

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

**TENNESSEE BREAST AND CERVICAL SCREENING PROGRAM
EVIDENCE-BASED INTERVENTIONS**

RFA # 34347-91624

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DEPARTMENT OF HEALTH

I. Introduction:

The focus of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is to increase breast and cervical cancer screening with a focus on populations who are underserved and who have increased cancer risk due to inequities. As an NBCCEDP affiliate, Tennessee Breast and Cervical Screening Program (TBCSP) seeks to:

- Implement EBIs (evidence-based interventions), in partnership with health systems to increase cancer screening rates among all women. EBIs are peer-reviewed, empirically-based strategies with documented evidence of effectiveness used to improve cancer screening rates, and detect cancer when medical intervention is most effective. Examples of EBIs include client reminders, reducing structural barriers, and provider reminders and feedback. Health systems may include Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), health care or hospital networks, and local health department clinics that are characterized as multi-site clinics.
- Increase community engagement through education and outreach to populations disproportionately burdened by breast and cervical cancer including but not limited to, those of ethnic or racial minorities and those in rural areas. Community engagement and support can be provided through engaging non-traditional partners such as, but not limited to worksites, community programs, community health workers, faith-based organizations, housing authorities, etc.
- Increase access to needed breast and cervical services including wellness exams, screenings, follow-ups, and referrals by providing barrier-reduction activities such as but not limited to transportation, child or adult care, co-pay assistance, or additional access to resources in underserved areas.

The applicant may choose one or more of the above-mentioned priority areas for this funding opportunity.

When developing a budget for this grant, Applicants must NOT include the following expenses as they are considered **Non-Allowable** Costs by the State:

- Construction, alteration, maintenance of buildings or building space
- Food and drinks
- Research projects
- Lobbying

- Clothing
- Permanent equipment not essential to project implementation (e.g. computers, printers, video monitors, furniture).
- Anything considered medication
- Advertising materials, including goods with program name printed on them, and purchase of media time/space that has not been pre-approved by the Tennessee Department of Health

The State is seeking applications to provide the services outlined in this RFA. The State will offer up to **Four** (4) grants for a total amount up to **\$50,000.00**. The project period is expected to begin on **November 1, 2023** and will last for 8 months. At this time, no additional funding is expected beyond the 8-month project period.

II. APPLICATIONS:

To respond to this Request for Application, please complete the **Application and Competitive Requirements**. See also IRS Form W9 and State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions for completion. The **Application** contains detailed questions about your organization's background and the specifics of your proposed project. Please provide a project timeline, evaluation plan, logic model and a letter of commitment from participating partners detailing the services they will provide to your organization and their willingness to continue to provide those services.

Attachment 3 is the Grant Budget. This section shall contain all information relating to cost, based on a line-item budget. Complete the Grant Budget form and the attached Line-Item Details form. A description of how dollars will be used must be provided for each line item completed with a superscript 2 on the end, as applicable for the Budget form.

Note: Please use the Department of Finance and Administration – Policy 03 Schedule A, (please refer to pages 11-16 of that policy) for your use in determining which expense category an item should be listed in your grant budget. This policy can be found on the internet at the address listed below:

https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf

Given the limited amount of available funding and the nature of these applications, priority will be given to applications that minimize indirect costs.

III. Schedule of Events

The following is the anticipated schedule for awarding grants for the **Tennessee Breast and Cervical Screening Program (TBCSP)**. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		August 21, 2023
2. Written “Questions & Comments” Deadline	2:00 p.m.	August 25, 2023
3. State Response to Written “Questions & Comments”		August 30, 2023
4. Deadline for Applications	2:00 p.m.	September 11, 2023
5. Evaluation Notice Released		September 15, 2023
6. Effective Start Date of Contract		November 1, 2023

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section IV., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be emailed to the Competitive Procurement Coordinator. The State’s responses will be emailed and posted as an Amendment to the following website:
<https://www.tn.gov/health/funding-opportunities.html>.

Deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

IV. Submission of APPLICATIONS:

Please submit the completed application with all attachments by online submission via the following link no later than the deadline specified in Section III, Schedule of Events in the form and detail specified in this RFA.

Web Link: <https://www.tn.gov/health/funding-opportunities.html>

The Competitive Procurement Coordinator at the address shown is the sole point of contact for this competitive process. **The APPLICATION and all attachments must use 12-point font.**

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Program
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Competitive.Health@tn.gov

Checklist for Submission of Applications:

- Application (**Attachment 1**) (Expand up to max of 5 pages if needed)
- Competitive Requirements
- 2-page Budget Form (**Attachment 3**)
- Project Timeline
- Evaluation Plan
- Logic Model
- Letter of Commitment from Participating Partners (detailing the services they will provide to your organization and their willingness to continue to provide those services)
- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (**Mailed per instructions on form.**)
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (**Mailed with ACH form.**)

V. Application Evaluation:

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

A. The committee shall review applications on the basis of the information requested in the RFA. Applications will be evaluated based on the following criteria:

- Adequacy of plan of operation
- Access to data needed
- Proposed expenses and cost effectiveness
- Plan for project execution
- Past experience with similar projects
- Experience of key project personnel
- Collaboration with relevant partners
- Level of projected impact

The committee will evaluate and recommend for selection to the Commissioner of the Department of Health, the applications(s) which is(are) most responsive to the State's needs.

B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all applications. The State reserves the right to request clarifications from all applicants.

VI. Sample Grant Contract:

Following the State's evaluation, grant contracts will be prepared as shown in the **Sample Grant Contract**.

It is imperative that each applicant review the entire Sample Contract with their legal counsel prior to submitting an application for a TBCSP grant award and notify the State *in advance* if it cannot accept any terms or conditions. Please submit any exceptions to contract language with the Application for TBCSP. **Taking any exceptions to State contract language may result in the Application being deemed non-responsive and rejected. Any later requests for contract changes will not be considered.**