State of Hawaii
Department of Health
Family Health Services Division
Maternal & Child Health Branch
Women’s Health Section – Family Planning Program

Request for Proposals

HTH-560-CW-003
Community Outreach, Information, and Health Education Services: Family Planning and Reproductive Health

Issued: October 16, 2007

Date Due: January 18, 2008

Note: If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must provide contact information to the RFP contact person (of this RFP) to be notified of any RFP changes. For your convenience, an RFP Interest form may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.
October 16, 2007

REQUEST FOR PROPOSALS

COMMUNITY INFORMATION AND HEALTH EDUCATION: FAMILY PLANNING AND REPRODUCTIVE HEALTH
RFP No. HTH-560-CW-003

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Women’s Health Section, Family Planning Program, is requesting proposals from qualified applicants to provide community outreach, information, and health education services related to family planning and reproductive health, statewide. The contract term will be from July 1, 2008 through June 30, 2010. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before January 18, 2008, or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on January 18, 2008, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Family Planning Program will conduct an orientation on October 30, 2007 from 2:00 p.m. to 4:00 p.m. HST, via Video Conference Center at the following locations:
- Oahu: Keoni Ana Bldg., 1177 Alakea Street, Honolulu; Kakuhihewa Bldg., 601 Kamokila Blvd., Kapolei; Ko’olauloa Community Health and Wellness Center, 54-316 Kamehameha Hwy., Hauula
- Hawaii (Big Island): Hilo State Office, 75 Aupuni Street, Hilo; Kona Health Center, Kona; Hamakua Health Center, 45-549 Plumeria Street, Honokaa
- Molokai: Molokai State Building, Kaunakakai
- Kauai: Lihue State Office, 3040 Umi Street, Lihue
- Maui: Wailuku Judiciary Bldg., 54 High Street, Wailuku

The deadline for submission of written questions is 4:30 p.m. HST on November 30, 2007. All written questions will receive a written response from the State on or about December 14, 2007.

Inquiries regarding this RFP should be directed to the RFP contact person, Mr. Melvin Whang at 741-A Sunset Avenue, Room 100, Honolulu, Hawaii 96816, telephone: (808) 733-9030, fax: (808) 733-8355, e-mail: mel.whang@fhsd.health.state.hi.us.
PROPOSAL MAIL-IN AND DELIVERY INFORMATION
SHEET

ONE (1) ORIGINAL AND ONE (1) COPY OF THE PROPOSAL ARE REQUIRED.

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE
(“USPS”) NO LATER THAN January 18, 2008 and received by the state purchasing agency
no later than 10 days from the submittal deadline.

All Mail-ins
Department of Health
Maternal and Child Health Branch
Family Planning Program
741-A Sunset Avenue, Room 100
Honolulu, Hawaii 96816

RFP COORDINATOR
Melvin Whang
For further info. or inquiries
Phone: 733-9030
Fax: 733-8355

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL
4:30 P.M., Hawaii Standard Time (“HST”), January 18, 2008. Deliveries by private mail
services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be
accepted if received after 4:30 p.m., January 18, 2008.

Drop-off Sites

Oahu:
Department of Health
Maternal Child Health Branch
741-A Sunset Avenue, Room 100
Honolulu, Hawaii
Attn: Family Planning Program

East Hawaii:
Department of Health
Keaweh Health Center
46 Keawe Street
Hilo, Hawaii
Attn: Maylyn Tallett

Maui:
Department of Health
Maui District Health Office
54 High Street, Room 301
Wailuku, Hawaii
Attn: Family Health Services Section

West Hawaii:
Department of Health
Kealakekua Business Plaza
81-980 Haleki‘i Street
Kealakekua, Hawaii
Attn: Jan Carman

Kauai:
Department of Health
Kauai District Health Office
Lihue Health Center
3040 Umi Street
Lihue, Kauai
Attn: Cash Lopez

Proposal Mail-In and Delivery Info (Rev. 4/06)
RFP Table of Contents

Section 1 Administrative Overview

I. Procurement Timetable ................................................................. 1-1
II. Website Reference ................................................................. 1-2
III. Authority .............................................................................. 1-2
IV. RFP Organization ................................................................. 1-3
V. Contracting Office ................................................................. 1-3
VI. Orientation ........................................................................... 1-3
VII. Submission of Questions ....................................................... 1-4
VIII. Submission of Proposals ......................................................... 1-4
IX. Discussions with Applicants ..................................................... 1-7
X. Opening of Proposals ............................................................... 1-7
XI. Additional Materials and Documentation .................................. 1-7
XII. RFP Amendments ................................................................. 1-7
XIII. Final Revised Proposals .......................................................... 1-8
XIV. Cancellation of Request for Proposals ...................................... 1-8
XV. Costs for Proposal Preparation ................................................. 1-8
XVI. Provider Participation in Planning ............................................ 1-8
XVII. Rejection of Proposals ........................................................... 1-8
XVIII. Notice of Award ................................................................. 1-9
XIX. Protests ................................................................................ 1-9
XX. Availability of Funds ............................................................... 1-10
XXI. Monitoring and Evaluation ..................................................... 1-10
XXII. General and Special Conditions of the Contract ....................... 1-10
XXIII. Cost Principles ................................................................. 1-11

Section 2 - Service Specifications

I. Introduction .............................................................................. 2-1
   A. Overview, Purpose or Need .................................................. 2-1
   B. Planning activities conducted in preparation for this RFP ....... 2-2
   C. Description of the Goals of the Service ............................... 2-3
   D. Description of the Target Population to be Served ............... 2-3
   E. Geographic Coverage of Service ....................................... 2-3
   F. Probable Funding Amounts, Source, and Period of Availability. 2-4
II. General Requirements ............................................................. 2-4
   A. Specific Qualifications or Requirements ............................. 2-4
   B. Secondary Purchaser Participation ..................................... 2-5
   C. Multiple or Alternate Proposals ......................................... 2-5
   D. Single or Multiple Contracts to be Awarded ....................... 2-5
   E. Single or Multi-Term Contracts to be Awarded ................... 2-5
   F. RFP Contact Person ........................................................... 2-6
III. Scope of Work ....................................................................... 2-6
   A. Service Activities .............................................................. 2-6
Section 3 - Proposal Application Instructions

General Instructions for Completing Applications

I. Program Overview
   A. Necessary Skills
   B. Experience
   C. Quality Assurance and Evaluation
   D. Coordination of Services
   E. Facilities

II. Experience and Capability
   A. Necessary Skills
   B. Experience
   C. Quality Assurance and Evaluation
   D. Coordination of Services
   E. Facilities

III. Project Organization and Staffing
   A. Staffing
   B. Project Organization

IV. Service Delivery
   A. Service Activities
   B. Management Requirements

V. Financial
   A. Pricing Structure

VI. Other
   A. Litigation

Section 4 – Proposal Evaluation

I. Introduction

II. Evaluation Process

III. Evaluation Criteria
   A. Phase 1 – Evaluation of Proposal Requirements
   B. Phase 2 – Evaluation of Proposal Application
   C. Phase 3 – Recommendation for Award

Section 5 – Attachments

Attachment A  Proposal Application Checklist
Attachment B  Sample Table of Contents
Attachment C  Action Plan
Attachment D  Quarterly Report
Attachment E  Table A – Performance Measures
Attachment F  Table B – Output Measures
Attachment G  Sample of Pre and Post Tests
Attachment H  Interpersonal Relationship between Staff and Clients/DOH
Attachment I  Title X Assurance of Compliance
Attachment J  Federal Certifications
Section 1

Administrative Overview
Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of each RFP.

**I. Procurement Timetable**

Note that the procurement timetable represents the State’s best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Scheduled Date</th>
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<tbody>
<tr>
<td>Public notice announcing RFP</td>
<td>Oct. 16, 2007</td>
</tr>
<tr>
<td>RFP orientation session</td>
<td>Oct. 30, 2007</td>
</tr>
<tr>
<td>Closing date for submission of written questions for written responses</td>
<td>Nov. 30, 2007</td>
</tr>
<tr>
<td>State purchasing agency’s response to applicants’ written questions</td>
<td>Dec. 14, 2007</td>
</tr>
<tr>
<td>Discussions with applicant prior to proposal submittal deadline (optional)</td>
<td>Oct. 16, 2007 to Jan. 18, 2008</td>
</tr>
<tr>
<td>Proposal submittal deadline</td>
<td>Jan. 18, 2008</td>
</tr>
<tr>
<td>Discussions with applicant after proposal submittal deadline (optional)</td>
<td>Late Jan. to March 2008</td>
</tr>
<tr>
<td>Final revised proposals (optional)</td>
<td>Late Jan. to Feb. 28, 2008</td>
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<td>Proposal evaluation period</td>
<td>Mid Jan. to March 2008</td>
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<tr>
<td>Provider selection</td>
<td>March to April 2008</td>
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<tr>
<td>Notice of statement of findings and decision</td>
<td>March to April 2008</td>
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<tr>
<td>Contract start date</td>
<td>July 1, 2008</td>
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II. Website Reference

The State Procurement Office (SPO) website is www.spo.hawaii.gov

<table>
<thead>
<tr>
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<tr>
<td>1 Procurement of Health and Human Services</td>
<td>“Health and Human Services, Chapter 103F, HRS…”</td>
</tr>
<tr>
<td>2 RFP website</td>
<td>“Health and Human Services, Ch. 103F…” and “RFPs”</td>
</tr>
<tr>
<td>3 Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services</td>
<td>“Statutes and Rules” and “Procurement of Health and Human Services”</td>
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<tr>
<td>4 Forms</td>
<td>“Health and Human Services, Ch. 103F…” and “For Private Providers” and “Forms”</td>
</tr>
<tr>
<td>5 Cost Principles</td>
<td>“Health and Human Services, Ch. 103F…” and “For Private Providers” and “Cost Principles”</td>
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<tr>
<td>6 Standard Contract -General Conditions</td>
<td>“Health and Human Services, Ch. 103F…”</td>
</tr>
<tr>
<td>7 Protest Forms/Procedures</td>
<td>“Health and Human Services, Ch. 103F…” and “For Private Providers” and “Protests”</td>
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Non-SPO websites
(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at www.hawaii.gov)

<table>
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<tr>
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<th>Go to</th>
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</thead>
<tbody>
<tr>
<td>8 Tax Clearance Forms (Department of Taxation Website)</td>
<td><a href="http://www.hawaii.gov/tax/">http://www.hawaii.gov/tax/</a> click “Forms”</td>
</tr>
<tr>
<td>9 Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)</td>
<td><a href="http://www.capitol.hawaii.gov/">http://www.capitol.hawaii.gov/</a> click “Bill Status and Documents” and “Browse the HRS Sections.”</td>
</tr>
<tr>
<td>10 Department of Commerce and Consumer Affairs, Business Registration</td>
<td><a href="http://www.hawaii.gov/dcca">http://www.hawaii.gov/dcca</a> click “Business Registration”</td>
</tr>
<tr>
<td>11 Campaign Spending Commission</td>
<td><a href="http://www.hawaii.gov/campaign">www.hawaii.gov/campaign</a></td>
</tr>
</tbody>
</table>

III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (“HRS”), Chapter 103F and its administrative rules. All prospective applicants are charged with presumpive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.
IV. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments--Provides applicants with information and forms necessary to complete the application.

V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Maternal and Child Health Branch
Women’s Health Section
Family Planning Program
Department of Health, State of Hawaii
741-A Sunset Avenue, Room 100
Honolulu, Hawaii  96816

Phone: (808) 733-9030     Fax: (808) 733-8355

VI. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: October 30, 2007   Time:  2:00 p.m. to 4:00 p.m. HST
Location: Video Conference Centers at the following locations.
- Oahu (3 sites): Keoni Ana Bldg., 1177 Alakea Street, Honolulu; Kakahihe Bldg., 601 Kamokila Blvd., Kapolei; Ko‘olaulu
Community Health and Wellness Center, 54-316 Kamehameha
Hwy., Hauula
- Hawaii (Big Island – 3 sites): Hilo State Office, 75 Aupuni Street, Hilo; Kona Health Center, Kona; Hamakua Health Center, 45-549 Plumeria Street, Honokaa
- Molokai: Molokai State Building, Kaunakakai
- Kauai: Lihue State Office, 3040 Umi Street, Lihue
- Maui: Wailuku Judiciary Bldg., 54 High Street, Wailuku

For further information on locations, please contact the Family Planning Program at 733-9030. Please bring a copy of the RFP with you.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VII. Submission of Questions).

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:
Date: November 30, 2007 Time: 4:30 p.m. HST

State agency responses to applicant written questions will be provided by:
Date: December 14, 2007

VIII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click Procurement of Health and Human Services and For Private Providers. Refer to the Proposal Application Checklist for the location of program specific forms.

1. Proposal Application Identification (Form SPO-H-200) - Provides identification of the proposal.

2. Proposal Application Checklist – Provides applicants with information on where to obtain the required forms; information
on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.

3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)

5. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, Paragraph III, A.1, Administrative Requirements, and the Proposal Application Checklist (located in Section 5) to determine whether the tax clearance is required at time of proposal submittal for this RFP. Tax clearance application may be obtained from the Department of Taxation website. (See Paragraph II, Website Reference.)

B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist located in Section 5.

C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

D. **Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of $25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-
55, HRS may be obtained from the Hawaii State Legislature website. (See Paragraph II, Website Reference.)

E. **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be register and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See Paragraph II, Website Reference.)

F. **Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. (See Paragraph II, Website Reference.)

G. **Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

*Note that price is not considered confidential and will not be withheld.*

H. **Language Access** – The Provider shall comply, as a “covered entity,” with the provisions of HRS Chapter 371 Part II, Language Access.

I. **Proposal Submittal** – All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet.

Proposals shall be rejected when:
- Postmarked after the designated date; or
• Postmarked by the designated date but not received within 10 days from the submittal deadline; or
• If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

IX. Discussions with Applicants

A. Prior to Submittal Deadline. Discussions may be conducted with potential applicants to promote understanding of the purchasing agency’s requirements.

B. After Proposal Submittal Deadline - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

X. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XI. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XII. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.
XIII. Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant’s best and final offer/proposal. The applicant shall submit only the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200). After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants’ sole responsibility.

XVI. Provider Participation in Planning

Provider participation in a state purchasing agency’s efforts to plan for or to purchase health and human services prior to the state purchasing agency’s release of a request for proposals, including the sharing of information on community needs, best practices, and providers’ resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVII. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized.)

(1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR).

(2) Rejection for inadequate accounting system. (Section 3-141-202, HAR).
(3) Late proposals (Section 3-143-603, HAR).
(4) Inadequate response to request for proposals (Section 3-143-609, HAR).
(5) Proposal not responsive (Section 3-143-610 (1), HAR).
(6) Applicant not responsible (Section 3-143-610 (2), HAR).

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See Paragraph II, Website Reference.) Only the following matters may be protested.

(1) A state purchasing agency’s failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

(2) A state purchasing agency’s failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

(3) A state purchasing agency’s failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.
XX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XXI. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:


2. Performance/Outcome Measure.

3. Output Measures.

4. Quality of Care/Quality of Services.

5. Financial Management.

6. Administrative Requirements.

7. Quarterly Reports.


XXII. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Paragraph II, Website Reference.) Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

Applications are required to address requirements in the Federal Title X Program Guidelines for Family Planning Services and describe plans to meet Health Insurance Portability and Accountability Act (“HIPAA”) standards in their proposal application.
XXIII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website. (See Paragraph II, Website Reference.) Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.
Section 2

Service Specifications
Section 2
Service Specifications

I. Introduction

A. Overview, purpose or need

Since the early 1970’s, the Hawaii State Department of Health (“DOH”) has been the Grantee for the federally funded Title X Family Planning Program. The award is made by the U.S. Department of Health and Human Services (“DHHS”), Office of Population Affairs (“OPA”), Office of Family Planning. The Hawaii DOH Family Planning Program (“FPP”) of the Women’s Health Section, Maternal and Child Health Branch, Family Health Services Division is responsible to administer the program and funds enabling the provision of Title X subsidized family planning (“FP”) services in Hawaii.

As Grantee, the FPP’s functions and responsibilities include:

- Assessing community needs in the area of family planning for individuals with low incomes and for those at risk for unintended pregnancy;
- Identifying, funding, and contracting with service providers;
- Assuring access to subsidized high quality clinical family planning services and related preventive health services including preconception and interconception care (care received prior or between pregnancies to improve individual health and pregnancy outcomes);
- Assuring access to highly effective contraceptive methods;
- Monitoring and evaluating the performance of contract agencies;
- Collecting, analyzing, and disseminating data;
- Providing training and technical assistance to family planning providers;
- Providing community education and outreach services;
- Advocating for clients; and
- Serving as liaison between the state, federal, and community family planning providers.

Proposals are requested from qualified applicants to provide community information, education, and outreach in the areas of family planning and reproductive health, in all counties of Hawaii for fiscal year 2009 and 2010 (July 1, 2008 to June 30, 2010). Proposals that are accepted will be funded by the federal Title X Family Planning Program awarded to the DOH by the U.S. Department of Health and Human Services, Office of Population Affairs, Office of Family Planning. Other funding will be from Hawaii Department of Human Service’s (“DHS”) Temporary Assistance for Needy Families (“TANF”) funds and State funds if available.
According to the 2006 Guttmacher Institute’s “Contraception Counts” report, there are 138,110 women in Hawaii in need of contraceptive services and supplies. It is estimated that 62,020 of these women have incomes below 250% of the federal poverty level and are in need of publicly supported contraceptive services; including 15,840 sexually active adolescents.

Many women who do not have health insurance cannot afford contraceptive services. The U.S. Census Bureau’s Current Population Survey (“CPS”) Annual Social and Economic Supplement, Hawaii Sample (2001-2005), indicates approximately 120,000 persons were uninsured in 2005. This represents approximately 9.6% of Hawaii’s resident population.

When family planning services are not used, many women have an unintended pregnancy. Over half of the pregnancies in Hawaii, 52.4%, were unintended in the year 2005. This represents 11,329 of 21,636 pregnancies. Increased availability of family planning and reproductive health services is needed to prevent unintended pregnancies, an important factor in ensuring positive birth outcomes and a healthy start for infants.

The purpose of the proposed services is to assist women and men throughout Hawaii to plan if and when pregnancy shall occur and to prevent unintended pregnancies. One of the ways this is accomplished is through public awareness regarding health benefits of planned pregnancies, child spacing, use of contraceptives, and access to contraceptive services. Public awareness regarding family planning issues is essential in reducing Hawaii’s unintended pregnancy rates and also in reducing state health care costs.

Educational efforts shall include raising public awareness of the availability of publicly subsidized family planning services and locations of clinic sites. This will be done by providing outreach and information to hard-to-reach populations (uninsured or underinsured persons, immigrants, males, persons with limited English proficiency, homeless persons, substance abusers, persons with disabilities, and adolescents) and the general population.

B. Planning activities conducted in preparation for this RFP.

A request for information (“RFI”) was posted on the State Procurement Office (“SPO”) website on August 31, 2007. An email was sent to current providers and prospective providers to announce the posting of the RFI. The RFI included the website for the previous RFP and website for the Federal Title X Program Guidelines Project Grants for Family Planning Services 2001 (“FPG”) and other family planning resources.
C. **Description of the goals of services**

The goals of this program are to:

1. Promote information, education, awareness, and understanding of family planning, and assure the promotion of family planning clinical services throughout Hawaii to prevent unintended pregnancies and the poor health outcomes associated with unintended pregnancy. FP Community Health Educators will work in collaboration with clinical providers to improve strategies to reach populations in need, with the objective to increase the number of unduplicated clients served by clinical providers within the educator’s targeted geographical area(s) each year. Activities should include community-based information and education that are age and culturally appropriate (activities that are responsive to and respectful of the history, traditions and cultural values of different ethnic groups). Also, emphasis should be placed on both the rationale for family planning and preconception care, and the complete range of family planning choices (including postponing sexual involvement for youth).

2. Improve the health status of populations in areas of the State designated as in need of services as identified in the 2005 Primary Care Needs Assessment Data Book published by the Family Health Services Division, DOH. (See Section 1 Administrative Overview; Paragraph II, Website Reference.)

D. **Description of the target population to be served**

The target population is hard-to-reach individuals that are the most under-served and the least likely to access family planning services in a traditional setting. These individuals include, but are not limited to uninsured or underinsured persons, immigrants, males, persons with limited English proficiency, homeless persons, substance abusers, persons with disabilities, and adolescents.

Priority populations range from preadolescent youth through adults of reproductive age. Special emphasis is placed on those who may be especially at risk for unprotected sexual activity and unintended pregnancy, due to cultural values; and environmental, developmental, and/or health factors.

E. **Geographic coverage of service**

The services shall be statewide, in areas of high population density such as Honolulu, and in locations that have been federally designated as medically underserved areas (“MUAs”) and medically underserved populations (“MUPs”) as indicated in the State of Hawaii Primary Care Needs Assessment Data book 2005. (See Section 1 Administrative Overview; Paragraph II, Website Reference.)
F. Probable funding amounts, source, and period of availability

The estimated amount of federal funds (including Title X Family Planning and DHS’s TANF funds) available is approximately $710,000 per fiscal year for a period of two years. The average amount of funding per award will be $25,000 to $50,000. An additional $400,000 annually may become available. Funds are subject to budget restrictions. This RFP has been developed in such a manner as to satisfy procurement requirements for additional state and federal funds.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

1. Necessary Skills and Experience

The agency must have staff with the background, knowledge, understanding and experience related to the delivery of community information, outreach, and education in the area of FP, preconception and reproductive health. A minimum of five years’ experience in areas of outreach and education activities for the agency as a whole (not necessarily the staff described below) is desired.

2. Personnel

The agency must have a staff person with experience and knowledge in health education, outreach and community resources and who lives in the community being served to provide community health education services. The staff person must be sensitive to and able to deal effectively with cultural and sensitive service delivery issues. At a minimum, a high school degree will be acceptable, with applicable experience in community outreach and health education being required. The FP Community Health Educator shall work full time (1.0 FTE) providing family planning community health information, education, and outreach activities (unless the agency is awarded less than a full-time contract).

3. Coordination of Services

The agency must have experience in effective coordination of services with other agencies and resources in the community, specifically related to family planning and reproductive health needs and services.

4. Facilities

The agency must have a facility for a FP Community Health Educator which has reasonable office accommodations in which to carry out tasks
efficiently and effectively (e.g. telephone, fax, email, personal computer, and space for preparation of education exhibits and programs). The FP Community Health Educator employed by the agency must have transportation to provide community education and outreach activities.

5. **Administrative**

The applicant shall comply with the Chapter 103F, Hawaii Revised Statutes (“HRS”) Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO website. (See Section 1 Administrative Overview, Paragraph II, Website Reference.)

**B. Secondary purchaser participation**
(Refer to §3-143-608, HAR)

*After-the-fact secondary purchases* will be allowed.

*Planned secondary purchases* – None.

**C. Multiple or alternate proposals**
(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

**D. Single or multiple contracts to be awarded**
(Refer to §3-143-206, HAR)

☐ Single ☒ Multiple ☐ Single & Multiple

Criteria for multiple awards:

Would prefer at least one provider per island; with additional providers in higher population density areas.

**E. Single or multi-term contracts to be awarded**
(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

The initial term of the contract is July 1, 2008 to June 30, 2010 with the option to extend an additional two years (from July 1, 2010 to June 30, 2012). Extensions must be in writing and must be executed prior to expiration date of June 30, 2010.
F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Paragraph I (Procurement Timetable) of this RFP.

Melvin S. Y. Whang, M.P.H.
DOH – Family Planning Program
741-A Sunset Avenue, Room 100
Honolulu, Hawaii 96816
Phone: (808) 733-9030
Email: mel.whang@fhsd.health.state.hi.us

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities
(Minimum and/or mandatory tasks and responsibilities.)

1. Community Health Information and Education: Family Planning and Reproductive Health

   a. The awardee shall provide services through a full-time (1.0 FTE) FP Community Health Educator, who shall be responsible for a minimum of ten thousand (10,000) FP community informational and educational contacts per fiscal year with the priority populations listed in Paragraph I, D.

   If full funding is not available or not needed, the awardee shall provide services through a minimum of a half-time (0.5 FTE) FP Community Health Educator who shall be responsible for a minimum of five thousand (5,000) FP community informational and educational contacts per fiscal year with the priority populations listed in Paragraph I, D.

   A minimum of 20% shall be direct contacts (2,000 for the full-time health educator and 1,000 for the half-time health educator). Direct contacts can be individuals or groups who are personally reached by the FP Community Health Educator. The number of contacts is determined by the number of participants per session. A minimum of 80% shall be indirect contacts (8,000 for the full-time health educator and 4,000 for the half-time health educator). Indirect contacts are individuals who have been reached through health fairs, health exhibits, printed information, and the media.
Activities for both direct and indirect contacts will incorporate strategies to increase the number of unduplicated clients served by the FP clinical providers within the FP Community Health Educator’s targeted geographical area(s).

b. The awardee will develop an action plan as part of this RFP. Any corrections and/or changes will be done in consultation with the FPP Health Educator once the contract has been awarded. (Attachment C, Action Plan format and instructions.)

The action plan shall include activities that address the goals of the program as listed in Paragraph I.C. The priority is to increase the number of unduplicated clients served by clinical providers within the educator’s targeted geographical area(s). The action plan must demonstrate how the FP Community Health Educator will coordinate activities with clinical resources. The need is to support strategies which will reach populations in need of clinical reproductive health care services. The action plan shall also have approaches that will be used to reach high-risk populations such as individuals from low-income families, the homeless, uninsured or underinsured persons, males, and adolescents. The action plan shall describe community-based information and education that is culturally and age appropriate and includes the complete range of family planning choices (including postponing sexual involvement for youth). The awardee shall utilize a wide range of program strategies and be responsive to the needs of the community. Additional funds will be awarded for creative outreach projects that use innovative methods to reach the priority populations. Budgets for these outreach projects must be included in the action plan.

c. Quarterly Reports on all information and education activities shall be submitted within one month after each quarter ends. (Attachment D, Quarterly Report format and instructions.)

d. When conducting community presentations, the awardee shall use recommended activities that have either been provided by DOH’s Family Planning Program (“FPP”) and/or as directed by FPP, for example, activities provided through Region IX’s Family Planning Training Center, the Center for Health Training (“CHT”), or through websites approved by DOH’s FPP Health Educator.

e. The awardee shall provide family planning and reproductive health informational and educational services to members of hard-to-reach populations, in addition to the general population and regular
school abstinence-based presentations for adolescents. Hard-to-reach populations include uninsured or underinsured persons, immigrants, males, persons with limited English proficiency, homeless persons, substance abusers, persons with disabilities, and adolescents. Presentations shall be delivered directly to those at-risk individuals as well as to agency staff working with these populations. Culturally appropriate approaches and resources shall be utilized accordingly.

f. The awardee shall provide support to schools, community-based and faith-based organizations or others upon request to promote family planning, reproductive, and sexual health information, including preconception health. This would include but not be limited to information related to puberty, self-esteem, abstinence-based family planning education for students from kindergarten through grade 12. These activities should include one lesson plan and/or activity which is developed to promote the Hawaii Department of Education health standards related to sexual health and responsibility for the specific age groups. **Lesson plan(s)/activities should be included as an attachment to the action plan showing anticipated outcomes for the specific age group.** The action plan would also include a related pre and post test activity which measures these outcomes. The awardee shall also include as part of any lesson plan/activity information about community-based family planning resources. (Attachment E - Performance Measures, Attachment F - Outcome Measures, and Attachment G - Sample of Pre/Post Tests.)

g. The awardee shall provide, on request, family planning information, education, and referrals to individuals aged 14 and older including, but not limited to, abstinence as a contraceptive method.

h. The awardee shall provide education to community and professional groups, including teachers, focusing on the importance of family planning and the procedure for accessing subsidized clinical services through FPP’s contracted clinics statewide to assist with increasing the number of unduplicated clients.

i. The awardee shall provide indirect information and education targeting the general public, through exhibits, distribution of printed information, and/or media contacts.
j. The awardee shall be available, as appropriate, to provide presentations and/or assist in health fairs outside of the awardees’ area of service, upon request from the FPP Health Educator.

k. The awardee shall actively participate in and be a member of the FPP Community Information and Education (“CI&E”) Committee and attend the family planning community health information, education, and outreach meetings convened by FPP. Members shall attend meetings; and if unable, an appropriate alternate shall represent the member.

l. Joint meetings with FP clinical providers will be held and will include appropriate training and opportunities to strengthen approaches that were outlined in action plans, to increase statewide utilization and access to family planning services. **FP Community Health Educators are required to attend joint provider meetings or an appropriate alternate shall represent the member.**

m. The awardee shall participate in coalitions that focus on Title X family planning priorities.

n. The awardee shall participate in trainings sponsored and supported by FPP and Region IX’s FP training center, the Center for Health Training, as applicable and/or required.

B. **Management Requirements (Minimum and/or mandatory requirements)**

1. **Personnel**

   a. The staff person providing community health education services must have experience and knowledge in health education, outreach and community resources and must live in the community being served. The staff person must be sensitive to and able to deal effectively with cultural and sensitive service delivery issues. At a minimum, a high school degree will be acceptable, with appropriate experience in community outreach and health education being required. The FP Community Health Educator must work full time (1.0 FTE) providing family planning community health information, education, and outreach activities (unless the agency is awarded less than a full-time contract).

   b. The awardee shall select a FP Community Health Educator who is a resident of the community to be served and is knowledgeable about the community needs, cultural values, norms, and resources.

   c. The FP Community Health Educator must:
• Receive an orientation to the Title X Program and participate in trainings sponsored and offered by FPP and Region IX’s FP training center, the Center for Health Training (CHT), as applicable and/or required.

• Have adequate knowledge and training to provide current and accurate family planning information.

• Have good communication and public speaking skills.

• Be sensitive to and able to deal effectively with the cultural and other characteristics of the targeted geographical population.

2. Administrative

a. Family planning community information and education services must be provided to persons solely on a voluntary basis. (See Section 1 Administrative Overview, Paragraph II, Website Reference for FPG and updates provided in the OPA Instructional Series.)

b. Personnel must be informed that they may be subject to prosecution under Federal law if they coerce any person to undergo an abortion or sterilization procedure. (See Section 1 Administrative Overview, Paragraph II, Website Reference for FPG.)

c. Awardee shall comply with Department of Accounting and General Services, Archives Division “General Records Schedule” (See Section 1 Administrative Overview, Paragraph II, Website Reference for FPG.)

d. Awardee shall comply with the DOH’s Directive Number 04-01 dated May 3, 2004 “Interpersonal Relationships between Staff and Clients/Patients.” (Attachment H.)

3. Quality assurance and evaluation specifications

a. A quality assurance system must be in place that provides for ongoing evaluation of project personnel and services. (See Section 1 Administrative Overview, Paragraph II, Website Reference for FPG, page 30.)
b. The awardee shall conform to Title X and DOH family planning policies, procedures, and guidelines, including but not limited to the following:

- OPA Program Instructional Series.
- Hawaii Department of Health, Family Planning Program Policies and Guidelines. (Available on request from the FPP RFP contact, Section 2, Paragraph, II, F.)
- Completion of an Action Plan for planned community health education and outreach activities.
- Submission of a Quarterly Report after the end of each quarter.

c. The awardee shall provide adequate and regular training and supervision of health education program staff.

d. The awardee shall participate in site monitoring of program activities by FPP staff in order to evaluate the quality of service delivery and to validate service provision. This will occur at least once during the contract period July 1, 2008 to June 30, 2010.

e. The FPP shall provide an orientation for new health educator staff and ongoing technical assistance regarding the statewide family planning program as needed.

4. **Output and performance/outcome measurements**

The DOH requires the reporting of performance measures. This approach proposes that the awardee take responsibility for achieving short term performance objectives related to community health education and outreach activities. (Attachment E.)
5. **Experience**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.

6. **Coordination of services**

The applicant shall demonstrate the capability to coordinate with other community, agencies, coalitions and other resources in the community. Coordination must include establishing a good working relationship with FP clinical providers to facilitate clients’ entry into healthcare.

7. **Reporting requirements for program and fiscal data**

- The awardee shall submit a monthly invoice and expenditure report based on the budget approved by the FPP.


- All budget forms, instructions and samples are located on the SPO website. (See Section 1 Administrative Overview, Paragraph II, Website Reference.)

- The awardee shall provide information on program activities on a quarterly basis, on the Quarterly Report form designated by FPP.

- Delinquent reports will delay (monthly) cost reimbursement for services rendered, particularly with the TANF funding source.

- The awardee shall submit to the DOH an annual variance report within 60 calendar days after the end of each fiscal year in the format requested by the DOH. The report will document the organization’s achievement toward the planned performances and output measures for the budget period and explain any significant variances (+/- 10%).

- The awardee shall incorporate their annual community information and education **action plan** within this RFP in the format requested by the DOH, documenting the organization’s planned activities, timeline, and budget. (Attachment C.)
8. Pricing structure or pricing methodology to be used
   
   a. Pricing Structure Based on Cost Reimbursement
      
      The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the provider for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

   b. Prohibited Costs
      
      The following costs are not allowed:

      1. For awardees receiving other federal awards, indirect costs based on a rate that has *not* been negotiated with the federal government are not allowed. (A valid copy of the written agreement with the federal agency for the negotiated rate must be provided to the State.)

      2. Depreciation – Assets acquired through the state or federal government.

   c. Travel Out of State
      
      An out of state trip must be pre-approved by the FPP office. The request must be adequately justified on form SPO-H-206D. (Budget Justification – Travel – Out of State.) The FPP will review requests for out of state travel using the following guidelines:

      1. Travel is essential to the implementation of the FP program.

      2. Personal attendance is preferable to conducting FP business through email, FAX transmission, correspondence, telephone, or other telecommunication method.

9. Units of service and unit rate

   Not applicable.

IV. Facilities

   Facilities shall be adequate relative to the proposed services.
Section 3

Proposal Application Instructions
Section 3
Proposal Application Instructions

General instructions for completing applications:

- Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.
- The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.
- Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.
- Proposals may be submitted in a three ring binder (Optional).
- Tabbing of sections (Recommended).
- Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.
- A written response is required for each item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant’s score.
- Applicants are strongly encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.
- This form (SPO-H-200A) is available on the SPO website (See Section 1, Paragraph II, Website Reference.) However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.

The Proposal Application comprises the following sections:

- Proposal Application Identification Form
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial
- Other
I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered. This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. Include a brief description of the applicants’ organization, related community needs assessment information, background in serving target populations, the goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need identified in Section 2, Service Specifications.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant shall demonstrate abilities in working with various population groups, such as uninsured or underinsured persons, immigrants, males, persons with limited English proficiency, homeless persons, substance abusers, persons with disabilities, and adolescents. The applicant shall demonstrate partnering with community based organizations (“CBO”), faith-based organizations (“FBO”), and other public health providers that work with vulnerable or at-risk populations to improve the health of individuals and communities. The applicant shall also demonstrate the ability to incorporate cultural competency in service delivery requirements.

B. Experience

The applicant shall provide a listing of verifiable experiences with projects or contracts for the most recent five years that are pertinent to the proposed services. The applicant shall include points of contact, addresses, email, and phone numbers. The description shall include the number of participants served and the various cultural groups and ethnicities they work with. The applicant shall also demonstrate experience in achieving similar programmatic goals and interventions for improving family planning services through coordination. The State reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology (e.g., annual staff performance appraisal training, observation of presentations in the community).

Quality assurance plans shall be in the proposal, but are not limited to assuring:
1. Timely submission of accurate and complete action plans, quarterly reports, invoices, budgets, and expenditure reports to the Family Planning Program (“FPP”).
2. Management and supervision of personnel performing family planning (“FP”) community health education and documentation of activities.
3. Family planning objectives are being implemented to meet performance measure outcomes.
4. Adherence to FPP scope of services, program supervision, staffing, and that accounting system practices are followed.
5. Annual evaluation of FP Community Health Educator on program activities by supervisor.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other community agencies, coalitions and other resources in the community.

Applicant should describe any coordination of service that occurs or will occur between other DOH managed programs such as the Perinatal Support Services, Healthy Start, Big Island Perinatal Health Disparities Project, and Baby S.A.F.E. Programs (as applicable).

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable and special equipment that may be required for the services.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in Section 2, Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. The applicant shall submit the agency’s position description for the FP Community Health Educator
demonstrating the required qualifications for community health educator (including experience) for staff assigned to the program.

a. The staff person providing community health education services must have experience and knowledge in health education, outreach and community resources and must live in the community being served. The staff person must be sensitive to and able to deal effectively with cultural and sensitive service delivery issues. At a minimum, a high school degree will be acceptable, with appropriate experience in community outreach and health education being required. The FP Community Health Educator must work full time (1.0 FTE) providing family planning community health information, education, and outreach activities (unless the agency is awarded less than a full-time contract).

b. The applicant shall select a FP Community Health Educator who is a resident of the community to be served and is knowledgeable about the community needs, cultural values, norms, and resources.

c. The FP Community Health Educator shall:

- Receive an orientation to the Title X Program and participate in trainings sponsored and offered by FPP and Region IX’s FP training center, the Center for Health Training (CHT), as applicable and/or required.
- Have adequate knowledge and training to provide current and accurate family planning information.
- Have good communication and public speaking skills.
- Be sensitive to and able to deal effectively with the cultural and other characteristics of the targeted geographical population.

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision for the FP Community Health Educator position
RFP: HTH-560-CW-003

(Include position title, name and full time equivalency). FPP must be informed of changes in staff involved in providing FP services. Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Paragraph III, Scope of Work, including an action plan of all service activities and tasks to be completed, related work assignments/responsibilities, timelines/schedules, and budgets.

A. Service Activities:

The Applicant shall describe how they plan to provide the following activities:

1. Provide services through a full-time (1.0 FTE) FP Community Health Educator, who shall be responsible for a minimum of ten thousand (10,000) FP community informational and educational contacts per fiscal year with the priority populations listed in Section 2, Paragraph I, D.

If full funding is not available or not needed, the applicant shall provide services through a minimum of a half-time (0.5 FTE) FP Community Health Educator who shall be responsible for a minimum of five thousand (5,000) FP community informational and educational contacts per fiscal year with the priority populations listed in Section 2, Paragraph I, D.

A minimum of 20% shall be direct contacts (2,000 for the full-time health educator and 1,000 for the half-time health educator). Direct contacts can be individuals or groups who are personally reached by the FP Community Health Educator. The number of contacts is determined by the number of participants per session. A minimum of 80% shall be indirect contacts (8,000 for the full-time health educator and 4,000 for the half-time health educator). Indirect contacts are individuals who have been reached through health fairs, health exhibits, printed information, and the media.

Activities for both direct and indirect contacts will incorporate strategies to increase the number of unduplicated clients served by the FP clinical providers within the educator’s targeted geographical area(s).

2. Develop an action plan as part of this RFP. Any corrections and/or changes will be done in consultation with the FPP Health Educator once the contract has been awarded. (Attachment C, Action Plan format and instructions.)
The action plan shall include activities that address the goals of the program:

1. Promote information, education, awareness, and understanding of family planning, and assure the promotion of family planning clinical services throughout Hawaii to prevent unintended pregnancies and the poor health outcomes associated with unintended pregnancy. FP Community Health Educators will work in collaboration with clinical providers to improve strategies to reach populations in need, with the objective to increase the number of unduplicated clients served by clinical providers within the educator’s targeted geographical area(s) each year. Activities should include community-based information and education that are age and culturally appropriate (activities that are responsive to and respectful of the history, traditions and cultural values of different ethnic groups). Also, emphasis should be placed on both the rationale for family planning and preconception care, and the complete range of family planning choices (including postponing sexual involvement for youth).

2. Improve the health status of populations in areas of the State designated as in need of services as identified in the 2005 Primary Care Needs Assessment Data Book published by the Family Health Services Division, DOH. (See Section 1 Administrative Overview; Paragraph II, Website Reference.)

The priority is to increase the number of unduplicated clients served by clinical providers within the educator’s targeted geographical area(s). The action plan must demonstrate how the FP Community Health Educator will coordinate activities with clinical resources. The need is to support strategies which will reach populations in need of access to clinical reproductive health care services. The action plan shall also have approaches that will be used to reach high-risk populations such as individuals from low-income families, the homeless, uninsured, males, and adolescents to include, but not limited to, partnering with CBOs and FBOs. The action plan shall describe community-based information and education that is culturally and age appropriate and includes the complete range of family planning choices (including postponing sexual involvement for youth). The applicant shall utilize a wide range of program strategies and be responsive to the needs of the community. Additional funds will be awarded for creative outreach projects that use innovative methods to reach the priority populations. Budgets for these outreach projects must be included in the action plan.
3. Submit Quarterly Reports on all information and education activities within one month after each quarter ends. (Attachment D, Quarterly Report format and instructions.)

4. When conducting community presentations, explain how the applicant will use recommended activities (curriculum(s), outlines, DOE Health Standards, other approve sources of programs) that have either been provided by DOH’s Family Planning Program (“FPP”) and/or as directed by FPP, for example, activities provided through Region IX’s Family Planning Training Center, the Center for Health Training (“CHT”), or through websites approved by DOH’s FPP Health Educator.

5. Provide family planning and reproductive health informational and educational services to members of hard-to-reach populations, in addition to and the general population and regular school abstinence-based presentations for adolescents. Hard-to-reach populations include uninsured, underinsured, immigrants, males, persons with limited English proficiency, homeless persons, substance abusers, persons with disabilities, and adolescents. Presentations shall be delivered directly to those at-risk individuals as well as to agency staff working with these populations. Culturally appropriate approaches and resources shall be utilized accordingly.

6. Offer support to schools, community-based and faith-based organizations or others upon request to promote family planning, reproductive and sexual health information, including preconception health. This would include but not be limited to information related to puberty, self-esteem, abstinence-based family planning education for students from kindergarten through grade 12. These activities should include one lesson plan and/or activity which is developed to promote the Hawaii Department of Education health standards related to sexual health and responsibility for the specific age groups. **Lesson plan(s)/activities should be included as an attachment to the action plan showing anticipated outcomes for the specific age group.** The action plan would also include a related pre and post test activity which measures these outcomes. The applicant shall also include as part of any lesson plan/activity information about community-based family planning resources. (Attachment E - Performance Measures, Attachment F - Outcome Measures, and Attachment G - Sample of Pre/Post Tests.)

7. Provide family planning information, education and referrals to individuals aged 14 and older.

8. Provide education to community and professional groups, including teachers, CBOs, and FBOs focusing on the importance of family planning and the procedure for accessing subsidized clinical services through FPP’s
contracted clinics statewide to assist with increasing the number of unduplicated clients.

9. Provide indirect information and education targeting the general public, through exhibits, distribution of printed information, and/or media contacts.

10. Referral services to FP providers contracted by FPP who provide subsidized FP clinical services.

B. Management Requirements

1. Applicants shall describe how they will fulfill the personnel requirements of the Title X Program. Also, the applicant shall keep the FPP informed of personnel changes that impact the program. (See Section 2.)

2. Applicants shall describe how they will administratively fulfill the requirements of the Title X Program.
   a. Provide family planning community information and education services to clients solely on a voluntary basis. Individuals must not be subjected to coercion to receive services or to use or not to use any particular method of birth control. Acceptance of family planning services must not be a prerequisite for a client to be eligible for, or to receive any other service or assistance from or participation in any other programs of the applicant. (Administrative Overview, Paragraph II, Website Reference for FPG, Page 5 and Attachment I, Title X Assurance of Compliance.)
   b. Comply with Federal regulations regarding the use of Title X clients in research. (See Section 1 Administrative Overview; Paragraph II, Website Reference for Title 45 CFR, Part 46.)
   c. Comply with all applicable policies and procedures of the DOH.

3. Applicant shall describe how they will participate in required meetings, trainings, and other events, to include, but not limited to:
   a. FPP Community Information and Education ("CI&E") Committee and attend the family planning community health information, education, in-service trainings, and outreach meetings convened by FPP. Members shall attend meetings; and if unable, an appropriate alternate shall represent the member.
   b. Joint meetings with FP clinical providers will be held and will include appropriate training and opportunities to strengthen
approaches, that were outlined in action plans, to increase statewide utilization and access to family planning services. **FP Community Health Educators are required to attend these joint provider meetings or an appropriate alternate shall represent the member.**

c. Coalitions that focus on Title X family planning priorities.

d. Trainings sponsored and supported by FPP and Region IX’s FP training center, the Center for Health Training, as applicable and/or required.

3. The applicant shall describe how they will fulfill the financial management requirements of the Title X Program that meets the standards specified in Subpart C of 45 Code of Federal Regulations (“CFR”) Part 74 or Subpart C of 45 CFR Part 92, and which complies with Federal standards to safeguard the use of funds. (See Section 2, Paragraph III.)

a. Documentation and records of all income and expenditures must be maintained as required.

b. Describe current policies and procedures for charging, billing, and collecting funds for the services provided by the project or develop and implement new policies and procedures as appropriate.

4. Applicants shall identify their baseline for the FP output and performance measures. The applicant shall formulate both reasonable and achievable performance activities and describe the approach to be taken in meeting the objectives and their activities for the fiscal year contract period. Refer to Section 5, Attachment E Performance Measures and Attachment F Output Measures. These tables must be completed and attached to the Application Proposal.

V. **Financial**

A. **Pricing Structure**

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application. (See Section 2, Paragraph III, 7 and 8.)

1. **Pricing Structure Based on Cost Reimbursement**

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, totaling approximately $25,000, $37,500 and $50,000 for each area of service (e.g.
North Shore Oahu, West Hawaii), per fiscal year. Please note that contractors’ overhead costs should be kept at a minimum. The major funding allocation should go towards: FP Community Health Educator’s (HE) salary, payroll taxes and assessments, fringe benefits, adequate mileage reimbursement for area of service, training, airfare for a minimum of one round trip to Oahu as applicable, and FP educational supplies.

All budget forms, instructions and samples are located on the SPO website. (See Section 1, Paragraph II, Websites referred to in this RFP.) The following budget form(s) shall be submitted with the Proposal Application:


VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.
Section 4

Proposal Evaluation
Section 4
Proposal Evaluation

I. Introduction
The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process
The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate the proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements.
- Phase 2 - Evaluation of Proposal Application.
- Phase 3 - Recommendation for Award.

Evaluation Categories and Thresholds

<table>
<thead>
<tr>
<th>Evaluation Categories</th>
<th>Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Requirements</td>
<td></td>
</tr>
<tr>
<td>Proposal Application</td>
<td>100 Points</td>
</tr>
<tr>
<td>Program Overview</td>
<td>0 Points</td>
</tr>
<tr>
<td>Experience and Capability</td>
<td>20 Points</td>
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<tr>
<td>Project Organization and Staffing</td>
<td>15 Points</td>
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<td>Service Delivery</td>
<td>55 Points</td>
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<tr>
<td>Financial</td>
<td>10 Points</td>
</tr>
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</table>

TOTAL POSSIBLE POINTS 100 Points
III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

   a. Application Checklist.
   b. Registration (if not pre-registered with the State Procurement Office).
   c. Federal Certifications.

2. Proposal Application Requirements

   • Proposal Application Identification Form (Form SPO-H-200).
   • Table of Contents.
   • Program Overview.
   • Experience and Capability.
   • Project Organization and Staffing.
   • Service Delivery.
   • Financial (All required forms and documents).
   • Program Specific Requirements (as applicable).

B. Phase 2 - Evaluation of Proposal Application
   (100 Points)

*Program Overview:*

The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity. The goals and objectives are in alignment with the proposed service activity. The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity.

No Points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

A five (5)-point rating scale will be used to rate the proposal content. Only whole numbers will be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this five (5)-point rating scale. This scale is based on the semantic differential developed by William E. Arnold, James C. McCroskey, and Samuel V.O. Prichard of the University of Connecticut, as well as the Information Skills Rating Scale developed by the Oak Harbor Schools and Jamie McKenzie.
5 – Outstanding
- Each bullet identified and addressed clearly.
- Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.

4 – Above Average
- Bullets addressed clearly in subheading under the appropriate numbered heading.
- More than met expectations by providing additional details or specific examples of the services or strategies for implementation.

3 – Satisfactory
- Competent; general description of “what we do” for all required elements.
- No additional details, specific examples, or additional services or strategies to achieve RFP.

2 – Marginally Adequate
- Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP.
- Did not answer the question completely in terms of approach, strategies, services, or descriptions.

1 – Unsatisfactory
- Not all bullets or components of a bullet were addressed or evident in the proposal.
- Only reiterated the wording of RFP or other attached DOH materials.

1. **Experience and Capability (20 Points)**

The State will evaluate the applicant’s experience and capability relevant to the proposal contract, which shall include:

a. **Necessary Skills**

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.  
  
  **2 Points**

- Demonstrate ability to work with various population groups, such as uninsured or underinsured persons, immigrants, males, persons with limited English proficiency, homeless persons, substance abusers, persons with disabilities, and adolescents.  
  
  **2 Points**
• Demonstrate ability to incorporate cultural competency in the service delivery requirements.  

b. Experience
• Demonstrated FP Community Outreach and Health Education experience with projects or contracts for the most recent five years that are pertinent to the proposed services.  
• Possess relevant skills, abilities, knowledge of, and experience related to delivery of proposed services.

2 Points

• 

c. Quality Assurance and Evaluation
• Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.  
• Sufficiently describes quality assurance plans that include the following: data/billing forms and submission of invoices; staff supervision; meeting performance/output measures; and compliance with applicable guidelines.

3 Points

2 Points

d. Coordination of Services
• Demonstrated capability to coordinate services with other agencies and resources in the community, such as faith based and other community based organizations.

5 Points

e. Facilities
• Adequacy of facilities relative to the proposed services.

2 Points
2. **Project Organization and Staffing (15 Points)**

The State will evaluate the applicant’s overall staffing approach to the services that shall include:

a. **Staffing**
   - Proposed Staffing: That the proposed staffing is reasonable to insure viability of the FP and related preventive health services. **4 Points**
   - Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. **5 Points**

b. **Project Organization**
   - Supervision and Training: Demonstrated ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services. **5 Points**
   - Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the FP service activities and tasks. **1 Point**

3. **Service Delivery (55 Points)**

Evaluation criteria for this section will assess the applicant’s approach to the service activities and management requirements outlined in the Proposal Application. The evaluation criteria may also include an assessment of the logic of the action plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

Both direct and indirect contacts will incorporate strategies to increase the number of unduplicated clients served by the FP clinical providers within the educator’s targeted geographical area(s).
Evaluation criteria will include:

a. **Services Activities**

- Specifically describes the incorporation of all strategies and approaches in the action plan with the primary goal to reach all populations to increase access to clinical service utilization. The action plan shall describe community-based information and education that is culturally and age appropriate and includes the complete range of family planning choices (including postponing sexual involvement for youth).  
  
  **6 Points**

- Adequacy of strategies and approaches in provision of puberty, self-esteem and abstinence-based family planning education to students, kindergarten through grade 12, as requested by public and private schools in the awardees area of service, community-based, faith-based organizations, and other appropriate resources, and to include pre and post tests for a minimum of 25 percent of all program presentations.  
  
  **6 Points**

- Adequacy of strategies and approaches in provision of family planning and reproductive health educational services to members of hard-to-reach populations, in addition to adolescents participating in regular school abstinence-based presentations.  
  
  **6 Points**

- Adequacy of strategies and approaches in provision of education to community and professional groups, including teachers, focusing on the importance of family planning and how to access community-based subsidized clinical services.  
  
  **6 Points**

- Adequacy of strategies and approaches in provision of indirect information and education targeting the general public, through exhibits, distribution of printed information, and/or media contacts.  
  
  **4 Points**
• Adequacy of strategies and approaches to increase the number of unduplicated clients served by the FP clinical providers within the educator’s targeted geographical area(s) to include approaches that will be used to reach high-risk populations such as individuals from low-income families, the homeless, uninsured, males, and adolescents to include, but not limited to, partnering with CBOs and FBOs.  

6 Points

b. Management Requirements (Output and Performance Objectives)

• Are the applicant’s performance and output measures both reasonable and achievable?  

7 Points

• Adequacy of applicant’s approach in meeting targeted performance objectives.  

7 Points

• Adequacy of applicant’s methodology for data collection relative to performance measures.  

7 Points

4. Financial (10 Points)

a. Pricing structure based on cost based reimbursement:

• Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified  

3 Points

• Non-personnel costs are at a minimum and adequately justified.  

3 Points

• Extent that the budget supports the scope of services and requirements of the Request for Proposal.  

4 Points

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.
Section 5

Attachments

A. Proposal Application Checklist
B. Sample Table of Contents
C. Action Plan
D. Quarterly Report
E. Table A – Performance Measures
F. Table B – Output Measures
G. Sample of Pre and Post Tests
H. Interpersonal Relationships between Staff and Clients/DOH
I. Title X Assurance of Compliance
J. Federal Certifications
**Proposal Application Checklist**

The applicant’s proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at [http://www.spo.hawaii.gov](http://www.spo.hawaii.gov) and click Procurement of Health and Human Services and For Private Providers.*

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<thead>
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<th>Item</th>
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<td>DOH Interpersonal Relationships</td>
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Authorized Signature ___________________________ Date ___________________________.

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SPO-H (Rev. 4/06)
I. Program Overview ...................................................................................................... 1

II. Experience and Capability ....................................................................................... 1
A. Necessary Skills ........................................................................................................ 2
B. Experience ................................................................................................................ 4
C. Quality Assurance and Evaluation ......................................................................... 5
D. Coordination of Services ....................................................................................... 6
E. Facilities ..................................................................................................................... 6

III. Project Organization and Staffing ............................................................................ 7
A. Staffing ..................................................................................................................... 7
   1. Proposed Staffing .................................................................................................. 7
   2. Staff Qualifications ............................................................................................ 9
B. Project Organization .............................................................................................. 10
   1. Supervision and Training .................................................................................. 10
   2. Organization Chart (Program & Organization-wide)
      (See Attachments for Organization Charts)

IV. Service Delivery .................................................................................................... 12

V. Financial .................................................................................................................. 20
   See Attachments for Cost Proposal

VI. Litigation .................................................................................................................. 20

VII. Attachments
A. Cost Proposal
   SPO-H-205 Proposal Budget
   SPO-H-206A Budget Justification - Personnel: Salaries & Wages
   SPO-H-206C Budget Justification - Travel: Interisland
   SPO-H-206H Budget Justification – Program Activities
   SPO-H-206I Budget Justification – Equipment Purchases
B. Other Financial Related Materials
C. Organization Chart
   Program
   Organization-wide
D. Performance and Output Measurement Tables
   Table A
   Table B
E. Program Specific Requirements
## Information & Education Action Plan

**July 1, 2008 through June 30, 2010**

Two Fiscal Year Plan (based on one year’s activity)

Name of Service Provider

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>[Direct/Indirect]</th>
<th>ACTIVITIES</th>
<th>TIMELINE</th>
<th>TARGET</th>
<th>BUDGET</th>
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<td><strong>Special/Innovation Project:</strong></td>
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### Information & Education Action Plan

**July 1, 2008 through June 30, 2010**

[Based on one year’s activity]

#### Name of Service Provider

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<th>TIMELINE</th>
<th>TARGET</th>
<th>BUDGET</th>
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<td><strong>Direct:</strong></td>
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<tr>
<td></td>
<td>Conduc**t information and education programs emphasizing Family planning/birth control, reproductive health, and sexuality topics.</td>
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<tr>
<td></td>
<td>A. Provide education presentations at elementary, intermediate and high schools with (geographic areas as applicable).</td>
<td>Sept to June</td>
<td>8 schools, 100 classes, 1,500+ students.</td>
<td>$1,995 at $19.95/class at $1.33/student</td>
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<tr>
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<td>B. Provide information presentations to community agencies within (geographical area is applicable).</td>
<td>Throughout the year</td>
<td>6 community agencies, 12+ sessions, 24 total</td>
<td>$280/$40/session</td>
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<td>C. Provide education and information to the homeless and agency(s) staff.</td>
<td>Throughout the year</td>
<td>12 education and outreach to homeless population</td>
<td>$239.40 at $19.95/session and/or activity.</td>
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<td></td>
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<td>2-4 presentations to agency staff</td>
<td>$186.70/$40/session</td>
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</table>

*Budget calculated on an average of educator’s hourly salary to include presentation time only. Education materials should be based on $.25/brochure; i.e. 100 participants x average of 2-3 brochures each = $.75. Packets for mailing to schools, agencies and the like may cost approximately $3 to $4 each. These are estimates only. Please do not underestimate expenses, and at the same time, do not inflate expenses. Your Action Plan may serve as a tool for other funding sources, grants, and the like.*

| **Indirect:** | | | | |
| | Conduct information and education through indirect activities throughout (geographical area). | | | |
| | A. Compile and disseminate packets to teens on “Teen Clinic” days and during regular clinic hours – new/repeat for information and/or services. | Throughout each year | 500 Teens | $750.00 at $1.50/Packet |
**Special/Innovation Project:**

<table>
<thead>
<tr>
<th></th>
<th>B. Participate in community health fairs/ FP Exhibits.</th>
<th>3 times/year</th>
<th>3,000/year</th>
<th>$450.00 at $150/Event</th>
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<tr>
<td></td>
<td>Increase information outreach and Coordination with family planning clinical service providers to increase numbers of unduplicated Title X priority clients served.</td>
<td></td>
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</tr>
<tr>
<td>A.</td>
<td>Coordinate w/school staff, agencies working w/TX pop, and FP clinical providers to target girls/women at risk for unintended pregnancies. Offer incentive opportunities for these women to receive peer outreach fees of $50 or redeemable merchandise coupons for every new TX priority clients who utilize FP services for first visit.</td>
<td>20 Peer Incentive presentations/yr</td>
<td>Min. 250 new TX clients/yr.</td>
<td>$2,500 plus $500 in promotional advertising</td>
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<tr>
<td>B.</td>
<td>Parent and Teen Voices Panel to facilitate parent-child connectedness and introduce them to FP clinical services and social services to support families in preventing unintended pregnancies.</td>
<td>1-2 presentations/yr</td>
<td>50 parents/teens</td>
<td>$150 food &amp; advertising</td>
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*The above are only examples, and your Action Plan does not have to be infinitely detailed, but should have enough information in each category that is appropriate, observable, and measurable, and can be evaluated annually.*
### ATTACHMENT D

**EDUCATION/OUTREACH ACTIVITIES**
**QUARTERLY REPORT FORM**
**FAMILY PLANNING INFORMATION SERVICES**

**AGENCY NAME:** ________________________________  **QUARTER _______ YEAR ________**

1. **EDUCATION/OUTREACH PROGRESS:**
   **1st.-4th. & Fiscal Year**

   **DIRECT CONTACTS**

<table>
<thead>
<tr>
<th>Quarterly Projections</th>
<th>Quarterly Actual</th>
<th>Year-to-Date Projections</th>
<th>Year-to-Date Actual</th>
<th>Year-to-Date +/- Percent</th>
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   **INDIRECT CONTACTS**

<table>
<thead>
<tr>
<th>Quarterly Projections</th>
<th>Quarterly Actual</th>
<th>Year-to-Date Projections</th>
<th>Year-to-Date Actual</th>
<th>Year-to-Date +/- Percent</th>
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</table>

2. **EDUCATION/OUTREACH ACTIVITIES FOR QUARTER:**

   **General Categories**
   **DIRECT Contacts**

   (a) # of DIRECT Programs, Classes, etc. made  
   (b) # of Individuals contacted DIRECTLY

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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</table>

   | Schools |
   | Clubs, Health & Social Service Agencies, etc. |
   | Clinics (Other than users) |
   | *Abstinence Based Programs (Teens) |
   | *Hard to Reach Populations (Specify) |
   | *Title X Priorities/Mandates (Specify) |
   | *Special Population (Specify) |

   **COLUMN TOTALS**

   **Post Test (1 of 4 or 25% of programs)**

<table>
<thead>
<tr>
<th>Number of Tests</th>
<th>25% of Participants should Demonstrate Knowledge</th>
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</table>

   **INDIRECT CONTACTS**

   (a) # of fairs, placement announcements  
   (b) Estimated # of individual exposure to effort (General Population)

   | Health Fairs/Exhibits/Displays |
   | Posters, flyers, business cards, etc. |
   | Mass media (T.V., radio, newspaper, periodicals, etc.) |
   | Other: (Specify) |

   **TOTALS:**

3. **HEALTH EDUCATION Technical Assistance:** IDENTIFY ANY EDUCATIONAL AND OUTREACH TECHNICAL ASSISTANCE NEEDED. CONTINUE ON ANOTHER SHEET OF PAPER AS NECESSARY.
Table A – Performance Measures

Family Planning Community Education Services

* Hard to reach populations defined as teens (abstinence-based programs), males, the homeless, disabled and substance abusers, including community-based and faith-based organizations.

+ Programs include, but not limited to puberty, self-esteem and/or family planning/reproductive health topics.

<table>
<thead>
<tr>
<th>Column A Performance Measure</th>
<th>Column B Baseline for FY 2007</th>
<th>Column C Annual Performance Objective for FY 2009</th>
<th>Column D Annual Performance Objective for FY 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Of the total direct family planning education, information, and outreach contacts, <strong>increase the percentage (minimum of 5%)</strong> that are made to <em>hard-to-reach</em> populations.</td>
<td>____ % of the total direct family planning education, information and outreach contacts that were made to <em>hard-to-reach</em> populations.</td>
<td>The estimated percentage of the total direct family planning education, information and outreach contacts that will be made to <em>hard-to-reach</em> populations is ____%.</td>
<td>The estimated percentage of the total direct family planning education, information and outreach contacts that will be made to <em>hard-to-reach</em> populations is ____%.</td>
</tr>
<tr>
<td>2. Increase the percentage of participants who demonstrate 25% increase in knowledge of puberty, self-esteem and/or family planning/reproductive health topics, as demonstrated through pre/post tests as a result of presentations at schools, community-based and faith-based organizations, or others organizations. Sample: a <strong>minimum of 25 percent of school presentations</strong>.</td>
<td>There was ____ % of participants in presentations who demonstrated 25% increase in knowledge of + programs presented through pre and post tests.</td>
<td>The estimated proportion of participants in presentations who will have demonstrated 25% increase in knowledge of + programs presented as demonstrated through pre and post tests is ____%.</td>
<td>The estimated proportion of participants in presentations who will have demonstrate 25% increase in knowledge of + programs presented as demonstrated through pre/post tests is ____%.</td>
</tr>
<tr>
<td>3. Increase the percentage of the total direct family planning education, information, and outreach contacts made through creative outreach projects that use innovative methods to reach the priority populations.</td>
<td>The proportion of the total direct contacts through creative/innovative projects to reach the priority populations was ____ %.</td>
<td>The estimated proportion of the total direct contacts through creative/innovative projects will be made is ____%.</td>
<td>The estimated proportion of the total direct contacts through creative/innovative projects will be made is ____%.</td>
</tr>
</tbody>
</table>
## Table B – Output Measures

*Family Planning Community Education Services*

<table>
<thead>
<tr>
<th>Program Activity</th>
<th>Baseline</th>
<th>Estimated</th>
<th>Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The total number of <strong>direct</strong> family planning community education, information and outreach contacts.</td>
<td></td>
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<tr>
<td>B. The total number of <strong>indirect</strong> family planning community education, information and outreach contacts.</td>
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<td></td>
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<tr>
<td>C. The total number of <strong>Special/Innovative</strong> family planning community education, information and outreach contacts.</td>
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<td></td>
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<tr>
<td>Pre Test</td>
<td>Family Planning Information &amp; Education</td>
<td></td>
<td></td>
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<td>----------------------------------------</td>
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<tr>
<td>1. If a sexually active teenager doesn’t use birth control their chance of getting pregnant within one year is 90%</td>
<td>T  F</td>
<td></td>
<td></td>
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<tr>
<td>2. Chlamydia is a common, dangerous sexually transmitted disease teens can get if they have sex.</td>
<td>T  F</td>
<td></td>
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<tr>
<td>3. A person does not have to have intercourse if they are in a relationship.</td>
<td>T  F</td>
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<tr>
<td>4. A person can greatly reduce their chance of getting pregnant or getting a sexually transmitted disease by using a condom correctly every time they have sexual intercourse.</td>
<td>T  F</td>
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<tr>
<td>5. Circle any answers that apply: How would my life change if my partner or I became pregnant?</td>
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<tr>
<td>a) I would have to give up my free time and privacy and stay home to raise a child.</td>
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<tr>
<td>b) I would have to manage going to school, working and raising a child.</td>
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<tr>
<td>c) I am not ready for pregnancy right now.</td>
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<tr>
<td>d) I am not ready to have sexual relations at this time.</td>
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<tr>
<td>6. If I wanted information about birth control and condoms I would go to: (choose any that apply)</td>
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<tr>
<td>______ a family planning clinic</td>
<td>______ school health aide, counselor or teacher</td>
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<tr>
<td>______ my parent</td>
<td>______ Public Health Nurse</td>
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<td>______ a friend</td>
<td>______ don’t know</td>
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<td>______ my sister/brother</td>
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<td>other</td>
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<td>7. Write at least one or more anonymous questions:</td>
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</table>
STUDENT BIRTH DATE: _______________________

Post Test – Family Planning

1. If a sexually active teenager doesn’t use birth control their chance of getting pregnant within one year is 90%  
   T  F

2. Chlamydia is a common, dangerous sexually transmitted disease teens can get if they have sex.  
   T  F

3. A person does not have to have intercourse if they are in a relationship.  
   T  F

4. A person can greatly reduce their chance of getting pregnant or getting a sexually transmitted disease by using a condom correctly every time they have sexual intercourse.  
   T  F

5. Circle any answers that apply:
   How would my life change if my partner or I became pregnant?
   a) I would have to give up my free time and privacy and stay home to raise a child.
   b) I would have to manage going to school, working and raising a child.
   c) I am not ready for pregnancy right now.
   d) I am not ready to have sexual relations at this time.

6. If I wanted information about birth control and condoms I would go to: (choose any that apply)
   _____ a family planning clinic   _____ school health aide, counselor or teacher
   _____ my parent   _____ Public Health Nurse
   _____ a friend   _____ don’t know
   _____ my sister/brother
   other ____________________________________________

Speaker Evaluation

Please rate the following on a scale from 1-5: Poor    Excellent
   How informative was the speaker? (circle): 1  2  3  4  5
   How valuable was the information? (circle): 1  2  3  4  5

What were 3 main points you remember most? ____________________________________________

I agree with: ________________________________________________________________

I disagree with: ______________________________________________________________

I was surprised that: ____________________________________________________________

Questions, comments or suggestions? ____________________________________________
INTRA-DEPARTMENTAL DIRECTIVE 04-01
May 3, 2004

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.
Director of Health

SUBJECT: INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS

04-1.1 PURPOSE

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 POLICY

A. Staff shall not use their professional position to exploit others for any reason.

B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.

C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.
Intra-Departmental Directive 04-01  
May 3, 2004  
Page 2 of 5

D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.

E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.

F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.

G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3  
SCOPE

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4  
DEFINITIONS

Clients/Patients: Persons under observation, care, treatment, or receiving services.

Department: Department of Health

Director: Director of Health
Intra-Departmental Directive 04-01
May 3, 2004

Dual/multiple relationships: When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.

Staff: Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.

Health: Includes physical and mental health.

Providers: Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.

Services: Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.

Treatment: The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.
04-1.5 RESPONSIBILITIES

A. Director: Insure this policy is maintained, interpreted, updated, and
communicated to all program managers.

B. Deputy Directors: Insure this policy is communicated to,
understood and implemented by program managers within their
administrations, and insure needed revisions of this policy are
communicated to the Director.

C. Program Managers:

(1) Insure this policy is communicated to and understood by all
vendors, providers, or contractors, and insert a reference to
this policy in appropriate contracts.

(2) Insure this policy is enforced.

(3) Investigate alleged or reported infractions of this policy and
take corrective actions as may be indicated.

(4) Recommend needed changes to this policy to their Deputy
Directors.

D. Employees: Comply with this policy and report alleged infractions
of this policy to their supervisors or superiors.

E. Providers: Insure this policy is communicated, understood, and
implemented.

04-1.6 PROVISO

If there is a conflict between this policy and a collective bargaining
agreement, the collective bargaining agreement shall prevail.
REFERENCES

A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.

B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.

C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.

D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.

E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.

F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.
ATTACHMENT I

TITLE X ASSURANCE OF COMPLIANCE

____________________________ assures that it will:

(Name of Organization)

1. Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services.

2. Provide services in a manner which protects the dignity of the individual.

3. Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.

4. Not provide abortions as a method of family planning.

5. Provide that priority in the provision of services will be given to persons from low income families.

Further:_____________________________ certifies that it will:

(Name of Organization)

1. Encourage family participation in the decision of the minor seeking family planning services.

2. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.

From Part 59—Grants for Family Planning Services, Subpart A, Section 59.5(a) 2, 3, 4, 5, and 6.

________________________________________
(Signature)

________________________________________
(Title)

________________________________________
(Date)

(Rev. 3/98)
CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

By signing and submitting this application, the prospective primary participant as defined in 45 CFR Part 76 is providing certification regarding debarment and suspension as set out in Appendix A of 45 CFR Part 76. The applicant agrees that by submitting this application it will include, without modification, the clause in Appendix B of 45 CFR Part 76 in all lower tier covered transaction and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76. Should the applicant not certify regarding debarment and suspension, an explanation as to why should be placed after the assurances page in the application package.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

By signing and submitting this application, the applicant is providing certification regarding drug-free workplace requirements as set out in Appendix C to 45 CFR Part 76. For purposes of notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Division of Grants Policy and Oversight
Office of Management and Acquisition
Department of Health and Human Services
Room 517-D
200 Independence Avenue, S.W.
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)
The authorized official signing for the applicant organization certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The official signing agrees that the applicant organization will comply with the DHHS, PHS, and OPHS terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children’s services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children’s services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children’s services and that all subrecipients shall certify accordingly.

OPHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS and OPHS mission to protect and advance the physical and mental health of the American people.
ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.