



Solicitation Information
26 Nov 10

RFP# 7448075

TITLE: (ARRA) Healthy Places by Design

Submission Deadline: 22 Dec 10 @ 2:30 PM (Eastern Time)

Pre-bid Meeting: No

Questions concerning this solicitation must be received by the Division of Purchases at questions@purchasing.ri.gov no later than **9 Dec 10 at 12:00 Noon (EST)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

SECTION 1 - INTRODUCTION

The Rhode Island Department of Administration, Division of Purchases, on behalf of the Rhode Island Department of Health, Division of Community, Family Health & Equity, Health Promotion and Wellness Team is soliciting proposals from municipalities who wish to participate in an innovative new project, entitled Healthy Places by Design, with the goal of encouraging Rhode Island's citizens to make healthier choices. The Healthy Places by Design project seeks to partner municipalities and community-based organizations to implement community level policies that will make the healthy choice the easy choice for all residents. The Healthy Places by Design project has two main objectives: 1) To incorporate changes to local policies and the public participation process that consider the effect of the built environment on health, and 2) To build capacity for healthier communities.

Funding for this project is available to the Rhode Island Department of Health's Health Promotion and Wellness Team through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), that was made available through the American Recovery and Reinvestment Act of 2009 (ARRA). This project will help achieve CDC's goal of 75% of the US population living in states with improved obesity-related policies. Under this ARRA funding, the goal of the Health Promotion and Wellness Team is to better integrate health into every community's policies as a way to change environmental and social norms, improve health outcomes, and achieve health equity.

The Department of Health (HEALTH) will be funding up to three (3) of Rhode Island's municipalities to pilot a program that will lead to changes in the municipalities' Comprehensive Plans and/or local ordinances with the goal of improving walkability, safety, recreation options, transportation choices, access to healthy foods, and/or limiting access to tobacco products.

Project Overview:

Healthy Places by Design project will help ensure that communities provide healthy choices for all residents by integrating health considerations into community policies and/or local ordinances. As part of this project:

- HEALTH, in partnership with the Department of Administration, the Division of Planning and a team of technical advisors, will develop "Healthy Community" Standards to guide the local comprehensive planning and review processes. The Standards will be a set of environmental indicators that have been shown to impact physical activity, healthy eating, and tobacco use. These standards will ensure that healthy eating, active living, and tobacco control are considered in community decisions. **The Comprehensive Plans of funded municipalities will be reviewed in reference to the Standards, and, if found inconsistent, will be revised to address how they will meet or maintain the Standards in their community.**
- HEALTH, in partnership with the Division of Planning and partners, will develop tools and training to support municipalities and local community-based organizations with incorporating the Standards into community policies and/or local ordinances. The trainings will include public participation, walkability, food access, health impact assessments, and community environmental assessments, and will be geared toward public officials, planning staff and residents. The trainings for community-based organizations will include an introduction to the planning process, community environmental assessments, coalition building, and advocacy training. **Funded municipalities will be responsible for contracting with and working closely with a community-based organization throughout the project. A contract with the community-based organization must be in place within 45 days of receiving a Notice of Purchase Agreement.**

- Three (3) municipalities will pilot implementing the Standards by receiving training and working closely with community-based organizations and residents through a public participation process. The scope of work for municipalities is outlined in Section 3. **In summary, funded municipalities will:**
 - Require that planners and planning board members attend ongoing trainings. HEALTH will work with the designated project contact to schedule trainings to ensure full participation.
 - Contract with and work closely with one (1) community-based organization to conduct community assessments, identify priorities for action, and solicit public input.
 - Create an achievable and well thought-out Public Participation Plan (PPP) for garnering community input prior to revising the Comprehensive Plan and/or local ordinances and conduct the public participation process as detailed in the PPP.
 - Work with the community-based organization to develop an Action Plan for revising local ordinances and/or policies. The community-based organizations will work closely with the municipalities to identify issues in their community environments that impact health, to collect health-related data that will be shared with the municipality and the public, to help form health-based priorities and build consensus around the issues, and to assist with and participate in the public participation aspect of the comprehensive planning process.
 - Review and revise the existing policies and/or ordinances to address the priorities stated in the Action Plan, to incorporate the Standards and to remove any additional barriers to physical activity and healthy eating that may currently exist.

- Once the project is completed, the Comprehensive Plan and/or local ordinance revisions implemented by the three (3) pilot communities will be used as models for other municipalities throughout the state, and the specific strategies used by each community may be incorporated into a Healthy Community Toolkit that will be widely available for use by additional municipalities.

Contract Information:

One (1) municipality will be chosen in each of the three density (3) categories listed below:

- Category A (Urban): A municipality with a population density of 2,500 or more persons per square mile and 50% or more of the land area within the municipality classified as developed land. Based on the 2000 census and Statewide Planning's 1995 land use survey, ten communities are considered urban. They are:
 - Central Falls
 - Cranston
 - East Providence
 - Newport
 - North Providence
 - Pawtucket
 - Providence
 - Warwick
 - West Warwick
 - Woonsocket

- Category B (Suburban): A municipality with a population density of 500 to 2,499 persons per square mile and 25% or more of the land area classified as developed. Based on the 2000 census and Statewide Planning's 1995 land use survey, fourteen communities are considered suburban. They are:
 - Barrington
 - Bristol
 - Cumberland
 - East Greenwich
 - Jamestown
 - Johnston
 - Lincoln
 - Middletown
 - Narragansett
 - North Kingstown
 - Portsmouth
 - Smithfield
 - Warren
 - Westerly

- Category C (Rural): A municipality with a population density of less than 500 persons per square mile or a developed land area of less than 25%. Based on the 2000 census and Statewide Planning's 1995 land use survey, fifteen communities are considered rural. They are:
 - Burrillville
 - Charlestown
 - Coventry
 - Exeter
 - Foster
 - Gloucester
 - Hopkinton
 - Little Compton
 - New Shoreham
 - North Smithfield
 - Richmond
 - Scituate
 - South Kingstown
 - Tiverton
 - West Greenwich

If no applicants within a category receive passing scores in the Technical Review, HEALTH may select multiple municipalities from a single category, based on the Technical Review score.

Each municipality will be required to contract with a community-based organization within 45 days of receiving a Notice of Purchase Agreement. Letters of interest from community-based organizations must be included with the municipality's application. More information is included in Section 5 of this RFP.

The project is anticipated to begin approximately February 1, 2011 and continue through January 30, 2012. Details on the project schedule can be found in Section 3 of this RFP. Up to \$225,000 is available to fund each municipality. Of this, at least \$100,000 must be made available for the municipality's community-based organization partner.

Proposals will be evaluated based on the relative merits of the proposal, with secondary consideration given to the inclusion of an appropriate, realistic budget. More information on the selection criteria can be found in Section 6 of this RFP.

This solicitation, and any subsequent award, is governed by the State's General Conditions of Purchase, which is available at www.purchasing.ri.gov.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

- Potential offerors are advised to review all sections of this Request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the Division of Purchases at the time of opening for any cause will be determined to be late and may not be considered. The "Official" time clock is in the reception area of the Division of Purchases.
- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This will be a requirement only of the successful bidder (s).*
- Offerors are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws.

- Submitters should be aware of the State's MBE requirements, which addresses the State's goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, contact the State MBE Administrator at (401) 574-8253 or cnewton@gw.doa.state.ri.us Visit the website <http://www.mbe.ri.gov>
- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP / LOI
- Equal Employment Opportunity (RIGL 28-5.1)
§ 28-5.1-1 Declaration of policy. - (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via email raymond1@gw.doa.state.ri.us
- Subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.
- If you wish to seek to do business with the State of Rhode Island, you must register and utilize the E-Verify Program. Please refer to www.dhs.gov/E-Verify or the Division of Purchases website at www.purchasing.ri.gov for more information.
- ARRA SUPPLEMENTAL TERMS AND CONDITIONS
For contracts and sub-awards funded in whole or in part by the American Recovery and Reinvestment Act of 2009. Pub.L.No. 111-5 and any amendments thereto, such contracts and sub-awards shall be subject to the Supplemental Terms and Conditions For Contracts and Sub-awards Funded in Whole or in Part by the American Recovery and Reinvestment Act of 2009. Pub.L.No. 111-5 and any amendments thereto located on the Division of Purchases website at www.purchasing.ri.gov."

SECTION 2 - BACKGROUND AND PURPOSE

Background:

Heart disease, stroke, cancer, chronic respiratory disease and injury are the five leading causes of death and disability in Rhode Island. All five of these causes of death and disability are related to physical activity, nutrition, tobacco use and safety. Evidence shows that individual health is linked closely to social and physical environments, which act to determine individual and group health behaviors. The communities and environments in which we live, work, play and learn have a direct influence on our choices and behaviors.

The Rhode Island Department of Health's Health Promotion and Wellness (HPW) Team is committed to promoting the health and well being of all Rhode Islanders by changing social, political and physical environments to support healthy lifestyles. The HPW team recognizes that in order to improve the health and well being of Rhode Islanders, addressing the cumulative impact that the environment and policies have on health is critical for change in health outcomes. The prevention of disease and the promotion of wellness is complicated and difficult. We know that social, political and physical environments and the opportunities that they afford or deny largely determine a person's health status. An increased understanding about the complex interaction between people, their health and their environment has recently informed new approaches

to public health.

An individual may be knowledgeable about the benefits of physical activity, good nutrition, and the risks of tobacco use and may be motivated to make changes, but environmental barriers, such as the availability or cost of healthy foods in the community, pervasive marketing to children and teens by tobacco companies, or the inability to walk in the neighborhood because of the lack of sidewalks, the limited number of destinations, or safety concerns, can be prohibitive to choosing physical activity and proper nutrition. These factors must be addressed.

Additionally, the built environment has a direct impact on social equity. Land use decisions can directly influence the availability of high-quality employment opportunities for residents, as well as safe and well-constructed housing in a variety of sizes that is affordable to a wide range of the population. Providing safe, well maintained, affordable and accessible alternative transportation options and walking and biking environments can influence economic status by reducing the number of vehicles needed per family, which also reduces the amount of income spent on transportation by an average of \$8,000 a year. Incorporating design elements and community policies that protect public safety and foster social interaction can help residents feel safer in their neighborhoods, which affects how often people perform outdoor activities such as walking, bike riding and gardening. Providing community centers, or requiring large development projects to incorporate community space, encourages community cohesiveness, which in turn increases social and political capital, allowing residents to mobilize to advocate for necessary improvements in their neighborhoods. All of these issues, and many others, can be planned for and implemented by municipalities through setting community goals and objectives within Comprehensive Plans and revising local ordinances to incorporate elements that affect social equity.

When planning land use, recreation, and transportation options for our communities, it is crucial to consider the effect that our policies and ordinances have on residents' health and social equity. It is the role of our communities' public officials and community planners to take an active interest in how planning decisions affect the health of residents. Proactive planning can support physical activity and proper nutrition and limits tobacco use.

The health of vulnerable populations (low income, low education and some racial or ethnic groups) is acutely impacted by the built environment. Numerous large-scale studies have found that neighborhood deprivation (commonly measured by a combination of neighborhood unemployment, low income and educational attainment levels, and social class) is associated with increased risk of physical inactivity, unhealthy diet, smoking and obesity. The fact that these attributes are significant regardless of personal characteristics, beliefs and motivations, suggests that large gains in physical activity, nutrition and tobacco avoidance are possible through improvements in social equity.

Successful change towards health supportive social, political and physical environments depends on effective partnerships among community leaders, planning professionals, health practitioners and community advocates working across disciplines to change social norms, to create legislative and policy protections and to revise ordinances to make physical activity and healthy eating an easy choice.

Purpose:

The goal of this project is to strengthen the land use, transportation and urban design policies and ordinances that guide the decision making process for the built environment to be more supportive of health, particularly in the areas of physical activity, nutrition and tobacco use. Through this RFP, the Department of Health seeks to integrate considerations for physical activity, healthy eating, and tobacco control

into the municipal planning and public participation processes, build support for healthy community design initiatives in the realm of public planning, encourage community-based organizations to work with public officials to address the impacts of social equity on health by furthering the goals of physical activity, healthy eating, and tobacco control, and to foster a greater understanding of the effects of the built environment on health.

As a result of this project, municipalities and community-based organizations will be positioned to make policy, systems, and environmental changes that will decrease the prevalence of chronic disease due to obesity and tobacco use and reduce health disparities by integrating physical activity, nutrition and tobacco considerations into local policies and plans.

SECTION 3 - SCOPE OF WORK

Schedule:

Due to the time sensitive nature of ARRA project requirements, contractors will be expected to adhere closely to the schedule of work for this project, outlined below. **Municipalities are encouraged to apply only if they feel they can adequately meet the timetable set forth below.**

Tasks:

To be completed during months one (1) and two (2) of funding (unless a more specific deadline is otherwise noted below):

1. Attend a kick-off workshop with the Department of Health to review the project and scope of work.
2. Partner with a community-based organization.
 - Awarded municipalities are to contract with one (1) of the community-based organizations that have submitted Letters of Interest, as described in Section 5 of this RFP. If the municipality undergoes a formal bid process for selecting an organization, the municipality must use the Evaluation and Selection Criteria included with the Scope of Work for Community-Based Organizations (Attachment A) to evaluate the applications and one (1) representative from HEALTH must be included on the review and selection committee.
 - The municipality is required to contract with the selected community-based organization within 45 days of receiving a Notice of Purchase Agreement.
3. Meet with the selected community-based organization to review the project goals, deliverables and schedule.
4. Establish a Citizen Advisory Committee.
 - The Citizen Advisory Committee (CAC) is typically composed of representatives from business, professional, environmental, recreational, civic, charitable, religious, educational and other fields, in addition to citizens-at-large, and is established solely for the purpose of providing comments, advice, and recommendations to the Planning Board/Commission.
 - Leadership from the community-based organization must be included as members of the CAC.
 - An existing committee can be used to function as the CAC provided that the mission and goals of the committee are similar in scope to the function of the committee outlined here and that a broad representation of local interests is accomplished (with the addition of the community-based organization representatives).
 - It is advisable for the City or Town Council to designate the committee and assign its duties by ordinance, resolution or other appropriate action to ensure that the committee has standing to

obtain assistance from local agencies and the public.

- The CAC will assist the municipal planning staff and/or the hired consultant with various aspects of the project, including the public participation process and revision of the policies and/or ordinances.
 - The municipality will be responsible for convening the CAC and setting up a regular schedule for public meetings that allows the CAC to actively assist with the project. The CAC must function according to the requirements set forth in the Rhode Island Comprehensive Planning and Land Use Regulation Act.
 - Staff from the Department of Health and the Division of Planning will be available to assist with determining the composition of the CAC and/or providing technical assistance as necessary.
 - The CAC must have frequent and continuous contact with the municipal Planning Board/Commission and the community-based organization throughout the course of the project to keep the Board/Commission and the organization abreast of the project's progress.
5. Prepare time at a regularly scheduled public hearing of the local Planning Board/Commission for Department of Health staff to give a presentation on the impact of the built environment on health.
- The membership of the CAC should also be present at this meeting.
6. Submit the Comprehensive Plan to the Department of Health for review to determine consistency with the Healthy Community Standards.

To be completed between months three (3) and seven (7) of funding:

1. Meet with the Department of Health to discuss Comprehensive Plan consistency and to develop a Work Plan for moving forward.
 - The Work Plan will outline which policies and/or local ordinances will be revised and/or created to promote the Healthy Community Standards and will set out a plan for completing revisions.
 - The Work Plan will be based on the review of the Comprehensive Plan, the municipality's prior planning projects and the overall planning needs of the community.
2. Assist the selected community-based organization in completing the community assessments, described in the attached Scope of Work for Community-Based Organizations (Attachment A).
3. Review the results of the community assessments with the community-based organization and work with the organization's leadership to develop priority areas for discussion as part of the public participation process.
4. Create a Public Participation Plan (PPP) for garnering community input prior to revising or creating the policies and/or ordinances outlined in the Work Plan and submit the PPP to the Department of Health for review and approval.
 - The PPP must be created in collaboration with the community-based organization. The initial phase of the public participation process must be a review of the results of the community assessments with the public, to be led by the community-based organization.
 - The public meetings or workshops must also include a presentation and discussion of the Healthy Community Standards developed by the Department of Health. If appropriate, this discussion may be led by Department of Health staff.
 - The PPP must be consistent with the public participation requirements of the Rhode Island Comprehensive Planning and Land Use Regulation Act, and should include ways to obtain input from a variety of community sectors, including but not limited to:

1. Residents
2. Business Owners
3. Public Officials

- The PPP must include a minimum of three (3) public meetings or workshops held at various times and, if applicable, in various locations to encourage greater participation. Additional meetings may be required depending on the policies and/or ordinances that are being revised or created.
 - The PPP may also include additional communication methods such as mailings, websites and signage, and should indicate any additional measures necessary to ensure that all residents, regardless of language or ability, will be able to participate.
 - Department of Health staff will be available to assist with the public participation process as deemed necessary by the municipality.
5. Conduct the public participation process as detailed in the PPP.
 6. Upon completion of the public participation process, work with the CAC and leadership from the community-based organization to develop an Action Plan for policy and/or ordinance revisions.
 - The Action Plan should list the priorities that were identified as part of the public participation process and should include strategies to address the priorities.
 - The Action Plan should also outline measures that will be taken to incorporate the Healthy Community Standards within the policies and/or ordinances.
 7. Review the Action Plan with Department of Health and Division of Planning staff.
 8. Present the Action Plan to the local Planning Board/Commission at a regularly scheduled public hearing.

To be completed between months eight (8) and twelve (12) of funding:

1. Revise and/or create the policies and/or local ordinances to address the priorities stated in the Action Plan, to incorporate the Healthy Community Standards and to remove any additional barriers to physical activity and healthy eating that may currently exist.
 - Revision and/or creation of the policies and/or ordinances should be undertaken by municipal planning staff, the contracted consultant(s), if applicable, and the CAC.
 - Revision and/or creation of the policies and/or ordinances should be undertaken with an understanding of the issues raised during the public participation process, the priorities listed in the Action Plan, the community assessments, and the Healthy Community Standards developed by the Department of Health.
2. Submit the policies and/or ordinances to the Department of Health for review.
 - The Department of Health staff and the Division of Planning will review the policies and/or ordinances to determine the adequacy of the proposed revisions at meeting the Healthy Community Standards and the community's Action Plan.
3. Meet with Department of Health staff to discuss comments and revise the policies and/or ordinances given the input received from the Department of Health, the Division of Planning and the Technical Advisory Committee.
4. Submit a finalized draft of the policies and/or ordinances to the Department of Health.
5. Obtain adoption of the policies and/or ordinances by the local Planning Board/Commission and transmit the policies and/or ordinances to the

City/Town Council for final approval.

Ongoing Tasks:

Planners, Public Officials, Board Members and Citizen Advisory Committee members attend training sessions.

- Municipal representatives will be required to attend several training sessions, held by the Department of Health and our partner organizations, throughout the course of the project. Some of the training sessions will also be open to the public and may be incorporated as part of the public participation process. Topics may include:
 1. Social Determinants of Health
 2. Introduction to the Planning Process (for those not in the planning profession)
 3. Community Assessments (Resident, Stakeholder, CHLI)
 4. Public Participation in Planning
 5. Walkability, Safe Routes to School and Complete Streets
 6. Urban and Civic Agriculture, Food Access and Security and Retail Environments
 7. Crime and Safety in Planning
 8. Health Impact Assessment
 9. Implementing the Active Living and Healthy Eating Standards
 10. Shaping Community Policy for Health
- Department of Health staff will work with the municipal representative who will oversee the project to schedule trainings to allow for the greatest possible participation.
- Because of the nature of the grant, the municipal representative who will oversee this project will also be required to attend a training session on reporting project and financial status (detailed in the attached addendum).
- The funds awarded through this project may also be used to pay for additional training for municipal planners and/or Planning Board/Commission members on relevant topics.

The selected municipalities will work in close partnership with the Department of Health on this project, attending routine oversight meetings and maintaining open lines of communication throughout the project. Department of Health and Division of Planning staff will assist the selected municipalities in a technical advisory capacity, when possible, and will attend any meetings, workshops or hearings that are scheduled in relation to this project.

Deliverables:

1. Submit invoices and appropriate backup documentation by the 10th of each month following completion of each task listed above.
2. Submit monthly reports on the project progress as related to the Scope of Work.
3. Submit quarterly progress reports as outlined in Attachment D and a final report detailing the overall project process, to include statistical information as applicable, such as number of workshops attended by planning staff, elected officials and board members, number of attendees at community workshops, etc.
4. Submit community workshop minutes, action plans, evaluation and appraisal reports and other documentation as detailed in the Scope of Work.
5. Submit all required documents as outlined in the Scope of Work.

SECTION 4 - CONTRACTOR REQUIREMENTS AND RESPONSIBILITIES

Requirements:

Eligible applicants must be municipalities located in Rhode Island.

Awarded municipalities must contract with a community-based organization within 45 days of receiving a Notice of Purchase Agreement. In preparation for the necessary quick turnaround for contracting with a community-based

organization, offerors are required to submit Letters of Interest from community-based organizations that could be potential partners, as detailed in Section 5 as well as Attachment A. The Letters of Interest (LOI) must include all of the submittal requirements listed in the Scope of Work for Community-Based Organizations (Attachment A).

Municipalities are to propose a plan for contracting with the community-based organization as part of their submittal, as outlined in Section 5 of this RFP.

Municipalities are responsible for completing annual programmatic and financial site visits on any community-based organization, sub-recipient, or vendor they contract with. A copy of the annual site visit report will be submitted to the program manager at HEALTH upon completion.

Finally, HEALTH has contracted with the YMCA of Greater Providence to assist with the community assessments. The funded community and their partners will be working closely with this organization. Therefore, in order to be considered eligible for this award, applicants must submit a Letter of Support from the municipality's local branch of the YMCA stating that the local YMCA will cooperate with and/or allow staff from the YMCA of Greater Providence to work with local municipal employees and partners to complete assessments of the neighborhood environment. You can use this link to find your local YMCA: <http://www.ymca.net/find-your-y/>.

Key Staff:

The awarded municipalities must have a designated staff person(s) to oversee all activities described in Section 3 - Scope of Work. This person(s) must have experience in municipal planning and may be hired or contracted using the funds made available through this award. Any hiring or contracting necessary to fill this position must be done within the first two months of funding. The designated staff person must commit a minimum of .5 FTE to this project. The Contractor must clearly indicate the person(s) who will be responsible for overseeing this project within the submission. If the responsible party is to be hired or contracted, the Offeror must identify who will be responsible in the interim while the party is being identified and hired.

The Contractor may sub-contract components of the work as may be appropriate, and must indicate within the submission which portions are anticipated to be sub-contracted and what percentage of the overall budget is anticipated to be allocated for the hiring of subcontractors.

Responsibilities:

1. Computer support
2. Office space, office equipment, office support
3. Indemnification, insurance, performance bonds
4. Supervision of subcontractors, including the selected community-based organization
5. Fiscal management
6. All ARRA reporting requirements, as outlined in Attachment C

SECTION 5 - PROPOSAL SUBMISSION REQUIREMENTS

Questions concerning this solicitation may be e-mailed to the Division of Purchases at questions@purchasing.state.ri.us no later than the date and time indicated on page one of this solicitation. Please reference RFP # on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. No other contact with State parties will be permitted. Interested offerors may submit proposals to provide the services covered by this Request on or before the

date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (an original plus four (4) copies) should be mailed or hand-delivered in a sealed envelope marked "RFP# **XX** Healthy Places by Design" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses should include the following:

1. A completed and signed three-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. A separate Technical Proposal describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to ten (10) pages (this excludes any attachments). As appropriate, resumes of key staff that will provide services covered by this request.
4. A separate, signed and sealed Cost Proposal reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project. The Cost Proposal form is attached and should consist of a 12-month budget and budget narrative.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format (CDRom, diskette, or flash drive). Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

The proposal must contain the following sections in the order listed below:

Executive Summary

The Executive Summary should be no more than one (1) page. It is intended to highlight the contents of the proposal and to provide evaluators with a broad understanding of the person(s), office(s) of department(s) applying on behalf of the municipality, the municipality's characteristics and demographics, the planning framework in which the project will be completed and the ways in which this project would benefit the residents of the municipality.

Organization and Staffing

List the person(s), office(s) or department(s) that are applying on behalf of the municipality. Identify all staff and/or subcontractors proposed as members of the project team and describe their current position, existing projects and any special qualifications that are applicable to this project. Additionally, identify the duties, responsibilities, and concentration of effort of each team member in relation to this project.

If you plan to hire staff for this project, include position descriptions and plans to recruit the employee(s). If you plan to contract with a consultant

for any portion of this project, include a description of the type of organization you will contract with, as well as plans to recruit and contract with the consultant. If the municipality already has a working relationship with a consultant to perform similar tasks as those listed here, include the name of the organization, a description of the work currently being performed and a statement on the organization's ability to carry out additional work capacity.

Describe the systems that are currently in place to handle financial management, including the sub-contract with a CBO, and the reporting required under ARRA (see Attachment C) and provide a statement on the municipality's ability to handle the additional fiscal and administrative responsibilities incurred by this project. As this project is funded through an ARRA grant, there are very specific reporting requirements, as outlined in the attached addendum on federal reporting.

Provide a detailed statement as to how you plan to execute a contract with a partner community-based organization with 45 days of the execution of a contract with HEALTH.

Planning Framework and Assessment of Need

Indicate the category under which the municipality falls, as described in the Section 1 of this RFP.

Describe the demographics of residents, including ethnic make-up, income level, and any other significant identifying characteristics. Describe the community's assets, challenges, and needs.

Give an overall description of the planning framework in which this project will be undertaken, addressing any specific planning needs that the municipality may be facing. Provide a statement on any innovative or significant planning milestones that may have already been completed. Address which planning policies, documents and/or ordinances you feel could have the greatest impact on physical activity and nutrition if revised. Provide a summary of the anticipated level of support that revision will receive from the Planning Board/Commission, Town/City Council and other stakeholders and address any issues that may stand in the way of approval. Describe the political and economic climate in the community and how that may positively or negatively affect this project. If the political and/or economic climate is seen as potentially having a negative effect on the project, identify a strategy for overcoming the potential obstacles.

Address the status of your Comprehensive Plan and Zoning Ordinance or other planning document and/or policy, including the date of last revision. If the municipality is currently undergoing the revision process, indicate what stage of the process it is in, as well as what community engagement and/or public participation has been completed to date. Indicate the target completion date for all revisions, and provide a statement as to how the process identified in the Scope of Work (provided in Section 3) can be accommodated with your current undertakings.

Provide a summary as to why your municipality is uniquely suited to take on this project and how you feel this project will specifically benefit residents.

Current Health and Wellness Efforts

Describe current and recently completed efforts in the community, both initiated by the municipality and by residents or community-based organizations that impact health and wellness. Such projects may be related to planning, recreation, transportation, safety, health equity, and/or community revitalization. If no current or recent efforts have been undertaken in support of health and wellness, provide a statement as to why the municipality is ready for such an initiative and the level of support anticipated from various community stakeholders.

Required Attachments (Not Included in Page Limitation)

- Letter of commitment from municipal government indicating the city's or

town's willingness to participate in planning and implementation.

- Letter of Support from local YMCA
- Letters of Interest from potential community-based organization partners, addressing the topics outlined below.

Letters of Interest from Community Based Organizations:

Municipalities are required to submit Letters of Interest (LOIs) from potential community-based organization partners as part of their application. Letters of Interest should summarize the organizations' qualifications by responding to the submission requirements listed in the attached Scope of Work for Community-Based Organizations (Attachment A). A sample Notice to Community-Based Organizations is also attached to this RFP to assist municipalities in soliciting Letters of Interest from potential partner organizations. It is not mandatory that municipalities use the sample notice; it has been provided as a convenience for your use.

The Letters of Interest from potential community-based organization partners should be no more than four (4) pages. Please see the LOI requirements as outlined in the Scope of Work for Community-Based Organizations (Attachment A).

SECTION 5 - EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies that have experience working with community-based programs. The maximum possible score is 100 points and applications scoring below 60 points in the technical review will not be considered. The Department of Health reserves the right not to fund any proposal(s). Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal. Proposals will be reviewed and scored based upon the following criteria:

Organization and Staffing (15 total points)

- The submittal shows a convergence of a variety of municipal and community stakeholders who are interested in the project, as evidenced by the application narrative and the attached Letters of Interest.
- The staff and/or subcontractors listed have the required expertise to carry out the work defined in the Scope of Work, and/or there is a concrete and effective plan to hire staff or consultants to carry out the work identified in the Scope of Work.
- The municipality has demonstrated that it is capable of handling the additional financial and reporting requirements of this project.
- A feasible and realistic plan for contracting with a community-based organization partner has been presented.

Planning Framework and Assessment of Need (40 total points)

- The community's assets, challenges and needs fall in line with the purpose of this RFP.
- The political and economic environments are supportive of this project, or an effective strategy for overcoming potential obstacles has been presented.
- The planning framework described shows an inherent and unmet need in the community to revise and/or create policies and/or ordinances that would impact community health.
- The status of the Comprehensive Plan, Zoning Ordinance and other policies and/or ordinances does not present an obstacle to completing this project within the necessary timeframe.
- The municipality has demonstrated why it is uniquely suited to take on this project.
- The municipality has demonstrated a solid understanding of how this project will specifically benefit residents.

Current Health and Wellness Efforts (10 total points)

- The municipality has a history of implementing or supporting projects that have had a positive effect on the health and wellness of residents or the municipality has demonstrated why they are in a position to support this type of project.

Overall Impressions (15 total points)

- The municipality has demonstrated a desire to improve the health of the community by addressing the inherent effects of the built environment on physical activity, nutrition, and tobacco use whether through previous projects or in the submittal text.
- The municipality clearly understands the Scope of Work and has provided evidence that the schedule, deliverables and requirements can be met.

Cost Proposal (20 points total)

- Each proposal is given up to 20 points, calculated as the lowest responsive cost proposal divided by the cost of the specific proposal being scored, multiplied by 20.

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for this award.

This solicitation, and any subsequent award, is governed by the State's General Conditions of Purchase (available at www.purchasing.ri.gov).

The Technical Review Committee will present written findings, including the results of all evaluations, to the State's Architect/Engineer and Consultant Services Committee that will recommend three finalists to the Director of the Department of Administration, who will make the final selection for this requirement.

When a vendor has been selected, the Division of Purchases website will be updated to reflect the contract award (s).

ATTACHMENTS

Attachment A: Scope of Work & Evaluation Criteria for Community-Based Organizations

Attachment B: Sample Notice to Community-Based Organizations

Attachment C: Sample Budget Narrative and Cost Proposal

Attachment D: Federal Reporting Requirements Addendum

Attachment A

Scope of Work & Evaluation Criteria for Community Based Organizations

SECTION 1 - INTRODUCTION

[Insert City/Town] is soliciting proposals from community-based, public or not-for-profit organizations to change the social, political, and physical environment to make healthy eating, active living, and living tobacco free an easier choice for all residents. Successful applicants will demonstrate an understanding of policy and environmental change and a willingness to mobilize the community to address health from a policy perspective. Successful applicants will seek to coordinate and leverage existing resources to have a greater impact in the community.

Funding for this project is available to the Rhode Island Department of Health's Health Promotion and Wellness Team through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), which was made available through the American Recovery and Reinvestment Act of 2009 (ARRA). The initial project period is expected to begin approximately February 1, 2011 and continue through January 30, 2012. [Insert dollar amount. Please note: available funds must be **at least \$100,000**] is available to fund one (1) selected organization/community coalition that serves [insert city/town].

Proposals will be evaluated based on the relative merits of the proposal and an appropriate, realistic budget.

SECTION 2 - BACKGROUND AND PURPOSE

BACKGROUND:

Heart disease, stroke, cancer, chronic respiratory disease and injury are the five leading causes of death and disability in Rhode Island. All five of these causes of death and disability are related to physical activity, nutrition, tobacco use and safety. Evidence shows that individual health is linked closely to social and physical environments, which act to determine individual and group health behaviors. To create lasting behavior change the environment must support healthy behaviors. An individual may be knowledgeable about the benefits of physical activity, good nutrition, and the risks of tobacco use and may be motivated to make changes, but environmental barriers such as the availability or cost of healthy foods in the community, pervasive marketing to children and teens by food and carbonated beverage companies, or the inability to walk in the neighborhood because of lack of sidewalks or safety concerns can be prohibitive and must be addressed.

The Health Promotion and Wellness Team (HPW) at the RI Department of Health is committed to promoting the health and well-being of all Rhode Islanders by changing social, political and physical environments to support healthy lifestyles. The HPW team recognizes that in order to improve the health and well being of Rhode Islanders, addressing the cumulative impact that the environment and policies have on health is critical for change in health outcomes. The prevention of disease and the promotion of wellness are complicated and difficult. We know that social, political and physical environments and the opportunities that they afford or deny largely determine a person's health status. An increased understanding about the complex interaction between people, their health and their environment has recently informed new approaches to public health. Vulnerable populations (low income, low education and some racial or ethnic groups) are acutely impacted and often targeted by industries that market unhealthy products.

Success in achieving this goal depends on effective partnerships among community leaders, health practitioners and advocates working across disciplines to change social norms, and create legislative and policy protections.

GENERAL PURPOSE:

The goal of this project is to make healthy choices the easier choices for all residents by building community support for community- and state-wide policy changes. Additionally, this project will help achieve CDC's goal of 75% of the US population living in states with improved obesity-related policies. Under ARRA funding, the Health Promotion and Wellness Team plans to better integrate health into every community's policies as a way to change environmental and social norms, improve health outcomes, and achieve health equity.

Through this pilot project, the HPW team seeks to catalyze and support communities' efforts to address the root causes of obesity. The funded organization will work closely with the municipality it serves to assess barriers to healthy living that are currently present in the physical environment. The two entities will then work together to make changes to local policies and/or ordinances that will remove those barriers. It is the goal of the HPW team that this project will help strengthen the networks between the organization and the municipality, resulting in true collaborations to work toward system-wide changes. At the end of this grant period, members of the funded organization, as well as their community partners, will be uniquely positioned and trained to drive advocacy and community mobilization.

Applicants are not expected to propose specific initiatives or identify specific policies to be addressed in their applications. These will be determined based on the results of a community assessment and the input of partners engaged in the process (see Scope of Work, outlined in Section 3). The following are examples of social, policy, systems, and environmental change strategies that could result from the assessment process:

- a. Increase the number of neighborhood or community parks, playgrounds or trails
- b. Implement Complete Streets policies or other policies that support walking and biking
- c. Implement zoning policies that improve community walkability (such as mixed use zoning, village zoning, transit oriented development, or live-work development)
- d. Implement policies that keep sidewalks, parks, and trails safe, free of litter, free of graffiti, and in good repair.
- e. Improve street lighting to improve safety and enhance economic development
- f. Implement traffic calming measures to slow down cars and reduce traffic injuries
- g. Implement policies that decrease youth access to tobacco products

The grantee will work in close partnership with its corresponding municipality and HEALTH on this project. Representatives from the funded organization will be required to attend routine oversight meetings and trainings as well as state level coalitions focused on tobacco control and obesity prevention. It is expected that staff of HEALTH and the Contractor will share the responsibilities under the overall guidance of senior Department personnel. As a result of this project, communities will be positioned to make policy, systems, and environmental changes that will decrease the prevalence of obesity and tobacco use, and reduce health disparities.

Funds awarded under this grant opportunity may not be used to develop or implement health education programs, direct services, or educational campaigns.

SECTION 3 - SCOPE OF WORK

Funding for this project will occur over a 12-month period. Due to the short timeline, the grantee will need to commit to meeting specific milestones within certain periods of time (please sign attached statement).

Throughout the project period, the contractor will:

1. Attend HEALTH-sponsored trainings
 - a. Topics may include social determinants of health, coalition building, introduction to the planning process, assessment, legislation, advocacy, policy, and evaluation
2. Work with the municipality and key stakeholders to conduct a community-wide assessment to measure aspects of the environment that impact physical activity and nutrition
 - a. Compile results and highlight any significant environmental barriers to health
 - b. Partner with the municipality to share results at a community forum
3. Partner with the municipality to develop an action plan for reviewing and revising local ordinances and/or policies that will help reduce the barriers identified in the assessment
 - a. Leadership from the funded organization is expected to be actively involved in the public participation process held by the municipality prior to any policy/local ordinance change
4. Participate as an active stakeholder in statewide coalitions supporting tobacco control and obesity prevention
 - a. Assist in identifying statewide tobacco and obesity priorities and engage in strategies to implement those priorities.
 - b. Serve as a spokesperson for tobacco and obesity issues
 - c. Identify community members to serve as spokespeople on tobacco and obesity issues
5. Mobilize community coalitions/stakeholders
 - a. Provide necessary support to the local coalition/stakeholder group so that they are able to quickly respond to any legislative, social and/or environmental opportunities or threats to the health of the community or state
 - b. Engage key stakeholders who will support policies that address the priorities outlined in the action plan
6. Bring the impact of the environment on active living, healthy eating, and tobacco use to the forefront of local and state policy initiatives
 - a. Coordinate and mobilize a cadre of community advocates to respond quickly to legislative, or social and environmental opportunities or threats to health in their community or the state
 - b. Hold community forums utilizing assessment results, maps, the "Unnatural Causes" video and the "Photo Voice" projects to build support for policy change

During **Month 1** of funding, the contractor will:

1. Attend HEALTH-sponsored Kick-off Training to build the capacity of the contractor and their key partners to address policy and environmental changes.

During **Months 2 - 6**, the contractor will:

1. Recruit coalition members (including residents, youth organizations, etc) to assist with community assessment, identification of priorities, and community mobilization
2. Conduct a resident and environmental assessment using the tools provided by HEALTH
 - a. Work with municipality and coalition members to conduct an assessment of grantee's community
 - b. Collect information from residents and stakeholders regarding their needs, perceptions, and community supports and barriers.
3. Lead community meeting(s) to share the results of the assessments with the community and the municipality and draft priorities
 - a. Compile results into a report that describes the community's assets and barriers (include strategies such as PhotoVoice, etc)
 - b. Work with community members to use the results to identify priorities related to active living, healthy eating, and tobacco

use.

4. Work with the municipality to narrow the priorities to those that can feasibly be incorporated into the Comprehensive Plan and/or local ordinances.
5. Engage in municipality's public participation process to make changes to the Comprehensive Plan and/or local ordinances.
6. Participate in community forum(s), in partnership with the municipality, to solicit public input on the identified priorities
 - a. Discuss priorities on which to focus efforts to improve the environment in ways that better support healthy eating, active living, and tobacco free living.
7. Collaborate with municipality to develop an Action Plan for local policy and/or ordinance changes that:
 - a. Addresses the gaps identified by the community assessment
 - b. Leverages existing community resources
 - c. Coordinates efforts among key stakeholders to change social, political and physical environments to support healthy lifestyles
 - d. Effectively addresses the Healthy Community Standards developed by HEALTH
 - e. Identifies several Healthy Community Standards as priorities that will be addressed by the municipality in their revision of the Comprehensive Plan

During **Months 7 - 12** of funding, the contractor will:

1. Develop a second action plan for the organization's environmental change priorities that will not be addressed through local land use policy and/or ordinance changes
 - Work with members of your organization to outline which priorities the organization will advocate for on a local and state level
 - o These priorities must address gaps identified by the assessments, but can be in addition to priorities set with the municipality
2. Build community support for the priorities
 - Educate residents and local policy makers about the benefits of implementing the identified priorities
 - Raise community awareness of the priorities through earned media, staged events, and use of social media, as appropriate
 - Collect data as needed from community members to gauge support for priorities and build a case for implementation
 - Reach out to new partners to leverage resources around the priorities
 - Respond quickly to opportunities and threats related to the priorities at the state and local level
3. Continue to mobilize community, actively participate on statewide coalitions, and respond to legislative opportunities
4. Evaluate the planning and mobilization process
 - Work with HEALTH's evaluation specialist to evaluate the impact of the initiative on the health of the community
 - Develop a final report to provide feedback regarding the effectiveness of the trainings, technical assistance, and tools provided by HEALTH
 - Keep accurate records of meetings, events, partners, and advocacy work

Post-award period:

After the 12-month pilot, the contractor may be asked by HEALTH to serve as a resource for other communities. This would entail:

- Attending HEALTH-sponsored workshops to speak about successes and challenges
- Contribute updates to IHW's quarterly newsletter.
- Respond to other communities' questions as needed.

REQUIREMENTS:

Eligible applicants must be community-based, public or non-profit agencies located in and serving one or more municipality in RI. Applicants must be in good standing with the federal government. Furthermore, applicants must be able to demonstrate the stability of their organization, as well as effective management and administrative performance.

Applicants must have the following capabilities:

- An organizational mission that is in line with the overall goals of this project
- Technical (computer and electronic communication) capacity, including email and direct access to the Internet
- Demonstrated experience working with the community, including other organizations, policy makers, and residents
- Demonstrated experience in policy change or community advocacy
- Demonstrated ability to reach low-income racial and ethnic minority groups
- Ability to organize and lead a team to implement projects

Key Staff and Related Experience

The Contractor must have a designated staff person to oversee all activities described in the Required Tasks. This person(s) must have experience in the community, leading and facilitating groups, and managing projects. The designated staff person must be committed to the project at least 75% FTE.

The Contractor must clearly indicate the person(s) who will be responsible for each task and the number of hours for which they are budgeted on the project.

The Contractor may subcontract limited components of the work as may be appropriate. All subcontractors considered for use in performing the basic scope of work must be clearly identified, including a list of all subcontractor staff, task(s) they will perform, hourly wage(s), and the number of hours they will be budgeted to the project. The subcontractors' budget must be in the same detail as that of the Contractor.

DELIVERABLES:

1. Submit invoices and appropriate backup documentation by the 10th of each month following delivery of services
2. Submit quarterly reports
3. Submit assessment results, community reports and data needed to produce community maps
4. Submit community forum minutes and action plans to coordinate the efforts of partners
5. Submit a listing of earned and paid media

CONTRACTOR RESPONSIBILITIES:

1. Computer support
2. Office space, office equipment, office support
3. Indemnification, insurance, performance bonds
4. Supervision of subcontractors

APPLICATION PROCESS:

The LOI must be submitted in collaboration with the full application from [insert municipality name]. Should [insert municipality name] receive

funding, the organization may be asked to submit additional information.

Please limit response to four (4) pages and provide an original plus four (4) copies.

The following sections must be addressed in the order listed below:

Organization and Staffing

Provide the following information:

- Agency type
- Mission & vision
- Current initiatives
- Population served
- Major accomplishments (especially work done to influence local/state policy and/or to support community advocacy)
- Current partners (including state agency partners)

Identify all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort that apply to each, as well as a brief statement of prior experience and qualifications. If you plan to hire staff for this project, include position descriptions and plans to recruit the employee. **This may be included as an attachment, and will not be counted toward the page total.**

Describe the assets and community relationships your organization will bring to the project (e.g., matching funds and other support, strength of community and institutional relationships, community awareness and activism on the issue).

Organization Experience

Describe your understanding of the social determinants of health; policy, systems, and environmental change at the community and state level; the impact of the community environment on nutrition, physical activity, and tobacco use, and the role of advocacy in changing state and community policies as it pertains to your community.

Provide a brief summary of why you feel your organization is prepared to take on this project. Detail your previous experience working in state- and community-level policy change. Describe any advocacy efforts undertaken at the state or local level, especially concerning health and health equity.

Discuss any efforts you have been involved in to mobilize your community. Indicate if you have experience facilitating or leading groups or coalitions. Discuss why your organization is the right one to engage and coordinate partners and leverage resources for large-scale change.

Community Readiness

Describe efforts in your community that are underway that could be leveraged (such as transportation projects, neighborhood revitalization projects, or environmental projects) to improve the health of community residents.

If no efforts have been undertaken, describe why you believe the community is ready to begin these efforts now.

Describe your key partners, their commitments to this project, and their roles in this project. Identify additional partners you anticipate will be needed for this initiative and how you plan to engage them. Partners should include local leaders, city planners and transportation officials, law enforcement, neighborhood groups, community development corporations, businesses, parks and recreation, faith based groups, farmers, advocacy organizations, schools, residents, among others.

Required Attachments (not counted towards page limitation)

- Proof of tax-exempt status

- At least 2 letters of support indicating willingness to participate in planning and implementation
- List of staff and/or subcontractors, along with their responsibilities and experience
- Signed statement of commitment to meeting key milestones

SECTION 4 - EVALUATION AND SELECTION

The maximum possible score is 100 points and applications scoring below 60 points in the technical review will not be considered. Proposals will be reviewed and scored based upon the following criteria.

0-25 points Organization and Staffing

- Applicant has the capacity to take on this project
- Applicant has experience with and/or understanding of policy, systems, and environmental change in the community
- Applicant has/has plans to hire qualified staff
- Applicant brings assets and community relationships to the project

0-10 points Organizational Experience

- Applicant has a strong understanding of the social determinants of health
- Applicant has experience reaching residents and community leaders
- Applicant has a strong understanding of policy, systems, and environmental change at the community and state level and the impact of the community environment on nutrition, physical activity, and tobacco use
- Applicant has effectively demonstrated their readiness to take on this project
- Applicant has strong previous experience working in state- and community-level policy change and has described these efforts, especially concerning health and health equity
- The applicant has sufficient experience in mobilizing the community
- The applicant has experience facilitating or leading groups or coalitions

0-25 points Community Readiness

- Key partners are named, described, and have clear commitments as indicated in the application and/or letters of commitment
- Additional partners needed for the project are identified and the applicant has plans to engage them
- Recent efforts have been described

0-20 points Overall Impression

- Applicant has a strong overall understanding of the state's needs, anticipated results, and requirements of this RFP



I _____ understand the amount of work required by this grant
(organizational leadership)

opportunity and the strict timeline that must be adhered to if awarded. I certify that

_____ has the capacity to do the required work as outlined
(organization name)

in the attached Scope within the 12-month funding period. Our organization will devote the efforts necessary to complete this project and will do our best to meet all milestones in a timely manner.

Signature

Name (printed)

Date

Attachment B

Sample Notice to Community Based Organizations

Dear [Organization Name],

This letter is to inform you that [municipality name] is soliciting proposals from local community-based organizations to partner with us on a project sponsored by the RI Department of Health. Funds for this project are meant to address the goals of the American Recovery and Reinvestment Act (ARRA). ARRA was signed into US law February 17, 2009 and is designed to stimulate economic recovery and reduce healthcare costs through prevention activities.

The funding opportunity for which [Municipality name] is applying seeks to create collaborations between local municipalities and community-based organizations to improve the health and well being of Rhode Islanders. The Department of Health will be funding 3 different communities throughout the state in a pilot project with the following goals: a.) to integrate considerations for physical activity, healthy eating, and tobacco control into the municipal planning and public participation processes; b.) to build support for healthy community design initiatives in the realm of public planning; c.) to encourage community-based organizations to work with public officials to further the goals of physical activity, healthy eating, and tobacco control; and d.) to foster a greater understanding of the effects the built environment has on health. At the end of this grant period, members of the funded organization, as well as their community partners, will be uniquely positioned and trained to drive advocacy and community mobilization. If you feel your organization has the capacity and interest to complete this project, please carefully read through the attached Scope of Work for Community Based Organizations and respond by [date]. Due to the nature of the funding, this project has a very strict timeline. Therefore, it is imperative that you respond with a completed application by the above date. If you have any questions, please direct them to _____ at _____.

Thank you very much for your interest.

Sincerely,

Attachment C

Sample Budget Narrative and Cost Proposal

Organization Name:

Total Funding Requested: \$

Personnel

Total Requested: \$

Name & Title:

\$ _____ /hr	Hours: _____	Total: \$ _____
Job Description:		

Fringe

Total Requested: \$

Title:

_____ % of total	Total: \$ _____
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Consultants

Total Requested: \$

Consultant Name:

Agency Affiliation:

\$ _____ /hr	# Hours: _____	Total: \$ _____
Description of services:		

Contracts

Total Requested: \$

Please attach a separate line item budget for each contract

Organization:

Scope of work:	Total: \$ _____
----------------	-----------------

Organization:

Scope of work:	Total: \$ _____
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Equipment

Total Requested: \$

Item:

Unit cost: \$ _____	Units: _____	Total: \$ _____
Description:		

Supplies**Total Requested: \$**

Item:

Unit cost: \$	# Units:	Total: \$
Description:		

Travel**Total Requested: \$**

In State Travel

\$ /Mile	# Miles:	Total: \$
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Out of State Travel

Name:	
	Airfare:
	Hotel:
	Ground Transportation:
	Per Diem:
	Total: \$

Other**Total Requested: \$**

Item:

Unit cost: \$	Units:	Total: \$
Description:		

Total Direct Costs:

Indirect Costs: , calculated as % of direct costs, excluding equipment and contractual costs

Total Request:

Attachment D

Federal Reporting Requirements Addendum

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**SUPPLEMENTAL TERMS AND CONDITIONS FOR
CONTRACTS AND SUBAWARDS FUNDED IN WHOLE OR IN PART BY THE
AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009, PUB. L. NO. 111-5**

1. Definitions

- a. "ARRA" or "Recovery Act" means the American Recovery and Reinvestment Act of 2009, Pub. L. No. 111-5, 123 Stat.115.
- b. "ARRA Funds" means any funds that are expended or obligated from appropriations made under ARRA.
- c. "ARRA Requirements" means these Supplemental Terms and Conditions, as well as any terms and conditions required by: ARRA; federal law, regulation, policy or guidance; the federal Office of Management and Budget (OMB); the awarding federal agency; or, the Rhode Island Office of Economic Recovery and Reinvestment (OERR).
- d. "Contract" means the contract to which these Supplemental Terms and Conditions are attached, and includes an agreement made pursuant to a grant or loan subaward to a Sub-Recipient.
- e. "Contractor" means the party or parties to the Contract other than the Prime Recipient and includes a subgrantee or a borrower. For the purposes of ARRA reporting, Contractor is either a Sub-Recipient or a Recipient Vendor under this Contract.
- f. "Prime Recipient" means a non-Federal entity that expends Federal awards received directly from a Federal awarding agency to carry out a Federal program.
- g. "Recipient Vendor" means a Vendor that receives ARRA Funds from a Prime Recipient.
- h. "Subcontractor" means any entity engaged by Contractor to provide goods or perform services in connection with this contract.
- i. "Sub-Recipient Vendor" means a Vendor that receives ARRA Funds from a Sub-Recipient.
- j. "Sub-Recipient" means a non-Federal entity receiving ARRA Funds through a Prime Recipient to carry out an ARRA funded program or project, but does not include an individual that is a beneficiary of such a program. The term " Sub-Recipient" is intended to be consistent with the definition in OMB Circular A- 133

and section 2.2 of the June 22, 2009 OMB Reporting Guidance.¹ A Sub-Recipient is sometimes referred to as a subgrantee.

- k. "Supplemental Terms and Conditions" means these Supplemental Terms And Conditions For Contracts And Subawards Funded In Whole Or In Part By The American Reinvestment Recovery Act Of 2009, Pub. L. No. 111-5, as may be subsequently revised pursuant to ongoing guidance from the relevant federal or State authorities.
- l. "Vendor" means a dealer, distributor, merchant, or other seller providing goods or services that are required for the project or program funded by ARRA. The term "Vendor" is intended to be consistent with the definition in OMB Circular A-133 and section 2.2 of the June 22, 2009 OMB Reporting Guidance.

2. General

- a. To the extent this Contract involves the use of ARRA Funds, Contractor shall comply with both the ARRA Requirements and these Supplemental Terms and Conditions, except where such compliance is exempted or prohibited by law.
- b. The Contractor acknowledges these Supplemental Terms and Conditions may require changes due to future revisions of or additions to the ARRA Requirements, and agrees that any revisions of or additions to the ARRA Requirements shall automatically become a part of the Supplemental Terms and Conditions without the necessity of either party executing or issuing any further instrument and shall become a part of Contractor's obligations under the Contract.. The State of Rhode Island may provide written notification to Contractor of such revisions, but such notice shall not be a condition precedent to the effectiveness of such revisions.

3. Conflicting Terms

Contractor agrees that, to the extent that any term or condition herein conflicts with one or more ARRA Requirements, the ARRA Requirements shall control.

4. Enforceability

Contractor agrees that if it or one of its subcontractors or sub-recipients fails to comply with all applicable federal and State requirements governing the use of ARRA funds, including any one of the terms and conditions specified herein, the State may withhold or suspend, in whole or in part, funds awarded under the program, recover misspent funds, or both. This provision is in addition to all other civil and criminal remedies available to the State under applicable state and federal laws and regulations.

¹ Implementing Guidance for the Reports on Use of Funds Pursuant to the American Recovery and Reinvestment Act of 2009, M-09-21 (June 22, 2009), available at [http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-21 .pdf](http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-21.pdf).

5. **Applicability to Subcontracts and Subawards**

Contractor agrees that it shall include the Supplemental Terms and Conditions set forth herein, including this provision, in all subcontracts or subawards made in connection with projects funded in whole or in part by ARRA, and also agrees that it will not include provisions in any such subcontracts or subawards that conflict with either ARRA or the terms and conditions herein.

6. **Availability of Funding**

Contractor understands that federal funds made available by ARRA are temporary in nature and agrees that the State is under no obligation to provide additional State-financed appropriations once the temporary federal funds are expended.

7. **Inspection and Audit of Records**

Contractor agrees that it shall permit the State and its representatives, the United States Comptroller General or his representative or the appropriate inspector general appointed under section 3 or 8G of the Inspector General Act of 1978 or his representative to:

- i. Examine, inspect, copy, review or audit any records relevant to, and/or involve transactions relating to, this agreement, including documents and electronically stored information in its or any of its subcontractors' or sub-recipients' possession, custody or control unless subject to a valid claim of privilege or otherwise legally protected from disclosure; and
- ii. Interview any officer or employee of the Contractor regarding the activities and programs funded by ARRA.

8. **Registration Requirements**

- a. **DUNS Number Registration.** Contractor agrees: (i) if it does not have a Dun and Bradstreet Data Universal Numbering System (DUNS) Number, to register for a DUNS Number within 10 business days of receiving this Contract; (ii) to provide the State with its DUNS number prior to accepting funds under this agreement; and (iii) to inform the State of any material changes concerning its DUNS number.
- b. **Central Contractor Registration.** To the extent that Contractor is a Sub-Recipient, it agrees: (i) to maintain a current registration in the Central Contractor Registration (CCR) at all times this agreement is in force, (ii) to provide the State with documentation sufficient to demonstrate that it has a current CCR registration, and (iii) to inform the State of any material changes concerning this registration.
- c. **FederalReporting.gov Registration.** To the extent that Contractor is a Sub-Recipient, it agrees: (i) to register on FederalReporting.gov within 10 business days of receiving this subaward; (ii) to maintain a current registration on

FederalReporting.gov at all times this agreement is in force; (iii) to provide the State with documentation sufficient to demonstrate that it has a current registration on FederalReporting.gov, and (iv) to inform the State of any material changes concerning this registration.

9. Reporting Requirements under § 1512 of ARRA

- a. Contractor agrees to provide the State with data sufficient to fulfill the State's ARRA reporting requirements within the timeframes established by State or federal law, regulation or policy, including but not limited to section 1512 reporting requirements.
- b. To the extent that Contractor is a Sub-Recipient with a Subaward having a total value of greater than \$25,000, it agrees to report directly to the Federal government the information described in section 15 12(c) of ARRA using the reporting instructions and data elements available online at FederalReporting.gov, and ensure that any information that is prefilled is corrected or updated as needed. Information from these reports will be made available to the public.
- c. To the extent that Contractor is a Sub-Recipient with a Subaward having a total value of greater than \$25,000, it accepts delegation of reporting responsibility of FFATA data elements required under section 1512 of ARRA for payments from the State. Sub-Recipient shall utilize the federal government's online reporting solution at www.FederalReporting.gov. Reports are due no later than ten calendar days after each calendar quarter in which the recipient receives the assistance award funded in whole or in part by ARRA.
- d. To the extent that Contractor is a Sub-Recipient with a Subaward having an initial total value of less than \$25,000, but is subsequently modified to exceed \$25,000, Contractor agrees that subsections (b) and (c) above apply after the modification.

10. Buy American Requirements under § 1605 of ARRA

- a. Contractor agrees that, in accordance with section 1605 of ARRA, it will not use ARRA funds for a project for the construction, alternation, maintenance, or repair of a public building or public work unless all of the iron, steel and manufactured goods used in the project are produced in the United States in a manner consistent with United States obligations under international agreements. In addition to the foregoing Contractor agrees to abide by all regulations issued pursuant to section 1605 of ARRA.
- b. Contractor understands that this requirement may only be waived by the applicable federal agency in limited situations as set out in section 1605 of ARRA and federal regulations issued pursuant thereto.

11. Wage Rate Requirements under § 1606 of ARRA

- a. Contractor agrees that it will comply with the wage rate requirements contained in section 1606 of ARRA, which requires that, notwithstanding any other provision of law, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to ARRA shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. The Secretary of Labor's determination regarding the prevailing wages applicable in Rhode Island is available at <http://www.gpo.gov/davisbacon/ri.html>.
- b. Contractor agrees that it will comply with all federal regulations issued pursuant to section 1606 of ARRA, and that it will require any subcontractors or sub-recipients to comply with the above provision.

12. Required Jobs Data Reporting under § 1512(c)(3)(D) of ARRA

- a. Contractor agrees, in accordance with section 1512(c)(3)(D) of ARRA and section 5 of the June 22, 2009 OMB Reporting Guidance (entitled "Reporting on Jobs Creation Estimates and by Recipients"), to provide an estimate of the number of jobs created and the number of jobs retained by ARRA-funded projects and activities. In order to perform the calculation, the Contractor will provide the data elements listed in sub-section (b) below.
- b. Contractor agrees that, no later than two business days after the end of each calendar quarter, it will provide to the State the following data elements using a form specified by the State:
 - i. The total number of ARRA-funded hours worked on this award.
 - ii. The number of hours in a full-time schedule for a quarter.
 - iii. A narrative description of the employment impact of the ARRA funded work. This narrative is cumulative for each calendar quarter and at a minimum, shall address the impact on the Contractor's workforce and the impact on the workforces of its subcontractors or sub-recipients.
- c. Contractor agrees that, in the event that the federal government permits direct reporting of section 1512(c)(3)(D) jobs data by sub-recipients or vendors, it will directly report jobs data to the federal government, consistent with any applicable federal law, regulations and guidance.

13. Segregation of Funds

- a. Contractor agrees that it shall segregate obligations and expenditures of ARRA funds from other funding it receives from the State and other sources, including other Federal awards or grants.
- b. Contractor agrees that no part of funds made available under ARRA may be commingled with any other funds or used for a purpose other than that of making payments in support of projects and activities expressly authorized by ARRA.

14. Disclosure pursuant to the False Claims Act

Contractor agrees that it shall promptly refer to an appropriate Federal Inspector General any credible evidence that a principal, employee, agent, subcontractor or other person has committed a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving ARRA funds.

15. Disclosure of Fraud, Waste and Mismanagement to State Authorities

Contractor shall also refer promptly to the Rhode Island Department of Administration, Department of Purchases, any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has committed a criminal or civil violation of State or Federal laws and regulations in connection with funds appropriated under ARRA.

16. Prohibited Uses of ARRA Funds

- a. Contractor agrees that neither it nor any subcontractors or sub-recipients will use the funds made available under this agreement for any casinos or other gambling establishments, aquariums, zoos, golf courses, swimming pools, or similar projects.
- b. Contractor agrees that neither it nor any subcontractors or sub-recipients will use the funds made available under this agreement in a manner inconsistent with any certification made by the Governor or any other State official pursuant to the certification requirements of ARRA, which are published online at <http://www.recovery.ri.gov/certification/>.

17. Whistleblower Protection under §1553 of ARRA

- a. Contractor agrees that it shall not discharge, demote, or otherwise discriminate against an employee as a reprisal for disclosures by the employee of information that he or she reasonably believes is evidence of (1) gross mismanagement of an agency contract or grant relating to covered funds; (2) a gross waste of covered funds; (3) a substantial and specific danger to public health or safety related to the implementation or use of covered funds; (4) an abuse of authority related to the implementation or use of covered funds; or (5) a violation of law, rule, or

regulation related to an agency contract (including the competition for or negotiation of a contract) or grant, awarded or issued relating to covered funds.

- b. Contractor agrees to post notice of the rights and remedies available to employees under section 1553 of ARRA.

Please note that the State will strictly enforce compliance with all ARRA Requirements and these Supplemental Terms and Conditions. Accordingly, all Contractors should familiarize themselves with these Supplemental Terms and Conditions as well as all ARRA Requirements as they relate to this Contract.

State of Rhode Island Department of Health
Solicitation for Expenditure of Federal ARRA Funds

NOTICE TO APPLICANTS

**See Supplemental Terms and Conditions for Contracts and Sub-Awards
Funded in Whole or in Part by ARRA**

Attached is a solicitation from the **Rhode Island Department of Health (HEALTH)** for proposals for funds to address the goals of the **American Recovery and Reinvestment Act of 2009 (ARRA)**. ARRA was signed into US law February 17, 2009 and is designed to stimulate economic recovery, and to reduce healthcare costs through prevention activities.

HEALTH is a **Prime Recipient** of ARRA funds, which means it is a non-Federal entity that will expend Federal awards directly from a Federal awarding agency to carry out a Federal Program. Under ARRA rules, any entities that are awarded ARRA funds by HEALTH or HEALTH Sub-Recipients and/or Vendors will be subject to special reporting requirements, as outlined in the attached **Supplemental Terms and Conditions for Contracts and Sub-awards Funded in Whole or in Part by ARRA**.

Additional requirements for ARRA Sub-Recipients (Sub-Grantees) – entities receiving ARRA funds through HEALTH, the Prime Recipient, to carry out an ARRA funded program or project:

- Comply with Supplemental Terms and Conditions for Contracts and Sub-awards Funded in Whole or in Part by ARRA.
- Designate a person or persons to attend all required RI Office of Economic Recovery & Reinvestment (RI OERR) ARRA training and to do required reporting.
- Attend RI OERR 1512 sub-recipient training and jobs data training due to ARRA funding.
- Report jobs data to **HEALTH** no later than two (2) days after the quarter end.

Additional requirements for ARRA Vendors – a dealer, distributor, merchant, or other seller providing goods or services that are required for the project or program funded by ARRA:

- Comply with Supplemental Terms and Conditions for Contracts and Sub-awards Funded in Whole or in Part by ARRA.
- Designate a person or persons to attend RI OERR jobs training to report jobs retained or created due to ARRA funding.
- Report on jobs data to **HEALTH** no later than two (2) days after the quarter end.

Please note that if ARRA Sub-Recipients (Sub-Grantees) and/or ARRA Vendors contract out with additional sub-recipients and/or vendors, the following is required:

- Comply with Supplemental Terms and Conditions for Contracts and Sub-awards Funded in Whole or in Part by ARRA.
- Designate a person or persons to attend all required RI Office of Economic Recovery & Reinvestment (RI OERR) ARRA training and to do required reporting.
- Attend RI OERR 1512 sub-recipient training and/or jobs data training due to ARRA funding.
- Report jobs data to **HEALTH** no later than two (2) days after the quarter end.