

REQUEST FOR APPLICATIONS (RFA)

Issue Date: January 18, 2022

RFA No. 2022-01-OHE

Project Title: Virginia Partners in Prayer & Prevention (P³) Disparities Grant
Issuing Agency: Virginia Department of Health
Office of Health Equity
109 Governor Street
Richmond Virginia, 23219

Contact Information:	Kaneik Ferguson, Buyer Sr. SBS Population Health Phone: (804) 221-3168 Kaneik.ferguson@vdh.virginia.gov	Veronica Cosby, VA P ³ Program Manager Office of Health Equity Phone: (804) 864-7361 Veronica.cosby@vdh.virginia.gov
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PERIOD OF PERFORMANCE: Sub-recipients will be awarded from March 15, 2022 or upon full execution of the Sub-Award and ending March 14, 2023 with no available renewal option.

APPLICATION CLOSING DATE: February 15, 2022 at 2:00 pm EST

Award Floor: \$1,000

Award Ceiling: \$20,000

Anticipated Number of Awards - Multiple

OPTIONAL PRE-APPLICATION CONFERENCE: Thursday, January 27, 2022, 1:00 PM. Please see information on Page 6.

All Inquiries for Information Should Be Directed to the Program Manager per contact information above and submitted no later than, **Friday, February 4, 2022.**

IF APPLICATIONS ARE MAILED OR HAND DELIVERED, THEN DELIVER TO:

Virginia Department of Health
Office of Health Equity
ATTN: Veronica Cosby
109 Governor Street, 7th Floor
Richmond, VA 23219

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, § 2.2-4343.1 or against a bidder or offer or because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

Section I - Award Information

Purpose of Request for Applications (RFA)

The purpose of this Request for Applications (RFA) is to establish contracts through competitive applications with Faith-Based Institutions/Organizations within the Commonwealth of Virginia to develop and implement strategies to enhance Coronavirus Disease 2019 (COVID-19) vaccination efforts through outreach, education and opportunities to expand vaccine accessibility.

The purpose of the program is to address COVID-19 related health disparities and advancing health equity by partnering and collaborating with Faith-Based Institutions/Organizations to address social determinants of health as they relate to COVID-19 health disparities. To reach populations at higher risk, underserved, and disproportionately affected—including racial and ethnic minority groups, and people living in rural communities. Funded recipients will implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies, programming and best practices to reduce COVID-19 risk. Working with faith-based institutions is essential to build and sustain trust, ensure equitable access to COVID-19-related services, and advance health equity to address COVID-19-related health disparities among populations at higher risk, underserved, and disproportionately affected.

Copies of this RFA, including the necessary forms, instructions, and addenda (if applicable) may be downloaded from the DGS/DPS eVA website at www.eva.virginia.gov. The application can be found by clicking on the “Solicitations, Quick Quote, and Awards” button located in the middle of the screen.

VDH anticipates notifying applicant organizations of funding decisions by **March 15, 2022**.

Sub-grantees will be awarded for a one-year period **March 15, 2022 – March 14, 2023**, with ***no renewal options***.

Federal Award Project Title:	Virginia Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved
Federal Award Identification Number:	<u>1 NH75OT000101-01-02</u>
Federal Award Date:	<u>05/28/2021</u>
Name of Federal Grantor:	<u>Dept. of Health & Human Services, Centers for Disease Control And Prevention (CDC)</u>
CFDA Number & Name:	<u>93.391 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crisis</u>

Section II - Program Background

Coronavirus disease 2019 (COVID-19) has disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality. Additionally, racial and ethnic minority groups and people living in rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection and might experience barriers to accessing testing, treatment, or vaccination against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19.

Virginia currently has over 1,160,711 cases of COVID-19 with 43,449 people who have been hospitalized and 15,631 people have died from complications related to the disease. Almost 77.6% of Virginians have had 1 dose of the vaccine, and 67.8% of are fully vaccinated. The direct and indirect effects of this pandemic have disproportionately impacted the health and economic wellbeing among Virginians. There are over 11,000 houses of faith in the Commonwealth of Virginia; the majority of which are small, rural or simply lack the financial or human resources to play an active role in improving the health of their congregations.

Historically, faith institutions have played a significant cultural, social and educational role in their community. Faith-based institutions are central to community organizing efforts and are trusted resources of information to both their membership and the larger community. Faith institutions provide a unique opportunity to educate persons not reached through other venues with COVID-19 outreach efforts. Additionally, faith institutions can influence community norms and values around COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations in Virginia.

The Virginia Partners in Prayer & Prevention (Virginia P3) programming made available through the Virginia Department of Health, Office of Health Equity facilitates partnerships between marginalized communities, faith and interfaith organizations and the state public health agency. This programming focuses on building a community infrastructure for wellness and health equity. VAP3 collaborative approach supports the establishment and strengthening of faith and interfaith consortia in engaging upstream prevention (the social determinants of health) as well as primary and secondary prevention activities to better the health of their respective congregations and communities. Virginia Partners in Prayer & Prevention programming serves to broaden the scope of prevention on several key public health issues disproportionately impacting underserved and marginalized communities.

Section III - Eligibility Information

Minimum Eligibility Requirements

The VA Partners in Prayer & Prevention Disparities Grant program is specific to Faith-based institutions (Houses of Worship: Churches, Synagogues, Mosques, Temples, etc.) within the Commonwealth of Virginia.

- Faith-Based Organizations/Institutions: Houses of worship (churches, synagogues, mosques, temples, etc.)
- Verification of tax-exempt status (IRS determination letter)
- Non-Profit Faith-Based Organization/Institution
- 501C3 (optional) If applicable, please provide a copy with this application.

Section IV – Program Requirements

CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS) has awarded funding to [107 pdf icon\[PDF – 122 KB\]](#) recipients of a two-year, non-research grant—[CDC-RFA-OT21-2103: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities](#). This grant is funded through the Coronavirus Response and Relief Supplemental Appropriations Act, 2021. This groundbreaking funding represents CDC's largest investment to date focusing specifically on reducing health disparities related to COVID-19 and will provide much needed support to directly address these issues in communities that need it most.

The specific goals of CDC; COVID-19 Health Disparities funding:

- Reduced COVID-19-related health disparities
- Improve and increase testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities
- Improve state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

Project Aims

Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved. Identifying and addressing current gaps and factors that influence COVID-19-related health disparities requires a collaborative approach. Under this strategy, key partners will broadly address health disparities and inequities related to COVID-19.

- Build and expand community capacity to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing and contact tracing, and quarantine, including racial and ethnic minority populations and rural communities;

- Identify and establish collaborations with critical partners affiliated with and who provide services to populations that are underserved and at higher risk for COVID-19 to disseminate scientifically accurate, culturally, and linguistically responsive information and facilitate access to health-related services

Scope of Work/Services (Strategies and Activities)

This grant program will address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities. All strategies should aim to build infrastructures that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses.

Activity Focus

- | | |
|---|---|
| ○ <i>Testing</i> | ○ <i>Programs/services/resources</i> |
| ○ <i>Quarantine and Isolation</i> | ○ <i>Preventive care and disease management</i> |
| ○ <i>Vaccine access</i> | ○ <i>SDOH - Social Determinants of Health</i> |
| ○ <i>Culturally appropriate messaging</i> | ○ <i>Health education</i> |
| ○ <i>Community capacity/engagement/outreach</i> | ○ <i>Addressing mistrust or hesitancy</i> |

Activity Examples

- | | |
|------------------------------------|--|
| ○ <i>Hosting vaccine events</i> | ○ <i>Other - Activities are not limited to this listing.</i> |
| ○ <i>Outreach & Engagement</i> | |
| ○ <i>Transportation Support</i> | |

Program Evaluation Requirements/Reporting Requirements

Quarterly Progress Report will be required and used to capture progress for sub-recipient (grantee) activities. Progress reports will be submitted through REDcap and required to be submitted prior to sub-recipient funding distribution is released. Reporting measures for activities will include, progress of the activity, percentage of completion, and successes and challenges.

Virginia Department of Health Activities

- VDH will hold an orientation session for new grantees' to provide information on contract management, fiscal and reporting requirements, and other contractual procedures.
- VDH will review and provide feedback and recommendations on grantee' quarterly progress reports.
- VDH will provide programmatic technical assistance to grantees.
- VDH will make at least one site visit to observe interventions. Site visits may be announced or unannounced.

Optional Pre-Application Information Webinar

Date & Time: Thursday, January 27, 2022, 1:00 PM Eastern Time (US and Canada)

Register in advance for this meeting:

<https://zoom.us/meeting/register/tJwoc-isrjkuHtclmc95LqfjKEowGMjzwWCj>

After registering, you will receive a confirmation email containing information about joining the meeting.

Budget Requirements

PROPOSED BUDGET 2022-2023 Grant Year

Sub-Recipient Project Title:

RFA Number:

Grant Year: March 15, 2022 - March 14, 2023

Contact Information

Applicant FBO:

Main Contact Name:

Staffing (lead organization staff time) *Staffing Cost cannot exceed 25% of the budget.*

Staff Position (please use staff titles, not names)	# hours per week	Total # weeks	Hourly Rate	Total Salary	% Fringe (if applicable)	Fringe Total (if applicable)	Line Total
				\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -
Total for Salary & Fringe							\$ -

Contractual Services (subcontracts to partner organizations, etc.)

Subcontractor	Description of Service Provided	Quantity	Unit Cost	Total
				\$ -
				\$ -
				\$ -
				\$ -
Total for Contractual				\$ -

Direct Expenses

Description	Quantity	Unit Cost	Total
			\$ -
			\$ -
			\$ -
			\$ -
Total for Direct Expenses			\$ -

Supplies

Description	Quantity	Unit Cost	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total for Supplies			\$ -

Other Expenses

Description	Quantity	Unit Cost	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total for Other			\$ -

Indirect Cost/Expenses

Description	Quantity	Unit Cost	Total
<i>Note: Indirect Costs cannot exceed 10% of the budget.</i>			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total for Indirect Costs			\$ -

Total Budget \$ -

Signature: _____

Date: _____

PROPOSED BUDGET NARRATIVE
2022-2023 Grant Year

Sub-Recipient Project Title:

RFA Number:

Grant Year: March 15, 2022 - March 14, 2023

Contact Information

Applicant FBO:

Main Contact Name:

Budget Narrative

A budget narrative must justify all proposed expenditures by explaining the cost, how the costs were determined, and calculations to support the expense. All requested costs must be linked to the program goals and objectives. Not doing so could result in individual line item requests not being approved.

Required documents

The budget and budget narrative templates provided above are required documents for applicant submission. These downloadable templates are provided in the RFA attachments.

Budget Line Item Categories:

These categories and formats are being provided to ensure appropriate ordering of budget categories and placement of line items. The descriptions under each are examples of allowable costs. Specific line items and costs are negotiated in your initial contract with any modifications requiring approval.

Staffing/Personnel:

This includes costs for staff paid under the grant that are employees of your agency. This may include administrative, programmatic, evaluation, accounting staff, etc. *(Staffing costs cannot exceed 25% of the total budget.)*

Contractual:

This should include details of any subcontractors as well as funds paid to consultants, outside trainers, maintenance of equipment, or bookkeeping/accounting services that are outsourced rather than provided in-house.

Direct Expenses:

Includes costs that can be identified specifically with a particular sponsored project, an instructional activity, or any other institutional activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. *(Examples include: volunteers, chairs, tables, tents, transportation (be clear on what type of transportation), etc.)*

Supplies:

This category should include programmatic and office supplies, including educational materials, incentives, printing or purchase of brochures and posters, envelopes, and paper.

Other Expenses:

This may include items not listed in the above categories that may include project-specific administrative costs such as postage.

Indirect/De Minimus:

This cost is incurred by a recipient for common or joint objectives and cannot be identified specifically with a particular project or program. These costs also are known as “facilities and administrative costs.”

Indirect costs may be budgeted only if the agency has a negotiated and approved indirect cost rate agreement with a cognizant federal agency. Contractors without a cost rate agreement with a cognizant federal agency may elect to charge a de minimus rate of 10% of total modified direct costs, which may be used indefinitely. If a contractor elects to use the de minimus rate, it must do so across all federal awards until such time it chooses to negotiate a rate. *(Indirect Costs cannot exceed 10% of the budget.)*

Budget:

The approved estimate for the project or any work breakdown structure component or any schedule activity. *(Budget is a required document for this application.)*

Budget Narrative:

Must justify all proposed expenditures by explaining the cost, how the costs were determined, and calculations to support the expense. All requested costs must be linked to the program goals and objectives. Not doing so could result in individual line items requests not being approved. Are the expenses reasonable and allowable? *(Budget Narrative is a required document for this application.)*

Allowable Costs:

A cost incurred by a recipient that is: (1) reasonable for the performance of the award; (2) allocable; (3) in conformance with any limitations or exclusions set forth in the Federal cost principles applicable to the organization incurring the cost or in the [NoA](#) as to the type or amount of cost; (4) consistent with regulations, policies, and procedures of the recipient that are applied uniformly to both federally supported and other activities of the organization; (5) accorded consistent treatment as a direct or indirect cost; (6) determined in accordance with generally accepted accounting principles; and (7) not included as a cost in any other federally supported award (unless specifically authorized by statute). [CDC/Grant](#)

Unallowable Costs:

A cost specified by law or regulation, Federal cost principles, or term and condition of award that may not be reimbursed under a grant or cooperative agreement. [CDC/Grant](#)

Reasonable Costs:

A cost whose nature or amount does not exceed that which would be incurred by a prudent person under the circumstances prevailing when the decision was made to incur the cost. [CDC/Grant](#)

***Funding Restriction: These funds may not be used for purchases of equipment or construction projects*

Section V - Application Submission Information

Application Date and Time of Submission

In order to be considered for selection, an applicant must submit completed applications no later than **Tuesday, February 15, 2022 at 2:00 PM EST. Applications must be received by the application due date.** Responses **received after the submission due date and time will not be accepted.** VDH is not responsible for delayed delivery or receipt of applications.

Application Submission Instructions

Applications may be submitted either electronically through RedCap or by hard copy as follows:

RedCap Application Link: <https://redcap.vdh.virginia.gov/redcap/surveys/?s=9TAA9RRDF8>

Applicants must be registered with eVA in order to submit an application. To register in eVA, go to <https://eva.virginia.gov/register-now.html>. If your organization is already registered in eVA, you are strongly encouraged to login to eVA to verify your eVA registration status is active and your account information is correct *before* you upload your application response. One (1) complete proposal and all required forms and attachments must be uploaded to RedCap at the link provided, prior to the date and time set for receipt.

OR

Hard Copy (Printed) Application Submission: The application and all required forms and attachments shall be provided in the following number of copies:

Six (6) hard copies (printed), one marked Original, for a total of six (6) copies with the RFA number and the name of the applicant organization.

Hard copies of applications shall be mailed to the following address:

Virginia Department of Health
Office of Health Equity
ATTN: Veronica Cosby
109 Governor Street, 7th Floor
Richmond, VA 23219

Identification of Application Envelope/Package: All envelopes/packages must be sealed. The following information must be included in the return address and identified as follows:

From: _____	_____	_____	_____
Name of Applicant	Organization	Due Date	Time
_____	_____		
Street or Box Number	RFA Number		
_____	_____		
City, State, Zip Code	RFA Title		

Application Preparation Instructions

Failure to submit all information requested may result in the VDH requiring prompt submission of missing information and/or giving a lowered evaluation of the application. Applications that are substantially incomplete or lack key information may be rejected by VDH. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.

Applications should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFA. Emphasis should be placed on completeness and clarity of content. All pages of the application should be numbered.

Ownership of all data, materials, and documentation originated and prepared for the State pursuant to the RFA shall belong exclusively to the State and be subject to public inspection in accordance with the *Virginia Freedom of Information Act*. Trade secrets or proprietary information submitted by an applicant shall not be subject to public disclosure under the *Virginia Freedom of Information Act*; however, the applicant must invoke the protections of § 2.2-4342F of the *Code of Virginia*, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secrets or proprietary information. The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable and will result in rejection of the proposal. If, after being given reasonable time the applicant refuses to withdraw an entire classification designation, the proposal will be rejected.

Deadline for Questions Concerning Application Requirements and Documents

If any prospective applicant has questions about the specifications or other application documents, the prospective applicant should contact the Program officer indicated below no later than February 4, 2022. Any revisions to the solicitation will be made only by addendum issued by the contract officer.

Contract Officer: Kaneik Ferguson

Phone Number: 804-221-3168

Email: kaneik.ferguson@vdh.virginia.gov

Program Officer: Veronica Cosby

Phone Number: 804-864-7361

Email: veronica.cosby@vdh.virginia.gov

Section VI - Application Format and Content

A. **Application Format**: Applications should be as thorough and detailed as possible so that VDH may properly evaluate your organization's capabilities to provide the required services. The application narrative must be typed on 8.5" x 11" paper in a font size of 11 or 12 using a conventional font such as Times New Roman, Arial, or Courier. All pages of the narrative should be numbered. Applications must be organized in the order in which the requirements are presented in the Application Content and Required Forms. Applications submitted should not exceed 20 pages including required appendices/attachments.

B. **Application Content**: Applicants are required to submit the following items as a complete application:

1. **COVER SHEET**: Application cover sheet must include the following information:

- Project title
- Legal name of applicant organization (Faith-Based Organization/Institution)
- Signature of Authorized Organization Representative
- Address
- City, State Zip plus four
- Health District Locality
- Total amount requested
- DUNS number (If applicable)
- Project start date/end date

2. **APPLICATION NARRATIVE**: Each section of the narrative should be clearly labeled as written below (such as **Description of Applicant**) and in the order presented. Minimum 300 word count for **each area** listed below (sections a – e).

- a. **Description of Applicant**: Provide a narrative description of the purpose and goals of the applicant organization/institution; history organization, history of outreach efforts, programs and services; geographic areas served; and the number and type of people served. Also include the information regarding the organizational structure of the agency including the number and type of staff; programs, activities, or previous programmatic

accomplishments; the agency's experience providing evidence-based abstinence education programs; and effective use of existing community resources.

- This grant will require engagement with your local health department. If at this time you are not working with your current Health Department, these efforts will provide the opportunity for you to connect.

b. **Description of Proposed Services:** Provide a descriptive summary of the proposed project(s)/activities. Be as specific and detailed as possible.

c. **Need for Project:** Provide a clear statement of the unmet need(s) to be addressed in this proposal by focusing on the community/communities to be served. Describe the need for the specific project/activities compared against existing local services. Include needs of underserved populations in specified service area, how they were identified, and how the project will provide services to them. Support any statements of unmet need with linkage to statistics, community characteristics, lack of similar resources, etc. Indicate whether the proposed project/activity is new (has never been conducted) or already existing. If the proposed project is a continuation of existing services, information about previously existing financial resources should be cited such as source, amount and any reason funds were terminated or insufficient. Programs should state what attempts have been made to secure other funding sources. Information such as number, impact of the project on the problem, and the need for continuation should also be addressed by ongoing projects.

d. **Description of Staff and Responsibilities:** Identify the staff responsible for service provision/project coordination. Provide the number, positions, and qualifications of staff, paid and/or volunteer, who will be involved in the project. Describe how staff will be recruited, if not already in place. Discuss the methods used to monitor staff performance. If the service is subcontracted, provide the name, qualifications and experience of proposed subcontractor. Describe any technical assistance and support that will be provided to volunteers, staff and others, and how success will be measured. Attach an organizational chart which clearly identifies where this project will fit and that identifies all existing and proposed positions listed in this section, the activities/outcomes work plan, and budget.

e. **Program Goals and Objectives:** Clearly define and discuss the project goals and objectives and describe how they will be met. The goals and objectives must align with the goals and objectives on the Activities/Outcomes Work Plan in the following section.

3. **ACTIVITIES/OUTCOMES WORK PLAN:** Complete a project activities/outcomes work plan to describe the project methodology. Detail the strategies and activities necessary to achieve the project goals, objectives and outcomes. Include specific target dates for the beginning and end of each activity, including specific planning activities and staff responsible. Specify any

details for subcontracting. Identify target population, numbers to be served and units of service for each objective and activity.

4. **BUDGET and BUDGET NARRATIVE**: See Section IV. Budget and Budget Narrative template provided (RFA Attachments) are required for application submission. A budget narrative must justify all proposed expenditures by explaining the cost, how the costs were determined, and calculations to support the expense. All requested costs must be linked to the program goals and objectives. Not doing so could result in individual line item requests not being approved.

5. **APPENDICES**:

- SF-LLL (<http://www.grants.gov/web/grants/forms/sf-424-family.html>)
- Organizational chart
- [Attachment A- Certification Regarding Lobbying.pdf](#)
- [Attachment B - EDI Certification.pdf](#)
- [Attachment C - Virginia Substitute W-9 Form.pdf](#)
- [Attachment D - Assurances Non Construction.pdf](#)
- [Attachment E -Federal Terms & Conditions.pdf](#)
- [P3 Grant Work Plan 2022 Final.docx](#)
- [P3 Grant Project Budget and Narrative Template 2022.xlsx](#)

Section VII - Application Review Information

Review and Selection Process

An initial review for adherence to the guidelines of the application will be completed and applications failing to provide the required information may be removed from consideration. Each complete application from eligible organizations will be read by a review panel who will rate the applications using the evaluation criteria indicated in this RFA. VDH will endeavor to ensure sub-grant awards are made within each region of the state to ensure a continuum of services is provided to the citizens of the Commonwealth.

Rating Criteria

Criteria	Points Available
<p>Project Quality</p> <ul style="list-style-type: none">• Applicant demonstrates a clear understanding of the goals and objectives of the RFA;• Activities/services identified on the activities/outcomes work plan are consistent with the activities, goals, and objectives described in the proposal narrative; timeframes in which the objectives will be met are reasonable; and outcomes are measurable;• Applicant clearly explains how it will provide services to the identified target population(s).	35
<p>Need for Project</p> <ul style="list-style-type: none">• The applicant clearly defines the unmet need(s) the project will address, the target population, and the geographical area(s) of service delivery; and• Evidence that the project does not duplicate existing programs and services currently provided by the applicant organization.	25
<p>Applicant Capacity</p> <ul style="list-style-type: none">• Applicant identifies well qualified personnel with the expertise to provide the proposed services;• The applicant has adequate facilities and organizational infrastructure to implement the project; and• Applicant demonstrates the capacity to begin delivering services quickly, with minimal time required for preparation.	20

<p>Budget/Program Costs</p> <ul style="list-style-type: none"> • Budget and budget narrative are reasonable, allowable, and clearly show how funds will be expended; • Budget is clearly aligned with the scope of activities to be conducted; and • Budget follows the template and guidance provided in Section IV. 	<p>20</p>
<p>TOTAL</p>	<p>100 Points</p>

The Virginia Department of Health reserves the right to:

- Reject any or all applications received in response to this RFA.
- Withdraw the RFA at any time, at the Department's sole discretion.
- Make an award under the RFA in whole or in part.
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
- Seek clarifications and revisions of applications.
- Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
- Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
- Prior to application opening, direct applicants submit proposal modifications addressing subsequent RFA amendments.
- Change any of the scheduled dates.
- Waive any requirements that are not material.
- Award more than one contract resulting from this RFA.
- Conduct contract negotiations with the responsible applicants.

Section IX - Payment Terms

Disbursement of funds will follow a cost reimbursement procedure and will be for actual funds expended. In order to be reimbursed, funded entities must submit supporting documentation for all expenses incurred, using the monthly invoice template provided by VDH. Invoices must be submitted by the 20th of the month following the end of each month of service provision. Actual expenditures shall be invoiced pursuant to approved line item budget categories of the sub-award agreement. Funded entities shall be reimbursed only for costs that have been incurred with the contract period. Requests for reimbursement for allowable costs incurred shall be submitted no more frequently than monthly. The funded entity should allow 30 days from the time requests for payment are received by VDH until reimbursement is received. If errors are found in the expenditure statements, the 30 days will begin on the date the errors are corrected. All invoices shall be submitted using the standard invoice template provided by VDH which includes at a minimum the following information:

- Name and address of Contracting Agency
- Federal Identification Number
- Required certification signed by authorized signing official pursuant to 2 CFR 200.415 “required certifications”
- Point of contact for invoice related questions
- Invoice # (never duplicated)
- Date of Invoice
- Agreement #
- Billing period for current invoice
- Current billing period costs listed by ledger category (Personnel, fringe benefits, supplies, etc.) Include cost sharing (in-kind) if applicable
- Year-to-date costs
- Supporting documentation for reimbursable costs incurred.

Funded entities must submit the final request for reimbursement to VDH within 30 days (By April 13, 2023) after the expiration of the contract period on March 14, 2023.

The funded entity shall be required to maintain accounting records to support all requests for disbursement. These records shall be available for review by the Commonwealth of Virginia. VDH will monitor expenditures accordingly.