



REVISED 7/1/2014

**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH**

**REQUEST FOR GRANT PROPOSALS**

**FOR**

**Traumatic Brain Injury Personal Care Services Memphis**

**RFGP Number: 34360-62517**

## Contents

I.	STATEMENT OF INTENT AND DESCRIPTION OF SERVICES REQUESTED: .....	3
A.	Background Information: .....	3
B.	Detailed Description of Services Requested: .....	4
C.	Scope of Services and Deliverables: .....	5
II.	GENERAL INSTRUCTIONS AND REQUIREMENTS: .....	8
A.	Schedule of Events: .....	9
B.	Notice of Intent to Propose: .....	10
C.	Questions and Answers: .....	10
D.	Submission of Proposals: .....	10
E.	Proposal Amendment and Rules for Withdrawal: .....	12
F.	Acceptance of Proposals: .....	12
G.	Right to Further Negotiate: .....	12
H.	Assignment and Subcontracting: .....	12
I.	Incurring Costs: .....	13
J.	Disclosure of Proposal Contents: .....	13
III.	PROPOSER ASSURANCES AND REQUIREMENTS: .....	13
	LETTER OF TRANSMITTAL FOR REQUEST FOR GRANT PROPOSAL .....	14
IV.	PROPOSAL FORMAT AND CONTENT: .....	14
A.	Organizational Capacity: Organization, Experience and Staff .....	14
B.	Technical Proposal for Scope of Services .....	14
C.	Grant Budget: .....	15
V.	PROPOSAL EVALUATION: .....	16
VI.	GENERAL PROPOSER INFORMATION REGARDING GRANT CONTRACT: .....	16
A.	Sample Grant Contract: .....	16
B.	Additional Services: .....	16
C.	Proposer Exceptions to the Sample Grant Contract and/or RFGP: .....	16

*\* (If a grant is awarded to a governmental entity established pursuant to Tennessee Code Annotated (such as a human resource agency, a developmental district, the University of Tennessee, or a Board of Regents school), the standard terms and conditions of the grant shall be revised accordingly; however, significant performance requirements shall not be revised.)*

**REQUEST FOR GRANT PROPOSAL****STATE OF TENNESSEE****DEPARTMENT OF HEALTH****I. STATEMENT OF INTENT AND DESCRIPTION OF SERVICES REQUESTED:**

The Tennessee Department of Health hereinafter referred to as "State" or "Department" is soliciting grant proposals for Traumatic Brain Injury Personal Care Services as further described below. The purpose of this Request for Grant Proposal (RFGP) is to define the State's minimum requirements, solicit grant proposals and gain adequate information from which the State can evaluate the services you propose to provide.

The State intends to award one (1) grant for a period of thirty-six (36) months with an expected effective period from July 1, 2016 to June 30, 2019 and a grant amount of \$82,500 per year with a total grant amount of \$247,500.

**A. Background Information:**

In 1993, the Tennessee General Assembly passed legislation establishing the Traumatic Brain Injury (TBI) Program in the Department of Health in order that the special needs of survivors of brain injuries and their families could be addressed. The TBI Program is charged with expanding and revising existing state plans and services for persons with traumatic brain injury. To fund the program the General Assembly increased the fines on four traffic violations and dedicated those funds to the TBI Trust Fund. The grant that is awarded will be funded from the Trust Fund.

For purposes of this grant program, "Traumatic Brain Injury" (TBI) is defined as an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorder, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The term "survivor" refers to a person who has sustained and survived a traumatic brain injury.

In Tennessee, approximately 8,000 people per year are injured and admitted to the hospital with TBI, a rate of 125 injuries per 100,000 people. TBI survivors can experience impairments that affect their physical, cognitive and behavioral functioning which in turn impacts their ability to return to home, school and work. Whether the injury is the result of a car crash, a fall, assault or sports activity, there can be an economic and emotional toll on the survivor and the family. The focus of the TBI Program is to improve services available to survivors of TBI and their families.

In 1996, the Brain Injury Association of the MidSouth in Memphis successfully collaborated with Accessible Space, Inc. (ASI) of Minneapolis, MN, to develop a HUD Section 811 application for very low income housing for persons with disabilities. The resulting two facilities, Welsh Manor and McCullough Place, provide accessible and affordable housing apartment units for adults with

physical disabilities, including traumatic brain injury. Qualifying persons pay approximately 30% of their adjusted gross monthly income for rent. Accessible Space, Inc. manages the property.

In order to be eligible to live in the apartment facility, an individual must qualify for very-low income housing; be capable of living independently with supportive services; be aware of medications; be able to make appropriate choices and not exhibit behaviors that are self-injurious, harmful to others or destructive of property.

**B. Detailed Description of Services Requested:**

This grant program is to provide assistance with certain activities of daily living to qualified residents of Welsh Manor and McCullough Place in Memphis, enabling persons with TBI to live as independently as possible. Personal care services can include prompting, cueing, supervision and assistance with bathing, grooming, dressing, toileting, transfers, positioning, mobility, assistance with medication, meal preparation, eating, housekeeping and laundry.

The Grantee will be responsible for providing Personal Care Services, to include but not limited to, the following:

1. Oversee the provision of personal care services for persons with brain injury at Welsh Manor Apartments and McCullough Place Apartments in Memphis with activities including, but not limited to, the following:
  - a. maintain a Service Manager;
  - b. screen applicants for services; and
  - c. recruit, hire, train and supervise direct care staff.

Training for staff should include but not be limited to: training in brain injury rehabilitation, CPR, and emergency first aid.

2. Provide services with activities including, but not limited to, the following:
  - a. work with health care professionals including the local area TBI service coordinator to develop appropriate service plans, and
  - b. provide assistance with activities of daily living, including but not limited to: bathing, dressing, grooming, shopping, laundry, and cleaning, for between (number) and (number) hours per day for a monthly minimum of ten (10) eligible residents of Welsh Manor and/or McCullough Place.

If the minimum number of eligible residents is not available, collaborate with the TBI Program to prorate charges.

3. Update and revise current resident service plans quarterly as necessary to best fit the needs and desires of each individual resident. Provide de-identified records to the TBI Program Director to inform how the service plan has changed.

C. Scope of Services and Deliverables:

The responsibilities of the grantee are described below and in the sample contract scope of services (Section VII).

- A.1. The Grantee shall provide all services and deliverables (“Scope”) as required, described, and detailed in this Grant Contract.

A.2. Service Definitions.

- a. “Traumatic brain injury” means traumatic brain injury as defined by TCA 68-55-101.
- b. “Person with traumatic brain injury” means a person that has a medically documented traumatic brain injury.
- c. “Service Manager” means a person appointed by the grantee to oversee the provision of services at the residential facilities.
- d. “Direct care staff” means the persons hired to provide assistance with certain activities of daily living.
- e. “Service plan” means an individualized plan in which the client is assessed for strengths and deficits and needed assistance is scheduled appropriately.
- f. “Activities of daily living” (ADLs) means routine activities that people tend to do every day without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence.
- g. “Eligible resident” means an adult aged eighteen (18) or older that has a medically documented traumatic brain injury and that is a resident of Welsh Manor or McCullough Place apartments.
- h. “De-identified service plan” means a copy of the resident’s service plan with the name and any other identifying information removed or redacted.

A.3. Service Goals.

The goal of the Personal Care Services Project is to enable persons with traumatic brain injury to live as independently as possible with assistance with certain activities of daily living.

A.4. Service Recipients.

Service recipients are adult (age 18 and older) persons with traumatic brain injury.

A.5. Service Description.

The Grantee shall provide Personal Care Services. Services to be provided shall include, but not be limited to, the following:

a. Oversee the provision of personal care services for persons with brain injury at Welsh Manor Apartments and McCullough Place Apartments in Memphis with activities including, but not limited to, the following:

1. maintain a Service Manager;
2. screen applicants for services; and
3. recruit, hire, train and supervise direct care staff.

Training for staff should include but not be limited to: training in brain injury rehabilitation, CPR, and emergency first aid.

b. Provide services with activities including, but not limited to, the following:

1. work with health care professionals including the local area TBI service coordinator to develop appropriate service plans, and
2. provide assistance with activities of daily living, including but not limited to: bathing, dressing, grooming, shopping, laundry, and cleaning, for between (number) and (number) hours per day for a monthly minimum of ten (10) eligible residents of Welsh Manor and/or McCullough Place.

If the minimum number of eligible residents is not available, collaborate with the TBI Program to prorate charges.

c. Update and revise current resident service plans quarterly as necessary to best fit the needs and desires of each individual resident. Provide de-identified service plans to the TBI Program Director to inform how the service plan has changed.

A.6. Incorporation of Additional Documents. Each of the following documents is included as a part of this Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties,

responsibilities, and performance hereunder, these items shall govern in order of precedence below.

- a. this Grant Contract document with any attachments or exhibits (excluding the items listed below in subsection b and c., below);
- b. the State grant proposal solicitation as may be amended, if any;
- c. the Grantee's proposal (Attachment 1) incorporated to elaborate supplementary scope of services specification.

A.7. Service Reporting.

- a. Grantee shall submit a Monthly Service Report reporting the services performed for patients for that month. Report should indicate the service performed, the client, date, time, duration, and any other pertinent details related to the service.
- b. The Grantee shall submit de-identified service plans quarterly each contract year to the TBI program director indicating how a service plan has changed.
- c. The Grantee shall submit a final narrative report to the Traumatic Brain Injury Program Director by September 30, 2019.

A.8. Service Deliverables.

The Grantee deliverables are the services described in the Description of Services and listed below:

<b>Deliverable</b>	<b>Contract Section</b>	<b>Delivery Date</b>	<b>Due to Whom?</b>	<b>Requested Format</b>
Monthly Service Report	A.7.a.	Monthly, due on the 10 <sup>th</sup> day of the month following the service reporting month	TBI Program Director	Electronic or USPS
De-identified service plans	A.7.b.	Due each contract year on: Oct. 15 Jan. 15 Apr. 15 Jul. 15	TBI Program Director	Electronic or USPS
Final report	A.7.c. D.18	Sep. 30	TBI Program Director	Electronic or USPS

- A.9. Inspection and Acceptance. Acceptance of the work outlined in section A.7 will be made by the State or its authorized representative, based on the measures as identified in scope of services. State makes the final determination in terms of acceptance of the work being performed under this Contract.

## II. GENERAL INSTRUCTIONS AND REQUIREMENTS:

This Request for Grant Proposal (RFGP) is issued by the State of Tennessee, Department of Health. The Competitive Procurement Coordinator shall be the sole point of contact for purposes of information concerning this RFGP. All correspondence **must** be sent to:

Melissa Painter  
Competitive Procurement Coordinator  
Service Procurement Office  
Division of Administrative Services  
Andrew Johnson Tower, 5<sup>th</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243  
Phone: (615) 741-0285  
Fax: (615) 741-3840  
Email: [Melissa.Painter@tn.gov](mailto:Melissa.Painter@tn.gov)

A. Schedule of Events:

The following is an anticipated timetable for the procurement process. The State reserves the right to adjust the schedule as it deems necessary.

<b>EVENT</b>	<b>TIME (central time zone)</b>	<b>DATE (all dates are state business days)</b>
1. RFGP Issued		Thursday, February 18, 2016
2. Pre-Proposal Teleconference	2:00 p.m.	Tuesday, February 23, 2016
3. Notice of Intent to Propose Deadline	2:00 p.m.	Wednesday, February 24, 2016
4. Written "Questions & Comments" Deadline	2:00 p.m.	Friday, February 26, 2016
5. State Response to Written "Questions & Comments"		Wednesday, March 2, 2016
6. Proposal Deadline	2:00 p.m.	Friday, March 11, 2016
7. State Completion of Grant Proposal Evaluations		Friday, March 18, 2016
8. Evaluation Notice Released	2:00 p.m.	Wednesday, March 23, 2016
9. Contractor Contract Signature Deadline		Monday, May 2, 2016
10. Effective Start Date of Contract		Friday, July 1, 2016

A Pre-Proposal Teleconference will be held at the time and date detailed in the Schedule of Events.

Any proposer desiring to submit a proposal as a prime grantee contractor in response to this RFGP is encouraged to have at least one (1) representative at the teleconference, however attendance is not mandatory. The conference telephone number is **(888) 757-2790** and the participant passcode is **766173**. The Teleconference will be available via adobe connect using the following link:

Web link: <http://stateoftennessee.adobeconnect.com/procurement/>

The purpose of the pre-proposal teleconference is to discuss the RFGP scope of services. The State will entertain questions, however potential proposers must

understand the State's response to any question at the Pre-Proposal Teleconference shall be tentative and non-binding. Potential proposers should submit questions concerning the RFGP in writing pursuant to Section II, Part C.

Potential proposers with a disability may receive accommodation relating to the communication of this RFGP and participating in the RFGP process. Potential proposers may contact the Competitive Procurement Coordinator shown in Section II to request such reasonable accommodation.

B. Notice of Intent to Propose:

Before the Notice of Intent to Propose Deadline detailed in the RFGP Section II, Part A, Schedule of Events, potential proposers should submit to the Competitive Procurement Coordinator a Notice of Intent to Propose (in the form of a simple e-mail or other written communication). Such notice should include the following information:

- the business or individual's name (as appropriate)
- a contact person's name and title
- the contact person's mailing address, telephone number, facsimile number, and e-mail address

A Notice of Intent to Propose creates no obligation and is not a prerequisite for making a proposal, however, it is necessary to ensure receipt of any RFGP amendments or other notices and communications relating to this RFGP.

C. Questions and Answers:

Questions concerning the RFGP must be presented to the Competitive Procurement Coordinator shown in Section II, in writing, on or before the Deadline for Written Questions and Comments as detailed in Section II, Part A Schedule of Events. Each question should specify the RFGP sections to which questions pertain. Questions should be emailed, mailed or hand-carried to the Competitive Procurement Coordinator at the address shown in Section II of this RFGP.

The State's written responses to written questions will be considered official. Written responses will be emailed to potential proposers as indicated in Section II, Part B and on the date indicated in Section II, Part A Schedule of Events. Responses will also be available at the following website <http://tn.gov/health/article/funding-opportunities>. The responses will be included in the RFGP thereby as an amendment.

D. Submission of Proposals:

The proposer must submit a proposal by the deadline specified in Section II, Part A Schedule of Events. Proposals may be submitted via:

- email to the Competitive Procurement Coordinator and put in the Subject Line: **PROPOSAL - RFGP #34360-62517**,
- mail to the Competitive Procurement Coordinator, or
- hand delivery

If the proposal is mailed or hand delivered, proposer should include a digital copy of the proposal as well. The proposer shall clearly mark its response envelope as **PROPOSAL - RFGP #34360-62517 - DO NOT OPEN**.

It is the sole responsibility of the proposer to ensure that its proposal is delivered at the date and time specified in this RFGP in Section II, Part A Schedule of Events. Please mail or deliver to the Competitive Procurement Coordinator shown in Section II. Any proposal received contrary to this requirement will be returned to the proposer unopened. A late proposal will not be accepted for review and evaluation by the State.

The proposal deadline is important. Since parking can be a problem or proposers may not be familiar with the building to which proposals are to be delivered, proposers are advised to avoid waiting until the last minute to deliver proposals.

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

Checklist for Submission:

- Letter of Transmittal with required attachments above
- Proposal in required format
- Grant Budget Form with Line Item Detail
- If mailed or hand delivered, electronic copy included

E. Proposal Amendment and Rules for Withdrawal:

A proposal may be withdrawn prior to the proposal due date by submitting a written request for its withdrawal to the State, signed by the proposer and mailed to the Competitive Procurement Coordinator shown in Section II.

The State shall not accept any amendments, revisions, or alterations to proposals after the proposal due date, unless formally requested in writing by the State prior to that time.

Any submitted proposal shall remain a valid proposal for six (6) months after the proposal due date.

F. Acceptance of Proposals:

All proposals properly submitted shall be accepted for evaluation. However, the State reserves the right to request clarifications or corrections to proposals, reject any or all proposals received, cancel, or withdraw this RFGP, according to the best interests of the State.

Requests for clarifications or corrections by the State may be in writing or may be oral. Requests for clarifications or corrections by the State shall not allow the proposer to alter its technical proposal or price contained in the grant budget, if any. Proposers' responses to State requests for clarifications or corrections shall be in writing and signed by an individual authorized to commit the proposer. Written responses to the State shall be received by the Competitive Procurement Coordinator shown in Section II pursuant to time frames set forth in the State's request for clarification of corrections.

The State reserves the right to waive variances in proposals providing such action is in the best interest of the State.

Where the State may waive variances, such waiver shall not modify other RFGP requirements or excuse the proposer from full compliance with the remainder of RFGP specifications and other grant requirements if the proposer is awarded a grant.

G. Right to Further Negotiate:

The Department can, at its sole discretion, further clarify or negotiate with the best evaluated proposer(s) subsequent to Notice of Intent to Award.

H. Assignment and Subcontracting:

The proposer must clearly identify in the proposal any intended subcontracts, the scope of work to be subcontracted, and the name(s) of potential subcontractor(s). All subcontracts must be approved by the State. The proposer (prime grantee), however, will be responsible for all work performed.

I. Incurring Costs:

All costs incurred by the proposer in preparing its proposal shall be borne by the proposer.

J. Disclosure of Proposal Contents:

All proposals and other materials submitted in response to this RFGP become the property of the State of Tennessee. Selection or rejection of a proposal does not affect this right. All proposal information, including detailed budget information, shall be held in confidence during the evaluation process. Only upon the completion of the evaluation of proposals, indicated by public release of a Notice of Intent to Award, shall the proposals and associated materials be open for review. By submitting a proposal, the Proposer acknowledges and accepts that the full contents of the proposal and associated documents shall become open to public inspection.

**III. PROPOSER ASSURANCES AND REQUIREMENTS:**

All proposers must submit the Letter of Transmittal for the Request for Grant Proposal following this section, which is signed by an individual legally authorized to bind the proposer regarding compliance with the assurances and submission requirements. If a proposer fails to submit a Letter of Transmittal or to comply with any of the requirements contained in the Letter of Transmittal, the State may consider the proposal to be non-responsive and reject the proposal.

**LETTER OF TRANSMITTAL FOR REQUEST FOR GRANT PROPOSAL**  
**RFGP #34360-62517 (Page 1 of 2)**

I, \_\_\_\_\_, am legally authorized to bind \_\_\_\_\_ regarding  
**Name and Title** **Grantee Name**  
compliance with the following assurances and submission requirements. (If you are not the president or chair of the agency board of directors, you must attach written evidence showing authority to bind the Grantee.)

By indication of the authorized signature below, I hereby make certification and assurance of my organization's compliance with the following:

We assure that the proposal submitted by \_\_\_\_\_ meets all requirements in each section  
**Grantee Name**  
of this RFGP and shall remain valid for (six) 6 months after the proposal due date.

We assure that the proposal submitted by \_\_\_\_\_ was arrived at independently, without  
**Grantee Name**  
collusion with any other proposer, competitor, or employee of the Department of Health.

We assure that no amount shall be paid directly or indirectly to an employee of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to my organization in connection with this Request for Grant Proposal process.

Please provide the following information:

Complete legal entity as it appears on your corporate charter:

\_\_\_\_\_

Agency tax identification number: \_\_\_\_\_

The person to be contacted regarding this proposal:

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please circle Option 1 or Option 2 related to subcontracting:**

**OPTION 1**

We are proposing to use the following subcontractor(s). Attached is a complete mailing address for each subcontractor and the scope and portions of work the subcontractors will perform.

**OPTION 2**

We assure that we will not assign the Grant Contract awarded through this RFGP process or subcontract for any services performed under the Grant Contract awarded through this RFGP process.

**CONFLICT OF INTEREST**

We assure that neither our agency nor any individual who will perform services under this grant has a possible conflict of interest (e.g. employment by the State of Tennessee) other than those listed below.

We understand the State reserves the right to cancel an award if any interest disclosed from any source could either give the appearance of a conflict of interest or cause speculation as to the objectivity of the Grantee. Such determination regarding any questions of conflict of interest shall be solely within the discretion of the State.

Possible Conflicts of Interest: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

LETTER OF TRANSMITTAL FOR REQUEST FOR GRANT PROPOSAL  
**RFGP #34360-62517 (Page 2 of 2)**

**THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE LETTER OF TRANSMITTAL**

1. A current written bank reference, in the form of a standard business letter, signed and dated within the past three months indicating your business relationship with the financial institution is in positive standing.
2. Two current written, positive credit references, in the form of a standard business letter, signed and dated within the past three months from vendors with which we have done business; in lieu of such, documentation of a positive credit rating determined by an accredited credit bureau within the last 6 months.
3. A copy of a valid certification of insurance indicating liability insurance in an amount sufficient to cover any potential liability arising as a result of a grant pursuant to this RFGP.

#### IV. PROPOSAL FORMAT AND CONTENT:

Your proposal shall address at least Sections IV. A, B, and C as follows. Sections IV. A and B shall be evaluated by the State and awarded points based upon the appropriateness, completeness and quality of the proposal. The following format should be used:

A. Organizational Capacity: Organization, Experience and Staff  
**(40 TOTAL POINTS)**

This section shall contain pertinent information relating to your organization, staffing and experience that would substantiate your credentials to perform the services requested by the State. The following information should be included, at a minimum:

1. Describe your organization's experience as it relates to this proposal.
2. Describe your organization's demonstrated capacity with similar projects and populations. Include the employee turn-over rate for your organization. If your organization is requesting "continuation" of previously funded activities, these should be described and indicators of program success should be included.
3. If your organization is, or has been, in a contractual relationship with the State of Tennessee, please provide the following information:
  - State agency name
  - Time period of the contract
  - Services provided

B. Technical Proposal for Scope of Services  
**(60 TOTAL POINTS)**

This section should describe your plans and approach for providing the services requested. The information should be in sufficient detail to enable the State to ascertain your understanding of the services to be accomplished. The following information must be included, at a minimum:

1. Project Description/Understanding (**25 SUB-POINTS**)

You must provide a comprehensive narrative captioned, "Project Description/Understanding" that illustrates your organization's understanding of the State's requirements. The section must include the following information:

- Describe the minimum numbers to be served, and an estimate of other persons to be impacted by your proposal.
- Describe how the program will focus on and meet the identified needs of the target population.
- Describe any gaps in services to be addressed by the project.
- Describe when, where and how often services will be delivered.

2. Project Approach (**20 SUB-POINTS**)

You must provide a comprehensive narrative captioned “Project Approach” that illustrates how your organization will provide the scope of services and meet the state’s services needs. The section must include the following information:

- Describe the overall services and specific activities to be provided by the project.
- Describe how the target population will be identified and recruited.
- Describe innovative approaches to provision of services and the benefits of those approaches.
- Describe partnerships and involvement with other community agencies for the project.
- Describe the use of volunteers, if any.
- Describe any special program issues such as confidentiality, client safety, transportation, etc.

3. Project Management and Evaluation (**15 SUB-POINTS**)

The “Project Management and Evaluation” section must provide a description of the goals and objectives to be established to measure the project’s success, as well as how your organization will determine it has accomplished its goals in terms of impact upon project participants. The “Project Management and Evaluation” section must include the following:

- Describe how services provided will be documented.
- Identify the performance indicators to be used to measure the project’s success.
- Identify the data sources to be used to capture outcome measures.
- Identify any potential barriers to the project’s success.

C. Grant Budget:

This section shall contain all information relating to cost, based on a line item budget. Complete the Grant Budget form, and attached line item details found in the Sample Grant Contract. A position description should be provided with the expected qualifications for each position listed on the attached Salaries Detail. Indicate the percentage (%) of time a person’s salary is to be charged to the proposed contract. A description of how dollars will be used must be provided for each line item completed.

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

<http://www.tn.gov/assets/entities/finance/attachments/policy8.pdf>

**V. PROPOSAL EVALUATION:**

An evaluation committee made up of at least three (3) representatives of the Department of Health and/or other state agencies or departments will be established to judge the merit of eligible proposals.

- A. Any proposal that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all proposals. The State reserves the right to request clarifications from all proposers.
- B. The committee shall analyze proposals on the basis of factors pertinent to the services requested in this RFGP. The specifications within this RFGP represent the minimum performance necessary for response.
- C. The Competitive Procurement Coordinator shown in Section II will meet with the evaluation committee to summarize and record their point awards on the proposal.
- D. Once total scores are finalized, the Competitive Procurement Coordinator shown in Section II will recommend to the Commissioner of the Department of Health the best evaluated proposal(s). Once approved by the Commissioner of the Department of Health, the Competitive Procurement Coordinator will send out the Notice of Intent to Award.

**VI. GENERAL PROPOSER INFORMATION REGARDING GRANT CONTRACT:****A. Sample Grant Contract:**

A Sample Grant Contract delineates the scope of services and/or options for the scope of services which the State expects the Grantee to provide (see Section A. of Sample Grant Contract). Additionally, the Sample Grant Contract includes the terms and conditions considered standard by the State. Do not complete the blanks in the Sample Grant Contract; the State will complete the blanks upon award of the Grant Contract.

**B. Additional Services:**

If a proposer indicates that services shall be provided beyond those described in the Sample Grant Contract, these additional services should be listed in the proposal and, if accepted by the State, will be included in the grant contract.

**C. Proposer Exceptions to the Sample Grant Contract and/or RFGP:**

If a proposer has an exception or objects to any of the terms and conditions listed in the Sample Grant Contract, the exception(s) must be listed in the proposal. Similarly, if a proposer is unable to provide any information requested in the RFGP for evaluation, that information is to be listed along with an explanation as to why the proposer cannot comply with the RFGP. Exceptions may result in disqualification of the proposer's proposal.