

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

SAFE SLEEP NEEDS ASSESSMENT AND STRATEGIC PLAN

RFA # 34347-95124

REQUEST FOR APPLICATION

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I. Introduction:

The ideal candidate will conduct a statewide needs assessment to inform the development of new prevention initiatives, enhance existing community partnerships, and identify new community partners to reduce the number of infant sleep-related deaths. Information gathered through the needs assessment will be utilized by the contractor to create a Safe Sleep Strategic Plan to focus the Tennessee Department of Health's prevention efforts.

Restrictions that must be considered while planning the project and writing the budget include:

- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

Funds may **not** be used for the following:

- to purchase furniture;
- Reimbursement of pre-award costs is not allowed;
- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; and
- salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

The State is seeking applications to provide the services outlined in this RFA. The State will offer one (1) grant for a total of **\$65,000.00**. The project period is expected to begin on **September 1, 2024** and will last for 16 months. At this time, no additional funding is expected beyond the 16-month project period.

II. APPLICATIONS:

To respond to this Request for Application, please complete the **Application and Competitive Requirements**. See also State of Tennessee, Department of Finance and Administration Automated Clearing House (ACH) Credits and Instructions and IRS Form W9 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: Each expense object line-item is defined by the *U.S. OMB’s Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles* (posted on the Internet at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E>) and CPO Policy 2013-007 (posted online at <https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html>).

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 Safe Sleep Needs Assessment and Strategic Plan. 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		May 24, 2024
2. Pre-response Teleconference	10:00 a.m.	May 29, 2024
3. Written “Questions & Comments” Deadline	2:00 p.m.	May 31, 2024
4. State Response to Written “Questions & Comments”		June 5, 2024
5. Deadline for Applications	2:00 p.m.	June 14, 2024
6. Evaluation Notice Released		June 24, 2024
7. Effective Start Date of Contract		September 1, 2024

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 #34347-95124 Teleconference

Meeting number (access code): 2318 599 4978

Meeting password: 3Ja9SZkJ8Ep

Meeting Link:

<https://tn.webex.com/tn/j.php?MTID=m54e5621caeeca9143254cfae4495378f>

Join by phone: +1-415-655-0001 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 emailed 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
Fax: (615) 741-3840
Email: Competitive.Health@tn.gov

Checklist for Submission of Applications:

- Application (**Attachment 1**)
- Competitive Requirements
- Project Narrative (Maximum of 4 Pages) (**Exhibit 2**)
- 2-page Budget Form (**Attachment 3**)
- State of Tennessee, Department of Finance and Administration Automated Clearing House (ACH) Credits and Instructions (**Mailed per instructions on 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:

- *Organizational capacity and expertise of staff involved*
- *Needs assessment and tools*
- *Listening sessions/focus group plans*
- *Participant recruitment*
- *Qualitative data collection and analysis*
- *Strategic plan*
- *Utilization of evaluation findings to improve safe sleep messaging*
- *Proposed expenses/budget*

The committee will evaluate and recommend for selection to the Commissioner of the Department of Health, the applications(s) which is(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 Safe Sleep Needs Assessment and Strategic Plan grant award and notify the State *in advance* if it cannot accept any terms or conditions. Please submit any exceptions to contract language with the Application for Safe Sleep Needs Assessment and Strategic Plan. **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.**