

**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH**

**REQUEST FOR APPLICATION**

**FOR**

**DETECTION AND MITIGATION OF COVID-19  
IN HOMELESS SERVICE SITES AND OTHER HOMELESS CONGREGATE SETTINGS**

**RFA # 34349-13522**

## REQUEST FOR APPLICATION

### STATE OF TENNESSEE

### DEPARTMENT OF HEALTH

#### I. Introduction:

The Tennessee Department of Health hereinafter referred to as "State" or "Department" is soliciting grant proposals for Detection and Mitigation of COVID-19 in Homeless Service Sites and Other Homeless Congregate Settings as further described below. The purpose of this Request for Applications is to define the State's minimum requirements, solicit applications and gain adequate information from which the State can evaluate the services you propose to provide.

The application is divided into 7 Categories, including 14 Activities. Please only apply in one category. When applying within a category, you may choose to target one or more activities. The Categories and activities are:

#### **Category 1 -Screening and Testing**

Activity 1-1 Coordinate resources, develop strategies, and support relationships to mitigate COVID-19 in populations experiencing homelessness by establishing a full time homeless shelter and encampment COVID-19 mitigation coordinator

Activity 1-2 Implement regular COVID-19 screening and diagnostic testing for homeless service site clients, homeless service site staff, people experiencing unsheltered homelessness, and outreach staff.

Activity 1-3 Coordinate diagnostic and screening testing programs for residents and staff of other congregate settings (such as Group Homes or other settings based on local need).

#### **Category 2 - Community Partnerships**

Activity 2-1 Establish or support formal partnerships between health departments, homeless service providers, health care providers, and other relevant community organizations to respond to COVID-19 and other infectious diseases that may co-exist with COVID-19 within this population.

#### **Category 3 - Data Collection and Sharing**

Activity 3-1 Establish or support processes to collect and report indicators on housing status and homelessness on COVID-19 and other infectious disease case report forms and in appropriate data collection systems.

- Activity 3-2 Establish or support processes to share data with health departments, homeless service providers, and relevant public health agencies (including CDC) for the purposes of responding to cases and outbreaks.

#### **Category 4 - Facility and Procedure Modification**

- Activity 4-1 Support facilities to implement distancing and decompression to reduce overcrowding;
- Activity 4-2 Support implementation of infection control practices inside homeless service facilities.

#### **Category 5 - Sanitization**

- Activity 5-1 Support sanitation and infectious disease prevention measures in encampment;
- Activity 5-2 Purchase additional supplies for cleaning or sanitizing in homeless service sites or encampments. Funding must not supplant or duplicate existing expenditures on such supplies and can only be used to support enhanced cleaning efforts.

#### **Category 6 - Preparedness and Response**

- Activity 6-1 Respond to outbreaks in homeless shelters, encampments, and other congregate living facilities including supporting individual-level or location-based contact tracing.
- Activity 6-2 Develop and implement procedures and systems to improve homeless service site preparedness and response efforts.
- Activity 6-3 Coordinate preparedness and response efforts with state, local, tribal, and territorial public health departments to prevent, prepare for, and respond to COVID-19 among people experiencing homelessness.

#### **Category 7 - Prevention Outreach**

- Activity 7-1 Support COVID-19 and infectious disease prevention communication and outreach specifically for people experiencing homelessness.

The State is seeking applications to provide the services outlined in this RFA. The State will offer multiple grant(s) for a total of up to \$3,500,000. The project period is expected to begin as soon as **April 1, 2023** and will last until **July 31, 2024**. At this time, no additional funding is expected. The number and amount of grants awarded will depend on the number and budgets of the **Applications** received. If you are currently receiving a Detection and Mitigation of Covid-19 in Homeless Service Sites and Other Homeless Congregate Settings grant from the State, you cannot apply again. This funding is for new applicants only.

## II. APPLICATIONS:

To respond to this Request for Application, please complete the **Application and Competitive Requirements**. See also IRS Form W9 and State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions for completion. The **Application** contains detailed questions about your organization’s background and the specifics of your proposed project.

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

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

[https://www.tn.gov/content/dam/tn/finance/documents/fa\\_policies/policy3.pdf](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)

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

## III. Schedule of Events

The following is the anticipated schedule for awarding grants for the Detection and Mitigation of COVID-19 in Homeless Service Sites and Other Homeless Congregate Settings. The State reserves the right to adjust the schedule as it deems necessary.

<b>EVENT</b>	<b>TIME (Central Time)</b>	<b>DATE (all dates are state business days)</b>
1. RFA Issued		February 1, 2023
2. Pre-response Teleconference	10:00 a.m.	February 7, 2023
3. Written “Questions & Comments” Deadline	2:00 p.m.	February 10, 2023
4. State Response to Written “Questions & Comments”		February 15, 2023

5. Deadline for Applications	2:00 p.m.	March 1, 2023
6. Evaluation Notice Released		March 10, 2023
7. Effective Start Date of Contract		April 1, 2023

**Pre-response Teleconference:**

A Pre-response Teleconference will be held at the time and date detailed in the RFA Schedule of Events to answer questions concerning the funding opportunity. The information for the Pre-response Teleconference is as follows:

Meeting Name: RFA 34349-13522  
 Meeting number (access code): 2300 868 9258  
 Meeting password: 4bSqpWuQd52  
 Meeting Link:  
<https://tn.webex.com/tn/j.php?MTID=md989bf63f5d0aa4ee0d1826ac73ae7d5>  
 Join by phone: +1-415-655-0003 US TOLL

Any applicant desiring to submit an application in response to this RFA is encouraged to have at least one (1) representative on the teleconference, however attendance is not mandatory. If you cannot participate, please direct your questions by the scheduled deadline as indicated above, to Melissa Painter, Competitive Procurement Coordinator, listed below in Section IV.

**Questions and Answers:**

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

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

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

**IV. Submission of APPLICATIONS:**

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

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

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

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

Checklist for Submission of Applications:

- Application (**Attachment 1**)
- Competitive Requirements
- 2-page Budget Form (**Attachment 3**)
- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (**Mailed per instructions of form.**)
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (**Mailed with ACH form.**)

## V. Application Evaluation:

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

- A. The committee shall review applications on the basis of the information requested in the RFA. Applications will be evaluated based on the following criteria:
- Grantee ability to perform the grant scope – 20 points
  - Sufficient Creation of new services or substantial expansion of existing services -10 points
  - Understanding of Activity and sufficiency of proposed plan – 50 points

- Existing Collaborations and experience of the Applicant and key personnel.
- Proposed expenses and cost effectiveness – 10 points
- Budget and budget narrative. 10 points

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

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

## VI. Sample Grant Contract:

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

It is imperative that each applicant review the entire Sample Contract with their legal counsel prior to submitting an application for a Detection & Mitigation of COVID-19 in Homeless Service Sites and Other Homeless Congregate Settings grant award and notify the State *in advance* if it cannot accept any terms or conditions. The Application for a Detection & Mitigation of COVID-19 in Homeless Service Sites and Other Homeless Congregate Settings grant award asks the applicant to list any terms or conditions that its organization cannot accept. **Taking any exceptions to State contract language may result in the Application being deemed non-responsive and rejected. Any later requests for contract changes will not be considered.**