

STATE OF TENNESSEE DEPARTMENT OF HEALTH

REQUEST FOR APPLICATION

FOR

MATERNAL VIOLENT DEATHS-DOMESTIC VIOLENCE AND DANGER ASSESSMENT TRAINING PROJECT

RFA # 34347-87323



REQUEST FOR APPLICATION STATE OF TENNESSEE

DEPARTMENT OF HEALTH

I. Introduction:

Maternal Mortality, including those maternal deaths due to violence, continues to be a growing public health problem in Tennessee. In 2017, The Tennessee Department of Health (TDH) began a maternal mortality review committee to review all deaths occurring during pregnancy or within a year of pregnancy. In October 2021, Health and Human Services provided TDH with funding to address the prevention of maternal deaths due to violence.

The purpose of this funding is to support the Health Department to improve data, implement interventions and improve sustainability to prevent violent maternal deaths. Specifically, these funds support the implementation of evidence-based interventions to reduce maternal homicide deaths due to violence.

Applicant must be able to provide a minimum of two Jacqueline Campbell Danger Assessment and Certification trainings annually. The training should include information on developing a partnership between healthcare providers and domestic violence advocates, information for healthcare providers on utilizing the five- (5) question danger assessment, and information for the domestic violence advocates on utilizing the full twenty- (20) question danger assessment. The training should incorporate a train the trainer component.

The applicant must be able to secure Jacqueline Campbell as the trainer, develop the agenda, and develop a registration for the danger assessment training. There should be a minimum of twenty (20) attendees to attend each danger assessment trainings. There should be collaboration between healthcare providers and domestic violence advocates to develop a strategic plan of partnership after the training. The Applicant will coordinate a meeting with the danger assessment participants no later than ninety (90) days after each training to review the partnership strategic plan. Meetings shall include additional social workers and domestic violence advocates that may partner with the participants. The meeting shall include but is not limited to, the following topics: status of implementing the danger assessment, partnerships developed between healthcare providers, domestic violence advocates, and social workers, and gaps in service delivery to domestic violence survivors. These meetings can be held in person or virtually.

In addition, the applicant will obtain speakers to provide two separate three-part domestic violence training series annually for Healthcare Providers, EBHV and CHANT staff, with one session that covers the signs of domestic violence, one session about assessment, and another session on resources for domestic violence. This training can be a virtual webinar and should be recorded for staff to utilize. This includes securing



speakers, develop the registration, and recruit participants for the three- (3) part domestic violence training. Additionally, the applicant will conduct pretests and posttests for all trainings to measure the increase in knowledge and intent to utilize the information provided at each training. The applicant shall conduct a follow-up survey with attendees to determine how professionals have utilized the information presented in the training.

Lastly, the applicant shall analyze data from the pre and post-tests and provide TDH the total number of participants completing the training along with information about the increase in knowledge and intent to utilize the information.

This request for application is supported by the Office of the Assistant Secretary of Health (OASH) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$300,000 with 100 percent funded by OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OASH/HHS, or the U.S. Government. For more information, please visit www.hhs.gov/ash/about-ash/leadership/index.html.

When developing a budget for this grant, Applicants must NOT include the following expenses as they are considered **Non-Allowable** Costs by the State:

- Construction, alteration, maintenance of buildings or building space;
- Dues for organizational membership in professional societies;
- Food and drinks:
- Research projects;
- Lobbying;
- Clothing;
- Gift or gas cards;
- Child care services:
- Billable services provided by physicians or other providers conducting medical treatment services;
- Permanent equipment not essential to project implementation (e.g. computers, printers, video monitors, furniture);
- Anything considered medication; and
- Advertising materials and purchase of media time/space that has not been preapproved by the Tennessee Department of Health.

The State is seeking applications to provide the services outlined in this RFA. The State will offer <u>One</u> grant \$30,000.00 per year for a total of **\$120,000.00**. The project period is expected to begin on <u>February 15, 2023</u> and will last for 43 months. At this time, no additional funding is expected beyond the 43-month project period.

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. Please provide a project timeline and evaluation plan, detailing the services you will provide to our organization and your willingness to continue to provide those services.

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

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 **Maternal Violent Deaths--Domestic Violence and Danger Assessment Training Project.** The State reserves the right to adjust the schedule as it deems necessary.

| | EVENT | TIME (Central Time) | DATE (all dates are state business days) |
|----|--|------------------------|--|
| 1. | RFA Issued | | November 30, 2022 |
| 2. | Pre-response Teleconference | 2:30 p.m. | December 5, 2022 |
| 3. | Written "Questions & Comments" Deadline | 2:00 p.m. | December 7, 2022 |
| 4. | State Response to Written "Questions & Comments" | | December 12, 2022 |
| 5. | Deadline for Applications | 2:00 p.m. | December 19, 2022 |
| 6. | Evaluation Notice Released | 2:00 p.m. | December 22, 2022 |



| 7. Effective Start Date of Contract | February 15, 2023 |
|-------------------------------------|-------------------|
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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 #34347-87323 Teleconference Meeting number (access code): 2309 961 0565

Meeting password: P3XxuxGzV93

Meeting Link:

https://tn.webex.com/tn/j.php?MTID=m87a99770e8a6678231d3e1f092b63847

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, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285

Email: Competitive.Health@tn.gov

| Checklist for Submission of Applications: | | | |
|--|--|--|--|
| Application Form (Attachment 1) (Expand up to max of 5 pages if needed) Competitive Requirements 2-page Budget Form (Attachment 3) Goals and Activities (Exhibit 1) Project Narrative (Exhibit 2) State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (Mailed per instructions on form.) Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (Mailed with ACH form.) | | | |
| Application Form (Attachment 1) (Expand up to max of 5 pages if needed) Competitive Requirements 2-page Budget Form (Attachment 3) Goals and Activities (Exhibit 1) Project Narrative (Exhibit 2) State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (Mailed per instructions on form.) Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (Mailed with | | | |



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:
 - Adequacy of plan of operation
 - Access to data needed
 - Proposed expenses and cost effectiveness
 - Plan for project execution
 - Past experience with similar projects
 - Experience of key project personnel
 - Collaboration with relevant partners
 - Level of projected impact

The committee will evaluate and recommend for selection to the Commissioner of the Department of Health, the application which is 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 Maternal Violent Deaths-Domestic Violence and Danger Assessment Training Project grant award and notify the State <u>in advance</u> if it cannot accept any terms or conditions. The Application for Maternal Violent Deaths-Domestic Violence and Danger Assessment Training Project grant award asks you to list any terms or conditions that your 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.