Applicant to assist the Evaluators in gaining additional understanding of an Application. A response to a clarification request must be to clarify or explain portions of the already submitted Application and may not be used to introduce new concepts not included in the original Application.

A copy of the evaluation tool that will be used by Advanced Health's Evaluators appears in Section 10 of this RFA.

SECTION 7. AWARD AND NEGOTIATION

7.1 Award Notification Process

The apparent successful Applicants for award of Cooperative Agreements shall be notified by email, by the SPOC, following Advanced Health's Board of Directors meeting on 19 May 2021.

7.2 Apparent Successful Application Submission Requirements

Applicants who are selected for the award of a Cooperative Agreement under this RFA will be required to submit additional information and comply with the following:

- a. Proof of Liability Insurance, as negotiated with Advanced Health;
- b. Taxpayer Identification Number and Completed Form W-9;
- c. Pay Equity Certification,
[reference www.oregon.gov/das/Procurement/Documents/SB491PayEquity.pdf]; and
- d. Copy of Applicant's Policies and Procedures Governing Preventing Sexual Harassment, Sexual Assault, and Discrimination Against Employees Who are Members of a Protected Class

7.3 Cooperative Agreement Negotiation

Rather than to retain Awardees through formal grant or contract agreements, Advanced Health will engage each Awardee in a *Cooperative Agreement*. Cooperative Agreements acknowledge that complex human services programs are often fluid in nature and require continuing flexibility in their administration and implementation. Cooperative Agreements assume that there will be considerable interplay between the grantor and the awardee as the program progresses and develops over time. Cooperative Agreements permit the parties to re-negotiate program elements over time (i.e., approach; methodology; consortium partners; performance objectives and metrics; budget line-items). During the period 19 May through 9 June 2021, Advanced Health's program, quality, compliance, and/or legal personnel will meet with prospective Awardees to negotiate the elements of the Cooperative Agreement. It is envisioned that this negotiation process will be friendly and respectful in nature, and set a positive and affirming tone for the negotiations that will follow over the life of the project.

Throughout the term of the project, either party, Advanced Health or the Awardee, may request re-negotiation of most elements of the Cooperative Agreement. Advanced Health must be consulted in those circumstances in which the Awardee wants to release or terminate any Sub-Awardee's participation in the project, or alter the value of resources that are shared with Sub-Awardees. When the Applicant's project was evaluated, the strength of all project partners was taken into consideration, and thus releasing a project partner (Sub-Awardee), or reducing the allocation to a Sub-Awardee, will require Advanced Health's prior written approval.

As a component of the Cooperative Agreement negotiation process, Advanced Health will review the Applicant's Readiness Review [contained in the Institutional File] and may ask Applicants to provide copies of documents or to address Readiness Review deficiencies.

Because OHA contractually requires Advanced Health to award all agreements according to risk-share, value-based, or performance-based models, that may include with-holds, risk corridors, or performance incentives, these will be negotiated during the pre-award process. It is possible that the only risk borne by Applications will be their eligibility for future year funding, dependent upon satisfactory performance during the initial project period.

7.4 Cooperative Agreement Award

Cooperative Agreements will be negotiated, awarded, and signed by no later than 9 June 2021. The signed agreements will be forwarded to OHA for review by 30 June 2021. OHA reserves the absolute right to deny, alter, or accept any Cooperative Agreement awarded under the *SHARE Initiative*. OHA has not published the date by when it will make final decisions, but Advanced Health is estimating that the decisions will be forthcoming by 1 September 2021.

7.5 Notice to Proceed

Within ten (10) calendar days of notification by OHA that a Cooperative Agreement for the *SHARE Initiative* has been approved, Advanced Health will issue a Notice to Proceed to the successful Awardee. The Notice to Proceed will confirm the effective date of the Cooperative Agreement.

7.6 Reporting Requirements

Awardees will be required to submit written progress reports, including a discussion of barriers and challenges encountered, for each of the first three quarters, roughly due within fifteen (15) days of the conclusion of each performance period quarter. At the conclusion of each year-long performance period, Awardees will be required to submit annual summary statements that focus on the project's measurable process and outcome objectives. In addition, Awardees will be required to submit financial expenditure reports at the conclusion of the second and fourth quarters. Any unexpended funds at the conclusion of the fourth quarter must be returned to Advanced Health. Advanced Health will provide additional detail governing the format and content of quarterly and annual progress reports, and semi-annual and annual financial expenditure reports.

SECTION 8. ADDITIONAL INFORMATION

8.1 Governing Laws and Regulations

This RFA is governed by the laws of the State of Oregon. Venue for any administrative or judicial action relating to this RFA, evaluation and Award, is the Circuit Court of Coos County for the State of Oregon, provided, however, if a proceeding must be brought in a federal forum, then it must be brought and conducted solely and exclusively within the United States District Court for the District of Oregon.

8.2 Ownership/Permission to Use Materials

After the date of the Notice to Proceed, Advanced Health's procurement files may be subject to public disclosure. If the Applicant considers any portion of an Application to be a trade secret, or otherwise exempt from public disclosure under Oregon's Public Records Law, in order to seek protection from disclosure that Applicant shall, at the time of submission: (1) clearly designate the precise pages, sections, and paragraphs of the Application that are considered confidential; and, (2) explain the justification for the exemption consistent with Oregon's Public Records Law. Advanced Health may release information notwithstanding its being in fact exempt from disclosure, and Advanced Health will not be liable to any Applicant or any other person for release of information Applicant claims to be confidential.

8.3 Cancellation of RFA; Rejection of Application; No Damages

Advanced Health may reject any or all Applications in whole or in part, or may cancel this RFA at any time when the rejection or cancellation is in the best interest of Advanced Health and its beneficiaries, as determined solely by Advanced Health. Advanced Health shall not become liable to any Applicant or other person for any loss or expense caused by or resulting from the delay, suspension, or cancellation of this RFA, including its addenda, the Award, negotiation, or rejection of any Application, or any other action taken by Advanced Health that is contemplated by the RFA. No person or entity may maintain a claim against Advanced Health based on this RFA. Applicant shall pay all the costs associated with submitting its Application, including but not limited to, the costs to prepare and submit the Application, costs of samples and other supporting materials, costs to participate in oral presentations or negotiations, or costs of changing Applications due to addenda.

8.4 Use of Funds or Assets

To the extent the Applicant uses the funds and assets of Advanced Health under an awarded Cooperative Agreement, Applicant shall not, directly or indirectly:

- Induce any other person or organization to submit or not submit an Application;

- Take unfair advantage of Advanced Health or its Medicaid Members through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other unfair practice;
- Mislead Advanced Health or Medicaid Members through deceptive acts or practices, false advertising claims, misrepresentations, or other unfair methods of competition;
- Engage in any conduct, conspiracy, contract, agreement, arrangement, or combination, or adopt or follow any practice, plan, program, scheme, artifice, or device similar to, or having a purpose and effect similar to, the prohibited conduct listed above;
- Knowingly participate in a conflict-of-interest during the course of the Application's evaluation;
- Attempt to influence any evaluator or officer, director, or employee of Advanced Health during the Application evaluation process;
- Use funds or assets for any purpose which would be in violation of any applicable law or regulation;
- Make contributions to any political candidate, party, or campaign either within or without the United States;
- Establish or maintain a fund, asset, or account that is not recorded and reflected accurately on the books and records of the Applicant;
- Make false or misleading entries in the books and records of the Applicant, or omit to make entries required for these books and records to be accurate and complete; and,
- Effect a transaction or make a payment with the intention or understanding that the transaction or payment is other than as described in the documentation evidencing the transaction or supporting the payment.

8.5 Federally Required Conflict of Interest Safeguards

Applicants and its Sub-Applicants shall not recruit, promise future employment, or hire any OHA or Advanced Health employee (or their relative or member of their household) who has participated personally and substantially in the procurement under this RFA, or who is an Advanced Health or OHA employee.

Applicant and its Sub-Applicants shall not offer to any OHA or Advanced Health employee or contractor (or any relative or member of their household) any gift or gifts with an aggregate value in excess of \$50 during a calendar year or any gift of payment of expenses for entertainment.

Applicant and its Sub-Applicants shall not retain a former Advanced Health employee or contractor to make any communication with or appearance before Advanced Health on behalf of Applicant in connection with this RFA.

If a former Advanced Health employee or contractor authorized, or had a significant role in this RFA, Applicant and its Sub-Applicants shall not hire such a person in a position having a direct, beneficial, financial interest in the resulting Cooperative Agreement for at least two years after the Cooperative Agreement was authorized by Advanced Health.

SECTION 9. APPLICATION CONTENT GUIDANCE

Program Narrative

The following elements, in the following order, comprise the Program Narrative. The Program Narrative is submitted electronically and may be in Word, Rich Text, or PDF.

9.1 Application Cover Page

Applicants shall reproduce and populate the Application Cover Page that appears in Section 11 of this RFA. The Application Cover Page shall appear as the first page of the Program Narrative and is not a numbered page. The Application Cover Page is not scored.

9.2 Program Abstract

The Program Abstract is a single-page executive summary of the Applicant's proposed program. If used, the Abstract appears directly under or behind the Application Cover Page. The Program Abstract is not a numbered page and is not scored. Advanced Health may post Abstracts of successfully Awarded projects to its web site, or use Abstracts in other ways to communicate information about its *SHARE Initiative* to the general public.

9.3 Table of Contents

The Table of Contents is a single-page document that lists the contents of the Application, and the page numbers where the content may be found. The Table of Contents should reflect the same numbering conventions for major headings within the Application as those reflected in this Section of the RFA. The Table of Contents appears immediately following the Program Abstract and is the first numbered page. Each following page shall be consecutively paginated with numbering. The Table of Contents is not scored.

9.4 Introduction of the Applicant Organization

The Introduction of the Applicant Organization should provide a rich narrative about the background and qualifications of the Applicant who serves as the backbone organization for the Collective Impact Consortium. This Introduction focuses on the Applicant, and not the program's Sub-Applicants. To this end, provide information about the organization: when it was founded; how it is structured; its legal status (i.e., private, non-profit, tax-exempt organization; political subdivision of the State of Oregon; special district); and mission. Provide information about the range and quantity of services provided by the Applicant. Cite examples of outcomes achieved to date. Provide summary information regarding the size of the Applicant's annual operating budget and its primary sources of revenue. Provide evidence of the Applicant's qualifications to carry out the work that is contemplated, and give examples of prior leadership roles in collaborative undertakings. Indicate how and why the Applicant was selected by the Collective

Impact Consortium to serve in the roles of Applicant, backbone organization, managing partner, and fiscal agent for the program. The Introduction of the Applicant Organization is limited to two pages and is valued at a maximum of 15 of 100 total points.

9.5 Need for the Program

Provide information, from the Applicant's and Collective Impact Consortium's perspectives, about the need for the program. Applicants might provide statistical, quantifiable, or experiential data to document existing needs, and may supplement quantitative data with qualitative data drawn from professional literature. [For example, the Applicant may be able to quantify the number of persons who are food insecure in the local community, and provide further evidence of food shortages in food banks and pantries, and follow that with findings from professional literature that cite the health disparities that emerge for persons who are improperly nourished.] From among the various needs that exist, the Applicant should tease out those needs that will become a focus of the Collective Impact Consortium's efforts. The Discussion of Needs is limited to one page and is valued at a maximum of 5 of 100 total points.

9.6 Methodology

The Methodology provides the Applicant and the Collective Impact Consortium with the opportunity to present their fully-developed (and convincing) program plans. The Methodology is absolutely limited to eight (8) pages for Sections 9.6.1 to 9.6.5. It is understood that the number of pages required for Section 9.6.6 will vary, dependent upon the number of significant participants in the Collective Action Consortium. The page limitations for sub-sections within the Methodology are simply suggestions and are not absolute. The Methodology is valued at a maximum of 30 of 100 total points.

9.6.1 Activity Selection, Target Population(s), and Equity Considerations: The Applicant will discuss the range of activities that were considered and rejected and why, and will conclude by providing a rich narrative about the program activities that were selected, and why these activities or strategies are believed to be superior when consideration is given to the defined target population that will benefit from the selected activities. For example, an Applicant may have considered an activity that has produced excellent results in an urban environment with largely Caucasian persons, but rejected that activity because it was not replicable in a rural setting or for minority populations. For each identified program activity, define or describe the intended target population for that activity, and provide assurances that Health Equity was given consideration in the selection of the activity or strategy. The recommended page limitation for this sub-section is three pages.

9.6.2 Evidence Base: Provide information and sources of authority that attest to the evidence-base for at least some of the activities, strategies, and populations that are proposed for the program. The recommended page limitation for this sub-section is one page.

9.6.3 Staffing Pattern: Discuss the staffing pattern that will be required to deliver the proposed activities and strategies to the target population. If the identity of the program director or project manager is known, provide a summary of that individual’s qualifications. If the project will require new hiring, state the minimum qualifications that will be required for the successful candidate. The recommended page limitation for this sub-section is one page.

9.6.4 Project Logic Model: A Logic Model is a single-page, graphic description or road map that presents the shared relationships among resources, needs, outputs, outcomes, and impact for various programs. It depicts the relationship between a program’s activities and its intended effects. Submit a single-page Project Logic Model, using the template that appears in Section 13 of this RFA. When listing “resources,” the Applicant will include the array of resources that are brought to the project, i.e., experienced staff; existing facilities; information technology systems; volunteers; matching funds. When listing “needs,” the Applicant will summarize and quantify the most salient needs identified in Section 9.5. When listing “outputs,” the Applicant will quantify its most significant activities and beneficiaries. These should align with the Applicant’s process objectives in Section 11. When listing “outcomes,” the Applicant will quantify its end results; these should align with the Applicant’s outcome objectives in Section 11. The intended “impact” for all projects is, over time, to reduce Health Disparities. For more information about logic models, consult www.cdc.gov/eval/logicmodels/index.htm

9.6.5 Project Work Plan. Submit a project work plan, not to exceed two pages, for the first project year, using the following format. Deliverables by Sub-Applicants should be specifically included.

Major Milestone or Activity	Responsible Party	Due Date	Deliverables, If Any

9.6.6 Identification of Significant Consortium Members. For every entity that is described in the Work Plan as a “responsible party,” or that is assigned a “deliverable,” please reproduce the following table as frequently as is needed to provide information about the identities and roles of such parties and entities. The Applicant must format this section such that at least two tables are included per page. The recommended page limitations for this sub-section will vary depending on the number of significant Consortium members.

Identification of Significant Collective Impact Consortium Members

Name of Consortium Member	
Consortium Member’s Legal Status	
Consortium Member’s Mission Statement	
Consortium Member’s Key Contact	
Title	
Address	
Phone Number	
E-Mail Address	
Single-Sentence Description of the Consortium Member’s Role in the Project	
Proposed Sub-Award Amount, If Any	
If defined as a Sub-Applicant, and for the purposes of this program, is the Sub-Applicant willing to be bound with the Applicant through a Memorandum of Agreement or other contractual mechanism?	

9.7 Sustainable Program Elements

Advanced Health is particularly interested in using *SHARE Initiative* resources to build programs, capacities, and service elements that are sustainable over time after targeted funding has been exhausted. To this end, this sub-section of the Program Narrative is heavily weighted in the scoring process and is valued at 15 of 100 total points. Some examples of sustainable program elements are presented below.

Sustainment Example for a Housing Project: The Applicant might propose that, of the rents collected from Permanent Supportive Housing projects, fifty percent (50%) will be set aside, invested in a housing trust fund, and dedicated to the construction of future Supported Housing.

Sustainment Example for a Nutrition Program: The Applicant might propose some mechanism whereby a select and limited number of 4-H and FFA youth are permitted by the Coos Youth Auction Committee to sell a second pen of chickens as a community benefit activity at the annual Youth Auction. The funds derived from the sale of the second pen of chickens would be used: first to compensate the 4-H or FFA member for his or her costs; and, second to prepay the costs for next year’s pen of chickens. Any remaining funds could be annually used to purchase fresh meat or poultry products for food banks and pantries.

Sustainment Example for a Child Care Program: The Applicant might establish a microenterprise fund, wherein aspiring child care providers are assisted in acquiring the education needed for child care certification and appropriately equipping their child care center; in exchange, the

beneficiary agrees to, over time and using a portion of his or her child care earnings, reimburse the microenterprise fund such that additional child care workers can be trained and equipped from the microenterprise fund's revolving resources.

These are not the only, or even the most desired, examples of sustainable program elements. Applicants are encouraged to be both realistic and creative. This section of the Program Narrative is limited to two pages.

9.8 Specific Objectives

Applicants must propose at least one process objective and one outcome objective for each project year. When appropriate, multiple process and outcome objectives should be stated. If the Application is being submitted for both Coos and Curry Counties, then separate process and outcome objectives must be articulated for each county. Quality objectives are simultaneously ambitious and attainable.

A process objective summarizes the work, or outputs, of the Applicant, and should align with the "output" column of the logic model. An outcome objective is always a measure of change, and hypothesizes what the beneficiary will do. Outcome objectives assume that baseline data is available. The outcome objective should align with the "outcome" column of the logic model.

Applicants are instructed to use the following convention when stating their process and outcome objectives: *When, Who, Will do What (quantified), to Whom (quantified), and How it will be Documented or Measured.*

Sample Process Measure: By the conclusion of the first project year, 28 August 2023, the Awardee and Sub-Awardees will provide at least six hours of nutrition education to a minimum of 100 unduplicated program participants, as will be documented by the Awardee's internal data collection systems.

Sample Outcome Measure: By the conclusion of the first project year, 28 August 2023, at least eighty percent (80%) of the program beneficiaries who completed the educational series on nutrition, will evidence at least a sixty percent (60%) improvement in daily nutritional intake, as measured by pre- and post-program surveys or questionnaires.

This section of the Program Narrative is limited to two pages and is valued at 10 of 100 total points.

9.9 Resolution of Challenges

Even well-planned and expertly-administered complex programs often encounter barriers, disagreements, or unintended negative side effects. Applicants should discuss the range of challenges that their program might encounter, and strategies that may be employed to address

and resolve those challenges. The Applicant should identify the circumstances under which it will notify Advanced Health of challenges that is encountering, and any assistance that might be requested of Advanced Health in removing barriers, altering programs to reverse unintended and negative side effects, improving program quality, or resolving disagreements. This section of the Program Narrative is limited to one page and is valued at 5 of 100 total points.

9.10 Evaluation Plan

The Evaluation Plan is limited to two pages, is valued at 10 of 100 total points, and should include the following elements:

9.10.1 Internal Evaluation Plan: State the criteria the Applicant will use in evaluating its own work. Who within the organization will perform evaluation functions and what are that individual's qualifications? What methods of evaluation will be employed? How frequently will internal evaluation reports be generated, and for what audiences? Who will determine if corrective action is needed? Will internal evaluation reports be shared with Advanced Health?

9.10.2 Data Collection Systems: Describe the Applicant's data collection systems and capabilities. Describe the data flow for the program: beginning with source documents until data entry occurs. State how the Applicant will assure data fidelity.

9.10.3 Cooperation with the External Evaluator: Advanced Health will appoint a neutral, external, independent, and experienced party to conduct external program evaluation functions for all *SHARE Initiative* projects. External program evaluation will focus on data fidelity and outcome measurement. Each Applicant must agree to cooperate with the external evaluator appointed by Advanced Health, to participate in on-site and desk reviews, and to make the project's data available for analysis. To this end, the following statement must occur within the Evaluation Plan for all Applications:

The Applicant agrees to fully cooperate with an independent and neutral program evaluation specialist as appointed by Advanced Health. Upon at least two weeks' advanced notice, during normal business hours, and no more frequently than five times per year, the Applicant agrees to meet with program evaluation personnel for on-site reviews, to make performance data available for desk reviews, and to make the project's data quarterly available for analysis by the independent evaluator.

9.11 Budget Narrative

The Applicant's Direct Costs are presented in the detailed line-item project budget and must be allocable, allowable, reasonable, and directly contribute to the program's intended outcomes. The Budget Narrative is the Applicant's opportunity to explain, justify and defend the line-items that comprise its budget presentation, as well as to clarify any unusual features of the budget. The Budget Narrative may conclude with either a discussion of cost-to-benefit ratios, or return-

on-community-investment. The Budget Narrative is limited three pages. The Budget Narrative, along with the Budget Presentation, is valued at 10 of 100 total points.

Budget Presentation

The detailed, line-item Budget Presentation is electronically submitted separately from the Program Narrative, and may be submitted in Excel, Word, or PDF. Applicants may use the Sample Budget Template that appears in Section 14 of this RFA, or may use their own formatting, provided that the budget presentation covers two one-year budget periods (for a total of two-years), uses the same object class categories as the template, and dichotomizes costs between Coos and Curry Counties (for Applications that propose to serve both counties). There is no page limitation for the Budget Presentation. Please observe the following requirements when preparing the detailed line-item project budget.

Personnel: List all directly employed personnel required by the Applicant to carry out the project, including the compensation structure for each position. All personnel must bear a distinct relationship to the program and be essential for the attainment of the program's outcomes.

Payroll Taxes and Fringe Benefits: Private non-profit organizations must provide line-item detail for payroll taxes and fringe benefits (e.g., FICA and Medicare payroll taxes at 7.65%; Unemployment Insurance at 1.8%; Workers' Compensation Insurance at 2.1%; Retirement Contributions at 2.5%; Health Insurance Premiums at \$400/FTE/Month). Public and quasi-governmental entities are not required to provide line-item detail for payroll taxes and fringe benefits, and may simply state payroll taxes and fringe benefits as a percentage of payroll. In combination, payroll taxes and fringe benefits for both private and public Applicants may not exceed twenty-five percent (25%) of payroll.

Travel: Travel costs must be itemized and defended in the budget narrative. Differentiate between local travel needed for the performance of the program, and regional, state, or national travel for the purposes of statewide meetings or professional development. All travel expenses must comport with Federal Cost Principles.

Program Supplies: List and quantify program supplies to be purchased by the Applicant and their costs.

Capital Purchases: A capital item is any item that has an acquisition cost of greater than \$5,000, or a usable life expectancy of greater than five years. Items such as cell phones, PCs, and laptops should be considered as "program supplies" as technology changes so rapidly as to render these devices obsolete within five years. Capital purchases might include military-style tents, pallet homes, or tiny homes.

Construction and Renovation: Only Applicants in the Housing and Homelessness category may propose construction and renovation expenses.

Contracted Services: For the purposes of the *SHARE Initiative*, list all contracted services with the exception of Sub-Awards. While Sub-Awards are, indeed, a form of contracted service, for the purposes of the *SHARE Initiative* budget, they will be listed separately in a designated object class category.

Indirect Costs are capped at eight percent (8%) of the total costs of personnel, payroll taxes and fringe benefits, travel, program supplies, capital purchases, construction and renovation, and contracted services. Sub-Awardee costs are excluded from the sum that provides the basis for the calculation of Indirect Costs, in order that Sub-Awardees may also benefit from their fair share of the Indirect Cost rate allowance.

Sub-Awardee Costs: List each Sub-Awardee and the amount of *SHARE Initiative* resources that are pledged to each Sub-Awardee. If Sub-Awardees are scheduled to receive amounts that exceed \$19,999, separate supplemental budgets must be submitted for each such Sub-Awardee, using the provided template in Section 14 or other similar format.

SECTION 10. APPLICATION SCORING CRITERIA

Applicant Name _____

SHARE Category _____

APPLICATION ELEMENT	SCORE
<p>Introduction of the Applicant Organization Maximum Score 15 The Applicant is a quality and collaborative organization that commands the community’s respect. It is well-governed and well-managed and has a history of service delivery and measurable results from its work. The proposed project is consistent with the Applicant’s mission and strategic priorities. The Applicant has experience in leadership, multi-agency collaborative projects, and programs of similar size and scale. Reviewer’s Comments:</p>	
<p>Statement of the Need for the Program Maximum Score 05 The Applicant displays an accurate understanding of, and can document, local community needs. The Applicant is familiar with local data sources and relevant professional literature. Reviewer’s Comments:</p>	
<p>Methodology Maximum Score 30 The Applicant has defined a robust, strategic, compliant, and evidence-based methodology that is likely to produce desired results. The project embodies Collective Impact and is syntonically designed to meet the needs of the target population, with due consideration given to health equity. The Applicant has included an appropriate array of Sub-Applicants and has shared resources with Sub-Applicants at meaningful levels. The Applicant proposes an appropriate staffing pattern, and has submitted a thoughtful logic model and reasonable work plan. Reviewer’s Comments:</p>	
<p>Sustainable Program Elements Maximum Score 15 The Applicant has identified key program elements that can be sustained after grant funds have expired, and has provided reasonable calculations about how these elements will be financed in the future. Reviewer’s Comments:</p>	

APPLICATION ELEMENT	SCORE
<p>Specific Objectives Maximum Score 10 The Applicant has articulated ambitious and yet attainable process and outcome objectives for each of two project years (and, if relevant, separately for Coos and Curry Counties). Reviewer's Comments:</p>	
<p>Resolution of Challenges Maximum Score 05 The Applicant possesses sufficient administrative and managerial experience to identify potential barriers and to set forth the manner in which barriers and challenges will be resolved. The Applicant is not overly reliant on Advanced Health to resolve problems, but rather perceives Advanced Health in a consulting role. Reviewer's Comments:</p>	
<p>Evaluation Plan Maximum Score 10 The Applicant has identified qualified personnel to perform in-house program evaluation functions, and has set forth evaluation methods that are appropriate for the size and scale of the project. The Applicant has data systems that are adequate to produce reliable raw and summarized data, and has documented a system of data flow that begins with source documents. The Applicant has agreed to participate in external program evaluation functions required by Advanced Health. Reviewer's Comments:</p>	
<p>Budget Maximum Score 10 The Applicant has set forth a detailed, line-item, budget for each of two project periods, and, if relevant, for each County. All costs are reasonable, allocable, and allowable, clearly support the project's outcomes, and are well defended and justified in the Budget Narrative. Supplemental budgets are present, if required. Reviewer's Comments:</p>	

SECTION 11. APPLICATION COVER PAGE

This Application is for: [Check all that apply]

Check If Relevant	Focus Area	Coos County	Curry County	Both Counties Combined
	Housing & Homelessness			N/A
	Nutrition			
	Child Care (0-5) to Permit Parental Work Participation			

Applicant Information:

Name of Applicant	
Name of Authorized Official	
Title of Authorized Official	
Physical Address	
Mailing Address	
E-Mail Address	
Telephone Number	
Name of Person to be Contacted Regarding this Application	
Title of Contact Person	
E-Mail Address of Contact Person	
Telephone Number of Contact Person	
Amount of Funds Requested	

Sub-Applicant Information: List those Collective Impact Consortium members who are identified in Section 9.6.6 of the Application

Name of Sub-Applicant	Proposed Amount Of Sub-Applicant Award, If Any

SECTION 12. INSTITUTIONAL FILE

12.1 Readiness Review

Note: A “no” response to any question in the Readiness Review is not grounds for disqualification. Rather, “no” responses simply assist Advanced Health in identifying any issues that may require clarification prior to issuing a Notice to Proceed.

This Section to be Completed by All Applicants:

Variable	Yes	No	Pending
Is the Applicant’s registered physical address located in Coos or Curry Counties?			
Does the Applicant have written policies and procedures governing:			
Personnel and Human Resources?			
Fiscal and Financial Management Practices?			
Conflict-of-Interest?			
Workplace Sexual Harassment?			
Client Confidentiality and Privacy?			
Trauma-Informed Practices?			
Equity and/or Discrimination?			
Client Grievances?			
Fraud, Waste, and Abuse?			
Whistleblower Protections?			
Does the Applicant require its employees to receive training in:			
Workplace Sexual Harassment?			
Mandatory Reporting of Child or Elder Abuse?			
Trauma-Informed Practices?			
Health Literacy?			
Equity or Discrimination?			
Is the Applicant delinquent on any debt, public or private?			
Is the Applicant organization subject to back-up tax with-holdings?			
Is the Applicant currently a defendant in any law suit?			
Is the Applicant currently under investigation by any investigative authority?			
Does the Applicant have sufficient administrative staffing and support resources to carry out the work proposed in the Application?			
Does the Applicant have the knowledge, skills, and tools necessary to manage, oversee, and monitor the activities of Sub-Applicants and Sub-Awardees?			
Does the Applicant welcome collaborative community efforts and engagement?			

Variable	Yes	No	Pending
Does the Applicant possess sufficient Information Technology systems and knowledge to accurately report the project’s raw and summarized process and outcome data?			
Does the Applicant possess sufficient fiscal systems and knowledge to responsibly manage fiscal resources and accurately report on program expenditures?			
Is the Applicant financially solvent?			
Does the financial statement for the most recent fiscal year result in any deficit?			

This Section to be Completed Only by Non-Governmental Non-Profit Organizations:

Variable	Yes	No	Pending
Does the organization hold tax-exempt status?			
Is the organization governed by a board of directors comprised of at least five persons?			
Does the board of directors meet at least ten times per year?			
Has the board of directors adopted a long-range strategic plan?			
Is the proposed Application consistent with the organization’s strategic plan?			
Does the Applicant organization develop annual financial statements?			
If financial statements are developed, are they audited?			
Within the past three years, has the Applicant received any grant of \$100,000 or more?			

12.2 Attestations

For Completion by All Applicants:

Variable	Yes	No
If successful, is the Applicant willing to enter into a value-based Cooperative Agreement with Advanced Health?		
Is Applicant willing to hold written agreements with Sub-Awardees that clearly describe Sub-Awardees’ scope of work?		
Is Applicant willing to provide to Advanced Health unredacted copies of written agreements with Sub-Awardees?		
Will Applicant have an individual accountable for each of the following functions: contract administration; evaluation; performance measurement; information technology; compliance; continuing quality improvement?		
Will Applicant, to the best of its ability, collect, maintain, and analyze data on the basis of race, ethnicity, or minority status?		

Variable	Yes	No
Is the Applicant willing to provide its raw and summarized process and outcome data to Advance Health, or the evaluator appointed by Advanced Health?		
Is the Applicant willing to cooperate with the independent evaluator appointed by Advanced Health?		
Is the Applicant willing to provide to Advanced Health semi-annual project expenditure reports and annual financial statements?		
Is the Applicant willing to participate in quality improvement initiatives that may be undertaken by Advanced Health and its partners?		
Is the Applicant willing to perform regular reviews of its source documents to ensure the accuracy of the data submitted to Advanced Health?		
Is the Applicant willing to engage in activities to improve the quality and accuracy of the data that it submits to Advanced Health?		
Has the Applicant negotiated an Indirect Cost Rate Agreement with any agency of the federal government? If "yes," What is the negotiated Indirect Cost Rate? If "yes," What is the cognizant federal agency?		

12.3 Assurances

For Completion by All Applicants:

Variable	Yes	No
Will the Applicant comply with:		
Title VI and VII of the Civil Rights Act of 1964, as amended?		
45 CFR Part 84 which implements Title V, Sections 503-504 of the Rehabilitation Act?		
The Americans with Disabilities Act of 1990, as amended?		
Section 1557 of the Patient Protection and Affordable Care Act (ACA)?		
The Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended?		
The Vietnam Veterans' Readjustment Assistance Act of 1974, as amended?		
The Mental Health Parity and Addiction Equity Act of 2008, as amended?		
All regulations and administrative rules established pursuant to the foregoing laws?		
All other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations?		
All federal laws requiring reporting of the abuse of Medicaid beneficiaries?		
Executive Orders 11246 and 11375 regarding Equal Opportunity in Employment?		

Variable	Yes	No
Clean Air, Clean Water, and Relevant Environmental Protection Agency regulations?		
Oregon’s Energy Conservation Plan?		
Truth in Lobbying Regulations?		
The Resource Conservation and Recovery Act?		
The Pro-Children Act of 1994?		
Oregon’s Workers’ Compensation regulations in ORS.565.027 and 565.017?		
To the extent possible, the Outcome and Assessment Information Set (OASIS) established by the Center for Medicaid and Medicare Services?		
Will the Applicant establish and comply with appropriate Conflict-of-Interest safeguards?		

12.4 Certification

I, [Insert Name], representing [Insert Applicant’s Name], hereby affirm under penalty of False Claims liability that: I am an officer of the Applicant; I have knowledge of the Request for Applications referenced herein; I have full authority from the Applicant to submit this Application and Certification; and to the best of my knowledge and belief, represent that the statements made in the Application, Budget, and Institutional File are truthful and accurate.

 (Signature in Blue Ink)

 (Date)

Name Printed:
 Title:

SECTION 13. LOGIC MODEL TEMPLATE

The Applicant Will:

Use These Resources	To Address these Identified Problems or Needs	By Providing These Activities or Outputs (Quantified)	On Behalf of These End-Users (Quantified)	Resulting in These Outcomes (Quantified)
<p><i>EXAMPLE</i></p> <p>Administrative Capacity Volunteers Matching Indirect Cost Funds IT and Data Systems Community Relationships</p>	<p><i>EXAMPLE</i></p> <p>Lack of essential nutritional knowledge</p>	<p><i>EXAMPLE</i></p> <p>Six hours of engaging, hands-on, nutrition education</p>	<p><i>EXAMPLE</i></p> <p>100 adults at risk of developing health disparities</p>	<p><i>EXAMPLE</i></p> <p>80% of participants will evidence at least a 60% gain in nutritional practices, measured by pre- and post-survey</p>

SECTION 14. BUDGET TEMPLATE

Object Class Category and Line-Item	YEAR ONE			YEAR 2		
	Coos	Curry	Total	Coos	Curry	Total
<u>Line 1: Personnel</u>						
1.1 Itemize						
1.2 Itemize						
1.3 Itemize						
<u>Line 2: Payroll Taxes and Fringe Benefits</u>						
2.1 Itemize						
2.2 Itemize						
2.3 Itemize						
<u>Line 3: Travel</u>						
3.1 Itemize						
3.2 Itemize						
3.3 Itemize						
<u>Line 4: Program Supplies</u>						
4.1 Itemize						
4.2 Itemize						
4.3 Itemize						
<u>Line 5: Capital Purchases</u>						
5.1 Itemize						
5.2 Itemize						
<u>Line 6: Construction and Renovation</u>						
6.1 Itemize						
6.2 Itemize						
<u>Line 7: Contracted Services Other than Sub-Applicants/Sub-Awardees</u>						
7.1 Itemize						
7.2 Itemize						

Object Class Category and Line-Item	Coos	Curry	Total		Coos	Curry	Total
Line 8: SUB-TOTAL OF ALL NON-SUB-APPLICANT COSTS, Lines 1 through 7							
Line 9: Administrative and Indirect Allowance, Calculated at 8 Percent of Line 8 (Above)							
Line 10: Sub-Applicant Costs* 10.1 List Sub-Applicant and Amount Budgeted 10.2 List Sub-Applicant and Amount Budgeted 10.3 List Sub-Applicant and Amount Budgeted (Continue as Needed)							
Line 11: TOTAL OF ALL COSTS: Line 8 + 9 + 10							

*Submit a Supplemental Budget for any Sub-Applicant scheduled to receive more than \$19,999.