

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

**REQUEST FOR APPLICATION  
NO. RFA-2020-001**

WYOMING CANCER COALITION COORDINATOR  
COMPETITIVE CONTRACT APPLICATION

OPENING DATE  
FEBRUARY 06, 2020

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

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

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*These materials are not a promise of contract or funding.*

**1. PURPOSE**

The purpose of this competitive application process is to select one applicant to facilitate Wyoming Cancer Coalition (WYCC) activities throughout Wyoming. Applicant will identify key stakeholders, build relationships, identify shared goals and projects, manage and facilitate coalition, and recruit for participation in the WYCC. The model proposed in this grant application supports the work outlined in the Wyoming Cancer Control Plan.

- 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. Eligible Applicants. Proposals will be considered from tax-exempt, not-for-profit organizations, individuals, private, or public organizations that are in good standing with the State of Wyoming, and have a desire to improve cancer morbidity and mortality in Wyoming. Applicants must be registered with Systems for Award Management at [www.sam.gov](http://www.sam.gov). Sole applicants will not be guaranteed the grant award.
- 1.3. Terms of the Contract. The anticipated contract term will be from July 1, 2020 - June 30, 2022. The funding for this contract is authorized through the Wyoming Cancer Control Act and funded by tobacco settlement funds and the Centers for Disease Control and Prevention through Cooperative Agreement Number, NU58DP006329.
- 1.4. Request For Application (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/>
- 1.5. Action Dates.  
February 06, 2020: Publish Request for Application  
February 21, 2020: Questions Due  
February 28, 2020: Answers to Questions Posted on WDH Website  
March 13, 2020: Closing Date for Application  
March 20, 2020: Notification of Award  
July 1, 2020: Contract Award (Target date. Actual start date dependent on finalization of contract process)
- 1.6. Inquiries and Questions. Questions regarding this RFA must be emailed by 5 p.m. Mountain Standard Time on February 21, 2020 to:

Star Jones  
Wyoming Cancer Program  
[Star.jones@wyo.gov](mailto: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/>

- 1.7. Application Submission. Applications must be received by 5 p.m. Mountain Standard Time on March 13, 2020. Electronic applications should be in Microsoft Word or PDF format.

Submit via email to: Star Jones  
Wyoming Cancer Program  
[Star.jones@wyo.gov](mailto: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

- 1.8. 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. **BUDGET CONSIDERATIONS**

The final award amount shall be up to \$120,000 (one hundred and twenty thousand dollars). The contract amount will be negotiated with the selected applicant.

### 3. **GENERAL APPLICATION REQUIREMENTS**

The application packet should consist of the following documents:

- Cover Sheet (Template provided)  
Include the following on the cover sheet:
  - 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 (if applicable)
- Signature Page (Template provided)
- Experience Requirements
- Project Proposal
- Budget (Template provided)

### 4. **EXPERIENCE**

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

- 4.1. **Cancer Control, Public Health Experience, Evidence-Based Implementation Experience.** Describe the applicant'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. Describe the applicant'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. Describe the applicant's experience and expertise in implementing evidence-based programs and interventions to create policy, system, and environmental changes.
- 4.2. **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. Describe applicant's written and verbal communication skills.
- 4.3. **Collaborative Efforts.** Provide a minimum of two (2) letters of support from current or previous partners or stakeholders. 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.
- 4.4. **State-Level Affiliations.** Describe any relevant experience the applicant has in

working or collaborating with statewide councils, collaborators and groups such as the Wyoming Cancer Coalition (WYCC). Additionally, describe any relevant experience the applicant has in working with governmental agencies and organizations such as the WDH-PHD (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.

- 4.5. Event Planning and Project Management. Describe applicant's experience with event planning. Describe applicant's experience and plans for project management.
- 4.6. Strategic Planning. Describe applicant's experience with strategic planning.
- 4.7. Coalition Building. Describe applicant's experience with coalition building.

**5. APPLICANT CAPACITY**

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

- 5.1. Experience. Describe the applicant's experience with projects of or similar to the scope of this project. Describe the processes for timely communication among staff and program personnel.
- 5.2. Capacity. Describe the applicant's ability to manage contracts, and the ability to facilitate this project.
- 5.3. 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).
- 5.4. Conflicts of Interest. Describe any conflicts of interest (actual or through inference) related to this program or any other WDH program.
- 5.5. Lobbying Disallowed. Describe how the applicant will ensure that, in relationship to this project they 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.

## 6. **PROJECT PROPOSAL**

Describe the applicant's approach to performing the requirements below during the two (2) year grant period. Responses for this section should include an estimated timeline for activities. There is no page limit for this section.

6.1. Project Abstract. Provide a project abstract summarizing plans to accomplish activities outlined below:

- Work directly with the WDH, Comprehensive Cancer Control Program to ensure coalition coordinates directly with the state goals and activities related to the State Cancer Control Plan.
- Utilize Nine Habits of Successful Comprehensive Cancer Control Coalitions document, and any other coalition related materials to guide coalition work.
- Identify gaps in WYCC representation and recruit both individuals and organizations to participate on the WYCC.
- Increase the visibility of the WYCC.
- Build and sustain statewide collaborative partnerships for comprehensive cancer control.
- Serve as spokesperson and representative of the WYCC.
- Make state and regional presentations as appropriate.
- Represent WYCC at community events and meetings speaking on behalf of the coalition.
- Develop relationships and collaborative networks with leaders, community based organizations, and healthcare facilities statewide.
- Utilize web/video conferencing or teleconference to facilitate partnership building.
- Track monthly expenditures and provide appropriate reports and documentation on a monthly basis.
- Assist with scheduling statewide coalition meetings, speakers, and other coalition activities.
- Attend WYCC meetings, potentially planning and facilitating.
- Attend and facilitate WYCC Workgroup calls and activities.
- Assist WYCC in identifying workgroup priorities.
- Assist with posting relevant information on WYCC social media.
- Back-up to posting relevant information on the WYCC website.
- Report statewide activities on behalf of workgroups and partners directly to Comprehensive Cancer Control Program.
- Report updates to WYCC Steering Committee when requested.
- Work with Steering Committee to update WYCC by-laws.
- Assist with strategic planning for 2021-2025 Cancer Plan.
- Assisting with evaluation of WYCC activities and effectiveness.
- Statewide travel as necessary.

- 6.2. Partnership Building. Describe how the organization will build and maintain a diverse statewide partnership to improve cancer prevention and control activities and create opportunities for collaboration.
- 6.3. Marketing Material and Media. Describe the development and evaluation of an annual marketing plan for coalition activities and recruitment.
- 6.4. Central Repository. Describe plans for storing and maintaining a central repository for all activities related to this project.
- 6.5. Measurable Outcomes. Describe how applicant will measure progress and success for activities related to this project.

## **7. BUDGET AND DELIVERABLES**

- 7.1. Using the template, provide a breakdown of the proposed budget and justification narrative for this project that clearly details the costs for the two-year project period not to exceed \$120,000 (one hundred and twenty thousand dollars).
  - 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, 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 for contractor to attend a minimum of two in-person (2) project meetings with WCP each year and two (2) WYCC meetings each year, as well as statewide travel for coalition engagement.

### **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

7.2. Applicant will maintain regular contact with WCP via email or phone at least monthly. Applicant will provide quarterly reports on project progress, including contact information for identified partners and stakeholders utilizing a template provided by WCP.

**8. EVALUATION CRITERIA**

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

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

**Applicant Capacity: 0-100 points** (10 pages max: 20 points/each section)

**Project Proposal: 0-100 points** (No page limit)

**Budget & Deliverables: 0-100 points** (No page limit: Budget Template provided: 50 points/each)

**TOTAL POINTS POSSIBLE: 370**

8.1. 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.

8.2. 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 March 20, 2020.

**9. SIGNATURE PAGE:**

BY SUBMISSION OF AN APPLICATION, THE APPLICANT CERTIFIES:

9.1. The person signing this application is authorized to represent the applicant and is legally responsible for the decisions represented and provided as a result of this application request.

9.2. If awarded funding under this program, the applicant will comply with all Federal regulations, policies, guidelines, and requirements.

9.3. All information contained in this application, appendices, and any additionally provided documents is correct and current.

- 9.4. If awarded funding under this program, this project will be conducted in accordance with funding source requirements and the assurances provided within this application.
- 9.5. The person signing this application has been authorized by the applicant to complete this application and enter into a contract with the WCP.

**Wyoming Cancer Coalition Coordinator  
Competitive Grant Application  
July 1, 2020-June 30, 2022  
Cover Sheet**

<b>Applicant Information</b>	
<b>Applicant Name</b>	
<b>Name/Title of Primary Contact</b>	
<b>E-Mail Address (required)</b>	
<b>Street Address City/State/Zip</b>	
<b>Mailing Address (if different from above)</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Tax ID Number</b>	
<b>DUNS Number</b>	
<b>Name/Title of Individual who will sign contract if awarded</b>	
<b>Street Address (City/State/Zip)</b>	
<b>Mailing Address (if different from above)</b>	
<b>Funding Request Information</b>	
<b>Funding Request for Year One</b>	\$
<b>Funding Request for Year Two</b>	\$
<b>Total Funding Request</b>	\$

**Signature Page**

I certify to the best of my knowledge that the information contained in this application is correct. If awarded funding under this program, I certify that this project will be conducted in accordance with funding source requirements and the assurances provided within this application. I have been authorized by the organization's governing body to make this application and enter into a contract with the Wyoming Cancer Program.

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Signature of Authorizing Fiscal/Financial Agent

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Date

**Wyoming Cancer Coalition Coordinator  
Project Budget**

*The Allowable budget items are outlined below.*

*Enter Budget amounts requested and briefly describe each item.*

<b>Budget Item</b>	<b>Budget Amount</b>	<b>Justification for Funds</b>
<b>Personnel/Salary</b>		
	\$	
<b>Supplies</b>		
	\$	
	\$	
	\$	
<b>Other</b>		
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>BUDGET TOTAL</b>	<b>\$</b>	