

STATE OF WYOMING
DEPARTMENT OF HEALTH
PUBLIC HEALTH DIVISION
6101 YELLOWSTONE ROAD, SUITE 420
CHEYENNE, WY 82002

**REQUEST FOR APPLICATION
NO. RFA-2019-001**

WYOMING CANCER RESOURCE SERVICES
REGIONAL COORDINATOR PROGRAM

OPENING DATE
NOVEMBER 25, 2019

PROJECT CYCLE: JULY 1, 2020 – JUNE 30, 2022

DEPARTMENT OF HEALTH
REPRESENTATIVE: STAR JONES
TELEPHONE NO. (307) 777-8609

TABLE OF CONTENTS

1. PURPOSE	3
2. GENERAL APPLICATION REQUIREMENTS	5
3. EXPERIENCE	6
4. ORGANIZATIONAL CAPACITY	7
5. PROPOSED PROJECT WORK PLANS	8
6. BUDGET AND DELIVERABLES	10
7. EVALUATION CRITERIA	11
8. SIGNATURE PAGE	12

APPENDICES (attached)

Competitive Grant Application Cover Sheet

Signature Page

Annual Project Budget for 2019-2020

Project Cost Sharing for 2019-2020

Year One Proposed Project Workplan

These materials are not a promise of contract or funding.

1. PURPOSE

The purpose of this competitive application process is to select six (6) regional sites throughout Wyoming to coordinate local level education, outreach, patient navigation services, community planning, and data collection in order to lessen the impact of cancer on Wyoming residents. The model proposed in this grant application supports the work outlined in the Wyoming Cancer Control Plan. The selected applicant will be required to hire and manage regional program personnel, provide necessary fiscal functions, and oversee all needed administrative and human resource support including staff training and collaboration with the Wyoming Cancer Program and various stakeholders.

1.1. Background. The Wyoming Department of Health (WDH), Public Health Division (PHD), Wyoming Cancer Program (WCP) is committed to reducing the impact of cancer on Wyoming residents. Community-based efforts carrying out evidence-based interventions to reduce cancer incidence and mortality rates for adults and young people among all populations have been ongoing since 2007.

1.2. Regions. The six (6) regions are outlined in the following table. Organizations should identify which region they are applying for within the Proposed Project Workplan portion of the application. Organizations applying for multiple regions must have staff physically located within each region. Separate applications must be submitted for each region. Travel is required to all counties within the selected region.

Region	Counties	Maximum Two-Year Funding Amount
I	Albany, Goshen, Laramie, Platte	\$196,800
II	Carbon, Converse, Natrona, Niobrara	\$196,800
III	Campbell, Crook, Johnson, Sheridan, Weston	\$196,800
IV	Big Horn, Fremont, Hot Springs, Park, Washakie	\$196,800
V	Lincoln, Sublette, Sweetwater, Teton, Uinta	\$196,800
VI	Wind River Indian Reservation	\$120,000

1.3. Eligible Applicants. Proposals will be considered from Wyoming tax-exempt,

not-for-profit organizations, and public and private organizations that are in good standing with the State of Wyoming, and have a desire to improve cancer morbidity and mortality in Wyoming. Health systems are encouraged to apply. Applicants must be registered with Systems for Award Management at www.sam.gov. Preference may be given to health systems or organizations with strong relationships with health systems. Sole applicants for a region will not be guaranteed the grant award.

- 1.4. Terms of the Contract. The anticipated contract term will be from July 1, 2020 - June 30, 2022. A yearly workplan and budget are required. The funding for this contract is authorized through the Wyoming Cancer Control Act and funded by tobacco settlement funds. The actual funding amounts awarded will be based on the strength of the application and the workplan submitted, and may be higher or lower than the amounts requested or the amounts of previous regional contracts.
- 1.5. RFA Availability. Notice of this application and application documents will appear on the WDH website.
<https://health.wyo.gov/publichealth/prevention/cancer/comprehensive-cancer-control/>
- 1.6. Action Dates.
November 25, 2019: Publish Request for Application
December 20, 2019: Questions Due
December 27, 2019: Answers to Questions Posted on WDH Website
January 31, 2020: Closing Date for Application
February 14, 2020: Notification of Award
July 1, 2020: Contract Award (Target date. Actual start date dependent on finalization of contract process)
- 1.7. Inquiries and Questions. Questions regarding this RFA must be emailed by 5 p.m. Mountain Standard Time on December 20, 2019 to:

Star Jones
Wyoming Cancer Program
Star.jones@wyo.gov
Include the RFA number on all correspondence.

All questions will be answered and posted on the WDH website in accordance with the timeline above.

<https://health.wyo.gov/publichealth/prevention/cancer/comprehensive-cancer-control/>

- 1.8. Application Submission. Applications must be received by 5 p.m. Mountain Standard Time on January 31, 2020. Electronic applications should be in

Microsoft Word or PDF format.

Submit via email to: Star Jones
Wyoming Cancer Program
Star.jones@wyo.gov
Include the RFA number on all correspondence.

Or

Submit via mail to: Star Jones
Wyoming Cancer Program
6101 Yellowstone Rd, Ste 510
Cheyenne, WY 82002

1.9. General Format Requirements. Applications must follow the general format requirements listed below when submitting an application under this RFA.

- Application submitted and any attachments must be black type in twelve (12) point font, not less than one (1) inch margins, and sized by standard paper (8.5"x11").
- Use the sections and sub-headings listed below within the application. Indicate the section name and number in all responses. Do not combine two or more questions or refer to another section of the application in the response. Only information included in the appropriate numbered question will be considered by reviewers. The application will be scored according to how well the requirements for each section of the application are addressed.
- Applications must contain page numbers.
- Applications submitted electronically must be submitted in Microsoft Word or PDF format and include all application requirements, budget, supporting documentation, and attachments.

2. **GENERAL APPLICATION REQUIREMENTS**

The application packet should consist of the following documents:

- Cover Sheet (Template provided)
Include the following on the cover sheet:
 - Application Region Number
 - Applicant Organization Name
 - Name and Title of Primary Contact
 - Street Address, City, State, Zip
 - Mailing Address if Different
 - Telephone, Fax, Email, Website
 - Tax ID Number
 - DUNS Number
- Signature Page (Template provided)
- Experience Requirements

- Organizational Capacity Requirements
- Proposed Project Workplan (Template provided)
- Year One Budget and Cost Sharing (Templates provided)

3. **EXPERIENCE**

Describe the organization's approach to performing the below requirements. Responses for this section should be no more than ten (10) pages total.

- 3.1. Cancer Control. Describe the organization's knowledge, experience, and expertise in working in cancer prevention and control, to include the areas of prevention, screening, and quality of life for survivors.
- 3.2. Public Health Experience. Describe the organization's experience and expertise in working in public health prevention, to include conducting state and community needs and resource assessments; community mobilization and coalition building; the strategic planning process; implementing strategies and activities with fidelity; and evaluating programmatic and systems outcomes.
- 3.3. Evidence-Based Implementation. Describe the organization's experience and expertise in implementing evidence-based programs and interventions as well as in producing policy, system, and environmental changes.
- 3.4. Communications and Media. Describe the organization's experience and expertise in developing and implementing regional and community-level media campaigns.
- 3.5. Community-Level Relationships. Describe any relevant experience in organizing and working with community-based organizations/businesses, prevention and wellness coalitions, non-profit organizations, health systems, local education agencies, early childhood education providers, businesses and worksites, primary care providers, hospitals, clinics, local and state governments, etc.
- 3.6. Collaborative Efforts. Provide a minimum of three (3) letters of support from regional partners that will have a role in helping the organization implement cancer control activities to achieve the desired outcomes of the workplan. Letters of support are not counted towards the ten (10) page total for this section. They should be added as attachments to the application, and must be dated within 90 days of the application submission date.
- 3.7. State-Level Affiliations. Describe any relevant experience the organization has in working or collaborating with statewide councils, collaborators and groups such as the Wyoming Cancer Coalition (WYCC). Additionally, describe any relevant experience the organization has in working with governmental agencies and organizations such as the Wyoming Department of Health, Public Health Programs (e.g., Prevention and Health Promotion Unit, Maternal and Child

Health, and Public Health Nursing), Department of Education, Department of Transportation, Governor's Office, Department of Family Services, etc.

4. ORGANIZATIONAL CAPACITY

Describe the organization's approach to performing the following requirements. Responses for this section should be no more than ten (10) pages total.

- 4.1. Experience. Describe the organization's experience with projects of or similar to the scope of this project. Describe the processes for timely communication among staff and program personnel.
- 4.2. Capacity. Describe the organizational capacity to act as the regional fiscal agent and regional management organization for community-based cancer control services including personnel, fiscal accountability, ability to manage contracts, and the ability to facilitate this project regionally within the scope of the organization, facilities, and equipment.
- 4.3. Challenges. Describe any challenges that may arise in building and/or maintaining capacity to act or serve as the regional fiscal agent. Also include possible solutions to the challenges, if applicable.
- 4.4. Billing Processes. Describe tracking and billing processes that ensure billing is kept separately for this project and is implemented in accordance with Generally Accepted Accounting Principles (GAAP).
- 4.5. Organizational Chart. Provide an organizational chart demonstrating where and how this program will fit into the organizational structure and staffing patterns.
- 4.6. Quality Assurance. Describe both internal and external organizational quality improvement processes. Describe how the organization will monitor services to ensure that they are provided in accordance with contractual obligations and make adjustments as necessary.
- 4.7. Conflicts of Interest. Describe any conflicts of interest (actual or through inference) related to this program or any other WDH program.
- 4.8. Lobbying Disallowed. Describe how the applicant will ensure that staff hired in relationship to this project will not: a) personally or organizationally attempt to influence government officials or elected representatives in regard to appropriation(s), legislation or legislative policy; b) attempt to induce anyone else to influence government officials or elected representatives in regard to appropriation(s), legislation or legislative policy; c) permit the use of any grant funds in an attempt to influence a government official or elected representative in regard to appropriation(s), legislation or legislative policy at the local, state, or

federal level to include personnel service (i.e. lobbyist), telegram, telephone, letter, email or web correspondence, printed or written matter (e.g., kit, pamphlet, booklet, or publication), or any other device (e.g., radio, television or video presentation), or other mechanisms.

4.9. Human Resources. Describe the applicant's human resource system, which shall include but is not limited to:

- Workforce Planning
- Recruitment and Retention
- Orientation, Training and Development
- Employee Compensation and Benefits
- Performance Management

5. **PROPOSED PROJECT WORKPLANS**

Two-year contracts will be awarded through this application process with the requirement for an annual workplan and budget submitted for approval each year of funding.

Final workplan for year one (1) will be due by July 31st, 2020. Year two proposed workplan will be due May 31st, 2021.

Describe the organization's approach to performing the requirements below during the two (2) year grant period. Responses for this section should be no more than ten (10) pages total.

5.1. Project Abstract. Provide a project abstract summarizing plans for the upcoming two-year period that will support cancer prevention and control efforts in Wyoming. Topics for year one (1) and year two (2) may differ, but the minimum number of topics related to cancer screening, prevention, and survivorship should remain the same.

Approaches should include evidence-based interventions, community-clinical linkages, or health systems change and should include collaboration with health systems, employers, organizations, or other partners.

Cancer specific evidence-based interventions can be found at

<https://www.thecommunityguide.org/topic/cancer>

Required Topics:

Health System Partnership Project

Proposed Project Workplan should address one evidence-based intervention focusing on breast and cervical cancer screening in partnership with a health system. If applicable, organizations are allowed and encouraged to implement interventions within their own health system.

Health system partnership project will require the contractor to identify a potential health system partner, identify project, and begin work within ninety (90) days of the beginning of each grant year.

Cancer Screening:

Proposed Project Workplan should address at least one (1) evidence-based intervention project related to each cancer screening topic listed.

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening

Cancer Prevention:

Proposed Project Workplan should address at least one (1) evidence-based intervention project related to each cancer prevention topic listed.

- Skin Cancer
- HPV Vaccination
- Radon

Cancer Patient Quality of Life and Survivorship:

Proposed Project Workplan should include at least one (1) project related to cancer patient quality of life and/or survivorship.

All activities should include:

- Evaluation plan
- Target/priority population(s) based on available data
- Promotion of health equity to aid in the reduction of health disparities through cancer control activities.
- Cancer surveillance data (provided by the WCP) including incidence, late stage, and mortality should be utilized to support proposed project workplan.

- 5.2. Partnership Building. Describe how the organization will build and maintain a diverse regional partnership to improve cancer prevention and control activities in the region and create opportunities for collaboration.
- 5.3. Evidence-Based Intervention Implementation. Describe the use of evidence-based interventions in alignment with project plan goals and objectives. If applicable, organizations are allowed and encouraged to implement interventions within their own health system.
- 5.4. Marketing Material and Media. Describe the development and evaluation of an annual marketing plan for colorectal cancer, breast cancer, melanoma, HPV vaccination/cervical cancer, and lung cancer. All media must be approved by WCP prior to publication.

- 5.5. Patient / Resource Navigation. Describe plans to serve as point of contact for Wyoming residents seeking cancer screening or cancer treatment services. Describe plans to identify and reduce structural barriers within region, and enroll clients in the Wyoming Cancer Screening Programs. Additionally, describe how the organization will maintain an 800-telephone number to ensure all residents in the region have access to project services. Note within budget if required items are provided in-kind by the organization or will be purchased through the grant.
- 5.6. Data Collection and Reporting. Describe data collection plans including regional assessments, survey, and evaluation plans for proposed workplan interventions.

6. BUDGET AND DELIVERABLES

Two-year contracts will be awarded through this application process with the requirement for an annual workplan and budget submitted for approval each year of funding.

- 6.1. Using the template, provide a breakdown of the proposed year one budget and justification narrative for this project that clearly details the costs for all projects and major deliverables for the project period not to exceed ninety-eight thousand four hundred dollars (\$98,400) for Regions I-V, and sixty-thousand (\$60,000) for Region VI. Salary/Personnel cost, including fringe, should not exceed 60 percent of the budget for Regions I-V.
- Indirect costs should not exceed eight (8) percent of the budget subtotal. Indirect expenses include those that the organization may incur that cannot be specifically accounted for or attributed to the grant including: a portion of the cost for utilities, administration, management, or facilities.
 - Funding through this grant opportunity may not supplant existing activities in any way, nor are these funds to supplant projects that were previously funded through another source. However, funding may be utilized to expand on current activities that relate to cancer prevention and control.
 - Budget should include travel for contractor to attend two (2) project meetings each year and two (2) Wyoming Cancer Coalition (WYCC) meetings each year.
- 6.2. Provide a detailed description of cost sharing sources by name and estimated amount for year one. Identify a minimum of ten (10) percent cost sharing to ensure collaborative support for project goals. Document the process used for determining the value of non-cash cost sharing funds and for documenting the actual cost sharing received (Template provided).
- Additional Salary/Personnel support through cost sharing is allowed.

Prohibited Grant Activities

The following activities and expenditures are prohibited through this grant opportunity:

- Capital construction or supplies for decorative purposes
- Endowment funding
- Religious purposes
- Grants to individuals
- Lease of rental equipment
- Deficits or retirement of debt
- Planning or administration of grant aside from regular staff time
- Any lobbying activities
- For any program or service that denies service based on race, gender, color, or national origin
- For any program or organization with a conflict of interest
- Treatment, medical services, or medical supplies of any kind
- Projects/products unrelated to the primary purpose outlined in this grant application

7. **EVALUATION CRITERIA**

Proposals will be evaluated on the following criteria and relative weights:

Experience: 0-70 points (10 page max: 10 points/each section)

Organizational Capacity: 0-100 points (10 pages max: 10 points/each section)

Proposed Project Plan: 0-150 points (10 page max: 25 points/each section)

Proposed Workplan: 0-100 points (No page limit: Template provided)

Budget & Deliverables: 0-100 points (No page limit: Budget and Cost Sharing
Templates provided: 50 points/each)

TOTAL POINTS POSSIBLE: 520

7.1. Applicants may be requested to provide an oral presentation at a time and location to be determined by the WCP. This presentation may be conducted either in person or via teleconference at the discretion of the WCP. The applicant is responsible for the payment of all costs involved in oral presentations and interviews and shall not be reimbursed by the WCP for these acts.

7.2. An Application Review Team will be convened by the WCP in the event that more than one application is submitted within any region. A scoring sheet will be used to document the ratings and findings of each team member. Reviewers will not be selected from the application pool or have any conflict of interest relating to the project. They will be instructed not to discuss applications or the applicants without the written consent of the WCP. Decisions of the Application Review Team are final. All applicants will be notified by February 14, 2020.

8. SIGNATURE PAGE:

BY SUBMISSION OF AN APPLICATION, THE APPLICANT CERTIFIES:

- 8.1. The person signing this application is authorized to represent the company and is legally responsible for the decisions represented and provided as a result of this application request.
- 8.2. If awarded funding under this program, the Fiscal Agent will comply with all Federal regulations, policies, guidelines, and requirements.
- 8.3. All information contained in this application, appendices, and any additionally provided documents is correct and current.
- 8.4. If awarded funding under this program, this project will be conducted in accordance with funding source requirements and the assurances provided within this application.
- 8.5. The person signing this application has been authorized by the organization's governing body to complete this application and enter into a contract with the WCP.