

State of Hawaii
Department of Health
Family Health Services Division
Women, Infants and Children Services Branch

Addendum No. 2

April 6, 2011

To

Request for Proposals

**RFP No. HTH 560-WIC-11-01
Special Supplemental Nutrition Program
for Women, Infants and Children (WIC)
and Optional Breastfeeding Peer Counselor (BFPC) Services
March 4, 2011**

April 6, 2011

ADDENDUM No. 2

To

**REQUEST FOR PROPOSALS
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
and Optional Breastfeeding Peer Counselor (BFPC) Services
RFP No. HTH 560-WIC-11-01**

The Department of Health, Family Health Services Division, WIC Services Branch is issuing this addendum to RFP No. HTH 560-WIC-11-01 for the purposes of:

- Responding to questions that arose at the orientation meeting.
- Amending the RFP.
- Final Revised Proposals.

The proposal submittal deadline:

- is amended to April 20, 2011.
- is not amended.
- for Final Revised Proposals is <date>.

Attached is (are):

- A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- Amendments to the RFP.
- Details of the request for final revised proposals.

If you have any questions, please contact:

Susan Kanour, WIC Contracts Unit
(808) 586-4774; susan.kanour@doh.hawaii.gov
235 South Beretania Street, Suite 701, Honolulu, Hawaii 96813

RFP No. HTH 560-WIC-11-01
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
and Optional Breastfeeding Peer Counselor (BFPC) Services
is amended as follows:

Section 1, Administrative Overview

No Changes

Section 2, Service Specifications

- I. Introduction, F. Probable Funding Amounts, Source, and Period of Availability, is amended to increase funding as follows:

2. USDA BFPC Services

USDA funding to the SA is by FFY starting on October 1 and ending on September 30. Funding is dependent upon annual Congressional appropriation and State policies and guidelines that are established for the Executive Budget.

FFY 2012: approximately	<u>\$500,000 statewide</u>
FFY 2013: approximately	<u>\$500,000 statewide</u>
FFY 2014: approximately	<u>\$500,000 statewide</u>
FFY 2015: approximately	<u>\$500,000 statewide</u>
FFY 2016: approximately	<u>\$500,000 statewide</u>
FFY 2017: approximately	<u>\$500,000 statewide</u>

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- III. Scope of Work, B. Management Requirements, 2. Administrative, page 2-18, is amended to add insurance requirement language in accordance with the Special Conditions of the contract and Comptroller Memo 2010-39 as follows:

2.2.13 The Provider shall obtain, maintain and keep in force throughout the period of any Contract awarded the following types of insurance:

- a. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- b. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.

Section 3, Proposal Application Instructions

IV. Service Delivery, A. Service Activities, page 3-5, is amended as follows:

3. Describe a plan for the main components of service delivery for optional BFPC services and include staff assigned to each activity:
 - a) For each federal fiscal year (“FFY”) indicated below, please describe a plan for the provision of breastfeeding support and education activities. If a plan is not included in the Applicant’s proposal, the Applicant will not be considered for funding this service activity in this contract, if awarded. If the Applicant would like to be considered for a particular year’s funding, be sure to include a plan for that year for this service activity, and clearly indicate which year.
 1. FFY 2012 Breastfeeding support and education activities.
 2. FFY 2013 Breastfeeding support and education activities.
 3. FFY 2014 Breastfeeding support and education activities.
 4. FFY 2015 Breastfeeding support and education activities.
 5. FFY 2016 Breastfeeding support and education activities.
 6. FFY 2017 Breastfeeding support and education activities.

V. Financial, A. Pricing Structure, page 3-5, is amended to clarify requirements for submission of funding request for BFPC services as follows:

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the cost reimbursement pricing structure, as designated by the state purchasing agency.

The cost proposal and required budget forms shall be attached to the Proposal Application for each of the following FFY periods:

- October 1, 2011-September 30, 2012 (FFY 2012).
- October 1, 2012-September 30, 2013 (FFY 2013).
- October 1, 2013-September 30, 2014 (FFY 2014).
- October 1, 2014-September 30, 2015 (FFY 2015).
- October 1, 2015-September 30, 2016 (FFY 2016).
- October 1, 2016-September 30, 2017 (FFY 2017).

If the Applicant’s proposal includes the optional BFPC services, include separate budget forms for that service. For each FFY of BFPC funding requested, please provide required budget forms. If budget forms are not included in the Applicant’s proposal, the Applicant will not be considered for funding this service activity in this contract, if awarded. If the Applicant would like to be considered for a particular year’s funding, be

sure to include budget forms for that year for this service activity, and clearly indicate which year.

All budget forms, instructions and samples are located on the WIC website (see Section 1, paragraph II Websites Reference referred to in this RFP). The required budget forms are listed on the Proposal Application Checklist found in Section V, Attachment A.

State of Hawaii
Department of Health
Family Health Services Division
Women, Infants and Children Services Branch

Addendum No. 1

March 28, 2011

To

Request for Proposals

**RFP No. HTH 560-WIC-11-01
Special Supplemental Nutrition Program
for Women, Infants and Children (WIC)
and Optional Breastfeeding Peer Counselor Services (BFPC)
March 4, 2011**

March 28, 2011

ADDENDUM No. 1

To

**REQUEST FOR PROPOSALS
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
and Optional Breastfeeding Peer Counselor Services (BFPC)
RFP No. HTH 560-WIC-11-01**

The Department of Health, Family Health Services Division, WIC Services Branch is issuing this addendum to RFP No. HTH 560-WIC-11-01 for the purposes of:

- Responding to questions that arose at the orientation meeting of March 10, 2011 and written questions subsequently submitted in accordance with Section 1, Part VII. of the RFP.
- Amending the RFP.
- Final Revised Proposals.

The proposal submittal deadline:

- is amended to <new date>.
- is not amended.
- for Final Revised Proposals is <date>.

Attached is (are):

- A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- Amendments to the RFP.
- Details of the request for final revised proposals.

If you have any questions, please contact:

Susan Kanour, WIC Contracts Unit
(808) 586-4774; susan.kanour@doh.hawaii.gov
235 South Beretania Street, Suite 701, Honolulu, Hawaii 96813

Responses to Questions Raised at the RFP Orientation Session
March 10, 2011 and Written Questions Subsequently Submitted in Accordance with
Section 1, Part VII. of the RFP.

Questions (in bold) and answers (in italics).

- 1. Some Purchase of Service (POS) agencies charge interpreter services to their administrative cost. How does the banding assist larger agencies?**

The new banding method takes into consideration the basic administrative needs for smaller agencies. Larger agencies should be able to reach a break even point where all basic costs are covered and economies of scale are realized, reducing cost to service additional caseload. Larger agencies with more staff can hire more bilingual staff.

- 2. Please clarify the banding system.**

The banding method allows for the highest per participant reimbursement rate for the first 150 participants at \$17.50 per participant, a lesser reimbursement rate for the next 151 to 550 participants at \$12.55 per participant, and a still lesser reimbursement rate for participant number 551 + at \$11.65 per participant. To calculate your agency's funding, use Attachment H to the RFP and your caseload assignment to calculate your annual budget. For example, if your anticipated caseload assignment is 475, your annual budget according to Attachment H is \$80,445. If your anticipated caseload is 2,900, your annual budget is \$420,270.

- 3. Under Section 3, Part II., E., page 3-2, what specifically regarding the floor plan is being requested?**

Please submit the floor plan diagram and dimensions and identify the location of staff, computer equipment and secured storage for food instrument check stock.

- 4. Do the optional breastfeeding peer counseling (BFPC) services need to be submitted as a separate proposal?**

No, the optional BFPC is not submitted as a separate proposal, please incorporate the written portion of the optional BFPC services into the proposal, and include the BFPC budget on separate budget forms from WIC services.

- 5. Does the Tax Clearance Certificate form A-6 or the Hawaii Compliance Express Certificate need to be submitted with RFP?**

Please submit Tax Clearance Certificate form A-6 or print out the Hawaii Compliance Express Certificate and submit it with your Proposal.

6. Is matching required for BFPC services?

No matching funds are required. A majority of the BFPC budgets are allocated to salary (training and services). WIC supplies breastfeeding pumps.

7. How are WIC services different from the optional BFPC services program?

WIC services provide breastfeeding support and promotion by non BFPC WIC staff. BFPC services are an enhancement to basic WIC BF services. Experienced breastfeeding women are recruited to counsel other mothers with the use of the USDA approved Loving Support model. The beauty of the optional BFPC is that they provide intensive peer counseling to women for extended periods of time. The optional BFPC program also has advocacy, support, and outreach components. BFPCs can provide services outside of regular WIC clinic hours and locations.

8. Will new prospective vendors be given additional support?

Yes, the State Agency (SA) staff will provide assistance to interested WIC service providers with the proposal application process as well as technical assistance to provide WIC services and/or BFPC services upon award.

9. How does funding for the optional BFPC services work?

Funding will be used to train and employ staff using the Loving Support model. The funding is based upon an hourly rate of the BFPC staff.

10. Will banding apply differently to satellite local agencies?

After suggestion at the RFP orientation and further discussion with management, agencies with satellites will be able to apply Bands 1, 2, and 3 to each of their clinic and satellite locations. For example, if an agency has a total caseload of 1,600 with 1,000 participants being serviced out of their primary clinic and 600 participants being serviced out of their satellite clinic, the calculation for funding would be as follows using Attachment H to the RFP:

<i>For the 1000 at primary clinic:</i>	<i>\$154,650</i>
<i>For the 600 at satellite:</i>	<i>\$ 98,730</i>
<i>TOTAL ANNUAL BUDGET:</i>	<i>\$253,380</i>

11. What if I want to increase the caseload?

Once a contract is in place and an agency would like to increase their caseload assignment, the agency may contact the WIC Services Branch Chief to discuss how much of an increase is being requested and justification why the caseload increase is being requested. The WIC management team will evaluate and notify the agency of decision, prepare a contract modification, and request a revised annual budget from the agency.

12. Will all the forms be required on the Proposal Application Checklist?

Yes, WIC requires all forms be submitted with the proposal if checked off on the Proposal Application Checklist.

13. Where is the addendum posted?

The addendum will be posted on the States' Procurement Notices website. The website address is: <http://www4.hawaii.gov/bidapps/ShowBids.cfm?&ShowAll=Yes>

14. Do Community Health Centers (CHCs) receive extra points in applying for RFP?

There are no additional points awarded to CHC's in the proposal evaluation.

15. What is the funding dollar amount for the BFPC?

Approximately \$100,000 is allocated to POS Agencies for each federal fiscal year.

16. Can the Lactation Coordinator function as the BFPC supervisor?

The term "Lactation Coordinator" is unknown to the SA. Only the BF Coordinator (BFC) at the Local Agency (LA) and the LA Coordinator (LAC) may serve as the BFPC supervisor.

If so, what required training will she need to take?

SA staff will provide "Train the Trainer" training.

What required training will she need to conduct with the BFPC? How often?

All new BFPC hires must be registered for the Loving Support through Peer Counseling training which the SA will provide. This training is only required once; however, continuing education trainings do not have a minimum set frequency. At the very least, BF trainings provided by the SA should be relayed to the BFPC by the supervisor along with other trainings provided at a frequency to fill any knowledge gaps that might exist.

17. What is the reimbursement rate/funding dollar amount for the BFPC?

Unlike general WIC services, the BFPC program would be funded based on staffing equivalents. BFPCs' pay rate would be \$8.00-\$10.00 per hour while BFPC supervisors would be funded with BFPC funds for 0.05 FTE at their regular salary.

18. Is the BFPC coordinator the same as the BFPC supervisor?

No. The coordinator is the SA staff in charge of the BFPC program while the supervisor is the LA staff charged with supervising and mentoring the BFPC.

What is the difference and what is the POS required to have if they have a BFPC?

POS LAs would need to have either the LAC or BFC designated as the supervisor.

19. **In reference to page 2-13 of the RFP line number 2.6 please clarify. It sounds like BFPC services from one clinic is expected to be available to ALL WIC clinics and the BFPC funding is provided to only that clinic. It doesn't appear to be fair that the BFPC time is not entirely used for that one clinic they are being paid for.**

Could you clarify the expectation of the BFPC services, who they are to service? For example, does this mean if clinic "A" receives a referral to provide BFPC assistance to a participant enrolled at another clinic "Clinic A" would need to provide this service?

The SA would recommend the participant transfer to the LA providing BFPC services.

20. **In reference to page 2-13, line number 2.7 will we be penalized if our organization prohibits employees from leaving premises (liability issues for both employee and patient) to provide BFPC services? Must have an assigned scheduled and cannot work outside of the assigned hours (clinic/office hours are M-F 7:30 a.m. to 4:00 p.m. and Saturday 8 a.m.-12 p.m.)?**

Organizations without the prohibition would receive more points because the intent of the BFPC is to provide timely BFPC services in the most appropriate setting.

21. **Is there a set number of BFPC training hours the State has set aside for each contract year? For budgeting purposes it would be easier to know this.**

None at this time. At the minimum, BFPC staff would need to attend the trainings offered by the WIC SA.

22. **Who will provide BFPC training as mentioned on page 2-14 line number 2.10 and 2.11?**

The SA BFPC Coordinator would be expected to train the BFPCs within 1 month of hire (2.10) while the LA BFPC supervisor would be charged with continuing education as described in 2.11.

23. **For larger clinics, the average reimbursement rate decreases with each incremental increase in the number of participants serviced per month. In addition, there appears to be an average reimbursement rate that is less than what larger clinics are currently budgeted for with a caseload over 2,050 per month. How will increasing costs be addressed for clinics when the reimbursement rates that are the same or even less for at least the next 2 years? With increasing caseload, the number of required FTE that is stated in the RFP may not be met because of the decreased reimbursement rate.**

WIC Services Branch has not increased the per participant reimbursement rate in this upcoming contract, but rather changed the method of reimbursement to a banding method which should more fairly allocate WIC funds to all contract agencies servicing WIC clients. An across the board increase per participant has not been implemented due to budget constraints. Increases in per participant reimbursement rates are determined annually based on availability of federal funds.

The new banding method takes into consideration the basic administrative needs for smaller agencies. Larger agencies should be able to reach a break even point where all basic costs are covered and economies of scale are realized, reducing cost to service additional caseload.

Agencies are expected to serve a certain number of caseload. The banding method reduces the per participant cost reimbursement for caseload of over 2,100 per month. We believe agencies with the larger caseload are able to realize the reduction of costs to service clients. These reimbursement rates should be sufficient if additional FTE are required.

24. Must the BFPC be supervised by the LA BFC or can the LAC supervise the BFPC?

The BFPC supervisor can either be the BFC or the LAC.

25. If I utilize a full-time staff to split the staff's FTE time between WIC services and BFPC services, would that affect the LA's FTE for that position in their proposal?

Yes. It would decrease the FTE count for basic WIC services, but the total count would remain 1.0 FTE.

How will that affect the LA's RFP evaluation?

The 0.05 FTE for the supervisor position would not be viewed negatively in the evaluation of the proposal. FTE position counts are reviewed in light of participant caseload assignment and travel time to satellite clinics. RFP evaluation will not be affected unless FTE's are not appropriate.

26. Who will train the BFPC?

Initial training in the Loving Support curriculum will be by the SA and continuing education responsibilities maintained by the BFPC supervisor.

27. Who is responsible for employing the BFPC coordinator?

SA. The BFPC Coordinator is the SA staff person who is charged with maintaining and supporting the BFPC program statewide, while the BFPC supervisor is the LA staff (either LAC or BFC) charged with doing so at the local level.

RFP No. HTH 560-WIC-11-01
 Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
 and Optional Breastfeeding Peer Counselor Services (BFPC)
 is amended as follows:

Section 1, Administrative Overview

No Changes

Section 2, Service Specifications, page 2-5

F. Probable Funding Amounts, Source, and Period of Availability, is amended as follows:

1. USDA WIC Services

USDA funding to the SA is by Federal Fiscal Year (“FFY”) starting on October 1 and ending on September 30. Funding is dependent upon annual Congressional appropriation; and State policies and guidelines that are established for the Executive Budget.

FFY 2012:	approximately	<u>\$4,000,000 statewide</u>
FFY 2013:	approximately	<u>\$4,000,000 statewide</u>
FFY 2014:	approximately	<u>\$4,000,000 statewide</u>
FFY 2015:	approximately	<u>\$4,000,000 statewide</u>
FFY 2016:	approximately	<u>\$4,000,000 statewide</u>
FFY 2017:	approximately	<u>\$4,000,000 statewide</u>

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Funding Allocation Methodology

USDA WIC funding will be allocated to PROVIDERS based on caseload assignment and according to a banded rate methodology.

Band	Number of participants per month	Per Participant Reimbursement rate
Band 1	1 - 150	\$ 17.50
Band 2	151 – 550	\$ 12.55
Band 3	> than 550	\$ 11.65

For any given caseload assignment, the first 150 will be allocated \$17.50 per participant reimbursement rate (Band 1), the next 151 to 550 will be at a \$12.55 per participant reimbursement rate (Band 2), and for 550 plus the per participant reimbursement rate will be \$11.65 (Band 3).

For Providers with satellite clinics, Band 1, 2, and 3 will apply to caseload assignment at the main clinic as well as caseload assignment at the satellite clinics, applying Bands 1, 2, and 3 to each clinics caseload assignment.

2. USDA BFPC Services

USDA funding to the SA is by FFY starting on October 1 and ending on September 30. Funding is dependent upon annual Congressional appropriation; and State policies and guidelines that are established for the Executive Budget.

FFY 2012: approximately	<u>\$100,000 statewide</u>
FFY 2013: approximately	<u>\$100,000 statewide</u>
FFY 2014: approximately	<u>\$100,000 statewide</u>
FFY 2015: approximately	<u>\$100,000 statewide</u>
FFY 2016: approximately	<u>\$100,000 statewide</u>
FFY 2017: approximately	<u>\$100,000 statewide</u>

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Section 3, Proposal Application Instructions, page 3-3

III. Project Organization and Staffing, A. Staffing, 1. Proposed Staffing, is amended to include a., as follows:

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 the Service Specifications, as applicable.)

- a. The applicant shall provide staffing FTE count by employee class (i.e., Professional, Technical, Clerical).

Section 3, Proposal Application Instructions, page 3-6

V. Financial, B. Other Financial Related Materials, 1. Accounting System, is amended to include d), e), and f)., as follows:

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a) Most recent A-133 Audit, if applicable to the organization.
b) Most recent Federal Indirect Rate Agreement, if applicable to the organization.

- c) Hawaii Compliance Express certificate.
- d) Agency Dun and Bradstreet (DUNS) number.
- e) Agency Federal Employer ID number.
- f) Accurate remittance agency name and address submitted on Agency letterhead.

Section 5, Attachments

Attachment A, Proposal Application Checklist attached to the Proposal is hereby deleted and replaced with the following:

Proposal Application Checklist

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPO-H forms are on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6) or Hawaii Compliance Express Certificate	Section 1, RFP Section 3, RFP	Dept. of Taxation Website (Link on SPO website)*	X	
Cost Proposal (Budget)				
SPO-H-205 WIC	Section 3, RFP	WIC Website/forms*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-206A WIC	Section 3, RFP	WIC Website/forms*	X	
SPO-H-206B WIC	Section 3, RFP	WIC Website/forms*	X	
SPO-H-206C WIC	Section 3, RFP	WIC Website/forms*	X	
SPO-H-206D WIC	Section 3, RFP	WIC Website/forms*		
SPO-H-206E WIC	Section 3, RFP	WIC Website/forms*	X	
SPO-H-206F WIC	Section 3, RFP	WIC Website/forms*	X	
SPO-H-206G WIC	Section 3, RFP	WIC Website/forms*		
SPO-H-206H WIC	Section 3, RFP	WIC Website/forms*	X	
SPO-H-206I WIC	Section 3, RFP	WIC Website/forms*	X	
SPO-H-206J WIC	Section 3, RFP	WIC Website/forms*		
Certifications:				
Federal Certifications				
Debarment & Suspension	Section 5, RFP	Attachment D	X	
Drug Free Workplace	Section 5, RFP	Attachment D	X	
Lobbying	Section 5, RFP	Attachment D	X	
Program Fraud Civil Remedies Act	Section 5, RFP	Attachment D	X	
Environmental Tobacco Smoke	Section 5, RFP	Attachment D	X	
Guidelines for Audits	Section 5, RFP	Attachment D	X	
Program Specific Requirements:				
A-133 Financial Audit	Section 3, RFP	Agency	X	
Federal Indirect Rate Agreement	Section 3, RFP	Agency	X	
Table A-Performance Measures Table B-Output Measures	Section 3, RFP	WIC Website/forms* WIC Website/forms*	X	

Authorized Signature

Date

State of Hawaii
Department of Health
Family Health Services Division
WIC Services Branch

Request for Proposals

**RFP No. HTH 560-WIC-11-01
Special Supplemental Nutrition Program
for Women, Infants and Children (WIC)
and optional Breastfeeding Peer
Counselor Services (BFPC)**

March 4, 2011

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the RFP Interest form, complete and e-mail or mail 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.

March 4, 2011

REQUEST FOR PROPOSALS (“RFP”)

**Special Supplemental Nutrition Program for Women, Infants and Children (“WIC”) and
Optional Breastfeeding Peer Counselor (“BFPC”) Services
RFP No. HTH-560-WIC-11-01**

The State of Hawaii Department of Health, Family Health Services Division, WIC Services Branch, is requesting proposals from qualified applicants to provide supplemental foods, nutrition education and counseling, breastfeeding support and promotion, optional BFPC Services and health and social service referrals to income eligible pregnant, breastfeeding and non-breastfeeding postpartum women, infants and children under five (5) years of age who are found to be at nutritional risk.

WIC services include certification of eligible applicants in compliance with the United States Department of Agriculture Food and Nutrition Service Rules and Regulations, nutritional assessment and appropriate nutrition education/counseling, breastfeeding education and support, supplemental foods, and health/social service referrals.

The multi-term contract will be from October 1, 2011 through September 30, 2015 with two (2) twelve (12) month extensions. Multiple contracts will be awarded under this RFP to ensure accessibility of services to all geographic areas of need.

Proposals shall be mailed, postmarked by the United States Postal Service on or before 12:00 midnight on April 15, 2011, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (“HST”), on April 15, 2011, 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 WIC Services Branch will conduct an orientation on March 10, 2011 from 1:30 p.m. to 3:30 p.m. HST, by Statewide Video Conference Centers at several locations, all prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on March 21, 2011. Please submit your written questions and/or inquiries directly to the RFP contact person, Susan Kanour, WIC Contracts Unit at 235 S. Beretania Street, Suite 701, Honolulu, Hawaii 96813, telephone: (808) 586-4774, toll-free 1-888-820-6425, fax: (808) 586-8189, or e-mail at susan.kanour@doh.hawaii.gov. All written questions will receive a written response from the State on or about March 28, 2011.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Susan Kanour at 235 S. Beretania Street, Suite 701, Honolulu, Hawaii 96813, telephone: (808) 586-4774, toll-free 1-888-820-6425, fax: (808) 586-8189, or e-mail at susan.kanour@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

ONE ORIGINAL AND FIVE COPIES OF THE PROPOSAL ARE REQUIRED.

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN 12:00 Midnight, April 15, 2011 and received by the state purchasing agency no later than 10 days from the submittal deadline.

All Mail-ins:

Department of Health
WIC Services Branch
235 S. Beretania Street, Suite 701
Honolulu, HI 96813-2419

WIC RFP Coordinator:

Susan Kanour
WIC Contracts Unit
235 S. Beretania Street, Suite 701
Honolulu, HI 96813-2419

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST)**, April 15, 2011. Deliveries by private mail services such as FedEx or UPS shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., April 15, 2011.

Drop-off Sites:

For applicants located on **Oahu:**

Department of Health, WIC Services Branch
235 S. Beretania Street, Suite 701
Honolulu, Hawaii 96813

For applicants located in **East Hawaii:**

Department of Health
Hawaii District Health Office
Hilo State Office Building, Room 105
75 Aupuni Street
Hilo, Hawaii
Attn: DOH Administrative Services Office

For applicants located in **West Hawaii:**

Department of Health
Hawaii District Health Office at Kona
Kealahou Business Plaza, Room 103
81-980 Halekii Street
Kealahou, Hawaii
Attn: DOH Administrative Services Office

For applicants located on **Kauai:**

Department of Health
Kauai District Health Office
Lihue Health Center
3040 Umi Street
Lihue, Kauai
Attn: DOH Administrative Services office

For applicants located on **Maui:**

Department of Health
Maui District Health Office
State Office Building, Room 301
54 South High Street
Wailuku, Maui
Attn: DOH Administrative Services Office

Be Advised: All mail-ins postmarked USPS after 12:00 midnight, April 15, 2011 will not be accepted for review and will be returned.

Hand deliveries will not be accepted after 4:30 p.m., April 15, 2011.

Deliveries by private mail services, such as FedEx or UPS, shall be considered hand deliveries, and will not be accepted if received after 4:30 p.m., April 15, 2011.

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Section 1

Administrative Overview

Section 1 Administrative Overview

Applicants are encouraged to read each section of the Request for Proposals (“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.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	<u>March 4, 2011</u>
Distribution of RFP	<u>March 4, 2011</u>
RFP orientation session	<u>March 10, 2011</u>
Closing date for submission of written questions for written responses	<u>March 21, 2011</u>
State purchasing agency's response to applicants' written questions	<u>March 28, 2011</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>Not applicable</u>
Proposal submittal deadline	<u>April 15, 2011</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>Not applicable</u>
Final revised proposals (optional)	<u>Not applicable</u>
Proposal evaluation period	<u>April – May, 2011</u>
Provider selection	<u>April – May, 2011</u>
Notice of statement of findings and decision	<u>April – May, 2011</u>
Contract start date	<u>Oct. 1, 2011</u>

II. WEBSITE REFERENCE

The State Procurement Office (SPO) website is <http://hawaii.gov/spo/>

	For	Click
1	Procurement of Health and Human Services	"Health and Human Services, Chapter 103F, HRS..."
2	RFP website	"Health and Human Services, Ch. 103F..." and "The RFP Website" (located under Quicklinks)
3	Hawaii Administrative Rules ("HAR") for Procurement of Health and Human Services	"Statutes and Rules" and "Procurement of Health and Human Services"
4	Forms	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Forms"
5	Cost Principles	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Cost Principles"
6	Standard Contract - General Conditions	"Health and Human Services, Ch. 103F..." "For Private Providers" and "Contract Template – General Conditions"
7	Protest Forms/Procedures	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Protests"

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at <http://hawaii.gov>)

Non-SPO websites

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	http://hawaii.gov/tax/ click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, Hawaii Revised Statutes ("HRS"), (Hawaii State Legislature website)	http://capitol.hawaii.gov/ click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	http://hawaii.gov/dcca click "Business Registration"
11	Campaign Spending Commission	http://hawaii.gov/campaign
12	7 CFR 246 Special Supplemental Nutrition Program for Women, Infants and Children	http://www.access.gpo.gov/nara/cfr/waisidx_10/7cfr246_10.html
13	Breastfeeding Peer Counseling (BFPC) Program FAQ's and Allowable Costs	http://www.nal.usda.gov/wicworks/Learning_Center/
14	Hawaii WIC website	http://hawaii.gov/health/family-child-health/wic/
15	Hawaii WIC website/forms	http://hawaii.gov/health/family-child-health/wic/Forms.html

III. AUTHORITY

This RFP is issued under the provisions of the HRS Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive 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 provider 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:

Department of Health
WIC Services Branch, Contracts Unit
235 S. Beretania Street, Suite 701
Honolulu, Hawaii 96813
Phone: (808) 586-4774
Fax: (808) 586-8189
Toll Free: 1-888-820-6425

VI. ORIENTATION

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

Date: March 10, 2011 **Time:** 1:30 p.m. – 3:30 p.m.

Location: **VCC locations on the islands of Oahu (Kapolei and Downtown Honolulu), Maui, Kauai, Hawaii (Hilo and Kona), Molokai, and Lanai.**

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 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: March 21, 2011 **Time:** 4:30 p.m.

State agency responses to applicant written questions will be provided by:

Date: March 28, 2011

VIII. SUBMISSION OF PROPOSALS

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the SPO website referred to in II. Website Reference. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides applicant proposal identification.
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 address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.
- B. Program Specific Requirements.** Program specific requirements are included in Sections 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications 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. Tax Clearance.** Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (“DOTAX”) and the Internal Revenue Service (“IRS”). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the DOTAX website. (Refer to this section’s Part II. Website Reference.)
- E. Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See Part II, Website Reference.)
- **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 registered 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 Part II, Website Reference.)

- F. Hawaii Compliance Express (“HCE”).** Providers may register with HCE for online proof of DOTAX and IRS tax clearance Department of Labor and Industrial Relations labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The “Certificate of Vendor Compliance” issued online through HCE provides the registered provider’s current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. (Refer to this section’s Part II. Website Reference) for HCE’s website address.
- G. Campaign Contributions by State and County Contractors.** Providers are hereby notified of the applicability of HRS Section 11-355, 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 the legislative body. For more information, FAQs are available at the Campaign Spending Commission webpage. (Refer to this section’s Part II. Website Reference).
- H. 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.

- I. Confidentiality of Personal Information.** Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General’s General Conditions of Form AG Form 103F, *Confidentiality of Personal Information*, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.
- J. 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 HAR Section 3-143-403.

X. OPENING OF PROPOSALS

Upon receipt of a 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 RFPs

The RFP 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 RFP, 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 HAR Sections 3-142-202 and 3-142-203.

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:

- (1) Rejection for failure to cooperate or deal in good faith. (HAR Section 3-141-201)
- (2) Rejection for inadequate accounting system. (HAR Section 3-141-202)
- (3) Late proposals. (HAR Section 3-143-603)
- (4) Inadequate response to RFP. (HAR Section 3-143-609)
- (5) Proposal not responsive. (HAR Section 3-143-610(a)(1))
- (6) Applicant not responsive. (HAR Section 3-143-610(a)(2))

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 HRS;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the HRS; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a RFP 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.

Head of State Purchasing Agency	Procurement Officer
Name: Loretta J. Fuddy, A.C.S.W., M.P.H.	Name: Sharon S. Abe
Title: Interim Director of Health	Title: Chief, Admin. Serv. Office
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801	Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801
Business Address: 1250 Punchbowl Street Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl Street Honolulu, Hawaii 96813

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 HRS Chapter 37, and subject to the availability of State and/or Federal funds.

XXI. GENERAL AND SPECIAL CONDITIONS OF CONTRACT

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

XXII. COST PRINCIPLES

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201, which is available on the SPO website (Refer to this section's Part 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

The national Special Supplemental Nutrition Program for Women, Infants and Children (“WIC”) was established because surveys found substantial numbers of low-income pregnant, postpartum and breastfeeding women, infants and young children, at special risk with respect to their physical and mental health by reason of inadequate nutrition and/or health care.

The purpose of the WIC Program is to safeguard the health of participants by providing at no cost: specific supplemental foods; breastfeeding support (including the loan of electric breast pumps and distribution of manual breast pumps); participant-centered services (“PCS”) including nutrition education and individualized counseling to meet each individual’s dietary needs and address specific nutritional risks); anemia screening and health and social service referrals to categorically eligible women who are pregnant, women who are breastfeeding up to one (1) year postpartum or non-breastfeeding up to six (6) months postpartum; infants under one (1) year of age; and young children up to five (5) years of age; and found to be at nutritional risk in Hawaii.

The WIC Program is authorized by the Child Nutrition Act of 1966, as amended, Section 17, 42 USC 1786, Public Law 111-296, 42 USC 1751, The American Recovery and Reinvestment Act of 2009, Public Law 111-5, Public Law 108-265, 7 USC 1746. The United States Department of Agriculture (“USDA”) Food and Nutrition Service (“FNS”) provide federal funds to the designated state agency (“SA”). Hawaii’s designated SA is the Department of Health (“DOH”), Family Health Services Division, WIC Services Branch. The DOH has administered the Hawaii WIC Program since 1976 and the DOH in turn funds local agencies (“LA”) throughout the State to deliver services. The USDA WIC Program is discretionary; no State funding is provided at this time.

To be considered as a LA, the organization must be a local public or private non-profit organization or state/county health office to provide WIC services according to the WIC Program federal regulations and state policies and procedures. The SA awards a contract based on the ability of the organization to provide WIC services, potential eligible population, need, response to the Scope of Work, information technology (“IT”) capacity, and available funds. The SA determines and awards the WIC contract amount based on a funding formula using several factors such as a base level for a program to function, the amount of caseload negotiated with each LA, and quality of performance. Breastfeeding peer counselor (“BFPC”) services are not required, but additional funding is available for such services.

B. Planning activities conducted in preparation for this RFP

A Request for Information was posted to the State's Procurement Notice Website on August 2, 2010. A statewide video-conferencing center meeting was held on August 12, 2010 in order to facilitate discussions with current WIC providers and interested community partners.

C. Description of the goals of the service**1. WIC Services (Mandatory Service)**

The WIC SA is committed to provide WIC services to as many eligible persons living in Hawaii as possible, in an efficient and cost-effective manner through a network of public and private local service providers, at no cost to participants. The WIC Program is designed to protect and/or improve the health and nutritional status of as many eligible low-income women, infants and children. The goals and objectives for women include improved pre-conceptual nutritional status. The goals and objectives for infants and children include improved birth outcomes, improved infant feeding practices through breastfeeding; improved immunization rates and improved cognitive development. The goals and objectives for all participants include savings in health care costs; improved diet and health; reduction of obesity; and access to a regular source of medical care.

2. BFPC Services (Optional Service)

Hawaii uses the program "*Using Loving Support to Implement Best Practices in Peer Counseling*" developed by Best Start Social Marketing in cooperation with USDA FNS to provide training and technical assistance used as a model to aid the SA in designing, building, maintaining, and sustaining peer counseling programs that will improve breastfeeding initiation, duration and exclusivity rates in a cost effective and manageable way. Specific objectives for breastfeeding are:

1. To increase breastfeeding initiation to 80% of WIC women upon the birth;
2. To increase breastfeeding duration for the first six (6) months to 50% of WIC women;
3. To increase breastfeeding duration for the first year to 25% of WIC women;
4. To increase breastfeeding exclusivity for the first three (3) months to 60% of WIC women; and
5. To increase breastfeeding exclusivity for the first six (6) months to 25% of WIC women.

Breastfeeding objectives can be achieved by:

1. Increasing WIC participants' knowledge of the advantages of breastfeeding;
2. Developing community partnerships to maximize resources, increasing effectiveness of community support efforts; and/or
3. Providing BFPC programs.

The discretionary peer counseling services are considered an adjunct support to WIC services to help achieve the WIC breastfeeding objectives.

Peer counseling has been a significant factor in improving initiation, duration and exclusivity rates of breastfeeding among women in a variety of settings, including disadvantaged and WIC populations representing diverse cultural backgrounds and geographical locations. Peer counselors are especially effective in communities where role models for breastfeeding behaviors, knowledgeable health care providers, and cultural practices that include breastfeeding as the norm, are scarce. Combining peer counseling with the ongoing breastfeeding promotion efforts has the potential to significantly impact breastfeeding rates among WIC participants, and most significantly, increase the harder to achieve breastfeeding duration rates. WIC LAs are encouraged strongly to provide peer counseling services to their WIC participants. Providers must provide a breastfeeding friendly environment and have policies to accommodate participants and staff who are breastfeeding.

D. Description of the Target Population to be Served

The WIC SA projects that there may be approximately forty-two thousand (42,000) persons statewide who are eligible for WIC services. Forty-one (41) percent of infants and children from zero to four (4) years of age live in households with less than one hundred eighty-five (185) percent of the federal poverty level ("FPL"). Of this number of persons with incomes below the 185 percent FPL, seventy-five (75) percent may be infants and children up to five (5) years of age, and twenty-five (25) percent may be women who are pregnant, breastfeeding up to one (1) year postpartum, or not breastfeeding up to six (6) months postpartum.

The four (4) criteria for program eligibility are:

1. The target population of the WIC Program must reside in the State of Hawaii, must be categorically and income eligible and have a nutritional risk. [7 CFR 246.7(c)]
2. Categorically eligible means pregnant, breastfeeding (up to one year postpartum), and non-breastfeeding (up to six months postpartum) women, infants, and children up to five (5) years of age. The word pregnant shall

be defined as women determined to have one (1) or more embryos or fetuses in utero. [7 CFR 246.2 and 7 CFR 246.7(c)]

3. Income-eligibility is set at one hundred eighty-five (185) percent of the FPL; those eligible for the Supplemental Nutrition Assistance Program (“SNAP”), Medicaid/QUEST (not QuestNet), Temporary Assistance for Needy Families, Temporary Assistance for Other Needy Families and foster children are adjunctively income-eligible. [7 CFR 246.7(d)]
4. Nutritional risk can be medically based (such as: anemia, poor growth, underweight, maternal age, history of pregnancy complications or poor pregnancy outcomes, or substance abuse), or diet-based (such as: inadequate or inappropriate dietary patterns that may impair or endanger health). Risk factors may also include being homeless or being a foster child. [7 CFR 246.7(e)]

E. Geographic Coverage of Service

WIC service is to be provided statewide on all the islands of Oahu, Hawaii, Maui, Molokai, Kauai, and Lanai, pending availability of Federal funding. Purchase of service (“POS”) proposals must clearly define the geographic area(s) to be served. Service providers currently include State-run LAs on Kauai, Maui, the island of Hawaii (Hilo/Kona areas), and Oahu (Windward, Leeward, Honolulu, and Wahiawa areas); as well as POS Providers on Maui, Lanai, Molokai, and the island of Hawaii (Keeau-Kau area) and Oahu (Honolulu, Waianae, Kalihi, Kalihi Valley, and Waimanalo areas). Table 1 below depicts the level of service that the WIC Program wishes to purchase through private LAs.

TABLE 1 POS from Private LAs

Island	Area	Minimum Caseload (monthly average)
Kauai	potentially Poipu-Kekaha	500
Oahu	Waianae-Ewa	4,900
	Haleiwa-Laie-Hauula	875
	Waimanalo	900
	Honolulu: Kalihi Valley	1,600
	Honolulu: Kalihi Palama	3,900
	Honolulu: Waikiki-Kapahulu-McCully	2,100
Maui	Kahului-Wailuku	1,700
	Lahaina	350
	Hana	125
Lanai	Entire island	150
Molokai	Entire island	425
Hawaii	Keaau-Kau	1,725
	Kailua-Kona	650
	TOTAL	19,900

F. Probable Funding Amounts, Source, and Period of Availability

There are two (2) potential funding sources applicable to this RFP. The two funding sources are:

1. USDA WIC Services

USDA funding to the SA is by Federal Fiscal Year (“FFY”) starting on October 1 and ending on September 30. Funding is dependent upon annual Congressional appropriation; and State policies and guidelines that are established for the Executive Budget.

FFY 2012: approximately \$2,925,300 statewide
 FFY 2013: approximately \$2,925,300 statewide
 FFY 2014: TBD
 FFY 2015: TBD
 FFY 2016: TBD
 FFY 2017: TBD
 S-206-H-000275-518

Funding Allocation Methodology

USDA WIC funding will be allocated to PROVIDERS based on caseload assignment and according to a banded rate methodology.

Band	Number of participants per month	Per Participant Reimbursement rate
Band 1	1 - 150	\$ 17.50
Band 2	150 – 550	\$ 12.55
Band 3	> than 550	\$ 11.65

2. USDA BFPC Services

USDA funding to the SA is by FFY starting on October 1 and ending on September 30. Funding is dependent upon annual Congressional appropriation; and State policies and guidelines that are established for the Executive Budget.

FFY 2012: approximately \$100,000 statewide
 FFY 2013: approximately \$100,000 statewide
 FFY 2014: TBD
 FFY 2015: TBD
 FFY 2016: TBD
 FFY 2017: TBD
 S-206-H-000295-518

II. GENERAL REQUIREMENTS**A. Specific qualifications or requirements, including, but not limited, to licensure or accreditation**

Each public or private local service provider shall ensure that it will comply with all pertinent Federal and State requirements including, but not limited to, (1) WIC Program requirements in 7 CFR 246; (2) current approved Hawaii WIC State Plan; and (3) Hawaii Revised Statutes Chapter 103F.

Providers operating the WIC Program within a hospital must advise potentially eligible individuals that receive in- or out-patient prenatal, maternity or postpartum services or who accompany a child under the age of five (5) who receives well-child services, of the availability of WIC services and to the extent feasible, must provide an opportunity for individuals who may be eligible to be certified within the hospital for participation in WIC.

B. Secondary purchaser participation
(Refer to HAR Section 3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases.

There are no plans for secondary purchases.

C. Multiple or alternate proposals
(Refer to HAR Section 3-143-605)

Allowed Unallowed

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

Single Multiple Single & Multiple

Criteria for multiple awards:

The selection of applicants for multiple awards shall assure the optimum coverage of all geographic areas included in this RFP.

WIC will give priority consideration to applications that propose to serve those geographic areas with identified underserved eligible populations and to applications that provide integrated and comprehensive ongoing pediatric and obstetric care. The WIC SA will also consider the following priority system in the selection of providers [7 CFR 246.5 (d)(i-v)]:

1. First consideration is given to a public or private nonprofit health agency that provides ongoing, routine pediatric and obstetric care and administrative services.
2. Second consideration is given to a public or private nonprofit health or human service agency that enters into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services.
3. Third consideration is given to a public or private nonprofit health agency that enters into a written agreement with private physicians licensed by the State, in order to provide ongoing, routine pediatric and obstetric care to a specific category of participants.
4. Fourth consideration is given to a public or private nonprofit human service agency that enters into a written agreement with private physicians licensed by the State, to provide ongoing routine pediatric and obstetric care.
5. Fifth consideration is given to a public or private nonprofit health or human service agency that provides referrals for ongoing routine pediatric and obstetric care.

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

- Single term (2 years or less) Multi-term (more than 2 years)

Contract terms:

The term of contract is from October 1, 2011 through September 30, 2015.
The initial period shall commence on October 1, 2011 or the Notice to Proceed date, whichever is later.

Maximum length of contract: Six years.

Number of possible extensions: Two (2) one (1) year extensions.

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(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Ms. Susan Kanour
 WIC Services Branch
 Attention: Contracts Unit
 235 S. Beretania Street, Suite 701
 Honolulu, Hawaii 96813
 Phone No.: (808) 586-4774 1-888-820-6425 from Neighbor Islands
 Email: susan.kanour@doh.hawaii.gov

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. WIC Services (Mandatory)

The PROVIDER shall perform all the work required to administer and provide WIC services to eligible participants according to the WIC Program 7 CFR 246:

http://www.access.gpo.gov/nara/cfr/waisidx_10/7cfr246_10.html

and the WIC State Plan. These include, but are not limited to, the following activities:

1.1 Certification of Participants

Perform WIC certification procedures such as categorical and income screening and health and nutrition assessments;

1.1.1 Record certification data using approved forms and automated information system provided by WIC SA. [7 CFR 246.7(i)]

1.1.2 Certify that applicant resides in the State of Hawaii; meets minimum income criteria as established by the WIC SA using guidelines and procedures to determine an applicant's income eligibility for this Program. [7 CFR 246.7(c), (d)]

1.1.3 Certify eligible applicants in compliance with the eligibility criteria, using only FNS approved, national WIC nutrition risk criteria and current anthropometric data and hematological assessment measurements reflective of participant status; and require proof of income. [7 CFR 246.7(e)]

1.1.4 Provide on-site hemoglobin testing for all participants utilizing U.S. Food and Drug Administration cleared,

Clinical Laboratory Improvement Amendments waived Hemoglobin testing equipment for all participants (unless exempted by the WIC SA).

- 1.1.5 Certify applicants in compliance with processing standards performed in accordance with the current Hawaii WIC State Plan. Pregnant and special risk applicants shall be notified of their eligibility or ineligibility within ten (10) calendar days from the date of first request for WIC Program benefits. All other applicants shall be notified within twenty (20) calendar days from the date of initial request for WIC Program benefits. [7 CFR 246.7(f)]
- 1.1.6 Certify applicants for periods in accordance with the current Federal regulations. Until further notice the PROVIDER shall certify using the following timeframes: 1) pregnant women for up to six weeks postpartum; 2) non-breastfeeding postpartum women for up to six months postpartum; 3) breastfeeding women for up to one year postpartum; 4) infants up to the first birthday; 5) children at intervals of six months ending with the end of the child's fifth birthday month. [7 CFR 246.7(g)]
- 1.1.7 Disqualify individuals during a re-certification period as provided in 7 CFR 246.7(h).
- 1.1.8 Notify applicants and participants of rights and responsibilities. [7 CFR 246.7(j)]
- 1.1.9 Provide completed Verification of Certification for participants transferring out of state to participants or requesting WIC agency upon request. [7 CFR 246.7(k)]
- 1.1.10 Prevent and detect dual participation, including requiring proof of residency and identity. [7 CFR 246.7(l)]
- 1.1.11 Certify without charge to participants. [7 CFR 246.7(m)]
- 1.1.12 Certify persons in homeless facilities and institutions with exceptions. [7 CFR 246.7(n)]
- 1.1.13 Screen for drugs and other harmful substances. [7 CFR 246.7(o)]
- 1.1.14 Require physical presence of applicant at certification with exceptions. [7 CFR 246.7(p)]

- 1.1.15 Certify qualified aliens. [7 CFR 246.7(q)]
- 1.1.16 Notify the WIC SA for approval prior to the implementation of a waiting list or priority restriction.

1.2 PCS

Provide PCS including mandatory and appropriate nutrition and breastfeeding education and referrals for health and social services;

- 1.2.1 Provide appropriate nutrition education services, breastfeeding support and promotion, and substance abuse assessment immediately upon certification.
[7 CFR 246.11(a), (b)]
- 1.2.2 Provide participant-centered nutrition education to all WIC adult participants, and to parents or caretakers of participants. A minimum of two (2) nutrition education contacts in each six (6) month certification period shall be made and documented in the participant's record. Breastfeeding women, infants and migrants from any eligibility category are certified for one (1) year and will receive one (1) nutrition education contact for each three (3) month period.
- 1.2.3 Provide as often as necessary, high-risk nutrition education/counseling by a Registered Dietitian ("RD") to all participants deemed high-risk upon assessment, as defined in the WIC State Plan.
- 1.2.4 Provide limited English proficiency ("LEP") applicants and participants with information in appropriate languages and/or provide interpreters.
- 1.2.5 Provide professional supervision and monitoring of paraprofessional staff providing participant nutrition education. All nutrition education and training will be under the supervision of a RD who shall certify that staff has met the competencies prior to providing services. Dietitians are registered with the Commission on Dietetic Registration (the certifying agency of the American Dietetic Association) and are only able to use the credential RD when they have been accredited. With prior written WIC SA approval, in lieu of a RD, the PROVIDER may designate a WIC nutritionist and shall ensure the designated

individual(s) have a minimum of an undergraduate degree from an accredited institution in nutrition or home economics, with emphasis in nutritional science.

- 1.2.6 Coordinate nutrition education activities and messages. Wherever possible, the PROVIDER shall utilize USDA and/or Hawaii WIC materials and messages to ensure common nutrition messages.
- 1.2.7 Submit all nutrition education and outreach materials funded in full or part with WIC funds to the WIC SA for prior approval before printing and/or distribution. The PROVIDER shall include an acknowledgement of WIC/DOH on all materials. [DOH requirement]
- 1.2.8 Provide all WIC applicants and participants or proxies with information on other potential sources of food assistance and health/social services in the target community, and when appropriate, refer applicants and participants to such programs. Refer participants appropriately to health and social services based on assessment. [7 CFR 246.7(b)]

1.3 Supplemental Foods

- 1.3.1 Issue WIC food instruments (“FIs”) at no charge for food packages prescribed by a Competent Professional Authority (“CPA”) immediately upon certification. [7 CFR 246.12(r)]
- 1.3.2 Upon approval of a CPA, issue Hawaii WIC Approved exempt infant formulas and medical foods to participants when a Health Care Professional (Medical Doctor, Doctor of Osteopathy, Nurse Practitioner, or Physician’s Assistant) determines that the participant has a qualifying condition, as documented in the WIC Medical Documentation form (WIC Form FD 941C), which contraindicates the use of contract infant formula. Formula will be issued by the WIC SA contractor formula distributor.
- 1.3.3 Issue FIs and authorized supplemental foods for a maximum of three (3) months at any one time. The PROVIDER shall routinely issue FIs for three (3) months for low-risk participants for cost efficiency. [7 CFR 246.12(r)(5)]

1.4 Outreach and Community Partnerships

1.4.1 Conduct outreach activities targeting high-risk and underserved populations by developing written and verbal presentations or utilizing available materials to inform the potentially WIC eligibles of the availability of the WIC Program and to explain the benefits of participation with emphasis on reaching and enrolling eligible women in the early months of pregnancy and migrants.
[7 CFR 246.4(a)(7)]

1.4.2 Establish community partnerships with, at a minimum, the mandatory referral agencies, local hospitals, OB/GYN, and pediatricians offices, and provide regular contacts.

1.4.3 Establish community partnerships with community organizations such as food banks, community organizations, human and social services, school districts, etc.

1.5 Provide Adequate Facilities and Convenient Clinic Sites

1.5.1 Notify the WIC SA of impending closure of any clinic site at least 30 days prior to its actual closing date. The written notification of clinic closure will include the date of the clinic closure and a plan for serving the clients impacted by the clinic closure.

1.6 Ensure the collection and recording of accurate information.

1.7 Provide professional training and monitoring of WIC staff competencies necessary for delivery of required services.

1.8 Provide administrative functions for operation of the WIC Program.

1.9 Prepare and submit all required plans/reports in accordance with this contract and the WIC State Plan.

2. **BFPC Services (Optional)**

PROVIDERS with a BFPC component shall perform all the work required to administer and provide breastfeeding support services to WIC mothers following the *Loving Support Best Practice Guidelines* for peer counseling services in accordance with the PROVIDER's proposal to increase the breastfeeding initiation, duration and exclusivity. The PROVIDER shall:

- 2.1 Employ a BFPC Program Supervisor to plan, direct and coordinate general operation of BFPC Program. Ideal candidate will be an International Board Certified Lactation Consultant (“IBCLC”), have WIC experience, and be familiar with community resources.
- 2.2 Develop a support referral system for peer counselors with community Lactation Consultants, including IBCLCs, if the BFPC Program Coordinator is not an IBCLC or is unable to fulfill consultation duties for any reason.
- 2.3 Employ BFPCs to provide services. Qualifications for peer counselors shall be previous experience with breastfeeding, enthusiasm for helping others to succeed at breastfeeding, and similarities with the WIC population the program serves (including similar age, ethnic background, and language spoken).

Exemptions to the peer counselor qualifications must be approved by Hawaii WIC before hire. When possible, peer counselors should be current or previous WIC participants.
- 2.4 Develop and document an internal referral link between WIC Program and BFPC Program when applicable. Interaction between WIC Program and BFPC Program shall occur at least monthly and may be in the form of visits from Peer Counselors, participation of Peer Counselors in WIC clinic meetings, and/or additional training for WIC clinic staff.
- 2.5 Follow and maintain documentation of peer counseling contact activities and education for each participant served in the WIC automated participant record system.
- 2.6 Accept referrals generated from calls to the WIC SA and/or other WIC LAs.
- 2.7 Provide peer counseling services, when appropriate. Services shall be made available outside of usual clinic hours and outside of the WIC clinic, but may also be available during usual clinic hours and in the WIC clinic.
- 2.8 Provide supervision, monitoring, and evaluation of peer counselors, when appropriate.
- 2.9 Send the WIC LA Coordinator and the BFPC Program Coordinator to a training at the WIC SA during each BFPC Program contract term.

- 2.10 Provide training of BFPC using the *Loving Support through Peer Counseling* curriculum within one (1) month of employment.
- 2.11 Provide continual education and adequate resources to peer counselors. Continual education shall include basic and continuing breastfeeding training, and may include opportunities to shadow lactation consultants, opportunities to meet with other peer counselors, and related training such as counseling skills, adult learning styles, and others.
- 2.12 Provide WIC clinic staff the PowerPoint presentation "Peer Counseling: Making a Difference for WIC Families" through the *Loving Support* curriculum at least once a year during each BFPC Program contract term.

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

1. Personnel

The PROVIDER shall provide adequate full-time equivalent (FTE) staffing of an appropriate mix to operate the WIC Program while ensuring quality of services and maintaining cost efficiency. [7 CFR 246(b)(1)] Best practices for an *optimal target* recommended number of FTEs assumes a 15% non-direct participant time as follows:

Caseload	Non-Supervisory FTEs	Supervisory FTE's	Clinic Days
Up to 500	Clinic and/or Clerical Assistant 1.0	CPA 0.25 - .50	One clinic day/week
500 - 2,000	Clinical Assistant 1.0-2.0 Clerical Assistant 1.0	CPA 1.0 -2.0	One to three clinic days/week
2,000 – 3,000	Clinic Assistant 2.0-3.0 Clerical Assistant 2.0-3.0	CPA 2.0 – 3.0	At least five clinic days/week
Per +325	Clinic and/or Clerical Assistant 1.0		

This includes, but is not limited to, the following:

- 1.1 Designate a WIC Program Director/Manager with previous WIC and/or community health experience to manage and administer the WIC Program. A RD is preferred.
- 1.2 Provide a RD to perform high-risk counseling, formula authorization, and as necessary, certification of participants, in a number proportionate to the agency's high-risk caseload. High-risk participants are those defined in the current State Plan

procedure #220. The PROVIDER may hire nutrition degree graduates or Registered Diet Technicians to perform counseling, formula authorization and participant certification under the direction of a RD. In lieu of a RD and with prior written approval from SA, the PROVIDER may provide a WIC Nutritionist with a minimum of an undergraduate degree from an accredited institution in nutrition or a related field with an emphasis in nutritional science.

- 1.3 Provide an appropriate number of adequately trained WIC Nutrition Assistants (also known as Paraprofessional Competent Professional Authority) to provide certification of eligible participants. Such individuals shall have the minimum of a high school degree or equivalent and must complete the State training requirements and be certified by the SA Quality Assurance Coordinator as competent according to the competencies for the position. Previous nutrition or health related job experience is desirable. The WIC Nutrition Assistants shall determine nutritional risk and prescribe supplemental foods.
- 1.4 Provide an appropriate number of adequately trained WIC Nutrition Aids to provide certification eligibility screening, education and health-social services referrals to participants. Such individuals shall have the minimum of a high school degree or equivalent and are recommended to have experience, education and/or training working in a clinic setting that provides services to women, infants and children.
- 1.5 Provide an appropriate number of adequately trained WIC Clerks to perform administrative support within WIC clinics at the option of the PROVIDER. Such individuals shall have the minimum of a high school degree or equivalent. Previous clerical or work experience is desirable.
- 1.6 Designate a Breastfeeding Coordinator as defined in the WIC State Plan to oversee breastfeeding promotion, staff training, peer counseling and other support activities. [7 CFR 246.11(c)(7)(ii), State Plan procedures #233]
- 1.7 Designate an Outreach Coordinator as defined in the WIC State Plan to oversee clinic outreach promotion and activities. [7 CFR 246.11(c)(7)(ii), State Plan procedures #403]
- 1.8 Provide staff with appropriate language skills to serve applicants and participants with LEP.

1.9 Provide Staff Training and Attend Meetings

The PROVIDER shall provide and/or attend training, including but not limited to:

- 1.9.1 Current operational guidelines and enhance skills of staff in Value Enhanced Nutrition Assessment competencies such as critical thinking skills and communications, nutrition assessment, emotion-based counseling, nutrition care plans, motivational interviewing skills, participant-centered education, and others.
 - 1.9.2 Breastfeeding promotion, substance abuse education, food package, and formula prescription.
 - 1.9.3 WIC related education which may include areas such as updated Automated Data System operations, updated program policies, rules and regulations, FI issuance, referral procedures, computer skills, customer service, safety, SharePoint for key staff, LA updates, etc.
 - 1.9.4 For all new staff members regarding Civil Rights and Americans with Disabilities Act (“ADA”) during their orientation and, annually, provide all staff with training on Civil Rights and ADA issues.
 - 1.9.5 Meetings or training sessions as scheduled by Hawaii WIC. These meetings will be opportunities for the LA to discuss issues with regards to WIC policies and procedures, federal rules and regulations, and nutrition standards.
- 1.10 Designate a financial lead person.
 - 1.11 Designate an information technology liaison.
 - 1.12 Promptly notify WIC SA of personnel changes on WIC’s Notice of Change Form (WIC Form SO 420A).
 - 1.13 Not forfeit their exemption from the Federal prohibition on employment discrimination on the basis of religion in hiring personnel to provide WIC Program services or activities, if a faith-based organization. [7 CFR 16.3]

2. Administrative**2.1 The WIC SA shall:**

- 2.1.1 Provide required WIC computer equipment, database, routine maintenance and IT support.
- 2.1.2 Provide electric and manual breast pumps, and may provide hemoglobin testing equipment.
- 2.1.3 Provide FI check stock.
- 2.1.4 Provide program and fiscal monitoring on a biennial basis, at minimum.
- 2.1.5 Provide technical assistance for Administrative Support (accounting, contracts, vendor management), IT, Program Support and Clinic Operations.

2.2 The PROVIDER shall:

- 2.2.1 Provide a financial management system consistent with federal and state requirements to include, but not limited to, disclosure of expenditures, record of expenditures, and resolution of audit findings. [7 CFR 246.12, 7 CFR 246.14, 7 CFR 246.13(j)]
- 2.2.2 Comply with allowable program costs and seek and receive prior approval for costs for automated information systems, capital expenditures over \$2500, and management studies. [7 CFR 246.14(c), (d)]
- 2.2.3 Ensure that any USDA funds used directly for equipment, supplies, labor, indirect costs, and the like, shall be prorated between the WIC Program or activity and any other use if PROVIDER is a faith-based organization. [7 CFR 16.3]
- 2.2.4 Ensure that no USDA funds be used to support any inherently religious activities such as worship, religious instruction, and proselytization. [7 CFR 16.3]
- 2.2.5 Comply with program income guidelines other than grants. [7 CFR 246.15]
- 2.2.6 Comply with audit requirements. [7 CFR 246.20]
- 2.2.7 Comply with investigation requirements. [7 CFR 246.21]

- 2.2.8 Comply with claims and penalties requirements including claims against participants. [7 CFR 246.23]
 - 2.2.9 Comply with state and federal procurement and property management requirements. [7 CFR 246.24]
 - 2.2.10 Comply with other provisions as outlined in 7 CFR 246.26 including, but not limited to, no aid reduction, statistical information, and medical information and confidentiality. The PROVIDER shall maintain confidentiality of information about WIC applicants and participants. [7 CFR 246.26(d)]
 - 2.2.11 Comply with the requirements of the Federal Health Insurance Portability and Accountability Act of 1996 as applicable.
 - 2.2.12 Provide client accessibility to services from permanent and/or satellite sites. The PROVIDER shall provide extended hours of operation such as lunch hours, evenings, and/or weekends to ensure accessibility.
- 2.3 WIC Automated Information System
- 2.3.1 The PROVIDER shall operate the WIC SA provided automated information system hardware and software at permanent and satellite clinics by complying with all WIC requirements, specifications, and related policies.
 - 2.3.2 THE PROVIDER shall take reasonable measures to protect against theft, loss or damage.
 - 2.3.3 The PROVIDER shall obtain permission from the WIC SA prior to deploying any computer equipment.
 - 2.3.4 The PROVIDER shall not connect the WIC equipment to any network other than the WIC LA local area network or the statewide WIC wide area network.

2.4 FI and Formula Accountability and Control

2.4.1 The PROVIDER shall control and provide accountability for the receipt, issuance, and disposition of formulas and FIs. [7 CFR 246.12(q)]

2.4.2 The PROVIDER shall provide secure and safe storage of unissued formulas and FIs. [7 CFR 246.12(p)]

3. **Quality Assurance and Evaluation Specifications**

The WIC SA shall review fiscal and program activities on a biennial basis, as minimum quality assurance and evaluation purposes.

The PROVIDER shall conform to all requirements for established standards of service and be subject to WIC SA evaluation and review in compliance with 7 CFR 246.19 (b)(2) including, but not limited to:

- 3.1 Evaluation of management, including a quality assurance plan, appropriate methods of evaluation of all WIC Program components, staff commitment and understanding of the WIC Program protocols and standards, and training or continued education for staff as needed, and/or required by the WIC Program. Conduct self monitoring to assure compliance with Federal regulations and State policies in years when the WIC SA does not perform program monitoring.
- 3.2 Certification.
- 3.3 Nutrition education.
- 3.4 Participant services and nutrition service standards, including a mechanism for feedback from participants, review of evaluation results, and follow-up.
- 3.5 Civil rights compliance. [7 CFR 246.8]
- 3.6 Accountability.
- 3.7 Financial management systems.
- 3.8 Food delivery systems. [7 CFR 246.12(r)(1)]
- 3.9 Complying with WIC SA requirements for records and reports. The PROVIDER shall maintain on file and have available for review, audit, and evaluation, all documentation on participant

certification, including information on other available services, income verification used, and specific criteria used to determine nutritional risk. The PROVIDER shall retain these records for three (3) years as required. [7 CFR 246.25]

- 3.10 Submitting accurate reports and information to the WIC Program in accordance with timelines and format, including ad-hoc, weekly, monthly, quarterly and annual reports, annual inventory and, annual variance reports. [7 CFR 246.6]
- 3.11 Maintaining appropriate medical, fiscal, statistical, and administrative records pertaining to operations and have them readily accessible to authorized Federal and State representatives at any reasonable time. [7 CFR 246.6, 7 CFR 246.25]
- 3.12 Prohibiting smoking in the space used to carry out WIC services. [7 CFR 246.6(b)(7)]

4. Output and Performance/Outcome Measurements

4.1 Caseload

The PROVIDER shall maintain an average caseload level of ninety-five (95) to one hundred (100) percent of the authorized caseload participation as allocated and defined by the WIC SA and participate in WIC Program expansion by achieving caseload increases as negotiated with the WIC Program. Review caseload on a monthly basis. Authorized caseload is defined as the caseload number used to calculate funding and is based on the recent past six (6) month period actual participation.

- 4.1.1 If a PROVIDER is under serving (serving less than 95%) of the authorized caseload, a corrective action plan to increase caseload is submitted to the WIC SA. If the standard of 95% is not met, on average for the year, a reduction in caseload funding may occur beginning the next FFY.
- 4.1.2 If a PROVIDER is over serving more than 100% of the authorized participating caseload, the WIC SA may increase the PROVIDER's caseload and corresponding funding allocated to serve the caseload. Funding will be increased through the contract modification process.

4.2 Performance and Output Measures

The PROVIDER shall meet established Performance and Output Measures and submit the Table A-Performance Measures and Table B-Output Measures reports to the WIC SA within 60 calendar days after the end of each FFY of the contract. The WIC SA may revise the Performance and Output Measures during the course of the contract period.

4.3 Variance Report

The PROVIDER shall perform an annual evaluation on each measure of effectiveness found on the Table A and Table B reports and submit the Annual Variance Report to the WIC SA within 60 calendar days after the end of each FFY of the contract.

4.4 Clinic No Shows

The PROVIDER shall evaluate clinic flow and non-direct clinical time due to no shows, and institute procedures to increase efficiency such as calling participants with appointment reminders.

5. Experience

The PROVIDER shall:

- 5.1 Demonstrate that it has the necessary skills, abilities, knowledge of and experience relating to the delivery of the proposed services to the target population.
- 5.2 Provide a listing of verifiable experience with projects or contracts for the most recent (5) five years that are pertinent to the proposed services.

6. Coordination of Services

The PROVIDER shall:

- 6.1 Demonstrate the capability to coordinate services with other agencies and resources in the community to: (1) provide nutrition education; (2) provide accurate and consistent nutrition and health messages, and (3) promote WIC as an adjunct to good health care. Priority will be given to clinics co-located with health care centers. Any written agreements necessary for an agency in order to provide consideration for experience as defined above shall be submitted with this proposal as attachments.

- 6.2 Establish and maintain relationships with WIC approved vendors in their geographic area. The PROVIDER shall forward all complaints from WIC participants about vendors to the WIC Program.

7. Reporting Requirements for Program and Fiscal Data

The PROVIDER shall submit the following reports to the WIC SA:

7.1 Program Reporting Requirements:

7.1.1 Nutrition Services Plan (NSP)

Develop and submit for approval an annual NSP for each fiscal funding year (October 1 to September 30), which includes, but is not limited to, needs assessment, goals and objectives, a plan of action with timelines for accomplishments, summary of participant surveys and evaluation. This plan is due annually, on or before August 1 for the upcoming fiscal year. [7 CFR 246.11(d)]

7.2 Fiscal Reporting Requirements:

The PROVIDER shall maintain complete, accurate, and current accounting of all federal program funds received and expended. The PROVIDER shall submit the following fiscal reports to the WIC SA:

7.2.1 Annual Budget

Develop and submit by September 15 each year to the WIC SA for approval an annual budget for the following fiscal funding year (October 1 to September 30), which ensures that 1/6 of the grant is used for nutrition education purposes (e.g., salaries, fringe benefits, materials, supplies, equipment, travel, WIC or nutrition-related training, and indirect costs for nutrition education purposes).

7.2.2 Nutrition Services and Administrative (NSA) Time Report

Submit the quarterly NSA Time Report by the 15th of the month to WIC Accounting Unit for each quarter following the months of October, January, April and July.

7.2.3 WIC Annual Cost Allocation report

Submit the WIC Annual Cost Allocation report to the WIC SA within 60 calendar days after the end of each FFY of the contract.

7.2.4 Continuous Time Reporting

Maintain and have available monthly Personnel Activity Reports for those staff who are compensated by multiple funding sources in accordance with Office of Management and Budget Circular A-122, "*Support of Salaries and Wages.*"

7.2.5 Time and Effort Recordkeeping

Maintain and have available separate monthly time and effort recordkeeping for staff paid with WIC and WIC BFPC grant funds.

7.2.6 Semi-Annual Certification Form

Submit the Semi-Annual Certification form for all employees whose salaries are funded 100% by WIC to the WIC SA on April 15 and October 15 of each year.

7.2.7 WIC Equipment Purchases

Submit the WIC equipment purchases to the WIC SA within 60 calendar days after the end of each FFY of the contract.

7.2.8 WIC Equipment Inventory

Submit the WIC equipment inventory of items purchased by the agency using WIC funds to the WIC SA within 60 calendar days after the end of each FFY of the contract.

7.2.9 Other Records

Maintain appropriate medical, fiscal, statistical, and administrative records pertaining to operations and make them readily accessible to authorized federal and state representatives at any reasonable time.

C. Facilities

The PROVIDER shall:

1. Provide Secure Facilities

The PROVIDER shall provide secure facilities (including an operational alarm system with 24 hour monitoring) for office, clinic, storage space, and restroom of sufficient square footage to accommodate the proposed program's equipment, computers, furnishings, materials, staff, and participants, and which will provide the privacy needed to ensure client confidentiality.

2. Physical Environment

Provide nutrition services in a physical environment that promotes the health and well-being of WIC participants, and is supportive of breastfeeding.

3. Facility Space

Provide direct service facility space estimated at eight hundred (800) to nine hundred (900) square feet for waiting area, record storage, anthropometrics, reception and optimal bathrooms as well as general hallway and closet space with no more than eighty (80) square feet per staff member. Areas may be shared with other facility users. Optimal amount of space depends on clinic configuration rather than square footage.

IV. COMPENSATION AND METHOD OF PAYMENT**A. 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.

1. WIC Monthly Invoices and Expenditure Reports

Payment shall be made monthly upon submission of invoices. The PROVIDER shall provide a monthly invoice along with expenditure report form POST 210 WIC and form POST 210A WIC for all services rendered within thirty (30) days of the end of the billing period. No invoice shall be accepted or paid without receipt of required reports. The invoice shall be submitted to WIC on PROVIDER's official letterhead,

and shall include an invoice date, invoice number, reference to the assigned ASO Log Number, month service was provided, and total amount due. Invoice and expenditure reports shall be signed by PROVIDER's authorized official.

1.1 BFPC Monthly Invoices and Expenditure Reports

If the PROVIDER opts to provide BFPC services, a separate monthly invoice along with form POST 210 WIC and form POST 210A WIC must be provided for this service in the same fashion as the monthly invoices for the WIC 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 (Form SPO-H-200)
- 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.

II. Experience and Capability

A. Necessary Skills

The applicant shall provide a narrative that demonstrates that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services, for example previous experience in WIC service delivery or previous experience with service delivery to low-income women, infants and children under age five (5). Applicant shall include points-of-contact, addresses, email and phone numbers. 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.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community, in particular services to low-income pregnant, breastfeeding and postpartum women, infants and children to age five (5) determined to be at nutritional risk located within the State of Hawaii.

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 Americans with Disabilities Act requirements, as applicable and special equipment that may be required for the services. The applicant shall include the following with its proposal:

1. Applicant should provide a detailed description of proposed WIC clinic(s) **including all satellite clinics**. Description should include address of location, day of week and hours of day of proposed WIC clinic operations.
2. Floor plan of WIC clinic(s) **including all satellite clinics**, identifying proposed location of staff, computer equipment and secured storage for food instrument ("FI") check stock.

3. Security plan, which includes existing and/or proposed installation of an alarm system providing 24 hour monitoring.

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 the Service Specifications, as applicable.)

2. Staff Qualifications

- a. The applicant shall provide the minimum qualifications for staff assigned to the program. The applicant shall identify Competent Professional Authorities, Registered Dietitians (“RD”), Local Agency Coordinator, Breastfeeding Coordinator and Outreach Coordinator. (Refer to the qualifications in the Service Specifications, as applicable.)
- b. The applicant shall provide a current copy of the Commission on Dietetic Registration cards for all RDs.

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 describe in its proposal the position title, name and full time equivalency of each staff and line of responsibility/supervision. 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, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. Service Activities

1. Describe your general philosophy framework and standards, which guide your planned activities and service delivery.
 - a. Caseload Assignment:
 - 1) Indicate applicant's proposed caseload assignment by federal fiscal year to match the periods solicited in this RFP.
2. Describe the main components of your service delivery, including staff assigned to each activity if applicable, and not be limited to:
 - a. Certification of Participants:
 - 1) Participant clinic flow for initial certification and return visits for nutrition education and/or FI issuance.
 - 2) Hemoglobin testing.
 - 3) Frequency of contacts.
 - 4) Method of obtaining participant needs and evaluation of services.
 - 5) Method to increase accessibility to services.
 - 6) Outreach methods to provide services to all eligible individuals.
 - 7) Referrals to and coordination with other service providers (agreements, staff orientation).
 - 8) Interventions to reduce no show appointments.
 - 9) Methods to optimize participant service.
 - b. Supplemental Foods:
 - 1) Issuance of negotiable FI upon certification.
 - c. Nutrition Education and Other Services:
 - 1) Nutrition assessment, education approach(s) and evaluation of knowledge obtained by participants.

- 2) Interventions, assessments, counseling, education for special populations such as homeless, limited English proficiency, and working parents.
3. Describe the main components of your service delivery for optional Breastfeeding Peer Counselor (BFPC) and include staff assigned to each activity:
 - a) Breastfeeding support and education activities.

B. Management Requirements

1. Describe work assignments and responsibilities for the management of the WIC Program in the following areas:
 - a) Personnel.
 - b) Administration.
 - c) FI accountability/control.
2. Describe work assignments and responsibilities for:
 - a) Quality assurance.
 - b) Evaluation.
 - c) Reporting.
3. Performance and Output Measures (Table A, Table B)

Applicants shall identify their baseline for the performance measures. Given available resources and other external factors, the applicant shall formulate both reasonable and achievable performance objectives, and the approach to be taken in meeting these objectives for the multi-year contract period. The measures are subject to ongoing review and revision. Please refer to Attachment E, Table A (Performance Measures) and Attachment F, Table B (Output Measures) which should be completed and attached to the Purchase of Service Proposal Application.

V. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the **cost reimbursement** pricing structure, as designated by the state purchasing agency.

The cost proposal and required budget forms shall be attached to the Proposal Application for each of the following federal fiscal year periods:

- October 1, 2011-September 30, 2012 (FFY 2012).
- October 1, 2012-September 30, 2013 (FFY 2013).
- October 1, 2013-September 30, 2014 (FFY 2014).
- October 1, 2014-September 30, 2015 (FFY 2015).
- October 1, 2015-September 30, 2016 (FFY 2016).
- October 1, 2016-September 30, 2017 (FFY 2017).

If the Applicant's proposal includes the optional BFPC services, include separate budget forms for that service.

All budget forms, instructions and samples are located on the WIC website (see Section 1, paragraph II Websites Reference referred to in this RFP). The required budget forms are listed on the Proposal Application Checklist found in Section V, Attachment A.

Unallowable Costs:

The following costs are unallowable:

1. Indirect costs based on a rate that has not been negotiated with the Federal government.
2. Depreciation of assets acquired through the State or Federal government.
3. Damage to or loss of any state loaned or owned equipment other than by wear and tear and/or authorized usage.
3. Travel out-of-state without prior approval from the WIC State Agency.

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a) Most recent A-133 Audit, if applicable to the organization.
- b) Most recent Federal Indirect Rate Agreement, if applicable to the organization.
- c) Hawaii Compliance Express certificate.

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 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

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

100 Points

Program Overview	0 points
Experience and Capability	30 points
Project Organization and Staffing	15 points
Service Delivery	40 points
Financial	15 Points

TOTAL POSSIBLE POINTS

100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- a) Applicant shall be eligible to apply to deliver locally the services of the WIC and Breastfeeding Peer Counselor (BFPC) Program, provided that: (1) it serves a population of low-income women, infants, and children at nutritional risk; and (2) it is a public or private nonprofit health or human service agency per Catalog of Federal Domestic Assistance 10.557 Eligibility Requirements.
- b) Applicant shall be located in, and provide services within the State of Hawaii.
- c) Applicant shall have the infrastructure to support an automation system.
- d) Applicant shall have access to high speed internet services.

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)**

Likert Scale	
<p>Outstanding (5 points)</p>	<ul style="list-style-type: none"> • Each bullet identified and addressed clearly. • Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.
<p>Above Average (4 points)</p>	<ul style="list-style-type: none"> • 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.
<p>Satisfactory (3 points)</p>	<ul style="list-style-type: none"> • Competent; general description of “what we do” for all required elements. • No additional details, specific examples, or additional services or strategies to achieve RFP.
<p>Marginally Adequate (2 points)</p>	<ul style="list-style-type: none"> • 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.
<p>Unsatisfactory (1 point)</p>	<ul style="list-style-type: none"> • Not all bullets or components of a bullet were addressed or evident in the proposal. • Only reiterated the wording of RFP or other attached Department of Health materials.

Program Overview: 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.

1. Experience and Capability (30 Points)

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

A. Necessary Skills 5 points

Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

Previous experience in WIC service delivery. **5 points**

Previous experience with service delivery to low income women, infants and children under age five (5). **5 points**

C. Quality Assurance and Evaluation**5 points**

Sufficient quality assurance and evaluation plans for the proposed services, including methodology.

D. Coordination of Services**5 points**

Demonstrated capability to coordinate services with other agencies and resources in the community.

E. Facilities**5 points**

Adequate facilities relative to the proposed services.

2. Project Organization and Staffing (15 Points)

The State will evaluate the applicant's overall staffing approach to the service that shall include:

A. Staffing

Proposed Staffing: The proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. **5 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. **2.5 points**

Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. **2.5 points**

3. Service Delivery (40 points)

Clear work assignment and responsibilities exist for certification of participants, issuance of supplemental foods and food instruments, nutrition education, referrals and other services. **15 points**

Clear work assignment and responsibilities exist for the management of the WIC Program in personnel, administration, food instruments, accountability/control, quality assurance, evaluation, reporting, etc. **10 points**

Serves a geographic area with identified underserved eligible populations. **10 points**

Proposed BFPC demonstrates adequate provision of BFPC support. **5 points**

4. Financial (15 points)

Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the RFP.

Adequacy of accounting system.

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

<u>Attachment</u>	<u>Document</u>
A	Proposal Application Checklist
B	Proposal Application Sample Table of Contents
C	Interpersonal Relationships Between Staff and Clients/Patients
D	Federal Certifications <ol style="list-style-type: none">1. Certification Regarding Debarment and Suspension2. Certification Regarding Drug-Free Workplace Requirements3. Certification Regarding Lobbying4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)5. Certification Regarding Environmental Tobacco Smoke6. Guidelines for Organization-Wide Audits
E	Table A – Performance Measures Table B – Output Measures Variance Report (Output Measures) Variance Report (Outcome and Performance Measures)
F	Website References
G	List of Abbreviations & Definitions
H	Funding Allocation

Attachment A

Proposal Application Checklist

Proposal Application Checklist

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPO-H forms are on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	X	
Cost Proposal (Budget)				
SPO-H-205 WIC	Section 3, RFP	WIC Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-206A WIC	Section 3, RFP	WIC Website*	X	
SPO-H-206B WIC	Section 3, RFP	WIC Website*	X	
SPO-H-206C WIC	Section 3, RFP	WIC Website*	X	
SPO-H-206D WIC	Section 3, RFP	WIC Website*		
SPO-H-206E WIC	Section 3, RFP	WIC Website*	X	
SPO-H-206F WIC	Section 3, RFP	WIC Website*	X	
SPO-H-206G WIC	Section 3, RFP	WIC Website*		
SPO-H-206H WIC	Section 3, RFP	WIC Website*	X	
SPO-H-206I WIC	Section 3, RFP	WIC Website*	X	
SPO-H-206J WIC	Section 3, RFP	WIC Website*		
Certifications:				
Federal Certifications				
Debarment & Suspension	Section 5, RFP	Attachment D	X	
Drug Free Workplace	Section 5, RFP	Attachment D	X	
Lobbying	Section 5, RFP	Attachment D	X	
Program Fraud Civil Remedies Act	Section 5, RFP	Attachment D	X	
Environmental Tobacco Smoke	Section 5, RFP	Attachment D	X	
Guidelines for Audits	Section 5, RFP	Attachment D	X	
Program Specific Requirements:				
A-133 Financial Audit	Section 3, RFP		X	
Federal Indirect Rate Agreement	Section 3, RFP		X	
Hawaii Compliance Express Certificate	Section 3, RFP		X	
Table A- Performance Measures, Table B – Output Measures	Section 3, RFP		X	

Authorized Signature

Date

Attachment B

Proposal Application Sample Table of Contents

Proposal Application Table of Contents

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	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
VI.	Litigation.....	20
VII.	Attachments	
	A. Cost Proposal for WIC Services and/or BFPC Services	
	SPO-H-205 WIC Annual Budget	
	SPO-H-206A WIC Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B WIC Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C WIC Budget Justification - Travel: Interisland	
	SPO-H-206E WIC Budget Justification - Contractual Services – Administrative	
	SPO-H-206F WIC Budget Justification – Contractual Services – Subcontracts	
	SPO-H-206H WIC Budget Justification – Program Activities	
	SPO-H-206I WIC Budget Justification – Equipment Purchases	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 2010	
	A-133 Audit	
	Hawaii Compliance Express Certificate	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	E. Program Specific Requirements	

Attachment C

Interpersonal Relationships Between Staff and Clients/Patients

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

INTRA-DEPARTMENTAL DIRECTIVE 04-01
May 3, 2004 Page 1 of 5

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 *Chiyome Fukino*

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.

- 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
-

- 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.

04-1.7

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 D

Federal Certifications

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making a false statement, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why, should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

Organization Name

Name and Title of Authorized Representative

Signature

Date

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs;And
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (d) regarding agency 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

Organization Name

Name and Title of Authorized Representative

Signature

Date

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).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization Name

Name and Title of Authorized Representative

Signature

Date

**CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT
(PFCRA)**

The undersigned (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 statement or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

Organization Name

Name and Title of Authorized Representative

Signature

Date

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C- Environmental Tobacco Smoke, 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, 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 does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this document the applicant/grantee certifies that it will comply with the requirements of the Act. The applicant/grantee further agrees that it will require the language of this certification be included in any subaward, which subgrantees shall certify accordingly.

Organization Name

Name and Title of Authorized Representative

Signature

Date

GUIDELINES FOR ORGANIZATION-WIDE AUDITS

Pursuant to the Single audit Act Amendments of 1996, Public Law 104-156, the STATE is requiring A-133 audits from subrecipients who expend \$500,000 or more of federal funds in a year.

The audits must be conducted in accordance with the following standards:

1. Generally accepted auditing standards issued by the American Institute of Certified Public Accountants.
2. Government Auditing Standards issued by the Comptroller General of the United States.
3. Office of Management and Budget (OMB) Circular A-133, "Audits of states, local governments, and nonprofit organizations," dated June 30, 1997.

The audits must be conducted on an annual basis and submitted to the STATE within nine (9) months after the end of the audit period.

The audit report shall include the following:

1. The organization-wide financial statements prepared in accordance with generally accepted accounting principles or other comprehensive basis of accounting.
2. A schedule of federal financial assistance in the format prescribed by the OMB circular A-133.
3. A schedule of the STATE's federal and state contracts received by the organization for the period covered by the financial statements. This schedule shall contain the:
 - a. ASO Log Number.
 - b. Contract amount for the contract period.
 - c. Expenditures charged against the contract during the current audit period and the prior audit periods for expenditure-reimbursement contracts; or amounts of units billed against the contract during the current audit period and the prior audit periods for unit-cost contracts since inception.
4. Auditor's reports on the organization's financial statements, supplemental schedule of expenditures of federal awards, and supplemental schedule of federal and state contracts received by the organization from the STATE.
5. Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with Government Auditing Standards.
6. Report on Compliance with Requirements Applicable to each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133.
7. Schedule of findings and questioned costs in the format prescribed in OMB Circular A-133.
8. Comments regarding prior year's findings.

(rev. 5/3/04)

Attachment E

Table A – Performance Measures

Table B – Output Measures

Variance Report (Output Measures)

Variance Report (Outcome and Performance Measures)

Table A - Performance Measures

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Performance Measure	Data Source	Baseline for FY 2012	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Annual Performance Objective for Fiscal Year 2014	Annual Performance Objective for Fiscal Year 2015	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
Pregnancy 1. Increase the number/percentage of pregnant women enrolled in the WIC program in the 1 st trimester to improve pregnancy outcomes. 2. Increase the number/percentage of pregnant women who receive prenatal care in the first trimester.	PNSS						
Postpartum/Breastfeeding 1. Reduce low birth weight. 2. Increase the proportion of WIC mothers who breastfeed their babies till 6 months.	PNSS						
Infants/Children 1. Reduce iron deficiency among infants, age 6-11 months. 2. Reduce iron deficiency among children aged 12-23 months of age	PedNSS						
3. Reduce iron deficiency among children aged 3-5 years of age: 24-35 months 36-47 months 48-59 months	PedNSS						
4. Reduce iron deficiency among Hispanic women in their third trimester.	PNSS						

Applicant Org: _____

RFP No. _____

Table B - Output Measures

Applicant Org: _____
RFP No. _____

Program Activity	Baseline FY 2012	Estimated FY 2012	Estimated FY 2013	Estimated FY 2014	Estimated FY 2015
1. Increase effectiveness and documentation of nutrition education for each WIC participant by developing and implementing a Nutrition Services Plan in accordance with the Hawaii State Plan. At least 80% of all audited records will include documentation of appropriate and required nutrition education interventions.					
2. Provide WIC services to all eligible pregnant, breastfeeding, and postpartum women, infants and children up to age five years, in achieving 100% assigned caseload targets.					

FY year Variance Report (Outcome and Performance Measures)

WIC Local Agency Name
Submitted by
Date:(dd/mm/yyyy)

Column A	Column B	Column C	Column D	Column E	Column F
Performance Measure From Column A, Table A- Performance Measures	Provider's Estimate for FY year (Based on Table A of the Request for Proposal) XX%	Actual for FY year XX.X%	Difference Column B-C (+/-XX.X%)	Variance (%) Columns (D/B) x 100 (XX.X%)	Explanation of Significant Variances (+/-10%). Please address significant variances in each of the Performance Measures listed. Explanation required <i>only</i> if variance from column E is greater than or less than 10%
Pregnancy 1. Increase the number/percentage of pregnant women enrolled in the WIC program in the 1 st trimester to improve pregnancy outcomes. 2. Increase the number/percentage of pregnant women who receive prenatal care in the first trimester. Postpartum/Breastfeeding 1. Reduce low birth weight. 2. Increase the proportion of WIC mothers who breastfeed their babies till 6 months. Infants/Children 1. Reduce iron deficiency among infants: age 6-11 months 2. Reduce iron deficiency among children aged 12-23 months of age 3. Reduce iron deficiency among children aged 3-5 years of age 24-35 months 36-47 months 48-59 months 4. Reduce iron deficiency among Hapai women in their third trimester.					

WIC Local Agency Name
Submitted by
Date: (XX/XX/XXXX)

FY year Variance Report (Output Measures)

Column A Program Activity	Column B Provider's Estimates for FY year (Based on Table B of the Request for Proposal) (XX%)	Column C Actual for FY year (XX%)	Column D Difference (+/-XX.X)	Column E Variance (%) (D/B) x 100 (XX.X%)	Column F Explanation of Significant Variances (+/-10%) Please address significant variances in each of the Program Activity listed. Explanation required <i>only</i> if variance from column E is greater than or less than 10%
<p>1. Increase effectiveness and documentation of nutrition education for each WIC participant by developing and implementing a Nutrition Services Plan in accordance with the Hawaii State Plan. At least 90% of all audited records will include documentation of appropriate and required nutrition education interventions.</p>					
<p>2. Provide WIC services to all eligible pregnant, breastfeeding, and postpartum women, infants and children up to age five years, in achieving 100% assigned caseload targets.</p>					

Attachment F

Website References

Website References

Hawaii State Procurement Office (SPO)	http://hawaii.gov/spo
Code of Federal Regulations WIC Program 7 CFR 246	http://www.access.gpo.gov/nara/cfr/waisidx_10/7cfr246_10.html
Loving Support Through Peer Counseling	http://www.fns.usda.gov/wic/Breastfeeding/lovingsupport.htm
Hawaii State Plan	https://dohcolab.doh.hawaii.gov/sites/wic/localagencies/default.aspx
WIC Services Branch website	http://hawaii.gov/health/family-child-health/wic/
WIC Forms	http://hawaii.gov/health/family-child-health/wic/Forms.html
OMB Circular A-87 Cost Principles for State, Local & Indian Tribes	http://www.whitehouse.gov/omb/circulars_a087_2004/
OMB Circular A-122: Cost Principles for Non-Profit Organizations	http://www.whitehouse.gov/omb/circulars_a122_2004/
State of Hawaii Chapter 103F HRS: Cost Principles Purchases of Health and Human Services	http://hawaii.gov/spo/spoh/methods-of-procurement-source-selection/costprinciples.pdf
WIC Works	http://www.nal.usda.gov/wicworks/Learning_Center/

Attachment G

List of Abbreviations & Definitions

LIST OF ABBREVIATIONS & DEFINITIONS

BFPC	Breastfeeding Peer Counselor
CFR	Code of Federal Regulations
CPA or P-CPA	Competent Professional Authority or Paraprofessional Competent Professional Authority
DCCA	Department of Commerce and Consumer Affairs
DOH	Department of Health
DOTAX	Department of Taxation
FFY	Federal Fiscal Year (October 1 to September 30)
FI	Food Instrument
FNS	Food and Nutrition Service (USDA)
FPL	Federal Poverty Level
FTE	Full Time Equivalent
HAR	Hawaii Administrative Rules
HCE	Hawaii Compliance Express
HRS	Hawaii Revised Statutes
IBCLC	International Board Certified Lactation Consultant
IT	Information Technology
LA	Local Agency
LEP	Limited English Proficiency
PCS	Participant-Centered Services
POS	Purchase of Service
RD	Registered Dietitian, an individual with current credentials accredited by the Commission on Dietetic Registration
RFI	Request for Information
RFP	Request for Proposal
SA	State Agency
SPO	State Procurement Office
VCC	Video Conference Center
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants and Children

Attachment H

Funding Allocation

WIC Funding Allocation
FFY 2012
FFY 2013

Band	Participants	Reimbursement Rate	Month	Year
1	25	\$ 17.50	\$ 437.50	\$ 5,250.00
1	50	\$ 17.50	\$ 875.00	\$ 10,500.00
1	75	\$ 17.50	\$ 1,312.50	\$ 15,750.00
1	100	\$ 17.50	\$ 1,750.00	\$ 21,000.00
1	125	\$ 17.50	\$ 2,187.50	\$ 26,250.00
1	150	\$ 17.50	\$ 2,625.00	\$ 31,500.00
2	175	\$ 12.55	\$ 2,938.75	\$ 35,265.00
2	200	\$ 12.55	\$ 3,252.50	\$ 39,030.00
2	225	\$ 12.55	\$ 3,566.25	\$ 42,795.00
2	250	\$ 12.55	\$ 3,880.00	\$ 46,560.00
2	275	\$ 12.55	\$ 4,193.75	\$ 50,325.00
2	300	\$ 12.55	\$ 4,507.50	\$ 54,090.00
2	325	\$ 12.55	\$ 4,821.25	\$ 57,855.00
2	350	\$ 12.55	\$ 5,135.00	\$ 61,620.00
2	375	\$ 12.55	\$ 5,448.75	\$ 65,385.00
2	400	\$ 12.55	\$ 5,762.50	\$ 69,150.00
2	425	\$ 12.55	\$ 6,076.25	\$ 72,915.00
2	450	\$ 12.55	\$ 6,390.00	\$ 76,680.00
2	475	\$ 12.55	\$ 6,703.75	\$ 80,445.00
2	500	\$ 12.55	\$ 7,017.50	\$ 84,210.00
2	525	\$ 12.55	\$ 7,331.25	\$ 87,975.00
2	550	\$ 12.55	\$ 7,645.00	\$ 91,740.00
3	575	\$ 11.65	\$ 7,936.25	\$ 95,235.00
3	600	\$ 11.65	\$ 8,227.50	\$ 98,730.00
3	625	\$ 11.65	\$ 8,518.75	\$ 102,225.00
3	650	\$ 11.65	\$ 8,810.00	\$ 105,720.00
3	675	\$ 11.65	\$ 9,101.25	\$ 109,215.00
3	700	\$ 11.65	\$ 9,392.50	\$ 112,710.00
3	725	\$ 11.65	\$ 9,683.75	\$ 116,205.00
3	750	\$ 11.65	\$ 9,975.00	\$ 119,700.00
3	775	\$ 11.65	\$ 10,266.25	\$ 123,195.00
3	800	\$ 11.65	\$ 10,557.50	\$ 126,690.00
3	825	\$ 11.65	\$ 10,848.75	\$ 130,185.00
3	850	\$ 11.65	\$ 11,140.00	\$ 133,680.00
3	875	\$ 11.65	\$ 11,431.25	\$ 137,175.00
3	900	\$ 11.65	\$ 11,722.50	\$ 140,670.00
3	925	\$ 11.65	\$ 12,013.75	\$ 144,165.00
3	950	\$ 11.65	\$ 12,305.00	\$ 147,660.00
3	975	\$ 11.65	\$ 12,596.25	\$ 151,155.00
3	1000	\$ 11.65	\$ 12,887.50	\$ 154,650.00
3	1025	\$ 11.65	\$ 13,178.75	\$ 158,145.00
3	1050	\$ 11.65	\$ 13,470.00	\$ 161,640.00
3	1075	\$ 11.65	\$ 13,761.25	\$ 165,135.00
3	1100	\$ 11.65	\$ 14,052.50	\$ 168,630.00
3	1125	\$ 11.65	\$ 14,343.75	\$ 172,125.00
3	1150	\$ 11.65	\$ 14,635.00	\$ 175,620.00
3	1175	\$ 11.65	\$ 14,926.25	\$ 179,115.00
3	1200	\$ 11.65	\$ 15,217.50	\$ 182,610.00
3	1225	\$ 11.65	\$ 15,508.75	\$ 186,105.00
3	1250	\$ 11.65	\$ 15,800.00	\$ 189,600.00
3	1275	\$ 11.65	\$ 16,091.25	\$ 193,095.00

WIC Funding Allocation
FFY 2012
FFY 2013

Band	Participants	Reimbursement Rate	Month	Year
3	1300	\$ 11.65	\$ 16,382.50	\$ 196,590.00
3	1325	\$ 11.65	\$ 16,673.75	\$ 200,085.00
3	1350	\$ 11.65	\$ 16,965.00	\$ 203,580.00
3	1375	\$ 11.65	\$ 17,256.25	\$ 207,075.00
3	1400	\$ 11.65	\$ 17,547.50	\$ 210,570.00
3	1425	\$ 11.65	\$ 17,838.75	\$ 214,065.00
3	1450	\$ 11.65	\$ 18,130.00	\$ 217,560.00
3	1475	\$ 11.65	\$ 18,421.25	\$ 221,055.00
3	1500	\$ 11.65	\$ 18,712.50	\$ 224,550.00
3	1525	\$ 11.65	\$ 19,003.75	\$ 228,045.00
3	1550	\$ 11.65	\$ 19,295.00	\$ 231,540.00
3	1575	\$ 11.65	\$ 19,586.25	\$ 235,035.00
3	1600	\$ 11.65	\$ 19,877.50	\$ 238,530.00
3	1625	\$ 11.65	\$ 20,168.75	\$ 242,025.00
3	1650	\$ 11.65	\$ 20,460.00	\$ 245,520.00
3	1675	\$ 11.65	\$ 20,751.25	\$ 249,015.00
3	1700	\$ 11.65	\$ 21,042.50	\$ 252,510.00
3	1725	\$ 11.65	\$ 21,333.75	\$ 256,005.00
3	1750	\$ 11.65	\$ 21,625.00	\$ 259,500.00
3	1775	\$ 11.65	\$ 21,916.25	\$ 262,995.00
3	1800	\$ 11.65	\$ 22,207.50	\$ 266,490.00
3	1825	\$ 11.65	\$ 22,498.75	\$ 269,985.00
3	1850	\$ 11.65	\$ 22,790.00	\$ 273,480.00
3	1875	\$ 11.65	\$ 23,081.25	\$ 276,975.00
3	1900	\$ 11.65	\$ 23,372.50	\$ 280,470.00
3	1925	\$ 11.65	\$ 23,663.75	\$ 283,965.00
3	1950	\$ 11.65	\$ 23,955.00	\$ 287,460.00
3	1975	\$ 11.65	\$ 24,246.25	\$ 290,955.00
3	2000	\$ 11.65	\$ 24,537.50	\$ 294,450.00
3	2025	\$ 11.65	\$ 24,828.75	\$ 297,945.00
3	2050	\$ 11.65	\$ 25,120.00	\$ 301,440.00
3	2075	\$ 11.65	\$ 25,411.25	\$ 304,935.00
3	2100	\$ 11.65	\$ 25,702.50	\$ 308,430.00
3	2125	\$ 11.65	\$ 25,993.75	\$ 311,925.00
3	2150	\$ 11.65	\$ 26,285.00	\$ 315,420.00
3	2175	\$ 11.65	\$ 26,576.25	\$ 318,915.00
3	2200	\$ 11.65	\$ 26,867.50	\$ 322,410.00
3	2225	\$ 11.65	\$ 27,158.75	\$ 325,905.00
3	2250	\$ 11.65	\$ 27,450.00	\$ 329,400.00
3	2275	\$ 11.65	\$ 27,741.25	\$ 332,895.00
3	2300	\$ 11.65	\$ 28,032.50	\$ 336,390.00
3	2325	\$ 11.65	\$ 28,323.75	\$ 339,885.00
3	2350	\$ 11.65	\$ 28,615.00	\$ 343,380.00
3	2375	\$ 11.65	\$ 28,906.25	\$ 346,875.00
3	2400	\$ 11.65	\$ 29,197.50	\$ 350,370.00
3	2425	\$ 11.65	\$ 29,488.75	\$ 353,865.00
3	2450	\$ 11.65	\$ 29,780.00	\$ 357,360.00
3	2475	\$ 11.65	\$ 30,071.25	\$ 360,855.00
3	2500	\$ 11.65	\$ 30,362.50	\$ 364,350.00
3	2525	\$ 11.65	\$ 30,653.75	\$ 367,845.00
3	2550	\$ 11.65	\$ 30,945.00	\$ 371,340.00

WIC Funding Allocation
FFY 2012
FFY 2013

Band	Participants	Reimbursement Rate	Month	Year
3	2575	\$ 11.65	\$ 31,236.25	\$ 374,835.00
3	2600	\$ 11.65	\$ 31,527.50	\$ 378,330.00
3	2625	\$ 11.65	\$ 31,818.75	\$ 381,825.00
3	2650	\$ 11.65	\$ 32,110.00	\$ 385,320.00
3	2675	\$ 11.65	\$ 32,401.25	\$ 388,815.00
3	2700	\$ 11.65	\$ 32,692.50	\$ 392,310.00
3	2725	\$ 11.65	\$ 32,983.75	\$ 395,805.00
3	2750	\$ 11.65	\$ 33,275.00	\$ 399,300.00
3	2775	\$ 11.65	\$ 33,566.25	\$ 402,795.00
3	2800	\$ 11.65	\$ 33,857.50	\$ 406,290.00
3	2825	\$ 11.65	\$ 34,148.75	\$ 409,785.00
3	2850	\$ 11.65	\$ 34,440.00	\$ 413,280.00
3	2875	\$ 11.65	\$ 34,731.25	\$ 416,775.00
3	2900	\$ 11.65	\$ 35,022.50	\$ 420,270.00
3	2925	\$ 11.65	\$ 35,313.75	\$ 423,765.00
3	2950	\$ 11.65	\$ 35,605.00	\$ 427,260.00
3	2975	\$ 11.65	\$ 35,896.25	\$ 430,755.00
3	3000	\$ 11.65	\$ 36,187.50	\$ 434,250.00
3	3025	\$ 11.65	\$ 36,478.75	\$ 437,745.00
3	3050	\$ 11.65	\$ 36,770.00	\$ 441,240.00
3	3075	\$ 11.65	\$ 37,061.25	\$ 444,735.00
3	3100	\$ 11.65	\$ 37,352.50	\$ 448,230.00
3	3125	\$ 11.65	\$ 37,643.75	\$ 451,725.00
3	3150	\$ 11.65	\$ 37,935.00	\$ 455,220.00
3	3175	\$ 11.65	\$ 38,226.25	\$ 458,715.00
3	3200	\$ 11.65	\$ 38,517.50	\$ 462,210.00
3	3225	\$ 11.65	\$ 38,808.75	\$ 465,705.00
3	3250	\$ 11.65	\$ 39,100.00	\$ 469,200.00
3	3275	\$ 11.65	\$ 39,391.25	\$ 472,695.00
3	3300	\$ 11.65	\$ 39,682.50	\$ 476,190.00
3	3325	\$ 11.65	\$ 39,973.75	\$ 479,685.00
3	3350	\$ 11.65	\$ 40,265.00	\$ 483,180.00
3	3375	\$ 11.65	\$ 40,556.25	\$ 486,675.00
3	3400	\$ 11.65	\$ 40,847.50	\$ 490,170.00
3	3425	\$ 11.65	\$ 41,138.75	\$ 493,665.00
3	3450	\$ 11.65	\$ 41,430.00	\$ 497,160.00
3	3475	\$ 11.65	\$ 41,721.25	\$ 500,655.00
3	3500	\$ 11.65	\$ 42,012.50	\$ 504,150.00
3	3525	\$ 11.65	\$ 42,303.75	\$ 507,645.00
3	3550	\$ 11.65	\$ 42,595.00	\$ 511,140.00
3	3575	\$ 11.65	\$ 42,886.25	\$ 514,635.00
3	3600	\$ 11.65	\$ 43,177.50	\$ 518,130.00
3	3625	\$ 11.65	\$ 43,468.75	\$ 521,625.00
3	3650	\$ 11.65	\$ 43,760.00	\$ 525,120.00
3	3675	\$ 11.65	\$ 44,051.25	\$ 528,615.00
3	3700	\$ 11.65	\$ 44,342.50	\$ 532,110.00
3	3725	\$ 11.65	\$ 44,633.75	\$ 535,605.00
3	3750	\$ 11.65	\$ 44,925.00	\$ 539,100.00
3	3775	\$ 11.65	\$ 45,216.25	\$ 542,595.00
3	3800	\$ 11.65	\$ 45,507.50	\$ 546,090.00
3	3825	\$ 11.65	\$ 45,798.75	\$ 549,585.00

WIC Funding Allocation
FFY 2012
FFY 2013

Band	Participants	Reimbursement Rate	Month	Year
3	3850	\$ 11.65	\$ 46,090.00	\$ 553,080.00
3	3875	\$ 11.65	\$ 46,381.25	\$ 556,575.00
3	3900	\$ 11.65	\$ 46,672.50	\$ 560,070.00
3	3925	\$ 11.65	\$ 46,963.75	\$ 563,565.00
3	3950	\$ 11.65	\$ 47,255.00	\$ 567,060.00
3	3975	\$ 11.65	\$ 47,546.25	\$ 570,555.00
3	4000	\$ 11.65	\$ 47,837.50	\$ 574,050.00
3	4025	\$ 11.65	\$ 48,128.75	\$ 577,545.00
3	4050	\$ 11.65	\$ 48,420.00	\$ 581,040.00
3	4075	\$ 11.65	\$ 48,711.25	\$ 584,535.00
3	4100	\$ 11.65	\$ 49,002.50	\$ 588,030.00
3	4125	\$ 11.65	\$ 49,293.75	\$ 591,525.00
3	4150	\$ 11.65	\$ 49,585.00	\$ 595,020.00
3	4175	\$ 11.65	\$ 49,876.25	\$ 598,515.00
3	4200	\$ 11.65	\$ 50,167.50	\$ 602,010.00
3	4225	\$ 11.65	\$ 50,458.75	\$ 605,505.00
3	4250	\$ 11.65	\$ 50,750.00	\$ 609,000.00
3	4275	\$ 11.65	\$ 51,041.25	\$ 612,495.00
3	4300	\$ 11.65	\$ 51,332.50	\$ 615,990.00
3	4325	\$ 11.65	\$ 51,623.75	\$ 619,485.00
3	4350	\$ 11.65	\$ 51,915.00	\$ 622,980.00
3	4375	\$ 11.65	\$ 52,206.25	\$ 626,475.00
3	4400	\$ 11.65	\$ 52,497.50	\$ 629,970.00
3	4425	\$ 11.65	\$ 52,788.75	\$ 633,465.00
3	4450	\$ 11.65	\$ 53,080.00	\$ 636,960.00
3	4475	\$ 11.65	\$ 53,371.25	\$ 640,455.00
3	4500	\$ 11.65	\$ 53,662.50	\$ 643,950.00
3	4525	\$ 11.65	\$ 53,953.75	\$ 647,445.00
3	4550	\$ 11.65	\$ 54,245.00	\$ 650,940.00
3	4575	\$ 11.65	\$ 54,536.25	\$ 654,435.00
3	4600	\$ 11.65	\$ 54,827.50	\$ 657,930.00
3	4625	\$ 11.65	\$ 55,118.75	\$ 661,425.00
3	4650	\$ 11.65	\$ 55,410.00	\$ 664,920.00
3	4675	\$ 11.65	\$ 55,701.25	\$ 668,415.00
3	4700	\$ 11.65	\$ 55,992.50	\$ 671,910.00
3	4725	\$ 11.65	\$ 56,283.75	\$ 675,405.00
3	4750	\$ 11.65	\$ 56,575.00	\$ 678,900.00
3	4775	\$ 11.65	\$ 56,866.25	\$ 682,395.00
3	4800	\$ 11.65	\$ 57,157.50	\$ 685,890.00
3	4825	\$ 11.65	\$ 57,448.75	\$ 689,385.00
3	4850	\$ 11.65	\$ 57,740.00	\$ 692,880.00
3	4875	\$ 11.65	\$ 58,031.25	\$ 696,375.00
3	4900	\$ 11.65	\$ 58,322.50	\$ 699,870.00
3	4925	\$ 11.65	\$ 58,613.75	\$ 703,365.00
3	4950	\$ 11.65	\$ 58,905.00	\$ 706,860.00
3	4975	\$ 11.65	\$ 59,196.25	\$ 710,355.00
3	5000	\$ 11.65	\$ 59,487.50	\$ 713,850.00