



**State of New Hampshire
Department of Health and Human Services
Division of Public Health Services**



REQUEST FOR PROPOSALS

**For
Injury Prevention**

RFP #12-DPHS-MCH-INJPREV-14

**State Fiscal Years 2012-2013
July 1, 2011 to June 30, 2012**

January 12, 2011

Contact Information:

Rhonda Siegel
rsiegel@dhhs.state.nh.us

NH DHHS, DPHS, Maternal and Child Health
ATTN: Rhonda Siegel
29 Hazen Drive
Concord, NH 03301-6504

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**New Hampshire Department of Health and Human Services
Division of Public Health Services**

REQUEST FOR PROPOSALS

Injury Prevention

RFP #12-DPHS-MCH-INJPREV-14

January 12, 2011

The mission of the New Hampshire Department of Health and Human Services (NH DHHS), Division of Public Health Services (DPHS) is to assure the health and well-being of communities and populations in New Hampshire by promoting and protecting the physical, mental and environmental health of its citizens, by preventing disease, injury, disability and death, and preparing for public health emergencies. This mission is carried out, to a large degree, in partnership with community-based agencies that are awarded contracts through a Request for Proposals (RFP) process.

1. PURPOSE OF THE REQUEST FOR PROPOSALS AND AVAILABLE FUNDING

The purpose of this RFP is to solicit proposals from qualified applicants to facilitate injury prevention programming statewide.

Funds for this are available in the amount of \$92,500 per year, for the anticipated time period of July 1, 2011 to June 30, 2013. Estimates of available funding and time periods presented here are subject to adjustments. See Section 14 of this RFP for provisions regarding Amendments and Renewals of any contract resulting from this RFP. Copies of this RFP and accompanying forms may be downloaded from our website at: <http://www.dhhs.nh.gov/business/rfp/index.htm>. Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

2. BACKGROUND INFORMATION

The Division of Public Health Services has facilitated injury prevention programming since 1985, including funding for contracted statewide injury prevention activities beginning in 1991. Current funding supports the provision of evidence based prevention programs to a wide variety of professionals and the public; trainings and technical assistance to groups seeking to implement prevention programs on a local or regional level; leading a number of statewide coalitions and task forces that address different types of injuries; and maintaining an injury prevention resource center used by professionals and the general public.

Injuries have a significant impact on the health and wellbeing of New Hampshire residents. In New Hampshire from the years 1999-2007, unintentional injuries were the leading cause of death for residents 1-34 years of age. For New Hampshire residents ages 15-34 in those same years, suicide was the second leading cause of death. Unintentional falls are the leading cause of injury-related death for elderly New Hampshire citizens aged 65 years and older.

While death is the most tragic outcome of injuries, it is not the most common. Non-fatal injuries present a significant burden to the health care system, and in particular, to emergency department (ED) utilization. The cost of emergency department visits in New Hampshire is significant. People suffer from injuries due to a wide range of reasons, or mechanisms, each with their own prevention strategies. Emergency department visits are one way to monitor and look at these types of injuries. The cost of emergency department visits in New Hampshire is vast. In 2007, non-fatal injuries cost approximately \$134 million in acute medical care in the emergency department and \$165 million for inpatient care. These costs do not include follow-up care in doctors' offices, rehabilitation therapies or medications after release from the hospital. Of those costs, \$40 million were for traumatic brain injuries alone.

Although the rate of emergency department visits in New Hampshire has been consistently higher than the national rate, the overall trend in the state has been going down. Injury Prevention activities are known to be cost effective in reducing morbidity and mortality. The goal of this Request for Proposal is to continue surveillance driven activities that support the reduction of unintentional injuries among children and adolescents; the prevention of falls amongst the state's older adults; the reduction of suicides and suicide attempts; and the maintenance of coalitions and workgroups for effective programming in these areas. The successful bidder will demonstrate how they will continue to mobilize and provide effective leadership to statewide partnerships such as the New Hampshire Falls Risk Reduction Task Force and Safe Kids New Hampshire, and inform the public and professionals on best practices, interventions and policy analysis regarding older adult and youth falls; suicide; graduated driving licensing systems, among other topics. Integrated in these injury prevention activities will be the delivery of appropriate education materials, safety products, and information about access to low-cost safety products to public and private agencies, individuals, and others.

3. SCOPE OF SERVICES AND PERFORMANCE MEASURES

3.1 Scope of Services:

The minimum required services to meet the priorities and goals of this request for proposals are:

1. Develop, implement, and evaluate data driven evidence based and/or informed injury prevention programming for professionals and the general public that address intentional and unintentional injuries.
2. Develop and disseminate appropriate education materials, safety products, and information about access to low-cost safety products to public and private agencies, individuals, and others.

3. Provide technical assistance to communities and individuals seeking to implement injury prevention interventions.
4. Convene and/or assist in facilitation of statewide coalitions in order to implement injury prevention programming.

3.2 Deliverables

The DPHS is committed to assuring that it delivers high quality public health services directly or by contract. As stewards of state and federal funds we strive to assure that all services are evidenced-based and cost efficient. To measure and improve the quality of public health services, DPHS employs a performance management model. This model, comprised of four components, provides a common language and framework for DPHS and its community partners. These four components are: 1) performance standards; 2) performance measurement; 3) reporting of progress; and, 4) quality improvement. DPHS has established the following deliverables for the work to be carried out under this proposal.

Facilitate and document quarterly meetings of Safe Kids New Hampshire. This includes the provision of professional trainings on best practice injury prevention strategies in the context of these meetings. Topics will be determined by interest and injury surveillance data.

1. Facilitate an annual statewide Safe Kids New Hampshire event to learn and participate in injury prevention strategies.
2. Co-facilitate monthly meetings of the Teen Driving Committee.
3. Under the auspices of the Teen Driving Committee, oversee the teen seat belt usage project and collaborate with the leads, the Brain Injury Association of New Hampshire and the New Hampshire Department of Transportation. Work with students from a minimum of five selected schools on designated activities.
4. Under the auspices of the Teen Driving Committee, develop a marketing plan on how to distribute information related to Graduated Drivers Licensing (GDL). This will encompass, but not be limited to, the results of a parent survey on GDL, a parent website, and any other materials deemed important.
5. Co-facilitate monthly meetings of the New Hampshire Falls Risk Reduction Task Force.
6. Under the auspices of the New Hampshire Falls Risk Reduction Task Force, collaborate on an annual falls data report.
7. Under the auspices of the New Hampshire Falls Risk Reduction Task Force, facilitate a conference on falls in the older adult.
8. Under the auspices of the New Hampshire Falls Risk Reduction Task Force, collaborate and at least four health care provider trainings a year on increasing falls screening in primary care.

9. Participate as the injury prevention representative and attend the bimonthly meetings of the Suicide Prevention Council, the monthly Data Suicide Prevention Council Subcommittee, quarterly Injury Community Planning Group and the quarterly meetings of the Child Fatality Review Committee.

As part of this proposal, the bidder is required to describe in the narrative the steps that will be taken towards meeting the performance measures and the evaluation process that will be used to assure progress towards meeting the performance measures and the overall program objectives and goals. At intervals specified by DPHS, the selected bidder/contractor will report on their progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal.

4. ELIGIBILITY

Proposals may be submitted by any established non-profit corporation, public agency (agency or department of municipal, county, or state government); or by private proprietorships, partnerships, or corporations; or by a consortium of public, non-profit, and private entities. Programs currently funded shall be in full fiscal and programmatic compliance in order to receive consideration for an award under this RFP.

5. PROCUREMENT TIMETABLE

January 12, 2011	RFP packages are available by request or via the NH DHHS website http://www.dhhs.nh.gov/business/rfp/index.htm
January 19, 2011	Mandatory Letters of Intent due to DPHS by 4:30 PM EST
January 26, 2011	Deadline to submit questions in writing relative to RFP by 4:30 PM EST
February 9, 2011	Proposals due to DPHS by 4:30 PM EST
March 9, 2011	Notices will be sent to selected bidder(s)
March 9, 2011	Contract documents sent by DPHS to selected bidder(s) for signature
March 23, 2011	Signed contract documents due back to DPHS
July 1, 2011	Effective date of contracts, pending Governor and Council approval.

6. LETTER OF INTENT

The enclosed Letter of Intent Form, or other written communication that includes all information requested on the Letter of Intent Form, shall be used to satisfy the Letter of Intent requirement by submitting to DPHS as described on the form.

A Letter of Intent offers the benefit of ensuring that a bidder will receive notice of any modifications made to the RFP as well as copies of questions asked by all bidders and answers

provided by DPHS, as described in Section 7.2. Also, electronic versions of forms, required for proposal submission, will be provided to all bidders that submit a Letter of Intent.

7. BIDDERS' CONFERENCE AND BIDDERS' QUESTIONS

7.1. Bidders' Conference

There will be no bidders' conference.

7.2. Bidders' Questions

All questions relative to the RFP must be submitted in writing to Rhonda Siegel by the date in the Procurement Timetable at the address below or via e-mail at rsiegel@dhhs.state.nh.us. These questions and their answers will be sent to all bidders who have submitted a letter of intent and will also be published on the DHHS web site at the web address noted in the Procurement Timetable.

NH DHHS, DPHS, Maternal and Child Health Section
ATTN: Rhonda Siegel
29 Hazen Drive
Concord, NH 03301-6504

8. APPROPRIATE USE OF FUNDS AND OTHER REQUIREMENTS

Funds may be used to pay for salaries and benefits of program staff, meeting expenses, travel for program and training purposes, technical assistance and other training, educational materials, postage, supplies, rent, laboratory services, subcontracts, consultants, equipment, software, and telephone. Indirect costs must be less than or equal to 10%. DPHS funding may not be used to replace funding for a program already funded from another source.

Funded contractors/vendors will be expected to keep records of their activities related to DPHS-funded programs and services. Payment for contracted services will be made on a combined line item cost reimbursement basis on monthly invoices for expenditures incurred and upon compliance with reporting requirements.

Funded contractors/vendors will be accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded contractor/vendor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.

Staff funded under this RFP may be required to attend pertinent technical assistance sessions or progress reviews sponsored by DPHS.

9. PROPOSAL SUBMISSION INSTRUCTIONS.

9.1 Proposal Submission

Proposals shall be submitted to:

NH DHHS, DPHS, Maternal and Child Health Section
ATTN: Shari Campbell
29 Hazen Drive
Concord, NH 03301-6504

The proposal shall be received (not simply post-marked) by DPHS no later than 4:30 PM, EST on the date specified in the Procurement Timetable in Section 5. **No extensions will be granted. Faxed copies will NOT be accepted. The responsibility for submitting a response to this RFP on or before the stated time and date will rest solely and strictly with the bidder.** The DPHS will in no way be responsible for delays in delivery caused by the U.S. Postal Service or other couriers, or caused by any other occurrence.

9.2 Required Materials

The following required materials shall be submitted to DPHS in order for a proposal to be complete:

1. Original proposal, plus three (3) copies, and an electronic copy on CD or other media
2. Proposal Face Sheet
3. Proposal Checklist
4. Table of Contents
5. Executive Summary
6. Proposal Narrative
7. Staff List Form
8. Budget Form
9. Comprehensive General Liability Insurance Acknowledgement Form

Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

10. PROPOSAL REQUIREMENTS AND SCORING CRITERIA

Proposals shall follow the outline presented in this section and are required to contain all components listed and detailed below. Proposals will be reviewed as described in Section 11. **The score of a proposal will be based on the extent to which the applicant successfully addresses the required proposal components.**

10.1 Proposal Formatting & Adherence to Instructions – 5 Points

An organized proposal facilitates the work of reviewers who are often reviewing multiple proposals.

Proposals shall:

- contain a Table of Contents;
- be typed, double-spaced and in no less than 11-point font;
- have one-inch margins;
- have numbered pages, following the Table of Contents;
- include requested information in appropriate sections of proposal;
- adhere to page limitations for each section;
- spell out all acronyms the first time that they are used;
- note the source of all data cited; and,
- be clipped in the upper left corner, and not be bound or stapled.

10.2 Proposal Face Sheet – Not scored

10.3 Proposal Checklist – Not scored

10.4 Table of Contents – Not scored

10.5 Executive Summary (not to exceed 2 pages) Not scored

Proposals lacking an Executive Summary will not be reviewed.

Summarize the agency/bidder organization information (include any networks or subcontractors to be involved) and the proposal. The Executive Summary is an integral component of the proposal review process and must be prepared as a stand-alone component.

10.6 Proposal Narrative

10.6.1 Bidder Experience and Capacity (not to exceed 5 pages) - 30 Points

This section of the proposal is intended to convey the experience and capacity of the bidder, its staff and any collaborating partners to carry out the scope of services. It should convince reviewers that the bidder is the most qualified candidate to provide the services requested.

1. Describe the bidder's overall **mission, program, and services**, indicating how they relate to the goals and priorities described in Section 2 of the RFP.
2. Describe/demonstrate in the proposal that the bidder and any collaborating partners have the **experience and capacity** necessary to meet the goals, objectives, and priorities of the program; provide the minimum required services as described in Section 3 and Exhibit A of the RFP; and, to meet the performance measures. This includes:
 - a. its overall ability to perform the technical aspects of the program;
 - b. the availability of qualified and experienced personnel;

- c. the availability of adequate facilities, general environment, and resources for the proposed services; and,
 - d. adequacy of plans for the administration of the program. Please include an organizational chart.
3. Describe any significant changes and accomplishments (for example, changes in geographic area served, staffing, or reorganization of agency/bidder organizational structure) which occurred during the current fiscal year, or which are planned for the upcoming period, and explain how these will impact the scope of services to be provided.

10.6.2 Plan of Operation (not to exceed 5 pages) - 50 Points

This section of the proposal supplements the Staff List Form and describes how the bidder will meet the overall goal(s) described in Section 2 and the Scope of Services of the RFP.

1. Describe, concisely and completely:
 - a. how the program will operate;
 - b. how the scope of services as described in Section 3 and Exhibit A of the RFP will be carried out – and by whom;
 - c. the roles of each staff member, identifying each staff member by name or, by title if the position is vacant. Provide, as attachments, current resumes for all program staff and job descriptions for vacant positions. These attachments will not be counted as part of the page limitation; and,
2. Describe a plan for monitoring and evaluating progress in meeting scope of services and deliverables, stating how progress will be measured.
3. Complete the provided electronic Staff List Form according to instructions.

10.6.3 Budget and Justification - 15 Points

For the purposes of this RFP, the **Budget Periods are defined as: July 1, 2011 to June 30, 2012 and July 1, 2012 to June 30, 2013**

The proposed budget shall be appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds. It shall include the following items, **one for each Budget Period:**

1. **Budget Form (provided by DPHS) See RFP Enclosures, Section 16.** This form details the costs of your proposal. The Budget Form shall be submitted electronically and in hard copy.
2. **Budget Justification - (Not to exceed 2 pages per Budget Period)**
A Budget Justification must be completed for each Budget Period

Describe in detail each expense item and personnel position for which funding is requested, linking each to the services to be provided. Use the numbered items as

listed in the Budget Form and Justification Instructions (See Enclosures) to organize this justification narrative.

- Ensure that the budget is appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds.
- Proposals should provide the best value for cost/price bid.
- The indirect costs shall not exceed 10 %.

3. Sources of Revenue Form (provided by DPHS)

The Sources of Revenue Form shall be submitted electronically and in hard copy.

- Complete one Sources of Revenue Form for each Budget Period.
- Provide clear information about other sources of revenue for the program other than state funds.
- Show in-kind contributions for the same Budget Periods.
- Show any revenue generated.

4. Staff List Form (provided by DPHS)

The Staff List Form shall be submitted electronically and in hard copy.

- Include all staff in the program funded in part or in whole through this proposal.
- Complete one Staff List Form for each Budget Period.

11. PROPOSAL REVIEW AND EVALUATION

DPHS will convene a review panel to conduct an objective review of proposals received in response to this RFP process. The panel will be comprised of internal and external reviewers for competitive proposals. All reviewers are required to sign a conflict of interest agreement to assure their impartiality during the review process.

Scoring of proposals will be based solely on what is submitted in writing by the bidder in response to this RFP. The merits of each proposal will be evaluated and scored according to the scoring criteria described in Section 10.

In situations in which proposal scores are close or equal after the initial review, the DPHS may choose to conduct a second review of the proposals with comparable scores, and/or may request that bidders present a live presentation to the review committee of their proposal. The DHHS reserves the right to request additional information in order to make a final determination of the successful bidder(s).

DPHS reserves the right to accept or reject any proposal, and to waive any minor irregularities in the proposals. DPHS reserves the right to make final funding decisions based on the availability of funds, geographic distribution of services, prior bidder performance (if applicable), and other Department priorities.

Please note that DPHS recommends the awarding of a contract to the Governor and Executive Council. Thus, the RFP and contract process is not complete without approval of the Governor and Executive Council.

12. PROCEDURES FOR BIDDER SELECTION AND NOTIFICATION

Notice of Selection Procedures

A letter of selection will be sent to selected bidders by the date noted in the procurement timetable. The scope of services and budget may be negotiated based upon the merit of the proposal as evaluated by the review panel, availability of funding, and conditions of the award. Failure of a selected bidder to satisfactorily negotiate within a reasonable time may result in the bidder forfeiting its award.

DPHS may negotiate the funding of geographic service areas and selected activities of a proposal if other activities can be funded more efficiently through different providers. DPHS may also require a bidder to make appropriate linkages with other contractors/vendors and programs in order to receive funding.

Recommendation for Non-Selected Proposals

In accordance with New Hampshire Statutes Chapter 21-I:13-a, no information shall be available to the public, the members of the general court or its staff, notwithstanding the provisions of RSA 91-A:4, concerning specific invitations to bid or other proposals for public bids, from the time the invitation or proposal is made public until the bid is actually awarded, in order to protect the integrity of the public bidding process. This means that no information can be provided to non-selected bidders until contracts are awarded to selected bidders through the Governor and Executive Council.

After contracts for selected bidders are approved by Governor and Executive Council, non-selected bidders may request an opportunity to:

- 1) Discuss with DPHS administrative staff the reasons for not being selected.
- 2) Receive recommendations that may make future proposals more effective.

Such requests shall be submitted in writing to:

NH DHHS, DPHS, Bureau of Policy and Performance Management
ATTN: Joan H. Ascheim
29 Hazen Drive
Concord, NH 03301-6504

Such requests are not considered appeals. Once a bidder has submitted a letter, DPHS will attempt to accommodate such requests within a reasonable time.

13. DOCUMENTS FOR CONTRACT APPROVAL

Following selection, selected bidders will be required to submit the following documents for contract approval:

- Signed and notarized **General Provisions (P-37)** (form provided by DPHS).
- Signed and notarized **Certificate of Vote** (sample provided by DPHS).

- Revised budget and budget justification pages.
- Most recent **Agency Financial Audit, or audited financial statements** (required only for contracts purchasing social services)
- Agency/bidder **Mission Statement** - (required only for contracts purchasing social services)
- **Key Administrative Personnel Sheet** - (required only for contracts purchasing social services) a chart of key administrative personnel.
- **Resumes** - (required only for contracts purchasing social services) current resume/curriculum vitae of each person listed in the Key Personnel Sheet.
- **Board of Directors List** - (required only for contracts purchasing social services)
- **Certificate of Good Standing** - (not required for municipalities) this is a Certificate of Good Standing, Registration, or Authorization, as appropriate, that is issued by the NH Secretary of State's office and is proof of a company/organization's existence.
- **Certificate(s) of Insurance** for General Liability and Worker's Compensation Insurance with the following listed as the Certificate Holder:

Director, Division of Public Health Services
NH Department of Health & Human Services
29 Hazen Drive
Concord, NH 03301-6504

- Signed copies of additional assurances: **Exhibits D; E; F; G; and H.**

Please make arrangements in advance for any necessary Board actions so that contract documents can be returned by the date listed in the procurement timetable. Successful contract document completion will result in a contract becoming effective on the date in the procurement timetable or upon approval by the Governor and Executive Council of the State of New Hampshire, whichever is later. **Delays in returning contract documents may result in contracts not being effective on that date.** No services occurring before the effective date are reimbursable under the contract.

14. ADDITIONAL INFORMATION

Amendments

DPHS has the option of amending the Agreement throughout the funding cycle based on program performance, fiscal expenditure, and other contract requirements. All amendments require approval by the Governor and Executive Council.

Renewals

DPHS has the option to renew the Agreement for two additional year(s), pending availability of funding, the agreement of the parties, and approval by Governor and Council.

Cancellation

DPHS may, upon determining that no satisfactory proposals have been received for any particular service, decide to re-bid for this particular service.

Public Record

All proposals become the property of the State of New Hampshire and will be a matter of public record.

15. RESPONSIBILITIES OF THE DIVISION OF PUBLIC HEALTH SERVICES

DPHS will take an active role in providing technical assistance to the contract organizations on relevant issues (e.g., program implementation and evaluation) by conducting site visits and maintaining frequent telephone contact.

All documents (written, video, audio) produced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution or use. The DHHS will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contracted organizations may not reproduce any materials produced under the contract without prior written approval from DHHS.

16. ENCLOSURES

Exhibit A

Letter of Intent Form

Proposal Face Sheet & Instructions

Proposal Checklist

Staff List Form & Instructions

Budget Form

Budget Form and Justification Instructions

Sources of Revenue Form & Instructions

Comprehensive General Liability Insurance Acknowledgement Form

**NH Department of Health and Human Services
Division of Public Health Services – Maternal and Child Health Section**

Exhibit A

**Scope of Services
Injury Prevention SFY 2012 & 2013**

CONTRACT PERIOD: July 1, 2011 or date of G&C approval, whichever is later, through June 30, 2013.

The Contractor shall provide injury prevention services as specified below.

I. General Provisions

A) State and Federal Laws

The contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offences.

B) Relevant Policies and Guidelines

The contractor shall promulgate appropriate policies and guidelines to ensure the consistency and adequacy of work performed by subcontracted agencies and shall, through regular meetings and through quality reviews, monitor and provide support to the work of these agencies.

C) Publications Funded Under Contract (Standard Language)

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from BCHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C1 (5).

II. Minimal Standards of Core Services

A) Service Requirements

The contractor shall carry out the work as described and submitted with the application for funding and as approved by the Maternal and Child Health Section. Either party may

amend the performance work plan upon 30 days advance written notice to the other party with the other party's approval.

The contractor shall perform the following services within the two-year grant period:

1. Develop, implement, and evaluate data driven evidence based and/or informed injury prevention programming for professionals and the general public that address intentional and unintentional injuries.
2. Develop and disseminate appropriate education materials, safety products, and information about access to low-cost safety products to public and private agencies, individuals, and others.
3. Provide technical assistance to communities and individuals seeking to implement injury prevention interventions.
4. Convene and/or assist in facilitation of statewide coalitions in order to implement injury prevention programming.

B) Coordination of Services

1. The contractor shall coordinate, where possible, with other service providers within the state. At a minimum, such collaboration shall include interagency referrals, contractor participation in interagency groups concerned with sexual violence and joint activities with other agencies as appropriate.
2. As appropriate, the Contractor should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans through collaboration with the local Public Health Regions, as may be appropriate, to enhance the implementation of community-based public health prevention initiatives being implemented by the contractor.
3. The Contractor agrees to cooperate and coordinate public health activities as requesting by the Division of Public Health during any local situation or condition, natural or man-made, declared by the DHHS to be a public health emergency.

C) Meetings and Trainings

The contractor will be responsible to send staff to meetings and trainings as required by the program.

III. Quality or Performance Improvement (QI/PI)

A) Data and reporting requirements

The Contractor shall submit to MCHS the following data used to monitor program performance:

1. Submit data and narrative as requested by the MCHS at least 45 days prior to the submission of federal grant applications and reports. These reports have been due mid-October (grant application) and early January (annual report) of every year. The

MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

2. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
3. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

B) On-site reviews

1. The contractor shall allow a team or person authorized by the Maternal and Child Health Section to periodically review the contractor's systems of governance, administration, data collection and submission, programmatic, and financial management in order to assure systems are adequate to provide the contracted services.
2. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.

**LETTER OF INTENT TO APPLY FOR
NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES FUNDING
STATE FISCAL YEARS 2012 AND 2013**

Deadline

**Required Letters of Intent must be received at DPHS no later than
4:30 PM, EST on January 19, 2011**

Letters of Intent can be faxed to the # below or e-mailed to: dlcampbell@dhhs.state.nh.us

To: Shari Campbell
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301-6504

Telephone #: (603) 271-5372 **Fax#:** (603) 271-4519

Re: Letter of Intent for SFY 2012 /2013 funding

BIDDER INFORMATION

Legal Name of Bidder: (please include "d.b.a." if applicable)	
Executive Director:	
Street Address:	
City, State and Zip Code:	
Telephone:	
Fax:	
E-mail address: (to send electronic documents to)	
Contact Person and Title:	

I understand that this proposal is due by 4:30pm on February 9, 2011 and will not be accepted after that time. _____ (to be signed by contact person listed above).

Please indicate below the name of the RFP for which bidder is submitting a proposal and write in the geographical service area.

We intend to submit a proposal(s) for funding for the following:

Name of RFP	Geographical Service Area

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Proposal Face Sheet

1. Legal Name of Bidder:
2. Name of RFP: Injury Prevention
3. Amount of funds requested through this proposal: \$
4. Budget Period(s) 07/01/11 to 06/30/12
07/01/12 to 06/30/13
5. Name and Title of Bidder contact person for proposal:
6. Mailing address:
7. Phone number:
8. Fax number:
9. E-mail address:
10. Geographic area to be served:

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

**Proposal Face Sheet
Instructions**

- 1. Legal name of bidder:** Enter the legal name of the bidder. This must match the name on the Certificate of Good Standing.
- 2. Name of RFP:** This is the name of the Request for Proposals to which you are responding, such as the HIV Prevention Services RFP or Tobacco Addiction Treatment Services and Resource Center RFP. One face sheet and complete set of forms should be completed for each proposal.
- 3. Amount of funds requested through this proposal:** (See Section 1 of RFP)
- 4. Budget Period(s):** See Section 10.6.4. Enter the beginning and ending date(s) for the Budget Period(s) as detailed in Section 10.6.4.
- 5. Name and title of contact person for proposal:** Enter the name of the contact person and their title within the bidder organization (i.e. Executive Director, Program Coordinator). This should be the person who can answer questions relative to the proposal.
- 6. Mailing address:** Enter the address to which correspondence relative to the proposal should be sent.
- 7. Phone number:** Enter the phone number for the contact person.
- 8. Fax number:** Enter the fax number to which correspondence relative to the proposal should be sent.
- 9. E-mail address:** Enter the e-mail address for the contact person.
- 10. Geographic area to be served:**
Identify the geographic area to be served (See section 1 of RFP)

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Proposal Checklist

Bidder Name:

This checklist is provided to assist you in assuring your proposal is complete. Please check off all required items and submit it with your proposal. Write “N/A” if the item is not applicable to your proposal.

Face Sheet []

Executive Summary []

Proposals lacking an Executive Summary will not be reviewed.

Narrative []

Staff List Form []

Budget Form []

Budget Justification []

Sources of Revenue Form []

Comprehensive General Liability
Insurance Acknowledgement Form []

Curriculum Vitae []

**New Hampshire Department of Health and Human Services
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**Staff List Form
Instructions**

This form should include all staff in the program funded in part or whole through this proposal. It should provide an accurate projection of all staff salaries to be paid through the grant for the Budget Period. Complete one Staff List Form for each Budget Period.

List each staff member's:

- A. Position Title;
- B. Name;
- C. Hourly rate as of the first day of the Budget Period;
- D. Number of hours per week in the program (total);
- E. Amount of the total salary funded by this program for the Budget Period;
- F. Amount of the total salary funded from other sources for the Budget Period; and,
- G. Total salaries all sources (E & F).

If the program has current positions or projected new positions that will be paid out of the proposed contract, list them as vacant in the name column and complete the remaining columns as instructed above.

If the program has more than one site:

- H. List the site at which each staff member works. Do not include volunteers or consultants.

The total salaries should match the total salary/wages line item on the Budget Form. Benefits are not included here. Consultants should be listed separately on that line item of the Budget Form and described in the Budget Narrative.

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Budget Form

COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD			
Bidder/Program Name: _____ Budget Request For: _____ (Name of RFP)			
Budget Period: _____			
Line Item	SFY _____ Program Funds Requested	SFY _____ Other Funds	Total
1. Total Salary/Wages	\$	\$	\$
2. Employee Benefits	\$	\$	\$
3. Consultants	\$	\$	\$
4. Equipment:	\$	\$	\$
Rental	\$	\$	\$
Repair and Maintenance	\$	\$	\$
Purchase/Depreciation	\$	\$	\$
5. Supplies:	\$	\$	\$
Educational	\$	\$	\$
Lab	\$	\$	\$
Pharmacy	\$	\$	\$
Medical	\$	\$	\$
Office	\$	\$	\$
6. Travel	\$	\$	\$
7. Occupancy	\$	\$	\$
8. Current Expenses	\$	\$	\$
Telephone	\$	\$	\$
Postage	\$	\$	\$
Subscriptions	\$	\$	\$
Audit and Legal	\$	\$	\$
Insurance	\$	\$	\$
Board Expenses	\$	\$	\$
9. Software	\$	\$	\$
10. Marketing/Communications	\$	\$	\$
11. Staff Education and Training	\$	\$	\$
12. Subcontracts/Agreements	\$	\$	\$
13. Other (specific details mandatory)	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Sub-Total Direct Costs	\$	\$	\$
14. Indirect Costs (not to exceed 10%)	\$	\$	\$
TOTAL			

Please note, any forms downloaded from the DHHS website will NOT calculate.
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**New Hampshire Department of Health and Human Services
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Budget Form and Justification Instructions

Electronic (Excel) Budget Forms will be provided by DPHS to bidders submitting a Letter of Intent. Submit completed Budget Form(s) electronically and in hard copy.

Submit one Budget Form for each program and each Budget Period for which you are requesting funds. In the column: “Funds Requested” list funds for each line item for which you are requesting funds through this proposal. In the column “Other Funds” list funds from other sources by line item. It is not necessary to enter anything in the total column or row, as all totals will be calculated for you. In addition, a Budget Justification must be submitted with each Budget Form.

Use the information below in developing the budget and preparing the Budget Justification. Additional Guidelines for Budget Preparation are available by requesting them from the RFP contact person for those needing more guidance.

1. **Salary/Wages**—Budget Form: from the Staff List Form, include the totals from column E under Funds Requested and the total from F under Other Funds.
2. **Employee Benefits**—Identify the percentage of salary estimated for all fringes.
3. **Consultants**—Budget Form: include the total amount for all consultants.
4. **Equipment**—Identify under the appropriate item (rental, repair and maintenance, or purchase/depreciation) what the total projected expenses will be. NOTE: Purchase of equipment in excess of \$300 must be approved in writing prior to purchase.
5. **Supplies**—Identify projected expenses separately for educational, medical, laboratory, pharmacy, and office.
6. **Travel**—Identify total projected expenses for in state, out-of-state, and conferences. In the narrative state per mile and allowable expenses (based on bidder’s travel policies).
7. **Occupancy**—Identify total cost of occupancy narrative.
8. **Current Expenses**—Identify projected expenses separately for telephone, postage, subscriptions, audit and legal, insurance, and board expenses. Note: Contract funds can only be used for audit expenses if the audit is completed in compliance with A-133 federal guidelines.
9. **Software**—Identify projected expenses of software purchase.
10. **Marketing/Communications**—Identify projected expenses to increase awareness and visibility as well as to promote the program, including brochures, newsletters, and press kits.
11. **Staff Training and Education**—Budget-identify funds used for staff training and education.
12. **Subcontracts/Agreements**—Identify funds used to enter into sub-contracts or agreements with other contractors/vendors to carry out the services of Exhibit “A”.
13. **Other**—**Specific details mandatory** for any other program expenses not previously noted above.
14. **Indirect Costs**—Identify total amount of indirect costs for this program. **Not to exceed 10%.**

Sources of Revenue Form

New Hampshire Department of Health and Human Services
Division of Public Health Services

Bidder/Program Name: _____

Name of RFP: _____

Budget Period: _____

A	B		C	
Sources of Revenue (Funds)	Revenue for Currently Funded Programs for Current Budget Period		Projected Revenue for Proposed Budget Period	
	Dollar Amount	Percentage	Dollar Amount	Percentage
<i>Note: Please do not include funds from unrelated initiatives within your organization.</i>				
DPHS Funds (specify source below)				
Other State Funds (specify source below)				
City/Town Funds				
Other Federal Funds				
United Way				
Medicaid				
Client Fees				
Fundraising				
Other (specify below)				
TOTAL	\$0.00		\$0.00	
In-kind (specify below)				
TOTAL	\$0.00		\$0.00	

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

New Hampshire Department of Health and Human Services
Division of Public Health Services

Sources of Revenue Form Instructions

Electronic (Excel) Sources of Revenue Forms will be provided by DPHS to bidders submitting a Letter of Intent. Submit completed Sources of Revenue Form(s) electronically and in hard copy.

Submit one Sources of Revenue (SOR) Form for each program and each Budget Period for which you are requesting funds.

Please do not include funds from unrelated initiatives within your organization.

Column A: Many programs receive funds (revenue) from multiple sources; list these **sources** in this column, as indicated.

Column B: **For Currently Funded Programs**, list the actual **dollar amounts** of revenue by source, for the program's **current** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

Column C: List the projected **dollar amounts** of revenue by source, for the **projected** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

In-Kind Revenue: *Please list sources and value of **In-Kind Revenue** in the lower portion of **Columns A, B and C**.*

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

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Comprehensive General Liability Insurance Acknowledgement Form

The New Hampshire Office of the Attorney General requires that the Request for Proposal (RFP) package inform all bidders of the State of New Hampshire's general liability insurance requirements. The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire.

Please select only ONE of the checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

☐ (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Please indicate your current comprehensive general liability coverage limits below, sign, date and return with your proposal package.

\$_____ Per Claim \$_____ Per Incident/Occurrence \$_____ General Aggregate

Signature & Title

Date

This acknowledgement must be returned with your proposal.